

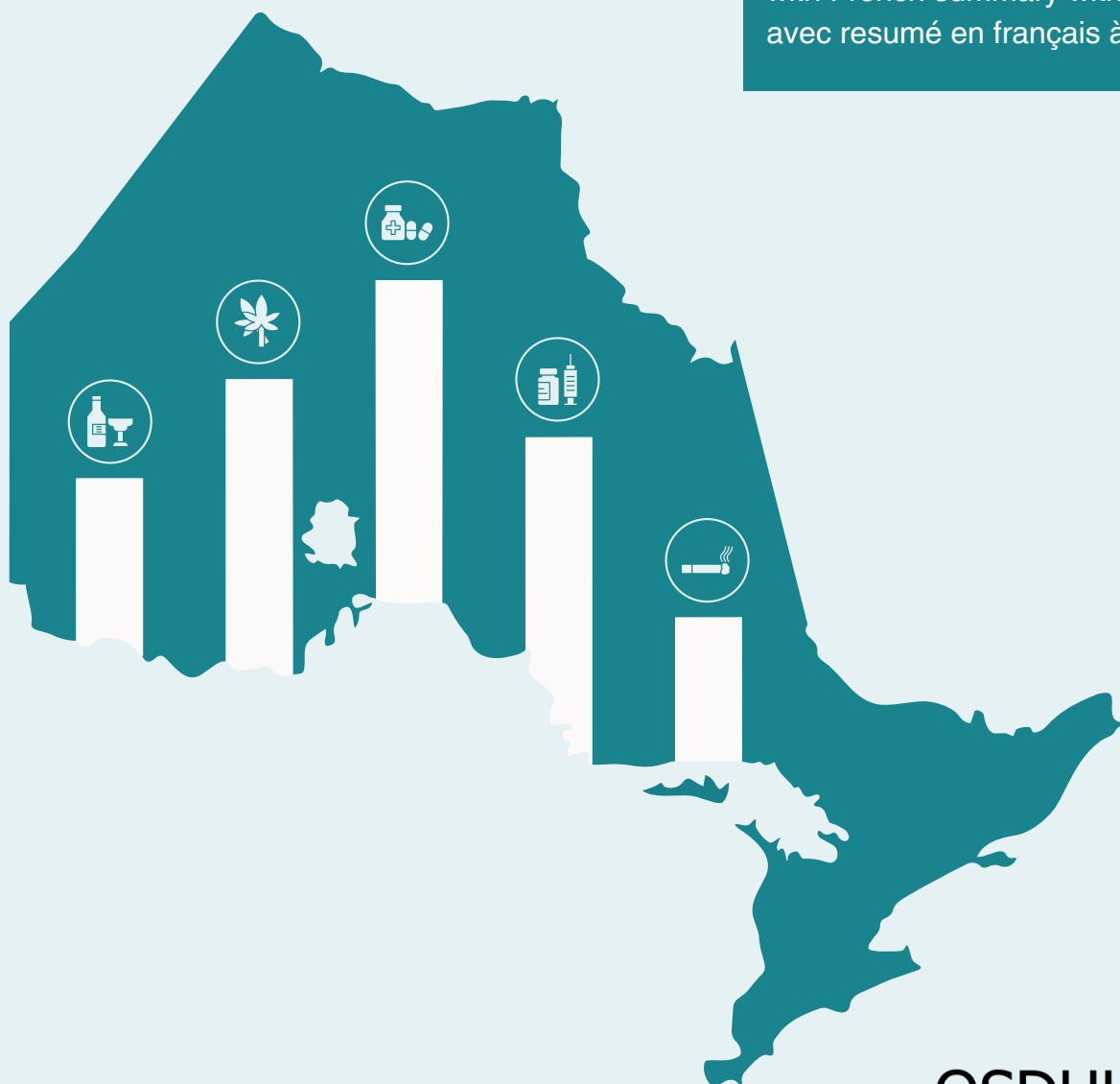
DRUG USE

Among Ontario Students

1977- 2025

Findings from the Ontario Student Drug Use and Health Survey

with French summary within |
avec résumé en français à l'intérieur



camh

OSDUHS
Ontario Student Drug
Use and Health Survey

DRUG USE

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Findings from the Ontario Student Drug Use and Health Survey

Angela Boak
Hayley A. Hamilton

camh

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OSDUHS
Ontario Student Drug
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THE 2025 OSDUHS DRUG USE REPORT SUMMARY

The Centre for Addiction and Mental Health's *Ontario Student Drug Use and Health Survey* (OSDUHS) has been conducted every two years since 1977, making it the longest ongoing school survey of adolescents in Canada, and one of the longest in the world. This report describes the 2025 results for use of alcohol, tobacco, vaping devices, cannabis, illicit drugs, prescription drugs, as well as changes over time. Also examined are harms related to drug use, and perceptions of risk and availability.

A total of 11,108 students in grades 7 to 12 in 1,147 classes in 246 schools in 42 school boards across Ontario participated in the 2025 cycle of the OSDUHS. All data are based on self-reports derived from anonymous questionnaires. The survey was administered in classrooms between December 2024 and June 2025.

Past Year Drug Use (%) for the Total Sample, by Sex,[†] and by Grade, 2025 OSDUHS (N=11,108)

	Total	Males	Females	G7	G8	G9	G10	G11	G12
Grades 7-12									
Alcohol	31.9	29.7	34.1 *	8.0	12.4	21.3	36.8	46.3	55.7 *
Prescription Opioids (NM)	13.6	11.3	16.0 *	12.9	14.8	17.9	12.1	16.3	8.4 *
Cannabis	12.3	10.5	14.1 *	1.5	2.9	5.8	12.3	19.2	26.5 *
Vapes/Electronic Cigarettes	10.5	7.0	14.0 *	3.0	4.3	6.3	12.4	16.3	17.3 *
Cough/Cold Medication (NM)	7.5	7.9	7.0	13.7	9.9	7.0	5.8	5.4	4.6 *
Nicotine Pouches	5.8	6.7	4.8	s	s	2.6	6.2	9.3	11.7 *
Tobacco Cigarettes	3.5	3.4	3.6	s	s	1.2	s	7.1	6.3 *
ADHD Drugs (NM)	1.9	1.9	1.9	2.3	1.8	1.8	1.6	2.6	1.3
Grades 9-12^{††}									
Mushrooms (Psilocybin) or Mescaline	2.7	3.2	2.1 *	--	--	s	2.0	4.0	3.5 *
Tranquillizers/Sedatives (NM)	1.2	0.8	1.6	--	--	1.5	1.2	1.7	0.6
Ecstasy (MDMA)	0.7	0.5	s	--	--	s	s	s	s
Cocaine	0.6	0.5	0.7	--	--	s	s	s	s
Methamphetamine	0.6	s	s	--	--	s	s	s	s
LSD	0.5	0.5	s	--	--	s	s	s	s
Any NM Use of a Prescription Drug	14.6	12.8	16.7	--	--	18.3	14.2	17.9	9.3 *
Any Drug Use	16.8	15.8	17.8	--	--	17.8	14.8	19.2	15.5

Notes: [†] refers to sex at birth; ^{††} not asked of 7th and 8th graders; * statistically significant sex or grade difference (p<.05), *not* controlling for other factors; N=total sample size; s=estimate suppressed due to unreliability; estimate for alcohol excludes "a sip"; estimates for tobacco cigarettes and vapes/electronic cigarettes exclude smoking a few puffs; NM=nonmedical use, without a doctor's prescription; "Prescription Opioids" refers to examples such as Percocet, Percodan, Tylenol #3, Demerol, Dilaudid, codeine, hydromorphone, oxycodone, tramadol, morphine; "Any NM Use of a Prescription Drug" is a composite measure defined as past year nonmedical use of opioids, Attention-Deficit/Hyperactivity Disorder (ADHD) drugs, or tranquillizers/sedatives; "Any Drug Use" is a composite measure defined as past year use of any one of 11 drugs (excludes alcohol, tobacco/nicotine, and cannabis); heroin and fentanyl are not shown due to suppressed estimates.

2025 Subgroup Differences in Drug Use

Differences in past year drug use according to sex at birth (hereafter, sex), grade, and four regions of the province are presented in the report.

- Among the individual drugs asked about in the 2025 survey, females are significantly more likely than males to use four drugs, as shown in the table below. Males are more likely to use mushrooms (psilocybin).

↑ Males are more likely to use	↑ Females are more likely to use
<ul style="list-style-type: none"> • Mushrooms (psilocybin) 	<ul style="list-style-type: none"> • Alcohol • Prescription Opioids (NM) • Cannabis • Vapes/E-cigarettes

NM=nonmedical use

- The survey design divided the province into four regions: Greater Toronto Area; Northern Ontario (Parry Sound District, Nipissing District and farther north); Western Ontario (Dufferin County and farther west); and Eastern Ontario (Simcoe County and farther east).
- Only two drug use measures showed significant regional differences. Compared to the average, students in the Greater Toronto Area are less likely to use cannabis and nicotine pouches. Students in the North region are more likely to use cannabis.

- Past year use of several drugs significantly differs by grade, as shown in the table below. In general, the percentage reporting use in the past year increases with grade, peaking in grade 11 or 12. Nonmedical prescription opioid use is lower among older students. The nonmedical use of cough/cold medication decreases incrementally with grade.

↑ Use increases with grade	↓ Use decreases with grade
<ul style="list-style-type: none"> • Alcohol • Cannabis • Vapes/Electronic Cigarettes • Nicotine Pouches • Tobacco Cigarettes • Mushrooms (psilocybin) 	<ul style="list-style-type: none"> • Prescription Opioids (NM) • Cough/Cold Medication (NM)

NM=nonmedical use

Trends in Past Year Drug Use

2025 vs. 2023

Among the total sample of students, four drugs showed a decrease in past year use between the previous survey in 2023 and the 2025 survey.

- Vaping (any type) significantly decreased from 13.4% in 2023 to 10.5% in 2025.
- Cannabis use significantly decreased from 17.6% in 2023 to 12.3% in 2025.
- The nonmedical use of prescription opioids significantly decreased from 21.8% in 2023 to 13.6% in 2025.
- The nonmedical use of over-the-counter cough or cold medication (used to “get high”) decreased from 9.6% to 7.5%.

No other drug showed a significant change among the total sample between these two survey cycles.

	2023 past year use		2025 past year use
Vapes/E-Cigarettes	13.4%	↓	10.5%
Cannabis	17.6%	↓	12.3%
Prescription Opioids (NM)	21.8%	↓	13.6%
Cough/Cold Medication (NM)	9.6%	↓	7.5%

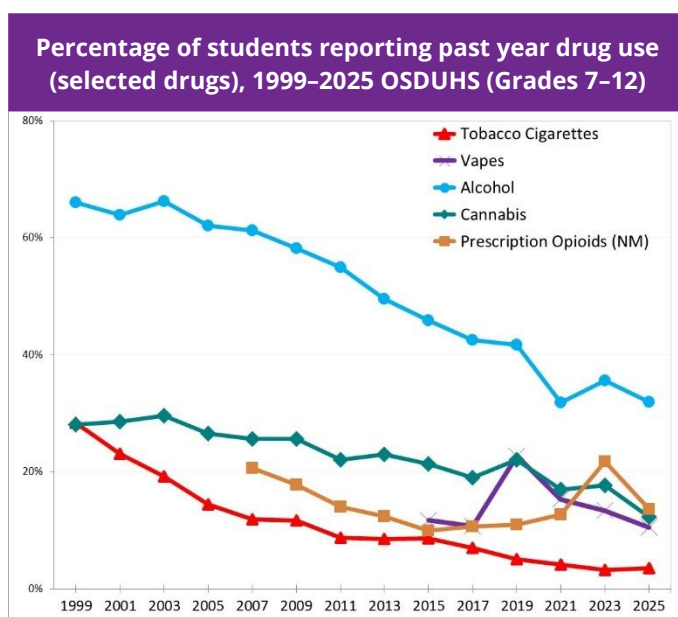
NM=nonmedical use

1999–2025

The study was redesigned in 1999 to include all grades between 7 and 12, making 1999 a key marker in the study’s history. In this section, we highlight significant changes between 1999 and 2025.

In general, most past year drug use measures show a significant downward trend during the period between 1999 and 2025:

- alcohol: from 66.0% to 31.9%
 - cannabis: from 28.0% to 12.3%
 - tobacco cigarettes: from 28.4% to 3.5%
 - mushrooms:† from 17.1% to 2.7%
 - sedatives (NM use):† from 2.5% to 1.2%
 - cocaine:† from 5.7% (2003) to 0.6%
 - ecstasy (MDMA):† from 7.9% (2001) to 0.7%
 - LSD:† from 8.8% to 0.5%
 - methamphetamine:† from 6.3% to 0.6%
 - heroin:† from 2.1% to < 0.5%.
- Abstaining from any drug use (including alcohol, tobacco/nicotine, and cannabis) significantly increased between 1999 and 2025, from 27.2% to 48.3%, among students in grades 7–12.



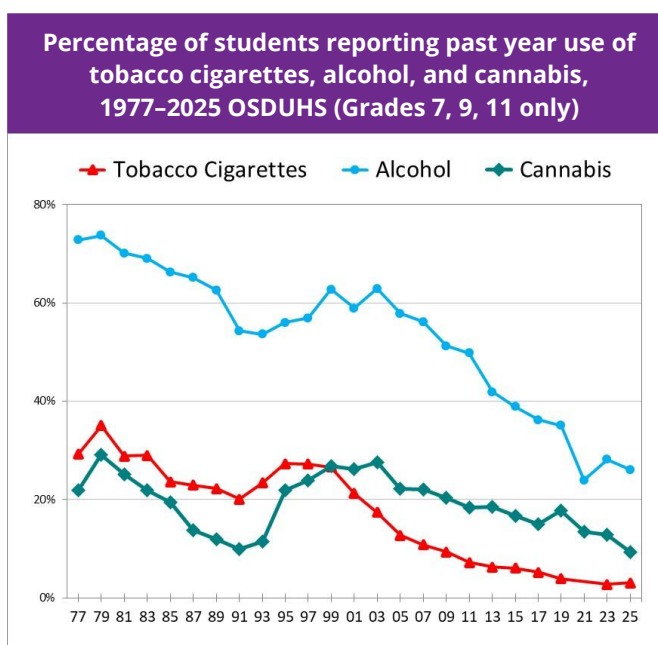
† among grades 9-12 only (not asked of grade 7 and 8 students)

Other drugs show differing patterns of past year use over time:

- The nonmedical use of prescription opioids shows a decrease between the late 2000s and 2021, an increase in 2023, followed by a decrease in 2025. The current level is higher than levels seen just before the COVID-19 pandemic, but lower than the level seen when monitoring first began in 2007.
- The nonmedical use of cough/cold medication shows a decrease between the late 2000s and 2021, an increase in 2023, followed by a decrease in 2025. The current level is similar to the level seen when monitoring first began in 2009.
- The use of vapes/electronic cigarettes significantly increased between 2015 (the first year of monitoring) and 2019, but has decreased since then. The current level is similar to the level first seen in 2015.
- The nonmedical use of drugs typically used to treat ADHD (e.g., Adderall, Ritalin, Concerta) remained low and relatively stable and shows no dominant trend since monitoring began in 2007.

Long-Term Trends in Drug Use, 1977–2025 (Grades 7, 9, and 11 only)

The OSDUHS has been monitoring student drug use for over 45 years. Many past year prevalence estimates for the 10 drugs monitored since 1977 show a common pattern of use: a peak in the late 1970s, a decline in the late 1980s or early 1990s, a second peak in the late 1990s or early 2000s, followed by another decline. Use of alcohol and tobacco cigarettes reached all-time lows in recent years.



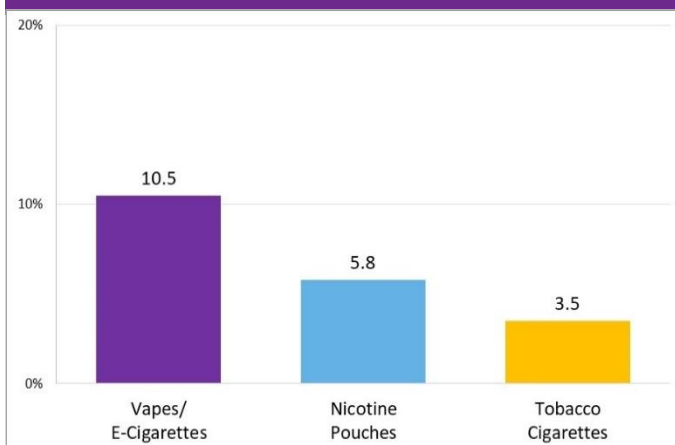
A note about the 2021 OSDUHS

Due to the COVID-19 pandemic, Ontario schools were closed to in-person learning during the 2020-2021 school year. Therefore, the 2021 OSDUHS pivoted to online data collection. Students could complete the questionnaire outside of school hours rather than the typical method of completions in classrooms during school hours. This change in mode and setting led to a dramatically decreased student response rate for that cycle. Although the survey weights were adjusted to minimize any potential bias from non-response, the high level of non-response in the 2021 cycle likely had an impact on estimates. Readers should be cautious in interpreting the 2021 estimates as provincially representative.

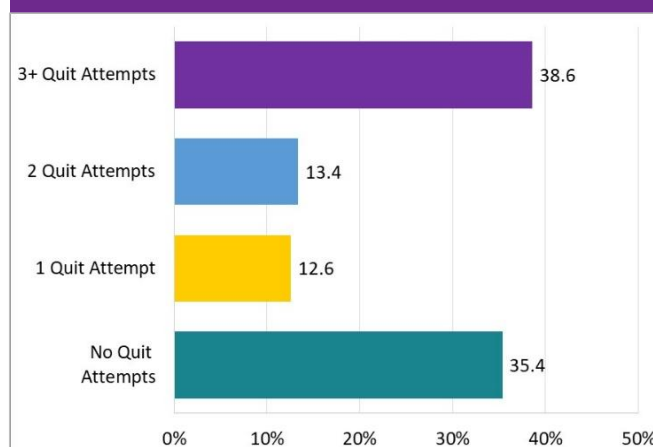
Tobacco Cigarettes, Vapes, and Nicotine Pouches

- In 2025, about 4% of students in grades 7–12 report smoking tobacco cigarettes (more than just a few puffs) during the past year. About 1% smoke cigarettes daily. The past year prevalence of cigarette smoking shows a dramatic downward trend over the decades.
- Males (3%) and females (4%) are equally likely to smoke tobacco cigarettes. The prevalence of cigarette smoking significantly increases with grade, reaching 6% to 7% among older students.
- About one-in-nine (11%) students in grades 7–12 report vaping (using an electronic cigarette) in the past year (more than just a few puffs). The past year prevalence of vaping increased between 2015 (first year of monitoring) and 2019, but has decreased since then.
- Among those who vaped in the past year, the majority (over 90%) report vaping nicotine.
- Among those who vaped in the past year, two-thirds (65%) report trying to quit at least once in the past year.
- Females (14%) are twice as likely as males (7%) to report vaping in the past year. The prevalence of vaping significantly increases with grade, from 3% of 7th graders up to 17% of 12th graders.
- About one-in-eleven (9%) students report vaping during the past month. Four percent (4%) report vaping daily during the past month.
- Among those who vape, friends are reported to be the most common source of these products.
- About 6% of students in grades 7–12 report using nicotine pouches during the past year.
- Males (7%) and females (5%) are equally likely to use nicotine pouches. The prevalence of use significantly increases with grade, reaching 12% among 12th graders.

Percentage of students reporting past year use of vapes/e-cigarettes, nicotine pouches, and tobacco cigarettes, 2025 OSDUHS

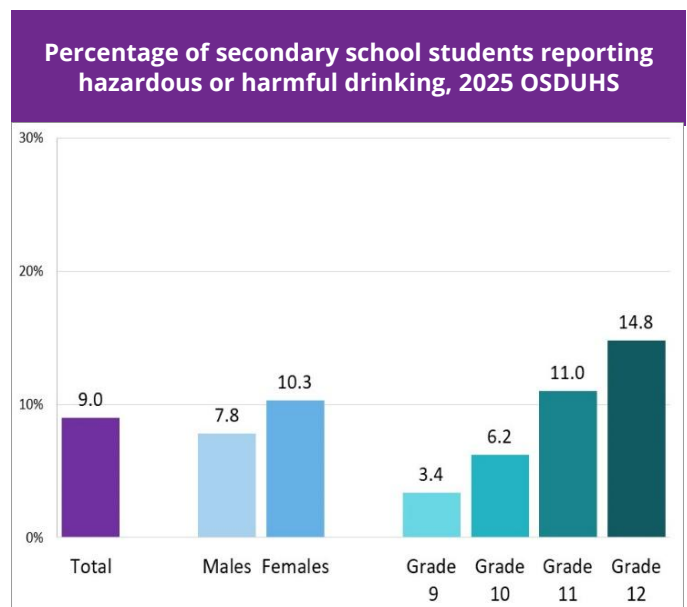
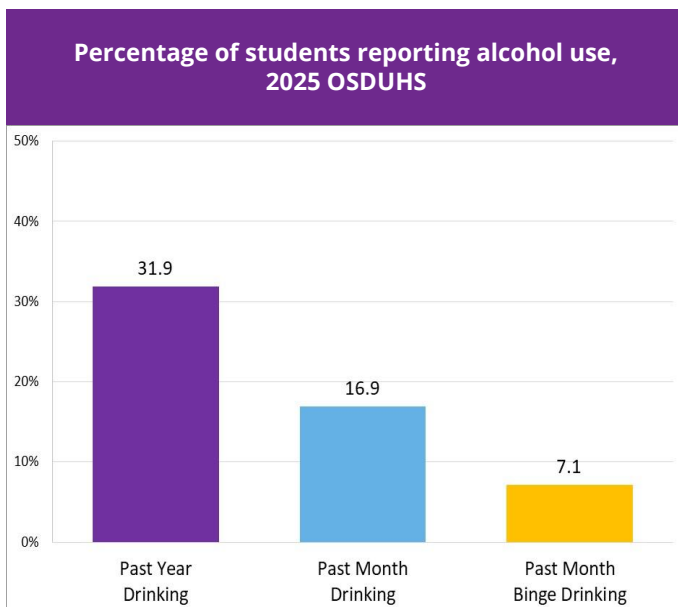


Percentage of students who vaped in the past year reporting attempts to quit, 2025 OSDUHS



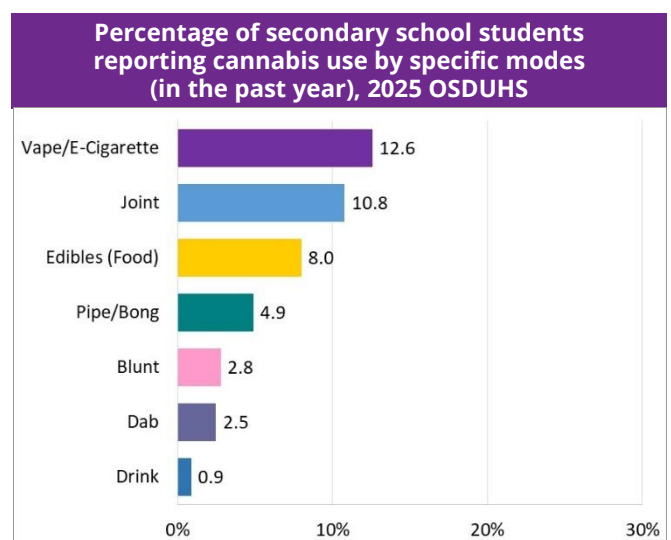
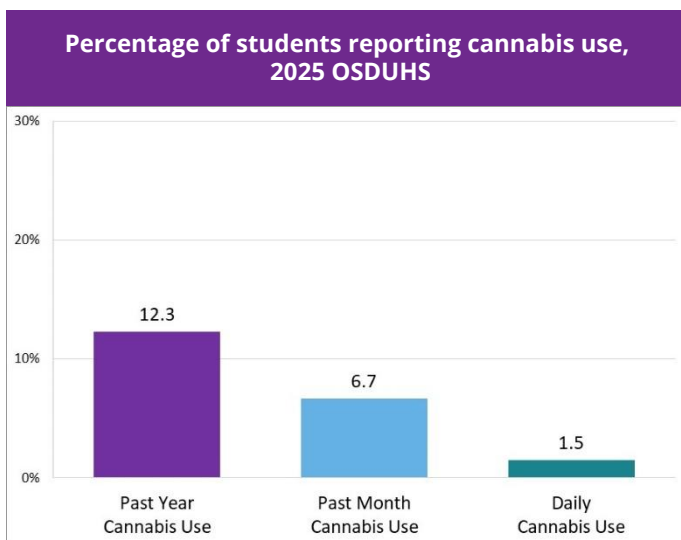
Alcohol

- In 2025, about one-third (32%) of students in grades 7–12 report drinking more than just a few sips of alcohol during the past year. The prevalence of drinking alcohol has decreased substantially over the decades.
- Females (34%) are significantly more likely than males (30%) to drink alcohol. Past year drinking significantly varies by grade, increasing from 8% of 7th graders to 56% of 12th graders.
- About one-in-six (17%) students in grades 7–12 report drinking alcohol in the past month. About 4% drink on a weekly basis.
- About 7% of students in grades 7–12 report binge drinking (defined as five or more drinks on one occasion) at least once in the past month. Males and females are equally likely to report binge drinking in the past month. Binge drinking increases with grade, reaching 14% among 12th graders. The prevalence of binge drinking has decreased over the decades.
- About one-in-eleven (9%) secondary school students report drinking hazardously or harmfully, as measured by the *AUDIT* screener. Males and females are equally likely to report hazardous or harmful drinking. There is grade variation, increasing from 3% of 9th graders up to 15% of 12th graders. Hazardous/harmful drinking has markedly declined over the decades.
- One-in-ten (10%) secondary school students could not remember what had happened when they were drinking on at least one occasion during the past year.
- Among students who report drinking in the past year, the most common source of alcohol is a family member.



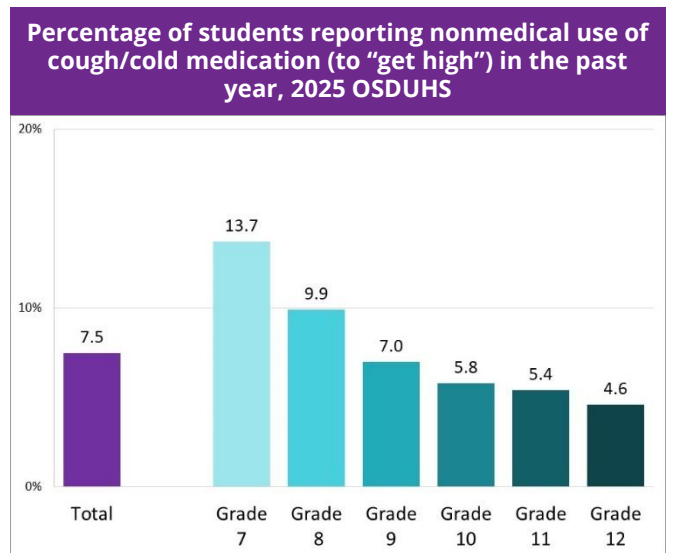
Cannabis

- About one-in-eight (12%) students in grades 7–12 report using cannabis in any way during the past year. Past year cannabis use significantly decreased since the previous survey in 2023 (18%). The current prevalence estimate is among the lowest seen since 1999.
- Females (14%) are significantly more likely than males (11%) to report past year cannabis use. Prevalence increases with grade, from 2% of 7th graders up to 27% of 12th graders.
- About 7% of students in grades 7–12 report using cannabis in the past month. About 2% use cannabis daily.
- Among secondary school students (grades 9–12), the most common ways of using cannabis are vaping it (13%), smoking it in a joint (11%), and eating it in food products such as brownies or candy (8%).
- Most of the modes of cannabis use measured among secondary school students significantly decreased since the previous cycle in 2023 (except for using cannabis in a drink).
- About 3% of secondary school students report symptoms of cannabis dependence, as measured by the *Severity of Dependence Scale*. This estimate has been relatively stable since 2007, when monitoring first began. However, symptoms of dependence among those who used cannabis in the past year is significantly higher in 2025 (20.5%) compared to estimates seen in 2019 and earlier (about 10%).
- About one-in-twelve (8%) secondary school students report using cannabis to cope with a mental health problem at least once during the past year. Females (10%) are twice as likely as males (5%) to report doing so.
- Among students who report using cannabis in the past year, the most common source of cannabis is friends.



Nonmedical Use of Prescription Drugs and Over-the-Counter Drugs

- About one-in-seven (14%) students in grades 7–12 report using a prescription opioid (such as Percocet, Percodan, Tylenol #3, Demerol, Dilaudid, codeine, hydromorphone, oxycodone, tramadol, morphine) without a prescription at least once in the past year. Females (16%) are significantly more likely than males (12%) to report using these types of opioids nonmedically. Past year use significantly decreased between 2023 (22%) and 2025 (14%). Current use remains higher than just before the COVID-19 pandemic, but lower than when monitoring first began in 2007.
- Among students who report using prescription opioids nonmedically in the past year, the most common source is a family member.
- About 2% of students in grades 7–12 report using a drug typically used to treat Attention-Deficit/Hyperactivity Disorder (ADHD) in children (e.g., Adderall, Ritalin, Concerta, Dexedrine) without a prescription in the past year. Males and females are equally likely to use these drugs nonmedically. The nonmedical use of ADHD drugs has fluctuated since 2007, when monitoring first began (between 1% and 3%), showing no dominant trend.
- About 2% of secondary school students (grades 9–12) report using a sedative/tranquillizer without a prescription in the past year. Males and females are equally likely to use these drugs nonmedically. Nonmedical use of these drugs was stable for decades and has decreased slightly in recent years.
- About one-in-twelve (8%) students in grades 7–12 report using cough or cold medication to “get high” in the past year. Males and females are equally likely to use cough/cold medication to get high. Nonmedical use of these drugs significantly decreases with grade. Nonmedical use of these drugs significantly decreased between 2023 (10%) and 2025 (8%), returning to a level seen in prior years.



Other Highlights

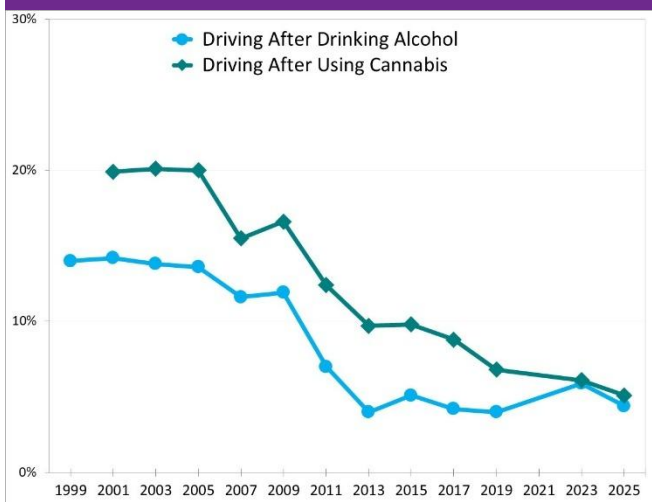
Vehicles

- About 4% of students in grades 10–12 with a G-Class driver’s licence report driving a vehicle within an hour of consuming two or more drinks of alcohol at least once during the past year. Drinking and driving among adolescent drivers has been stable for over a decade. However, the current estimate is significantly lower than estimates seen in 1999 and the 2000s (12%-14%), and is substantially lower than estimates from the late 1970s and early 1980s (when almost half of 11th graders reported drinking and driving).
- A similar percentage (5%) of drivers in grades 10–12 report driving a vehicle within one hour of using cannabis at least once during the past year. Driving after cannabis use has been stable over the past few years, but has significantly declined since 2001 (the first year of monitoring), when the estimate was about 20%.

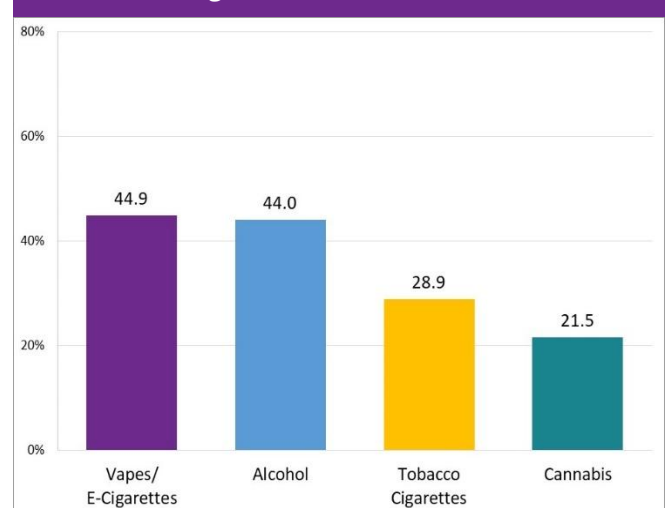
Early Initiation of Use

- Almost half (45%) of secondary school students who vaped in the past year report that they first started to vape before grade 9. A similar percentage (44%) of secondary school students who drank alcohol in the past year report that they first started to drink before grade 9. Over one-quarter (29%) of secondary school students who smoked tobacco cigarettes in the past year report that they first started to smoke before grade 9. About one-in-five (22%) secondary school students who used cannabis in the past year report that they first started to use cannabis before grade 9.
- Students today are initiating substance use at older ages than in the past, as the average age at first tobacco cigarette, first alcoholic drink, and first cannabis use has increased over the decades.

Percentage of drivers in grades 10–12 reporting driving after using alcohol and cannabis (past year), 1999–2025 OSDUHS

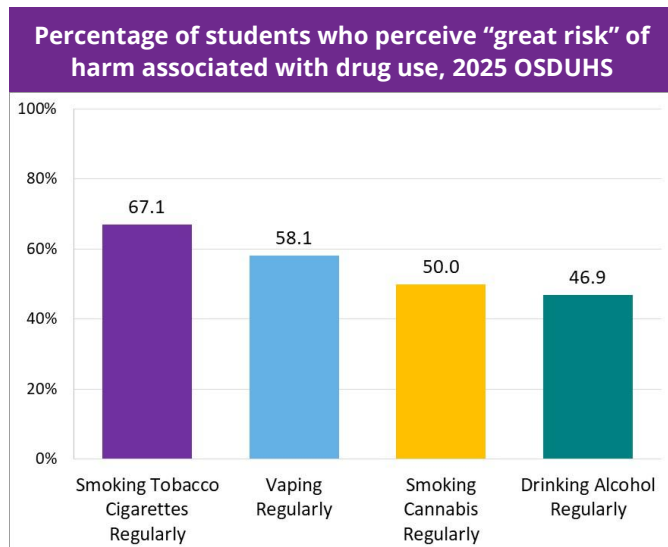


Percentage of secondary school students who used the drug in the past year reporting first use *before* grade 9, 2025 OSDUHS



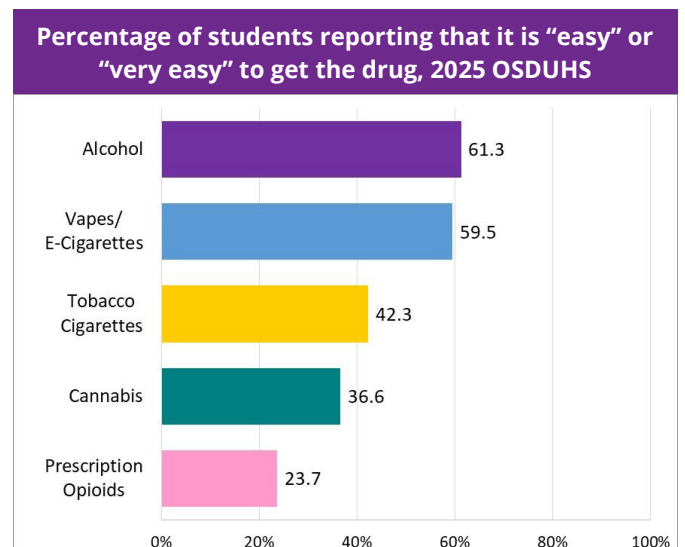
Perceived Risk of Drug Use

- Students were asked about the perceived risk of physical harm associated with smoking tobacco cigarettes regularly, vaping regularly, drinking alcohol regularly, and smoking cannabis regularly. Of these, the greatest perceived risk is associated with smoking cigarettes regularly (67%), followed by vaping regularly (58%), smoking cannabis regularly (50%), and drinking alcohol regularly (47%).
- The perceived risk of harm associated with regularly smoking tobacco cigarettes decreased between 2023 (the first year of monitoring) and 2025, from 75% to 67%.
- The perceived risk of harm associated with vaping regularly significantly decreased between 2023 and 2025 (from 63% to 58%). However, there has been a substantial increase since monitoring began in 2015, when the estimate was about 10%.
- The perceived risk of harm associated with smoking cannabis regularly remained stable between 2023 and 2025. While the current estimate is significantly higher than those from 2017 and 2019 (about 38%-40%), it is similar to the estimates seen in 1999/early 2000s (about 50%).



Perceived Availability of Drugs

- Of the drugs asked about, alcohol is perceived to be the most readily available to students in grades 7–12 (61% report that it would be "fairly easy" or "very easy" to obtain it), followed by vapes (60%), tobacco cigarettes (42%), cannabis (37%), prescription opioids without one's own prescription (24%), and mushrooms/psilocybin (14% among secondary school students only).
- The perceived availability of alcohol decreased between 2023 and 2025, returning to a level seen about a decade ago, but remains slightly lower than estimates seen in 1999/early 2000s (about 67%).
- The perceived availability of vapes decreased between 2023 and 2025, returning to the level seen in 2021 (first year of monitoring).
- The perceived availability of tobacco cigarettes decreased between 2023 and 2025, and is among the lowest level seen since 2005 (first year of monitoring).
- The perceived availability of cannabis decreased between 2023 and 2025, and is among the lowest level seen since 1999.
- The perceived availability of prescription opioids remained stable between 2023 and 2025, but is currently higher than in 2011 (first year of monitoring).



Methodology

The *Ontario Student Drug Use and Health Survey* (OSDUHS), conducted by the Centre for Addiction and Mental Health, is a province-wide health survey of Ontario students in grades 7 and 8 (elementary/middle school) and grades 9 through 12 (secondary school). This cross-sectional survey has been conducted every two years since 1977.

The 2025 cycle employed a stratified (by region and school level), two-stage (school, class) cluster sampling design. The final sample included 11,108 students in grades 7 to 12 from 1,147 classes in 246 schools across 42 English and French public and Catholic school boards. Schools located in First Nation communities, on military bases, in hospitals or other institutions, as well as private schools, were excluded from selection. Special Education stand-alone classes and English as a Second Language (ESL) classes were excluded from selection.

Active parental consent procedures were used. Anonymous electronic or paper questionnaires were group administered in classrooms during regular school hours by staff from York University's Institute for Social Research (ISR) between December 2024 and June 2025.

To produce representative estimates, the data from the 11,108 students were weighted to reflect the population of nearly one million students enrolled in grades 7 through 12 in Ontario's publicly funded school system.

Please visit the OSDUHS webpage for reports, infographics, and FAQs:

www.camh.ca/osduhs

RÉSUMÉ DU RAPPORT SUR LA CONSOMMATION DE DROGUES : SCDSEO 2025

Réalisé tous les deux ans depuis 1977 par le Centre de toxicomanie et de santé mentale, le *Sondage sur la consommation de drogues et la santé des élèves de l'Ontario* (SCDSEO) est le plus ancien sondage mené auprès d'adolescents en milieu scolaire au Canada et l'un des plus anciens au monde. Le présent résumé décrit la consommation d'alcool, de tabac, de cannabis, de drogues illégales et de médicaments sur ordonnance et l'utilisation de vapoteuses en 2025, et les tendances en la matière. On examine également les méfaits liés à l'usage de drogues, la perception des risques et la disponibilité.

Au total, 11 108 élèves de la 7^e à la 12^e année répartis dans 1147 classes, 246 écoles et 42 conseils scolaires de l'Ontario ont participé au cycle de 2025 du SCDSEO. Toutes les données reposent sur les réponses des élèves à des questionnaires anonymes distribués en classe. Le sondage a été effectué en classe entre décembre 2024 et juin 2025.

Consommation de drogues (en pourcentage) au cours de l'année écoulée parmi l'échantillon total, selon le sexe[†] et l'année d'études, SCDSEO 2025 (N = 11 108)

	Total	Garçons	Filles	7 ^e	8 ^e	9 ^e	10 ^e	11 ^e	12 ^e
7^e - 12^e année									
Alcool	31,9	29,7	34,1 *	8,0	12,4	21,3	36,8	46,3	55,7 *
Opioides sur ordonnance (NM)	13,6	11,3	16,0 *	12,9	14,8	17,9	12,1	16,3	8,4 *
Cannabis	12,3	10,5	14,1 *	1,5	2,9	5,8	12,3	19,2	26,5 *
Cigarettes électroniques (vapoteuses)	10,5	7,0	14,0 *	3,0	4,3	6,3	12,4	16,3	17,3 *
Antitussifs et antirhumes (NM)	7,5	7,9	7,0	13,7	9,9	7,0	5,8	5,4	4,6 *
Sachets de nicotine	5,8	6,7	4,8	s	s	2,6	6,2	9,3	11,7 *
Cigarettes de tabac	3,5	3,4	3,6	s	s	1,2	s	7,1	6,3 *
Médicaments pour le TDAH (NM)	1,9	1,9	1,9	2,3	1,8	1,8	1,6	2,6	1,3
9^e - 12^e année^{††}									
Champignons (psilocybine) ou mescaline	2,7	3,2	2,1 *	--	--	s	2,0	4,0	3,5 *
Tranquillisants ou sédatifs (NM)	1,2	0,8	1,6	--	--	1,5	1,2	1,7	0,6
Ecstasy (MDMA)	0,7	0,5	s	--	--	s	s	s	s
Cocaïne	0,6	0,5	0,7	--	--	s	s	s	s
Méthamphétamine	0,6	s	s	--	--	s	s	s	s
LSD	0,5	0,5	s	--	--	s	s	s	s
Tout médicament sur ordonnance (NM)	14,6	12,8	16,7	--	--	18,3	14,2	17,9	9,3 *
Toute drogue	16,8	15,8	17,8	--	--	17,8	14,8	19,2	15,5

Nota : † sexe à la naissance; †† questions non posées aux élèves de 7^e et 8^e année; * différence statistiquement significative entre les sexes ou années d'études ($p < 0,05$), sans tenir compte d'autres facteurs; N = taille de l'échantillon; s = estimation supprimée pour raison de fiabilité; les estimations pour l'alcool excluent « une gorgée »; les estimations pour les cigarettes de tabac et les cigarettes électroniques (vapoteuses) excluent « quelques bouffées »; NM = usage non médical, sans ordonnance d'un médecin; « Opioides sur ordonnance (NM) » renvoie à l'usage non médical d'opioïdes comme Percocet, Percodan, Tylenol 3, Demerol, Dilaudid, la codéine, l'hydromorphone, l'oxycodone, le tramadol et la morphine; « Tout médicament sur ordonnance (NM) » renvoie à l'usage non médical d'opioïdes, de médicaments contre le trouble déficitaire de l'attention avec ou sans hyperactivité (TDAH) et de tranquillisants ou sédatifs au cours de l'année écoulée; « Toute drogue » renvoie à l'usage de l'une quelconque des 11 drogues (sauf l'alcool, le tabac ou la nicotine et le cannabis) au cours de l'année écoulée; les estimations pour l'héroïne et le fentanyl ont été supprimées pour raison de fiabilité.

Différences entre les sous-groupes pour 2025

Les différences dans la consommation de drogues au cours de l'année écoulée selon le sexe à la naissance (ci-après dénommé « le sexe »), l'année d'études et les quatre régions de la province sont présentées dans le rapport.

- En ce qui concerne les drogues étudiées lors du sondage de 2025, les filles étaient nettement plus susceptibles que les garçons de prendre quatre drogues, tel qu'indiqué dans le tableau ci-dessous. Les garçons sont plus susceptibles que les filles de faire usage de champignons (psilocybine).

↑ Les garçons sont plus susceptibles de faire usage de	↑ Les filles sont plus susceptibles de faire usage de
<ul style="list-style-type: none"> • Champignons (psilocybine) 	<ul style="list-style-type: none"> • Alcool • Opioïdes sur ordonnance (NM) • Cannabis • Cigarettes électroniques (vapeuses)

NM = usage non médical

- Aux fins du sondage, la province a été divisée en quatre régions : la région du grand Toronto; le Nord de l'Ontario (districts de Parry Sound et de Nipissing et régions plus au nord); l'Ouest de l'Ontario (comté de Dufferin et régions plus à l'ouest); et l'Est de l'Ontario (comté de Simcoe et régions plus à l'est).
- Des différences régionales ont été notées pour seulement deux indicateurs d'usage de drogues. Par comparaison à la moyenne, les élèves du grand Toronto sont moins susceptibles de faire usage du cannabis et des sachets de nicotine. En revanche, les élèves du Nord de l'Ontario sont plus susceptibles de faire usage du cannabis.

- L'usage de plusieurs drogues au cours de l'année écoulée varie considérablement selon l'année d'études, tel qu'indiqué dans le tableau ci-dessous. L'usage de la plupart des drogues augmente selon l'année d'études pour atteindre un sommet en 11^e ou 12^e année. L'usage non médical d'opioïdes sur ordonnance est moins élevé chez les élèves plus âgés. L'usage non médical d'antitussifs et d'antirhumes diminue progressivement selon l'année d'études.

↑ Hausse de l'usage selon l'année d'études	↓ Baisse de l'usage selon l'année d'études
<ul style="list-style-type: none"> • Alcool • Cannabis • Cigarettes électroniques (vapeuses) • Sachets de nicotine • Cigarettes de tabac • Champignons (psilocybine) 	<ul style="list-style-type: none"> • Opioïdes sur ordonnance (NM) • Antitussifs et antirhumes (NM)

NM = usage non médical

Tendances de la consommation de drogues au cours de l'année écoulée

Comparaison des résultats de 2025 et de 2023

Parmi l'échantillon total des élèves, on a relevé une diminution de la consommation de quatre drogues en 2025 depuis le sondage de 2023.

- Le vapotage (tous types confondus) a diminué considérablement, passant de 13,4 % en 2023 à 10,5 % en 2025.
- L'usage du cannabis a diminué considérablement, passant de 17,6 % en 2023 à 12,3 % en 2025.
- L'usage non médical d'opioïdes sur ordonnance a diminué considérablement, passant de 21,8 % en 2023 à 13,6 % en 2025.
- L'usage non médical d'antitussifs et d'antirhumes en vente libre (utilisés pour « planer ») a diminué, passant de 9,6 % à 7,5 %.

On n'a relevé aucun changement majeur pour les autres drogues parmi l'échantillon total entre ces deux cycles du sondage.

	Usage au cours de l'année écoulée en 2023		Usage au cours de l'année écoulée en 2025
Cigarettes électroniques/vapoteuses	13,4 %	↓	10,5 %
Cannabis	17,6 %	↓	12,3 %
Opioïdes sur ordonnance (NM)	21,8 %	↓	13,6 %
Antitussifs et antirhumes (NM)	9,6 %	↓	7,5 %

NM = usage non médical

1999–2025

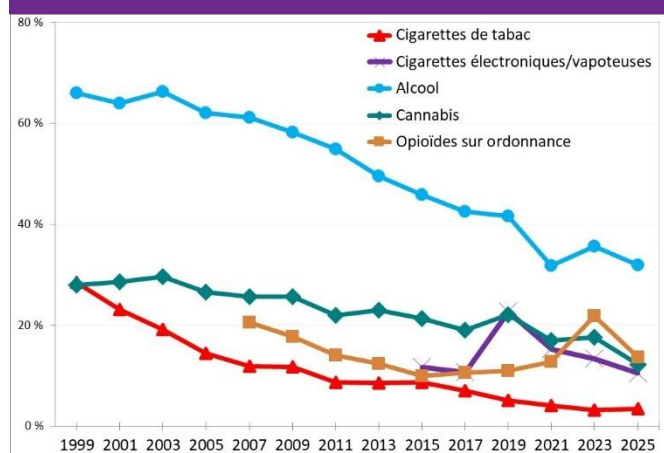
L'année 1999 marque un tournant décisif pour le sondage, car c'est à ce moment qu'il a été modifié pour inclure toutes les années d'études de la 7^e à la 12^e année. Dans cette section, nous présentons les changements importants survenus entre 1999 et 2025.

Pour la plupart des drogues consommées au cours de l'année écoulée, on constate une baisse marquée entre 1999 et 2025 :

- alcool : de 66 % à 31,9 %
- cannabis : de 28 % à 12,3 %
- cigarettes de tabac : de 28,4 % à 3,5 %
- champignons[†] : de 17,1 % à 2,7 %
- sédatifs[†] (NM) : de 2,5 % à 1,2 %
- cocaïne[†] : de 5,7 % (2003) à 0,6 %
- ecstasy (MDMA)[†] : de 7,9 % (2001) à 0,7 %
- LSD[†] : de 8,8 % à 0,5 %
- méthamphétamine : de 6,3 % à 0,6 %
- héroïne[†] : de 2,1 % à < 0,5 %

- Le nombre d'élèves de la 7^e à la 12^e année qui se sont abstenus de consommer de la drogue (y compris l'alcool, le tabac [nicotine] et le cannabis) a augmenté considérablement de 1999 à 2025, passant de 27,2 % à 48,3 %.

Pourcentage d'élèves ayant dit avoir pris certaines drogues au cours de l'année écoulée, SCDSEO 1999–2025 (7^e – 12^e année)



[†] chez les élèves de la 9^e à la 12^e année seulement (la question n'a pas été posée aux élèves de la 7^e et 8^e année)

Tendances de consommation d'autres drogues au cours de l'année écoulée :

- L'usage non médical d'opioïdes sur ordonnance a diminué entre la fin des années 2000 et 2021, a augmenté en 2023, puis a baissé en 2025. L'usage actuel a augmenté par rapport au niveau où il était avant la pandémie de COVID-19, mais il est inférieur au niveau où il était lorsqu'on a commencé à le surveiller en 2007.
- L'usage non médical d'antitussifs et d'antirhumes a diminué entre la fin des années 2000 et 2021, a augmenté en 2023, puis a baissé en 2025. L'usage actuel est semblable à ce qu'il était lorsqu'on a commencé à le surveiller en 2009.
- L'usage de cigarettes électroniques (vapeuses) a augmenté considérablement entre 2015, lorsqu'on a commencé à le surveiller, et 2019, mais il a diminué depuis. L'usage actuel est semblable à ce qu'il était en 2015.
- L'usage non médical de médicaments normalement utilisés dans le traitement du TDAH (p. ex., Adderall, Ritalin, Concerta) est demeuré faible et relativement stable. Aucune tendance dominante n'a été relevée depuis qu'on a commencé à les surveiller en 2007.

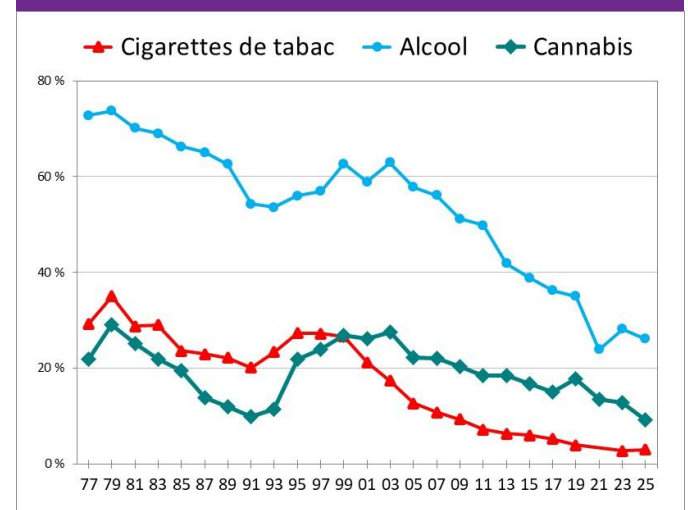
À propos du SCDSEO de 2021

En raison de la pandémie de COVID-19, l'apprentissage en personne a cessé dans les écoles de l'Ontario au cours de l'année scolaire 2020-2021. Pour cette raison, les données du SCDSEO de 2021 ont été recueillies en ligne. Les élèves pouvaient remplir le questionnaire en dehors des heures de cours plutôt que pendant les heures de cours comme à l'habitude. En raison de ce changement, le taux de réponse des élèves a été nettement inférieur pour ce cycle. Bien que la pondération du sondage ait été redressée afin de minimiser tout biais attribuable à l'absence de réponse, le taux élevé de non-réponse du cycle de 2021 a probablement eu une incidence sur les estimations. Il faut donc faire preuve de prudence, car les estimations de 2021 ne sont pas nécessairement représentatives de la situation à l'échelle provinciale.

Tendances à long terme : 1977–2025 (7^e, 9^e et 11^e années seulement)

Dans le cadre du SCDSEO, on surveille la consommation de drogues chez les élèves depuis plus de 45 ans. Plusieurs estimations de la consommation, au cours de l'année écoulée, des 10 drogues surveillées depuis 1977 révèlent une même tendance : un sommet à la fin des années 1970, suivi d'une diminution graduelle à la fin des années 1980 ou au début des années 1990 et d'un deuxième sommet à la fin des années 1990 ou au début des années 2000, suivi d'un autre déclin. La consommation d'alcool et l'usage de cigarettes de tabac ont atteint une baisse historique au cours des dernières années.

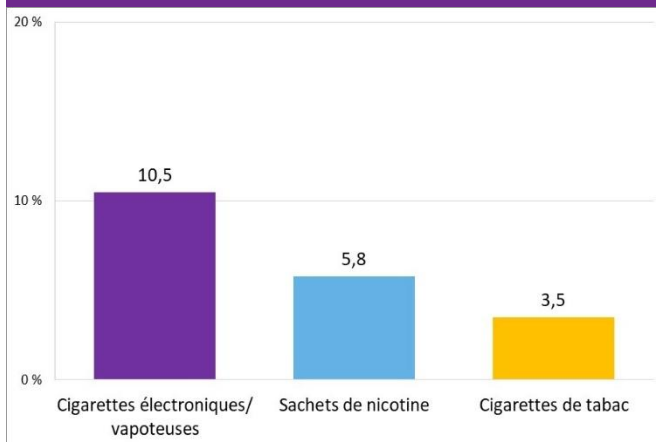
Pourcentage d'élèves ayant dit avoir utilisé des cigarettes de tabac, de l'alcool et du cannabis au cours de l'année écoulée, SCDSEO 1977-2025 (7^e, 9^e et 11^e années seulement)



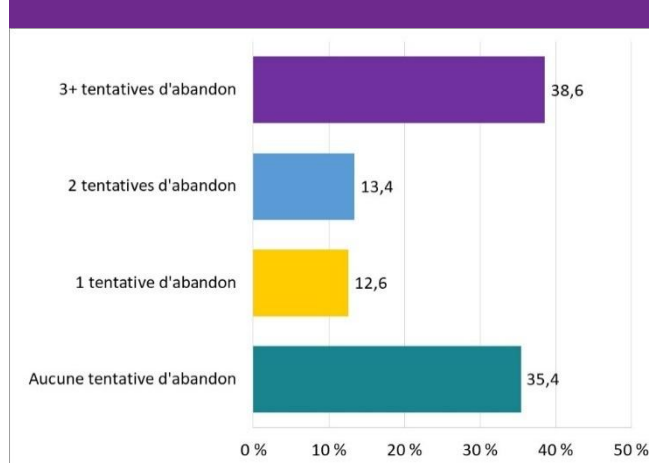
Cigarettes de tabac, vapoteuses et sachets de nicotine

- En 2025, environ 4 % des élèves de la 7^e à la 12^e année ont dit avoir fumé des cigarettes de tabac (plus que quelques bouffées) au cours de l'année écoulée. Environ 1 % des élèves fument tous les jours. La prévalence de l'usage de la cigarette au cours de l'année écoulée a diminué de façon marquée au fil des décennies.
- Les garçons (3 %) sont tout aussi susceptibles que les filles (4 %) de fumer des cigarettes de tabac. On observe une augmentation importante de la prévalence de l'usage de la cigarette d'une année d'études à l'autre, qui atteint de 6 à 7 % chez les élèves plus âgés.
- Environ un élève sur neuf (11 %) de la 7^e à la 12^e année a indiqué qu'il avait utilisé une cigarette électronique (vapoteuse) au cours de l'année écoulée (plus que quelques bouffées). Le taux de prévalence au cours de l'année écoulée a augmenté entre 2015 (première année de surveillance) et 2019, mais a diminué par la suite.
- Parmi les élèves ayant vapoté au cours de l'année écoulée, la plupart (90 %) ont déclaré avoir utilisé un produit contenant de la nicotine.
- Deux tiers (65 %) des élèves qui ont vapoté au cours de l'année écoulée ont indiqué avoir essayé d'arrêter au moins une fois pendant l'année.
- Les filles (14 %) sont deux fois plus susceptibles que les garçons (7 %) d'avoir vapoté au cours de l'année écoulée. La prévalence du vapotage s'accroît considérablement selon l'année d'études, passant de 3 % des élèves de 7^e année à 17 % des élèves de 12^e année.
- Environ un élève sur onze (9 %) a dit avoir vapoté au cours du mois écoulé. Quatre pour cent d'entre eux ont dit avoir vapoté tous les jours au cours du mois écoulé.
- La plupart des vapoteurs se procurent ces produits auprès d'amis.
- Environ 6 % des élèves de la 7^e à la 12^e année ont indiqué qu'ils avaient utilisé des sachets de nicotine au cours de l'année écoulée.
- Les garçons (7 %) sont tout aussi susceptibles d'utiliser des sachets de nicotine que les filles (5 %). On observe une augmentation importante de la prévalence de l'usage d'une année d'études à l'autre, qui atteint 12 % chez les élèves de 12^e année.

Pourcentage d'élèves ayant dit avoir utilisé des cigarettes électroniques (vapoteuses), des sachets de nicotine et des cigarettes de tabac au cours de l'année écoulée, SCDSEO 2025

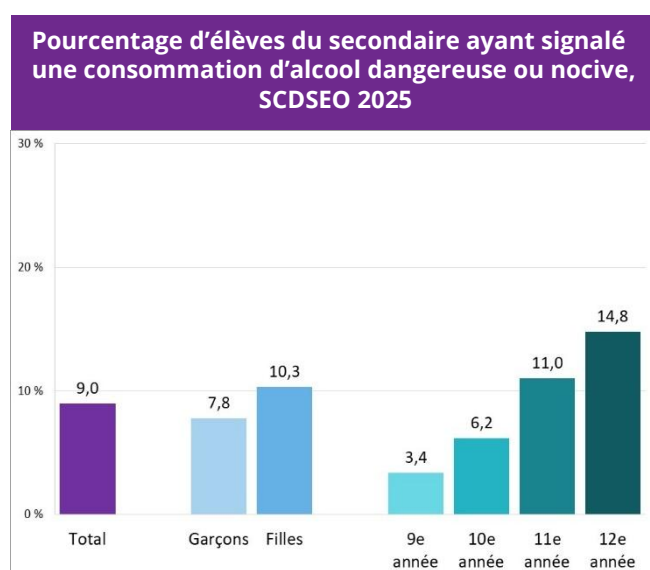
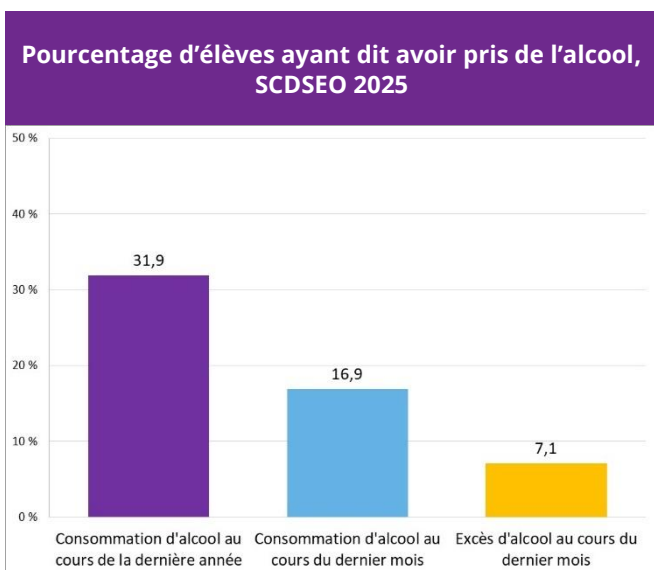


Pourcentage d'élèves qui ont vapoté au cours de l'année écoulée ayant dit avoir essayé d'arrêter, SCDSEO 2025



Alcool

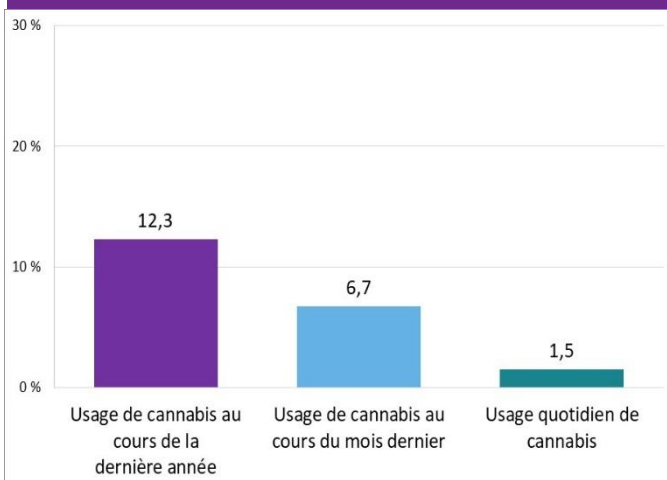
- En 2025, environ le tiers (32 %) des élèves de la 7^e à la 12^e année ont dit avoir bu plus de quelques gorgées d'alcool au cours de l'année écoulée. La prévalence de la consommation d'alcool a diminué considérablement au fil des décennies.
- Les filles (34 %) sont beaucoup plus susceptibles que les garçons (30 %) de boire. La consommation au cours de l'année écoulée variait considérablement selon l'année d'études, allant de 8 % des élèves de 7^e année à 56 % des élèves de 12^e année.
- Environ un élève sur six (17 %) de la 7^e à la 12^e année a déclaré qu'il avait consommé de l'alcool au cours du mois écoulé. Environ 4 % des élèves boivent toutes les semaines.
- Environ 7 % des élèves de la 7^e à la 12^e année ont déclaré avoir fait un excès d'alcool (cinq verres ou plus en une occasion) au moins une fois durant le mois écoulé. On n'a pas relevé de différence entre les sexes concernant les excès d'alcool. La prévalence des excès d'alcool augmente d'une année d'études à l'autre, atteignant 14 % chez les élèves de 12^e année, mais a toutefois diminué au fil des décennies.
- Environ un élève du secondaire sur onze (9 %) consomme de l'alcool de façon dangereuse ou nocive selon les critères du questionnaire de dépistage *AUDIT*. Les garçons sont tout aussi susceptibles que les filles de signaler de telles pratiques, qui varient selon l'année d'études. Leur prévalence passe de 3 % des élèves de 9^e année à 15 % des élèves de 12^e année. La prévalence de la consommation d'alcool dangereuse ou nocive a diminué considérablement au fil des décennies.
- Un élève du secondaire sur dix (10 %) n'était pas en mesure de se souvenir de ce qui s'était passé à au moins une occasion pendant laquelle il avait bu au cours de l'année écoulée.
- La plupart des élèves ayant bu au cours de l'année écoulée se sont procuré de l'alcool auprès d'un membre de leur famille.



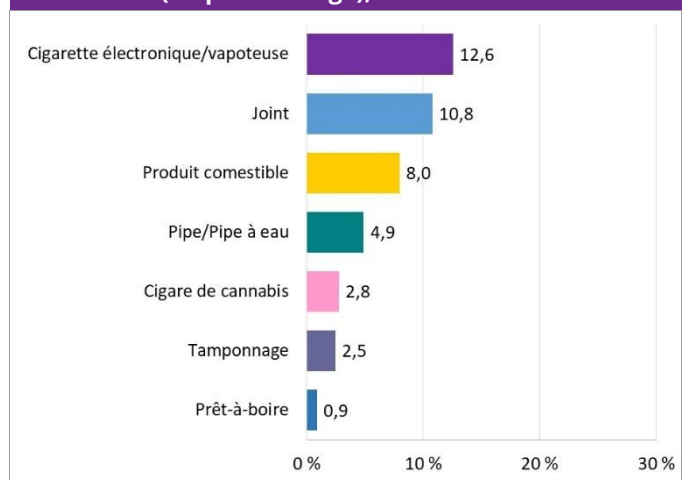
Cannabis

- Environ un élève sur huit (12 %) de la 7^e à la 12^e année (18 %) a déclaré avoir consommé du cannabis au cours de l'année écoulée. Cette consommation a beaucoup diminué depuis le sondage précédent en 2023 (18 %). La prévalence actuelle figure parmi les plus basses qui ont été enregistrées depuis 2019.
- Les filles (14 %) sont nettement plus susceptibles que les garçons (11 %) de signaler l'usage de cannabis au cours de l'année écoulée. La prévalence augmente selon l'année d'études, passant de 2 % des élèves de 7^e année à 27 % de ceux de 12^e année.
- Environ 7 % des élèves de la 7^e à la 12^e année disent avoir pris du cannabis au cours du mois écoulé et environ 2 % en prenaient tous les jours.
- Parmi les élèves de la 9^e à la 12^e année, les façons les plus courantes de consommer du cannabis sont de le vapoter (13 %), de le fumer dans un joint (11 %) et de manger des produits alimentaires qui en contiennent comme des brownies ou des friandises (8 %).
- Il y a eu une diminution marquée de la plupart des modes de consommation du cannabis évalués chez les élèves du secondaire depuis le cycle de 2023 (à l'exception de la consommation de cannabis sous forme de boisson).
- Environ 3 % des élèves du secondaire signalent des symptômes de dépendance au cannabis selon les critères de l'échelle SDS (*Severity of Dependence Scale*, soit « échelle de la gravité de la dépendance »). Cette estimation est demeurée relativement stable depuis 2007, année où la surveillance a commencé. Toutefois, la proportion de symptômes de dépendance chez les élèves ayant consommé du cannabis au cours de la dernière année était nettement plus élevée en 2025 (20,5 %) qu'en 2019 et dans les années précédentes (environ 10 %).
- Environ un élève du secondaire sur douze (8 %) dit avoir pris du cannabis pour composer avec un problème de santé mentale au moins une fois au cours de l'année écoulée. Les filles (10 %) sont deux fois plus susceptibles que les garçons (5 %) d'avoir signalé ce comportement.
- La plupart des élèves ayant signalé la consommation de cannabis au cours de l'année écoulée se le sont procuré auprès d'amis.

Pourcentage d'élèves ayant dit avoir pris du cannabis, SCDSEO 2025



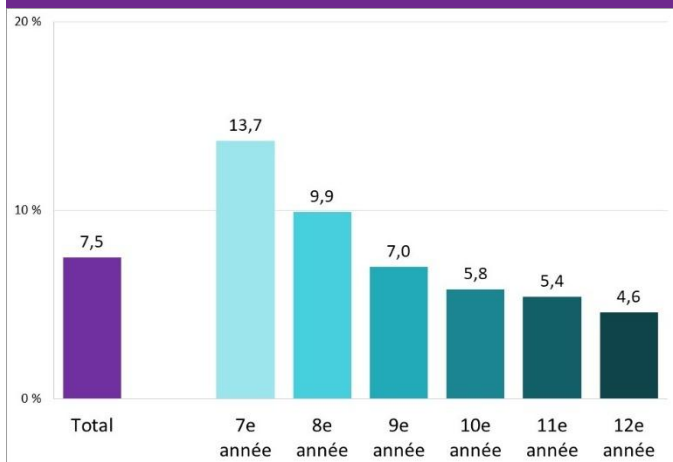
Modes de consommation du cannabis au cours de l'année écoulée chez les élèves du secondaire (en pourcentage), SCDSEO 2025



Usage de médicaments sur ordonnance et en vente libre à des fins non médicales

- Environ un élève sur sept (14 %) de la 7^e à la 12^e année a déclaré avoir pris un opioïde qui ne lui avait pas été prescrit (p. ex. Percocet, Percodan, Tylenol 3, Demerol, Dilaudid, OxyNeo, codéine, hydromorphone, oxycodone, tramadol, morphine) au moins une fois au cours de l'année écoulée. Les filles (16 %) sont nettement plus susceptibles que les garçons (12 %) de prendre ces types d'opioïdes à des fins non médicales. L'usage au cours de l'année écoulée a diminué considérablement entre 2023 (22 %) et 2025 (14 %). L'usage actuel est plus élevé qu'il ne l'était avant la pandémie de COVID-19, mais est inférieur au niveau enregistré lorsqu'on a commencé à la surveiller en 2007.
- La plupart des élèves ayant déclaré avoir pris un opioïde qui ne lui avait pas été prescrit au cours de l'année écoulée se le sont procuré auprès d'un membre de leur famille.
- Environ 2 % des élèves de la 7^e à la 12^e année ont déclaré avoir pris sans ordonnance un médicament prescrit pour traiter le trouble déficitaire de l'attention avec ou sans hyperactivité (TDAH) chez les enfants (p. ex. Adderall, Ritalin, Concerta ou Dexedrine) au cours de l'année écoulée. Les garçons sont tout aussi susceptibles que les filles de prendre ces médicaments à des fins non médicales. La prise d'un médicament pour le TDAH à des fins non médicales fluctue depuis 2007 (entre 1 % et 3 %), année où on a commencé à la surveiller, et aucune tendance dominante ne se dessine à cet égard.
- Environ 2 % des élèves de la 9^e à la 12^e année ont déclaré avoir pris un sédatif ou un tranquillisant sans ordonnance au cours de l'année écoulée. Les garçons sont tout aussi susceptibles que les filles de prendre ces médicaments à des fins non médicales. L'usage non médical de ces médicaments a été stable pendant des décennies et a légèrement diminué dans les dernières années.
- Environ un élève sur douze (8 %) de la 7^e à la 12^e année a déclaré avoir pris un antitussif ou un antirhume pour « planer » au cours de l'année écoulée. Les garçons sont aussi susceptibles que les filles d'agir ainsi. L'usage non médical de ces médicaments diminue considérablement selon l'année d'études. Il a nettement diminué entre 2023 (10 %) et 2025 (8 %) et se situe au niveau enregistré il y a quelques années.

Pourcentage d'élèves ayant dit prendre des antitussifs ou des antirhumes à des fins non médicales (pour « planer ») au cours de l'année écoulée, SCDSEO 2025



Autres faits saillants

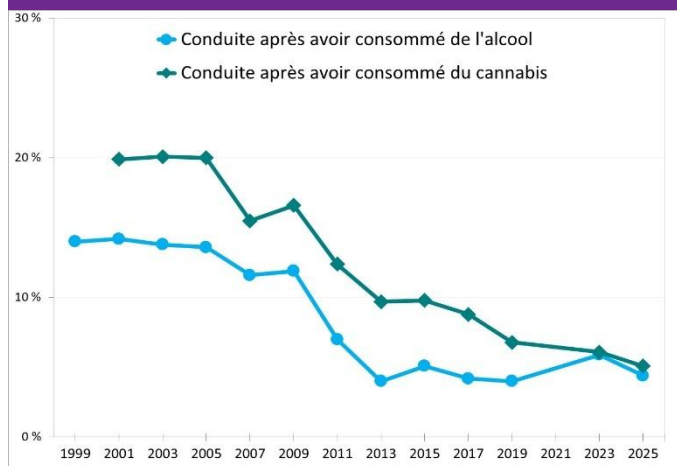
Conduite de véhicules

- Environ 4 % des élèves de la 10^e à la 12^e année qui sont titulaires d'un permis de conduire de catégorie G ont déclaré avoir, au moins une fois au cours de l'année écoulée, pris le volant une heure ou moins après avoir bu deux verres d'alcool ou plus. Le taux de conduite chez les adolescents qui ont bu est stable depuis plus de dix ans. Toutefois, l'estimation actuelle est nettement inférieure aux estimations faites en 1999 et dans les années 2000 (qui se situaient entre 12 % et 14 %), et aux estimations de la fin des années 1970 et du début des années 1980 (pendant cette période, près de la moitié des élèves de 11^e année ont déclaré avoir conduit après avoir bu).
- Un pourcentage semblable (5 %) d'élèves de la 10^e à la 12^e année a déclaré avoir pris le volant dans l'heure suivant la consommation de cannabis au moins une fois au cours de l'année écoulée. Le pourcentage d'élèves ayant agi ainsi a diminué considérablement depuis 2001, année où on a commencé à le surveiller, lorsqu'il était d'environ 20 %, et est stable depuis les dernières années.

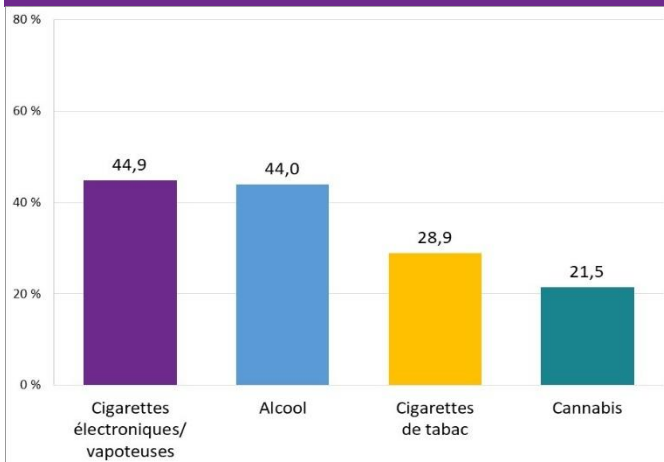
Initiation précoce

- Environ la moitié des élèves (45 %) du secondaire ayant vapoté au cours de l'année écoulée ont déclaré l'avoir fait pour la première fois avant la 9^e année. Un pourcentage semblable (44 %) d'élèves du secondaire ayant consommé de l'alcool au cours de l'année écoulée ont déclaré avoir commencé à en prendre avant la 9^e année. Plus du quart (29 %) des élèves du secondaire ayant fumé des cigarettes de tabac au cours de l'année écoulée ont déclaré l'avoir fait pour la première fois avant la 9^e année. Environ un élève du secondaire sur cinq (22 %) ayant fait usage de cannabis au cours de l'année écoulée a déclaré en avoir pris pour la première fois avant la 9^e année.
- L'âge où les élèves consomment une substance intoxicante pour la première fois est plus élevé de nos jours. En effet, l'âge moyen où les élèves ont fumé leur première cigarette de tabac, ont bu leur première boisson alcoolique et ont pris du cannabis pour la première fois a augmenté au fil des décennies.

Pourcentage de conducteurs de la 10^e à la 12^e année ayant signalé avoir conduit après avoir consommé de l'alcool et du cannabis (année écoulée), SCDSEO 1999-2025



Pourcentage d'élèves du secondaire ayant pris de la drogue au cours de l'année écoulée qui ont déclaré l'avoir fait pour la première fois avant la 9^e année, SCDSEO 2025

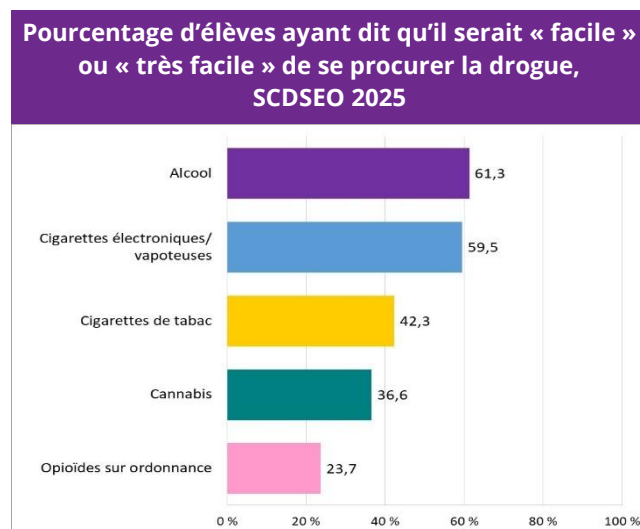
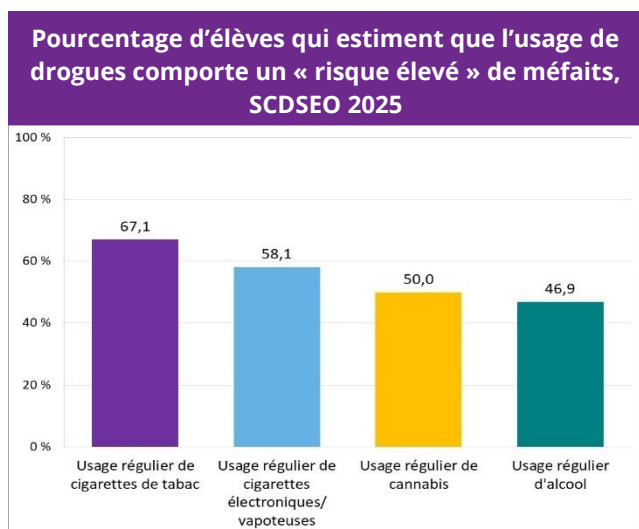


Perception du risque associé à l'usage de drogues

- On a demandé aux élèves de 7^e et 8^e année quel était selon eux le risque pour la santé de régulièrement fumer des cigarettes de tabac et/ou du cannabis, vapoter et boire de l'alcool. Les élèves ont déclaré que le risque le plus élevé était de fumer des cigarettes de tabac régulièrement (67 %), de vapoter régulièrement (58 %), de fumer du cannabis régulièrement (50 %) et de boire de l'alcool régulièrement (47 %).
- La perception du risque pour la santé de l'usage régulier de cigarettes de tabac a diminué entre 2023 (année où on a commencé à le surveiller) et 2025, passant de 75 % à 67 %.
- La perception du risque pour la santé du vapotage régulier a nettement diminué entre 2023 et 2025 (passant de 63 % à 58 %). Il y a toutefois eu une augmentation marquée depuis 2015, année où on a commencé à surveiller ce facteur, lorsqu'il était d'environ 10 %.
- La perception du risque pour la santé de l'usage régulier de cannabis est restée stable entre 2023 et 2025. Si l'estimation actuelle est nettement supérieure aux estimations faites en 2017 et en 2019 (qui se situaient entre 38 % et 40 %, respectivement), elle est semblable aux estimations faites en 1999 et au début des années 2000 (environ 50 %).

Perception de la facilité d'accès aux drogues

- Parmi les drogues étudiées, les élèves de la 7^e à la 12^e année estiment que l'alcool est la plus facile d'accès (61 % des élèves ont déclaré qu'il serait « assez facile » ou « très facile » de s'en procurer), suivi des vapoteuses (60 %), des cigarettes de tabac (42 %), du cannabis (37 %), des opioïdes qui ne leur ont pas été prescrits (24 %) et des champignons/de la psilocybine (14 %, élèves de la 9^e à la 12^e année seulement).
- La perception de la facilité d'accès à l'alcool a diminué entre 2023 et 2025 et se situe au niveau enregistré il y a une dizaine d'années, mais est légèrement moins élevée que les estimations faites en 1999 et au début des années 2000 (environ 67 %).
- La perception de la facilité d'accès aux vapoteuses a diminué entre 2023 et 2025, et se situe au niveau enregistré en 2021 (année où on a commencé à les surveiller).
- La perception de la facilité d'accès aux cigarettes de tabac a diminué entre 2023 et 2025, et figure parmi les niveaux les plus bas qui ont été enregistrés depuis 2005 (année où on a commencé à les surveiller).
- La perception de la facilité d'accès au cannabis a diminué entre 2023 et 2025 et figure parmi les niveaux les plus bas qui ont été enregistrés depuis 1999.
- La perception de la facilité d'accès aux opioïdes sur ordonnance est restée stable entre 2023 et 2025, mais est actuellement supérieure à ce qu'elle était en 2011 (année où on a commencé à les surveiller).



Méthodologie

Le Sondage sur la consommation de drogues et la santé des élèves de l'Ontario (SCDSEO), mené par le Centre de toxicomanie et de santé mentale, est un sondage sur la santé réalisé à la grandeur de l'Ontario auprès d'élèves de la 7^e à la 12^e année. Ce sondage transversal est réalisé tous les deux ans depuis sa création en 1977.

Le sondage du cycle de 2025, qui a fait appel à un plan d'échantillonnage en grappes stratifié (par région et par école) à deux degrés (école et classe), a été rempli par 11 108 élèves de la 7^e à la 12^e année répartis dans 1147 classes, dans 246 écoles faisant partie de 42 conseils scolaires publics et catholiques anglophones et francophones. Étaient exclues de l'échantillonnage les écoles se trouvant dans les réserves des Premières Nations, les bases militaires, les hôpitaux ou les autres établissements, ainsi que les écoles privées. Ont également été exclues les classes pour l'enfance en difficulté et les classes d'anglais langue seconde.

Des procédures actives ont été mises en œuvre pour obtenir le consentement des parents. Des membres du personnel de l'Institut de recherche sociale de l'Université York ont remis les questionnaires aux groupes d'élèves, qui les ont remplis à l'aide d'un crayon ou de façon électronique. Cette façon de faire favorise l'anonymat. Les questionnaires ont été remplis en classe entre décembre 2024 et juin 2025 pendant les heures normales de cours.

Afin d'obtenir des estimations représentatives, les données de l'échantillon de 11 108 élèves ont été pondérées pour correspondre à une population d'environ un million d'élèves de la 7^e à la 12^e année inscrits dans les écoles publiques de l'Ontario.

Les rapports, les infographies et la FAQ du SCDSEO figurent sur la page

www.camh.ca/osduhs

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The views expressed here are those of the authors and do not necessarily reflect those of CAMH.

Angela Boak
Hayley A. Hamilton

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1. INTRODUCTION

This report describes the prevalence of alcohol, tobacco, electronic cigarettes/vapes, cannabis and other drug use and related harms among Ontario students in grades 7 to 12 in 2025, and changes since 1977. The findings are based on the 25th cycle of the Centre for Addiction and Mental Health’s biennial *Ontario Student Drug Use and Health Survey* (OSDUHS).¹ The OSDUHS is the longest ongoing surveillance program of drug use and other health related behaviours among adolescent students in Canada, and one of the longest in the world.

Repeated cross-sectional surveys such as the OSDUHS contribute to an understanding of the past, present, and potential future patterns of alcohol and other drug use, related harms, and the associated contextual, social, and demographic risk and protective factors in the adolescent population. Such monitoring is not only fundamental to health professionals, educators, and governments, but also to the development of evidence-based knowledge. For over 45 years, the OSDUHS has contributed to a better understanding of drug use among adolescents and its consequences, and has influenced health education, programs and policies in Ontario.

Some drug-related surveillance objectives of the OSDUHS are to provide trustworthy and timely data regarding the following:

- current use of alcohol, tobacco, vaping devices, cannabis, and other drugs among students, and trends in use since 1977, where available;
- use of newly emerging drugs and new ways of consuming drugs;
- early initiation of use and trends over time;
- trends in potential harms associated with drug use, such as impaired driving; and
- attitudes and perceptions about drug use.

This report presents descriptive findings related to drug use.² Described are the prevalence, frequency, potential harms from use, changes over time, and the associations between drug use and key demographic characteristics, namely sex at birth, grade, and region of the province.

The scope of the OSDUHS has evolved to include an array of mental and physical health indicators and other adolescent risk behaviours. The 2025 OSDUHS mental health and well-being findings will be released in a companion report in the summer of 2026.

¹ In 2007, the word “Health” was added to the project title to better reflect its expanding content. Prior cycles used the OSDUS acronym without “Health.”

² Our use of the term “drug use” in this report includes alcohol, tobacco, and vaping devices. Note that the words “drugs” and “substances” are used interchangeably.

History of the OSDUHS

The Centre for Addiction and Mental Health's OSDUHS is the longest ongoing survey of elementary and secondary school students in Canada. In 1967, several Toronto school boards approached the former Addiction Research Foundation (now CAMH) for assistance in determining the extent of drug use among their students. Four biennial surveys were conducted from 1968 through 1974 that monitored alcohol, tobacco and other drug use among Toronto students in grades 7, 9, 11 and 13.

In 1977, the scope of the study was expanded to include students across Ontario, and in 1999 it was expanded again to include students in grades 7 through 13/OAC. In 2003, 13th graders were excluded from the sampling plan (because this grade was eliminated by the Province of Ontario), and the number of classes surveyed in secondary schools was increased.

For over 45 years, the OSDUHS has surveyed thousands of students every two years, and to date over 150,000 students in Ontario have participated. The study's history is underscored by considering that most of the 12th graders studied in 1977 are now over 60 years-old. Since its inception, the OSDUHS has not only been the source of data for numerous scientific and policy publications on an array of adolescent health issues, but has evolved into a well-recognized school survey globally.

Impact of the OSDUHS

Findings from the OSDUHS have informed public health monitoring, education and prevention, and health-related programs and policies in Ontario and beyond for over 45 years.

Public Health Monitoring

- Since 1977, the survey has monitored changes in alcohol, tobacco, cannabis and other drug use among students and raised awareness about several drug "epidemics" over the years, such as cigarette smoking in the late 1990s, and prescription opioid misuse in the early 2000s.
- Since 1991, the survey has monitored changes in mental health, physical health, and risk behaviours among students and raised awareness about problems or areas of concern, such as the elevated levels of poor mental health and bullying.
- Over the decades, the survey has provided the first Canadian adolescent population estimates for the use of several emerging drugs (e.g., crack, ecstasy [MDMA], OxyContin), and risk behaviours (e.g., texting and driving, vaping cannabis).

Education and Prevention

- The findings have been used in various publications including brochures and other products designed for youth and parents, and Canadian psychology and sociology textbooks.
- The findings have been used to inform the development of drug use, mental health, and gambling curriculum guides for Ontario educators.
- Public health units have used the findings to inform their program and service planning.
- Educators and other professionals have used the findings to facilitate outreach to parents and the wider community.
- The findings have sparked several media campaigns raising awareness about the risks of cannabis and driving, and the misuse of prescription medication.

Public Policy

- The findings have informed health-related policy initiatives in Ontario regarding smoking, vaping, drinking, prescription opioid misuse, impaired and distracted driving, physical activity, and gambling.
- The findings have informed school health policies in Ontario regarding cigarette smoking on school property, bullying, and safe schools.

2. METHODS

SAMPLING DESIGN

The survey's target or in-scope population – the population we are attempting to draw conclusions about – comprised all 7th to 12th graders enrolled in Ontario's four publicly funded school sectors (i.e., English language public, English language Catholic, French language public, and French language Catholic). Students excluded from the survey's target population (out-of-scope) were those enrolled in private schools, those who were home-schooled, those institutionalized for correctional or health reasons, those schooled in First Nation communities, on military bases, or in the remote northern region of Ontario.

The 2025 cycle employed a stratified (by region and school level), two-stage (school, class) cluster design. This included oversampling students in Northern Ontario and select public health unit regions. Schools were randomly selected within each region-by-school level stratum, with selection probabilities proportional to school enrollment size. Replacement schools from the same stratum were chosen if a selected school declined participation.

In elementary/middle schools, two 7th-grade classes and two 8th-grade classes were randomly selected, or one per grade if two were not available. In secondary schools, two classes per grade (grades 9 through 12) were randomly selected. In certain public health units with smaller secondary school populations, the sample was expanded to include three classes per grade (9 through 12). All students in the selected classes who returned a signed consent form and were able to complete the questionnaire independently were eligible to participate.

DATA COLLECTION PROCEDURES

The 2025 OSDUHS protocol was approved by the Research Ethics Boards (REBs) at CAMH and York University, as well as 37 school board research review committees. Student participation required the consent/permission of several entities, including school boards, school principals, classroom teachers, parents, and students themselves. Schools had the option of using paper parental consent-student assent forms, or an online/electronic consent-assent process.

Survey administration was carried out across Ontario by trained field staff from the Institute for Social Research (ISR) at York University, on behalf of CAMH. The survey was conducted during regular class time, in the classrooms of the selected classes, between December 2024 and June 2025. Administrators followed a standardized script to introduce the survey, describe its purpose, and provide instructions. Students were reminded that the survey was anonymous, that participation was voluntary, and that they could skip any question they did not understand or found uncomfortable. They were also informed of their right to withdraw at any time.

The survey was available in both online and paper formats. The vast majority of students (98%) completed the survey electronically, using either a school-provided or personal internet-connected device.

QUESTIONNAIRE

In addition to drug use, the OSDUHS questionnaire includes a broad range of topics related to students' mental and physical health and well-being. The core content areas are: demographics, family and school life, use of tobacco, vaping devices, alcohol, cannabis, and other drugs, perceptions about drug use, impaired driving, mental health indicators (e.g., suicidality, symptoms of anxiety and depression), physical health indicators, bullying, social media use, video game playing, and gambling.

New content in the 2025 questionnaire addressed emerging issues such as nicotine pouches, attempts to quit vaping, perceived availability of magic mushrooms/psilocybin, spending money while video gaming, and exposure to advertising for online sports and casino gambling.³

To include as many topics as possible in a fixed class period, while minimizing the burden on students, we employed four versions of the questionnaire, which were randomly distributed depending on school level (Form A-Elementary, Form B-Elementary, Form A-Secondary, Form B-Secondary). To tailor the instrument, many questions (e.g., driving-related questions) were not asked of elementary school students (grades 7 and 8). Because not all questions were in all forms, the number of cases upon which an estimate is based may be less than the total sample size. Item branching (i.e., designated question skips) was used in the online and printed version of the questionnaire to reduce time and response fatigue. French questionnaires were available for students in French language schools. The average questionnaire completion time was 21 minutes (22 minutes for elementary school students, 21 minutes for secondary school students).

³ The 2025 questionnaire included an alternate question about the nonmedical use of prescription opioids, which removed Tylenol #3 (acetaminophen with codeine) from the list of examples. Results from this alternate question are not presented in this report.

2025 SAMPLE

After data editing rules were applied, 11,108 students in 1,147 classes in 246 schools in 42 boards were included in the final data set. The student completion rate was 39%.⁴

This report presents the results according to sex at birth,⁵ grade, and region. The four regions presented are delineated as follows: (1) Greater Toronto Area (GTA); (2) Northern Ontario (Parry Sound District, Nipissing District, and areas farther north); (3) Western Ontario (Dufferin County and areas farther west); and (4) Eastern Ontario (Simcoe County and areas farther east).

Sample Characteristics, 2025 OSDUHS

	Sample Size	Weighted %
Total	11,108	
Males	4,821	51.6
Females	6,276	48.4
Grade 7	2,120	14.4
Grade 8	2,259	14.7
Grade 9	1,944	16.8
Grade 10	1,658	16.9
Grade 11	1,566	16.9
Grade 12	1,561	20.3
GTA	4,978	42.7
North	887	5.6
West	1,524	30.0
East	3,719	21.7

Notes: males/females is based on the question asking about sex at birth; GTA is the Greater Toronto Area.

⁴ The "completion rate" is defined as the number of students who met all the data processing and cleaning criteria (and therefore remained in the dataset) over the number enrolled in the participating classes.

⁵ Sex at birth is the (binary) variable presented in this report. Gender identity was also asked in the survey using a separate question. Those results are not presented here.

DATA WEIGHTING & ANALYSIS

Our deliberate oversampling of students in certain regions and our equal allocation of students within grade results in the oversampling and undersampling of some subgroups relative to their population share. Because the primary objective of our analyses is to provide descriptive population-level estimates, our design-based analysis requires selection or case weights attached to each student to approximate representation of the Ontario student population.

For each student, the final case weight was calculated as the product of five components: (1) the probability of the school being selected; (2) the probability of the class being selected within the selected school; (3) a student unit nonresponse adjustment factor; (4) a regional poststratification adjustment to restore regional representation; and (5) a final poststratification adjustment to restore the sex-by-grade distribution, using the most currently available provincial enrolment numbers. Using this approach, our sample of 11,108 students was weighted to represent approximately 954,000 students in grades 7 to 12 enrolled in Ontario's publicly funded schools.

All percentages, confidence intervals, and population count estimates in this report are design-based. Statistical tests were design-adjusted to account for the complex sampling design, including stratification, clustering, and weighting, using Taylor Series Linearization (TSL) available in Stata 14.2. Subgroup comparisons (by sex, grade, and region) for 2025 were assessed using bivariate, second-order, design-adjusted Rao-Scott Pearson chi-square tests, with significance determined at the $p < .05$ level. Missing responses were not statistically imputed, and any logically inconsistent responses provided by students were not adjusted.

In this report, we present changes in student drug use over time. We first compare 2025 with 2023 to identify recent shifts, and with 2019 to assess changes since the COVID-19 pandemic to provide additional context. We then examine long-term trends from 1999 to 2025 across all grades, followed by trends from 1977 to 2025 for the grades with consistent historical data. Temporal trends were assessed using logistic regression analyses, applying a conservative significance threshold of $p < .01$.

Estimates were suppressed due to unreliability (unstable) if they met any one of the following conditions:

- (1) an estimate less than 0.5%;
- (2) a base sample size (i.e., the denominator) of fewer than 30 students; or
- (3) a relative standard error, measured by the coefficient of variation (CV), exceeding a value of 33.3.

The sample selection, school contact, web survey development, printing of the material, scheduling and in-school administration, and data file preparation were conducted by the Institute for Social Research (ISR) at York University on CAMH's behalf. More information about the 2025 methodology can be found in the data user guide.⁶

⁶ Boak, A., & Hamilton, H. A. (2026). *2025 Ontario Student Drug Use and Health Survey (OSDUHS) study protocol and data user guide*. Toronto, ON: Centre for Addiction and Mental Health.

A Note About the 2021 OSDUHS

Due to the COVID-19 pandemic, Ontario schools were closed to in-person learning during the 2020-2021 school year. Therefore, the 2021 OSDUHS pivoted to online data collection. Students could complete the questionnaire outside of school hours rather than the typical method of completions in classrooms during school hours. This change in mode and setting led to a dramatically decreased student response rate for that cycle. Although the survey weights were adjusted to minimize any potential bias from non-response, the high level of non-response in the 2021 cycle likely had an impact on estimates. Readers should be cautious in interpreting the 2021 estimates as provincially representative.

Definition of Terms Used in the Report

95% Confidence Interval (CI): the “true” population value would be expected within this range in 95 of 100 samples. Design-based CIs (presented here) also account for the characteristics of the complex sampling design.

Any Drug Use: use of one or more of the following 11 drugs asked about in the 2025 survey at least once during the past 12 months: mushrooms (psilocybin), LSD, cocaine, methamphetamine, heroin, fentanyl, ecstasy (MDMA), nonmedical use of tranquilizers/sedatives, prescription opioids, ADHD drugs, and cough/cold medication.

Any Drug Use for Trends: use of one or more of the following 7 drugs consistently measured over time: mushrooms (psilocybin), LSD, methamphetamine, cocaine, heroin, ecstasy (MDMA), and nonmedical use of tranquilizers/sedatives. Cannabis is excluded.

Binge Drinking: drinking 5 or more drinks on the same occasion at least once during the past four weeks.

Cannabis Dependence: Scoring 4 or higher of 15 (Likert scoring) on the cannabis subscale of the *Severity of Dependence Scale* (SDS). The SDS is a validated 5-item instrument used to screen for potential cannabis dependence in adolescent and general populations (past 3-month period).

Hazardous/Harmful Drinking: scoring 8 or higher out of 40 (Likert scoring) on the World Health Organization’s 10-item *Alcohol Use Disorders Identification Test* (AUDIT) screener. Hazardous drinking is a pattern of drinking that increases the likelihood of future physical, social, or mental health problems, including dependence. Harmful drinking is a pattern that is already causing harms (e.g., injuries).

Nonmedical (NM) Prescription Drug Use: reporting the use of a prescription drug (i.e., opioids, ADHD drugs, sedatives) without a prescription, or without a doctor’s supervision.

Past Year Drug Use: reporting the use of the drug at least once during the past 12 months. Cases that responded “don’t know what [the drug] is” were classified as nonusers and assigned to the denominator. For vaping devices and tobacco cigarettes, those who smoked only “a few puffs” were classified as nonusers and assigned to the denominator. For alcohol, use included drinking on special occasions, but excluded sips.

3. RESULTS

3.1 Overview of Drug Use in 2025

Drug Use in the Past Year

(Figures 3.1.1, 3.1.2; Table 3.1.1)

The most commonly used drug is alcohol, with almost one-third (31.9%) of students in grades 7 through 12 reporting use (more than just a sip to try it) during the 12 months before the survey. About one-in-seven (13.6%) students report the nonmedical (NM) use of prescription opioids in the past year. About one-in-eight (12.3%) students report using cannabis in the past year. The prevalence of electronic cigarette use/vaping is substantially higher than tobacco cigarette smoking (10.5% vs. 3.5%, respectively). About one-in-twelve (7.5%) students report the use of cough/cold medication to “get high” in the past year.

Questions about the use of certain illicit drugs were asked of secondary school students only (grades 9–12). Among this subset of illicit drugs, psilocybin (“mushrooms”) ranks highest with about 2.7% of secondary students reporting use in the past year, followed by the nonmedical use of tranquilizers/sedatives at 1.2%. Use of LSD, cocaine, ecstasy (MDMA), methamphetamine, heroin, and fentanyl are extremely rare, as these past year prevalence estimates are 0.7% or lower.

About one-in-six (16.8%) secondary school students report using any drug (other than alcohol, cannabis, tobacco/nicotine), during the past year. About 14.6% of secondary school students report using at least one type of prescription drug class (i.e., opioids, ADHD drugs, tranquilizers/sedatives) nonmedically during the past year.

Figure 3.1.2 shows the past year drug use prevalence estimates for elementary school students (grades 7 and 8) and secondary school students separately. Not only do younger students show lower prevalence estimates than older students, the drug ranking slightly differs as well.

Lifetime Drug Use

(Table 3.1.1)

Estimates for lifetime use show that alcohol, vapes, prescription opioids, and cannabis are the most likely substances to be tried by students. Notably, more students have tried vaping (19.4%) than smoking tobacco cigarettes (9.5%) in their lifetime.

Frequency of Drug Use

(Figures 3.1.3, 3.1.4)

Frequent drug use, defined as using six or more times during the past year, is shown in Figure 3.1.3. About 6% of students report frequent cannabis use in the past year. Frequent use of prescription opioids is reported by a similar proportion. All other drugs included in the survey are used less frequently. Figure 3.1.4 shows the number of times students have used in the past year. Again, we can readily see that, of the drugs shown, cannabis is the most frequently used.

Figure 3.1.1
Percentage Reporting Past Year Drug Use, 2025 OSDUHS

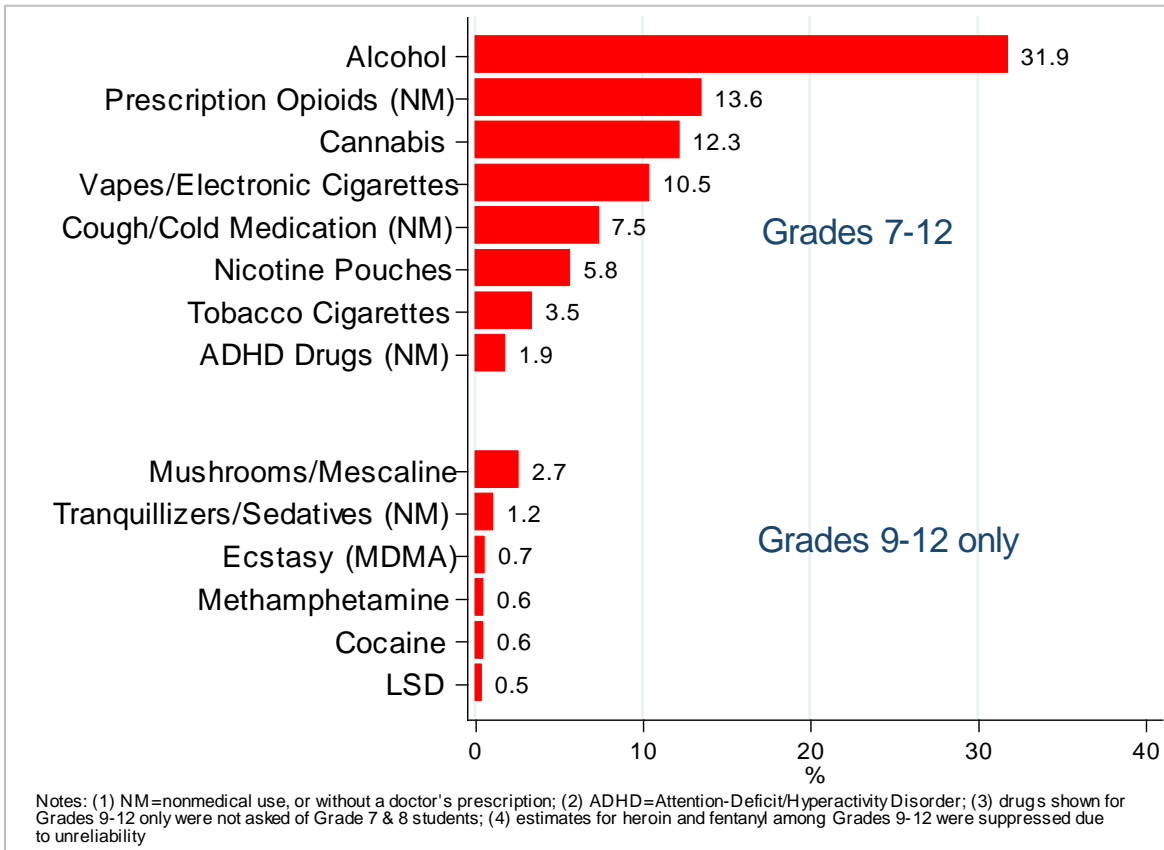


Figure 3.1.2
Percentage Reporting Past Year Drug Use by Grade Level, 2025 OSDUHS

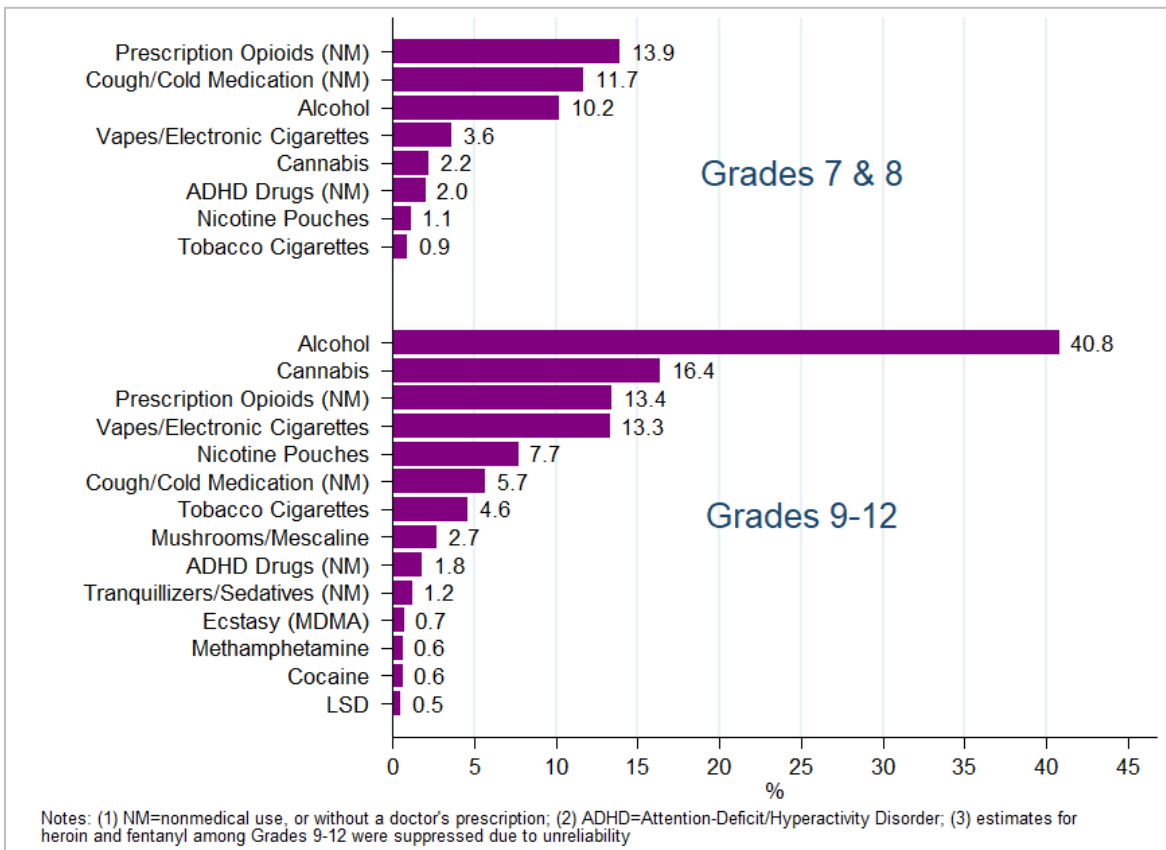


Figure 3.1.3
 Percentage Reporting Frequent Drug Use (Six Times or More Often) in the Past Year,
 2025 OSDUHS (Total Sample)

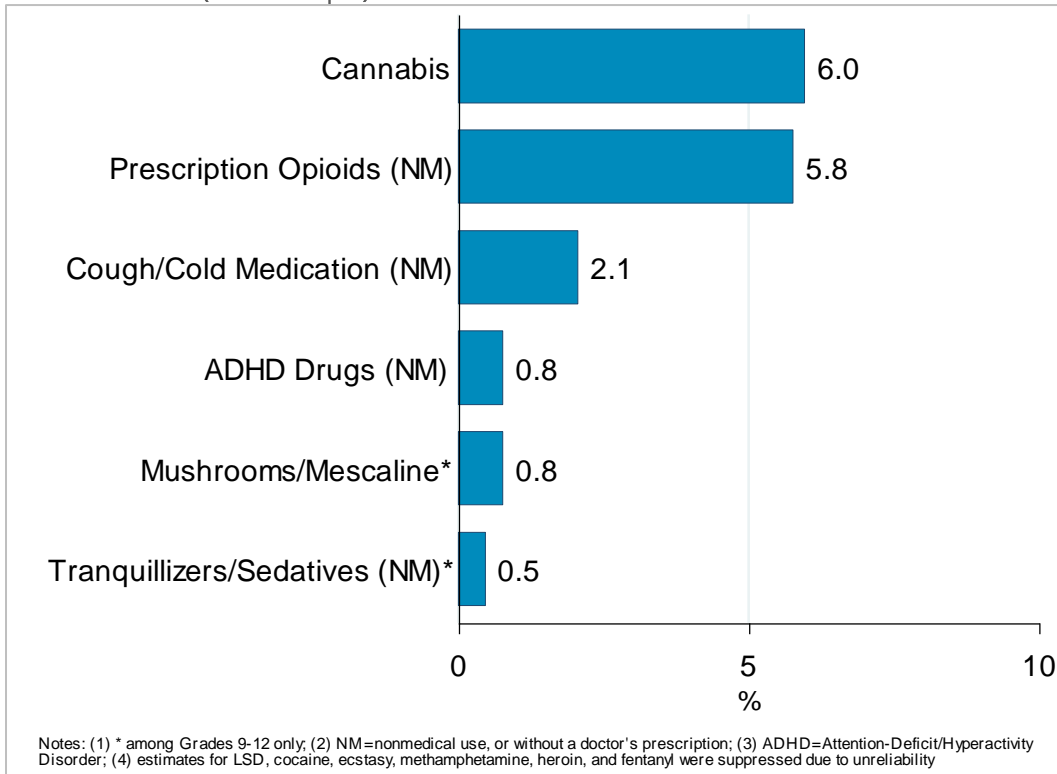


Figure 3.1.4
 Frequency of Drug Use in the Past Year, *Among Students Who Have Used in the Past Year*,
 2025 OSDUHS (Grades 9–12 only)

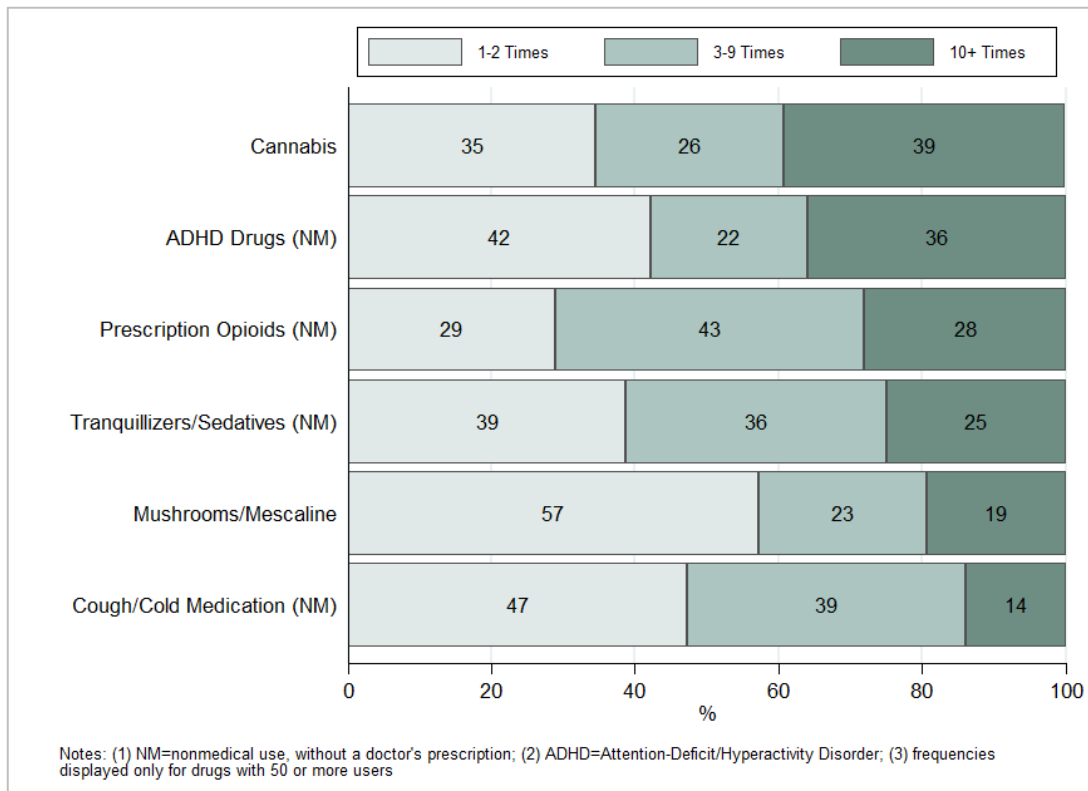


Table 3.1.1: Percentage Reporting Drug Use in Lifetime and in the Past Year, 2025 OSDUHS

	LIFETIME USE	PAST YEAR USE
	% (95% CI)	% (95% CI)
AMONG GRADES 7–12		
Alcohol	67.1 (63.3-70.6)	31.9 (28.1-35.9)
Vapes/Electronic Cigarettes	19.4 (17.4-21.6)	10.5 (8.9-12.2)
Prescription Opioids (NM)	16.9 (15.2-18.8)	13.6 (12.1-15.2)
Cannabis	14.8 (12.9-17.0)	12.3 (10.6-14.2)
Tobacco Cigarettes	9.5 (8.0-11.3)	3.5 (2.8-4.5)
Cough/Cold Medication (NM)	8.0 (7.4-8.8)	7.5 (6.8-8.2)
Nicotine Pouches	6.2 (5.1-7.5)	5.8 (4.7-7.1)
ADHD Drugs (NM)	3.5 (3.0-4.2)	1.9 (1.5-2.3)
AMONG GRADES 9–12 ONLY		
Mushrooms or Mescaline	3.8 (2.9-5.1)	2.7 (2.0-3.5)
Tranquillizers/Sedatives (NM)	1.6 (1.3-2.1)	1.2 (0.9-1.6)
Ecstasy (MDMA)	1.2 (0.8-1.8)	0.7 (0.4-1.2)
Cocaine	1.1 (0.8-1.6)	0.6 (0.4-0.9)
LSD	0.8 (0.5-1.2)	0.5 (0.3-0.8)
Methamphetamine	0.8 (0.5-1.2)	0.6 (0.3-1.0)
Heroin	0.6 (0.3-0.9)	†
Fentanyl	0.5 (0.3-0.8)	†
Any NM Use of a Prescription Drug		14.6 (12.6-17.0)
Any Drug Use		16.8 (15.5-18.1)

Notes: (1) CI=confidence interval; (2) “Lifetime Use” refers to ever using the drug, including “had a sip” for alcohol and “a few puffs” for cigarettes; (3) “Past Year Use” refers to use at least once during the past 12 months, excluding “had a sip” for alcohol and “a few puffs” for cigarettes; (4) NM=nonmedical use, without a doctor’s prescription; (5) “Any NM Use of a Prescription Drug” refers to nonmedical use of prescription opioids, ADHD drugs, or tranquilizers/sedatives; (6) “Any Drug Use” refers to the past year use of any one of 11 drugs asked about in 2025 (excludes alcohol, cannabis, tobacco/nicotine, vapes/electronic cigarettes); (7) † estimate suppressed due to unreliability (< 0.5%).

Source: OSDUHS, Centre for Addiction and Mental Health

3.2 Overview of Drug Use Trends

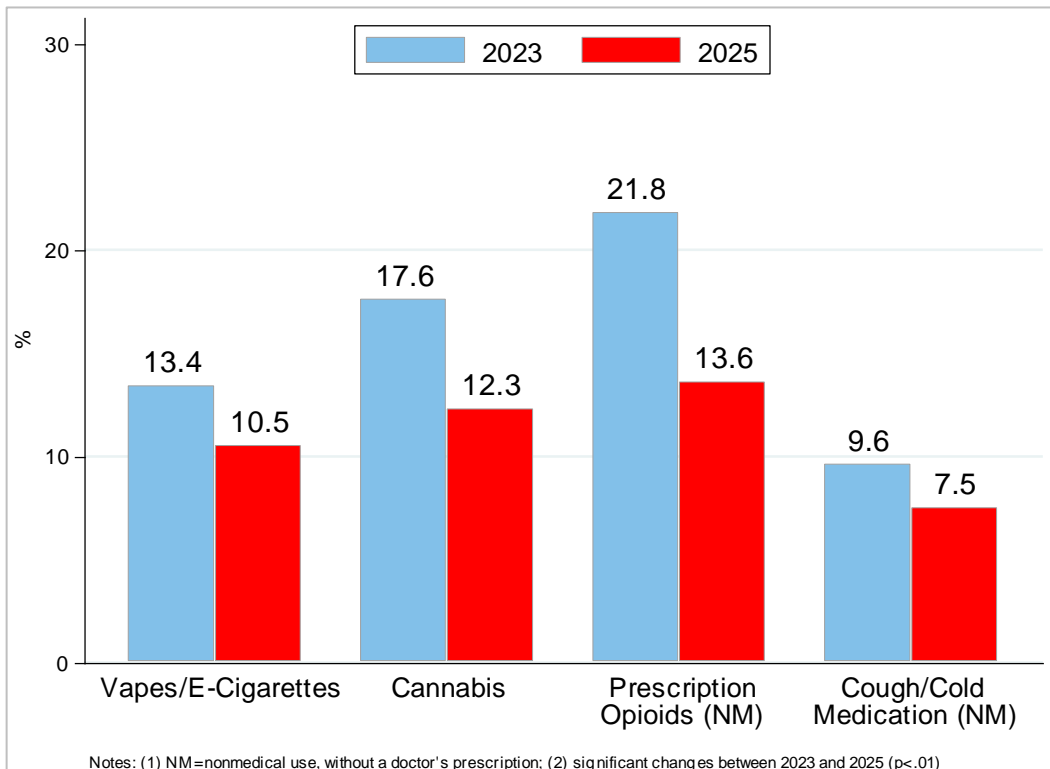
Drug Use in 2025 vs. 2023

(Figure 3.2.1; Table 3.2.1)

Of the 15 drugs measured in both the 2023 and 2025 survey cycles, four measures of past year use show a significant decrease between these two cycles:

- vaping/electronic cigarette use significantly decreased between 2023 (13.4%) and 2025 (10.5%), returning to a level seen when monitoring began in 2015;
 - cannabis use significantly decreased between 2023 (17.6%) and 2025 (12.3%), reaching one of the lowest levels on record;
 - the nonmedical use of prescription opioids significantly decreased between 2023 (21.8%) and 2025 (13.6%), returning to a level seen about a decade ago; and
 - the nonmedical use of cough/cold medication (to “get high”) significantly decreased between 2023 (9.6%) and 2025 (7.5%), returning to a level seen when monitoring first began in 2009.
- No other individual drug shows a statistically significant change in past year use between 2023 and 2025.

Figure 3.2.1
Significant Changes in Past Year Drug Use, 2025 vs. 2023 (Grades 7-12)



1999–2025 Trends

(Figures 3.2.2a, 3.2.2b; Table 3.2.1)

Past year use of most of the drugs monitored in the OSDUHS have shown decreases or stability during the past twenty-five years.

Drugs that show decreases in past year use over time among grades 7–12:

- tobacco cigarette smoking significantly decreased from 28.4% in 1999 to 3.5% in 2025;
- alcohol (from 66.0% in 1999 to 31.9%);
- cannabis (from 28.0% in 1999 to 12.3%); and
- prescription opioids used nonmedically (from 20.6% in 2007 to 13.6%).

Drugs that show decreases in past year use over time among grades 9–12 only:

- mushrooms/mescaline (from 17.1% in 1999 to 2.7% in 2025)
- LSD (from 8.8% in 1999 to 0.5% in 2025)
- methamphetamine (from 6.3% to 0.6%)
- cocaine (from 4.0% to 0.6%)
- ecstasy (MDMA) (from 5.3% to 0.7%)
- heroin (from 2.1% to <0.5%), and
- an index measuring any drug use of seven drugs monitored since 1999 significantly decreased from 22.7% to 4.3%.

Some drugs showed no significant difference in past year use in 2025 when compared with the respective estimates from the first year of monitoring, despite some movement during the years in-between. These drugs include:

- vapes/e-cigarettes (from 11.7% in 2015, up to a peak of 22.7% in 2019, and down to 10.5% in 2025); and
- cough/cold medication used nonmedically (from 7.2% in 2009, down to 3.6% in 2021, up to 9.6% in 2023, and back down to 7.5% in 2025).

Some drugs show relative stability in past year use over the decades:

- ADHD drugs used nonmedically, and
- tranquilizers/sedatives used nonmedically.

Frequent Drug Use Trends

(Table 3.2.2)

Frequent drug use is defined here as using six times or more often during the past year. Changes in frequent drug use between 1999 and 2025 are shown in Table 3.2.2. Frequent use of cannabis significantly decreased between 2023 (9.1%) and 2025 (6.0%), and the current estimate remains much lower than 1999 and the 2000s (15%-16%). Frequent use of prescription opioids significantly decreased between 2023 (8.9%) and 2025 (5.8%), and remains lower than when monitoring first began in 2007 (8.0%). Frequent use of most illicit drugs has declined since 1999.

Figure 3.2.2a
 Overview of Past Year Drug Use Trends, 1999–2025 OSDUHS (Grades 7-12)

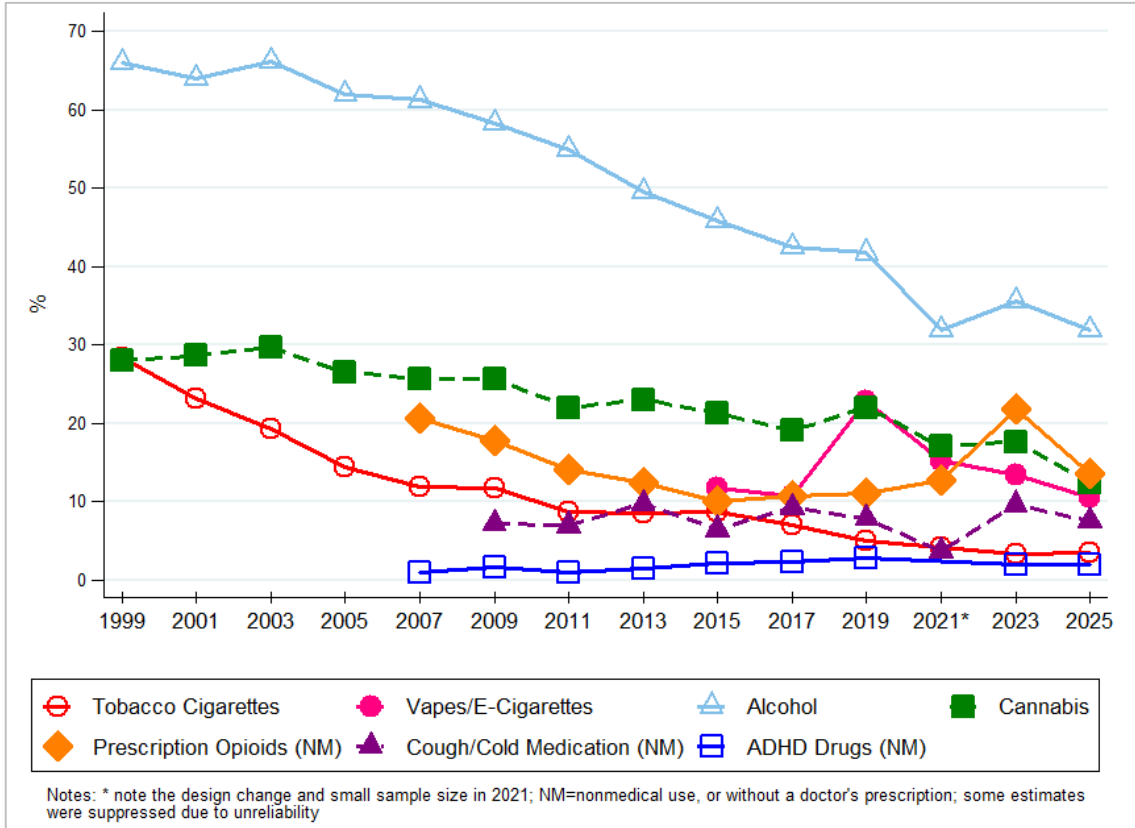


Figure 3.2.2b
 Overview of Past Year Drug Use Trends, 1999–2025 OSDUHS (Grades 9-12 only)

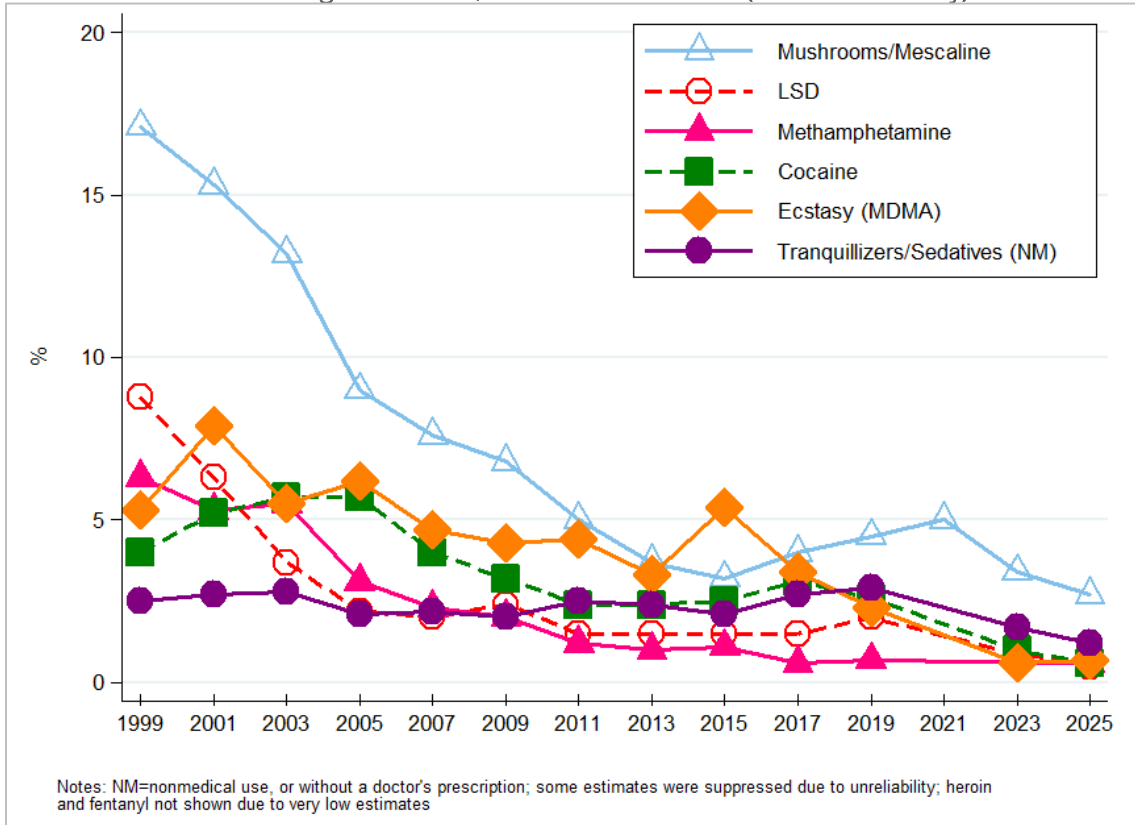


Table 3.2.1: Percentage Reporting Using the Drug At Least Once in the Past Year, 1999–2025 OSDUHS

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025	
AMONG GRADES 7–12	(n=)	(4447)	(3898)	(6616)	(7726)	(6323)	(9112)	(9288)	(10272)	(10426)	(11435)	(14142)	(2225)	(10145)	(11108)
Tobacco Cigarettes	28.4 (26.1-30.7)	23.1 (20.3-26.1)	19.2 (17.7-20.8)	14.4 (13.0-15.9)	11.9 (10.7-13.2)	11.7 (10.6-13.0)	8.7 (7.5-10.2)	8.5 (7.2-9.9)	8.6 (7.5-9.9)	7.0 (5.8-8.4)	5.0 (4.5-5.7)	4.1 (2.4-6.9)	3.2 (2.5-4.2)	3.5 ^{bc} (2.8-4.5)	
Electronic Cigarettes (Vapes)	—	—	—	—	—	—	—	—	11.7 (10.2-13.4)	10.7 (8.6-13.2)	22.7 (20.7-24.8)	15.3 (11.5-20.1)	13.4 (12.1-14.8)	10.5 ^{ab} (8.9-12.2)	
Alcohol	66.0 (63.6-68.3)	63.9 (60.8-67.0)	66.2 (64.1-68.4)	62.0 (59.3-64.7)	61.2 (58.9-63.5)	58.2 (55.7-60.6)	54.9 (52.1-57.6)	49.5 (46.4-52.5)	45.8 (42.9-48.7)	42.5 (39.5-45.5)	41.7 (39.5-43.8)	31.8 (28.1-35.8)	35.6 (33.2-38.0)	31.9 ^{bc} (28.1-35.9)	
Cannabis	28.0 (26.0-30.1)	28.6 (25.8-31.7)	29.6 (27.6-31.6)	26.5 (24.5-28.7)	25.6 (23.7-27.7)	25.6 (24.0-27.3)	22.0 (20.5-23.7)	23.0 (20.7-25.6)	21.3 (19.2-23.6)	19.0 (17.1-21.0)	22.0 (20.5-23.6)	17.0 (13.2-21.7)	17.6 (15.9-19.5)	12.3 ^{abc} (10.6-14.2)	
Cough/Cold Medication (NM)	—	—	—	—	—	7.2 (6.1-8.5)	6.9 (5.5-8.7)	9.7 (8.2-11.4)	6.4 (5.3-7.6)	9.2 (8.0-10.6)	7.8 (7.1-8.6)	3.6 (2.4-5.5)	9.6 (8.8-10.5)	7.5 ^a (6.8-8.2)	
Prescription Opioids (NM)	—	—	—	—	20.6 (18.9-23.5)	17.8 (16.6-18.9)	14.0 (12.8-15.3)	12.4 (11.2-13.6)	10.0 (9.0-11.0)	10.6 (9.5-12.0)	11.0 (10.3-11.7)	12.7 (10.6-15.1)	21.8 (20.6-23.1)	13.6 ^{ac} (12.1-15.2)	
ADHD Drugs (NM)	—	—	—	—	1.0 (0.7-1.5)	1.6 (1.3-2.1)	1.0 (0.7-1.3)	1.4 (1.0-2.0)	2.1 (1.6-2.7)	2.3 (1.7-3.1)	2.7 (2.2-3.1)	†	1.9 (1.5-2.3)	1.9 ^c (1.5-2.3)	
AMONG GRADES 9–12 ONLY	(2883)	(2457)	(4693)	(5794)	(4834)	(5783)	(6383)	(6159)	(6597)	(7587)	(9924)	(1460)	(7189)	(6729)	
LSD	8.8 (7.2-10.7)	6.3 (5.0-7.8)	3.7 (3.0-4.5)	2.2 (1.6-3.0)	2.0 (1.4-2.8)	2.4 (1.9-3.1)	1.5 (1.0-2.2)	1.5 (1.0-2.1)	1.5 (1.1-2.0)	1.5 (1.1-2.0)	2.0 (1.7-2.5)	†	0.9 (0.6-1.3)	0.5 ^{bc} (0.3-0.8)	
Mushrooms/Mescaline	17.1 (15.0-19.3)	15.3 (13.0-17.8)	13.2 (11.5-15.1)	9.0 (7.5-10.8)	7.6 (6.3-9.0)	6.8 (5.7-8.1)	5.0 (3.9-6.2)	3.7 (2.7-5.1)	3.2 (2.4-4.3)	4.0 (3.3-4.8)	4.5 (3.9-5.2)	5.0 (3.0-8.1)	3.4 (2.7-4.4)	2.7 ^{bc} (2.0-3.5)	
Methamphetamine	6.3 (4.6-8.7)	5.3 (3.5-7.8)	5.5 (4.5-6.7)	3.1 (2.4-4.0)	2.3 (1.7-2.9)	2.0 (1.4-2.7)	1.2 (0.7-2.0)	1.0 (0.6-1.5)	1.1 (0.7-1.8)	0.6 (0.3-1.1)	0.7 (0.5-0.9)	†	†	0.6 ^c (0.3-1.0)	
Cocaine	4.0 (3.2-5.0)	5.2 (4.1-6.6)	5.7 (4.9-6.7)	5.7 (4.8-6.8)	4.0 (3.4-4.8)	3.2 (2.5-4.0)	2.4 (1.9-3.0)	2.4 (1.7-3.4)	2.5 (2.0-3.2)	3.1 (2.2-4.2)	2.6 (2.2-3.1)	†	1.0 (0.7-1.3)	0.6 ^{bc} (0.4-0.9)	
Ecstasy (MDMA)	5.3 (4.0-7.1)	7.9 (6.5-9.6)	5.5 (4.7-6.4)	6.2 (5.2-7.4)	4.7 (3.9-5.7)	4.3 (3.5-5.2)	4.4 (3.5-5.6)	3.3 (2.4-4.5)	5.4 (4.5-6.4)	3.4 (2.6-4.4)	2.3 (1.9-2.7)	†	0.6 (0.4-0.9)	0.7 ^{bc} (0.4-1.2)	
Heroin	2.1 (1.5-2.7)	1.2 (0.8-1.7)	1.5 (1.1-1.9)	0.9 (0.7-1.2)	1.0 (0.7-1.5)	0.8 (0.6-1.2)	†	†	0.5 (0.3-0.7)	†	†	†	†	†	
Fentanyl	—	—	—	—	—	—	—	—	—	0.9 (0.5-1.6)	0.5 (0.3-0.9)	†	†	†	
Tranquillizers/Sedatives (NM)	2.5 (1.9-3.3)	2.7 (1.8-3.9)	2.8 (1.2-3.4)	2.1 (1.7-2.7)	2.2 (1.7-2.8)	2.0 (1.5-2.6)	2.5 (1.9-3.3)	2.4 (1.8-3.2)	2.1 (1.7-2.7)	2.7 (2.1-3.4)	2.9 (2.4-3.4)	†	1.7 (1.3-2.2)	1.2 ^{bc} (0.9-1.6)	
Any Prescription Drug (NM)	—	—	—	—	23.5 (21.5-25.6)	21.4 (20.0-22.9)	17.0 (15.3-18.9)	15.2 (13.8-16.7)	12.1 (11.0-13.4)	13.7 (12.4-15.2)	13.4 (12.5-14.3)	12.7 (10.2-15.5)	22.9 (21.4-24.4)	14.6 ^{ac} (12.6-17.0)	
Any Drug (excluding cannabis)	22.7 (20.0-25.7)	20.1 (17.9-22.6)	16.9 (15.1-18.9)	14.0 (12.3-15.9)	11.8 (10.3-13.4)	10.5 (9.3-11.8)	9.4 (8.2-10.8)	7.8 (6.3-9.7)	9.1 (7.8-10.5)	7.7 (6.7-9.0)	7.7 (7.0-8.5)	7.0 (4.6-10.4)	5.6 (4.8-6.7)	4.3 ^{bc} (3.6-5.1)	

Notes: (1) entries in brackets are 95% confidence intervals; (2) † estimate suppressed due to unreliability; (3) NM = nonmedical use, without a doctor's prescription; (4) ADHD = Attention-Deficit/Hyperactivity Disorder; (5) "Any Prescription Drug (NM)" refers to nonmedical use of prescription opioids, ADHD drugs, or tranquilizers/sedatives; (6) "Any Drug" refers to use of any one of the following seven drugs measured in all surveys: LSD, mushrooms, methamphetamine, cocaine, heroin, ecstasy (MDMA), or tranquilizers/sedatives (NM use); (7) note the design change and small sample size in 2021; (8) * 2025 vs. 2019 significant difference, p<.01; † 2025 vs. 1999 significant difference, p<.01 (vs. first year of monitoring for other drugs). Source: OSDUHS, Centre for Addiction & Mental Health

Table 3.2.2: Frequent Drug Use: Percentage Using the Drug Six Times or More Often in the Past Year, 1999–2025 OSDUHS

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025	
AMONG GRADES 7–12	(n=)	(4447)	(3898)	(6616)	(7726)	(6323)	(9112)	(9288)	(10272)	(10426)	(11435)	(14142)	(2225)	(10145)	(11108)
Cannabis	15.5 (14.0-17.1)	16.4 (14.4-18.6)	16.5 (14.8-18.4)	14.9 (13.4-16.6)	14.2 (12.6-15.9)	14.5 (13.1-16.0)	12.9 (11.4-14.6)	13.0 (11.1-15.2)	12.4 (10.9-14.0)	9.8 (8.4-11.4)	11.5 (10.5-12.7)	9.5 (6.2-14.4)	9.1 (7.9-10.5)	6.0 (5.0-7.3)	^{abc}
Cough/Cold Medication (NM)	—	—	—	—	—	2.5 (1.8-3.4)	2.5 (1.7-3.6)	2.4 (1.8-3.2)	1.8 (1.4-2.3)	2.0 (1.4-2.7)	1.7 (1.4-2.0)	†	2.6 (2.2-3.2)	2.1 (1.8-2.5)	
Prescription Opioids (NM)	—	—	—	—	8.0 (6.8-9.3)	6.9 (6.2-7.6)	5.4 (4.6-6.4)	4.2 (3.7-4.8)	3.7 (3.1-4.5)	3.4 (2.9-4.1)	3.8 (3.3-4.4)	5.6 (4.0-7.9)	8.9 (8.1-9.7)	5.8 (4.8-6.9)	^{abc}
ADHD Drugs (NM)	—	—	—	—	†	†	†	†	0.7 (0.4-1.3)	0.8 (0.6-1.1)	1.0 (0.8-1.3)	†	0.6 (0.4-0.9)	0.8 (0.6-1.1)	
AMONG GRADES 9–12	(n=)	(2883)	(2457)	(4693)	(5794)	(4834)	(5783)	(6383)	(6159)	(6597)	(7587)	(9924)	(1460)	(7189)	(6729)
LSD	2.5 (1.7-3.7)	1.3 (0.7-2.3)	0.9 (0.6-1.3)	†	†	0.5 (0.3-0.8)	†	†	†	0.6 (0.3-1.1)	†	†	†	†	†
Mushrooms/Mescaline	5.6 (4.4-7.1)	4.3 (3.4-5.5)	3.6 (2.9-4.4)	1.8 (1.3-2.6)	1.4 (1.0-1.9)	1.4 (0.9-2.1)	0.7 (0.4-1.1)	0.7 (0.4-1.3)	0.5 (0.3-0.9)	0.5 (0.3-0.9)	1.0 (0.7-1.4)	†	0.5 (0.3-0.8)	0.8 (0.4-1.5)	^c
Methamphetamine	1.7 (1.0-2.7)	†	1.5 (1.0-2.2)	0.7 (0.5-1.2)	0.5 (0.4-0.8)	0.5 (0.3-0.9)	†	†	0.6 (0.4-0.9)	†	†	†	†	†	†
Cocaine	1.4 (1.0-2.2)	1.2 (0.7-1.9)	2.0 (1.5-2.6)	2.1 (1.6-2.8)	1.7 (1.2-2.4)	1.1 (0.8-1.6)	0.7 (0.5-1.0)	1.0 (0.7-1.5)	1.0 (0.7-1.6)	1.0 (0.6-1.8)	0.9 (0.7-1.2)	†	†	†	
Ecstasy (MDMA)	1.5 (0.9-2.4)	2.2 (1.4-3.2)	1.6 (1.2-2.1)	2.2 (1.6-3.0)	1.6 (1.2-2.1)	1.4 (1.1-2.0)	1.2 (0.8-1.6)	0.6 (0.4-1.0)	1.9 (1.4-2.7)	0.7 (0.4-1.1)	0.6 (0.4-0.9)	†	†	†	
Tranquillizers/Sedatives (NM)	0.5 (0.3-0.9)	†	0.7 (0.5-1.1)	0.5 (0.3-0.7)	0.6 (0.4-0.9)	0.6 (0.4-1.0)	0.8 (0.4-1.5)	†	0.6 (0.3-1.0)	†	0.9 (0.6-1.2)	†	†	0.5 (0.3-0.8)	

Notes: (1) entries in brackets are 95% confidence intervals; (2) † estimate suppressed due to unreliability (< 0.5%); (3) NM = nonmedical use, without a doctor’s prescription; (4) estimates for heroin, fentanyl, ADHD drugs (NM) are not presented, all years 0.5% or less; (5) note the design change and small sample size in 2021; (6) ^a 2025 vs. 2023 significant difference, p<.01; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 1999 significant difference, p<.01 (vs. first year of monitoring for other drugs).

Source: OSDUHS, Centre for Addiction & Mental Health

Long-Term Trends, 1977–2025 (Grades 7, 9, and 11 only)

(Figures 3.2.3–3.2.5; Table A1)

Many past year prevalence estimates for drugs monitored since 1977 show a common pattern of use: a peak in the late 1970s, a decline in use during the late 1980s or early 1990s, a second peak in the late 1990s or early 2000s, followed by another decline. Use of some drugs has reached all-time lows in recent years, while other drugs show low and stable estimates in recent years.

The long-term changes can be further categorized into the following four patterns:

Pattern 1: After peaking in the late 1970s/early 1980s and again in the late 1990s, past year prevalence has reached an all-time low in recent years. As shown in Figure 3.2.3, this pattern applies to the following drugs:

- tobacco cigarettes
- alcohol (and binge drinking)
- LSD
- cocaine
- methamphetamine (includes crystal methamphetamine).

Pattern 2: Pattern 2 is similar to pattern 1, with one important difference – current use has not reached an all-time low in recent years, as the current level is similar to the lows seen in the late 1980s/early 1990s. As shown in Figure 3.2.4, this pattern applies to the following drugs:

- cannabis.

Pattern 3: Prevalence shows only one peak in the late 1990s or early 2000s (or the late 1970s for tranquilizers), followed by a decline, reaching all-time lows in recent years. As shown in Figure 3.2.5, this pattern applies to the following drugs:

- mushrooms/mescaline
- ecstasy (MDMA)
- tranquilizers/sedatives (NM).

Pattern 4: Prevalence has been very low and stable for decades. This pattern applies to the following drugs:

- heroin.

Figure 3.2.3
Pattern 1: Long-Term Drug Use Trends, 1977–2025 OSDUHS

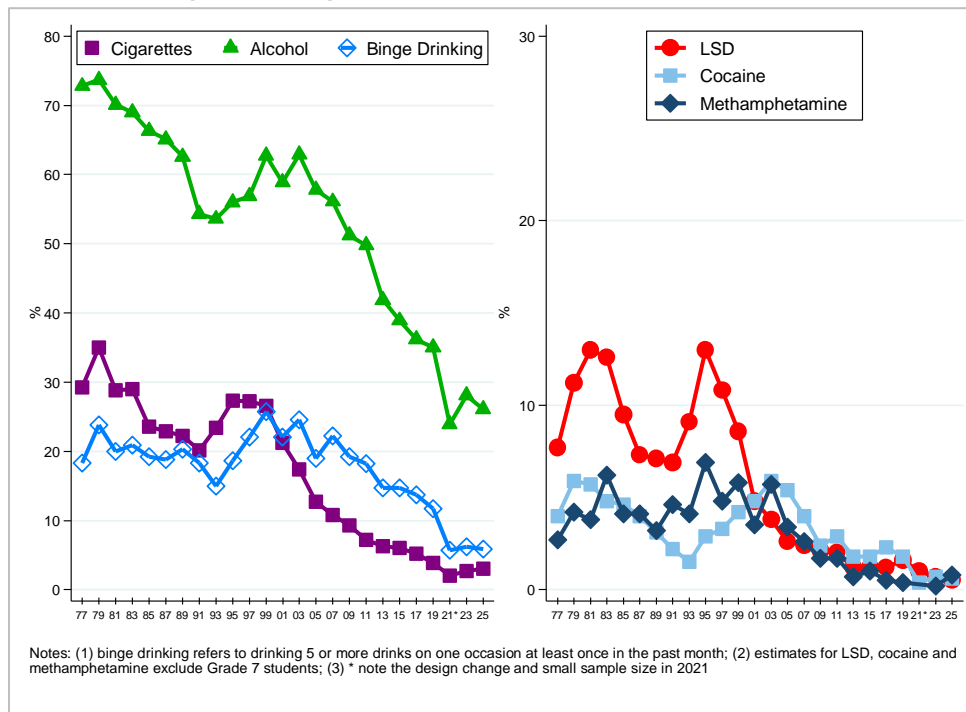


Figure 3.2.4
 Pattern 2: Long-Term Drug Use Trends, 1977–2025 OSDUHS

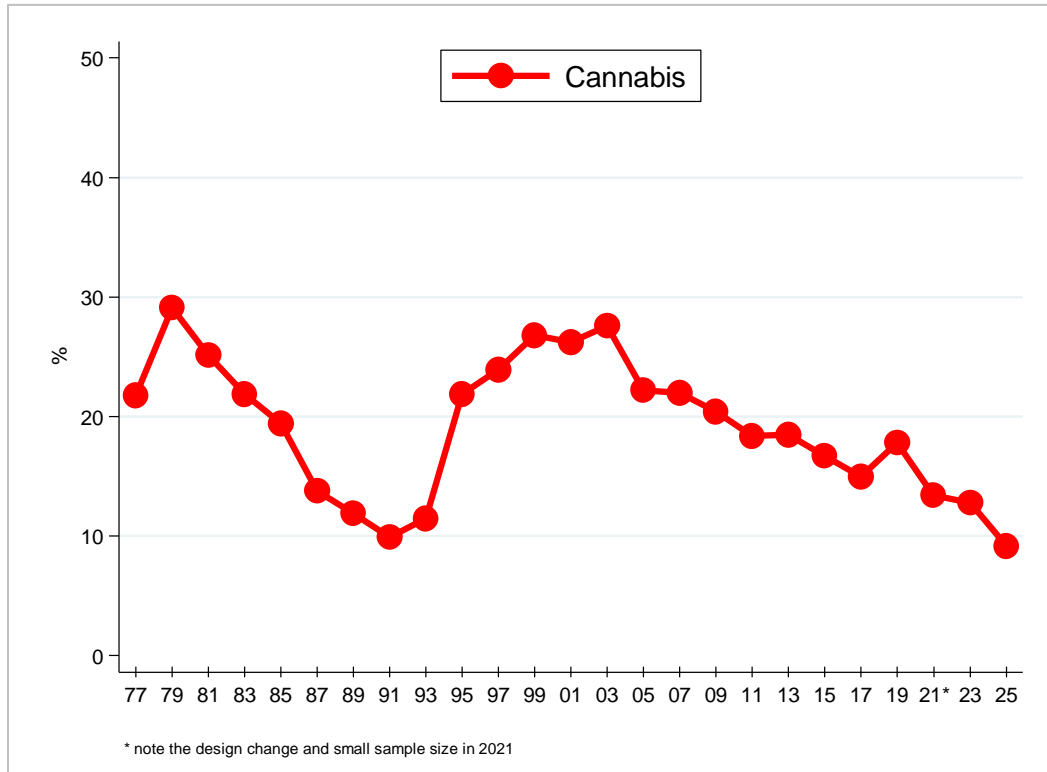
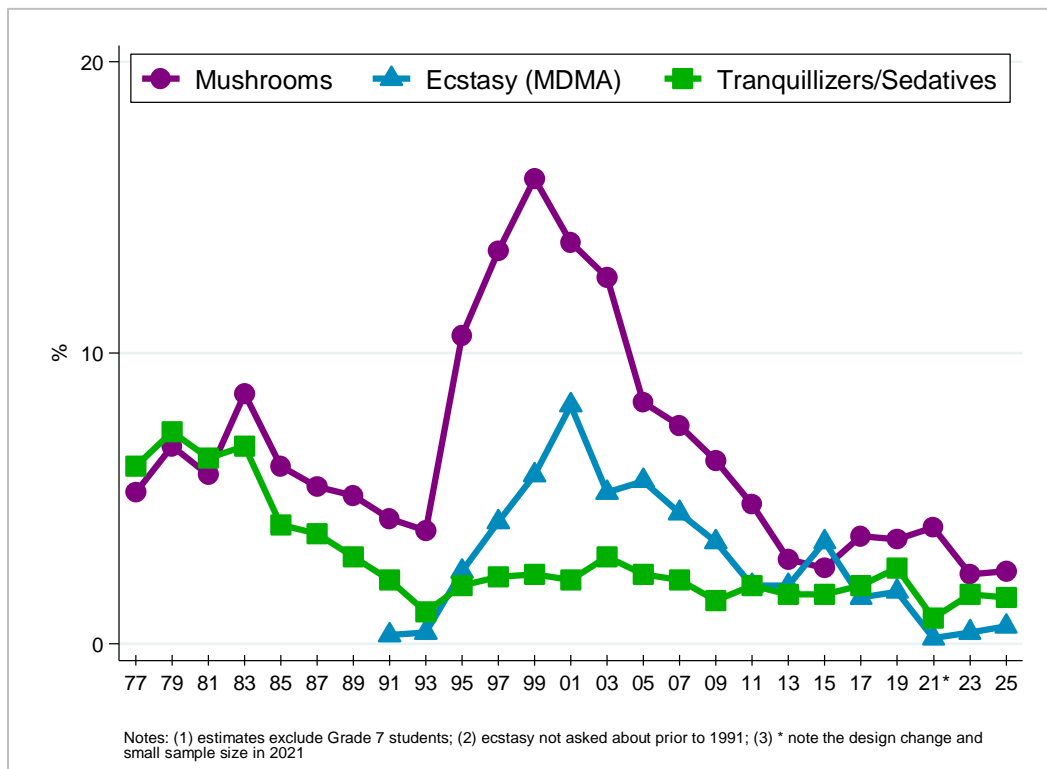


Figure 3.2.5
 Pattern 3: Long-Term Drug Use Trends, 1977–2025 OSDUHS



3.3 Tobacco Cigarette Smoking, Vaping, and Use of Nicotine Pouches

Past Year Tobacco Cigarette Smoking: 2025 Findings (Grades 7–12)

(Figure 3.3.1; Table 3.3.1)

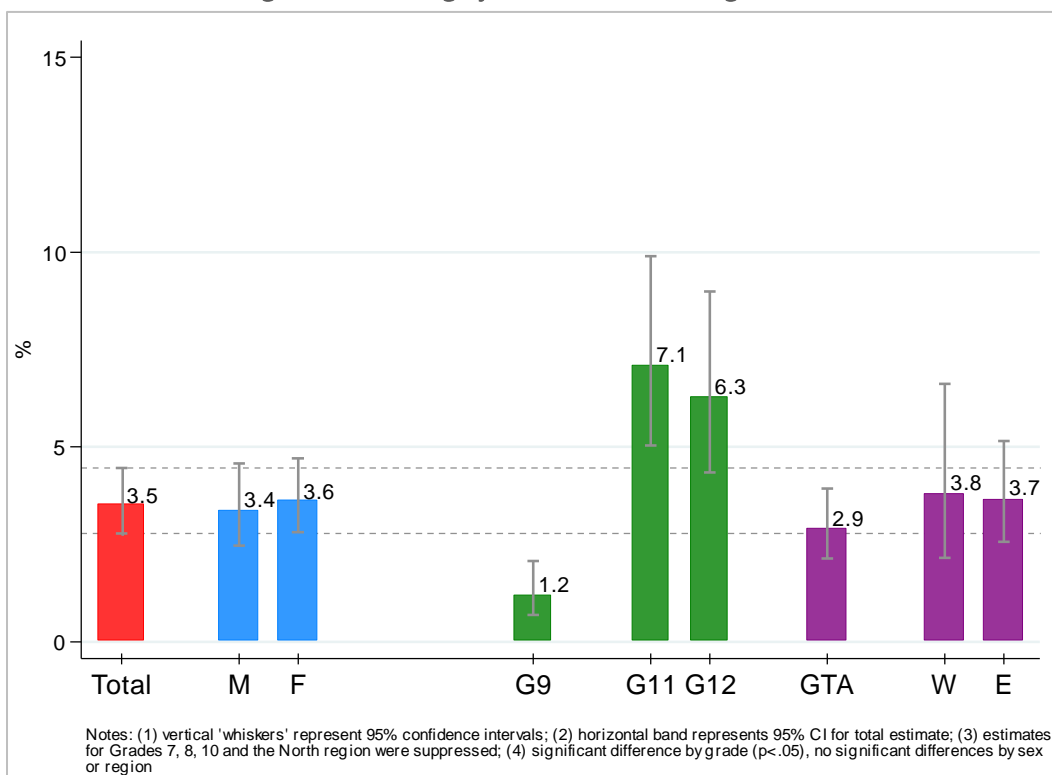
- Total**
 - Overall, 3.5% of students report smoking tobacco cigarettes during the 12 months before the survey. This estimate includes daily and occasional smoking, but excludes those who only tried a few puffs of a cigarette.
 - About 1% of students smoke tobacco cigarettes daily.

- Sex**
 - Males (3.4%) and females (3.6%) are equally likely to smoke tobacco cigarettes.

- Grade**
 - The prevalence of smoking is very low (less than 1%) among students in grades 7 and 8. About 1.2% of 9th graders smoke cigarettes and the prevalence significantly increases with grade, reaching 6%-7% among 11th and 12th graders.

- Region**
 - There are no significant differences among the regions with respect to past year smoking prevalence.

Figure 3.3.1
Past Year Tobacco Cigarette Smoking by Sex, Grade, and Region, 2025 OSDUHS

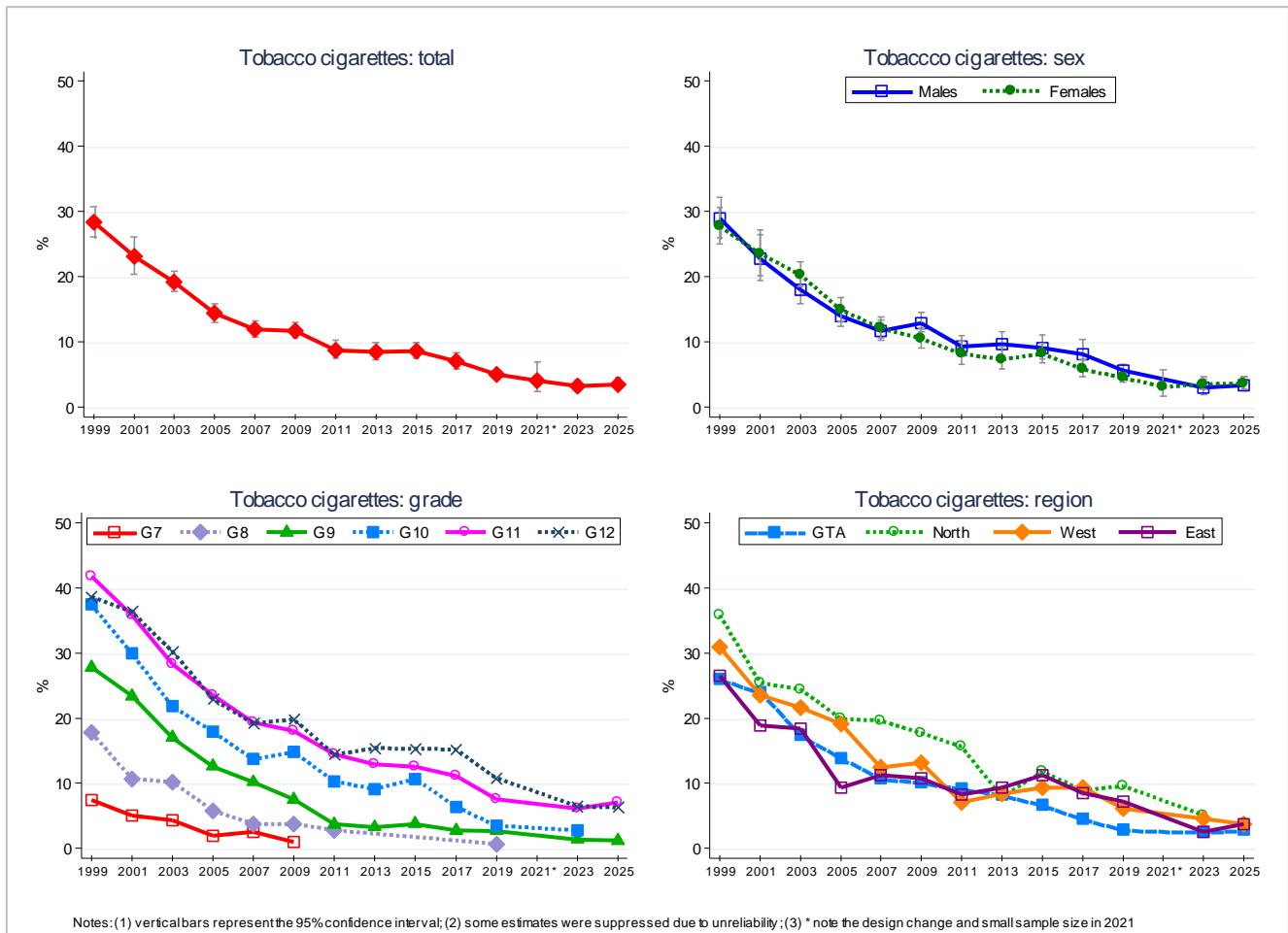


Past Year Tobacco Cigarette Smoking: 1999–2025 Trends (Grades 7–12)

(Figure 3.3.2; Tables 3.3.1, 3.3.2)

- Total**
 - Past year tobacco cigarette smoking among students in grades 7–12 did not significantly change between 2023 (3.2%) and 2025 (3.5%). However, the current estimate is lower than in 2019 (5.0%). There has been a dramatic decline in smoking since 1999, when the estimate was at 28.4%.
 - Daily cigarette smoking has been low and stable in recent years (less than 1%), but has shown a dramatic decline since 1999 when the estimate was 22%.
- Sex**
 - Neither males nor females show a significant change in cigarette smoking since 2023. However, smoking has significantly decreased for both since 1999.
- Grade**
 - No grade shows a significant change since 2023. However, smoking has significantly decreased among all grades since 1999.
- Region**
 - No region shows a significant change since 2023. However, smoking has significantly decreased in all regions since 1999.

Figure 3.3.2
Past Year Tobacco Cigarette Smoking, 1999–2025 OSDUHS (Grades 7–12)



Past Year Tobacco Cigarette Smoking: 1977–2025 Trends (Grades 7, 9, 11 only)

(Figure 3.3.3; Tables A2, A3)

- Looking back over the past 45 years or so (among grades 7, 9, and 11 only), the highest smoking prevalence rate was seen in 1979, at 35%. Smoking decreased in the 1980s, but increased again in the late 1990s. Smoking began another downward trend after 1999, reaching very low levels in recent years.

Figure 3.3.3
Past Year Tobacco Cigarette Smoking, 1977–2025 OSDUHS (Grades 7, 9, and 11 only)

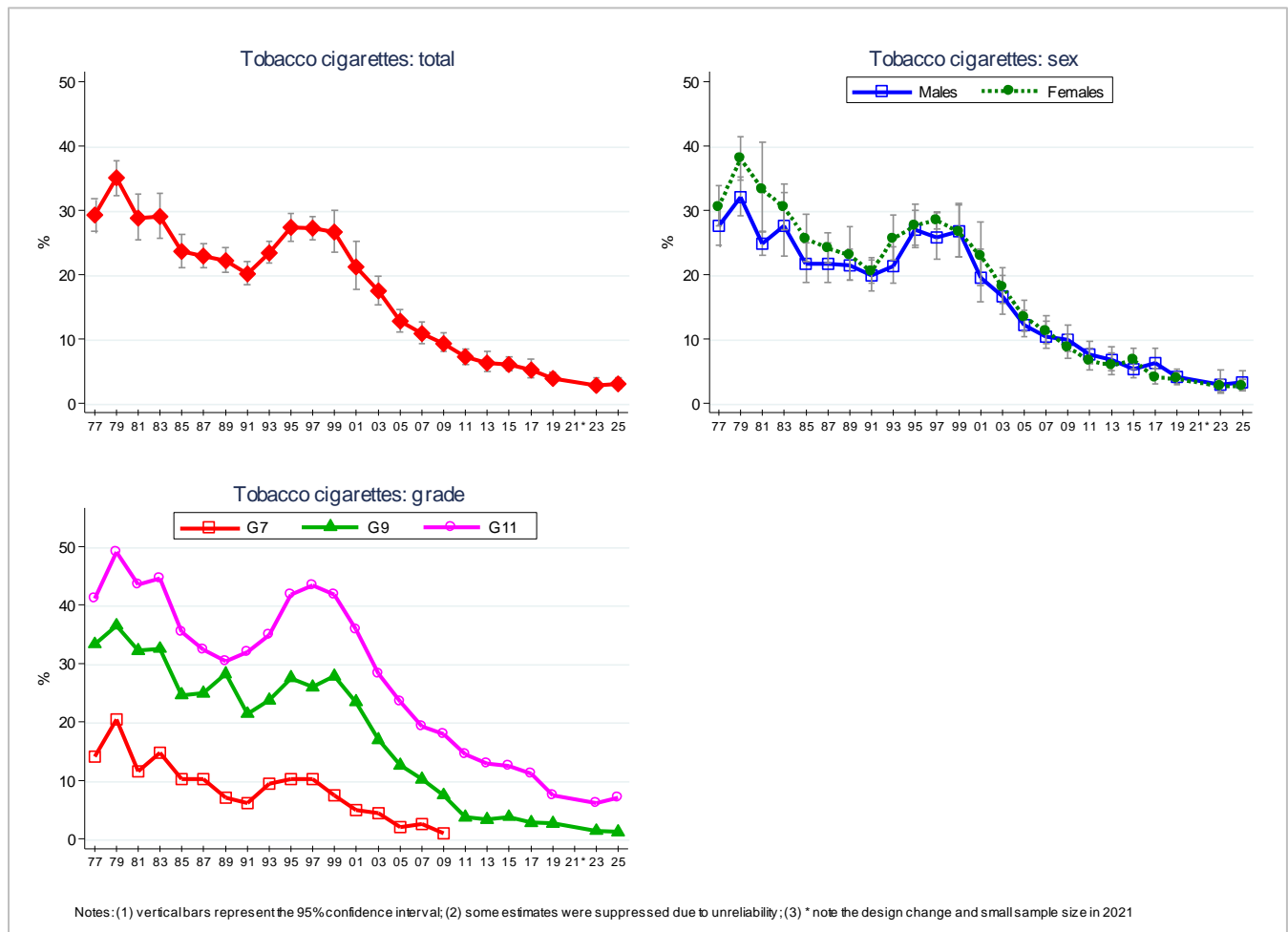


Table 3.3.1: Percentage Reporting Tobacco Cigarette Smoking in the Past Year, 1999–2025 OSDUHS

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025	
	(n)	(4447)	(3898)	(6616)	(7726)	(6323)	(9112)	(9288)	(10272)	(10426)	(11435)	(14142)	(2225)	(10145)	(11108)
Total	28.4	23.1	19.2	14.4	11.9	11.7	8.7	8.5	8.6	7.0	5.0	4.1	3.2	3.5 ^{bcd}	
(95% CI)	(26.1-30.7)	(20.4-26.1)	(17.7-20.8)	(13.0-15.9)	(10.7-13.2)	(10.6-13.0)	(7.5-10.2)	(7.2-9.9)	(7.5-9.9)	(5.8-8.4)	(4.5-5.7)	(2.4-6.9)	(2.5-4.2)	(2.8-4.5)	
Sex															
Males	29.0	22.7	18.0	13.9	11.7	12.9	9.3	9.6	9.1	8.1	5.6	†	3.0	3.4 ^{bc}	
	(26.0-32.2)	(19.4-26.4)	(15.9-20.4)	(12.4-15.5)	(10.2-13.4)	(11.5-14.5)	(7.8-10.9)	(7.9-11.5)	(7.4-11.0)	(6.3-10.4)	(4.8-6.6)		(1.9-4.7)	(2.5-4.6)	
Females	27.7	23.5	20.3	14.9	12.1	10.5	8.2	7.3	8.2	5.8	4.4	3.1	3.5	3.6 ^c	
	(25.0-30.6)	(20.1-27.2)	(18.5-22.3)	(13.1-16.8)	(10.6-13.8)	(9.1-12.0)	(6.6-10.1)	(5.8-9.3)	(6.8-9.8)	(4.6-7.3)	(3.8-5.3)	(1.7-5.7)	(2.8-4.3)	(2.8-4.7)	
Grade															
7	7.4	5.0	4.4	2.0	2.5	1.0	†	†	†	†	†	†	†	†	
	(5.2-10.3)	(3.2-7.6)	(2.8-6.8)	(1.2-3.4)	(1.2-5.3)	(0.6-1.8)									
8	17.8	10.7	10.2	5.8	3.8	3.8	2.8	†	†	†	0.7	†	†	†	
	(14.3-21.9)	(8.3-13.8)	(7.2-14.4)	(4.3-7.7)	(2.4-6.1)	(2.5-5.8)	(1.5-5.1)				(0.4-1.1)				
9	27.8	23.4	17.0	12.6	10.2	7.5	3.7	3.3	3.8	2.8	2.7	†	1.4	1.2 ^c	
	(23.6-32.5)	(17.5-30.6)	(13.9-20.6)	(10.4-15.1)	(8.1-12.9)	(5.5-10.2)	(2.5-5.5)	(2.3-4.7)	(2.8-5.2)	(1.7-4.5)	(2.0-3.8)		(0.8-2.5)	(0.7-2.1)	
10	37.4	29.9	21.8	17.9	13.7	14.8	10.3	9.1	10.7	6.4	3.5	†	2.8	†	
	(32.0-43.1)	(25.6-34.6)	(18.4-25.6)	(15.2-20.8)	(11.4-16.5)	(12.1-17.9)	(7.2-14.5)	(6.8-12.0)	(8.2-13.8)	(4.9-8.2)	(2.7-4.5)		(1.8-4.2)		
11	41.7	35.8	28.3	23.5	19.3	17.9	14.5	12.9	12.5	11.1	7.5	†	6.1	7.1 ^c	
	(35.4-48.4)	(29.8-42.2)	(24.3-32.6)	(20.0-27.2)	(16.3-22.7)	(14.9-21.5)	(12.1-17.3)	(9.7-16.9)	(10.1-15.3)	(8.1-15.1)	(5.9-9.6)		(4.0-9.2)	(5.0-9.9)	
12	38.6	36.3	30.2	22.9	19.2	19.8	14.4	15.4	15.3	15.2	10.8	†	6.5	6.3 ^{bc}	
	(33.3-44.2)	(27.6-46.1)	(25.7-35.2)	(19.2-27.1)	(16.8-21.8)	(16.9-23.0)	(10.6-19.2)	(12.0-19.4)	(11.9-19.6)	(11.7-19.5)	(9.1-12.8)		(4.6-9.0)	(4.4-9.0)	
Region															
GTA	26.0	24.0	17.4	13.9	10.8	10.2	9.2	8.3	6.7	4.6	2.9	†	2.6	2.9 ^c	
	(22.4-30.1)	(18.8-30.2)	(15.0-20.0)	(11.7-16.3)	(8.7-13.3)	(8.5-12.9)	(7.4-11.4)	(6.2-10.9)	(5.4-8.4)	(3.5-6.1)	(2.3-3.7)		(1.7-3.9)	(2.1-3.9)	
North	35.8	25.4	24.4	19.9	19.6	17.7	15.6	7.9	11.8	8.9	9.6	†	5.1	†	
	(30.3-41.6)	(20.3-31.2)	(19.7-29.7)	(16.4-24.0)	(16.4-23.2)	(15.5-20.2)	(13.5-18.1)	(5.9-10.5)	(9.1-15.3)	(6.9-11.4)	(7.3-12.6)		(3.5-7.4)		
West	30.9	23.5	21.6	19.1	12.4	13.2	7.1	8.4	9.3	9.4	6.1	†	4.6	3.8 ^c	
	(26.1-36.1)	(18.6-29.2)	(18.4-25.2)	(15.7-23.1)	(9.8-15.6)	(10.5-16.5)	(4.8-10.3)	(6.2-11.3)	(6.6-13.0)	(6.9-12.8)	(5.0-7.4)		(2.8-7.4)	(2.2-6.6)	
East	26.5	18.9	18.4	9.3	11.3	10.8	8.3	9.4	11.2	8.5	7.2	†	2.5	3.7 ^{bc}	
	(19.6-34.9)	(14.2-24.7)	(15.1-22.2)	(7.0-12.2)	(9.1-14.0)	(8.4-13.6)	(6.4-10.6)	(7.5-11.7)	(8.7-14.4)	(5.1-13.8)	(5.7-9.0)		(1.6-4.0)	(2.6-5.2)	

Notes: (1) based on grades 7-12; (2) entries in brackets are 95% confidence intervals; (3) GTA=Greater Toronto Area; (4) † estimate suppressed due to unreliability; (5) note the design change and small sample size in 2021; (6) no significant differences 2025 vs. 2023; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 1999 significant difference, p<.01; ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.

Q: In the last 12 months, how often did you smoke tobacco cigarettes? (The definition of cigarette smoking includes occasional smoking, but excludes a few puffs or smoking less than one whole cigarette in the past 12 months.)

Source: OSDUHS, Centre for Addiction & Mental Health

Table 3.3.2: Percentage Reporting Daily Tobacco Cigarette Smoking in the Past Year, 1999–2025 OSDUHS

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025	
	(n)	(4447)	(3898)	(6616)	(7726)	(6323)	(9112)	(9288)	(10272)	(10426)	(11435)	(14142)	(2225)	(10145)	(11108)
Total (95% CI)	22.0 (19.3-24.4)	17.9 (14.7-21.7)	13.6 (12.3-15.1)	8.6 (7.4-9.9)	5.2 (4.5-6.1)	5.1 (4.4-6.1)	3.9 (3.1-4.8)	3.4 (2.6-4.6)	3.1 (2.5-3.8)	2.3 (1.7-3.2)	1.6 (1.3-1.9)	†	0.8 (0.5-1.2)	1.0 ^{cde} (0.7-1.5)	
Sex															
Males	22.3 (19.3-25.7)	17.8 (14.8-21.4)	13.0 (11.1-15.1)	8.5 (7.2-10.0)	5.3 (4.4-6.5)	5.3 (4.3-6.5)	4.7 (3.8-5.9)	4.1 (2.8-5.8)	3.4 (2.6-4.5)	3.4 (2.4-4.8)	2.0 (1.5-2.6)	†	0.9 (0.5-1.7)	1.2 ^c (0.7-2.1)	
Females	21.7 (19.1-24.6)	17.9 (14.7-21.7)	14.3 (12.8-15.9)	8.6 (7.2-10.2)	5.1 (4.1-6.3)	5.0 (4.1-6.1)	3.0 (2.0-4.3)	2.7 (1.8-4.1)	2.7 (1.9-3.7)	1.2 (0.8-1.9)	1.2 (0.9-1.5)	†	0.6 (0.4-0.9)	0.7 ^c (0.4-1.4)	
Grade															
7	4.2 (2.8-6.2)	3.2 (1.6-6.0)	3.2 (1.8-5.6)	0.9 (0.5-1.7)	†	†	†	†	†	†	†	†	†	†	
8	13.3 (10.1-17.2)	7.3 (5.2-10.2)	6.1 (4.0-9.4)	2.6 (1.7-3.7)	†	†	†	†	†	†	†	†	†	†	
9	20.8 (16.8-25.5)	18.6 (13.0-25.8)	12.8 (10.0-16.3)	6.7 (5.2-8.7)	4.0 (2.8-5.6)	3.5 (2.1-6.0)	†	1.0 (0.6-1.7)	1.3 (0.7-2.5)	†	0.6 (0.3-1.0)	†	†	†	
10	28.7 (23.6-34.4)	22.2 (17.9-27.2)	16.3 (13.3-20.0)	10.2 (8.0-12.9)	5.4 (4.0-7.3)	6.4 (4.8-8.5)	5.9 (3.6-9.6)	4.4 (2.8-7.0)	3.5 (2.4-5.2)	1.9 (1.0-3.5)	1.1 (0.7-1.9)	†	†	†	
11	34.7 (28.5-41.5)	29.4 (24.1-35.4)	18.4 (15.0-22.3)	14.7 (11.6-18.4)	9.9 (8.0-12.3)	8.6 (6.2-11.7)	6.2 (4.6-8.1)	4.9 (3.2-7.4)	3.9 (2.9-5.4)	3.4 (2.2-5.3)	2.5 (1.8-3.4)	†	†	†	
12	30.9 (25.9-36.4)	29.3 (20.3-40.2)	22.3 (18.0-27.4)	15.1 (12.1-18.6)	8.6 (6.8-10.9)	8.3 (6.3-10.7)	5.9 (4.1-8.5)	6.3 (3.9-10.2)	6.0 (4.1-8.5)	5.5 (3.8-7.9)	3.6 (2.5-5.0)	†	1.2 (0.6-2.3)	†	
Region															
GTA	19.7 (16.6-23.4)	19.5 (14.5-25.5)	12.7 (10.8-14.8)	8.2 (6.7-10.1)	4.3 (3.4-5.4)	3.7 (2.7-5.0)	4.1 (3.1-5.3)	2.9 (1.8-4.6)	2.1 (1.4-3.0)	1.8 (1.2-2.9)	1.0 (0.6-1.5)	†	0.5 (0.3-0.9)	0.9 ^c (0.5-1.6)	
North	28.4 (22.9-34.6)	18.9 (14.1-24.9)	18.6 (13.4-25.2)	12.1 (9.0-16.1)	11.6 (8.9-15.0)	9.3 (7.4-11.6)	8.0 (5.1-12.2)	†	5.3 (3.7-7.5)	3.2 (1.8-5.5)	4.3 (2.5-7.1)	†	2.0 (1.2-3.2)	†	
West	25.1 (20.0-31.1)	18.6 (13.9-24.4)	14.9 (12.0-18.5)	12.5 (9.2-16.7)	6.2 (4.3-8.8)	6.8 (4.9-9.4)	3.5 (1.8-6.5)	4.0 (2.3-7.0)	3.3 (2.2-4.9)	2.5 (1.7-3.7)	2.0 (1.5-2.6)	†	†	†	
East	19.5 (13.8-26.9)	12.3 (8.9-16.9)	12.3 (9.5-15.7)	4.5 (3.1-6.6)	4.1 (2.8-6.0)	4.3 (3.2-5.6)	3.0 (1.9-4.5)	3.8 (2.2-6.4)	4.4 (2.9-6.8)	†	1.7 (1.1-2.7)	†	†	†	

Notes: (1) based on grades 7-12; (2) entries in brackets are 95% confidence intervals; (3) GTA=Greater Toronto Area; (4) † estimate suppressed due to unreliability; (5) note the design change and small sample size in 2021; (6) no significant differences 2025 vs. 2023 or 2025 vs. 2019; ^c 2025 vs. 1999 significant difference, p<.01; ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.

Q: In the last 12 months, how often did you smoke tobacco cigarettes? (Daily smoking is defined as typically smoking one or more cigarettes per day during the past year.)

Source: OSDUHS, Centre for Addiction & Mental Health

Lifetime Tobacco Cigarette Smoking

(Figure 3.3.4)

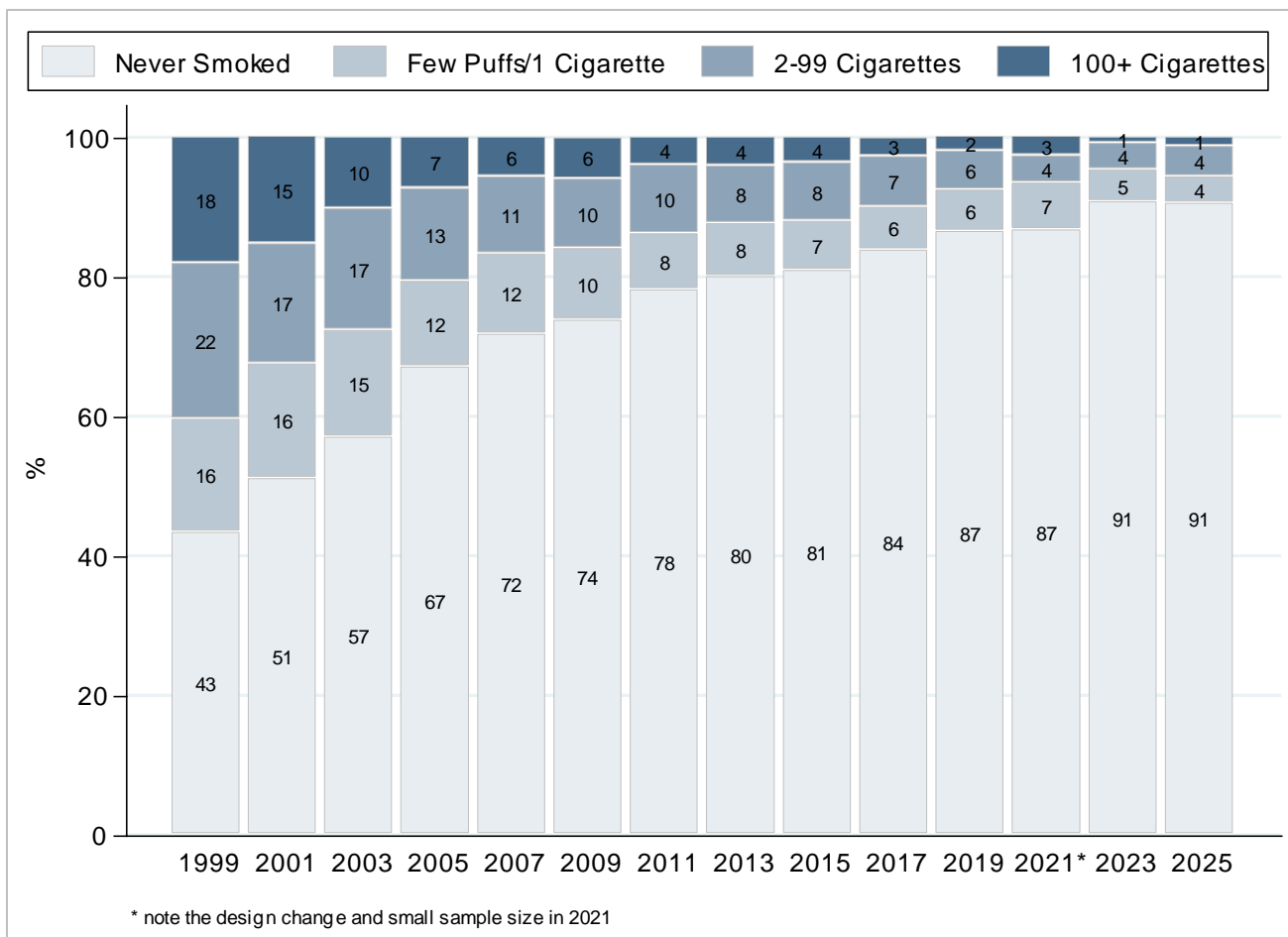
2025 (Grades 7–12):

- Although about 3.5% of all students in grades 7 to 12 are considered to be current smokers, about one-in-eleven (9%) have tried a tobacco cigarette at some point in their life. Specifically, about 4% of students have smoked a few puffs or one whole cigarette, while another 4% have consumed less than 100 cigarettes, and 1% have consumed 100 or more cigarettes in their lifetime.

1999–2025 Trends (Grades 7–12):

- Figure 3.3.4 displays the trends in lifetime smoking status since 1999. There has been a substantial increase in the percentage of students who have never smoked cigarettes in their lifetime, from less than half of students in 1999 to a vast majority of students in 2025.

Figure 3.3.4
Lifetime Tobacco Cigarette Smoking, 1999–2025 OSDUHS (Grades 7–12)



Past Year Vaping/Electronic Cigarette Use: 2025 Findings (Grades 7–12)

(Figures 3.3.5, 3.3.6; Table 3.3.3)

- | | |
|--------|---|
| Total | <ul style="list-style-type: none">● About one-in-ten (10.5%) students report vaping (more than just a few puffs) in the past year.● Among those who reported vaping more than a few puffs in the past year, a vast majority (over 90%) report vaping nicotine, 3.7% report they did not vape nicotine, and 5.5% were not sure. |
| Sex | <ul style="list-style-type: none">● Females are significantly more likely than males to report vaping in the past year (14.0% vs. 7.0%, respectively). |
| Grade | <ul style="list-style-type: none">● The percentage of students reporting vaping in the past year significantly increases with grade, from 3.0% of 7th graders up to 17.3% of 12th graders. |
| Region | <ul style="list-style-type: none">● Despite some variation, there is no significant difference among the four regions. |

Figure 3.3.5
 Past Year Vaping/Electronic Cigarette Use (Any Type) by Sex, Grade, and Region, 2025 OSDUHS

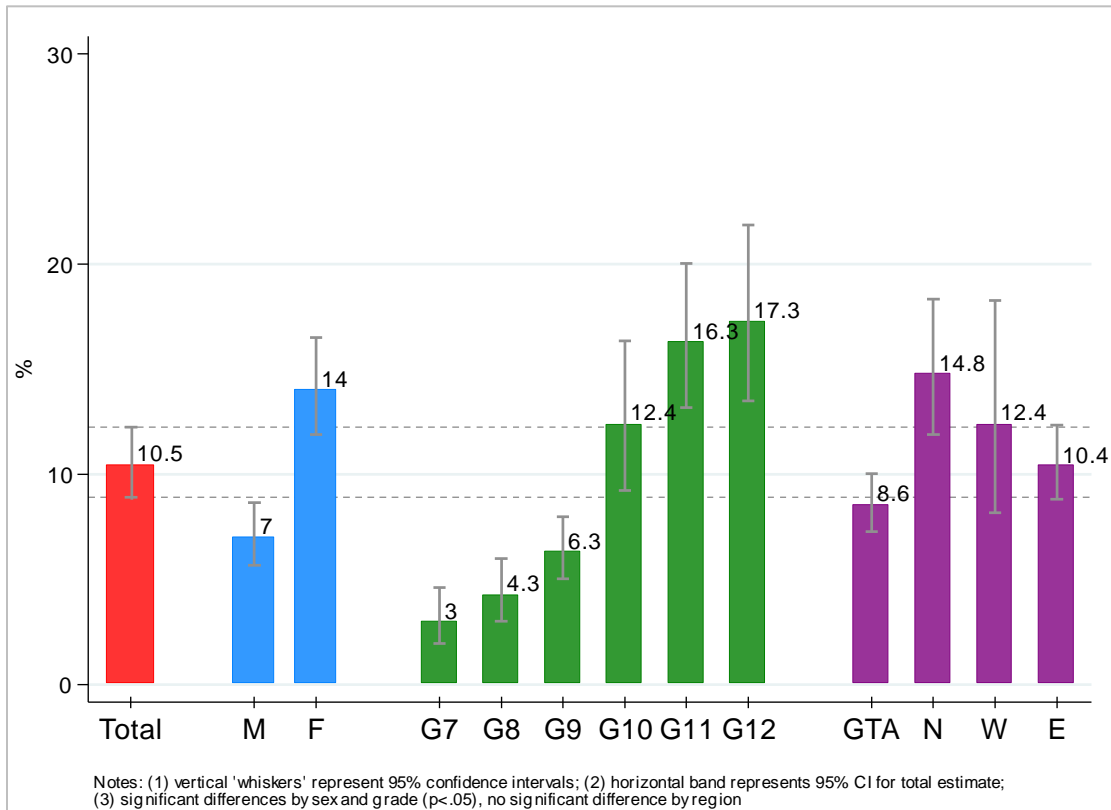
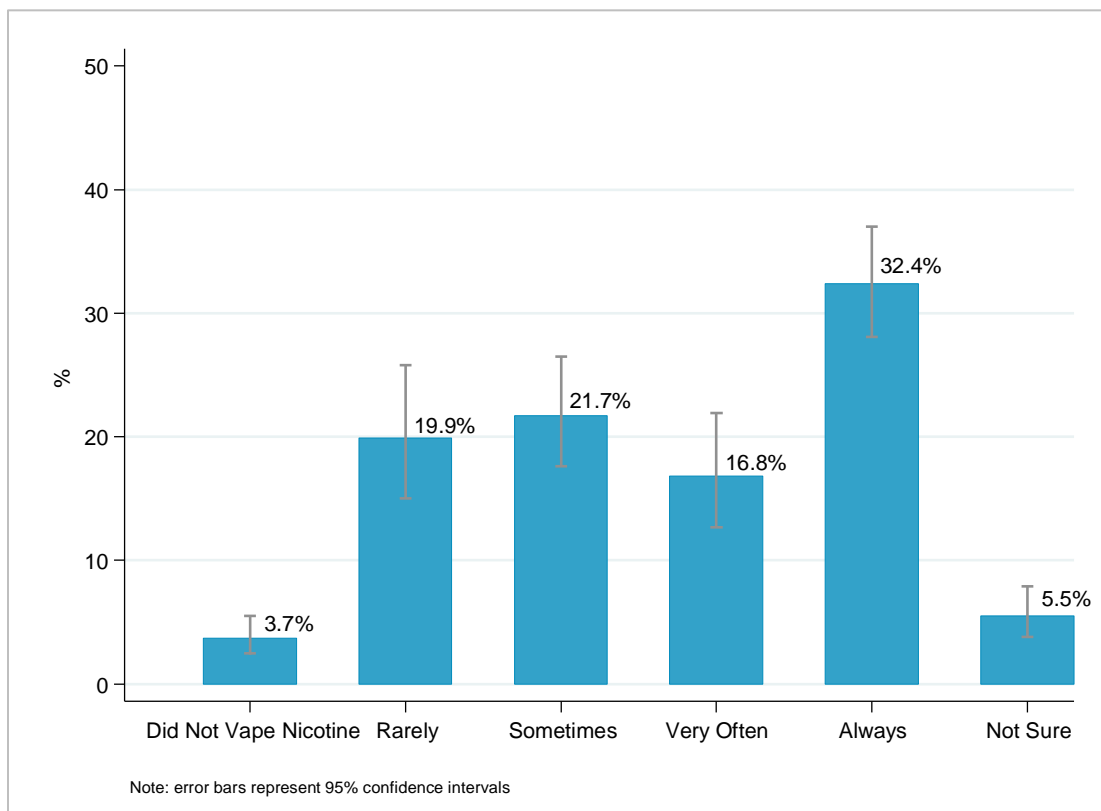


Figure 3.3.6
 Frequency of Vaping Nicotine in the Past Year (Among Past Year Users in Grades 7–12), 2025 OSDUHS



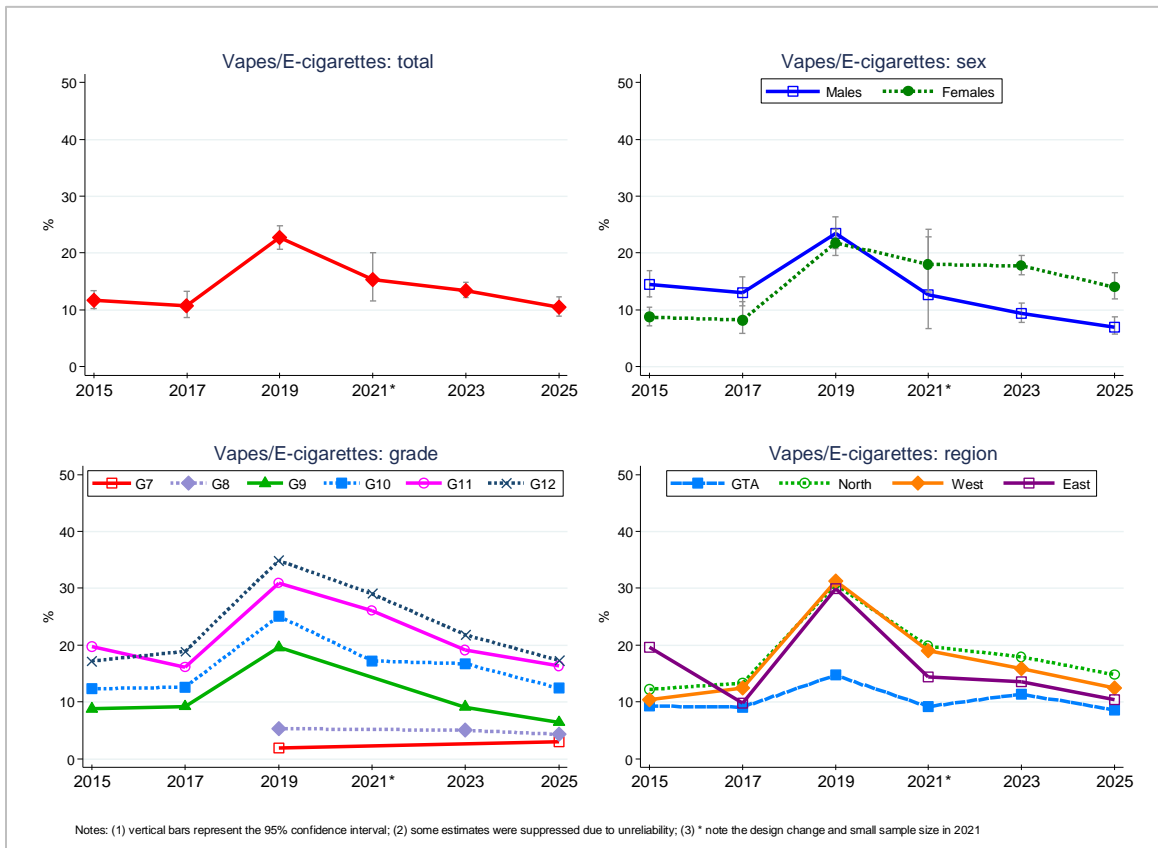
Past Year Vaping/Electronic Cigarette Use: 2015–2025 Trends (Grades 7–12)

(Figure 3.3.7; Table 3.3.3)

- Total**
- The percentage of students reporting any vaping in the past year (more than only a few puffs) significantly decreased between 2023 (13.4%) and 2025 (10.5%). Vaping increased between 2015 and 2019 (from 11.7% to 22.7%), but has subsequently decreased back down to a level similar to 2015, the first year of monitoring.⁷
-
- Sex**
- Neither males nor females show a significant change in past year vaping since 2023. Males show a significant decrease compared to 2015, and especially compared to 2019 (the peak year of use). Females also show a significant decrease since 2019, but the current estimate remains higher than in 2015, the first year of monitoring.
-
- Grade**
- Students in grades 9 to 12 show a similar trend in past year vaping, which is an increase between 2015 and 2019, followed by significant decrease since then. Students in grades 7 and 8 show low and stable rates of vaping.
-
- Region**
- Students in the Greater Toronto Area show a significant decrease in vaping between 2023 (11.4%) and 2025 (8.6%). All regions show a significant decrease since 2019 (the peak year use).

Figure 3.3.7

Past Year Vaping/Electronic Cigarette Use (Any Type), 2015–2025 OSDUHS (Grades 7–12)



⁷ In the 2013 cycle, only secondary students were asked whether they had used e-cigarettes in their *lifetime*. In 2013, 15% of secondary school students reported using an electronic cigarette in their lifetime (including a few puffs). Applying a similar definition to the 2025 data, we found that 24% of secondary students reported using even just a few puffs of an electronic cigarette in their lifetime.

Table 3.3.3: Percentage Reporting Vaping/Electronic Cigarette Use in the Past Year, 2015–2025 OSDUHS

		2015	2017	2019	2021	2023	2025	
		(n=)	(5023)	(5071)	(6525)	(2225)	(10145)	(11108)
Total (95% CI)		11.7 (10.2-13.4)	10.7 (8.6-13.2)	22.7 (20.7-24.8)	15.3 (11.5-20.1)	13.4 (12.1-14.8)	10.5 ^{abe} (8.9-12.2)	
Sex								
	Males	14.5 (12.3-16.9)	13.0 (10.7-15.8)	23.5 (20.8-26.3)	12.7 (6.7-22.8)	9.4 (7.8-11.2)	7.0 ^{bc} (5.7-8.6)	
	Females	8.7 (7.2-10.4)	8.2 (5.8-11.4)	21.8 (19.6-24.2)	18.0 (13.1-24.2)	17.7 (16.0-19.5)	14.0 ^{bc} (11.9-16.5)	
Grade								
	7	†	†	1.9 (1.0-3.4)	†	†	3.0 (1.9-4.6)	
	8	†	†	5.3 (3.8-7.5)	†	5.0 (3.4-7.2)	4.3 (3.0-6.0)	
	9	8.8 (6.6-11.8)	9.2 (6.4-13.1)	19.6 (16.5-23.2)	†	9.1 (7.2-11.3)	6.3 ^b (5.0-8.0)	
	10	12.3 (9.7-15.4)	12.6 (9.4-16.7)	25.1 (21.5-29.0)	17.2 (11.1-25.8)	16.7 (13.9-20.0)	12.4 ^b (9.2-16.4)	
	11	19.7 (16.6-23.2)	16.1 (12.1-20.9)	30.9 (26.3-36.1)	26.0 (16.8-38.0)	19.1 (16.3-22.3)	16.3 ^b (13.3-20.0)	
	12	17.2 (12.8-22.6)	18.9 (15.0-23.6)	34.9 (31.0-38.9)	29.0 (14.2-50.3)	21.8 (18.8-25.0)	17.3 ^b (13.5-21.9)	
Region								
	Greater Toronto Area	9.3 (7.7-11.3)	9.1 (6.1-13.4)	14.7 (12.4-17.4)	9.2 (5.5-14.9)	11.4 (9.8-13.2)	8.6 ^{ab} (7.3-10.0)	
	North	12.2 (8.6-17.0)	13.3 (10.0-17.5)	30.6 (24.0-38.2)	19.8 (13.5-28.2)	17.9 (14.4-22.0)	14.8 ^b (11.9-18.3)	
	West	10.4 (7.2-14.7)	12.5 (9.2-16.8)	31.3 (26.6-36.6)	19.0 (11.5-29.7)	15.9 (12.7-19.8)	12.4 ^b (8.2-18.3)	
	East	19.6 (14.8-25.4)	9.8 (5.7-16.6)	29.9 (26.0-34.1)	14.4 (9.3-21.6)	13.6 (11.2-16.5)	10.4 ^{bc} (8.8-12.4)	

Notes: (1) based on a random half sample of grades 7-12 from 2015 to 2019; (2) entries in brackets are 95% confidence intervals; (3) † estimate suppressed due to unreliability; (4) note the design change and small sample size in 2021; (5) ^a 2025 vs. 2023 significant difference, p<.01; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 2015 significant difference, p<.01; ^e significant nonlinear trend, p<.01.

Q: To “vape” is to use a vaping device such as an electronic cigarette, vape pen, mod, tank, e-hookah, or vaporizer to inhale a mist into the lungs. In the last 12 months, how often did you vape? (Use excludes “Vaped only once in the last 12 months [only a few puffs]”).

Source: OSDUHS, Centre for Addiction & Mental Health

Past Month Vaping/Electronic Cigarette Use: 2025 Findings (Grades 7–12)

(Figures 3.3.8-3.3.10; Table 3.3.4)

- Total**
- About one-in-twelve (8.5%) students in grades 7-12 report vaping in the past month.
 - More specifically, 2.5% report vaping once or twice in the past month, 2.3% report vaping weekly (between once a week and six times a week), and 3.7% report vaping on a daily basis in the past month.
-
- Sex**
- Females are significantly more likely than males to report any vaping in the past month (11.5% vs. 5.6%, respectively). Females are also more likely than males to report vaping on a weekly or daily basis (8.1% vs. 3.9%, respectively).
-
- Grade**
- The percentage reporting any vaping in the past month significantly increases with grade, from 2.2% of 7th graders up to 14.3% of 12th graders. Vaping weekly or daily also significantly increases with grade.
-
- Region**
- Despite some variation, there are no significant differences among the regions in reporting any vaping in the past month, or vaping weekly/daily.

Figure 3.3.8
Past Month Vaping/Electronic Cigarette Use (Any Type) by Sex, Grade, and Region, 2025 OSDUHS

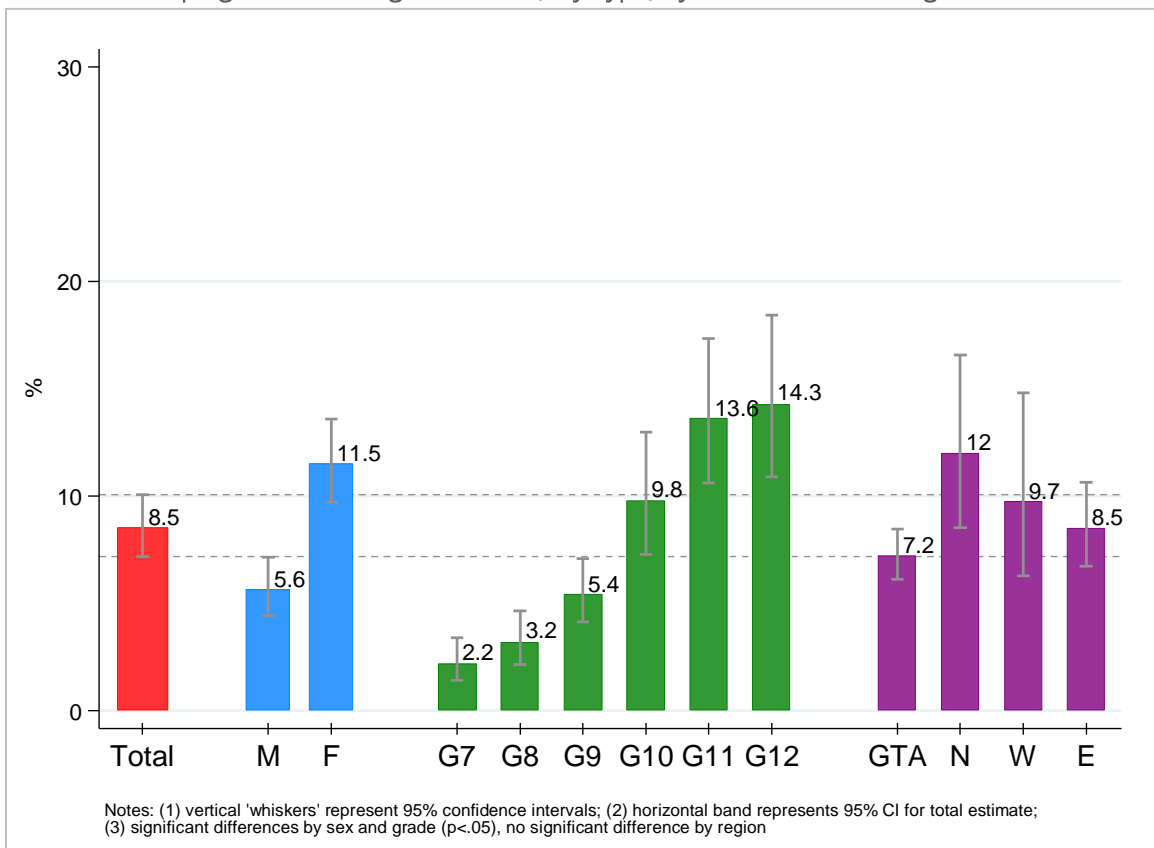


Figure 3.3.9
 Frequency of Vaping/Electronic Cigarette Use in the Past Month, 2025 OSDUHS (Grades 7–12)

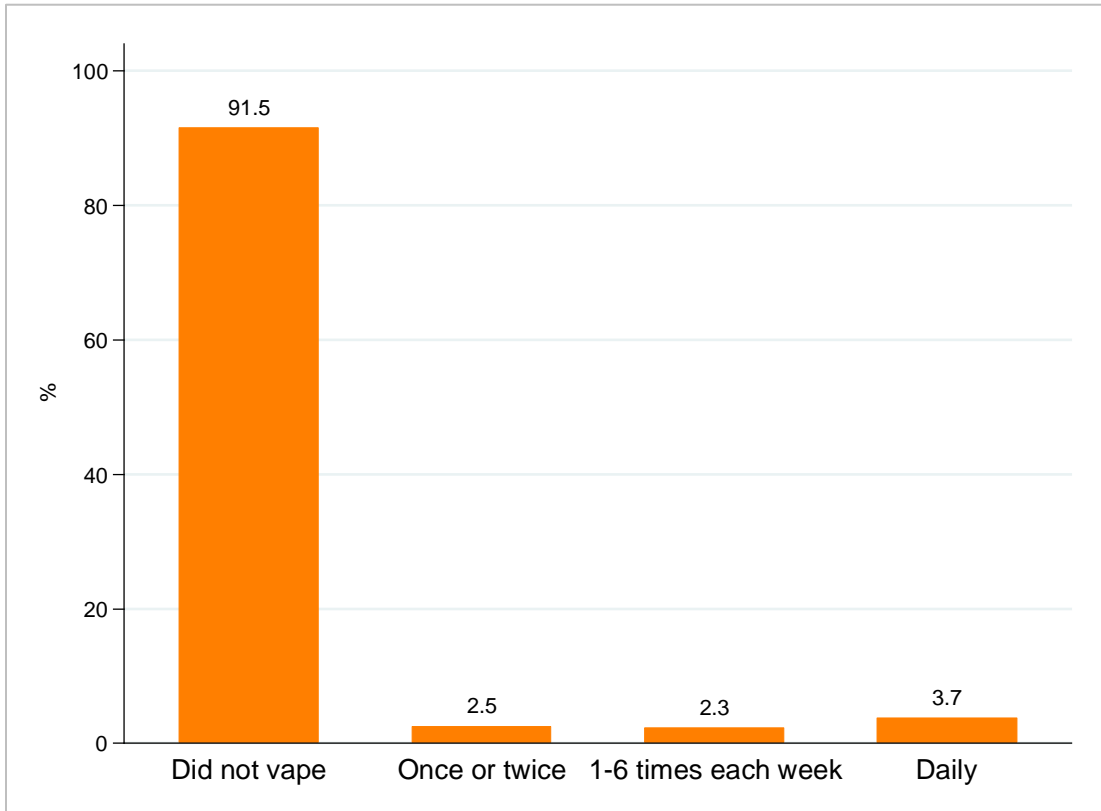
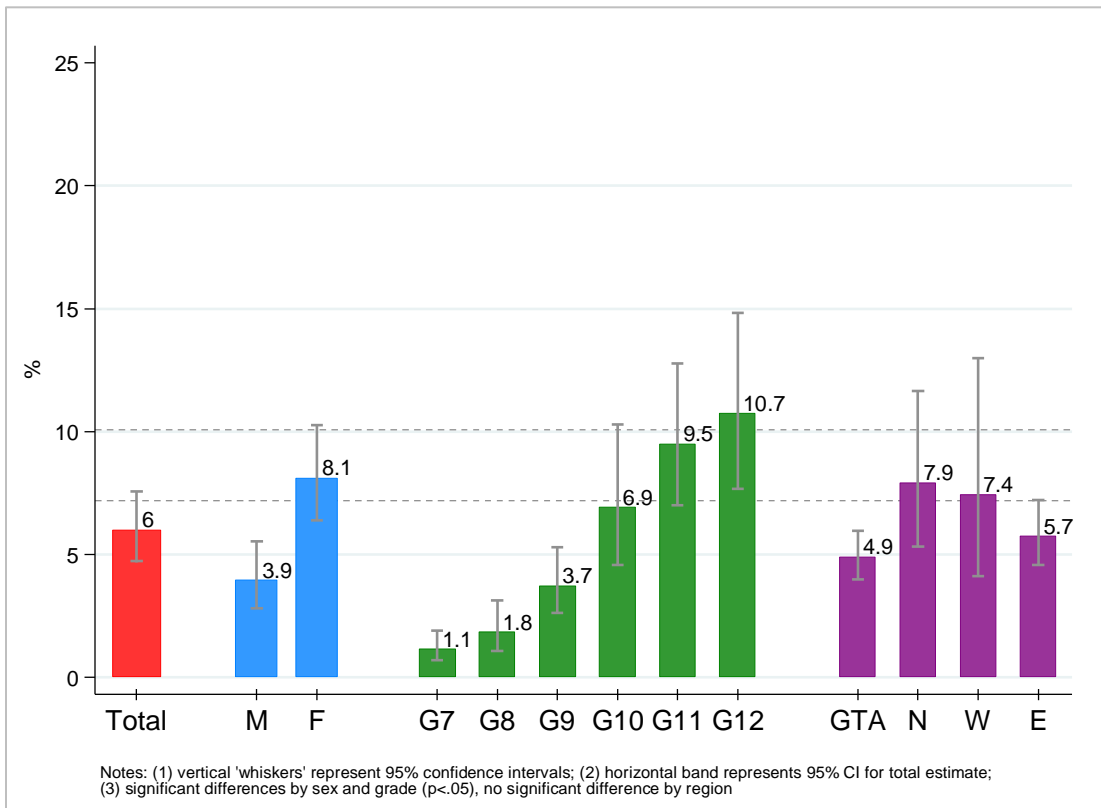


Figure 3.3.10
 Weekly or Daily Vaping/Electronic Cigarette Use in the Past Month by Sex, Grade, and Region, 2025 OSDUHS



Past Month Vaping/Electronic Cigarette Use: 2021–2025 Trends (Grades 7–12)

(Figure 3.3.11; Table 3.3.4)

- Total**
- The percentage of students reporting vaping in the past month significantly decreased between 2023 (11.1%) and 2025 (8.5%).
 - The percentage of students reporting vaping weekly or daily in the past month has remained stable since 2021 (about 6%-10%).
-
- Sex**
- Neither males nor females show a significant change in past month vaping since 2021.
-
- Grade**
- Among the grades, only 10th graders show a significant change in past month vaping, declining from 15.4% in 2023 to 9.8% in 2025.
-
- Region**
- No region shows a significant change since 2021.

Figure 3.3.11
Past Month Vaping/Electronic Cigarette Use (Any Type), 2021–2025 OSDUHS (Grades 7–12)

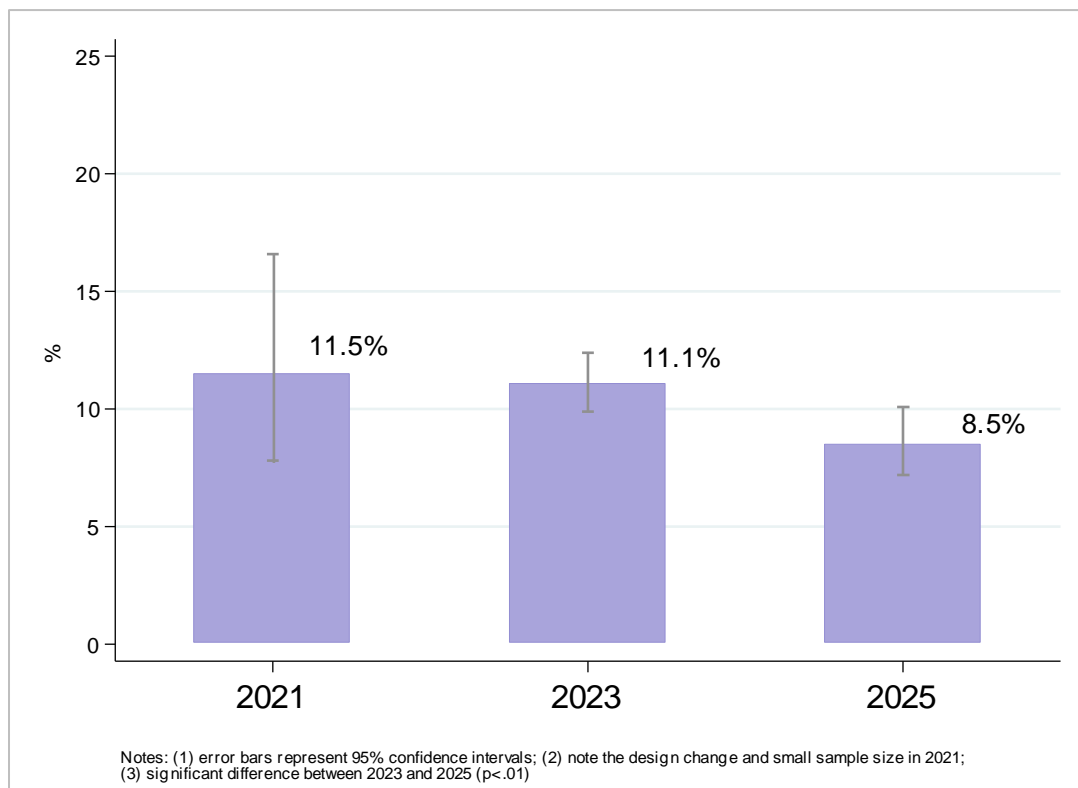


Table 3.3.4: Percentage Reporting Vaping/Electronic Cigarette Use in the Past Month, 2021–2025 OSDUHS

	(n=)	2021 (2225)	2023 (10145)	2025 (11108)
Total (95% CI)		11.5 (7.8-16.6)	11.1 (9.9-12.4)	8.5 ^a (7.2-10.1)
Sex				
Males		†	7.8 (6.4-9.5)	5.6 (4.4-7.2)
Females		12.7 (8.4-18.6)	14.6 (13.2-16.0)	11.5 (9.7-13.6)
Grade				
7		†	†	2.2 (1.4-3.4)
8		†	3.6 (2.4-5.3)	3.2 (2.1-4.6)
9		†	7.5 (5.7-9.8)	5.4 (4.1-7.1)
10		10.6 (5.9-18.3)	15.4 (12.7-18.5)	9.8 ^a (7.3-13.0)
11		17.8 (10.4-28.9)	15.3 (12.9-18.0)	13.6 (10.6-17.4)
12		†	18.1 (15.6-20.9)	14.3 (10.9-18.4)
Region				
Greater Toronto Area		5.4 (2.8-10.3)	9.6 (8.1-11.3)	7.2 (6.1-8.5)
North		16.3 (12.1-21.6)	17.6 (13.5-22.7)	12.0 (8.5-16.6)
West		14.9 (7.7-26.7)	12.8 (10.2-15.9)	9.7 (6.3-14.8)
East		11.0 (6.5-18.2)	10.9 (8.6-13.6)	8.5 (6.7-10.6)

Notes: (1) entries in brackets are 95% confidence intervals; (2) † estimate suppressed due to unreliability; (3) note the design change and small sample size in 2021; (4) ^a 2025 vs. 2023 significant difference, p<.01; no significant differences 2025 vs. 2021.

Q: To “vape” is to use a vaping device such as an electronic cigarette, vape pen, mod, tank, e-hookah, or vaporizer to inhale a mist into the lungs. In the last 4 weeks, how often did you vape?

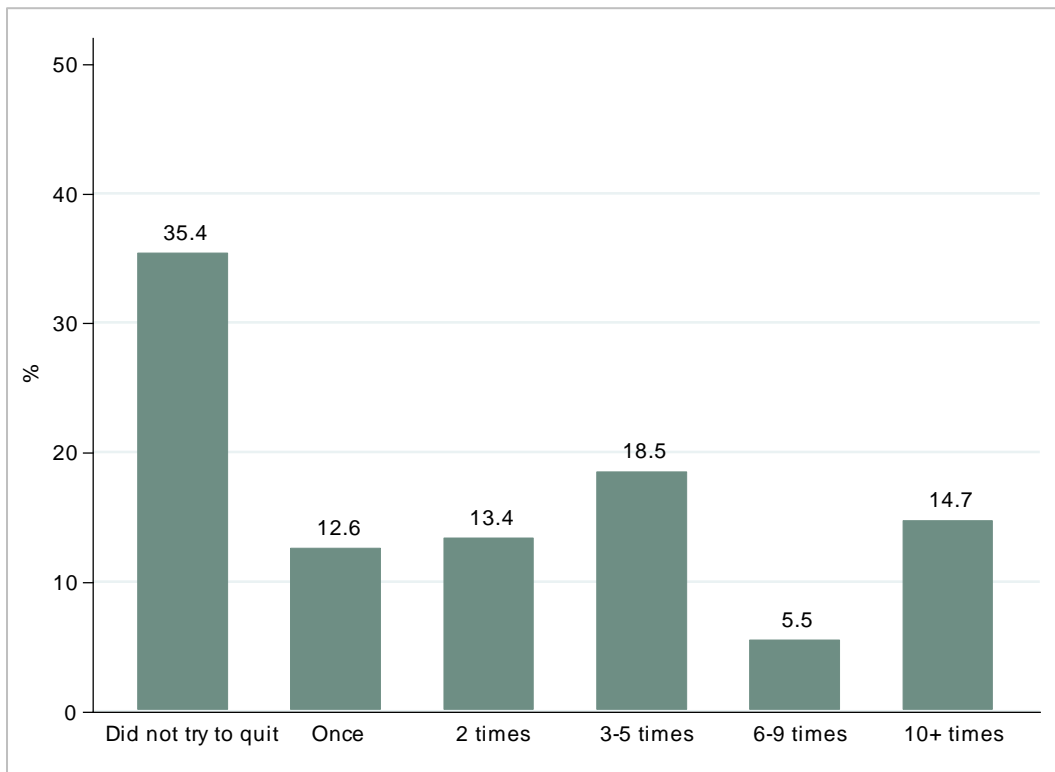
Source: OSDUHS, Centre for Addiction & Mental Health

Attempts to Quit Vaping: 2025 Findings (Among Past Year Users, Grades 7–12)

(Figure 3.3.12)

- Total**
- Among students who reported vaping more than a few puffs in the past year, two-thirds (65%) report at least one quit attempt in the past year.
 - Specifically, 12.6% report trying to quit once, 13.4% report trying twice, and about 39% report three times or more often.
-
- Sex**
- Males (65%) and females (64%) who vaped in the past year are equally likely to report at least one quit attempt.
-
- Grade**
- There are no significant differences among the grades in the percentage reporting at least one quit attempt in the past year (data not shown).
-
- Region**
- There are no significant differences among the four regions (data not shown).

Figure 3.3.12
Percentage Reporting Number of Attempts to Quit Vaping in the Past Year (Among Past Year Users, Grades 7-12), 2025 OSDUHS

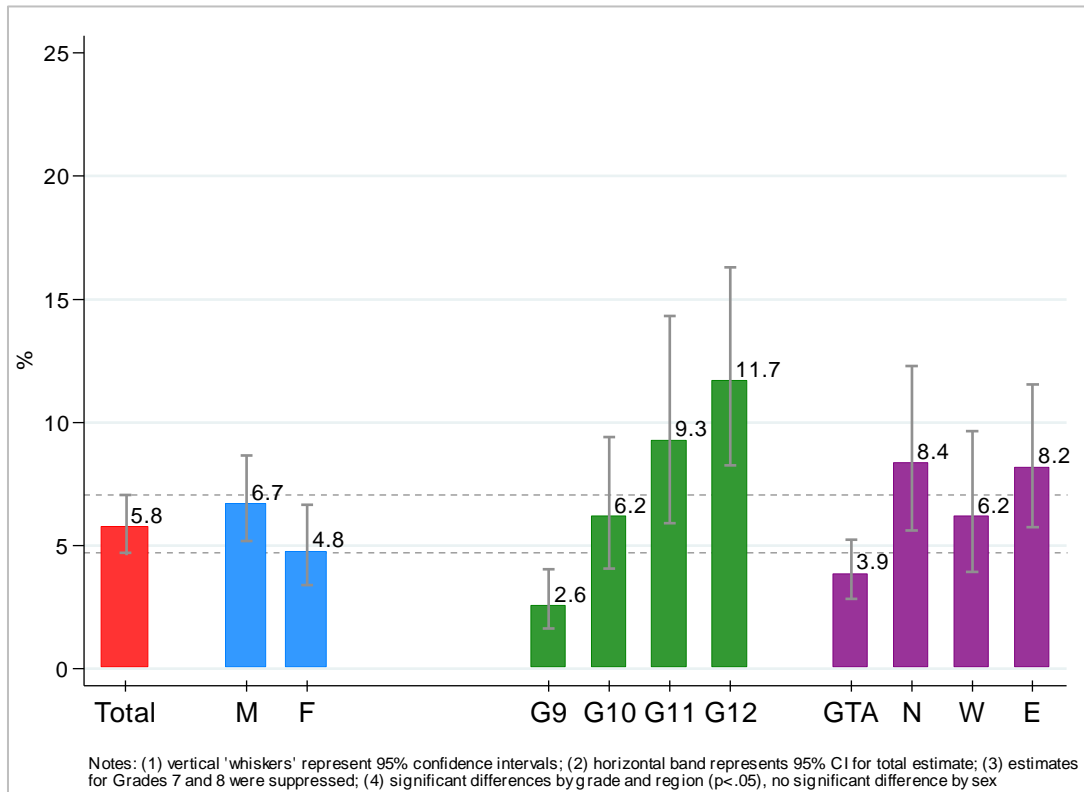


Past Year Use of Nicotine Pouches: 2025 Findings (Grades 7–12)

(Figure 3.3.13)

- Total** ● Past year use of nicotine pouches was reported by 5.8% of students.
- Sex** ● There is no significant difference between males and females in past year nicotine pouch use (6.7% of males, 4.8% of females).
- Grade** ● Use of nicotine pouches significantly increases with grade, from very low levels among grade 7 and 8 students up to 11.7% among 12th grade students.
- Region** ● There is significant regional variation, showing that students in the Greater Toronto Area are least likely to report use (3.9% vs. 6%–8% in other regions).

Figure 3.3.13
Past Year Use of Nicotine Pouches by Sex, Grade, and Region, 2025 OSDUHS



3.4 Alcohol Use

Past Year Alcohol Use: 2025 Findings (Grades 7–12)

(Figures 3.4.1, 3.4.2; Tables 3.4.1, 3.4.2)

- Total**
 - About one-third (31.9%) of students report drinking alcohol during the 12 months before the survey. This estimate excludes those who only had a sip of alcohol, but does include those who drank only at a special event.
 - About one-in-six (17.2%) students restrict their drinking to special occasions, 7.1% drink once a month or less often, 4.7% drink two or three times a month, and about 2.6% drink at least once a week. Very few students drink on a daily basis (estimate suppressed).

- Sex**
 - Females (34.1%) are significantly more likely than males (29.7%) to report drinking in the past year.

- Grade**
 - The percentage of students reporting drinking in the past year significantly increases with grade level, from a low of 8.0% among 7th graders to a high of 55.7% among 12th graders.

- Region**
 - There is no significant regional variation in the prevalence of past year drinking.

Figure 3.4.1
 Past Year Alcohol Use by Sex, Grade, and Region, 2025 OSDUHS

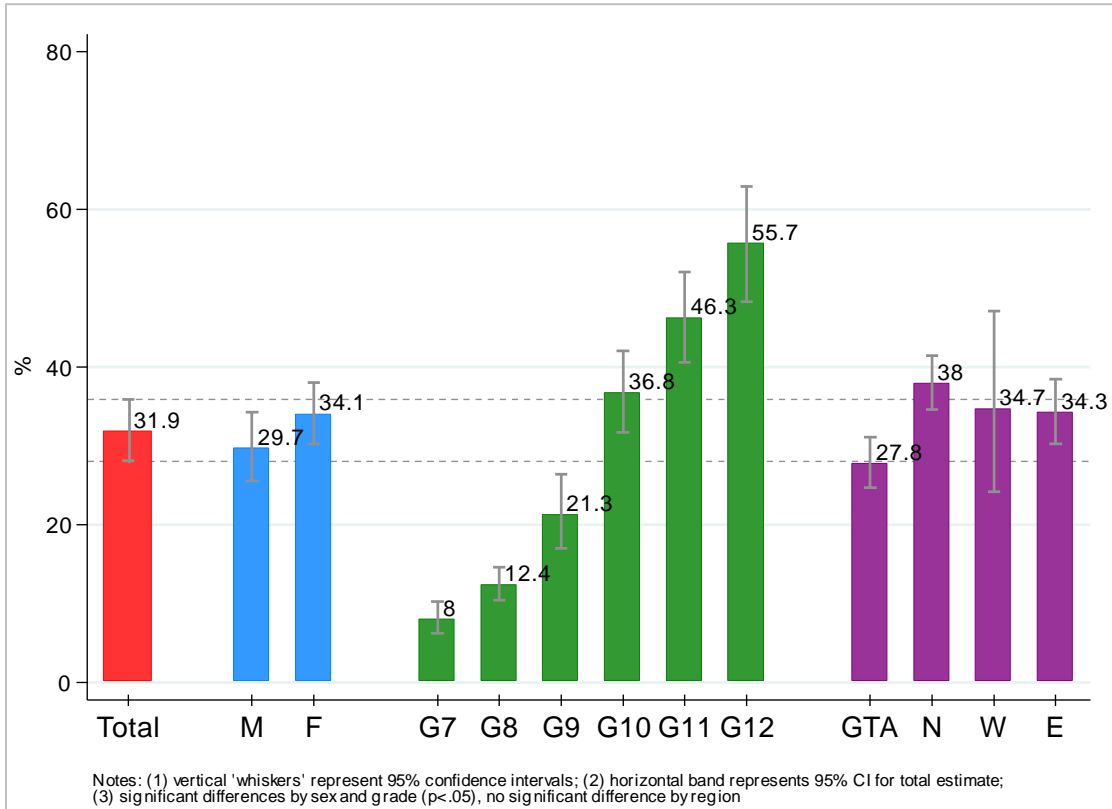
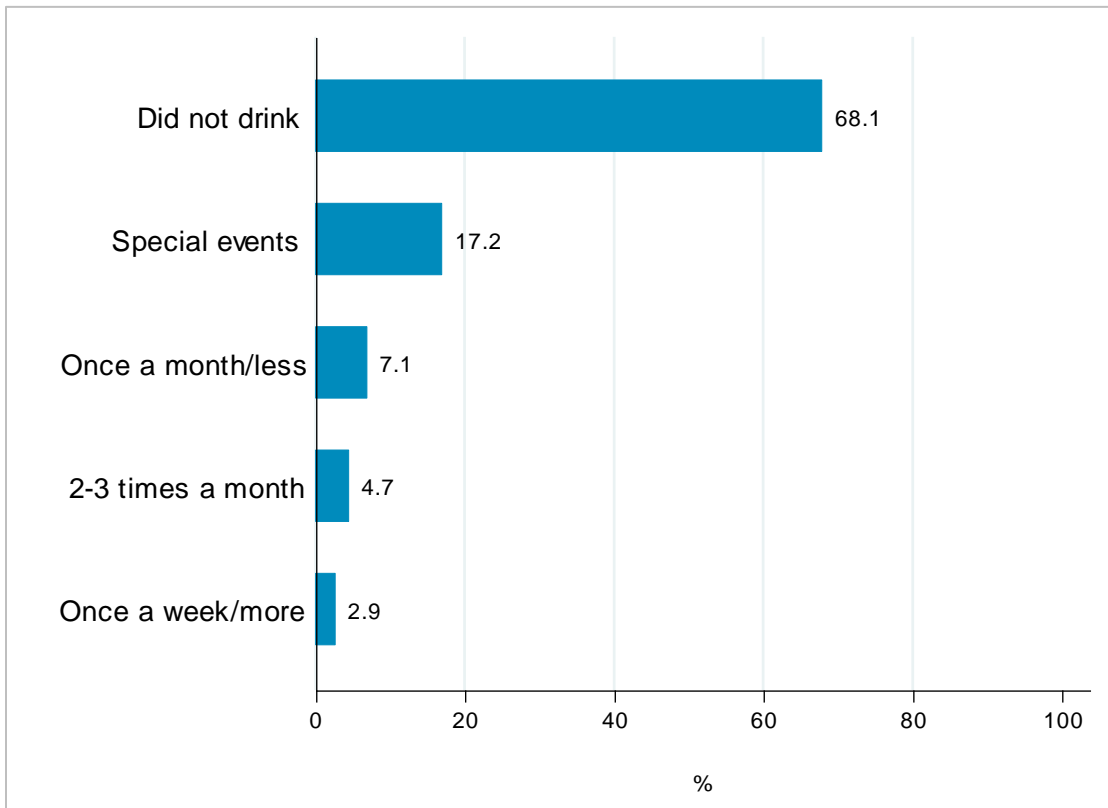


Figure 3.4.2
 Frequency of Drinking Alcohol in the Past Year, 2025 OSDUHS (Grades 7-12)

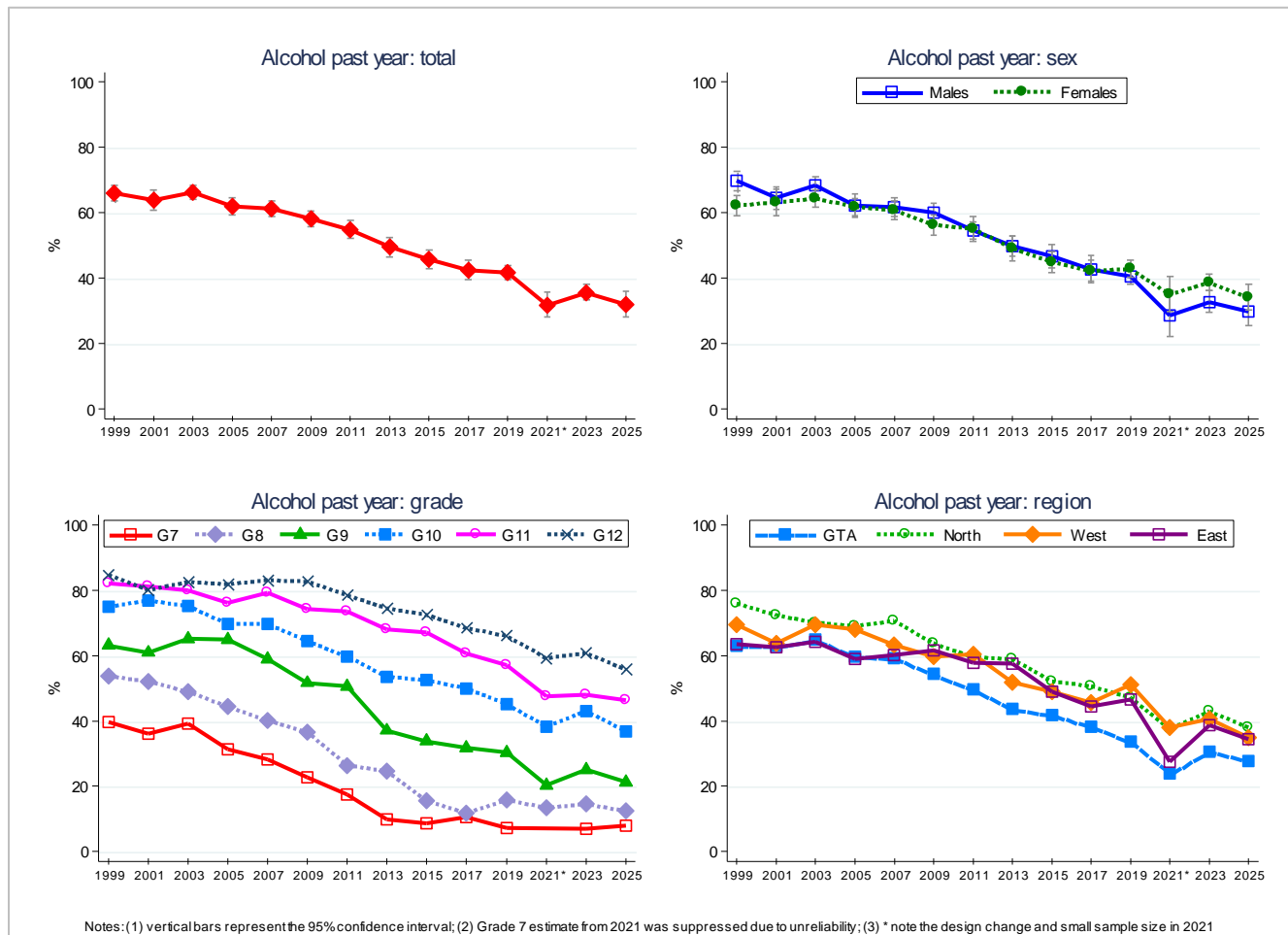


Past Year Alcohol Use: 1999–2025 Trends (Grades 7–12)

(Figure 3.4.3; Tables 3.4.1, 3.4.2)

- Total**
- Despite a numerical decrease, the percentage of students drinking alcohol in the past year did not significantly change between 2023 (35.6%) and 2025 (31.9%). The current estimate remains significantly lower than in 2019 (41.7%). Drinking has been on a significant downward trend since 1999.
 - The percentage reporting drinking frequently in the past year (i.e., monthly, weekly) has also decreased over time.
-
- Sex**
- Past year drinking among males and females remained stable between 2023 and 2025. Both show a significant downward trend since 1999.
-
- Grade**
- No grade shows a significant change in past year drinking between 2023 and 2025. However, all grades show a significant downward trend since 1999.
-
- Region**
- No region shows a significant change in past year drinking between 2023 and 2025. However, all regions show a significant downward trend since 1999.

Figure 3.4.3
Past Year Alcohol Use, 1999–2025 OSDUHS (Grades 7–12)



Past Year Alcohol Use: 1977–2025 Trends (Grades 7, 9, and 11 only)

(Figure 3.4.4; Table A4)

- Looking back over the past 45 years or so (among grades 7, 9, and 11 only), drinking gradually decreased between 1977 and 1993. Between 1993 and the late 1990s/early 2000s drinking gradually increased, but has since decreased again, reaching historical lows in recent years.

Figure 3.4.4

Past Year Alcohol Use, 1977–2025 OSDUHS (Grades 7, 9 and 11 only)

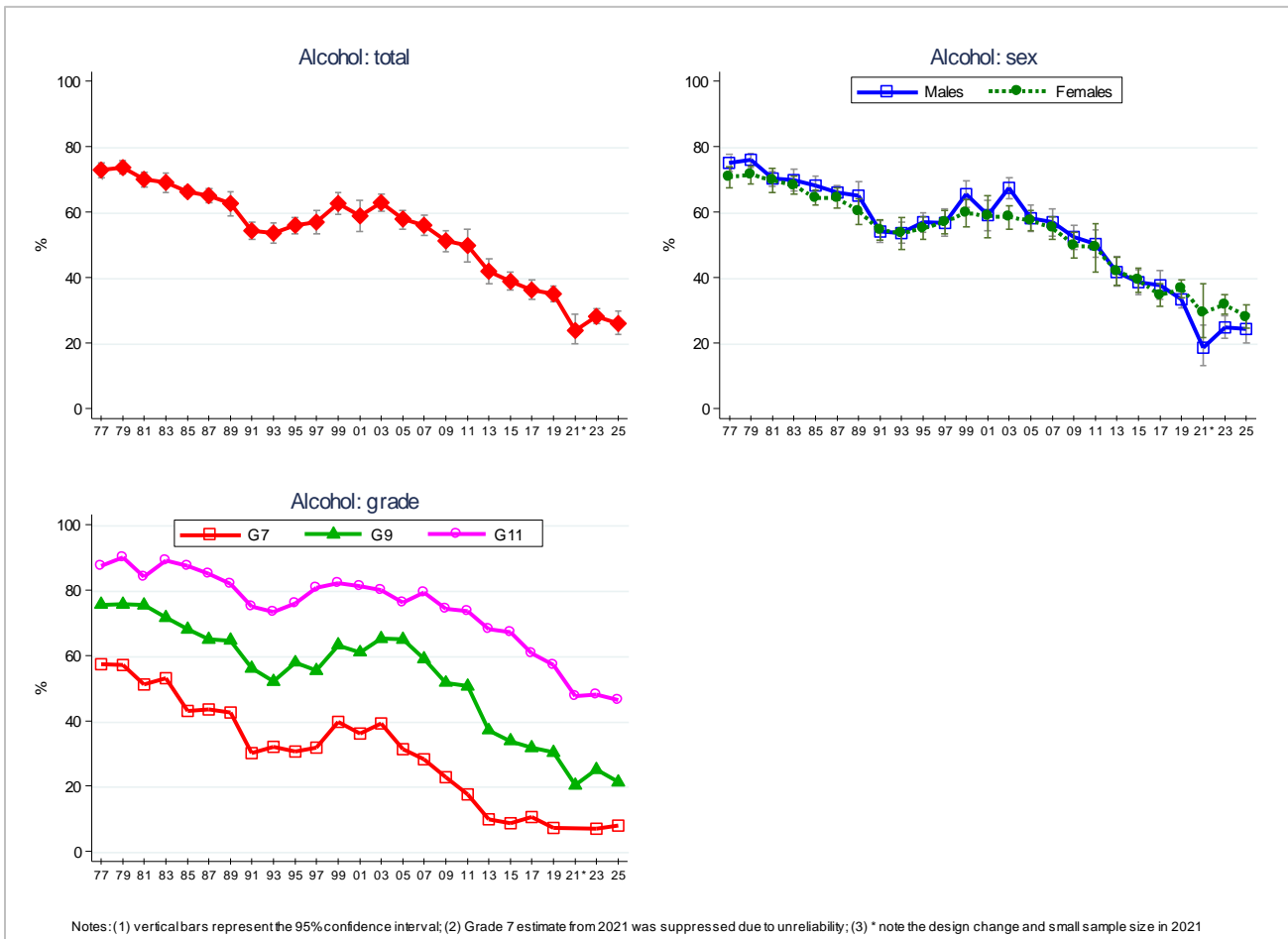


Table 3.4.1: Percentage Reporting Drinking Alcohol in the Past Year, 1999–2025 OSDUHS

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(4447)	(3898)	(6616)	(7726)	(6323)	(9112)	(9288)	(10272)	(10426)	(11435)	(14142)	(2225)	(10145)	(11108)
Total (95% CI)	66.0 (63.6-68.3)	63.9 (60.8-67.0)	66.2 (64.1-68.4)	62.0 (59.4-64.6)	61.2 (58.9-63.5)	58.2 (55.7-60.6)	54.9 (52.1-57.6)	49.5 (46.4-52.5)	45.8 (42.9-48.7)	42.5 (39.5-45.5)	41.7 (39.5-43.8)	31.8 (28.1-35.8)	35.6 (33.3-38.0)	31.9 (28.1-35.9)
Sex														
Males	69.7 (66.6-72.6)	64.6 (61.1-68.0)	68.3 (65.4-71.1)	62.3 (58.7-65.7)	61.7 (58.8-64.5)	60.0 (57.2-62.8)	54.6 (52.0-57.2)	49.8 (46.7-53.0)	46.6 (43.1-50.2)	42.7 (38.6-46.9)	40.6 (38.1-43.1)	28.7 (22.2-36.2)	32.7 (29.5-36.2)	29.7 (25.6-34.3)
Females	62.2 (59.2-65.2)	63.2 (59.0-67.2)	64.3 (61.6-67.0)	61.8 (59.2-64.4)	60.7 (58.0-63.5)	56.3 (53.2-59.4)	55.1 (51.3-58.8)	49.1 (45.3-52.9)	44.9 (41.8-48.2)	42.2 (39.0-45.5)	42.8 (40.2-45.5)	35.0 (29.8-40.5)	38.6 (36.1-41.2)	34.1 (30.3-38.0)
Grade														
7	39.7 (33.8-45.9)	36.1 (29.6-43.1)	39.1 (35.0-43.4)	31.4 (28.1-35.0)	28.1 (23.7-33.1)	22.7 (18.6-27.4)	17.4 (13.5-22.1)	9.9 (7.5-13.0)	8.6 (5.6-13.0)	10.5 (8.5-12.9)	7.3 (5.8-9.1)	†	6.9 (5.1-9.2)	8.0 (6.2-10.2)
8	53.7 (49.2-58.3)	52.0 (45.5-58.4)	48.9 (44.5-53.4)	44.3 (39.4-49.4)	40.1 (34.8-45.7)	36.5 (31.5-41.7)	26.4 (22.6-30.5)	24.6 (18.2-32.3)	15.5 (12.5-19.0)	11.8 (8.9-15.4)	15.8 (13.3-18.7)	13.4 (8.4-20.9)	14.6 (11.2-18.9)	12.4 (10.4-14.7)
9	63.1 (58.0-67.9)	60.9 (54.3-67.1)	65.1 (60.5-69.3)	64.8 (60.4-68.9)	58.9 (53.8-63.8)	51.6 (46.3-56.8)	50.5 (43.8-57.2)	37.1 (32.9-41.5)	33.8 (30.6-37.2)	31.8 (28.2-35.6)	30.3 (26.9-34.0)	20.3 (13.2-29.8)	25.1 (22.0-28.4)	21.3 (17.0-26.4)
10	74.9 (69.2-79.8)	76.8 (73.0-80.2)	75.1 (71.1-78.7)	69.6 (65.7-73.3)	69.6 (65.2-73.6)	64.5 (59.8-68.9)	59.6 (54.9-64.2)	53.5 (49.0-57.9)	52.4 (47.5-57.3)	49.9 (44.2-55.5)	45.2 (41.3-49.2)	38.2 (28.5-48.9)	43.0 (38.6-47.5)	36.8 (31.7-42.1)
11	82.0 (77.7-85.6)	81.0 (75.1-85.8)	79.9 (76.3-83.1)	76.1 (72.3-79.5)	79.2 (75.5-82.4)	74.3 (70.0-78.2)	73.5 (66.8-79.3)	67.9 (62.6-72.7)	67.0 (62.1-71.6)	60.6 (56.4-64.6)	57.0 (53.0-60.9)	47.4 (38.1-56.8)	48.1 (43.4-52.8)	46.3 (40.6-52.0)
12	84.6 (80.8-87.8)	80.0 (72.5-85.9)	82.5 (77.7-86.4)	81.8 (77.7-85.4)	83.0 (79.5-86.0)	82.6 (79.0-85.8)	78.4 (74.6-81.8)	74.4 (69.9-78.4)	72.4 (66.5-77.6)	68.3 (62.8-73.4)	66.0 (62.6-69.2)	59.2 (44.0-72.8)	60.7 (56.7-64.6)	55.7 (48.3-63.0)
Region														
GTA	62.9 (58.2-67.4)	62.9 (56.4-69.0)	64.8 (60.5-69.0)	59.7 (54.9-64.3)	59.2 (53.6-64.6)	54.3 (49.1-59.4)	49.6 (44.6-54.6)	43.6 (38.3-49.0)	41.9 (37.7-46.2)	38.3 (34.7-42.0)	33.6 (30.8-36.5)	24.0 (18.8-30.1)	30.7 (27.6-34.0)	27.8 (24.7-31.1)
North	75.9 (69.3-81.5)	72.3 (68.2-76.0)	70.0 (65.7-73.9)	69.0 (64.8-73.0)	70.6 (65.1-75.6)	63.6 (58.1-68.8)	59.5 (54.0-64.7)	58.9 (52.9-64.7)	52.1 (47.9-56.3)	50.6 (46.6-54.6)	47.1 (42.3-51.9)	37.5 (28.8-47.0)	42.8 (38.2-47.6)	38.0 (34.6-41.4)
West	69.4 (64.3-74.0)	63.8 (58.4-68.9)	69.5 (64.2-74.3)	67.9 (62.6-72.8)	63.3 (57.9-68.4)	59.7 (54.8-64.4)	60.3 (52.7-67.4)	51.7 (45.4-58.0)	49.0 (41.2-56.9)	46.4 (42.3-50.7)	51.2 (45.9-56.4)	38.0 (30.6-46.1)	40.5 (35.6-45.6)	34.7 (24.2-47.1)
East	63.5 (55.4-70.9)	62.4 (54.6-69.6)	64.1 (59.5-68.4)	58.9 (51.5-66.0)	60.1 (54.5-65.4)	61.5 (56.9-65.9)	57.8 (53.0-62.3)	57.5 (52.5-62.4)	49.0 (42.1-56.0)	44.4 (33.3-56.0)	46.6 (42.3-51.0)	27.6 (23.3-32.2)	38.7 (33.3-44.4)	34.3 (30.3-38.4)

Notes: (1) based on grades 7-12; (2) entries in brackets are 95% confidence intervals; (3) † estimate suppressed due to unreliability; (4) GTA=Greater Toronto Area; (5) note the design change and small sample size in 2021; (6) no significant differences 2025 vs. 2023; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 1999 significant difference, p<.01; ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.

Q: In the last 12 months, how often did you drink alcohol – liquor (rum, whiskey, etc.), wine, beer, or coolers? (Past year alcohol use includes drinking at a special event, but excludes a sip just to try.)

Source: OSDUHS, Centre for Addiction & Mental Health

Table 3.4.2: Frequency of Drinking Alcohol in the Past Year, 1999–2025 OSDUHS (Grades 7–12)

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(4447)	(3898)	(6616)	(7726)	(6323)	(9112)	(9288)	(10272)	(10426)	(11435)	(14142)	(2225)	(10145)	(11108)
No Drinking in the Past Year	34.0	36.1	33.8	38.0	38.8	41.8	45.1	54.2	57.5	50.5	58.3	68.2	64.4	68.2
Special Occasions Only	23.7	24.6	25.1	24.3	23.0	21.5	23.3	19.8	18.8	21.7	20.3	14.5	17.4	17.2
Once a Month or Less Often	16.1	14.7	16.0	13.9	15.1	14.0	12.5	10.2	9.4	10.6	8.9	7.9	7.2	7.1
2–3 Times a Month	13.0	14.2	13.0	13.5	12.9	13.0	11.6	9.2	8.4	10.7	7.5	7.0	6.6	4.7
At Least Once a Week	12.3	10.0	11.7	10.1	9.8	9.5	7.2	6.1	5.7	6.4	4.6	2.3	4.1	2.6
Almost Daily	0.9	†	†	†	†	†	†	†	†	†	†	†	†	†

Notes: (1) entries are percentages; (2) the “No Drinking” category includes those who reported they had a sip just to try; (3) † estimate suppressed due to unreliability; (4) note the design change and small sample size in 2021.

Q: In the last 12 months, how often did you drink alcohol – liquor (rum, whiskey, etc.), wine, beer, or coolers?

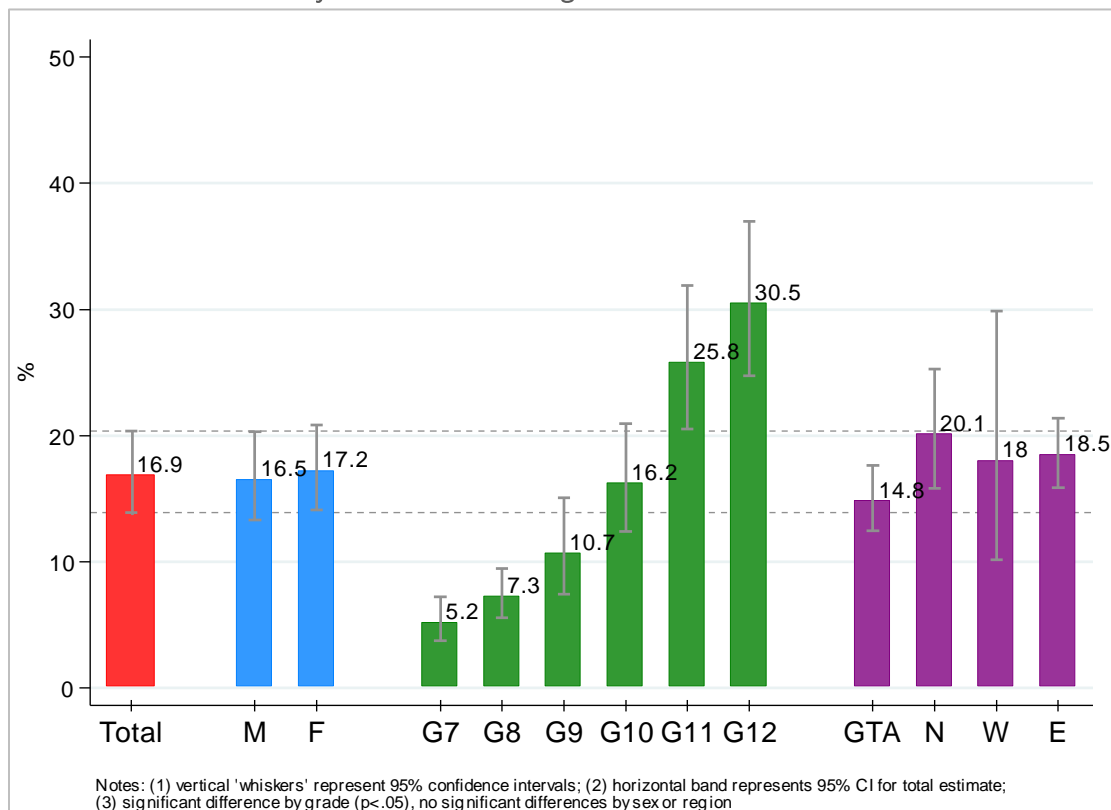
Source: OSDUHS, Centre for Addiction & Mental Health

Past Month Alcohol Use: 2025 Findings (Grades 7–12)

(Figure 3.4.5; Tables 3.4.3, 3.4.4)

- Total**
 - About one-in-six (16.9%) students report any drinking during the past month.
 - More specifically, 13.0% report drinking once or twice in the past month, 3.5% report drinking weekly (between once a week and six times a week), and less than 0.5% report drinking on a daily basis in the past month.
- Sex**
 - Males (16.5%) and females (17.2%) are equally likely to report any drinking during the past month.
 - Males (4.1%) and females (3.6%) are equally likely to report drinking on a weekly or daily basis in the past month.
- Grade**
 - The percentage of students reporting any drinking in the past month significantly increases with grade, from a low of 5.2% of 7th graders up to 30.5% of 12th graders. About 7% of 11th and 12th graders report drinking on a weekly or daily basis.
- Region**
 - There are no significant regional differences.

Figure 3.4.5
Past Month Alcohol Use by Sex, Grade, and Region, 2025 OSDUHS



Past Month Alcohol Use: 1999–2023 Trends (Grades 7–12)

(Figure 3.4.6; Tables 3.4.3, 3.4.4)

- Total**
 - Despite a numerical decrease, the percentage of students reporting drinking in the past month remained stable between 2023 (21.0%) and 2025 (16.9%). However, the percentage has significantly decreased since 2019 (27.6%) and especially since 1999, when it was 51.7%.
 - Similarly, the percentage reporting drinking weekly/daily in the past month has significantly decreased since 1999, from 18.2% down to 3.9% in 2025.
- Sex**
 - Only females show a significant change in past month drinking between 2023 and 2025 (from 24.0% to 17.2%). Both males and females show a significant decrease in past month drinking since 1999.
- Grade**
 - All grades show a significant decrease since 1999.
- Region**
 - All regions show a significant decrease since 1999.

Figure 3.4.6
Past Month Alcohol Use, 1999–2025 OSDUHS (Grades 7–12)

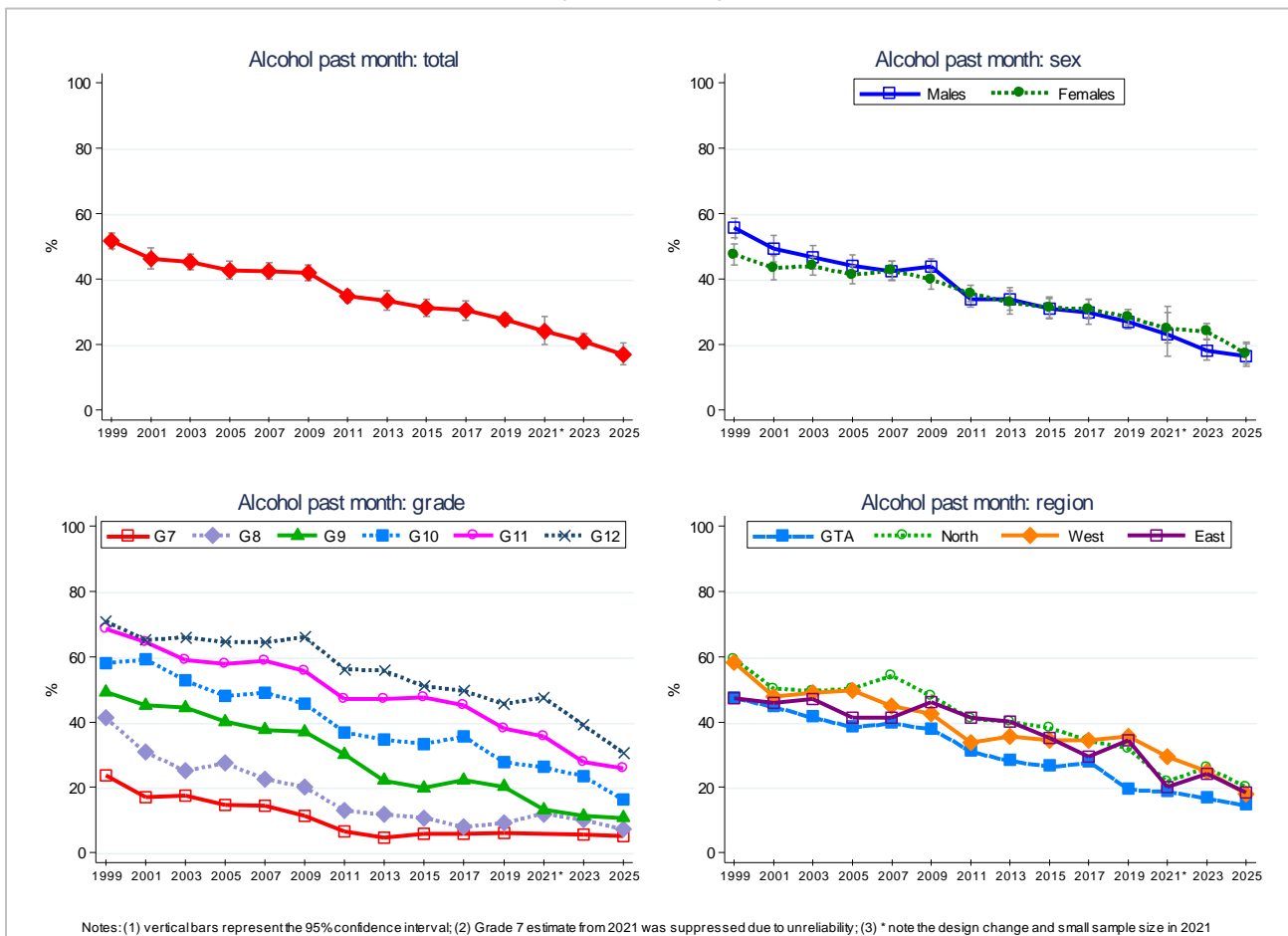


Table 3.4.3: Percentage Reporting Drinking Alcohol in the Past Month, 1999–2025 OSDUHS

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(4447)	(3898)	(6616)	(7726)	(6323)	(9112)	(9288)	(10272)	(10426)	(11435)	(14142)	(2225)	(10145)	(11108)
Total	51.7	46.3	45.3	42.7	42.5	41.9	34.7	33.4	31.1	30.4	27.6	24.0	21.0	16.9
(95% CI)	(49.2-54.1)	(43.2-49.5)	(42.9-47.7)	(40.0-45.4)	(40.1-45.0)	(39.6-44.2)	(32.8-36.7)	(30.4-36.4)	(28.5-33.8)	(27.5-33.4)	(25.8-29.6)	(20.0-28.6)	(18.8-23.3)	(13.9-20.4)
Sex														
Males	55.7	49.3	46.6	44.0	42.5	43.8	33.9	33.9	30.9	29.9	27.0	23.1	18.2	16.5
	(52.7-58.7)	(45.2-53.4)	(43.2-50.2)	(40.7-47.4)	(39.5-45.4)	(41.3-46.3)	(31.4-36.5)	(30.6-37.3)	(27.9-34.0)	(26.3-33.8)	(24.8-29.3)	(16.4-31.6)	(15.3-21.5)	(13.3-20.3)
Females	47.5	43.4	44.0	41.3	42.6	39.9	35.6	32.8	31.3	30.8	28.4	24.9	24.0	17.2
	(44.3-50.8)	(39.8-47.1)	(41.3-46.8)	(38.6-44.0)	(39.9-45.4)	(36.9-42.9)	(33.2-38.0)	(29.3-36.5)	(28.2-34.6)	(27.9-33.9)	(26.0-30.8)	(20.5-29.8)	(21.7-26.4)	(14.1-20.8)
Grade														
7	23.6	17.0	17.6	14.6	14.4	11.4	6.5	4.7	5.8	5.9	6.0	†	5.7	5.2
	(18.9-29.0)	(13.6-21.1)	(15.0-20.6)	(11.5-18.4)	(11.2-18.3)	(9.1-14.3)	(4.7-9.0)	(3.0-7.2)	(4.0-8.5)	(4.0-8.6)	(4.8-7.6)		(4.1-7.8)	(3.7-7.2)
8	41.2	30.8	25.1	27.4	22.6	20.1	12.9	11.7	10.7	7.9	9.1	11.9	10.0	7.3
	(36.3-46.3)	(25.8-36.3)	(21.8-28.7)	(22.7-32.7)	(18.7-27.2)	(17.0-23.6)	(10.8-15.3)	(9.2-14.8)	(7.3-15.4)	(5.7-10.7)	(7.5-11.0)	(6.9-19.8)	(7.9-12.5)	(5.6-9.5)
9	49.2	45.1	44.3	40.1	37.6	37.0	30.1	22.1	19.8	22.2	20.2	13.1	11.3	10.7
	(44.2-54.3)	(38.9-51.4)	(40.3-48.4)	(35.6-44.7)	(33.4-42.1)	(32.1-42.2)	(25.2-35.4)	(18.4-26.2)	(17.1-22.8)	(18.2-26.9)	(17.4-23.3)	(7.1-22.9)	(9.1-13.9)	(7.4-15.1)
10	58.0	59.1	52.7	47.9	49.0	45.6	36.8	34.6	33.3	35.5	27.7	26.2	23.4	16.2
	(51.4-64.2)	(55.4-62.8)	(48.0-57.3)	(43.8-51.9)	(44.6-53.5)	(40.0-51.4)	(29.4-44.9)	(30.6-38.7)	(29.1-37.8)	(31.4-39.7)	(24.8-30.8)	(17.1-37.9)	(20.2-26.8)	(12.4-21.0)
11	68.4	64.4	59.0	57.7	58.8	55.5	47.0	47.0	47.5	45.2	38.0	35.6	27.8	25.8
	(63.1-73.3)	(57.6-70.5)	(54.8-63.1)	(53.9-61.4)	(54.0-63.6)	(51.0-59.9)	(42.2-51.8)	(41.5-52.6)	(43.2-51.9)	(39.0-51.6)	(34.4-41.8)	(25.2-47.6)	(23.5-32.5)	(20.5-31.9)
12	70.8	65.1	65.9	64.5	64.4	66.0	56.1	55.7	50.9	49.5	45.5	47.5	39.0	30.5
	(66.3-75.0)	(55.6-73.5)	(60.5-71.0)	(60.3-68.4)	(60.3-68.2)	(61.8-69.9)	(52.0-60.2)	(50.9-60.3)	(44.9-56.9)	(44.2-54.7)	(41.7-49.4)	(32.4-63.2)	(34.2-44.0)	(24.7-37.0)
Region														
GTA	47.6	44.8	41.7	38.7	40.0	38.1	31.2	28.4	26.7	27.9	19.7	19.0	17.0	14.8
	(43.0-52.3)	(38.2-51.6)	(37.2-46.3)	(34.8-42.8)	(35.0-45.3)	(33.3-43.2)	(27.1-35.6)	(24.1-33.1)	(23.8-29.8)	(24.3-31.7)	(17.4-22.2)	(14.0-25.3)	(14.4-19.9)	(12.4-17.6)
North	59.2	50.2	49.5	50.2	54.1	47.9	41.0	40.1	38.2	34.3	31.9	21.8	26.1	20.1
	(54.1-64.1)	(44.8-55.7)	(44.8-54.1)	(45.8-54.5)	(47.8-60.2)	(42.6-53.3)	(36.2-45.9)	(34.1-46.4)	(34.5-42.0)	(30.3-38.5)	(28.0-36.1)	(13.1-34.1)	(22.3-30.3)	(15.8-25.2)
West	58.2	47.7	49.0	49.6	44.9	42.6	33.8	35.6	34.3	34.3	35.6	29.5	24.8	18.0
	(52.8-63.3)	(41.8-53.6)	(42.5-55.4)	(44.7-54.4)	(39.9-50.0)	(37.6-47.7)	(29.7-38.2)	(29.0-42.7)	(27.9-41.3)	(30.5-38.3)	(30.5-41.0)	(21.9-38.6)	(20.1-30.3)	(10.1-29.9)
East	47.2	45.8	47.1	41.3	41.3	46.0	41.3	40.1	35.2	29.4	34.4	20.1	24.1	18.5
	(40.7-53.8)	(39.0-52.7)	(42.4-51.8)	(33.4-49.7)	(35.9-47.0)	(42.6-49.4)	(36.6-46.2)	(35.4-44.9)	(27.9-43.3)	(19.7-41.5)	(30.7-38.4)	(13.9-28.1)	(19.2-29.8)	(15.9-21.4)

Notes: (1) based on grades 7-12; (2) entries in brackets are 95% confidence intervals; (3) † estimate suppressed due to unreliability; (4) GTA=Greater Toronto Area; (5) note the design change and small sample size in 2021; (6) ^a 2025 vs. 2023 significant difference, p<.01; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 1999 significant difference, p<.01; ^d significant linear trend, p<.01.

Q: In the last 4 weeks, how often did you drink alcohol (liquor, wine, beer, or coolers)?

Source: OSDUHS, Centre for Addiction & Mental Health

Table 3.4.4: Percentage Reporting Weekly or Daily Alcohol Use in the Past Month, 1999–2025 OSDUHS

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(4447)	(3898)	(6616)	(7726)	(6323)	(9112)	(9288)	(10272)	(10426)	(11435)	(14142)	(2225)	(10145)	(11108)
Total (95% CI)	18.2 (16.2-20.2)	16.3 (14.3-18.6)	16.6 (15.0-18.3)	14.0 (12.7-15.5)	13.9 (12.5-15.5)	13.4 (12.2-14.7)	11.4 (10.2-12.7)	9.2 (8.1-10.6)	9.0 (7.6-10.7)	8.7 (7.2-10.3)	7.9 (7.0-8.9)	3.5 (2.4-5.1)	5.2 (4.1-6.5)	3.9 (2.7-5.4) ^{bcd}
Sex														
Males	21.8 (19.5-24.3)	20.7 (17.8-23.8)	19.0 (16.7-21.7)	16.6 (14.7-18.8)	15.2 (13.4-17.2)	15.5 (13.9-17.3)	11.7 (10.0-13.5)	10.2 (8.4-12.3)	10.2 (8.4-12.4)	9.5 (7.6-11.9)	8.4 (7.1-10.0)	†	4.9 (3.2-7.4)	4.1 (3.0-5.4) ^{bc}
Females	14.4 (12.1-17.2)	12.0 (10.1-14.3)	14.3 (12.7-16.0)	11.2 (9.8-12.8)	12.5 (10.9-14.4)	11.2 (9.8-12.7)	11.1 (9.8-12.4)	8.2 (7.0-9.8)	7.7 (6.2-9.5)	7.8 (6.2-9.7)	7.3 (6.3-8.5)	4.4 (2.6-7.3)	5.4 (4.5-6.5)	3.6 (2.2-5.8) ^{bc}
Grade														
7	3.5 (1.9-6.33)	2.9 (1.7-4.8)	4.6 (3.3-6.4)	1.5 (0.9-2.6)	2.0 (1.1-3.6)	1.6 (0.9-2.8)	†	†	†	†	†	†	†	†
8	9.5 (7.3-12.2)	6.3 (4.3-9.2)	5.0 (3.4-7.3)	4.8 (3.2-7.1)	4.3 (2.9-6.3)	3.1 (2.1-4.6)	1.8 (1.2-2.9)	†	†	†	1.3 (0.8-2.2)	†	1.0 (0.5-1.9)	†
9	15.8 (11.9-20.6)	12.2 (9.6-15.4)	14.1 (11.7-16.8)	12.1 (10.0-14.5)	10.9 (8.4-14.0)	8.1 (5.7-11.4)	6.7 (4.9-9.2)	3.5 (2.4-5.1)	3.4 (2.4-4.6)	4.6 (2.9-7.3)	4.4 (3.3-5.8)	†	2.3 (1.3-4.1)	†
10	23.1 (18.4-28.5)	25.9 (21.5-30.9)	18.2 (15.2-21.6)	14.2 (12.1-16.7)	15.7 (13.0-18.9)	13.3 (11.1-16.0)	10.7 (7.7-14.7)	8.4 (6.3-11.2)	8.1 (6.1-10.6)	8.6 (6.6-11.0)	6.7 (5.3-8.4)	†	5.9 (4.2-8.2)	†
11	27.9 (23.4-32.9)	26.8 (22.6-31.3)	26.5 (22.2-31.2)	23.5 (20.4-26.9)	21.7 (18.8-25.0)	20.4 (17.8-23.2)	18.6 (14.0-24.3)	14.7 (11.9-18.0)	15.8 (13.1-19.1)	11.3 (8.7-14.7)	11.2 (9.5-13.2)	†	6.8 (4.7-9.7)	6.6 (4.8-9.0) ^{bc}
12	30.6 (25.8-35.9)	25.3 (19.7-32.0)	27.6 (23.7-32.0)	26.0 (22.7-29.6)	25.0 (21.5-28.8)	26.5 (23.4-29.8)	21.6 (17.9-25.8)	18.2 (15.6-21.2)	18.3 (14.4-23.0)	19.1 (14.2-25.1)	16.0 (13.5-18.9)	10.0 (5.2-18.4)	11.3 (8.3-15.2)	7.4 (5.3-10.3) ^{bc}
Region														
GTA	15.9 (13.1-19.2)	14.2 (11.0-18.3)	15.3 (12.9-18.1)	12.2 (10.3-14.4)	12.6 (10.1-15.6)	12.2 (10.0-14.6)	9.6 (8.0-11.5)	7.2 (5.4-9.6)	6.8 (5.4-8.6)	8.1 (6.0-10.9)	5.1 (4.1-6.2)	5.5 (3.0-9.7)	4.0 (2.7-5.8)	2.9 (2.1-4.1) ^{bc}
North	21.8 (17.3-27.1)	17.5 (14.3-21.3)	16.5 (13.7-19.9)	16.8 (14.3-19.7)	17.5 (14.2-21.4)	15.3 (11.6-19.9)	15.3 (12.8-18.0)	10.8 (8.0-14.4)	9.5 (7.0-12.7)	10.3 (8.1-13.0)	8.4 (6.8-10.4)	4.6 (3.2-6.6)	6.0 (4.6-7.8)	3.6 (2.1-6.1) ^{bc}
West	21.8 (17.2-27.2)	18.4 (15.2-22.2)	18.0 (13.8-23.3)	18.6 (15.6-21.9)	15.1 (12.4-18.2)	14.3 (12.1-16.9)	12.3 (9.3-16.3)	10.4 (8.0-13.5)	10.5 (7.5-14.4)	10.1 (7.7-13.1)	10.8 (8.4-13.8)	†	6.9 (4.3-10.7)	†
East	16.0 (12.0-21.0)	17.6 (11.5-25.8)	17.5 (14.2-21.5)	12.3 (9.0-16.7)	14.0 (10.9-17.9)	14.0 (11.6-16.8)	12.9 (10.5-15.7)	11.8 (10.2-13.7)	12.1 (7.9-18.0)	7.4 (4.6-11.8)	10.4 (8.6-12.4)	2.9 (1.9-4.3)	5.4 (3.8-7.6)	3.8 (3.0-4.8) ^{bc}

Notes: (1) based on grades 7-12; (2) entries in brackets are 95% confidence intervals; (3) † estimate suppressed due to unreliability; (4) GTA=Greater Toronto Area; (5) note the design change and small sample size in 2021; (6) no significant differences 2025 vs. 2023; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 1999 significant difference, p<.01; ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.

Q: In the last 4 weeks, how often did you drink alcohol (liquor, wine, beer, or coolers)? "Weekly or Daily" is based on any one of the following responses: "Once or twice each week", "3 or 4 times each week", "5 or 6 times each week", "Once each day", or "More than once each day."

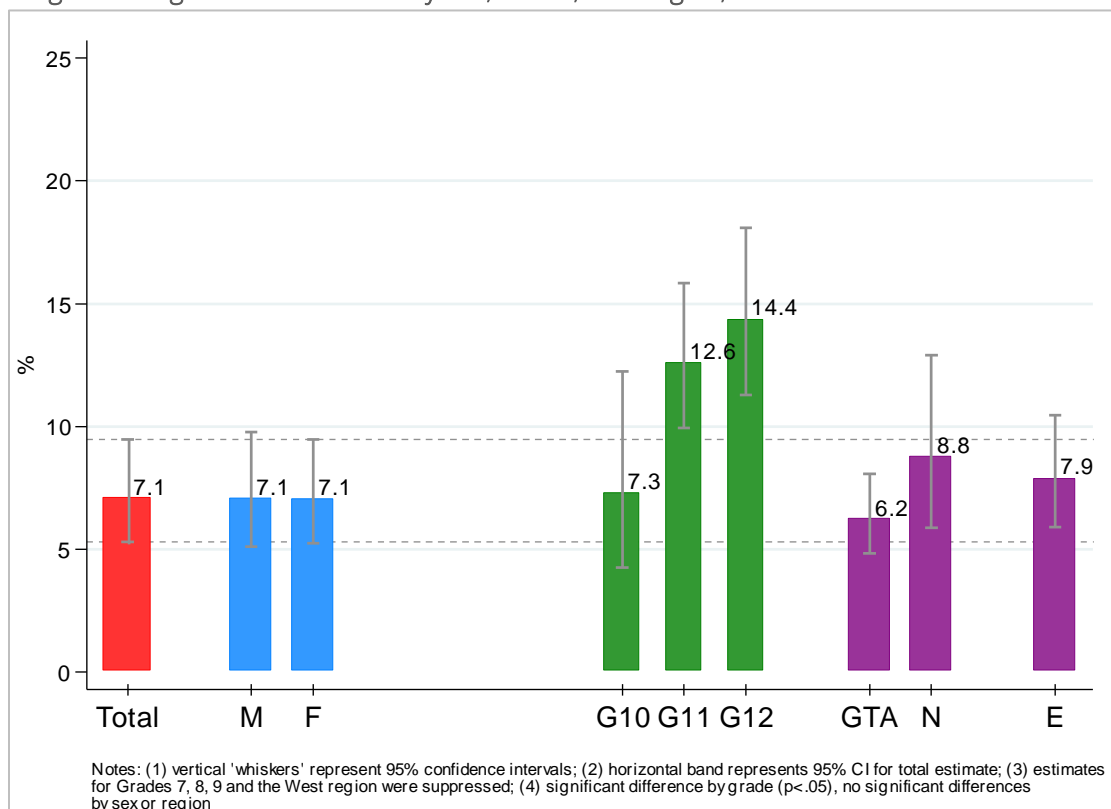
Source: OSDUHS, Centre for Addiction & Mental Health

Binge Drinking in the Past Month: 2025 Findings (Grades 7–12)

(Figure 3.4.7; Tables 3.4.5, A5)

- Total**
 - One-in-fourteen (7.1%) students report binge drinking at least once during the four weeks before the survey (defined as consuming five or more drinks on one occasion).
 - About 3.7% of students report binge drinking once in the past month, 2.6% report binge drinking two to three times, and less than 1% report binge drinking four or more times.
- Sex**
 - Binge drinking does not significantly differ between males (7.1%) and females (7.1%).
- Grade**
 - The percentage reporting binge drinking significantly increases with grade, reaching 14.4% among 12th graders.
- Region**
 - There is no significant variation by region.

Figure 3.4.7
Binge Drinking in the Past Month by Sex, Grade, and Region, 2025 OSDUHS

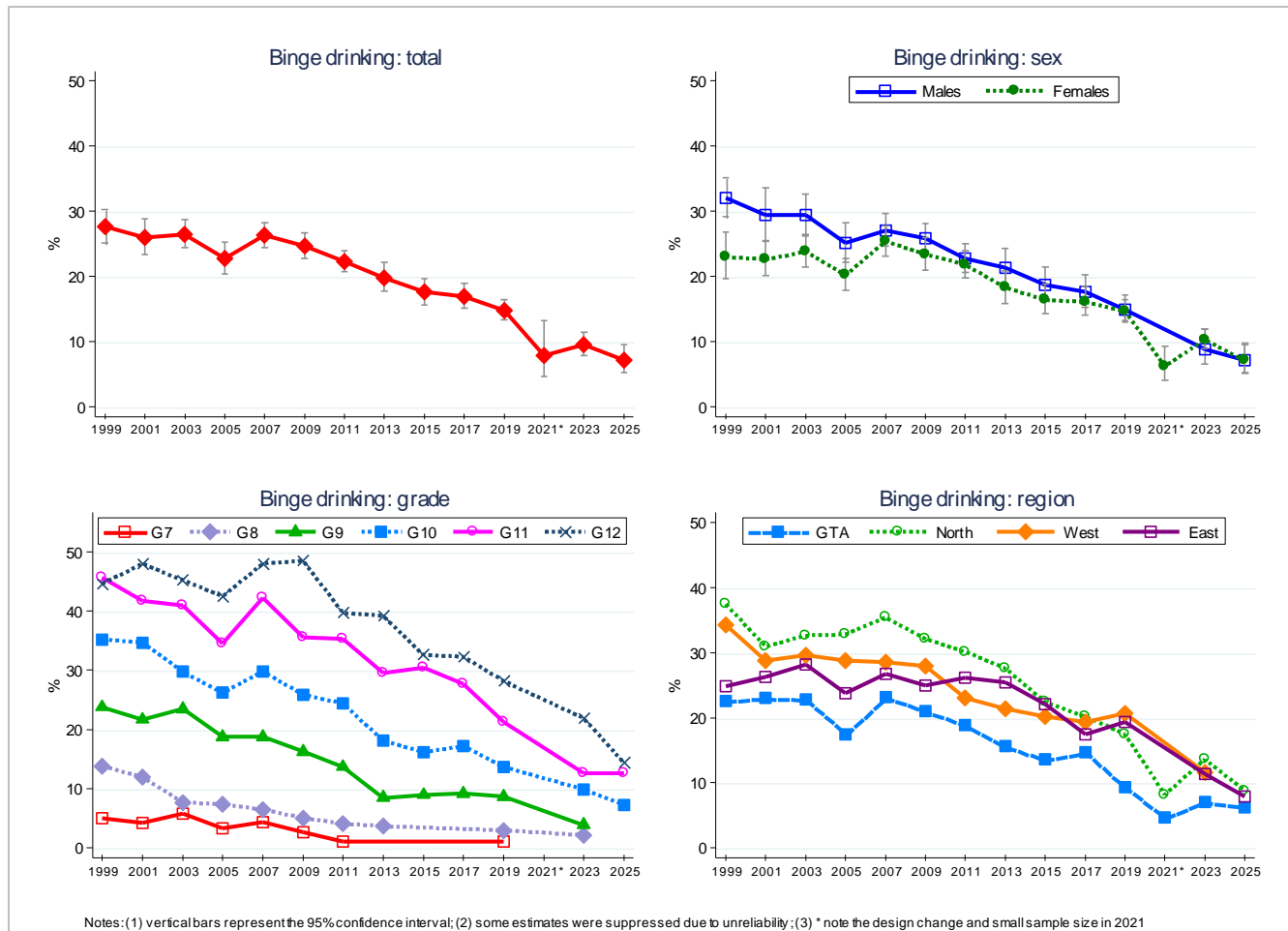


Binge Drinking in the Past Month: 1999–2025 Trends (Grades 7–12)

(Figure 3.4.8; Table 3.4.5)

- Total**
 - Despite a numerical decrease, the percentage of students who report binge drinking at least once in the past month in 2025 (7.1%) is not significantly different from 2023 (9.5%). However, the current estimate is significantly lower than in 2019 (14.8%). Binge drinking has significantly decreased since 1999, when the estimate was over one-quarter, reaching all-time lows in recent years.
- Sex**
 - Neither males nor females show a significant change in binge drinking between 2023 and 2025. Both show a significant downward trend in binge drinking since 1999.
- Grade**
 - Only 12th graders show a significant change since 2023, decreasing from 21.9% in 2023 to 14.4 in 2025. All grades show a significant downward trend since 1999.
- Region**
 - No region shows a significant change in binge drinking between 2023 and 2025. All show a significant downward trend since 1999.

Figure 3.4.8
Binge Drinking in the Past Month, 1999–2025 OSDUHS (Grades 7–12)



Binge Drinking in the Past Month: 1977–2025 Trends (Grades 7, 9, and 11 only)

(Figure 3.4.9; Table A5)

- Looking back over the past 45 years or so, binge drinking among grades 7, 9, and 11 was elevated in the late 1970s, decreased in the late 1980s/early 1990s, increased again in the late 1990s/early 2000s, and has since decreased. Estimates seen in the past few cycles are the lowest on record.

Figure 3.4.9
Binge Drinking in the Past Month, 1977–2025 OSDUHS (Grades 7, 9, and 11 only)

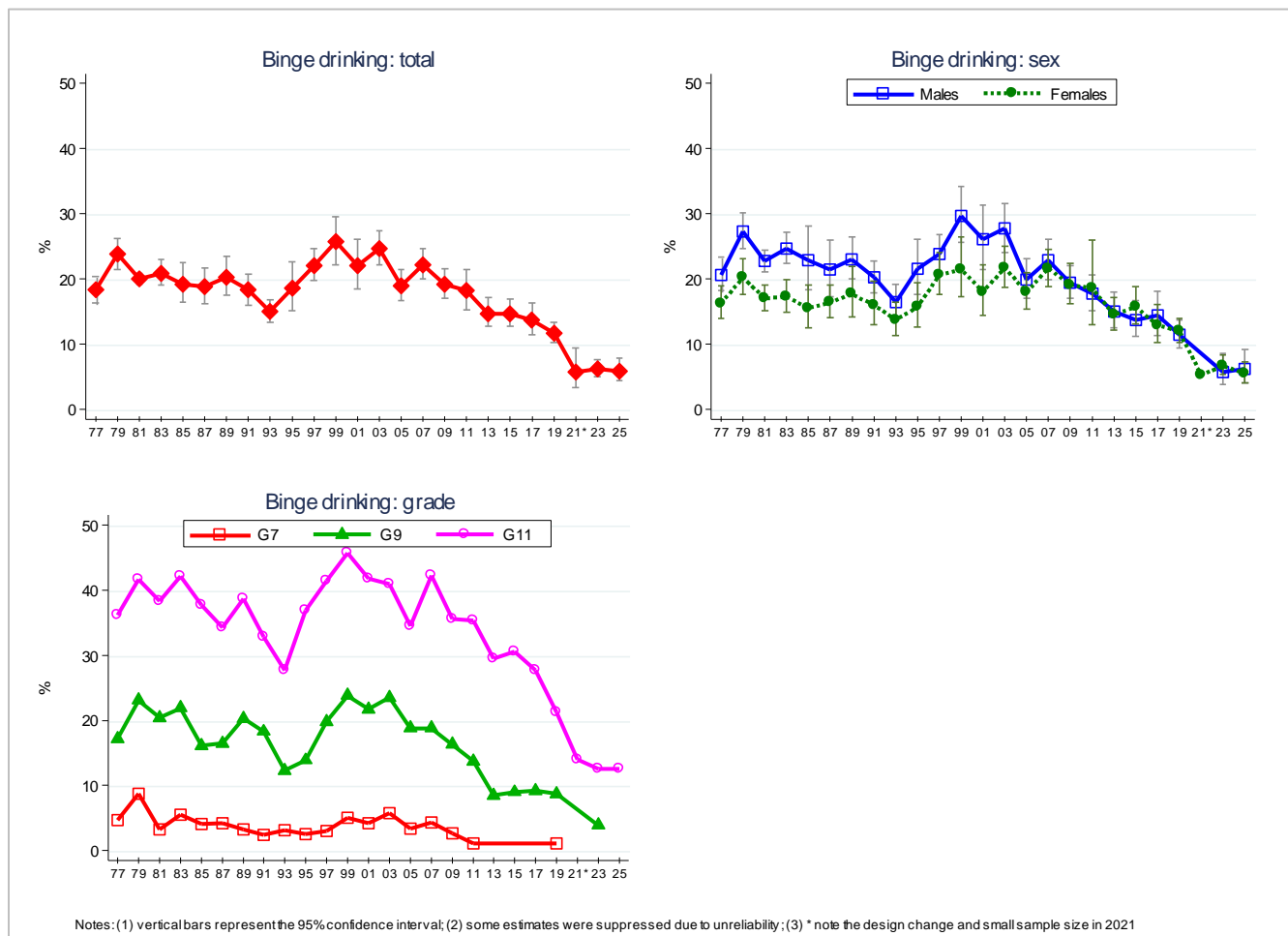


Table 3.4.5: Percentage Reporting Binge Drinking in the Past Month, 1999–2025 OSDUHS

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(4447)	(3898)	(6616)	(7726)	(6323)	(9112)	(9288)	(10272)	(10426)	(11435)	(14142)	(2225)	(10145)	(11108)
Total (95% CI)	27.6 (25.1-30.3)	26.0 (23.3-28.8)	26.5 (24.4-28.7)	22.7 (20.4-25.2)	26.3 (24.4-28.2)	24.7 (22.8-26.7)	22.3 (20.7-23.9)	19.8 (17.8-22.1)	17.6 (15.6-19.7)	16.9 (15.1-18.8)	14.8 (13.4-16.4)	7.9 (4.6-13.2)	9.5 (7.9-11.4)	7.1 (5.3-9.5) ^{bcde}
Sex														
Males	32.1 (29.2-35.1)	29.4 (25.5-33.6)	29.4 (26.4-32.6)	25.1 (22.1-28.2)	27.1 (24.7-29.7)	25.9 (23.9-28.1)	22.7 (20.6-25.0)	21.3 (18.5-24.3)	18.7 (16.2-21.4)	17.6 (15.2-20.3)	14.9 (13.0-17.2)	†	8.8 (6.5-11.9)	7.1 (5.1-9.8) ^{bc}
Females	23.0 (19.7-26.8)	22.6 (20.1-25.4)	23.8 (21.5-26.2)	20.2 (17.9-22.7)	25.4 (23.1-27.7)	23.4 (21.0-26.0)	21.8 (19.8-23.9)	18.3 (15.9-20.8)	16.4 (14.2-18.8)	16.1 (14.0-18.5)	14.7 (13.2-16.4)	6.2 (4.1-9.3)	10.3 (8.9-11.9)	7.1 (5.2-9.5) ^{bc}
Grade														
7	5.0 (3.5-7.1)	4.2 (2.7-6.7)	5.8 (4.0-8.4)	3.4 (2.1-5.5)	4.4 (2.9-6.6)	2.7 (1.6-4.5)	1.1 (0.6-2.1)	†	†	†	1.1 (0.7-1.7)	†	†	†
8	13.8 (11.1-16.9)	12.0 (8.5-16.8)	7.7 (5.6-10.5)	7.4 (5.8-9.5)	6.5 (4.5-9.4)	5.0 (3.5-7.2)	4.1 (2.8-5.9)	3.7 (2.3-5.9)	†	†	3.0 (2.1-4.1)	†	2.2 (1.2-3.9)	†
9	23.8 (18.7-29.7)	21.7 (17.0-27.2)	23.5 (20.3-27.0)	18.8 (15.4-22.7)	18.8 (15.6-22.4)	16.3 (12.9-20.4)	13.7 (10.7-17.4)	8.5 (6.5-11.0)	9.0 (7.0-11.6)	9.2 (6.8-12.4)	8.7 (7.0-10.8)	†	3.9 (2.7-5.5)	†
10	35.2 (29.7-41.0)	34.7 (30.6-39.0)	29.8 (25.7-34.3)	26.2 (22.8-30.0)	29.8 (26.2-33.6)	25.9 (22.0-30.3)	24.4 (19.0-30.8)	18.1 (14.9-21.6)	16.2 (12.9-20.1)	17.2 (14.1-20.8)	13.7 (11.6-16.1)	†	9.9 (7.4-13.1)	7.3 (4.2-12.2) ^c
11	45.7 (39.1-52.5)	41.7 (36.1-47.5)	40.9 (36.0-46.0)	34.5 (30.4-38.8)	42.2 (37.7-47.0)	35.6 (31.3-40.0)	35.3 (30.9-40.0)	29.5 (25.1-34.3)	30.5 (26.2-35.3)	27.7 (23.4-32.5)	21.3 (18.4-24.6)	†	12.6 (9.8-16.2)	12.6 (9.9-15.8) ^{bc}
12	44.6 (38.6-50.7)	48.0 (37.1-59.0)	45.2 (39.9-50.6)	42.5 (37.8-47.4)	48.0 (44.1-51.9)	48.5 (44.1-52.9)	39.7 (35.3-44.3)	39.2 (34.8-43.8)	32.6 (27.7-37.9)	32.3 (27.9-37.1)	28.2 (24.8-32.0)	†	21.9 (17.9-26.5)	14.4 (11.3-18.1) ^{abc}
Region														
GTA	22.6 (18.8-27.1)	23.0 (17.7-29.4)	22.8 (19.5-26.3)	17.5 (14.9-20.6)	23.2 (19.7-27.3)	21.0 (17.7-24.8)	18.9 (15.5-22.8)	15.6 (12.4-19.5)	13.6 (11.2-16.4)	14.7 (12.7-16.9)	9.3 (7.8-11.0)	4.7 (2.5-8.6)	7.1 (5.6-9.0)	6.3 (4.8-8.1) ^c
North	37.4 (31.1-44.2)	30.9 (26.0-36.3)	32.6 (28.2-37.3)	32.8 (28.5-37.4)	35.4 (31.3-39.6)	32.1 (28.1-36.5)	30.1 (25.3-35.4)	27.6 (23.5-32.3)	22.4 (18.9-26.4)	20.2 (17.2-23.6)	17.5 (14.6-20.9)	8.2 (4.5-14.4)	13.6 (9.6-18.8)	8.8 (5.9-12.9) ^{bc}
West	34.2 (28.2-40.8)	28.8 (24.4-33.6)	29.6 (23.8-36.0)	28.7 (23.8-34.0)	28.5 (24.0-33.4)	27.9 (23.7-32.4)	23.1 (19.9-26.6)	21.4 (16.7-26.9)	20.2 (16.0-25.3)	19.4 (15.9-23.4)	20.6 (16.6-25.2)	†	11.6 (8.1-16.4)	†
East	24.8 (18.9-31.8)	26.2 (20.4-33.1)	28.2 (23.1-33.9)	23.8 (17.6-31.2)	26.7 (22.8-31.0)	24.9 (21.4-28.8)	26.1 (22.0-30.7)	25.4 (22.7-28.4)	22.1 (17.0-28.1)	17.4 (11.9-24.8)	19.3 (16.5-22.5)	†	11.4 (7.3-17.4)	7.9 (5.9-10.5) ^{bc}

Notes: (1) based on grades 7-12; (2) entries in brackets are 95% confidence intervals; (3) † estimate suppressed due to unreliability; (4) GTA=Greater Toronto Area; (5) note the design change and small sample size in 2021; (6) ^a 2025 vs. 2023 significant difference, p<.01; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 1999 significant difference, p<.01; ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.

Q: In the last 4 weeks, how often have you had 5 or more drinks of alcohol on the same occasion?

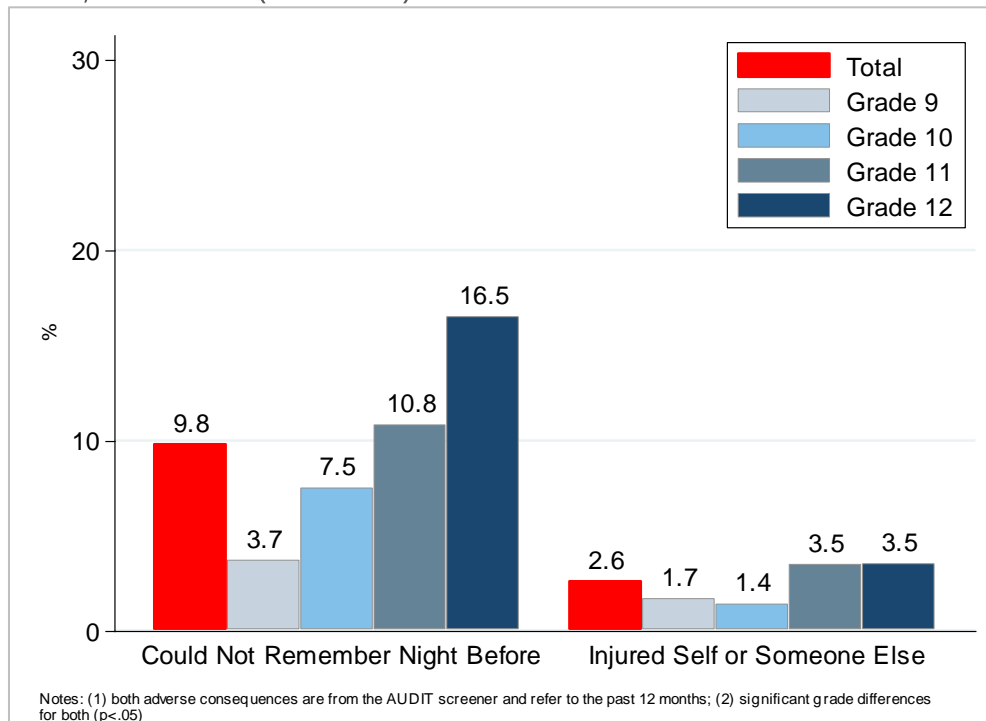
Source: OSDUHS, Centre for Addiction & Mental Health

Hazardous or Harmful Drinking (AUDIT Screener): 2025 Findings (Grades 9–12)

(Figures 3.4.10, 3.4.11; Tables 3.4.6, 3.4.7)

- Total**
- Among the problems measured in the AUDIT screener,⁸ one-in-ten (9.8%) secondary school students could not remember what had happened when they were drinking alcohol on at least one occasion during the past 12 months. About 3% report that they were injured, or someone else was injured, because of their drinking during the past 12 months.
 - About one-in-eleven (9.0%) secondary school students report hazardous/harmful drinking (that is, scoring eight or higher out of 40 on the AUDIT screener). Among those who drank in the past year, about one-quarter (23.1%) report hazardous/harmful drinking.
-
- Sex**
- Males (7.8%) and females (10.3%) are equally likely to drink at a hazardous/harmful level.
-
- Grade**
- Hazardous/harmful drinking significantly increases with grade, from 3.4% of 9th graders to 14.8% of 12th graders.
-
- Region**
- There is no significant regional variation.

Figure 3.4.10
Percentage Reporting They Could Not Remember the Night Before Due to Their Drinking, and Reporting They (or Someone Else) Were Injured Due to Their Drinking by Grade, 2025 OSDUHS (Grades 9–12)



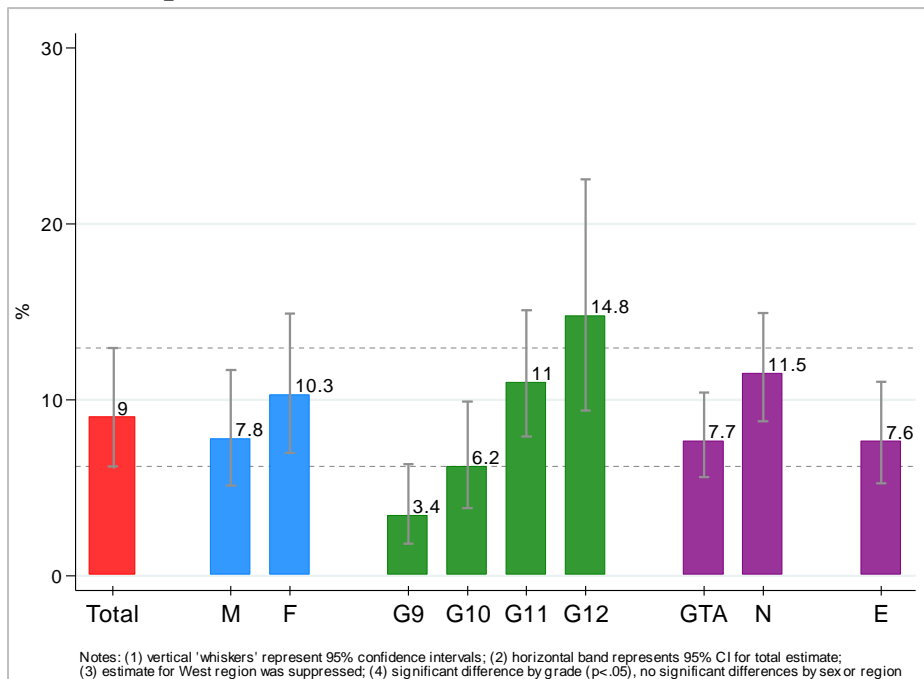
⁸ Saunders, J. B., Aasland, O. G., Babor, T. F., de la Fuente, J. R., & Grant, M. (1993). Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption--II. *Addiction*, 88(6), 791–804. <https://doi.org/10.1111/j.1360-0443.1993.tb02093.x>

Table 3.4.6: Percentage of the Total Sample, and of Those Who Drank Alcohol in the Past Year, Reporting AUDIT Screener Indicators, 2025 OSDUHS (Grades 9–12)

AUDIT Item	% "yes"	
	Total (n=3353)	Past Year Drinkers (n=1313)
Alcohol Consumption		
1. Consumed alcohol during the past 12 months	39.5	--
2. Number of drinks usually have on typical day when drink (% reporting 2+ drinks)	24.0	60.8
3. Consumed five or more drinks on at least one occasion during the past 12 months	17.7	44.9
Dependence Indicators (past 12 months)		
4. Were not able to stop drinking once you had started	4.1	10.5
5. Failed to do what was normally expected from you because of your drinking	6.7	16.8
6. Needed a first alcoholic drink in the morning to get yourself going after a heavy drinking session	1.3	3.2
Adverse Consequences		
7. Had a feeling of guilt or remorse after drinking, during the past 12 months	7.4	18.7
8. Been unable to remember what happened the night before because you had been drinking, during the past 12 months	9.8	24.8
9. You or someone else been injured as a result of your drinking:		
Yes, but not in the past 12 months	2.8	6.7
Yes, in the past 12 months	2.6	6.5
10. A relative/friend or a doctor/health worker has been concerned about your drinking or suggested that you cut down:		
Yes, but not in the past 12 months	0.5	1.2
Yes, in the past 12 months	0.6	1.5
AUDIT 8+ Score (95% CI)	9.0% (6.2-13.0)	23.1% (17.6-29.7)

Notes: (1) The AUDIT screener measures hazardous or harmful drinking as indicated by a score of 8 or more out of 40; (2) "Past Year Drinkers" are those who drank alcohol, excluding just a sip, at least once during the past 12 months; (3) based on a random half sample of secondary school students.
Source: OSDUHS, Centre for Addiction & Mental Health

Figure 3.4.11
Percentage Reporting Hazardous/Harmful Drinking (AUDIT Screener 8+) by Sex, Grade, and Region, 2025 OSDUHS



Hazardous or Harmful Drinking (AUDIT Screener): 1999–2025 Trends (Grades 9–12)

(Figure 3.4.12; Table 3.4.7)

- Total**
 - Hazardous/harmful drinking did not significantly change between 2023 (12.6%) and 2025 (9.0%). The percentage has remained relatively steady in recent years. Hazardous/harmful drinking has significantly declined since monitoring first began in 1999, when the estimate was at one-quarter.
- Sex**
 - Neither males nor females show a significant change in recent years. Both show significant decreases since 1999.
- Grade**
 - No grade shows a significant change in recent years. All grades show a significant decrease since 1999.
- Region**
 - Students in the North and East regions show significant decreases in recent years. All regions show a significant decrease since 1999.

Figure 3.4.12
Hazardous/Harmful Drinking (AUDIT Screener 8+), 1999–2025 OSDUHS

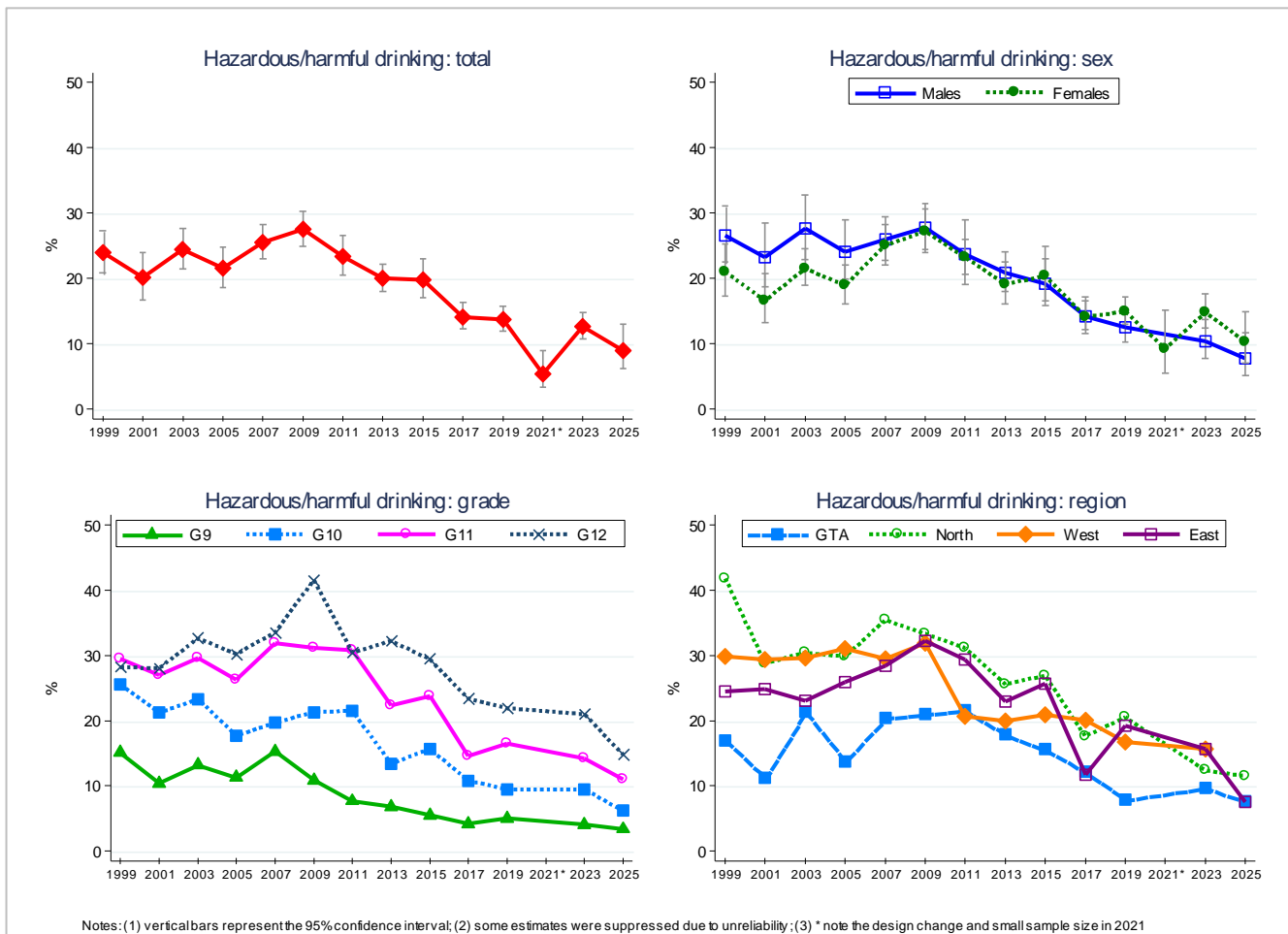


Table 3.4.7: Percentage Reporting Hazardous/Harmful Drinking (AUDIT Screener 8+), 1999–2025 OSDUHS (Grades 9–12)

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(1495)	(1278)	(2455)	(3069)	(2587)	(3055)	(3358)	(3264)	(3426)	(4298)	(5273)	(739)	(3603)	(3353)
Total	23.9	20.1	24.4	21.6	25.5	27.5	23.4	20.0	19.8	14.1	13.7	5.4	12.6	9.0 ^{cde}
(95% CI)	(20.8-27.3)	(16.7-23.9)	(21.5-27.6)	(18.6-24.8)	(23.0-28.2)	(24.9-30.2)	(20.5-26.6)	(18.0-22.2)	(17.0-23.0)	(12.2-16.3)	(11.9-15.7)	(3.3-8.9)	(10.7-14.8)	(6.2-13.0)
Sex														
Males	26.6	23.2	27.6	24.1	26.0	27.8	23.7	20.9	19.2	14.2	12.5	†	10.4	7.8 ^c
	(22.5-31.1)	(18.7-28.5)	(22.9-32.7)	(19.9-29.0)	(22.8-29.4)	(24.4-31.4)	(19.1-28.9)	(18.0-24.1)	(15.9-23.0)	(12.1-16.6)	(10.2-15.2)		(7.8-13.7)	(5.1-11.7)
Females	21.0	16.6	21.5	18.9	25.0	27.2	23.2	19.1	20.4	14.1	14.9	9.2	14.8	10.3 ^c
	(17.3-25.3)	(13.2-20.7)	(18.9-24.5)	(16.1-22.0)	(22.0-28.2)	(24.0-30.6)	(20.6-26.0)	(16.1-22.5)	(16.6-24.9)	(11.5-17.1)	(13.0-17.0)	(5.5-15.1)	(12.4-17.6)	(7.0-14.9)
Grade														
9	15.1	10.4	13.2	11.3	15.3	10.9	7.7	6.8	5.5	4.2	5.0	†	4.1	3.4 ^c
	(10.6-21.0)	(7.2-14.8)	(10.8-16.2)	(8.0-15.5)	(11.6-20.0)	(8.0-14.8)	(5.4-10.8)	(5.0-9.2)	(3.7-8.1)	(2.4-7.5)	(3.4-7.3)		(2.8-6.1)	(1.8-6.3)
10	25.5	21.2	23.3	17.7	19.7	21.3	21.5	13.4	15.7	10.8	9.5	†	9.5	6.2 ^c
	(19.5-32.6)	(16.0-27.4)	(18.8-28.5)	(14.4-21.6)	(16.6-23.2)	(17.4-25.7)	(15.7-28.6)	(9.7-18.3)	(12.7-19.3)	(8.8-13.2)	(7.0-12.8)		(6.9-12.9)	(3.8-9.9)
11	29.5	27.0	29.6	26.3	31.8	31.1	30.8	22.3	23.8	14.6	16.5	†	14.2	11.0 ^c
	(23.8-36.0)	(20.5-34.5)	(24.5-35.2)	(22.3-30.8)	(27.0-37.0)	(25.2-37.6)	(24.9-37.3)	(17.8-27.5)	(19.6-28.5)	(8.7-23.6)	(13.6-19.8)		(10.9-18.2)	(7.9-15.1)
12	28.2	27.9	32.6	30.2	33.5	41.5	30.4	32.2	29.4	23.4	21.8	†	20.9	14.8 ^c
	(21.1-36.6)	(21.9-34.9)	(27.0-38.7)	(25.2-35.6)	(28.9-38.4)	(37.2-46.1)	(23.5-38.2)	(28.2-36.5)	(22.9-36.8)	(18.7-28.9)	(18.1-26.2)		(17.0-25.5)	(9.4-22.5)
Region														
GTA	17.0	11.3	21.4	13.8	20.4	21.0	21.6	17.9	15.6	12.2	7.9	†	9.7	7.7 ^c
	(13.3-21.5)	(7.7-16.2)	(17.6-25.8)	(11.7-16.3)	(16.6-24.8)	(17.5-24.9)	(17.5-26.4)	(14.8-21.4)	(12.6-19.3)	(9.8-15.0)	(6.1-10.2)		(7.6-12.2)	(5.6-10.4)
North	41.8	28.8	30.4	29.8	35.4	33.3	31.1	25.6	26.9	17.6	20.5	†	12.4	11.5 ^{bc}
	(32.6-51.6)	(22.5-36.1)	(25.2-36.2)	(25.6-34.4)	(28.1-43.5)	(25.7-41.9)	(26.3-36.2)	(21.2-30.6)	(22.5-31.8)	(13.7-22.3)	(16.9-24.8)		(7.7-19.1)	(8.8-14.9)
West	29.8	29.3	29.6	31.0	29.5	31.8	20.6	19.9	20.9	20.1	16.7	†	15.7	†
	(23.3-37.2)	(22.5-37.2)	(24.3-35.6)	(26.1-36.2)	(25.3-34.0)	(27.0-37.2)	(15.6-26.6)	(16.2-24.2)	(16.3-26.4)	(15.9-25.1)	(12.4-22.3)		(11.6-21.0)	
East	24.5	24.8	23.1	25.9	28.4	32.2	29.4	22.9	25.7	11.7	19.2	†	15.7	7.6 ^{abc}
	(17.6-33.0)	(18.4-32.5)	(16.3-31.6)	(17.9-36.0)	(24.6-32.6)	(27.1-37.8)	(24.1-35.0)	(18.0-28.7)	(16.7-37.4)	(8.5-15.7)	(15.8-23.1)		(10.7-22.4)	(5.2-11.0)

Notes: (1) based on a random half sample of grades 9-12 in each year; (2) entries in brackets are 95% confidence intervals; (3) † estimate suppressed due to unreliability; (4) GTA=Greater Toronto Area; (5) note the design change and small sample size in 2021; (6) ^a 2025 vs. 2023 significant difference, p<.01; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 1999 significant difference, p<.01; ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.

Source: OSDUHS, Centre for Addiction & Mental Health

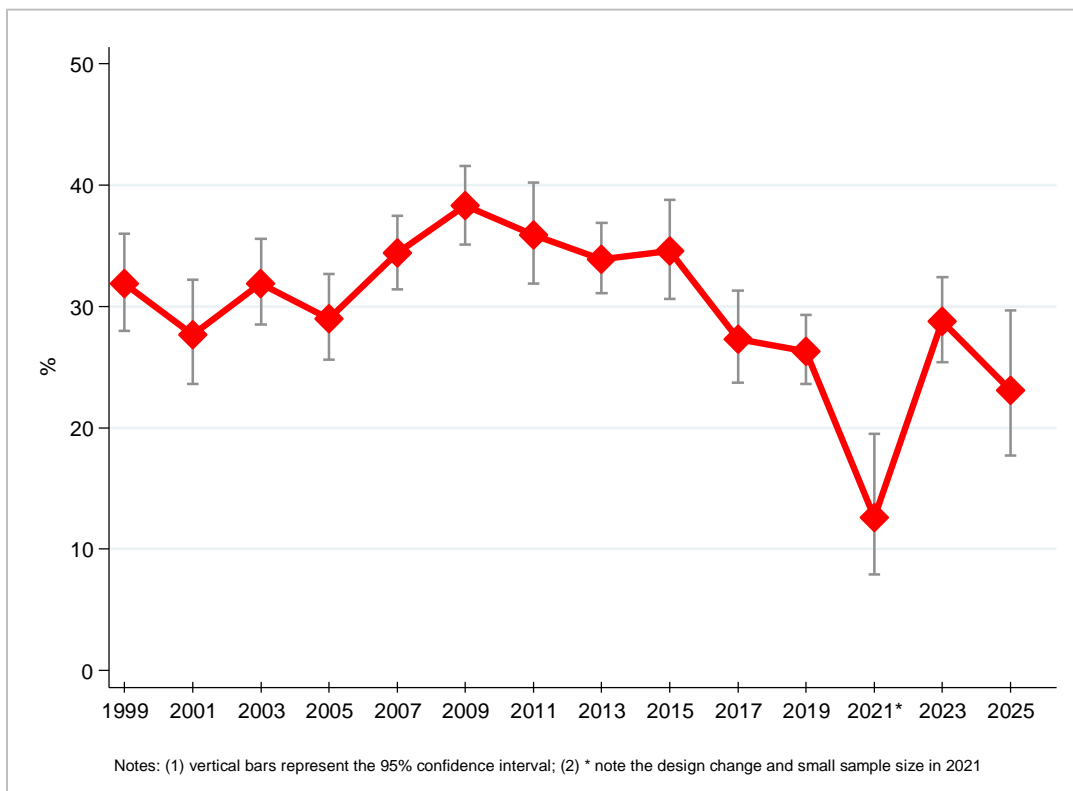
Hazardous or Harmful Drinking (AUDIT Screener) Among Past Year Drinkers: 1999–2025 Trends (Grades 9–12)

(Figure 3.4.13)

- Hazardous/harmful drinking among secondary school students who drank alcohol in the past year did not significantly change between 2023 (28.8%) and 2025 (23.1%), and has remained stable for the past decade. However, the current estimate is significantly lower than estimates seen in the late 2000s and early 2010s (about 34%–38%).

Figure 3.4.13

Hazardous/Harmful Drinking (AUDIT Screener 8+) Among Past Year Drinkers, 1999–2025 OSDUHS (Grades 9–12)



3.5 Cannabis Use

Past Year Cannabis Use: 2025 Findings (Grades 7–12)

(Figure 3.5.1; Table 3.5.1)

Total ● About one-in-eight (12.3%) students report using cannabis at least once during the 12 months before the survey.

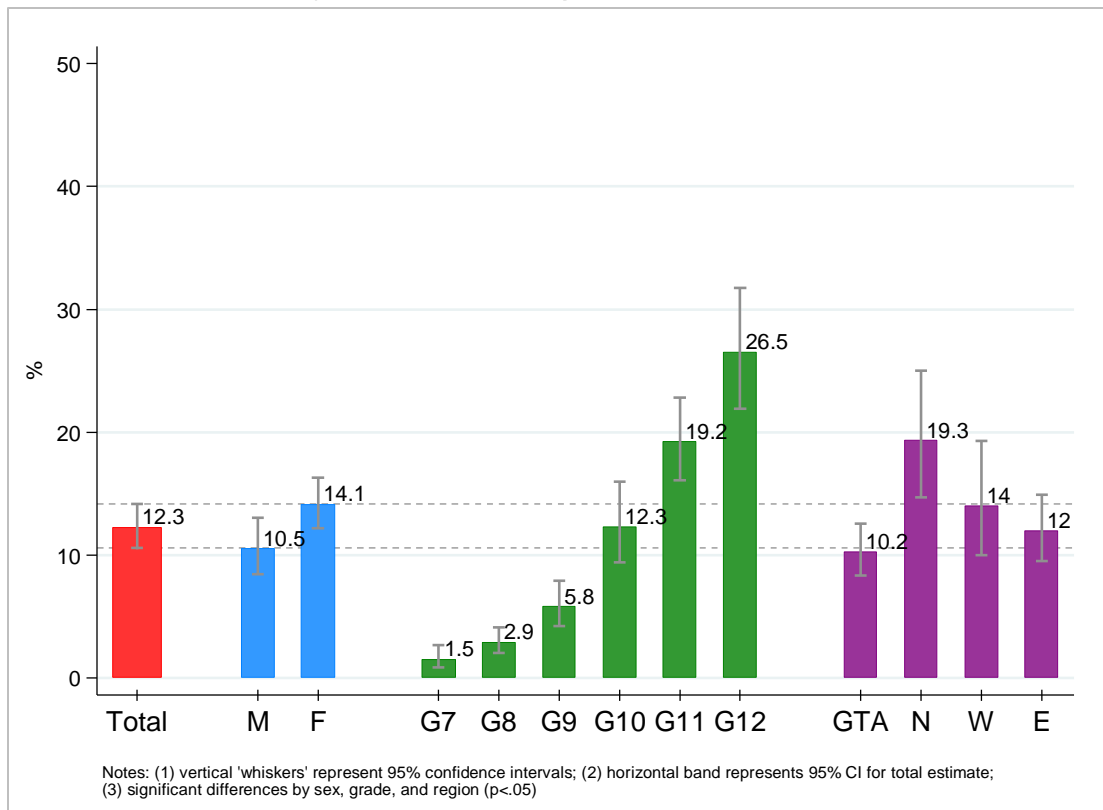
● About 6% of students report using cannabis six or more times during the 12 months before the survey.

Sex ● Females (14.1%) are significantly more likely than males (10.5%) to report past year cannabis use.

Grade ● The percentage reporting past year cannabis use significantly increases with grade, from about 1.5% of 7th graders up to over one-quarter (26.5%) of 12th graders.

Region ● There is significant regional variation, showing that students in the North (19.3%) are most likely to use compared to students in the other three regions (10%-14%).

Figure 3.5.1
Past Year Cannabis Use by Sex, Grade, and Region, 2025 OSDUHS

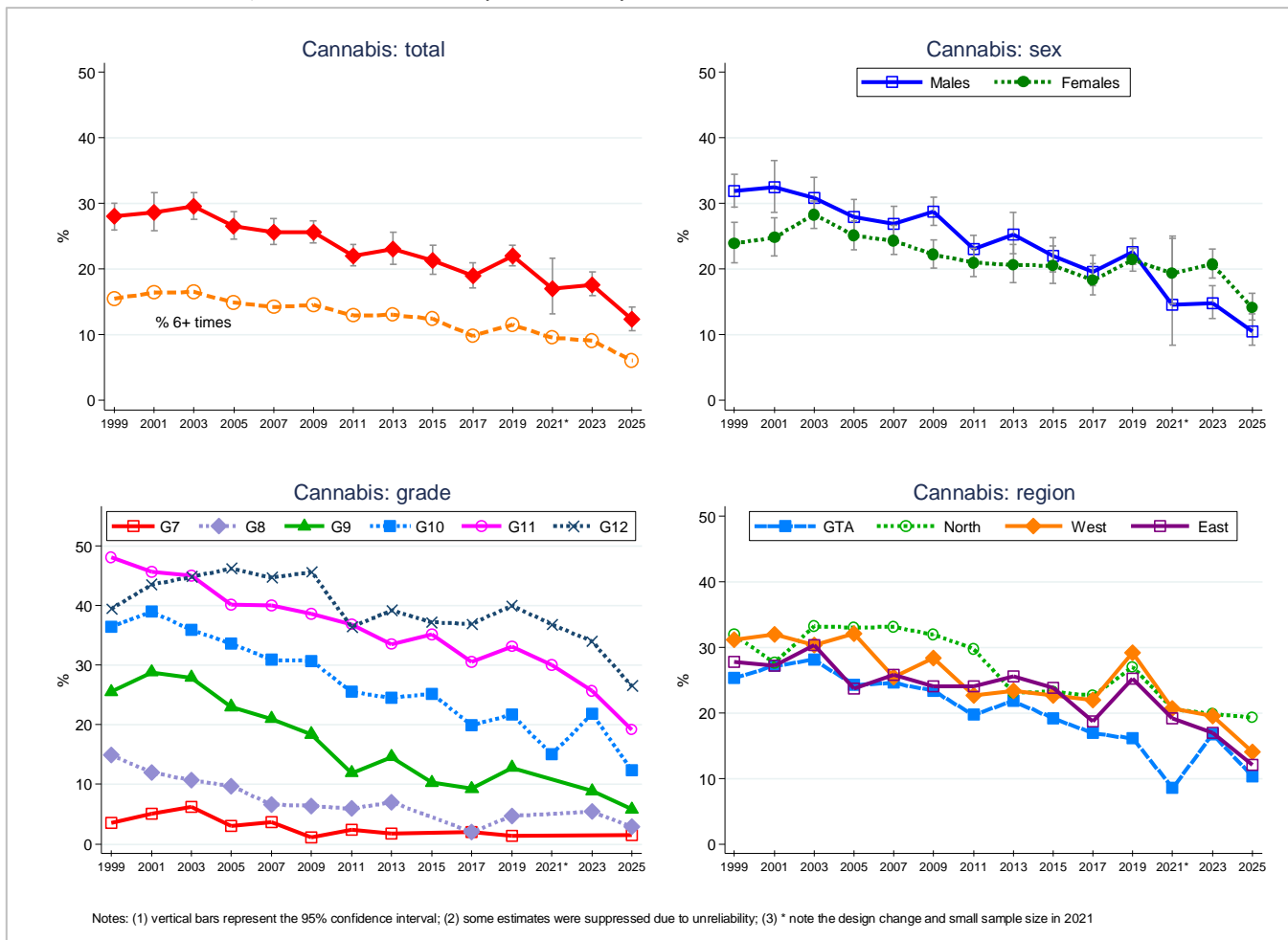


Past Year Cannabis Use: 1999–2025 Trends (Grades 7–12)

(Figure 3.5.2; Table 3.5.1)

- Total**
- Past year cannabis use significantly decreased between 2023 (17.6%) and 2025 (12.3%). The current estimate is among the lowest on record (it is similar only to the 2021 estimate). Despite a numerical increase between 2017 and 2019, cannabis use has generally been on a downward trend since 1999 and the early 2000s, when the estimate was about 30%.
 - Cannabis use six or more times in the past year also significantly decreased between 2023 (9.1%) and 2025 (6.0%). There has been a downward trend since 1999/early 2000s (about 15%-17%) and the current estimate is among the lowest on record.
-
- Sex**
- Males and females show a significant decrease in past year cannabis use between 2023 and 2025. Both show a downward trend since 1999/early 2000s.
-
- Grade**
- Students in grades 10 and 11 show a significant decrease between 2023 and 2025. All grades, except 7th grade, show a significant decline since 1999/early 2000s.
-
- Region**
- Only students in the GTA show a significant decrease between 2023 and 2025. All regions show a significant decrease since 1999/early 2000s.

Figure 3.5.2
Past Year Cannabis Use, 1999–2025 OSDUHS (Grades 7–12)



Past Year Cannabis Use: 1977–2025 Trends (Grades 7, 9 and 11 only)

(Figure 3.5.3; Table A6)

- Looking back over the past 45 years or so (grades 7, 9, and 11 only), past year cannabis use is currently significantly lower than the historical peak years of use seen in the late 1970s and again in the late 1990s/early 2000s, but similar to the low levels seen in the late 1980s/early 1990s.

Figure 3.5.3
Past Year Cannabis Use, 1977–2025 OSDUHS (Grades 7, 9, and 11 only)

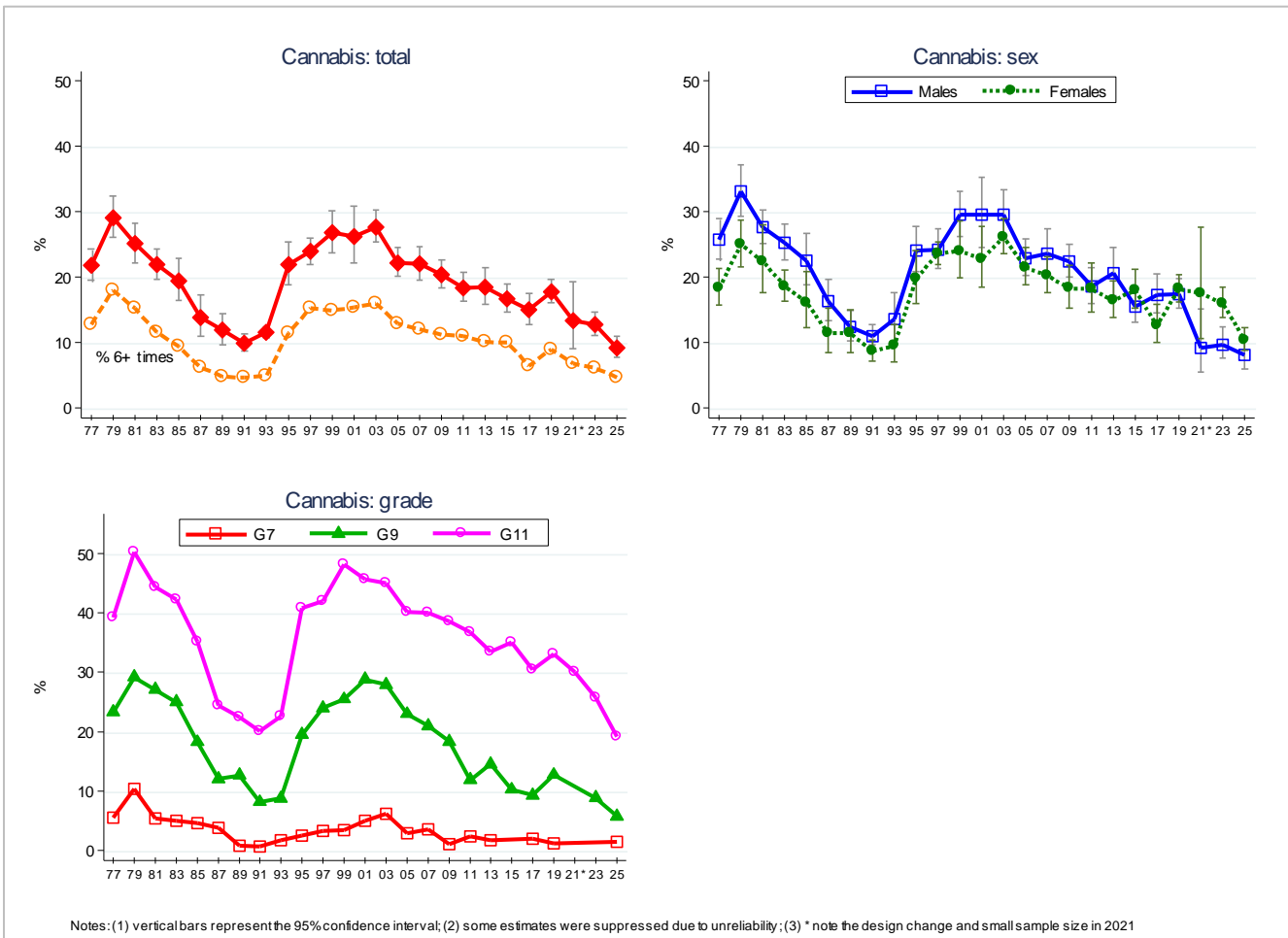


Table 3.5.1: Percentage Reporting Cannabis Use in the Past Year, 1999–2025 OSDUHS

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025	
	(n)	(4447)	(3898)	(6616)	(7726)	(6323)	(9112)	(9288)	(10272)	(10426)	(11435)	(14142)	(2225)	(10145)	(11108)
Total	28.0	28.6	29.6	26.5	25.6	25.6	22.0	23.0	21.3	19.0	22.0	17.0	17.6	12.3	
(95% CI)	(26.0-30.0)	(25.8-31.7)	(27.6-31.6)	(24.5-28.7)	(23.7-27.7)	(24.0-27.3)	(20.5-23.7)	(20.7-25.6)	(19.2-23.6)	(17.1-21.0)	(20.5-23.6)	(13.2-21.7)	(15.9-19.5)	(10.6-14.2)	
Sex															
Males	31.9	32.5	30.9	27.9	26.9	28.8	23.0	25.3	22.0	19.6	22.6	14.8	14.8	10.5	
	(29.4-34.4)	(28.6-36.6)	(28.1-34.0)	(25.4-30.6)	(24.3-29.6)	(26.7-31.0)	(21.0-25.1)	(22.2-28.6)	(19.5-24.8)	(17.4-22.1)	(20.7-24.7)	(8.4-24.7)	(12.5-17.4)	(8.4-13.0)	
Females	23.9	24.8	28.3	25.1	24.3	22.2	21.0	20.6	20.5	18.3	21.4	19.3	20.7	14.1	
	(21.0-27.1)	(22.0-27.8)	(26.2-30.4)	(22.9-27.3)	(22.2-26.6)	(20.1-24.4)	(18.9-23.2)	(17.9-23.7)	(17.8-23.5)	(16.1-20.8)	(19.7-23.2)	(14.7-25.0)	(18.6-23.0)	(12.2-16.3)	
Grade															
7	3.5	5.1	6.2	3.0	3.6	1.1	2.4	1.7	†	2.0	1.3	†	†	1.5	
	(2.2-5.6)	(3.4-7.6)	(4.3-8.7)	(1.9-4.9)	(2.2-5.8)	(0.6-1.8)	(1.3-4.4)	(1.0-3.1)		(1.1-3.6)	(0.7-2.4)			(0.9-2.7)	
8	14.9	12.0	10.7	9.7	6.6	6.4	5.9	7.0	†	2.0	4.7	†	5.4	2.9	
	(11.6-18.9)	(9.4-15.1)	(6.8-16.4)	(7.3-12.8)	(4.7-9.4)	(4.4-9.2)	(4.1-8.4)	(4.2-11.5)		(1.1-3.7)	(3.5-6.4)		(3.7-7.8)	(2.0-4.1)	
9	25.5	28.8	27.9	23.0	21.0	18.4	11.9	14.6	10.3	9.3	12.8	†	8.9	5.8	
	(21.7-29.7)	(23.8-34.2)	(24.5-31.5)	(20.2-26.1)	(17.2-25.4)	(15.0-22.3)	(10.0-14.1)	(11.6-18.2)	(8.2-12.8)	(7.4-11.7)	(10.8-15.1)		(7.1-11.2)	(4.2-7.9)	
10	36.4	39.0	35.9	33.6	30.9	30.7	25.5	24.5	25.2	19.9	21.7	15.0	21.8	12.3	
	(30.7-42.6)	(35.0-43.1)	(31.4-40.8)	(30.2-37.1)	(27.4-34.6)	(26.6-35.0)	(20.4-31.4)	(20.9-28.4)	(21.6-29.1)	(17.1-23.1)	(19.1-24.5)	(9.1-23.9)	(18.8-25.2)	(9.4-16.0)	
11	48.1	45.7	45.0	40.1	40.0	38.6	36.8	33.5	35.1	30.4	33.1	30.0	25.7	19.2	
	(42.8-53.4)	(37.7-53.9)	(40.6-49.5)	(36.2-44.1)	(35.9-44.2)	(34.4-42.9)	(33.2-40.7)	(29.1-38.3)	(30.9-39.6)	(25.2-36.2)	(29.8-36.5)	(19.8-42.7)	(22.2-29.6)	(16.1-22.8)	
12	39.4	43.5	44.8	46.2	44.7	45.6	36.4	39.2	37.2	36.9	40.0	36.8	34.0	26.5	
	(33.2-45.9)	(33.1-54.5)	(39.4-50.4)	(42.0-50.5)	(40.8-48.7)	(41.9-49.3)	(31.6-41.5)	(34.2-44.4)	(32.2-42.5)	(31.5-42.7)	(37.0-43.0)	(21.2-55.7)	(29.8-38.4)	(21.9-31.7)	
Region															
GTA	25.3	27.2	28.1	24.3	24.6	23.4	19.7	21.8	19.2	16.9	16.0	8.6	16.7	10.2	
	(21.9-29.1)	(21.2-34.3)	(24.7-31.8)	(20.7-28.3)	(20.6-29.0)	(20.1-27.0)	(16.6-23.2)	(17.7-26.5)	(16.4-22.5)	(14.6-19.4)	(14.4-17.8)	(4.9-14.7)	(14.4-19.2)	(8.3-12.5)	
North	31.9	27.6	33.2	33.0	33.1	31.9	29.8	23.1	23.2	22.6	27.0	20.6	19.8	19.3	
	(26.2-38.2)	(22.4-33.6)	(27.9-39.0)	(29.6-36.6)	(28.9-37.7)	(27.8-36.2)	(26.4-33.4)	(17.8-29.3)	(19.8-27.0)	(19.0-26.6)	(22.6-31.8)	(15.3-27.2)	(16.2-24.0)	(14.7-25.0)	
West	31.2	32.0	30.3	32.1	25.4	28.3	22.7	23.4	22.7	22.0	29.2	20.7	19.5	14.0	
	(26.2-36.7)	(27.6-36.7)	(24.9-36.4)	(27.3-37.4)	(21.3-30.0)	(25.0-32.0)	(18.9-27.0)	(19.3-28.2)	(18.0-28.2)	(18.8-25.6)	(25.4-33.4)	(13.6-30.3)	(15.8-23.8)	(10.0-19.3)	
East	27.8	27.2	30.3	23.7	25.8	24.1	24.1	25.6	23.8	18.7	25.2	19.2	17.0	12.0	
	(20.7-36.2)	(20.5-35.0)	(26.4-34.6)	(19.0-29.1)	(21.4-30.7)	(21.4-27.1)	(21.3-27.0)	(21.2-30.6)	(18.2-30.4)	(13.4-25.3)	(21.9-28.8)	(12.3-28.8)	(13.4-21.3)	(9.5-14.9)	

Notes: (1) based on grades 7-12; (2) entries in brackets are 95% confidence intervals; (3) † estimate suppressed due to unreliability; (4) GTA=Greater Toronto Area; (5) note the design change and small sample size in 2021; (6) ^a 2025 vs. 2023 significant difference, p<.01; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 1999 significant difference, p<.01; ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.

Q: In the last 12 months, how often did you use cannabis in any way (also known as marijuana, “weed”, “pot”, “grass”, hashish, “hash”, hash oil, etc.)?

Source: OSDUHS, Centre for Addiction & Mental Health

First-Time Cannabis Use in the Past Year: 2025 Findings (Grades 7–12)

(Figure 3.5.4; Table 3.5.2)

- Total**
 - About 4.5% of students report trying cannabis for the first time during the 12 months before the survey.

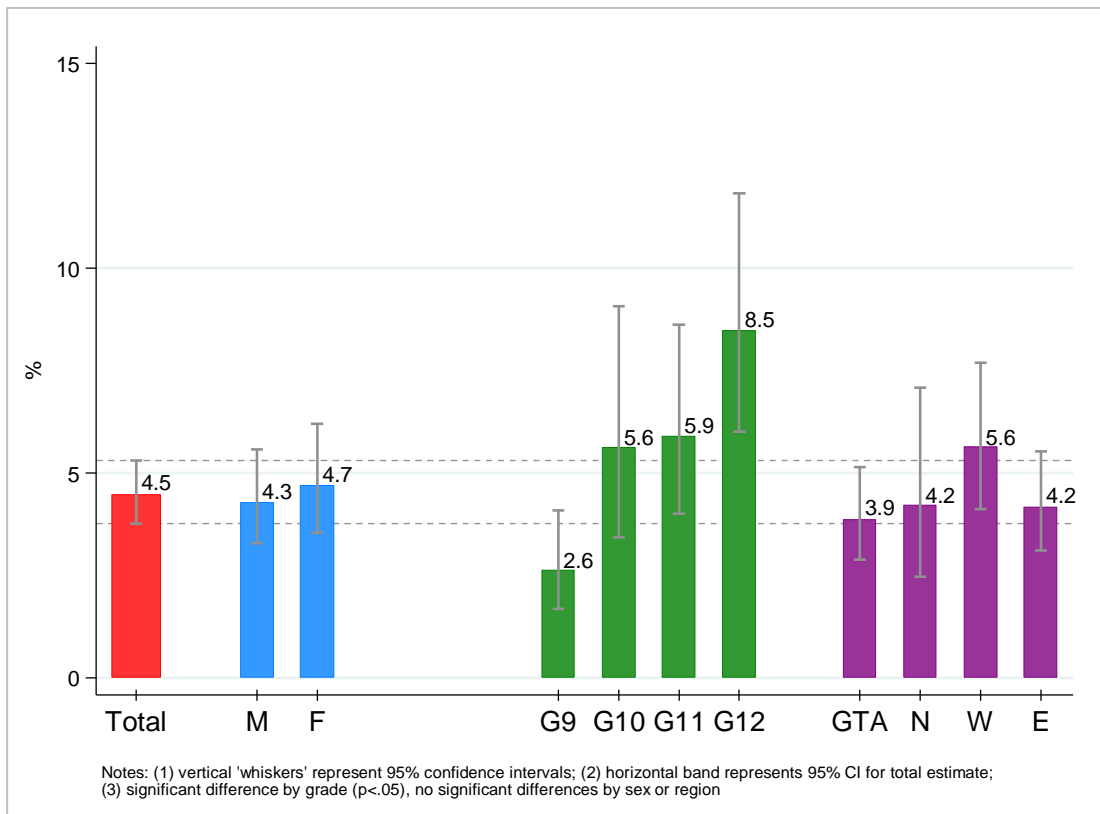
- Sex**
 - Males (4.3%) and females (4.7%) are equally likely to report trying cannabis for the first time during the 12 months before the survey.

- Grade**
 - The percentage reporting trying cannabis for the first time during the 12 months before the survey significantly increases with grade, from 2.6% of 9th graders to 8.5% of 12th graders (estimates for grades 7 and 8 were suppressed).

- Region**
 - There is no significant regional variation.

Figure 3.5.4

First-Time Cannabis Use in the Past Year by Sex, Grade, and Region, 2025 OSDUHS



First-Time Cannabis Use in the Past Year: 1999-2025 Trends (Grades 7–12)

(Figure 3.5.5; Table 3.5.2)

- Total**
 - The percentage of students who report trying cannabis for the first time during the past year significantly decreased between 2019 (the most recent estimate) and 2025, from 10.2% to 4.5%. The current estimate is the lowest on record, and is much lower than in 1999/early 2000s (about 10%).
- Sex**
 - Males and females show a significant decrease in trying cannabis for the first time in the past year since 2019, and since 1999.
- Grade**
 - Students in grades 9 to 11 show a significant decrease since 2019, and since 1999. Twelfth graders have remained relatively stable since 1999.
- Region**
 - All four regions show a significant decrease since 2019, and since 1999.

Figure 3.5.5
First-Time Cannabis Use in the Past Year, 1999-2025 OSDUHS

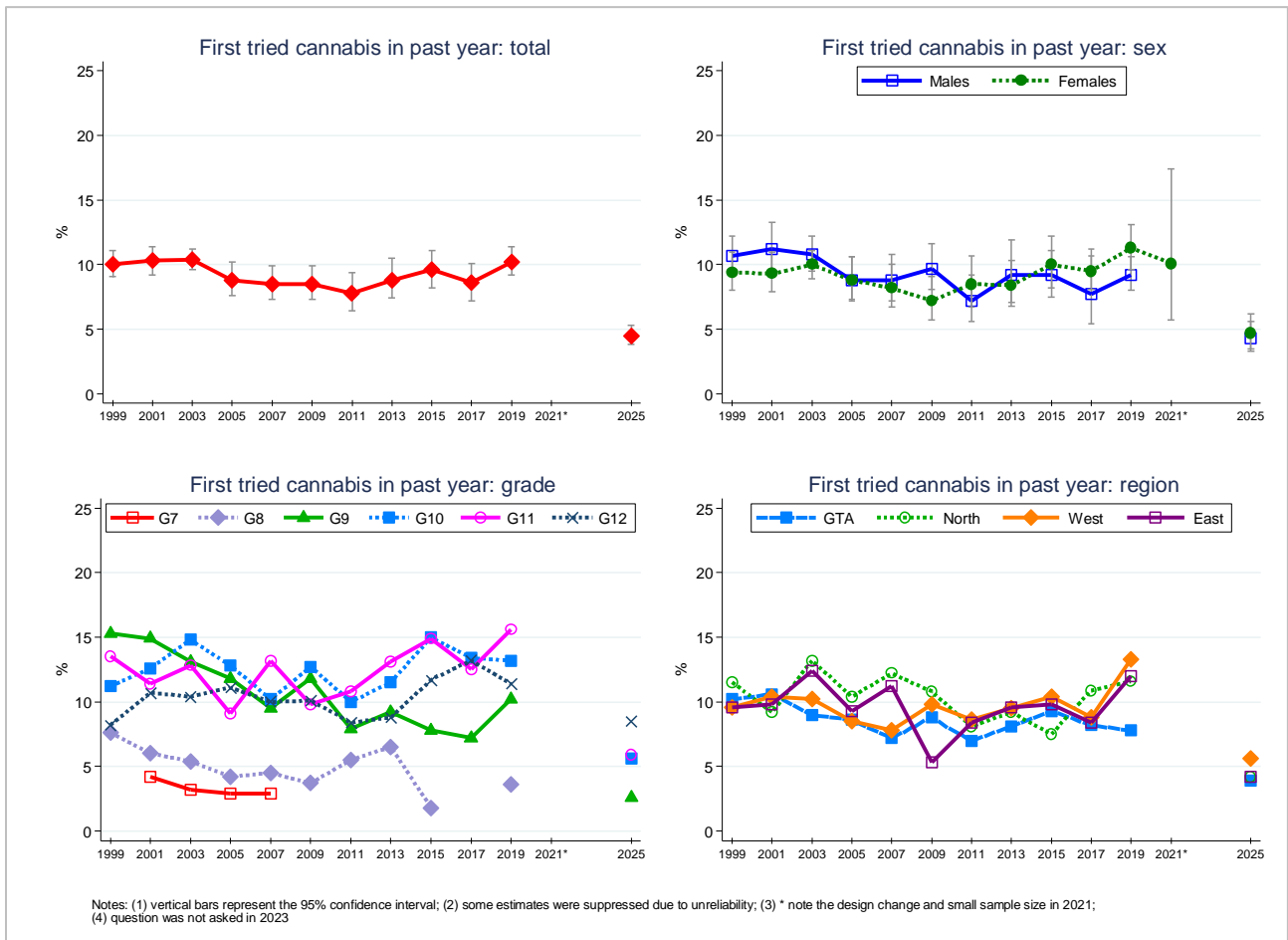


Table 3.5.2: Percentage Reporting Trying Cannabis for the First Time in the Past Year, 1999–2025 OSDUHS

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2025
(n)	(4447)	(3898)	(6616)	(3648)	(2935)	(4261)	(4472)	(4794)	(5023)	(5071)	(6525)	(1107)	(5540)
Total (95% CI)	10.0 (9.1-11.1)	10.3 (9.2-11.4)	10.4 (9.6-11.2)	8.8 (7.6-10.2)	8.5 (7.3-9.9)	8.5 (7.3-9.9)	7.8 (6.4-9.4)	8.8 (7.4-10.5)	9.6 (8.2-11.1)	8.6 (7.2-10.1)	10.2 (9.2-11.4)	†	4.5 ^{bce} (3.8-5.3)
Sex													
Males	10.7 (9.3-12.2)	11.2 (9.4-13.3)	10.8 (9.5-12.2)	8.8 (7.3-10.6)	8.8 (7.2-10.8)	9.7 (8.1-11.6)	7.2 (5.6-9.2)	9.2 (7.1-11.9)	9.2 (7.5-11.1)	7.7 (5.4-10.7)	9.2 (8.0-10.6)	†	4.3 ^{bc} (3.3-5.6)
Females	9.4 (8.0-11.0)	9.3 (7.9-11.0)	10.0 (8.9-11.1)	8.8 (7.2-10.6)	8.2 (6.7-10.0)	7.2 (5.7-9.1)	8.5 (6.7-10.7)	8.4 (6.8-10.3)	10.0 (8.2-12.2)	9.5 (8.1-11.2)	11.3 (9.6-13.1)	10.1 (5.7-17.4)	4.7 ^{bc} (3.5-6.2)
Grade													
7	†	4.2 (2.6-6.5)	3.2 (2.1-4.9)	2.9 (1.8-4.8)	2.9 (1.5-5.3)	†	†	†	†	†	†	†	†
8	7.6 (5.8-10.1)	6.0 (4.2-8.4)	5.4 (3.4-8.5)	4.2 (2.5-7.1)	4.5 (2.7-7.4)	3.7 (1.9-6.8)	5.5 (2.9-9.9)	6.5 (3.9-10.8)	1.8 (1.0-3.2)	†	3.6 (2.3-5.4)	†	†
9	15.3 (13.3-17.5)	14.9 (12.7-17.3)	13.1 (11.2-15.4)	11.8 (8.8-15.6)	9.5 (6.9-13.0)	11.8 (8.6-15.9)	7.9 (5.5-11.3)	9.2 (6.3-13.2)	7.8 (5.9-10.3)	7.2 (4.7-10.7)	10.2 (8.2-12.8)	†	2.6 ^{bc} (1.7-4.1)
10	11.2 (8.4-14.9)	12.6 (10.5-15.1)	14.8 (12.7-17.3)	12.8 (10.2-16.0)	10.2 (7.7-13.2)	12.7 (9.8-16.4)	10.0 (7.6-13.2)	11.5 (8.4-15.5)	15.0 (12.2-18.3)	13.4 (10.7-16.6)	13.2 (10.7-16.1)	†	5.6 ^{bc} (3.4-9.1)
11	13.5 (11.1-16.4)	11.4 (8.4-15.3)	12.8 (11.0-14.8)	9.1 (6.7-12.2)	13.2 (10.3-16.8)	9.8 (7.0-13.4)	10.8 (7.7-15.0)	13.1 (9.5-17.9)	14.9 (12.2-18.2)	12.5 (8.1-18.9)	15.6 (12.5-19.4)	†	5.9 ^{bc} (4.0-8.6)
12	8.2 (5.9-11.1)	10.7 (6.6-16.9)	10.4 (8.6-12.4)	11.1 (8.1-15.0)	10.0 (7.6-13.0)	10.1 (7.6-13.5)	8.4 (5.0-13.6)	8.8 (6.4-12.0)	11.7 (8.7-15.6)	13.2 (10.4-16.6)	11.4 (9.2-14.0)	†	8.5 (6.0-11.8)
Region													
GTA	10.2 (8.5-12.1)	10.6 (8.9-12.6)	9.0 (7.8-10.2)	8.6 (6.5-11.3)	7.2 (5.6-9.3)	8.8 (7.1-10.8)	7.0 (5.2-9.5)	8.1 (6.2-10.5)	9.3 (7.3-11.7)	8.2 (6.8-10.0)	7.8 (6.6-9.2)	†	3.9 ^{bc} (2.9-5.1)
North	11.5 (9.8-13.5)	9.2 (7.8-10.9)	13.2 (10.9-15.8)	10.4 (8.3-13.0)	12.2 (8.6-17.1)	10.8 (6.9-16.3)	8.1 (5.7-11.3)	9.2 (6.3-13.4)	7.5 (5.1-10.8)	10.9 (8.6-13.7)	11.6 (8.0-16.6)	†	4.2 ^{bc} (2.5-7.1)
West	9.6 (7.8-11.8)	10.4 (8.1-13.2)	10.2 (8.7-11.9)	8.5 (6.5-11.0)	7.8 (5.8-10.3)	9.8 (7.4-12.8)	8.6 (5.8-12.5)	9.5 (6.7-13.4)	10.4 (7.7-13.8)	8.8 (6.7-11.4)	13.3 (10.8-16.3)	†	5.6 ^{bc} (4.1-7.7)
East	9.6 (7.6-12.2)	9.8 (8.0-11.9)	12.4 (10.4-14.8)	9.3 (7.3-11.6)	11.2 (8.2-15.0)	5.3 (3.6-7.8)	8.4 (6.0-11.6)	9.6 (7.3-12.5)	9.8 (7.2-13.1)	8.4 (4.8-14.0)	12.0 (9.6-14.9)	†	4.2 ^{bc} (3.1-5.5)

Notes: (1) based on grades 7-12; (2) based on a random half sample starting in 2005; (3) question not asked in 2023; (4) entries in brackets are 95% confidence intervals; (5) † estimate suppressed due to unreliability; (6) GTA=Greater Toronto Area; (7) note the design change and small sample size in 2021; (8) ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 1999 significant difference, p<.01; ^e significant nonlinear trend, p<.01.

Q: In the last 12 months, did you try cannabis for the very first time?

Source: OSDUHS, Centre for Addiction & Mental Health

Past Month Cannabis Use: 2025 Findings (Grades 7–12)

(Figures 3.5.6-3.5.8; Table 3.5.3)

- Total**
- About 6.7% of students report using cannabis at least once during the month (4 weeks) before the survey.
 - About 1.5% of students used on a daily basis during the past month.
-
- Sex**
- Females (8.3%) are significantly more likely than males (5.3%) to report using cannabis in the past month.
 - Daily cannabis use does not significantly differ between males (1.2%) and females (1.8%).
-
- Grade**
- The percentage reporting past month cannabis use significantly increases with grade, from 3.5% of 9th graders up to 13.8% of 12th graders.
 - Daily cannabis use significantly increases with grade, from less than 0.5% among grade 7 and 8 students up to 2.9% among 12th graders.
-
- Region**
- Any use in the past month use does not significantly differ by region.
 - However, students in the Greater Toronto Area (0.7%) are least likely to use cannabis daily compared with students in the other regions (about 2%).

Figure 3.5.6
Past Month Cannabis Use by Sex, Grade, and Region, 2025 OSDUHS

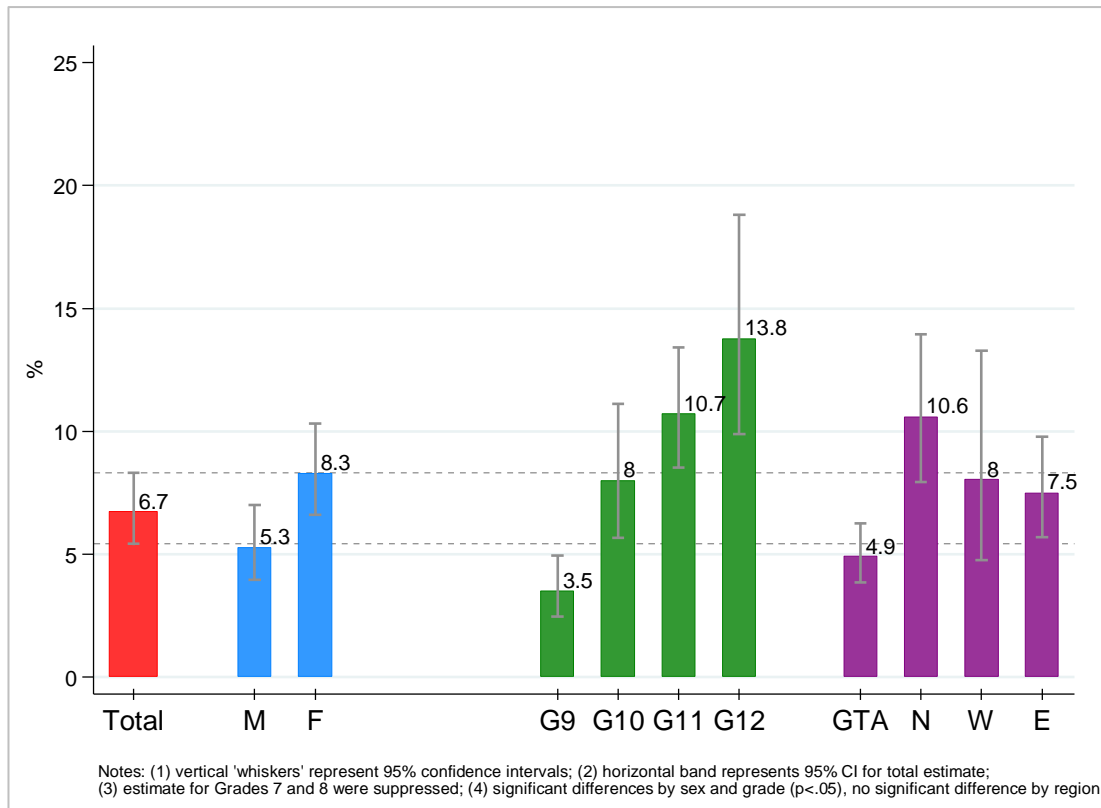


Figure 3.5.7
Frequency of Cannabis Use in the Past Month, 2025 OSDUHS (Grades 7–12)

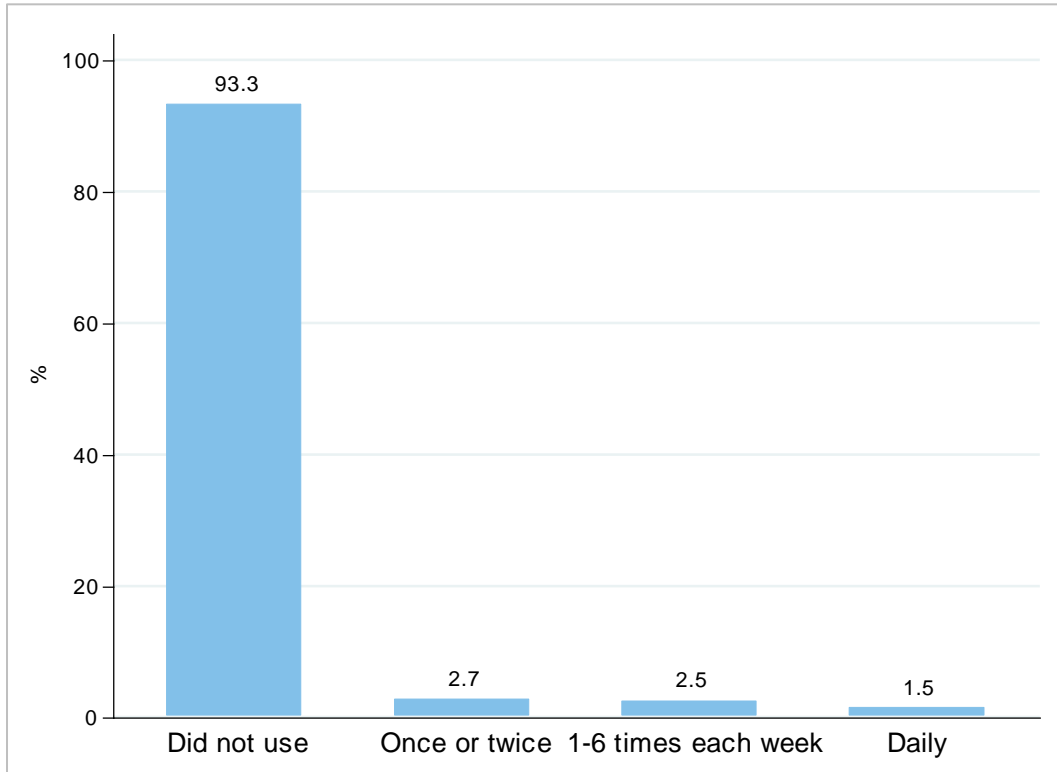
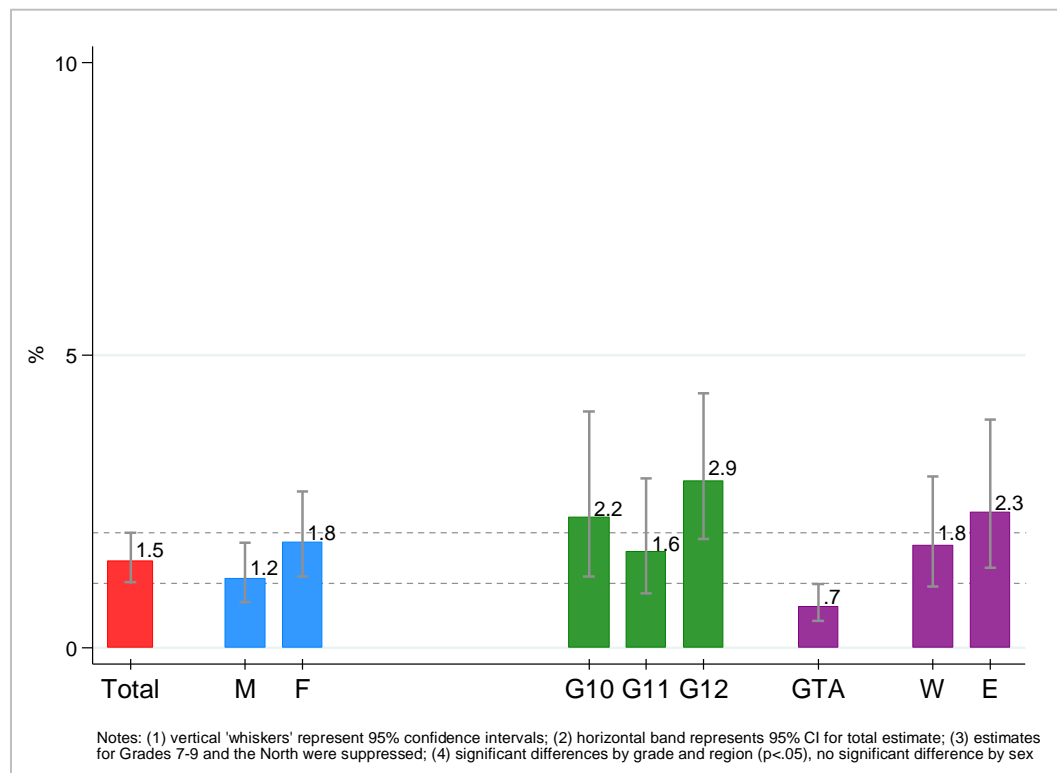


Figure 3.5.8
Daily Cannabis Use in the Past Month by Sex, Grade, and Region, 2025 OSDUHS



Past Month Cannabis Use: 1999–2025 Trends (Grades 7–12)

(Figure 3.5.9; Tables 3.5.3, 3.5.4)

- Total**
 - The percentage of students reporting any cannabis use in the past month significantly decreased between 2023 (10.6%) and 2025 (6.7%). The current estimate is among the lowest on record (except for 2021), declining from a high of 21%-22% in 1999/early 2000s to 6.7% in 2025.
 - Daily cannabis use shows relative stability over the past two decades.
- Sex**
 - Males and females show a significant decrease between 2023 and 2025. Both show a significant decline since 1999/early 2000s.
- Grade**
 - Students in grades 9 to 12 show a significant decline since 1999/early 2000s.
- Region**
 - Students in the Greater Toronto Area show a significant decrease between 2023 and 2025. All four regions show a significant decline since 1999/early 2000s.

Figure 3.5.9
Past Month Cannabis Use, 1999–2025 OSDUHS (Grades 7–12)

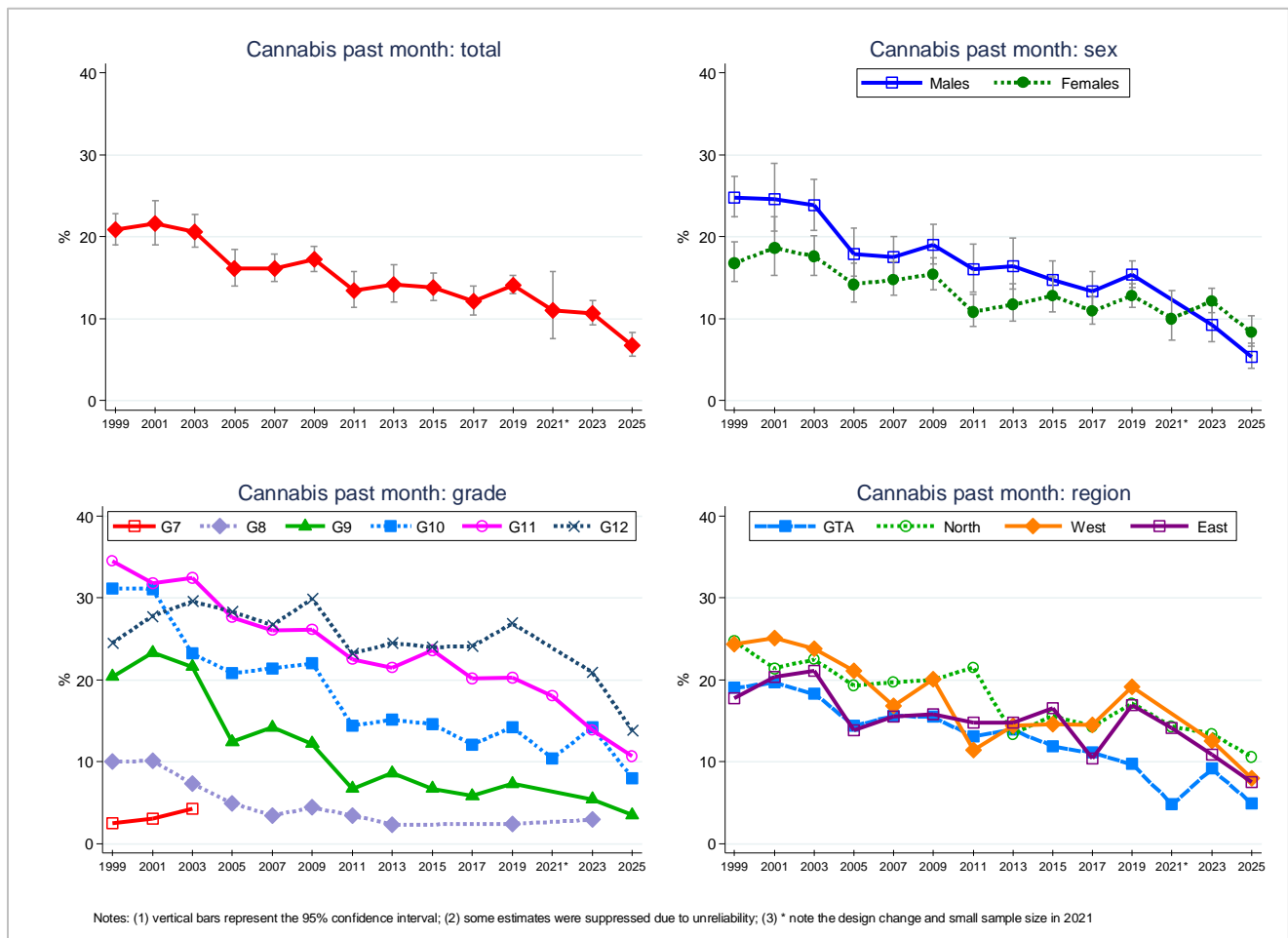


Table 3.5.3: Percentage Reporting Cannabis Use in the Past Month, 1999–2025 OSDUHS

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(4447)	(1837)	(3152)	(4078)	(3388)	(4851)	(4816)	(10272)	(10426)	(11435)	(14142)	(2225)	(10145)	(11108)
Total (95% CI)	20.9 (19.0-22.8)	21.6 (19.0-24.4)	20.6 (18.7-22.7)	16.1 (14.0-18.4)	16.1 (14.5-17.9)	17.2 (15.7-18.8)	13.4 (11.4-15.7)	14.2 (12.0-16.6)	13.8 (12.2-15.5)	12.1 (10.4-14.0)	14.1 (13.0-15.3)	11.0 (7.5-15.7)	10.6 (9.2-12.2)	6.7 (5.4-8.3) ^{abcd}
Sex														
Males	24.8 (22.4-27.4)	24.6 (20.7-29.0)	23.8 (20.8-27.0)	17.9 (15.2-21.0)	17.5 (15.3-20.0)	19.0 (16.7-21.5)	16.0 (13.2-19.1)	16.4 (13.6-19.8)	14.7 (12.6-17.0)	13.3 (11.2-15.7)	15.4 (13.8-17.0)	† (7.2-11.8)	9.2 (7.2-11.8)	5.3 (3.9-7.0) ^{abc}
Females	16.8 (14.5-19.4)	18.6 (15.3-22.4)	17.6 (15.3-20.1)	14.2 (12.0-16.8)	14.7 (12.8-16.9)	15.4 (13.5-17.4)	10.8 (9.0-12.9)	11.7 (9.7-14.2)	12.8 (10.8-15.1)	10.9 (9.3-12.7)	12.8 (11.4-14.2)	10.0 (7.4-13.4)	12.1 (10.6-13.7)	8.3 (6.6-10.3) ^{abc}
Grade														
7	2.5 (1.5-4.4)	3.0 (1.5-5.7)	4.2 (2.4-7.4)	†	†	†	†	†	†	†	†	†	†	†
8	10.0 (6.9-14.3)	10.1 (5.1-19.1)	7.3 (4.9-10.6)	4.9 (3.1-7.7)	3.4 (2.0-5.9)	4.4 (2.8-6.8)	3.4 (1.8-6.3)	2.3 (1.3-3.9)	†	†	2.4 (1.6-3.6)	†	2.9 (1.9-4.5)	†
9	20.4 (16.6-24.8)	23.3 (17.5-30.4)	21.6 (17.3-26.6)	12.4 (9.9-15.6)	14.2 (11.0-18.3)	12.2 (9.4-15.7)	6.7 (4.9-9.0)	8.6 (6.0-12.1)	6.7 (5.1-8.8)	5.8 (4.1-8.2)	7.3 (6.0-9.0)	†	5.4 (4.2-7.1)	3.5 (2.5-4.9) ^{bc}
10	31.2 (25.3-37.9)	31.1 (25.5-37.3)	23.2 (19.3-27.6)	20.8 (16.9-25.3)	21.4 (17.2-26.2)	22.0 (18.2-26.3)	14.4 (9.9-20.6)	15.1 (12.1-18.6)	14.6 (12.4-17.2)	12.1 (9.8-14.8)	14.2 (12.4-16.2)	10.4 (5.5-18.7)	14.2 (11.5-17.4)	8.0 (5.7-11.1) ^{abc}
11	34.5 (29.9-39.4)	31.8 (24.8-39.8)	32.5 (27.4-38.1)	27.6 (23.6-32.0)	26.0 (22.2-30.3)	26.1 (21.4-31.4)	22.5 (18.4-27.2)	21.5 (17.4-26.3)	23.6 (20.2-27.5)	20.2 (15.1-26.4)	20.3 (17.6-23.3)	18.0 (11.1-27.9)	13.8 (10.8-17.5)	10.7 (8.5-13.4) ^{bc}
12	24.5 (19.6-30.2)	27.8 (19.8-37.5)	29.6 (24.5-35.1)	28.3 (23.9-33.2)	26.7 (22.5-31.4)	29.9 (26.2-33.9)	23.2 (16.6-31.5)	24.5 (19.4-30.3)	24.0 (20.3-28.2)	24.1 (19.8-29.1)	26.9 (24.1-29.9)	†	20.9 (16.9-25.4)	13.8 (9.8-18.8) ^{bc}
Region														
GTA	19.0 (15.8-22.6)	19.7 (15.0-25.4)	18.3 (15.2-22.0)	14.4 (11.6-17.8)	15.6 (12.6-19.1)	15.5 (12.8-18.6)	13.1 (10.2-16.5)	13.9 (10.7-17.9)	11.9 (9.8-14.4)	11.1 (8.7-14.1)	9.7 (8.6-11.0)	4.8 (2.5-8.9)	9.1 (7.3-11.4)	4.9 (3.8-6.3) ^{abc}
North	24.7 (20.2-29.8)	21.4 (16.1-27.8)	22.5 (17.7-28.2)	19.3 (16.2-22.9)	19.7 (15.4-24.8)	20.0 (16.4-24.0)	21.5 (18.4-25.0)	13.4 (10.1-17.6)	15.6 (12.8-18.8)	14.3 (11.8-17.2)	17.1 (14.0-20.7)	14.3 (9.3-21.2)	13.4 (11.9-15.1)	10.6 (7.9-14.0) ^{bc}
West	24.4 (20.1-29.2)	25.1 (20.5-30.4)	23.8 (19.3-29.0)	21.1 (15.8-27.7)	16.8 (13.5-20.8)	20.1 (17.3-23.2)	11.4 (7.4-17.1)	14.4 (10.0-20.2)	14.6 (11.4-18.4)	14.5 (11.9-17.6)	19.1 (16.0-22.6)	†	12.5 (9.4-16.6)	8.0 (4.7-13.3) ^{bc}
East	17.7 (13.1-23.5)	20.4 (14.3-28.2)	21.1 (16.6-26.4)	13.8 (9.8-19.2)	15.5 (12.2-19.5)	15.8 (12.9-19.2)	14.8 (11.8-18.4)	14.8 (11.6-18.6)	16.5 (12.1-22.0)	10.4 (6.6-15.9)	16.9 (14.4-19.8)	14.1 (9.0-21.4)	10.9 (8.0-14.8)	7.5 (5.7-9.8) ^{bc}

Notes: (1) based on grades 7-12; (2) question asked of a random half sample between 2001 and 2011; (3) entries in brackets are 95% confidence intervals; (4) † estimate suppressed due to unreliability; (5) GTA=Greater Toronto Area; (6) note the design change and small sample size in 2021; (7) * 2025 vs. 2023 significant difference, p<.01; † 2025 vs. 2019 significant difference, p<.01; ‡ 2025 vs. 1999 significant difference, p<.01; § significant linear trend, p<.01.

Q: In the last 4 weeks, how often did you use cannabis (also known as marijuana, "weed", "pot", "grass", hashish, "hash", hash oil, etc.)?

Source: OSDUHS, Centre for Addiction & Mental Health

Table 3.5.4: Frequency of Cannabis Use in the Past Month, 1999–2025 OSDUHS (Grades 7–12)

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
	(n) (4447)	(1837)	(3152)	(4078)	(3388)	(4851)	(4816)	(10272)	(10426)	(11435)	(14142)	(2225)	(10145)	(11108)
Not Used	79.1	78.4	79.4	83.9	83.9	86.6	82.8	85.8	86.2	87.9	85.9	89.0	89.4	93.3
Once or Twice	10.2	10.1	8.8	7.8	8.8	7.4	8.9	7.0	6.9	6.4	7.3	4.1	5.0	2.7
1–2 Times each Week	4.3	3.9	3.7	2.4	2.9	2.0	2.9	2.4	2.7	2.2	2.2	†	1.8	1.3
3–6 Times each Week	3.8	4.5	4.0	2.8	1.9	1.7	2.5	2.1	2.1	2.0	2.3	†	1.7	1.2
Daily Use	2.5	3.1	4.2	3.2	2.5	2.9	2.3	2.7	2.1	1.4	2.3	2.3	2.2	1.5

Notes: (1) question asked of a random half sample between 2001 and 2011; (2) † estimate suppressed due to unreliability; (3) note the design change and small sample size in 2021.

Q: In the last 4 weeks, how often did you use cannabis (also known as marijuana, “weed”, “pot”, “grass”, hashish, “hash”, hash oil)?

Source: OSDUHS, Centre for Addiction & Mental Health

Cannabis and Tobacco Use on the Same Occasion

(Figure 3.5.10)

A random half sample of students were asked if they had used cannabis and tobacco on the same occasion during the past year. The question was “*In the last 12 months, did you smoke cannabis mixed with tobacco at the same time?*” Here we present the percentage responding “yes” to the question.

2025 (Grades 7–12):

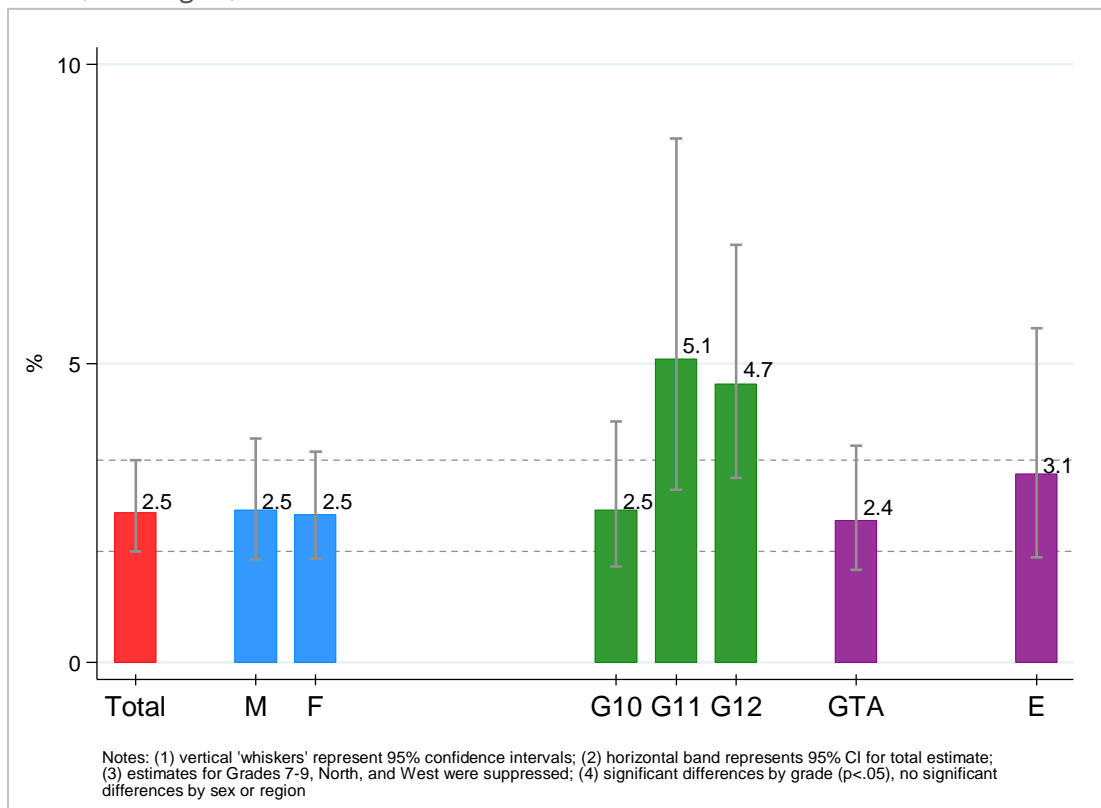
- About 2.5% of students report smoking cannabis mixed with tobacco at least once during the past year.
- Males and females are equally likely to smoke cannabis mixed with tobacco (both 2.5%).

- The percentage reporting smoking cannabis with tobacco significantly increases with grade, up to about 5% of 11th and 12th graders.
- There is no significant regional variation.

2019–2025 Trends (Grades 7–12):

- The percentage of students reporting smoking cannabis mixed with tobacco has significantly decreased since monitoring first began in 2019 (from 5.2% down to 2.5%) (data not presented in table form).

Figure 3.5.10
Percentage Reporting Smoking Cannabis Mixed with Tobacco in the Past Year by Sex, Grade, and Region, 2025 OSDUHS



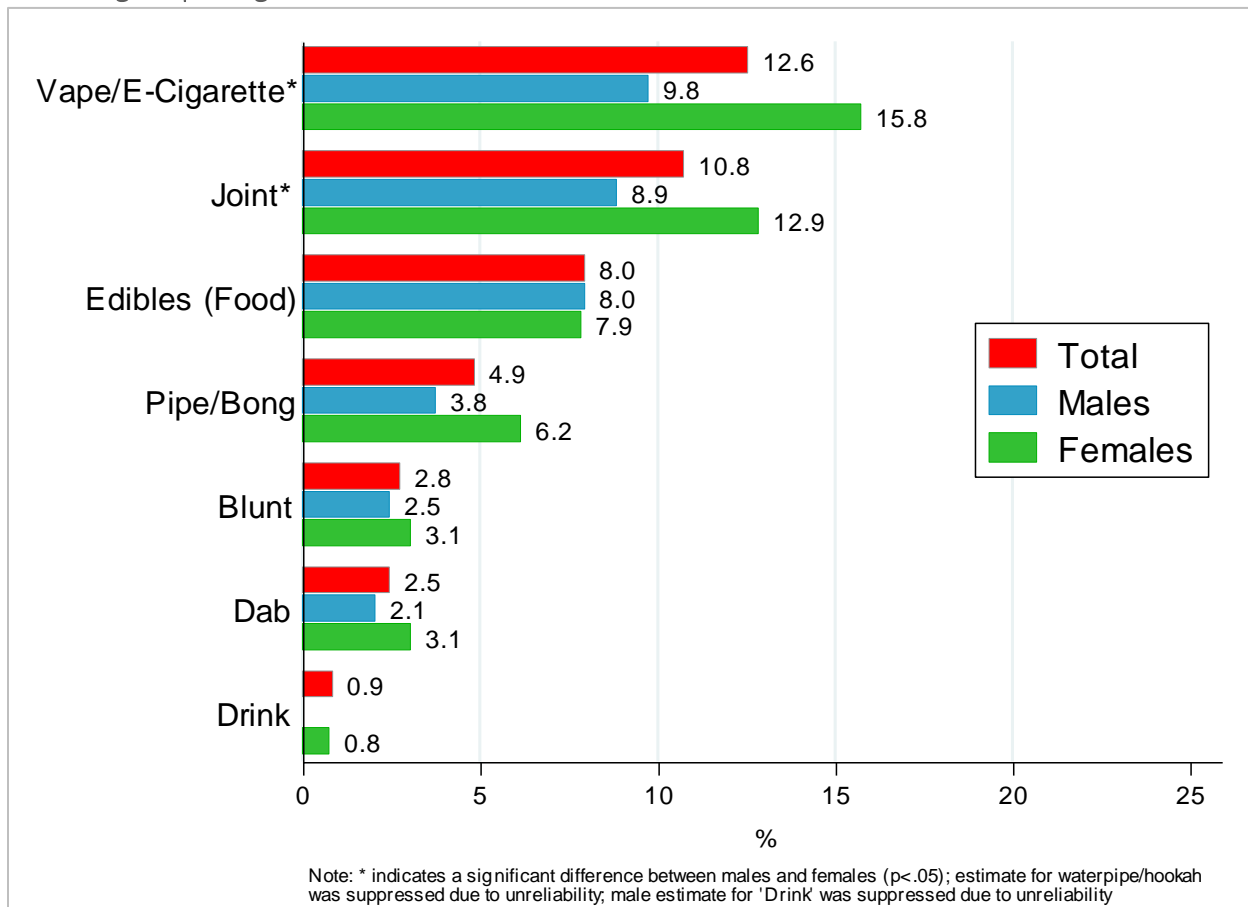
Modes of Cannabis Use: 2025 Findings (Grades 9–12)

(Figure 3.5.11)

- Total** ● Among secondary school students, the most common mode of using cannabis is through a vaping device (12.6%), followed by smoking it in a joint (10.8%). About 8.0% of secondary school students use cannabis edibles. The least common mode is to use cannabis in a waterpipe/hookah (less than 0.5%).
-
- Sex** ● There are two significant differences in modes of use by sex. Females are significantly more likely than males to use cannabis in a vaping device and joint.
-
- Grade** ● There are significant grade differences for all modes of use, except for consuming a drink with cannabis, showing that older students are more likely than younger students to use each mode (data not presented).
-
- Region** ● Students in the Greater Toronto Area are least likely to use cannabis in pipe/bong than students in the other regions. Students in the North are most likely to use edibles (data not presented).

Figure 3.5.11

Percentage Reporting Modes of Cannabis Use in the Past Year, 2025 OSDUHS (Grades 9–12)



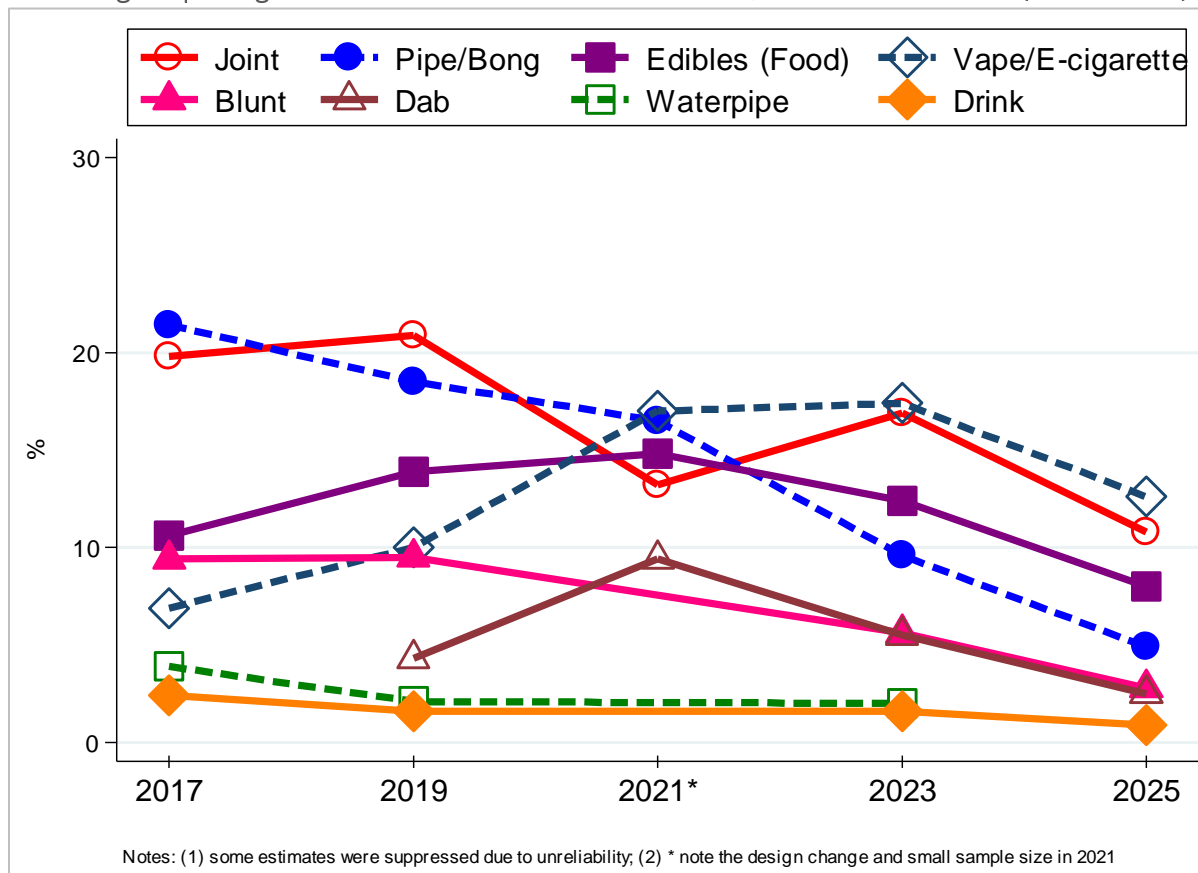
Modes of Cannabis Use: 2017–2025 Trends (Grades 9–12)

(Figure 3.5.12; Table 3.5.5)

- The percentage of secondary school students reporting vaping cannabis significantly decreased between 2023 (17.4%) and 2025 (12.6%). However, the estimate remains higher than that from 2017 (6.9%).⁹
- The percentage of secondary school students reporting using cannabis edibles significantly decreased between 2023 (12.4%) and 2025 (8.0%), returning to a level seen in 2017 (10.6%).
- The percentage of secondary school students reporting using cannabis in a joint, blunt, or a pipe/bong significantly decreased between 2023 and 2025. All estimates are currently lower than their respective estimates from 2017.
- Using cannabis by dabbing¹⁰ significantly decreased between 2023 (5.5%) and 2025 (2.5%), and remains lower than when monitoring first began in 2019 (4.3%).
- Using cannabis in a drink has been relatively stable since 2017, when monitoring first began.

Figure 3.5.12

Percentage Reporting Modes of Cannabis Use in the Past Year, 2017–2025 OSDUHS (Grades 9–12)



⁹ Vaping cannabis was asked about in the 2015 cycle using slightly different wording. The wording of the question in 2015 was: “If you smoked e-cigarettes (also known as ‘vape pipes,’ ‘hookah pens,’ and ‘e-hookahs’) in the last 12 months, did you try smoking marijuana or hash oil, liquid, or wax in it?” The results from that cycle showed that 5.1% of secondary students vaped cannabis in the past year.

¹⁰ “Dabbing” involves vapourizing concentrated cannabis by placing it on a hot object or surface and inhaling the vapours.

Table 3.5.5: Modes of Cannabis Use in the Past Year, 2017–2025 OSDUHS (Grades 9–12)

	2017	2019	2021	2023	2025
(n=)	(3289)	(4651)	(721)	(3586)	(3376)
Vape/E-Cigarette	6.9 (5.2-9.2)	10.0 (8.6-11.6)	17.0 (8.7-30.5)	17.4 (15.2-19.9)	12.6 ^{ac} (10.8-14.7)
Edible (Food)	10.6 (8.9-12.6)	13.9 (12.2-15.9)	14.8 (9.8-21.6)	12.4 (11.0-14.0)	8.0 ^{ab} (6.7-9.5)
Joint	19.8 (17.6-22.2)	20.9 (18.9-23.2)	13.2 (8.4-20.0)	16.9 (14.4-19.6)	10.8 ^{abc} (8.9-12.9)
Blunt	9.4 (7.9-11.2)	9.5 (8.2-11.0)	†	5.6 (4.3-7.3)	2.8 ^{abc} (2.0-3.8)
Pipe/Bong	21.4 (18.7-24.4)	18.5 (16.5-20.7)	16.5 (8.7-29.2)	9.6 (7.8-11.8)	4.9 ^{abc} (3.8-6.4)
Waterpipe/Hookah	3.9 (2.9-5.2)	2.1 (1.6-2.8)	†	2.0 (1.2-3.3)	†
Drink	2.4 (1.5-3.8)	1.6 (1.1-2.2)	†	1.6 (1.1-2.2)	0.9 (0.6-1.5)
Dab	--	4.3 (3.4-5.3)	9.4 (5.2-16.4)	5.5 (4.2-7.1)	2.5 ^{ab} (1.8-3.6)

Notes: (1) questions asked of a random half sample of secondary school students in each year; (2) entries are percentages among the total sample of secondary students; (3) entries in brackets are 95% confidence intervals; (4) † estimate suppressed due to unreliability; (5) note the design change and small sample size in 2021; (6) ^a 2025 vs. 2023 significant difference, p<.01; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 2017 significant difference, p<.01.

Qs: In the last 12 months, how often did you use cannabis in a vaping device (vaporizer, e-cigarette, vape pen, mod)?; In the last 12 months, how often did you eat food that contained cannabis, such as a brownie, cookie, candy?; In the last 12 months, what other ways did you use cannabis? Please select all the ways you've used any type of cannabis: smoked cannabis in a joint; smoked cannabis in a blunt (hollowed-out cigar); smoked cannabis in a pipe or a bong; used cannabis in a waterpipe (hookah); had a drink that contained cannabis (such as a tea); used cannabis by "dabbing" (hash oil, wax, shatter).

Source: OSDUHS, Centre for Addiction & Mental Health

Symptoms of Cannabis Dependence: 2025 Findings (Grades 9–12)

(Tables 3.5.6, 3.5.7)

- Total**
 - An estimated 3.3% of secondary school students report symptoms of cannabis dependence, as measured by the 5-item *Severity of Dependence Scale* (SDS) for cannabis use.¹¹
 - About one-in-five (20.5%) secondary school students who used cannabis in the past year report symptoms of cannabis dependence.
- Sex**
 - Females (4.4%) are significantly more likely than males (2.2%) to report dependence symptoms.
- Grade**
 - There is significant grade variation, ranging from 2.7% of 10th graders to 4.9% of 12th graders.
- Region**
 - There is no significant regional variation.

Symptoms of Cannabis Dependence: 2007–2025 Trends (Grades 9–12)

(Table 3.5.7)

- Among the total sample of secondary school students, the percentage reporting symptoms of cannabis dependence (based on the SDS screener) has not significantly changed since monitoring first began in 2007, fluctuating between about 2% and 4%.

Table 3.5.6: Percentage of the Total Sample, and of Those Who Used in the Past Year, Reporting Cannabis Dependence Symptoms Experienced in the Past Three Months, 2025 OSDUHS (Grades 9–12)

Severity of Dependence Scale (SDS) Symptoms	Total Sample (n=3376)	Past Year Users (n=522)
1. Your cannabis use was out of control *	3.8	23.7
2. Idea of missing a smoke of cannabis made you very anxious or worried *	4.5	27.7
3. Worried about your use of cannabis †	5.1	31.7
4. Wished you could stop using cannabis *	3.8	23.6
5. Would be difficult for you to stop or go without using cannabis ‡	3.2	19.9
% SDS Score 4+ (95% CI)	3.3% (2.3-4.6)	20.5% (15.5-26.6)

Notes: based on a random half sample of secondary school students; CI=confidence interval; * percentage reporting *sometimes, often, or always/nearly always*; † percentage reporting *a little, quite a lot, or a great deal*; ‡ percentage reporting *quite difficult, very difficult, or impossible*.

¹¹ Martin, G., Copeland, J., Gates, P., & Gilmour, S. (2006). The Severity of Dependence Scale (SDS) in an adolescent population of cannabis users: Reliability, validity and diagnostic cut-off. *Drug and Alcohol Dependence*, 83(1), 90–93. <https://doi.org/10.1016/j.drugalcdep.2005.10.014>

Table 3.5.7: Percentage of Total Sample Reporting Symptoms of Cannabis Dependence as Measured by the *Severity of Dependence Scale (SDS)*, 2007–2025 OSDUHS (Grades 9–12)

	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n=)	(2587)	(3055)	(3358)	(3264)	(3171)	(3289)	(4651)	(721)	(3586)	(3376)
Total	3.5	3.6	2.7	2.7	2.2	1.9	3.4	†	3.8	3.3
(95% CI)	(2.8-4.4)	(2.7-4.7)	(1.8-4.3)	(1.9-3.8)	(1.5-3.2)	(1.3-2.8)	(2.6-4.3)		(3.0-4.8)	(2.3-4.6)
Sex										
Males	4.4	4.4	3.6	2.8	1.7	2.2	4.0	†	2.3	2.2
	(3.2-6.0)	(3.0-6.6)	(2.1-6.4)	(1.8-4.2)	(1.0-2.7)	(1.3-3.5)	(2.8-5.6)		(1.4-3.8)	(1.3-4.0)
Females	2.6	2.7	1.8	2.5	2.8	1.6	2.7	†	5.4	4.4
	(1.8-3.8)	(1.7-4.2)	(1.1-2.9)	(1.5-4.1)	(1.6-4.6)	(0.9-3.0)	(1.9-3.7)		(4.3-6.8)	(3.1-6.2)
Grade										
9	2.3	†	†	†	†	†	†	†	1.6	†
	(1.3-4.1)								(0.9-2.7)	
10	3.4	†	†	3.1	1.2	†	2.7	†	4.4	2.7
	(2.1-5.4)			(1.8-5.6)	(0.7-2.2)		(1.6-4.3)		(2.8-6.7)	(1.5-4.8)
11	4.5	†	†	3.6	2.8	2.7	3.3	†	3.7	4.2
	(2.9-7.1)			(2.0-6.2)	(1.7-4.6)	(1.4-5.1)	(2.0-5.2)		(2.2-6.3)	(2.2-7.8)
12	3.8	4.5	4.0	†	3.3	2.7	5.0	†	5.2	4.9
	(2.4-5.9)	(2.9-6.9)	(2.4-6.7)		(1.8-6.2)	(1.5-4.6)	(3.3-7.6)		(3.6-7.4)	(3.0-8.0)
Region										
GTA	3.0	2.6	3.4	2.6	2.0	1.8	2.6	†	3.4	2.2
	(1.9-4.7)	(1.7-3.8)	(1.8-6.2)	(1.7-4.0)	(1.2-3.4)	(1.0-3.1)	(1.8-3.8)		(2.5-4.6)	(1.3-3.8)
North	7.0	†	4.1	3.1	3.6	†	5.6	†	9.8	4.2
	(4.0-12.0)		(2.4-6.7)	(1.8-5.1)	(2.3-5.5)		(3.3-9.5)		(7.6-12.5)	(2.5-7.0)
West	3.6	†	†	2.9	2.5	†	4.2	†	3.1	†
	(2.4-5.4)			(1.3-6.4)	(1.5-4.2)		(2.5-6.9)		(2.0-4.9)	
East	3.5	6.6	3.6	†	†	†	3.5	†	4.5	4.4
	(2.4-5.1)	(4.0-10.8)	(2.0-6.1)				(2.0-6.0)		(2.4-8.5)	(2.4-7.8)

Notes: (1) based on a random half sample of grades 9-12; (2) entries in brackets are 95% confidence intervals; (3) GTA=Greater Toronto Area; (4) † estimate suppressed due to unreliability; (5) symptoms of cannabis dependence indicated by a score of four or higher (of 15) on the SDS; (6) note the design change and small sample size in 2021; (7) no significant changes over time for the total sample.

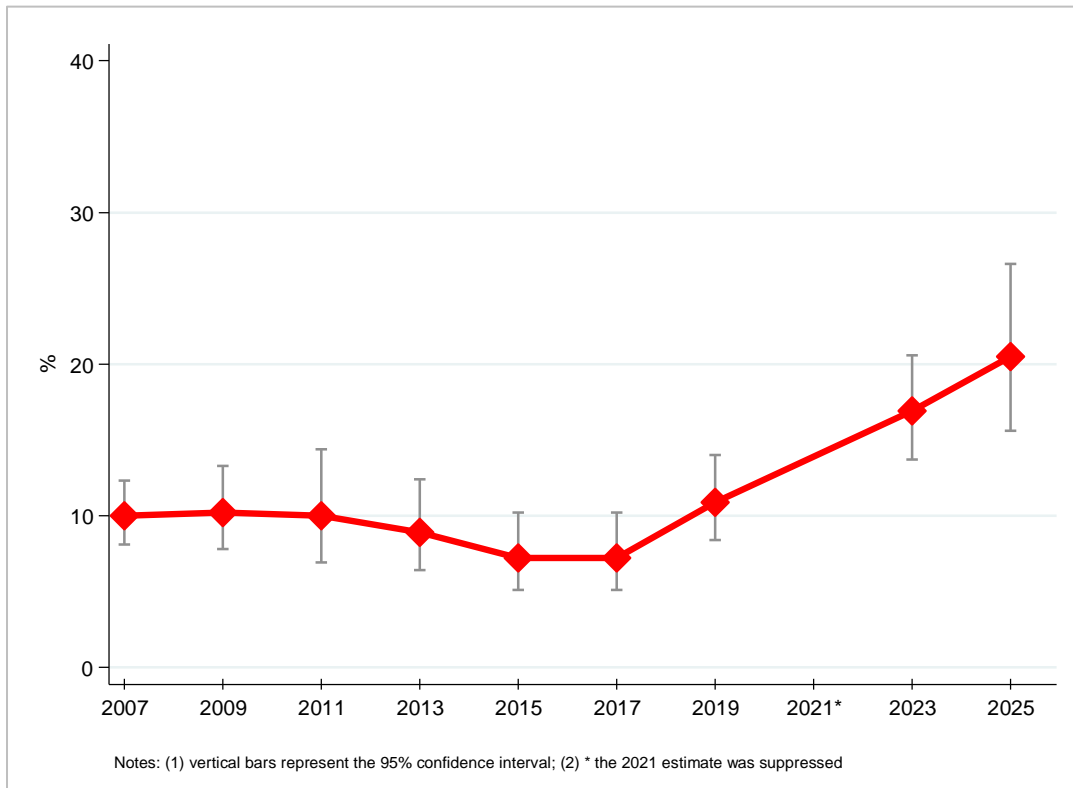
Source: OSDUHS, Centre for Addiction & Mental Health

Symptoms of Cannabis Dependence Among Past Year Cannabis Users: 2007–2025 Trends (Grades 9–12)

(Figure 3.5.13)

- Among the secondary school students who report using cannabis in the past year, the percentage reporting symptoms of cannabis dependence (based on the SDS screener) remained stable between 2023 (16.9%) and 2025 (20.5%). However, the current estimate is significantly higher than estimates seen between 2007 and 2019 (about 10%-11%).

Figure 3.5.13
Percentage Reporting Symptoms of Cannabis Dependence (SDS Screener 4+) Among Past Year Cannabis Users, 2007–2025 OSDUHS (Grades 9–12)



Cannabis Use for Mental Health (Grades 9–12)

(Figure 3.5.14; Table 3.5.8)

Secondary school students were asked about using cannabis for mental health reasons. The question was “*In the last 12 months, did you use cannabis (in any way) to cope with a mental health problem, such as to relieve anxiety or depression?*” Here we present the percentage responding “yes” to the question.

2025 (Grades 9–12):

- About one-in-twelve (7.5%) secondary school students report using cannabis to cope with a mental health concern (such as to relieve anxiety or depression) in the past year.
- Females (9.8%) are significantly more likely than males (5.4%) to report using cannabis to cope with a mental health concern in the past year.

- There is significant variation by grade, increasing from 3.2% of 9th graders to 11.3% of 12th graders.

- There is significant regional variation, showing that students in the Greater Toronto Area are least likely to use cannabis for mental health reasons compared with student in the other three regions (5.3% vs. 9%-11%, respectively).

2021–2025 Trends (Grades 9–12):

- The percentage of secondary school students who report using cannabis to cope with a mental health concern in the past year in 2025 (7.5%) is significantly lower than 2023 (11.1%), as well as 2021 (13.9%), which was the first year of monitoring.

Figure 3.5.14
Percentage of Students Reporting Using Cannabis to Cope with a Mental Health Concern in the Past Year by Sex, Grade, and Region, 2025 OSDUHS (Grades 9–12)

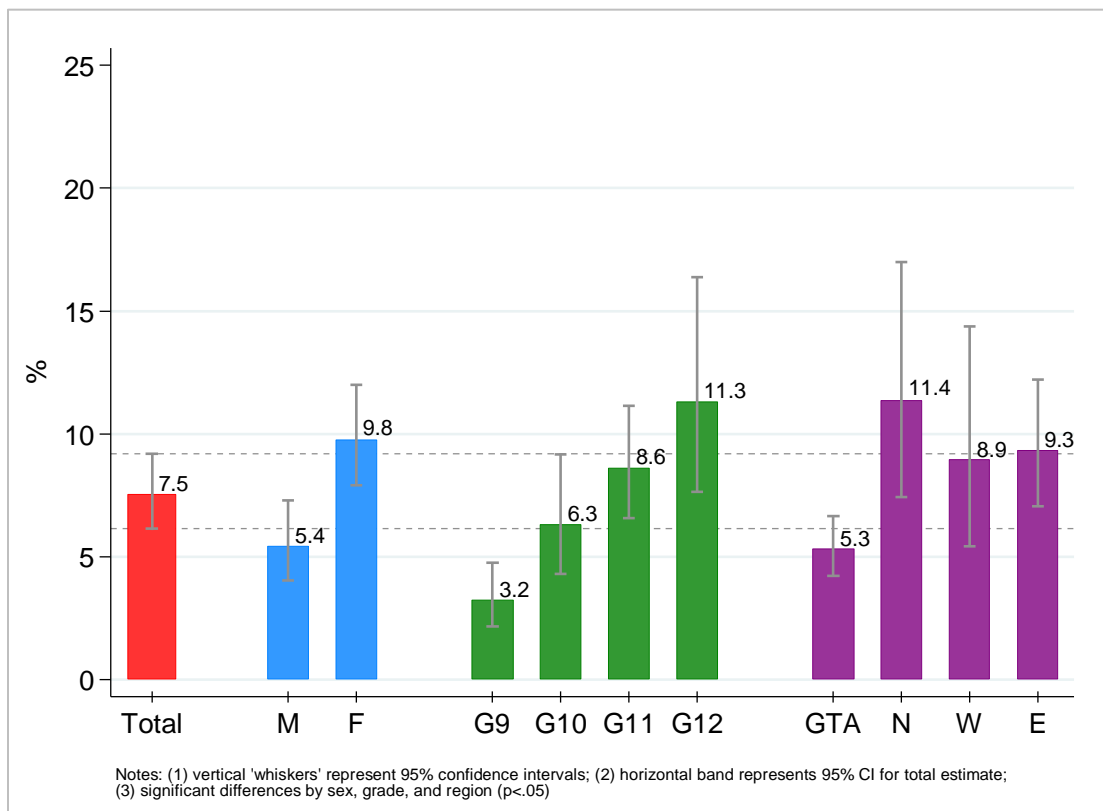


Table 3.5.8: Percentage Reporting Using Cannabis to Cope with a Mental Health Concern in the Past Year, 2021–2025 OSDUHS (Grades 9–12)

		2021	2023	2025
		(n=)	(1460)	(7189)
		(1460)	(7189)	(6729)
Total (95% CI)		13.9 (9.0-20.8)	11.1 (9.8-12.7)	7.5 ^{ab} (6.2-9.2)
Sex				
	Males	†	7.2 (5.6-9.2)	5.4 (4.0-7.3)
	Females	15.2 (10.3-22.0)	15.3 (13.6-17.2)	9.8 ^a (7.9-12.0)
Grade				
	9	†	4.7 (3.5-6.2)	3.2 (2.2-4.8)
	10	†	11.0 (8.7-13.8)	6.3 (4.3-9.2)
	11	17.2 (9.6-28.9)	11.6 (9.5-14.0)	8.6 (6.6-11.2)
	12	†	16.3 (13.5-19.6)	11.3 (7.6-16.4)
Region				
	Greater Toronto Area	†	10.0 (8.6-11.6)	5.3 ^a (4.2-6.6)
	North	15.9 (9.1-26.2)	13.2 (9.4-18.2)	11.4 (7.4-17.0)
	West	†	12.8 (9.6-17.0)	8.9 (5.4-14.4)
	East	13.7 (9.8-18.8)	11.1 (7.8-15.7)	9.3 (7.0-12.2)

Notes: (1) entries in brackets are 95% confidence intervals; (2) † estimate suppressed due to unreliability; (3) note the design change and small sample size in 2021; (4) ^a 2025 vs. 2023 significant difference, p<.01; ^b 2025 vs. 2021 significant difference, p<.01.

Q: In the last 12 months, did you use cannabis (in any way) to cope with a mental health problem, such as to relieve anxiety or depression?

Source: OSDUHS, Centre for Addiction & Mental Health

3.6 Other Drug Use

Past Year Mushroom (Psilocybin) or Mescaline Use: 2025 Findings (Grades 9–12)

(Figure 3.6.1; Table 3.6.1)

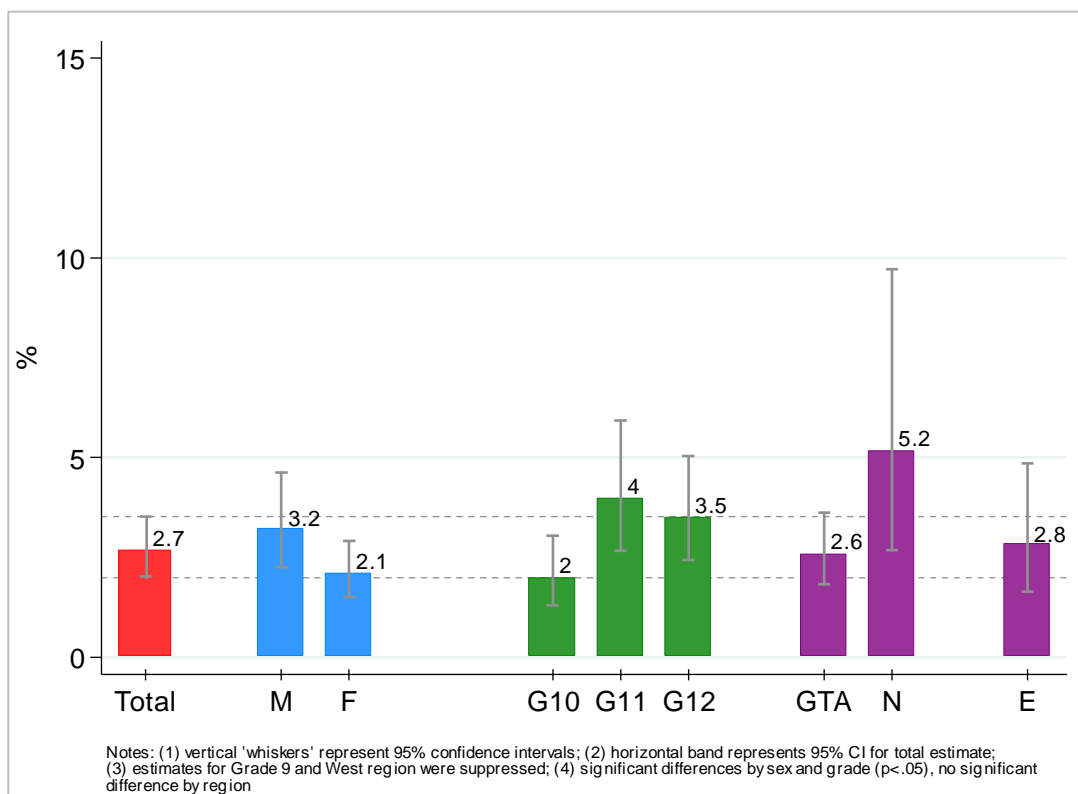
- Total
 - Psilocybin (“mushrooms”) or mescaline use at least once in the past year is reported by 2.7% of secondary school students.

- Sex
 - Males (3.2%) are significantly more likely than females (2.1%) to report using mushrooms/mescaline.

- Grade
 - The percentage reporting past year use significantly increases with grade, and is most likely among 11th and 12th graders (about 4%).

- Region
 - There is no significant regional variation.

Figure 3.6.1
Past Year Mushroom/Mescaline Use by Sex, Grade, and Region, 2025 OSDUHS

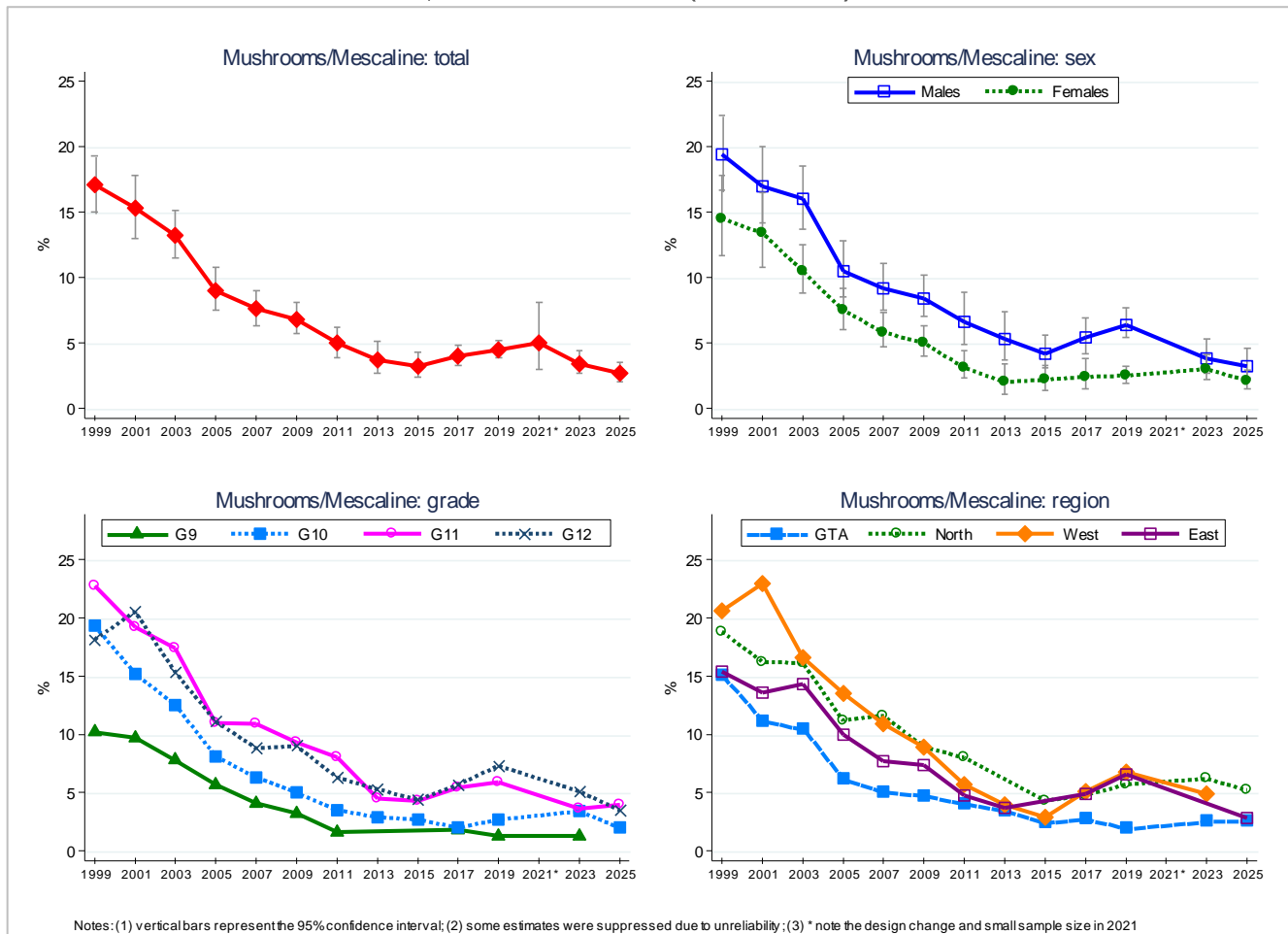


Past Year Mushroom (Psilocybin) or Mescaline Use: 1999–2025 Trends (Grades 9–12)

(Figure 3.6.2; Table 3.6.1)

- Total**
 - The percentage reporting mushroom/mescaline use did not significantly change between 2023 (3.4%) and 2025 (2.7%). The percentage has decreased somewhat in recent years (since 2019) and is substantially lower today than in 1999 (17.1%).
- Sex**
 - Neither males nor females show a significant change in use between 2023 and 2025. However, males show a decline in recent years (since 2019), while females have remained low and stable. Use has dramatically declined since 1999 among both males and females.
- Grade**
 - No grade shows a significant change in use between 2023 and 2025. All four grades show a significant decline since 1999.
- Region**
 - No region shows a significant change in use between 2023 and 2025. All four regions show a significant decline since 1999.

Figure 3.6.2
Past Year Mushroom/Mescaline Use, 1999–2025 OSDUHS (Grades 9–12)



Notes: (1) vertical bars represent the 95% confidence interval; (2) some estimates were suppressed due to unreliability; (3) * note the design change and small sample size in 2021

Past Year Mushroom (Psilocybin) or Mescaline Use: 1977–2025 Trends (Grades 9 and 11 only)

(Figure 3.6.3; Table A7)

- Looking back over the past 45 years or so (among grades 9 and 11 only), use was elevated in the early 1980s, decreased gradually during the late 1980s and early 1990s, increased during the late 1990s reaching an all-time peak in 1999. Use declined over the 2000s, and remained relatively stable during the past decade. The current level remains below the two peaks, and is similar to the low levels seen in the late 1980s and early 1990s.

Figure 3.6.3
Past Year Mushroom/Mescaline Use, 1977–2025 OSDUHS (Grades 9 and 11 only)

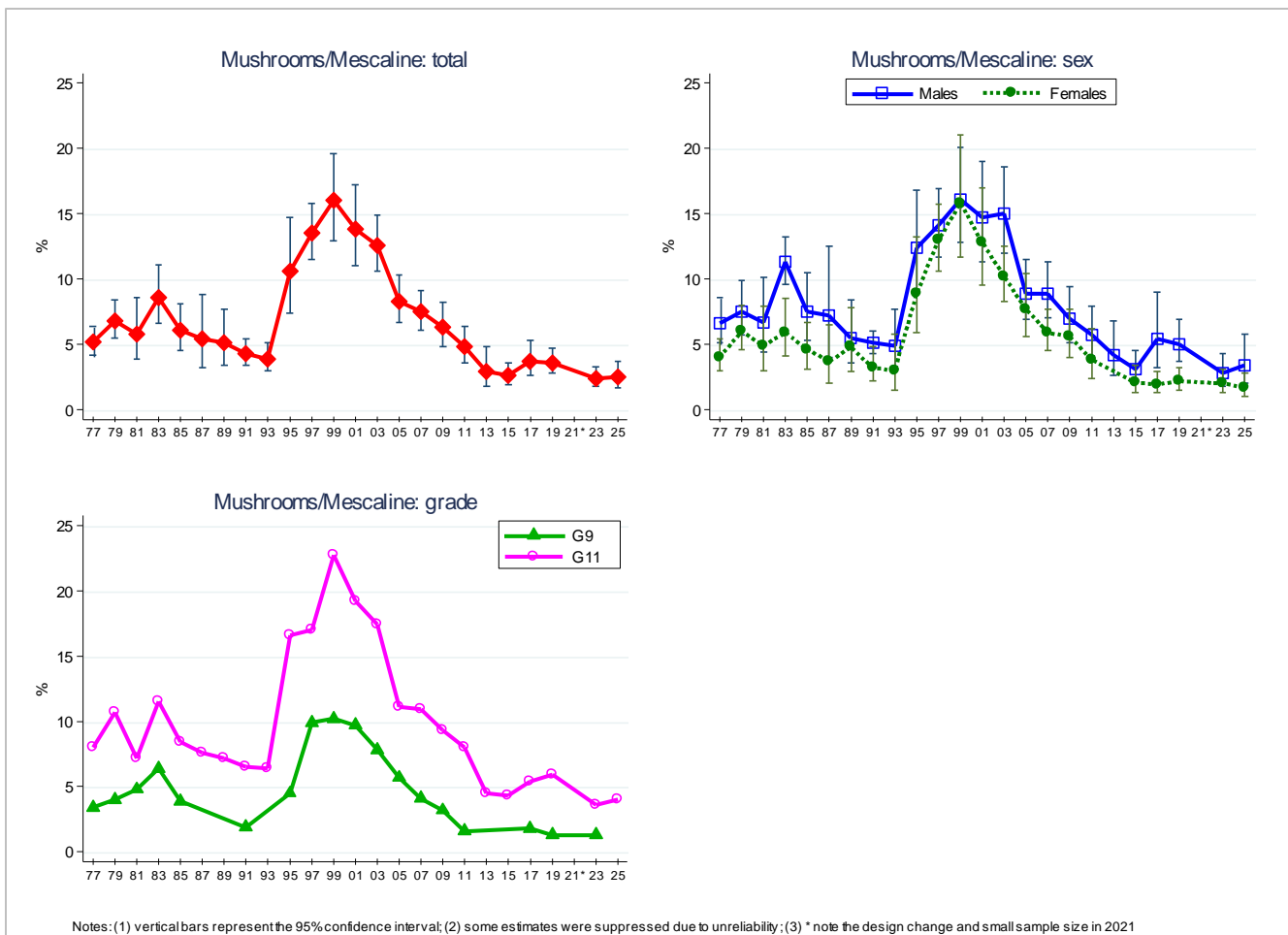


Table 3.6.1: Percentage Reporting Psilocybin (“Mushroom”) or Mescaline Use in the Past Year, 1999–2025
OSDUHS (Grades 9–12)

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(2883)	(2457)	(4693)	(5794)	(4834)	(5783)	(6383)	(6159)	(6597)	(7587)	(9924)	(1460)	(7189)	(6729)
Total	17.1	15.3	13.2	9.0	7.6	6.8	5.0	3.7	3.2	4.0	4.5	5.0	3.4	2.7 ^{bcde}
(95% CI)	(15.0-19.3)	(13.0-17.8)	(11.5-15.1)	(7.5-10.8)	(6.3-9.0)	(5.7-8.1)	(3.9-6.2)	(2.7-5.1)	(2.4-4.3)	(3.3-4.8)	(3.9-5.2)	(3.0-8.1)	(2.7-4.4)	(2.0-3.5)
Sex														
Males	19.4	17.0	16.0	10.5	9.2	8.4	6.6	5.3	4.2	5.4	6.4	†	3.8	3.2 ^{bc}
(95% CI)	(16.7-22.4)	(14.2-20.2)	(13.7-18.5)	(8.5-12.8)	(7.5-11.1)	(7.0-10.2)	(4.9-8.9)	(3.7-7.4)	(3.1-5.6)	(4.2-6.9)	(5.4-7.7)		(2.7-5.3)	(2.2-4.6)
Females	14.5	13.4	10.5	7.5	5.8	5.0	3.1	2.0	2.2	2.4	2.5	†	3.0	2.1 ^c
(95% CI)	(11.7-17.8)	(10.8-16.5)	(8.8-12.5)	(6.0-9.2)	(4.7-7.3)	(4.0-6.3)	(2.3-4.4)	(1.1-3.4)	(1.4-3.3)	(1.5-3.8)	(1.9-3.2)		(2.2-4.1)	(1.5-2.9)
Grade														
9	10.2	9.7	7.8	5.7	4.1	3.2	1.6	†	†	1.8	1.3	†	1.3	†
(95% CI)	(7.6-13.5)	(7.0-13.4)	(6.1-10.0)	(4.4-7.5)	(2.9-5.7)	(2.0-5.0)	(0.9-2.6)			(1.0-3.3)	(0.9-2.0)		(0.8-2.1)	
10	19.3	15.2	12.5	8.1	6.3	5.0	3.5	2.9	2.7	2.0	2.7	†	3.4	2.0 ^c
(95% CI)	(15.0-24.4)	(11.9-19.2)	(9.9-15.7)	(6.0-10.7)	(4.7-8.4)	(3.7-6.7)	(2.2-5.3)	(1.8-4.6)	(1.9-3.9)	(1.4-2.9)	(1.8-3.8)		(1.8-6.1)	(1.3-3.0)
11	22.7	19.2	17.4	11.1	10.9	9.3	8.0	4.5	4.3	5.4	5.9	†	3.6	4.0 ^c
(95% CI)	(17.9-28.3)	(14.9-24.5)	(14.3-21.1)	(8.8-13.9)	(8.8-13.5)	(6.6-12.9)	(5.8-10.9)	(2.8-7.3)	(3.1-6.0)	(3.4-8.6)	(4.3-7.9)		(2.5-5.1)	(2.7-5.9)
12	18.1	20.5	15.3	11.1	8.8	9.0	6.3	5.3	4.4	5.7	7.3	†	5.1	3.5 ^{bc}
(95% CI)	(14.1-22.9)	(13.9-29.3)	(12.3-18.9)	(8.7-14.0)	(6.7-11.5)	(6.7-12.0)	(3.8-10.2)	(3.1-8.8)	(2.6-7.5)	(4.0-8.2)	(5.8-9.2)		(3.5-7.3)	(2.4-5.0)
Region														
GTA	15.1	11.2	10.5	6.2	5.1	4.8	4.1	3.5	2.5	2.8	2.0	†	2.6	2.6 ^c
(95% CI)	(12.5-18.0)	(8.0-15.6)	(8.4-12.9)	(4.7-8.1)	(3.8-6.7)	(3.6-6.3)	(2.6-6.5)	(2.1-5.9)	(1.8-3.2)	(1.9-4.1)	(1.4-3.0)		(2.0-3.4)	(1.8-3.6)
North	18.8	16.2	16.1	11.2	11.6	8.9	8.0	†	4.3	4.8	5.7	†	6.2	5.2 ^c
(95% CI)	(14.4-24.1)	(12.1-21.3)	(12.6-20.4)	(8.5-14.5)	(8.8-15.3)	(5.7-13.8)	(5.7-11.2)		(2.9-6.4)	(3.3-7.0)	(3.9-8.1)		(3.7-10.3)	(2.7-9.7)
West	20.6	22.9	16.6	13.5	10.9	8.9	5.7	4.0	2.9	5.1	6.8	†	4.9	†
(95% CI)	(15.8-26.5)	(18.9-27.4)	(13.2-20.7)	(10.0-18.0)	(7.9-14.7)	(6.4-12.2)	(3.6-8.9)	(2.1-7.3)	(2.0-4.2)	(3.9-6.6)	(5.5-8.4)		(2.9-8.2)	
East	15.4	13.6	14.3	10.0	7.7	7.4	4.8	3.7	†	4.9	6.6	†	†	2.8 ^{bc}
(95% CI)	(11.3-20.7)	(10.3-17.8)	(10.1-19.9)	(6.9-14.5)	(5.7-10.3)	(5.5-9.8)	(3.5-6.5)	(2.0-6.8)		(3.2-7.5)	(5.0-8.6)			(1.6-4.9)

Notes: (1) entries in brackets are 95% confidence intervals; (2) GTA=Greater Toronto Area; (3) † estimate suppressed due to unreliability; (4) note the design change and small sample size in 2021; (5) no significant differences 2025 vs. 2023; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 1999 significant difference, p<.01; ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.

Q: In the last 12 months, how often did you use psilocybin or mescaline (also known as “magic mushrooms”, “shrooms”, “mesc”, etc.)?

Source: OSDUHS, Centre for Addiction & Mental Health

Past Year LSD Use: 2025 Findings (Grades 9–12)

(Table 3.6.2)

Total	<ul style="list-style-type: none">● LSD use at least once in the past year is reported by 0.5% of Ontario secondary school students.
Sex	<ul style="list-style-type: none">● About 0.5% of males report using LSD in the past year. The estimate for females was suppressed.
Grade	<ul style="list-style-type: none">● All estimates by grade were suppressed.
Region	<ul style="list-style-type: none">● About 0.5% of students in the Greater Toronto Area report using LSD in the past year. Estimates for the other three regions are suppressed.

Past Year LSD Use: Trends

(Tables 3.6.2, A8)

Total	<ul style="list-style-type: none">● The percentage reporting LSD use has declined since 1999 (among grades 9-12), from 8.8% down to 0.5%.● Looking back over the past 45 years or so (among grades 9 and 11 only), LSD use decreased in the 1980s and early 1990s, made a brief comeback between 1991 and 1995, and decreased again reaching historical lows in recent years.
Sex	<ul style="list-style-type: none">● Both males and females show a significant decline in use since 1999.
Grade	<ul style="list-style-type: none">● All four grades show a significant decline since 1999.
Region	<ul style="list-style-type: none">● All four regions show a significant decline since 1999.

Table 3.6.2: Percentage Reporting LSD Use in the Past Year, 1999–2025 OSDUHS (Grades 9–12)

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(2883)	(2457)	(4693)	(5794)	(4834)	(5783)	(6383)	(6159)	(6597)	(7587)	(9924)	(1460)	(7189)	(6729)
Total (95% CI)	8.8 (7.2-10.7)	6.3 (5.0-7.8)	3.7 (3.0-4.5)	2.2 (1.6-3.0)	2.0 (1.4-2.8)	2.4 (1.9-3.1)	1.5 (1.0-2.2)	1.5 (1.0-2.1)	1.5 (1.1-2.0)	1.5 (1.1-2.0)	2.0 (1.7-2.5)	†	0.9 (0.6-1.3)	0.5 ^{bcd} (0.3-0.8)
Sex														
Males	9.8 (8.0-12.0)	8.3 (6.5-10.5)	4.6 (3.6-5.8)	2.7 (1.9-3.8)	2.7 (1.8-3.9)	2.9 (2.0-4.1)	2.3 (1.5-3.5)	1.9 (1.3-2.8)	1.5 (1.0-2.3)	2.0 (1.4-2.8)	2.8 (2.2-3.6)	†	1.1 (0.6-1.9)	0.5 ^{bc} (0.3-0.8)
Females	7.7 (5.6-10.4)	4.1 (2.7-6.1)	2.8 (2.0-3.8)	1.7 (1.1-2.8)	1.3 (0.8-2.0)	1.9 (1.4-2.6)	0.6 (0.4-1.1)	0.9 (0.4-2.0)	1.4 (0.9-2.1)	1.0 (0.6-1.5)	1.2 (0.8-1.7)	†	0.7 (0.4-1.1)	†
Grade														
9	6.8 (4.8-9.4)	4.6 (3.3-6.4)	3.7 (2.6-5.2)	2.4 (1.6-3.6)	1.9 (1.2-3.0)	1.7 (0.9-3.1)	†	†	0.6 (0.3-1.2)	†	1.0 (0.6-1.7)	†	†	†
10	10.4 (7.4-14.3)	8.0 (5.7-11.2)	4.2 (2.8-6.3)	1.6 (1.0-2.6)	†	1.8 (1.1-2.9)	1.1 (0.6-2.1)	†	1.1 (0.7-1.9)	1.6 (0.9-2.8)	1.3 (0.8-2.2)	†	†	†
11	10.7 (7.2-15.6)	5.1 (2.9-8.6)	4.0 (2.8-5.5)	2.8 (1.8-4.3)	3.0 (1.8-4.9)	2.5 (1.5-4.1)	2.8 (1.6-4.8)	1.4 (0.8-2.4)	1.7 (1.0-2.8)	1.7 (1.1-2.7)	2.2 (1.4-3.3)	†	†	†
12	7.8 (5.9-10.2)	7.8 (4.1-14.4)	2.7 (1.7-4.2)	2.2 (1.2-3.9)	2.1 (1.2-3.7)	3.3 (2.1-5.4)	1.1 (0.7-1.8)	1.9 (1.0-3.7)	2.2 (1.4-3.4)	1.9 (1.1-3.2)	3.3 (2.5-4.3)	†	1.0 (0.5-1.8)	†
Region														
GTA	6.8 (5.2-8.8)	4.8 (3.3-6.8)	3.7 (2.7-5.1)	1.5 (1.0-2.3)	1.2 (0.7-1.9)	1.7 (1.1-2.6)	2.1 (1.3-3.2)	1.7 (1.1-2.8)	1.1 (0.8-1.6)	1.4 (0.8-2.4)	1.0 (0.6-1.4)	†	0.9 (0.5-1.4)	0.5 ^c (0.3-0.9)
North	14.0 (8.2-22.9)	4.7 (3.0-7.2)	5.3 (3.7-7.4)	2.1 (1.3-3.5)	†	†	†	†	1.9 (1.0-3.7)	1.9 (1.2-2.9)	2.6 (1.6-4.1)	†	†	†
West	11.3 (7.6-16.5)	9.3 (6.6-12.9)	3.9 (2.7-5.6)	†	3.3 (1.9-5.8)	3.5 (2.4-5.1)	†	†	1.8 (1.2-2.8)	1.7 (1.1-2.6)	3.1 (2.2-4.4)	†	†	†
East	7.4 (5.4-9.9)	6.4 (3.6-11.1)	2.6 (1.4-4.8)	2.8 (1.7-4.5)	†	2.1 (1.2-3.9)	1.1 (0.7-1.9)	†	†	1.4 (0.8-2.5)	2.9 (2.1-3.9)	†	†	†

Notes: (1) entries in brackets are 95% confidence intervals; (2) GTA=Greater Toronto Area; (3) † estimate suppressed due to unreliability; (4) note the design change and small sample size in 2021; (5) no significant differences 2025 vs. 2023; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 1999 significant difference, p<.01; ^d significant linear trend, p<.01.

Q: In the last 12 months, how often did you use LSD or "acid"?

Source: OSDUHS, Centre for Addiction & Mental Health

Past Year Methamphetamine or Crystal Methamphetamine Use: 2025 Findings (Grades 9–12)

(Table 3.6.3)

Total	● Use of methamphetamine at least once in the past year is reported by 0.6% of Ontario secondary school students.
Sex	● Estimates by sex are suppressed.
Grade	● Estimates by grade are suppressed.
Region	● Estimates by region are suppressed.

Past Year Methamphetamine or Crystal Methamphetamine Use: Trends

(Tables 3.6.3, A9)

Total	<ul style="list-style-type: none">● The percentage of students reporting methamphetamine use decreased between 1999 and 2025, from about 6% down to 0.6%.● Looking back over the past 45 years or so (among students in grades 9 and 11 only), methamphetamine use was elevated in the late 1970s/early 1980s, decreased during the late 1980s, peaked again in the late 1990s, and subsequently declined to historical lows in recent years.
Sex	● Both males and females show a significant decline since 1999.
Grade	● All grades show a significant decline since 1999.
Region	● All regions show a significant decline since 1999.

Table 3.6.3: Percentage Reporting Methamphetamine Use (includes Crystal Methamphetamine) in the Past Year, 1999–2025 OSDUHS (Grades 9–12)

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(1496)	(1278)	(2238)	(5794)	(4834)	(5783)	(6383)	(6159)	(6597)	(7587)	(9924)	(1460)	(7189)	(6729)
Total	6.3	5.3	5.5	3.1	2.3	2.0	1.2	1.0	1.1	0.6	0.7	†	†	0.6^{cd}
(95% CI)	(4.6-8.7)	(3.5-7.8)	(4.5-6.7)	(2.4-4.0)	(1.7-2.9)	(1.4-2.7)	(0.7-2.0)	(0.6-1.5)	(0.7-1.8)	(0.3-1.1)	(0.5-0.9)			(0.3-1.0)
Sex														
Males	7.2	6.7	6.6	3.8	2.3	2.4	1.5	1.4	1.1	†	0.9	†	†	†
	(5.0-10.4)	(4.6-9.6)	(5.1-8.6)	(2.7-5.4)	(1.8-3.1)	(1.6-3.6)	(0.8-2.7)	(0.8-2.5)	(0.7-1.8)		(0.6-1.4)			
Females	5.4	†	4.4	2.3	2.2	1.5	0.9	†	1.1	†		†	†	†
	(3.3-8.8)		(3.2-6.1)	(1.6-3.3)	(1.5-3.1)	(1.0-2.2)	(0.5-1.7)		(0.6-1.9)					
Grade														
9	3.9	2.8	4.5	3.8	1.8	1.4	†	†	†	†	†	†	†	†
	(2.3-6.5)	(1.7-4.7)	(2.8-7.1)	(2.5-5.8)	(1.0-3.3)	(0.8-2.4)								
10	6.3	8.9	4.8	1.7	1.8	0.9	†	†	†	†	†	†	†	†
	(4.1-9.6)	(5.0-15.4)	(3.2-7.1)	(1.0-2.9)	(1.1-2.8)	(0.5-1.6)								
11	8.1	†	6.8	3.0	3.3	2.0	†	†	†	†	†	†	†	†
	(4.3-14.9)		(4.7-9.7)	(1.7-5.2)	(2.3-4.7)	(1.1-3.6)								
12	7.9	†	6.0	3.7	2.2	3.1	†	1.7	†	†	†	†	†	†
	(4.5-13.7)		(3.6-9.6)	(2.4-5.6)	(1.4-3.4)	(1.9-5.0)		(0.9-3.2)						
Region														
GTA	5.3	†	4.2	2.6	1.6	1.6	0.9	0.5	0.8	†	†	†	†	†
	(3.4-8.3)		(3.0-5.8)	(1.7-3.8)	(1.0-2.4)	(1.0-2.5)	(0.5-1.4)	(0.3-0.9)	(0.5-1.2)					
North	5.2	4.6	8.9	3.4	†	†	†	†	†	†	†	†	†	†
	(3.0-8.7)	(2.6-8.2)	(5.9-13.3)	(1.9-6.1)										
West	8.9	8.4	7.0	3.3	2.2	†	†	†	0.8	†	†	†	†	†
	(4.9-15.6)	(4.8-14.2)	(4.7-10.2)	(2.2-5.1)	(1.3-3.6)				(0.4-1.5)					
East	†	†	5.6	3.8	3.1	†	†	†	†	†	†	†	†	†
			(4.1-7.8)	(2.1-7.1)	(2.0-4.7)									

Notes: (1) entries in brackets are 95% confidence intervals; (2) GTA=Greater Toronto Area; (3) † estimate suppressed due to unreliability; (4) question asked of a random half sample between 1991 and 2005; (5) estimates between 1999 and 2009 are based on two separate questions (methamphetamine and crystal methamphetamine) in the questionnaire; (6) note the design change and small sample size in 2021; (7) no significant differences 2025 vs. 2023; ^c significant decrease since 1999, p<.01; ^d significant linear trend, p<.01.

Q: In the last 12 months, how often did you use methamphetamine or crystal methamphetamine (also known as “speed”, “crystal meth”, “crank”, “ice”, etc.)?

Source: OSDUHS, Centre for Addiction & Mental Health

Past Year Cocaine Use: 2025 Findings (Grades 9–12)

(Table 3.6.4)

Total ● About 0.6% of secondary school students report using cocaine at least once during the 12 months before the survey.

Sex ● Males (0.5%) and females (0.7%) are equally likely to report past year cocaine use.

Grade ● Estimates by grade were suppressed.

Region ● About 0.7% of students in the Greater Toronto Area report using cocaine in the past year. Estimates for the other three regions are suppressed.

Past Year Cocaine Use: Trends

(Tables 3.6.4, A10)

Total ● Cocaine use remained stable between 2023 (1.0%) and 2025 (0.6%). Use peaked in 2003/2005 (at about 6%), but has significantly declined since then, down to 0.6%.
● Looking back over the past 45 years or so (among grades 9 and 11 only), cocaine use was elevated in 1979, and then gradually decreased during the 1980s and early 1990s. Use began a significant upswing in 1993, peaking again in 2003/2005, and subsequently declined, reaching historical lows in recent years.

Sex ● Both males and females show a significant decline in use since the peak years of 2003/2005.

Grade ● Cocaine use has declined among all grades.

Region ● Cocaine use has declined among all four regions.

Table 3.6.4: Percentage Reporting Cocaine Use in the Past Year, 1999–2025 OSDUHS (Grades 9–12)

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(2883)	(2457)	(4693)	(5794)	(4834)	(5783)	(6383)	(6159)	(6597)	(7587)	(9924)	(1460)	(7189)	(6729)
Total (95% CI)	4.0 (3.2-5.0)	5.2 (3.9-6.8)	5.7 (4.9-6.7)	5.7 (4.8-6.8)	4.0 (3.4-4.8)	3.2 (2.5-4.0)	2.4 (1.9-3.0)	2.4 (1.7-3.4)	2.5 (2.0-3.2)	3.1 (2.2-4.2)	2.6 (2.2-3.1)	†	1.0 (0.7-1.3)	0.6 (0.4-0.9)
Sex														
Males	4.6 (3.5-6.0)	5.2 (3.9-6.8)	6.8 (5.5-8.3)	6.1 (4.9-7.5)	4.4 (3.5-5.5)	3.6 (2.6-4.9)	3.0 (2.2-4.1)	2.9 (1.8-4.6)	2.5 (1.9-3.4)	4.0 (2.8-5.8)	3.3 (2.7-4.2)	†	1.1 (0.7-1.7)	0.5 (0.3-0.9)
Females	3.3 (2.5-4.5)	5.2 (3.6-7.4)	4.7 (3.7-6.0)	5.3 (4.1-6.8)	3.6 (2.8-4.6)	2.9 (2.2-3.5)	1.8 (1.2-2.7)	2.0 (1.3-2.9)	2.5 (1.8-3.4)	2.0 (1.1-3.7)	1.8 (1.3-2.5)	†	0.8 (0.5-1.3)	0.7 (0.3-1.3)
Grade														
9	3.2 (2.1-4.7)	3.2 (2.0-5.2)	4.9 (3.5-6.8)	3.8 (2.8-5.1)	2.3 (1.6-3.5)	1.1 (0.6-1.9)	†	†	†	†	0.9 (0.6-1.6)	†	†	†
10	3.8 (2.4-5.9)	6.5 (4.4-9.6)	4.6 (3.3-6.2)	4.6 (3.4-6.2)	3.4 (2.4-4.8)	2.3 (1.5-3.6)	†	2.0 (1.2-3.3)	1.1 (0.6-1.8)	1.2 (0.7-2.2)	0.7 (0.4-1.3)	†	†	†
11	5.4 (3.4-8.4)	7.0 (4.4-10.9)	6.9 (5.1-9.2)	7.2 (5.6-9.2)	5.7 (4.3-7.6)	3.7 (2.6-5.2)	4.9 (3.3-7.2)	1.9 (1.2-3.1)	3.1 (2.2-4.4)	†	2.7 (2.0-3.7)	†	†	†
12	3.6 (2.3-5.7)	3.5 (1.9-6.2)	6.7 (5.1-8.8)	7.1 (5.1-9.7)	4.5 (3.3-6.1)	5.1 (3.5-7.4)	2.5 (1.4-4.4)	3.7 (2.1-6.4)	4.5 (3.1-6.6)	5.5 (3.3-9.1)	5.2 (4.0-6.7)	†	0.8 (0.5-1.4)	†
Region														
GTA	4.1 (2.9-5.6)	4.3 (3.3-5.7)	5.6 (4.4-7.1)	5.0 (4.0-6.2)	3.1 (2.4-4.1)	2.4 (1.7-3.4)	1.9 (1.4-2.7)	2.3 (1.6-3.2)	2.0 (1.4-2.7)	2.6 (1.6-4.2)	1.4 (1.0-2.0)	†	1.0 (0.6-1.6)	0.7 (0.4-1.3)
North	4.2 (2.4-7.2)	4.2 (2.4-7.2)	7.8 (6.0-10.0)	5.5 (3.8-7.9)	8.0 (5.1-12.3)	5.9 (3.6-9.5)	5.3 (3.2-8.7)	†	4.8 (2.8-7.9)	3.4 (2.3-5.0)	5.1 (3.8-6.7)	†	†	†
West	4.0 (2.4-6.5)	7.1 (4.4-11.3)	6.8 (5.0-9.3)	9.0 (6.5-12.4)	4.9 (3.3-7.1)	3.8 (2.5-5.8)	3.1 (2.0-4.9)	†	2.9 (2.1-4.0)	3.6 (2.2-6.0)	3.5 (2.6-4.9)	†	1.2 (0.7-1.9)	†
East	3.6 (2.4-5.4)	4.9 (2.3-10.0)	4.0 (2.9-5.5)	4.0 (2.4-6.6)	3.7 (2.8-4.9)	3.1 (1.8-5.4)	1.7 (0.9-3.0)	2.1 (1.2-3.6)	†	†	3.3 (2.3-4.7)	†	†	†

Notes: (1) entries in brackets are 95% confidence intervals; (2) GTA=Greater Toronto Area; (3) † estimate suppressed due to unreliability; (4) note the design change and small sample size in 2021; (5) no significant differences 2025 vs. 2023; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 2003 or 2005 (peak years) significant difference, p<.01; ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.

Q: In the last 12 months, how often did you use cocaine (also known as “coke”, “blow”, “snow”, “powder”, “snort”, etc.)?

Source: OSDUHS, Centre for Addiction & Mental Health

Past Year Ecstasy (MDMA) Use: 2025 Findings (Grades 9–12)

(Table 3.6.5)

Total	<ul style="list-style-type: none">● In 2025, 0.7% of secondary school students report using ecstasy (MDMA) at least once during the 12 months before the survey.
Sex	<ul style="list-style-type: none">● About 0.5% of males report ecstasy use in the past year. The estimate for females is suppressed.
Grade	<ul style="list-style-type: none">● Estimates by grade are suppressed.
Region	<ul style="list-style-type: none">● About 0.6% of students in the Greater Toronto Area report using ecstasy in the past year. Estimates for the other three regions are suppressed.

Past Year Ecstasy (MDMA) Use: Trends

(Tables 3.6.5; A11)

Total	<ul style="list-style-type: none">● Ecstasy use remained stable between 2023 (0.6%) and 2025 (0.7%). Use has significantly decreased since the peak of 7.9% in 2001 (among grades 9-12).● Since monitoring began in 1991 (among grades 9 and 11 only), ecstasy use steadily increased from below 0.5% to a peak in 2001. Use has been on a downward trend since that peak, reaching historical lows in recent years.
Sex	<ul style="list-style-type: none">● Both males and females show a significant decrease since the peak year of use in 2001.
Grade	<ul style="list-style-type: none">● All grades show a significant decrease since the peak year of use in 2001.
Region	<ul style="list-style-type: none">● All regions show a significant decrease since the peak year of use in 2001.

Table 3.6.5: Percentage Reporting Ecstasy (MDMA) Use in the Past Year, 1999–2025 OSDUHS (Grades 9–12)

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(1496)	(2457)	(4693)	(5794)	(4834)	(5783)	(6383)	(6159)	(6597)	(7587)	(9924)	(1460)	(7189)	(6729)
Total	5.3	7.9	5.5	6.2	4.7	4.3	4.4	3.3	5.4	3.4	2.3	†	0.6	0.7 ^{bcde}
(95% CI)	(4.0-7.0)	(6.5-9.6)	(4.7-6.4)	(5.2-7.4)	(3.9-5.7)	(3.5-5.2)	(3.5-5.6)	(2.4-4.5)	(4.5-6.4)	(2.6-4.4)	(1.9-2.7)		(0.4-0.9)	(0.4-1.2)
Sex														
Males	5.7	8.7	5.7	6.4	4.8	4.2	4.6	3.9	5.6	4.2	2.9	†	0.5	0.5 ^{bc}
	(3.9-8.3)	(6.8-11.2)	(4.6-7.2)	(5.2-8.0)	(3.6-6.2)	(3.1-5.7)	(3.2-6.6)	(2.5-6.0)	(4.5-7.0)	(3.3-5.3)	(2.4-3.6)		(0.3-0.9)	(0.3-0.8)
Females	5.0	7.0	5.2	6.0	4.6	4.3	4.2	2.6	5.1	2.5	1.6	†	0.7	†
	(3.3-7.4)	(5.4-8.9)	(4.2-6.5)	(4.7-7.5)	(3.8-5.6)	(3.5-5.3)	(3.2-5.4)	(1.8-3.8)	(4.1-6.3)	(1.4-4.5)	(1.2-2.1)		(0.5-1.0)	
Grade														
9	†	7.2	3.7	3.6	2.8	2.0	†	†	1.1	†	0.7	†	†	†
		(5.0-10.1)	(2.7-5.1)	(2.6-4.9)	(1.9-4.1)	(1.1-3.5)			(0.6-1.9)		(0.4-1.2)			
10	4.5	6.8	4.6	5.3	4.7	4.2	2.7	2.7	3.0	2.3	1.4	†	†	†
	(2.5-7.8)	(4.6-10.0)	(3.2-6.4)	(3.9-7.0)	(3.5-6.4)	(3.1-5.7)	(1.5-4.8)	(1.5-4.8)	(2.1-4.3)	(1.5-3.7)	(0.8-2.3)			
11	9.8	9.5	6.6	7.7	6.2	5.0	7.9	3.1	5.8	2.5	2.8	†	†	†
	(6.4-14.8)	(6.9-13.0)	(4.9-9.0)	(5.7-10.5)	(4.6-8.2)	(3.7-6.9)	(5.9-10.6)	(2.0-4.8)	(4.4-7.6)	(1.7-3.6)	(2.0-3.8)			
12	4.8	9.2	7.2	8.1	5.0	5.4	4.6	5.6	9.6	6.7	3.7	†	0.7	†
	(2.6-8.8)	(6.0-14.1)	(5.5-9.4)	(6.3-10.5)	(3.8-6.7)	(3.8-7.6)	(3.0-7.0)	(3.6-8.5)	(7.3-12.6)	(4.5-9.8)	(2.8-5.0)		(0.4-1.1)	
Region														
GTA	6.8	7.0	4.9	5.0	3.2	3.3	3.6	2.9	6.1	3.1	1.2	†	0.7	0.6 ^c
	(4.8-9.7)	(5.2-9.4)	(3.8-6.3)	(3.9-6.3)	(2.2-4.8)	(2.5-4.4)	(2.2-5.8)	(1.8-4.6)	(4.8-7.7)	(2.1-4.7)	(0.9-1.7)		(0.4-1.0)	(0.4-1.1)
North	†	4.8	5.9	5.3	9.0	6.4	5.6	†	5.9	2.9	3.8	†	†	†
		(3.2-7.0)	(4.7-7.3)	(4.0-6.8)	(5.7-13.8)	(3.9-10.5)	(3.9-8.0)		(4.2-8.4)	(1.8-4.5)	(2.7-5.3)			
West	5.4	12.7	7.4	9.9	5.1	5.5	5.0	†	4.2	4.9	3.5	†	†	†
	(3.2-8.9)	(9.8-16.4)	(5.6-9.8)	(7.5-12.9)	(3.7-7.0)	(3.9-7.7)	(3.5-7.1)		(3.2-5.5)	(3.3-7.2)	(2.6-4.8)			
East	†	4.4	4.4	5.5	6.0	3.9	4.9	3.6	5.3	†	2.4	†	†	†
		(2.3-8.3)	(3.1-6.2)	(3.5-8.5)	(4.6-7.8)	(2.3-6.3)	(3.2-7.5)	(2.0-6.3)	(3.3-8.2)		(1.8-3.4)			

Notes: (1) question asked of a random half sample in 1999; (2) entries in brackets are 95% confidence intervals; (3) GTA= Greater Toronto Area; (4) † estimate suppressed due to unreliability; (5) note the design change and small sample size in 2021; (6) no significant differences 2025 vs. 2023; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 2001 (peak) significant difference, p<.01; ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.

Q: In the last 12 months, how often did you use MDMA or "ecstasy" (also known as "Molly", "E", "X")?

Source: OSDUHS, Centre for Addiction & Mental Health

Past Year Heroin Use: 2025 Findings (Grades 9–12)

(Table 3.6.6)

Total	<ul style="list-style-type: none">● The 2025 estimate for past year heroin use among secondary school students is suppressed (less than 0.5%).
Sex	<ul style="list-style-type: none">● Estimates by sex are suppressed.
Grade	<ul style="list-style-type: none">● Estimates by grade are suppressed.
Region	<ul style="list-style-type: none">● Estimates by region are suppressed.

Past Year Heroin Use: Trends

(Tables 3.6.6, A12)

Total	<ul style="list-style-type: none">● Heroin use has remained very low and stable during the past decade, and the level of use seen in recent years is among the lowest since 1999, when the estimate was 2.1%.● Looking back over the past 45 years or so (among grades 9 and 11 only), the use of heroin has been low and stable for decades.
Sex	<ul style="list-style-type: none">● Heroin use among both males and females has been low and stable for the past decade, and remains significantly lower than their respective estimates from 1999.
Grade	<ul style="list-style-type: none">● Use among the grades has been low and stable for the past decade, but significantly lower than estimates from 1999.
Region	<ul style="list-style-type: none">● Use among the regions has been low and stable for the past decade, but significantly lower than estimates from 1999.

Table 3.6.6: Percentage Reporting Heroin Use in the Past Year, 1999–2025 OSDUHS (Grades 9–12)

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(2883)	(2457)	(4693)	(5794)	(4834)	(5783)	(6383)	(6159)	(6597)	(7587)	(9924)	(1460)	(7189)	(6729)
Total (95% CI)	2.1 (1.6-2.7)	1.2 (0.8-1.7)	1.5 (1.1-1.9)	0.9 (0.7-1.2)	1.0 (0.7-1.5)	0.8 (0.6-1.2)	†	†	0.5 (0.3-0.7)	†	†	†	†	† ^{cd}
Sex														
Males	2.8 (2.0-3.9)	1.8 (1.1-2.7)	2.2 (1.6-3.0)	1.1 (0.8-1.6)	1.4 (1.0-2.2)	1.2 (0.8-1.9)	†	0.7 (0.4-1.2)	†	†	†	†	†	†
Females	1.3 (0.7-2.4)	†	0.8 (0.4-1.3)	0.8 (0.5-1.2)	†	†	†	†	†	†	†	†	†	†
Grade														
9	2.5 (1.7-3.8)	2.2 (1.3-3.6)	1.5 (0.9-2.4)	1.4 (0.8-2.3)	1.0 (0.6-1.8)	†	†	†	†	†	†	†	†	†
10	†	1.2 (0.6-2.2)	2.0 (1.2-3.5)	†	0.7 (0.4-1.3)	†	†	†	†	†	†	†	†	†
11	†	†	1.3 (0.7-2.2)	0.8 (0.4-1.5)	1.7 (1.0-2.9)	†	†	†	†	†	†	†	†	†
12	2.2 (1.2-4.0)	†	1.1 (0.6-2.0)	1.0 (0.6-1.7)	†	1.0 (0.5-2.0)	†	†	†	†	†	†	†	†
Region														
GTA	2.3 (1.5-3.3)	†	1.6 (1.1-2.4)	1.0 (0.7-1.4)	0.9 (0.5-1.5)	0.8 (0.5-1.5)	†	†	†	†	†	†	†	†
North	1.4 (0.8-2.6)	†	†	1.0 (0.6-1.7)	†	†	†	†	†	†	†	†	†	†
West	1.9 (1.0-3.6)	2.0 (1.1-3.6)	1.2 (0.7-2.0)	1.3 (0.9-2.1)	†	0.9 (0.5-1.7)	†	†	0.8 (0.4-1.5)	†	†	†	†	†
East	2.1 (1.3-3.6)	†	1.6 (1.0-2.5)	†	1.3 (0.8-2.3)	†	†	†	†	†	†	†	†	†

Notes: (1) entries in brackets are 95% confidence intervals; (2) GTA=Greater Toronto Area; (3) † estimate suppressed due to unreliability; (4) note the design change and small sample size in 2021; (5) ^c significant decline since 1999, p<.01; ^d significant linear trend, p<.01.

Q: In the last 12 months, how often did you use heroin (also known as "H", "junk", or "smack")?

Source: OSDUHS, Centre for Addiction & Mental Health

Past Year Fentanyl Use

2025 (Grades 9–12):

- The percentage of secondary school students reporting past year use of fentanyl in 2025 is suppressed (less than 0.5%).
- No further breakdown by sex, grade, or region could be presented due to suppressed estimates.

2017–2025 (Grades 9–12):

- Fentanyl use was first monitored in the 2017 cycle, showing 0.9% of secondary school students used in the past year. The percentage reporting use has remained low and stable since then.

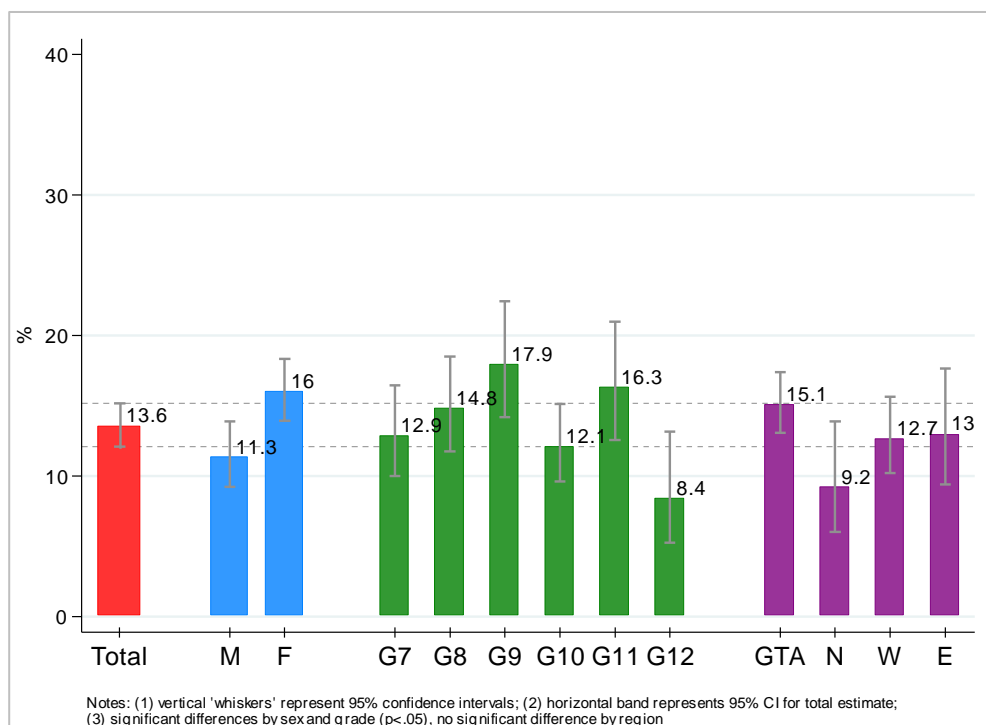
3.7 Nonmedical Use of Prescription Drugs and Over-the-Counter Drugs

Past Year Nonmedical Use of Prescription Opioids: 2025 Findings (Grades 7–12)

(Figure 3.7.1; Table 3.7.1)

- Total** ● About one-in-seven (13.6%) students report using prescription opioids¹² nonmedically at least once during the 12 months before the survey.
- Sex** ● Females (16.0%) are significantly more likely than males (11.3%) to report nonmedical use of prescription opioids in the past year.
- Grade** ● There are significant grade differences, showing that 12th graders are least likely to report use compared with younger grades (8.4% vs. 13%-18%, respectively).
- Region** ● Despite some variation, there are no significant differences by region.

Figure 3.7.1
Past Year Nonmedical Use of Prescription Opioids by Sex, Grade, and Region, 2025 OSDUHS



¹² These results are based on one of two survey questions that asked about the nonmedical use of prescription opioids. The list of medications included in this question was "Percocet, Percodan, Tylenol #3, Demerol, Dilaudid, codeine, hydromorphone, oxycodone, tramadol, morphine." Results from the alternate question that excluded Tylenol #3 from the example list of medications are not presented in this report.

Past Year Nonmedical Use of Prescription Opioids: 2007–2025 Trends (Grades 7–12)

(Figure 3.7.2; Table 3.7.1)

- Total**
 - Nonmedical use of prescription opioids significantly decreased between 2023 (21.8%) and 2025 (13.6%), returning to a level similar to 2021 (12.7%). However, current use remains higher than the estimates seen about a decade ago (10%-11%), but lower than 2007, when monitoring first began (20.6%).
- Sex**
 - Both males and females show a significant decrease in past year nonmedical prescription opioid use between 2023 and 2025, returning to a level seen in 2021. While females remain currently higher than estimates seen about a decade ago, both show a significant decrease compared to 2007, when monitoring first began.
- Grade**
 - Most grades show a significant decrease between 2023 and 2025. Students in grades 8, 10, and 12 show significant decreases compared with their respective 2007 estimate.
- Region**
 - All four regions show a significant decrease between 2023 and 2025. All, except for the East region, show a significant decrease compared with their respective 2007 estimate.

Figure 3.7.2

Past Year Nonmedical Use of Prescription Opioids, 2007–2025 OSDUHS

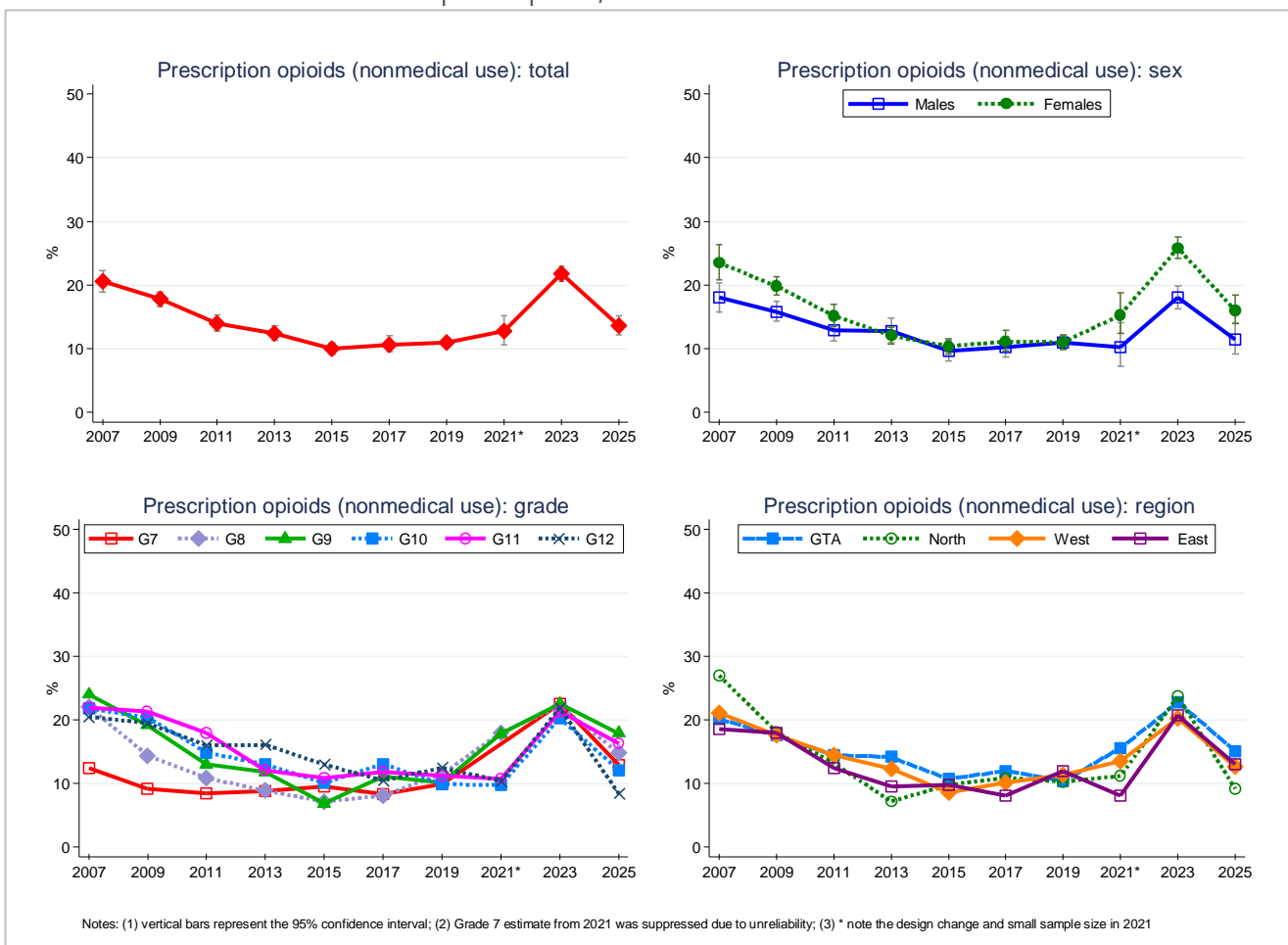


Table 3.7.1: Percentage Reporting Nonmedical Use of Prescription Opioids in the Past Year, 2007–2025
OSDUHS

	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(2935)	(9112)	(9288)	(10272)	(10426)	(10435)	(14142)	(2225)	(10145)	(5540)
Total	20.6	17.8	14.0	12.4	10.0	10.6	11.0	12.7	21.8	13.6 ^{abcde}
(95% CI)	(18.9-22.3)	(16.6-18.9)	(12.8-15.3)	(11.2-13.6)	(9.0-11.0)	(9.5-12.0)	(10.3-11.7)	(10.6-15.1)	(20.6-23.0)	(12.1-15.2)
Sex										
Males	18.0	15.8	12.9	12.8	9.6	10.2	10.9	10.2	18.0	11.3 ^{ac}
	(15.8-20.3)	(14.3-17.4)	(11.2-14.9)	(11.0-14.8)	(8.1-11.3)	(8.7-11.9)	(9.9-12.0)	(7.2-14.1)	(16.3-19.8)	(9.2-13.9)
Females	23.5	19.8	15.2	12.0	10.4	11.1	11.0	15.3	25.8	16.0 ^{abc}
	(20.8-26.3)	(18.4-21.3)	(13.5-17.0)	(10.7-13.3)	(9.2-11.6)	(9.6-12.8)	(10.0-12.2)	(12.4-18.8)	(24.2-27.5)	(13.9-18.4)
Grade										
7	12.5	9.2	8.5	8.8	9.5	8.4	9.9	†	22.5	12.9 ^a
	(8.4-18.2)	(6.9-12.2)	(6.7-10.7)	(6.8-11.3)	(6.6-13.6)	(6.1-11.4)	(7.9-12.4)		(19.5-25.9)	(10.0-16.4)
8	22.1	14.4	10.9	8.9	7.2	8.1	11.5	18.0	22.2	14.8 ^{ac}
	(17.7-27.2)	(11.9-17.4)	(8.5-13.8)	(6.6-11.7)	(4.8-10.6)	(5.7-11.2)	(9.5-13.8)	(11.7-26.6)	(19.6-25.1)	(11.8-18.5)
9	24.0	19.2	13.0	11.8	6.9	11.1	10.1	17.8	22.5	17.9 ^b
	(19.5-29.1)	(16.4-22.3)	(10.7-15.6)	(9.2-14.9)	(5.4-8.8)	(8.8-14.0)	(8.6-11.8)	(11.8-25.9)	(19.8-25.3)	(14.2-22.4)
10	21.8	20.4	14.9	13.0	10.1	13.1	9.9	9.8	20.2	12.1 ^{ac}
	(18.1-25.9)	(17.1-24.2)	(12.9-17.2)	(10.4-16.0)	(8.3-12.3)	(10.4-16.2)	(8.5-11.4)	(4.9-18.8)	(17.5-23.3)	(9.6-15.2)
11	22.0	21.3	18.0	12.1	10.9	11.9	11.3	10.8	21.4	16.3 ^b
	(18.4-26.2)	(18.6-24.3)	(14.6-22.0)	(9.9-14.7)	(8.8-13.6)	(9.9-14.1)	(9.8-13.0)	(6.9-16.3)	(18.5-24.7)	(12.6-21.0)
12	20.5	19.5	16.0	16.1	13.0	10.5	12.5	10.4	21.9	8.4 ^{ac}
	(16.6-25.1)	(16.8-22.5)	(13.2-19.2)	(13.2-19.6)	(10.4-16.2)	(8.3-13.2)	(10.7-14.5)	(5.9-17.7)	(19.4-24.6)	(5.3-13.2)
Region										
GTA	20.2	17.6	14.5	14.2	10.8	12.0	10.4	15.6	22.8	15.1 ^{abc}
	(17.4-23.3)	(16.0-19.4)	(12.5-16.8)	(12.4-16.2)	(9.6-12.4)	(10.2-14.0)	(9.5-11.4)	(11.5-20.8)	(21.2-24.6)	(13.1-17.4)
North	27.0	18.1	13.2	7.2	9.8	10.9	10.2	11.2	23.7	9.2 ^{ac}
	(21.6-33.1)	(15.9-20.6)	(9.7-17.8)	(5.5-9.4)	(7.5-12.8)	(8.9-13.4)	(8.0-13.0)	(6.5-18.5)	(18.4-29.9)	(6.0-13.9)
West	21.1	17.6	14.5	12.3	8.6	10.2	11.4	13.5	20.3	12.7 ^{ac}
	(18.0-24.5)	(15.2-20.4)	(12.0-17.4)	(10.4-14.4)	(6.8-10.9)	(8.7-11.8)	(10.0-12.9)	(10.2-17.8)	(18.0-22.8)	(10.2-15.6)
East	18.6	18.0	12.5	9.6	9.8	8.1	12.0	8.1	20.7	13.0 ^a
	(16.1-21.4)	(16.0-20.2)	(10.8-14.4)	(7.3-12.6)	(7.6-12.4)	(5.6-11.8)	(10.2-14.0)	(5.5-11.7)	(18.1-23.7)	(9.4-17.6)

Notes: (1) question asked of a random half sample in 2007 and in 2025; (2) entries in brackets are 95% confidence intervals; (3) GTA=Greater Toronto Area; (4) † estimate suppressed due to unreliability; (5) note the design change and small sample size in 2021; (6) ^a 2025 vs. 2023 significant difference, $p < .01$; ^b 2025 vs. 2019 significant difference, $p < .01$; ^c 2025 vs. 2007 significant difference, $p < .01$; ^d significant linear trend, $p < .01$; ^e significant nonlinear trend, $p < .01$.

Q: The next question is about pain relief pills that people usually get by prescription, such as Percocet, Percodan, Tylenol #3, Demerol, Dilaudid, codeine, hydromorphone, oxycodone, tramadol, morphine. (We do not mean regular Tylenol, Advil, or Aspirin that anyone can buy in a drugstore.) In the last 12 months, how often did you use these types of pain relief pills without a prescription or without a doctor recommending them?

Source: OSDUHS, Centre for Addiction & Mental Health

Past Year Nonmedical Use of ADHD Drugs: 2025 Findings (Grades 7–12)

(Figure 3.7.3; Table 3.7.2)

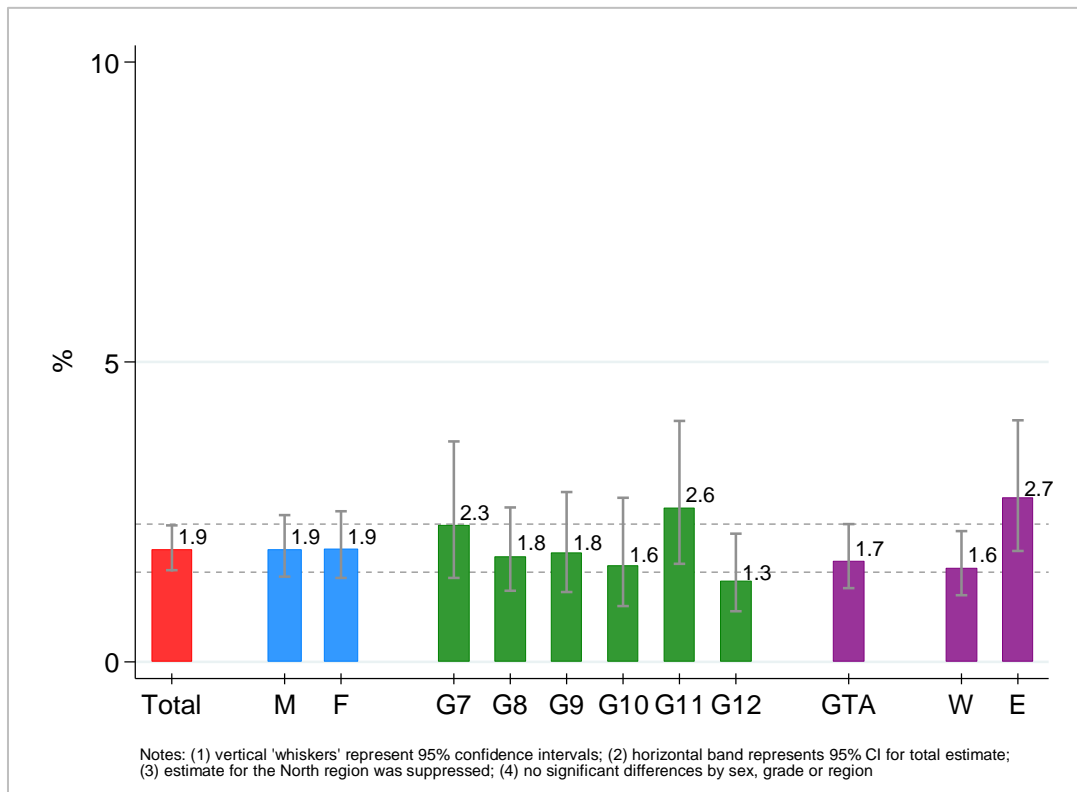
- Total ● Among all students, 1.9% report using an ADHD drug (such as Adderall, Ritalin, Concerta) for nonmedical purposes at least once in the past 12 months.

- Sex ● Males and females are equally likely to use an ADHD drug nonmedically (both 1.9%).

- Grade ● There is no significant grade variation.

- Region ● There is no significant regional variation.

Figure 3.7.3
Past Year Nonmedical Use of ADHD Drugs by Sex, Grade, and Region, 2025 OSDUHS



Past Year Nonmedical Use of ADHD Drugs: 2007–2025 Trends (Grades 7–12)

(Table 3.7.2)

- | | |
|--------|---|
| Total | <ul style="list-style-type: none">● The nonmedical use of an ADHD drug remained stable between 2023 and 2025 (both at 1.9%). Use significantly increased between 2007, the first year of monitoring, and 2019 (from 1.0% to 2.7%), but has since significantly decreased to 1.9%. |
| Sex | <ul style="list-style-type: none">● Males show an increase between 2007 and 2019, followed by a significant decrease in recent years. Females have remained low and stable since 2007. |
| Grade | <ul style="list-style-type: none">● Only students in grade 12 show a significant increase in use between 2007 and 2019, followed by a significant decrease in recent years. |
| Region | <ul style="list-style-type: none">● Only the West region shows a significant increase between 2007 and 2019, followed by a significant decrease in recent years. |

Table 3.7.2: Percentage Reporting Nonmedical Use of ADHD Drugs in the Past Year, 2007–2025 OSDUHS

	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n=)	(2935)	(9112)	(9288)	(10272)	(10426)	(11435)	(14142)	(2225)	(10145)	(11018)
Total (95% CI)	1.0 (0.7-1.5)	1.6 (1.3-2.1)	1.0 (0.7-1.3)	1.4 (1.0-2.0)	2.1 (1.6-2.7)	2.3 (1.7-3.1)	2.7 (2.2-3.1)	†	1.9 (1.5-2.3)	1.9 ^{bde} (1.5-2.3)
Sex										
Males	1.1 (0.7-1.8)	1.7 (1.2-2.4)	1.2 (0.7-2.2)	1.9 (1.2-2.9)	2.1 (1.5-3.0)	2.6 (2.0-3.5)	3.2 (2.6-3.8)	†	2.1 (1.6-2.9)	1.9 ^b (1.4-2.4)
Females	1.0 (0.5-1.9)	1.6 (1.2-2.1)	0.7 (0.4-1.3)	0.9 (0.6-1.3)	2.0 (1.4-2.9)	1.9 (1.2-3.1)	2.1 (1.6-2.8)	†	1.6 (1.2-2.2)	1.9 (1.4-2.5)
Grade										
7	†	0.8 (0.4-1.5)	†	†	†	1.5 (0.8-2.7)	0.7 (0.4-1.4)	†	†	2.3 ^b (1.4-3.7)
8	†	1.2 (0.7-2.3)	†	†	†	0.9 (0.5-1.8)	1.3 (0.7-2.1)	†	1.9 (1.1-3.1)	1.8 (1.2-2.6)
9	†	1.8 (1.0-3.0)	†	†	0.8 (0.4-1.4)	0.8 (0.4-1.4)	1.9 (1.3-2.8)	†	1.8 (1.0-2.9)	1.8 (1.2-2.8)
10	†	1.6 (1.0-2.6)	†	1.6 (0.8-3.0)	1.5 (0.9-2.5)	†	2.1 (1.5-3.0)	†	2.1 (1.2-3.7)	1.6 (0.9-2.7)
11	2.2 (1.3-3.7)	2.5 (1.5-4.1)	†	1.4 (0.8-2.5)	3.4 (2.3-5.0)	3.3 (2.3-4.7)	3.1 (2.2-4.3)	†	2.1 (1.1-3.7)	2.6 (1.6-4.0)
12	†	1.7 (1.1-2.7)	†	2.4 (1.2-4.7)	3.8 (2.3-6.1)	4.5 (2.7-7.3)	5.0 (3.9-6.4)	†	2.0 (1.2-3.4)	1.3 ^b (0.8-2.1)
Region										
GTA	1.2 (0.6-2.3)	1.2 (0.9-1.8)	0.6 (0.4-1.0)	1.2 (0.7-1.9)	1.6 (1.1-2.3)	2.0 (1.0-3.7)	1.5 (1.2-2.0)	†	1.5 (1.1-2.0)	1.7 (1.2-2.3)
North	†	2.5 (1.4-4.4)	1.3 (0.8-2.3)	†	1.7 (0.9-3.1)	2.9 (2.0-4.1)	2.1 (1.4-3.3)	†	3.1 (1.8-5.1)	†
West	1.2 (0.7-2.2)	1.6 (1.0-2.7)	†	†	2.1 (1.4-3.2)	2.7 (2.0-3.7)	4.3 (3.1-5.9)	†	2.2 (1.5-3.3)	1.6 ^b (1.1-2.2)
East	†	2.1 (1.2-3.4)	1.8 (1.2-2.7)	1.4 (0.7-2.6)	3.2 (1.7-5.8)	2.3 (1.2-4.2)	3.3 (2.6-4.3)	†	2.1 (1.2-3.4)	2.7 (1.8-4.0)

Notes: (1) based on grades 7-12; (2) question asked of a random half sample in 2007; (3) GTA=Greater Toronto Area; (4) entries in brackets are 95% confidence intervals; (5) † estimate suppressed due to unreliability; (6) note the design change and small sample size in 2021; (7) no significant differences 2025 vs. 2023 or 2025 vs. 2007; ^b 2025 vs. 2019 significant difference, p<.01; ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.

Q: Sometimes doctors give medicine to students who are hyperactive or have problems concentrating in school. This is called Attention-Deficit/Hyperactivity Disorder (ADHD). In the last 12 months, how often did you use medicine that is usually used to treat ADHD (such as Adderall, Ritalin, Concerta, Dexedrine, also known as "Addys", "Dexies") without a prescription or without a doctor telling you to take it?

Source: OSDUHS, Centre for Addiction & Mental Health

Past Year Nonmedical Use of Cough or Cold Medication: 2025 Findings (Grades 7–12)

(Figure 3.7.4; Table 3.7.3)

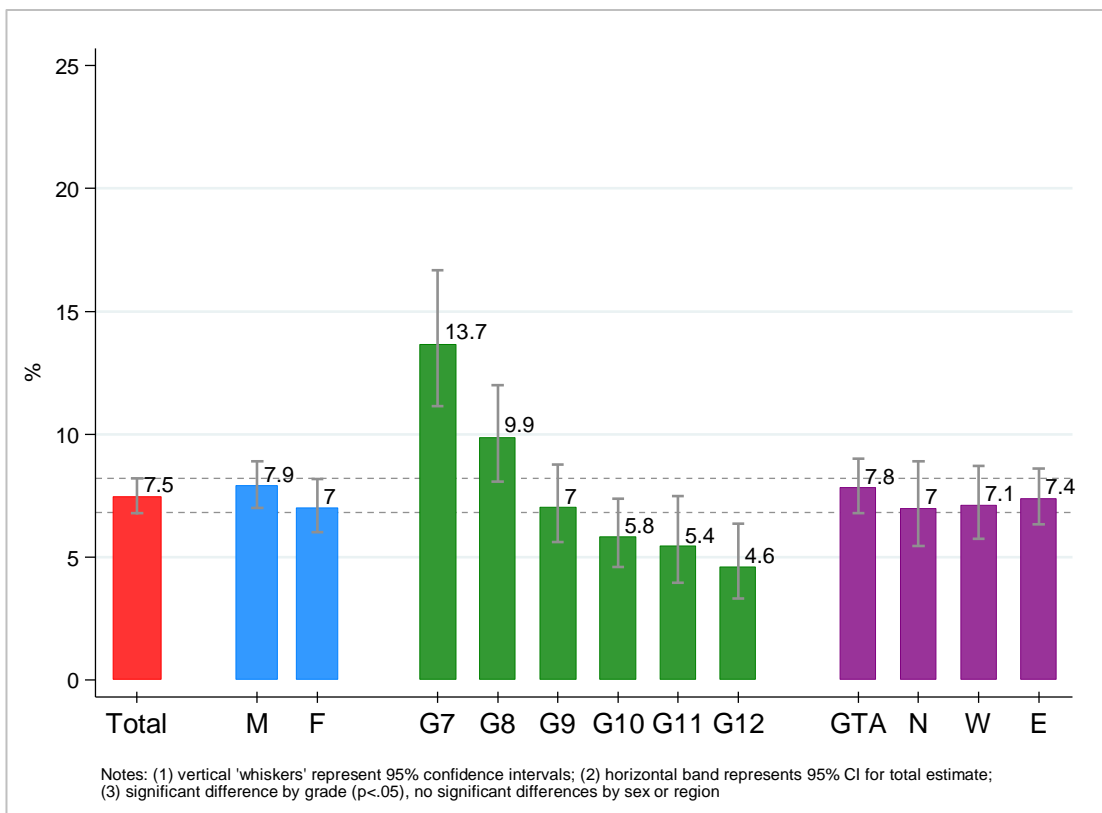
- Total
 - About one-in-twelve (7.5%) students report using cough/cold medication to “get high” at least once in the past year.

- Sex
 - Males (7.9%) and females (7.0%) are equally likely to report using cough/cold medication to “get high.”

- Grade
 - Use is more likely among younger students and significantly decreases with grade (from 13.7% of 7th graders down to 4.6% of 12th graders).

- Region
 - There is no significant regional variation.

Figure 3.7.4
Past Year Nonmedical Use of Cough or Cold Medication by Sex, Grade, and Region, 2025 OSDUHS



Past Year Nonmedical Use of Cough or Cold Medication: 2009–2025 Trends (Grades 7–12)

(Figure 3.7.5; Table 3.7.3)

- Total** ● The percentage of students reporting using cough/cold medication to “get high” significantly decreased between 2023 (9.6%) and 2025 (7.5%), returning to a level seen in prior years. The prevalence has fluctuated over the years and the current estimate is similar to that seen in 2009 (7.2%), when monitoring first began.
- Sex** ● Males show a significant decrease in use between 2023 and 2025. For both males and females, the current estimate is similar to the respective estimate from 2009, the first year of monitoring.
- Grade** ● All grades except 7th grade show estimates similar to 2009. Use among 7th graders has significantly increased since 2009, from 6.0% to 13.7%
- Region** ● Students in the North and East regions show significant decreases between 2023 and 2025. All regions show current estimates similar to those seen in 2009, the first year of monitoring.

Figure 3.7.5
Past Year Nonmedical Use of Cough or Cold Medication, 2009–2025 OSDUHS (Grades 7–12)

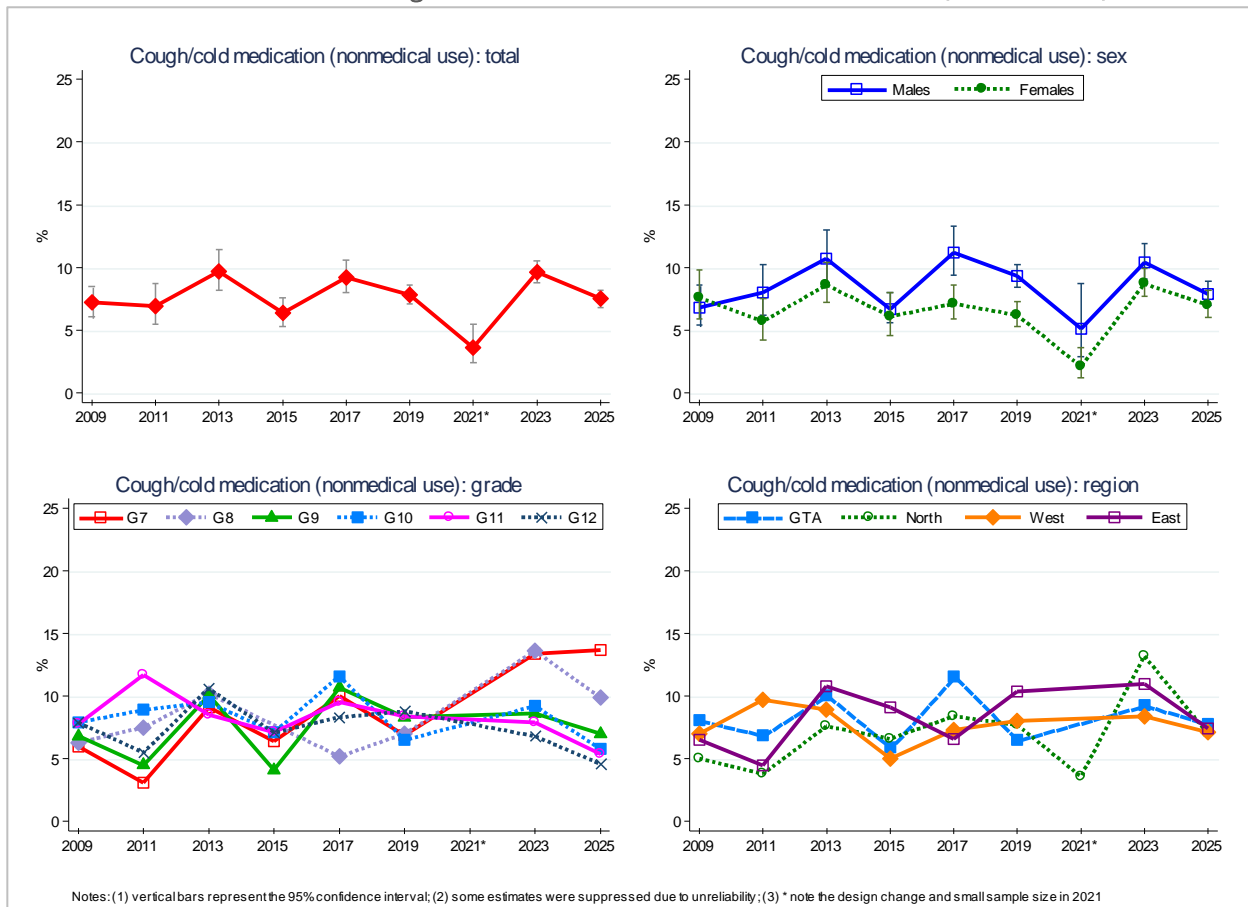


Table 3.7.3: Percentage Reporting Nonmedical Use of Cough or Cold Medication in the Past Year, 2009–2025 OSDUHS

	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n=)	(4220)	(4472)	(10272)	(10426)	(11435)	(14142)	(2225)	(10145)	(11108)
Total	7.2	6.9	9.7	6.4	9.2	7.8	3.6	9.6	7.5 ^{ae}
(95% CI)	(6.1-8.5)	(5.5-8.7)	(8.2-11.4)	(5.3-7.6)	(8.0-10.6)	(7.1-8.6)	(2.4-5.5)	(8.8-10.5)	(6.8-8.2)
Sex									
Males	6.8	8.0	10.7	6.7	11.2	9.3	5.1	10.4	7.9 ^a
(95% CI)	(5.4-8.6)	(6.2-10.2)	(8.8-13.0)	(5.6-8.0)	(9.4-13.3)	(8.4-10.2)	(2.9-8.7)	(9.1-11.9)	(7.0-8.9)
Females	7.6	5.7	8.6	6.1	7.1	6.2	2.1	8.7	7.0
(95% CI)	(5.9-9.8)	(4.2-7.5)	(7.2-10.4)	(4.6-8.0)	(5.9-8.6)	(5.3-7.3)	(1.2-3.6)	(7.6-9.9)	(6.0-8.2)
Grade									
7	6.0	3.1	9.1	6.4	10.0	6.9	†	13.4	13.7 ^{bc}
(95% CI)	(3.8-9.4)	(1.8-5.3)	(6.7-12.1)	(3.9-10.3)	(7.1-13.7)	(5.1-9.3)		(10.6-16.8)	(11.1-16.7)
8	6.3	7.5	10.2	†	5.2	7.0	†	13.6	9.9
(95% CI)	(4.1-9.6)	(5.2-10.8)	(7.0-14.4)		(3.3-8.1)	(5.3-9.1)		(11.3-16.3)	(8.1-12.0)
9	6.8	4.5	10.1	4.1	10.7	8.3	†	8.6	7.0
(95% CI)	(4.0-11.2)	(3.1-6.5)	(7.2-13.9)	(3.0-5.5)	(7.9-14.4)	(6.9-10.0)		(6.7-10.9)	(5.6-8.8)
10	7.9	8.9	9.5	7.1	11.6	6.5	†	9.2	5.8 ^a
(95% CI)	(5.3-11.4)	(6.6-11.9)	(7.3-12.2)	(5.6-8.9)	(8.8-15.3)	(5.0-8.5)		(7.5-11.3)	(4.6-7.4)
11	7.8	11.7	8.5	7.1	9.5	8.4	†	7.9	5.4
(95% CI)	(5.6-10.9)	(6.1-21.5)	(6.2-11.4)	(5.7-8.7)	(6.4-14.0)	(6.9-10.3)		(6.1-10.0)	(3.9-7.5)
12	7.9	5.5	10.6	7.1	8.3	8.8	†	6.8	4.6 ^b
(95% CI)	(5.3-11.5)	(3.6-8.3)	(7.8-14.2)	(5.5-9.2)	(6.5-10.5)	(7.2-10.7)		(5.3-8.7)	(3.3-6.3)
Region									
GTA	8.1	6.9	10.1	5.9	11.6	6.5	†	9.3	7.8
(95% CI)	(6.4-10.2)	(5.7-8.3)	(8.8-11.6)	(5.0-7.1)	(9.9-13.6)	(5.6-7.6)		(8.2-10.5)	(6.8-9.0)
North	5.0	3.8	7.6	6.6	8.4	7.7	3.6	13.2	7.0 ^a
(95% CI)	(2.9-8.7)	(2.4-5.9)	(4.6-12.1)	(4.9-8.9)	(6.4-10.8)	(5.2-11.2)	(2.0-6.6)	(10.9-15.9)	(5.4-8.9)
West	7.0	9.7	8.9	5.0	7.3	8.0	†	8.4	7.1
(95% CI)	(4.9-9.9)	(6.3-14.5)	(6.0-13.1)	(3.9-6.5)	(5.8-9.2)	(6.8-9.3)		(7.0-10.1)	(5.8-8.7)
East	6.5	4.5	10.8	9.1	6.6	10.4	†	11.0	7.4 ^{ab}
(95% CI)	(5.2-8.0)	(3.1-6.4)	(6.4-17.6)	(5.4-14.8)	(4.3-10.1)	(8.5-12.7)		(8.8-13.7)	(6.3-8.6)

Notes: (1) based on grades 7-12; (2) question asked of a random half sample in 2009 and 2011; (3) entries in brackets are 95% confidence intervals; (4) GTA=Greater Toronto Area; (5) † estimate suppressed due to unreliability; (6) note the design change and small sample size in 2021; (7) ^a 2025 vs. 2023 significant difference, p<.01; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 2009 significant difference, p<.01; ^e significant nonlinear trend, p<.01.

Q: In the last 12 months, how often did you use a cough or cold medicine such as Robitussin DM, Benlyn DM (also known as “robos”, “sizzurp”, “syrup”, “purple drank”, “lean”, “dex”, “DXM”) in order to get high?

Source: OSDUHS, Centre for Addiction & Mental Health

Past Year Nonmedical Use of Tranquillizers/Sedatives: 2025 Findings (Grades 9–12)

(Table 3.7.4)

Total	<ul style="list-style-type: none">● The nonmedical use of tranquillizers/sedatives (such as Xanax, Valium, Ativan) is reported by 1.2% of secondary school students.
Sex	<ul style="list-style-type: none">● Males (0.8%) and females (1.6%) are equally likely to use tranquillizers nonmedically.
Grade	<ul style="list-style-type: none">● Nonmedical tranquillizer use does not significantly differ by grade, ranging from 0.6% to 1.7%.
Region	<ul style="list-style-type: none">● There is no significant regional variation.

Past Year Nonmedical Use of Tranquillizers/Sedatives: Trends

(Tables 3.7.4, A13)

Total	<ul style="list-style-type: none">● Nonmedical tranquillizer/sedative use remained stable between 2023 (1.7%) and 2025 (1.2%). However, use has significantly decreased since 1999, reaching all-time lows in recent years.● Looking back over the past 45 years or so (among grades 9 and 11 only), use peaked in the late 1970s/early 1980s, and then decreased substantially over the late 1980s/early 1990s. Use has reached historical lows in recent years.
Sex	<ul style="list-style-type: none">● Use among males has significantly decreased since 1999, from 2.2% to 0.8%. Use among females has remained relatively stable over time (about 2%-3%).
Grade	<ul style="list-style-type: none">● Only 12th graders show a significant change in use, decreasing from 4.1% in 1999 to 0.6%.
Region	<ul style="list-style-type: none">● No region shows a significant change since 1999.

Table 3.7.4: Percentage Reporting Nonmedical Tranquillizer/Sedative Use in the Past Year, 1999–2025 OSDUHS (Grades 9–12)

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025	
(n)	(2883)	(2457)	(4693)	(5794)	(4834)	(5783)	(6383)	(6159)	(6597)	(7587)	(9924)	(1460)	(7189)	(6729)	
Total (95% CI)	2.5 (1.9-3.3)	2.7 (1.8-3.9)	2.8 (2.2-3.4)	2.1 (1.7-2.7)	2.2 (1.7-2.8)	2.0 (1.5-2.6)	2.5 (1.9-3.3)	2.4 (1.8-3.2)	2.1 (1.7-2.7)	2.7 (2.1-3.4)	2.9 (2.4-3.4)	†	1.7 (1.3-2.2)	1.2 (0.9-1.6)	^{bcd}
Sex															
Males	2.2 (1.5-3.2)	3.0 (1.9-4.7)	3.4 (2.6-4.4)	1.9 (1.4-2.6)	2.0 (1.4-2.8)	1.7 (1.2-2.5)	2.4 (1.5-3.6)	2.6 (1.6-4.1)	1.3 (0.9-2.0)	2.7 (1.8-4.1)	3.1 (2.4-4.0)	†	1.2 (0.8-2.0)	0.8 (0.5-1.4)	^{bc}
Females	2.8 (1.8-4.1)	2.3 (1.4-3.9)	2.1 (1.5-3.0)	2.4 (1.8-3.3)	2.4 (1.8-3.2)	2.2 (1.7-3.0)	2.7 (2.2-3.4)	2.2 (1.5-3.1)	3.0 (2.2-4.0)	2.6 (1.7-3.9)	2.6 (2.0-3.3)	†	2.1 (1.5-2.9)	1.6 (1.1-2.4)	
Grade															
9	1.7 (1.0-2.9)	†	1.8 (1.1-2.9)	2.5 (1.5-3.9)	†	1.0 (0.6-1.8)	0.7 (0.4-1.1)	1.3 (0.8-2.1)	0.5 (0.3-0.9)	†	1.3 (0.8-2.0)	†	1.6 (1.0-2.6)	1.5 (0.9-2.4)	
10	1.3 (0.7-2.3)	2.7 (1.6-4.6)	2.4 (1.7-3.5)	1.2 (0.7-2.2)	2.3 (1.4-3.6)	2.1 (1.4-3.3)	†	2.4 (1.5-3.6)	2.0 (1.3-3.1)	2.0 (1.3-3.1)	1.9 (1.2-3.0)	†	1.5 (0.9-2.6)	1.2 (0.6-2.3)	
11	3.1 (1.8-5.2)	3.3 (1.7-6.5)	4.1 (2.9-5.9)	2.3 (1.5-3.3)	3.2 (2.2-4.6)	2.0 (1.3-3.1)	3.2 (1.6-6.3)	2.0 (1.3-3.2)	2.8 (1.9-4.2)	3.0 (1.8-4.8)	3.9 (2.9-5.2)	†	†	1.7 (0.9-3.2)	
12	4.1 (2.7-6.2)	4.2 (2.0-8.4)	2.7 (1.8-4.2)	2.5 (1.7-3.8)	2.1 (1.2-3.5)	2.5 (1.5-4.1)	2.3 (1.5-3.5)	3.4 (1.8-6.2)	2.8 (1.7-4.5)	4.1 (2.6-6.4)	4.0 (2.9-5.6)	†	1.8 (1.1-2.8)	0.6 (0.3-1.0)	^{abc}
Region															
GTA	2.7 (1.8-4.0)	†	2.6 (1.8-3.7)	1.6 (1.2-2.2)	1.8 (1.1-3.0)	1.4 (1.0-2.0)	2.4 (1.8-3.3)	2.0 (1.3-3.0)	2.0 (1.5-2.6)	2.9 (2.0-4.2)	2.1 (1.6-2.8)	†	1.5 (1.0-2.1)	1.4 (0.9-2.0)	
North	3.3 (1.9-5.8)	3.6 (2.1-6.0)	3.4 (2.2-5.0)	4.4 (2.3-8.3)	2.8 (1.7-4.6)	†	1.8 (1.2-2.8)	†	†	2.0 (1.4-2.8)	3.4 (2.1-5.4)	†	†	†	
West	2.1 (1.2-3.6)	4.6 (2.6-7.9)	3.0 (2.1-4.3)	3.1 (2.1-4.6)	2.0 (1.2-3.3)	2.2 (1.3-3.9)	3.2 (1.8-5.4)	3.7 (2.2-6.1)	1.7 (1.1-2.8)	2.5 (1.7-3.7)	3.8 (2.8-5.2)	†	2.0 (1.1-3.5)	†	
East	†	3.4 (1.9-5.8)	2.6 (1.4-4.8)	1.6 (1.0-2.7)	3.0 (2.0-4.6)	2.5 (1.5-4.1)	2.1 (1.2-3.7)	1.7 (1.2-2.3)	2.9 (1.6-5.4)	2.5 (1.6-3.9)	2.9 (2.0-4.3)	†	†	1.7 (1.0-3.0)	

Notes: (1) entries in brackets are 95% confidence intervals; (2) GTA=Greater Toronto Area; (3) † estimate suppressed due to unreliability; (4) note the design change and small sample size in 2021; (5) ^a 2025 vs. 2023 significant difference, p<.01; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 1999 significant difference, p<.01; ^d significant linear trend, p<.01.

Q: Sedatives or tranquilizers are sometimes prescribed by doctors to help people sleep, calm them down, or to relax their muscles. Some examples are Xanax, Valium, Ativan. In the last 12 months, how often did you use sedatives or tranquilizers (also known as "tranqs", "benzos", "xans", "bars", "downers") without a prescription or without a doctor telling you to take them? (Note that "sedatives" was added to the question in 2007.)

Source: OSDUHS, Centre for Addiction & Mental Health

3.8 Any Drug Use and No Drug Use

This chapter presents an overview of drug use by examining the following indices: (1) the percentage who used any drug during the past year excluding alcohol, tobacco/nicotine, and cannabis (among grades 9–12 only); (2) the percentage who used any prescription drug (opioids, ADHD drugs, or tranquilizers/sedatives) nonmedically during the past year (among grades 9–12 only); and (3) the percentage who used no drug (abstinence) during the past year (among grades 7–12).

Any Drug Use in 2025 (Excluding Alcohol, Tobacco, and Cannabis)

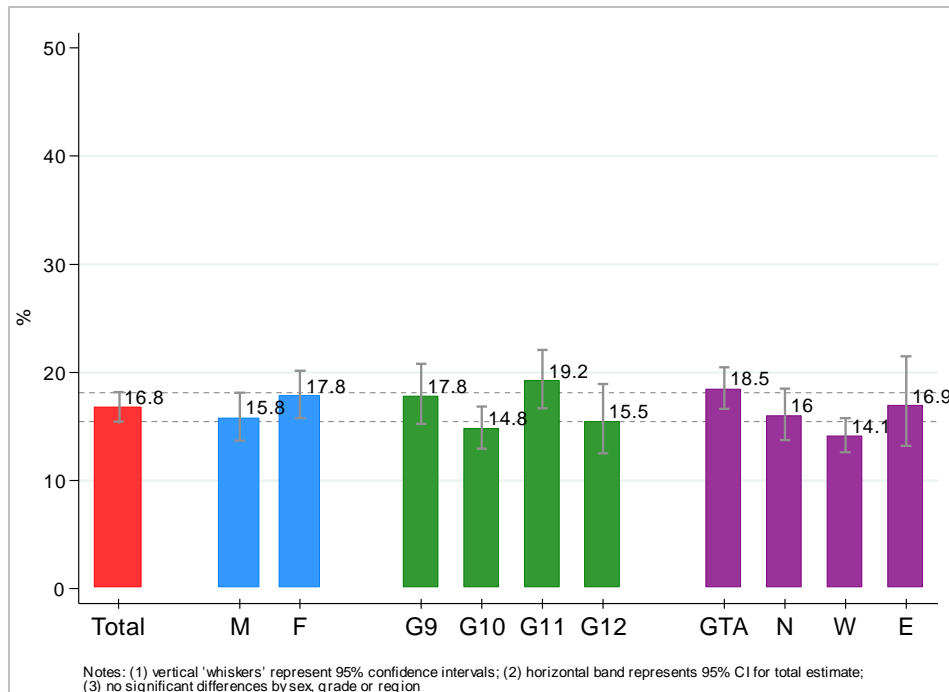
(Figure 3.8.1)

This composite measure captures the use of at least one of the following *11 drugs* asked about in the 2025 survey: LSD, mushrooms (psilocybin), cocaine, methamphetamine, heroin, fentanyl, ecstasy, tranquilizers/sedatives (NM), prescription opioids (NM), ADHD drugs (NM), and cough/cold medication (NM). Excluded from this index are alcohol, tobacco/nicotine, and cannabis. These results are among grades 9 to 12 only.

2025 (Grades 9–12):

- About one-in-six (16.8%) secondary school students report using at least one drug in the past year (excluding alcohol, tobacco/nicotine, cannabis).
- Males (15.8%) and females (17.8%) are equally likely to report using at least one drug in the past year.
- There are no significant differences by grade.
- There are no significant regional differences.

Figure 3.8.1
Past Year Use of Any Drug (Excluding Alcohol, Tobacco, and Cannabis) by Sex, Grade, and Region, 2025 OSDUHS (Grades 9–12)



Trends in Any Drug Use

(Figures 3.8.2, 3.8.3; Tables 3.8.1)

In this section, we report on changes over time in any drug use. This estimate measures use of any of seven illicit drugs that are common to most OSDUHS cycles since 1977: LSD, mushrooms/mescaline, methamphetamine, cocaine, heroin, ecstasy (MDMA), and tranquilizers/sedatives (NM). Because ecstasy use was not asked about before 1991, this drug is excluded from the computation for those earlier years. Excluded from this measure across all years are alcohol, tobacco cigarettes, electronic cigarettes/vapes, cannabis, other prescription drugs, and cough/cold medication used to “get high.”

1999–2025 (Grades 9–12):

- The estimate for any drug use remained stable between 2023 and 2025 among the total sample of secondary school students. However, there has been a significant decrease since 1999, reaching historical lows in recent years.
- Neither males nor females show a significant change in drug use between 2023 and 2025. However, both show a significant decrease since 1999.
- No grade shows a significant change in use between 2023 and 2025. All grades show a significant decrease since 1999.
- No region shows a significant change in use between 2023 and 2025. All regions show a significant decrease since 1999.

Figure 3.8.2

Past Year Drug Use (Excluding Alcohol, Tobacco, and Cannabis), 1999–2025 OSDUHS (Grades 9–12)

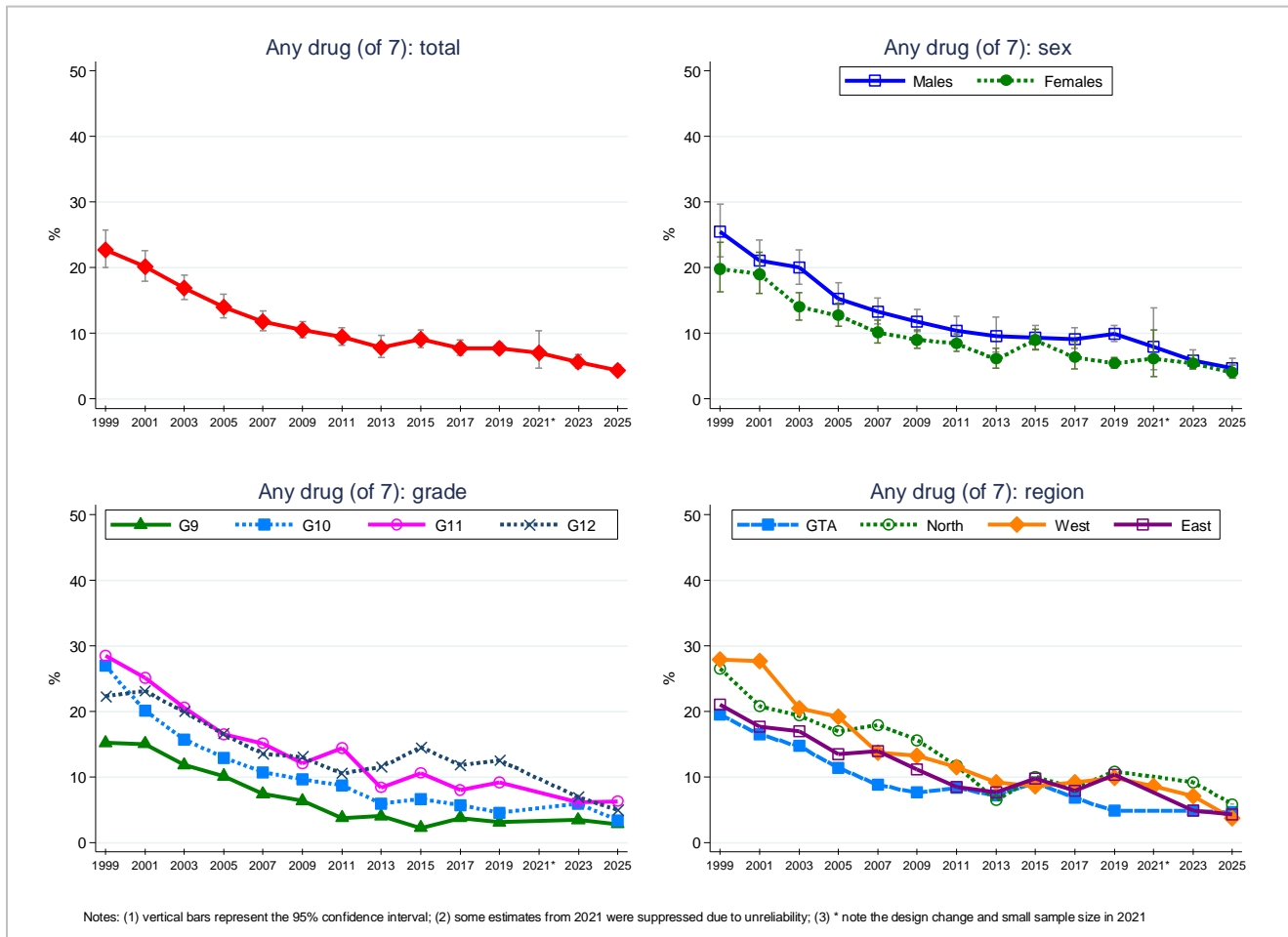


Table 3.8.1: Percentage Reporting Any Drug Use (Excluding Alcohol, Tobacco/Nicotine, and Cannabis) in the Past Year, 1999–2025 OSDUHS (Grades 9–12)

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(1496)	(2457)	(4693)	(5794)	(4834)	(5783)	(6383)	(6159)	(6597)	(7587)	(9924)	(1460)	(7189)	(6729)
Total	22.7	20.1	16.9	14.0	11.8	10.5	9.4	7.8	9.1	7.7	7.7	7.0	5.6	4.3 ^{bcde}
(95% CI)	(20.0-25.7)	(17.9-22.6)	(15.1-18.9)	(12.3-15.9)	(10.3-13.4)	(9.3-11.8)	(8.2-10.8)	(6.3-9.7)	(7.8-10.5)	(6.6-9.0)	(7.0-8.5)	(4.6-10.4)	(4.8-6.7)	(3.7-5.1)
Sex														
Males	25.5	21.1	20.0	15.2	13.3	11.8	10.4	9.5	9.3	9.1	9.9	7.9	5.8	4.7 ^{bc}
	(21.6-29.7)	(18.4-24.2)	(17.5-22.7)	(13.0-17.7)	(11.4-15.4)	(10.2-13.6)	(8.5-12.6)	(7.1-12.5)	(7.6-11.2)	(7.7-10.8)	(8.7-11.2)	(4.4-13.8)	(4.5-7.4)	(3.5-6.2)
Females	19.8	19.0	14.0	12.7	10.1	9.0	8.4	6.0	8.9	6.3	5.4	6.1	5.4	4.0 ^c
	(16.3-23.9)	(16.0-22.4)	(12.0-16.2)	(11.0-14.6)	(8.5-12.0)	(7.7-10.5)	(7.2-9.9)	(4.7-7.7)	(7.4-10.6)	(4.5-8.7)	(4.6-6.3)	(3.4-10.5)	(4.5-6.6)	(3.1-5.1)
Grade														
9	15.2	15.0	11.8	10.1	7.4	6.3	3.7	4.0	2.2	3.7	3.1	†	3.4	2.8 ^c
	(10.9-20.8)	(12.0-18.5)	(9.5-14.5)	(8.3-12.3)	(5.6-9.6)	(4.6-8.7)	(2.5-5.4)	(2.5-6.3)	(1.5-3.3)	(2.4-5.5)	(2.3-4.3)		(2.4-4.7)	(1.9-4.1)
10	26.9	20.1	15.7	12.9	10.7	9.6	8.7	5.9	6.6	5.7	4.5	†	5.9	3.3 ^c
	(21.5-33.2)	(16.9-23.7)	(12.7-19.2)	(10.7-15.4)	(8.5-13.4)	(7.5-12.3)	(6.5-11.6)	(4.1-8.4)	(5.0-8.6)	(4.3-7.5)	(3.5-5.8)		(3.9-8.9)	(2.4-4.4)
11	28.5	25.1	20.6	16.5	15.1	12.1	14.4	8.3	10.5	8.0	9.1	†	6.1	6.2 ^c
	(22.5-35.2)	(20.3-30.6)	(17.2-24.5)	(13.8-19.6)	(12.5-18.2)	(9.3-15.7)	(11.2-18.3)	(6.2-11.0)	(8.5-13.0)	(5.1-12.5)	(7.3-11.4)		(4.5-8.1)	(4.6-8.3)
12	22.3	23.1	19.9	16.5	13.5	13.0	10.5	11.5	14.5	11.8	12.5	†	6.9	4.9 ^{bc}
	(17.9-27.4)	(16.4-31.5)	(16.6-23.8)	(13.8-19.6)	(10.9-16.6)	(10.4-16.1)	(7.4-14.8)	(8.1-16.3)	(11.4-18.3)	(8.8-15.7)	(10.8-14.4)		(5.1-9.2)	(3.6-6.8)
Region														
GTA	19.5	16.5	14.7	11.4	8.8	7.6	8.3	7.2	9.1	6.8	4.8	†	4.8	4.6 ^c
	(15.6-24.1)	(13.3-20.3)	(12.4-17.3)	(9.8-13.3)	(7.0-10.9)	(6.3-9.1)	(6.3-10.8)	(5.4-9.5)	(7.3-11.1)	(5.1-8.8)	(3.9-6.0)		(4.0-5.8)	(3.8-5.6)
North	26.5	20.8	19.3	16.9	17.9	15.6	11.7	6.4	10.0	8.3	10.8	†	9.2	5.8 ^c
	(19.2-35.4)	(15.7-27.1)	(15.6-23.7)	(14.0-20.2)	(13.5-23.3)	(11.4-21.1)	(8.4-16.1)	(4.1-10.0)	(7.5-13.3)	(6.3-10.7)	(9.0-13.0)		(4.6-17.4)	(3.1-10.5)
West	27.9	27.6	20.4	19.2	13.7	13.2	11.5	9.2	8.6	9.2	9.9	8.6	7.1	3.7 ^{bc}
	(22.6-33.8)	(23.4-32.3)	(16.6-24.7)	(15.0-24.2)	(10.4-17.7)	(10.1-17.0)	(9.6-13.7)	(5.6-14.8)	(6.9-10.6)	(7.2-11.7)	(8.5-11.4)	(4.6-15.5)	(4.8-10.4)	(2.3-5.9)
East	21.0	17.6	16.9	13.5	13.9	11.1	8.4	7.6	9.7	7.9	10.3	†	4.8	4.2 ^{bc}
	(15.1-28.4)	(13.5-22.7)	(12.8-22.0)	(9.7-18.4)	(11.5-16.7)	(9.7-12.7)	(6.3-11.0)	(6.1-9.5)	(6.2-14.9)	(6.0-10.4)	(8.3-12.6)		(3.3-6.9)	(2.9-6.0)

Notes: (1) entries in brackets are 95% confidence intervals; (2) GTA=Greater Toronto Area; (3) † estimate suppressed due to unreliability; (4) the **seven drugs** included in the index are LSD, mushrooms/mescaline, methamphetamine, cocaine, ecstasy (except for years prior to 1991), heroin, and tranquilizers/sedatives (NM); excluded from the index are alcohol, tobacco cigarettes, vapes/electronic cigarettes, nicotine pouches, cannabis, fentanyl, prescription ADHD drugs, prescription opioids, and cough/cold medication; (5) note the design change and small sample size in 2021; (6) no significant differences 2025 vs. 2023; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 1999 significant difference, p<.01; ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.

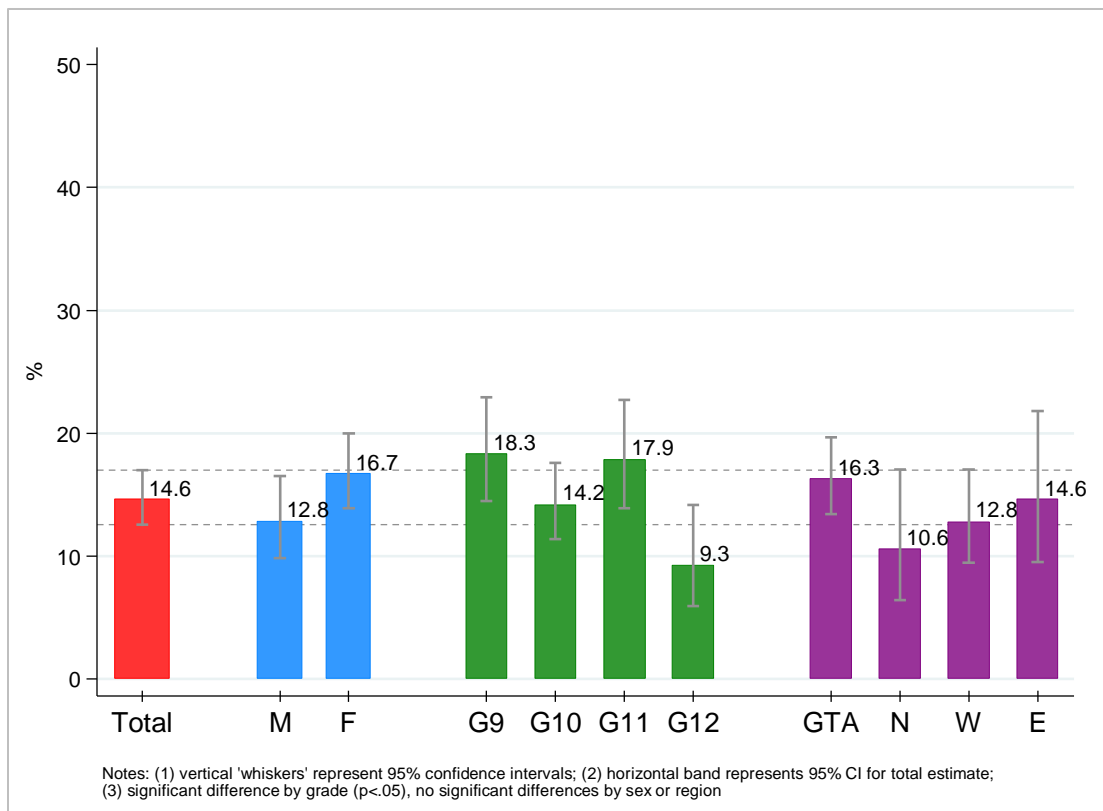
Source: OSDUHS, Centre for Addiction & Mental Health

Any Nonmedical Prescription Drug Use: 2025 Findings (Grades 9–12)

(Figure 3.8.3, Table 3.8.2)

- Total** ● One-in-seven (14.6%) secondary school students report using a prescription drug nonmedically in the past year (either prescription opioids, ADHD drugs, or tranquilizers/sedatives without one’s own prescription).
-
- Sex** ● Males (12.8%) and females (16.7%) are equally likely to report using a prescription drug nonmedically in the past year.
-
- Grade** ● There is significant variation by grade, showing that 12th graders are least likely to report using a prescription drug nonmedically in the past year compared to students in the other three grades (9.3% vs. 14%-18%, respectively).
-
- Region** ● There is no significant variation by region.

Figure 3.8.3
Past Year Nonmedical Prescription Drug Use (of 3 Drugs) by Sex, Grade, and Region, 2025 OSDUHS



Any Nonmedical Prescription Drug Use: 2007–2025 Trends (Grades 9–12)

(Figure 3.8.4; Table 3.8.2)

- Total**
 - The nonmedical use of a prescription drug significantly decreased between 2023 (22.9%) and 2025 (14.6%). The current estimate is also significantly lower than the estimate from 2007 (23%), the first year of monitoring. The decrease in this index is largely driven by the corresponding decrease in nonmedical use of prescription opioids.
- Sex**
 - Both males and females show a significant decrease between 2023 and 2025. The current estimates are also lower than their respective estimates first seen in 2007.
- Grade**
 - Only grades 10 and 12 show a significant decrease in 2025 compared to 2023, and remain significantly lower than in 2007.
- Region**
 - All regions, except the East region, show significant decreases between 2023 and 2025, and remain significantly lower than their respective estimates from 2007.

Figure 3.8.4
Past Year Nonmedical Prescription Drug Use, 2007–2025 OSDUHS (Grades 9–12)

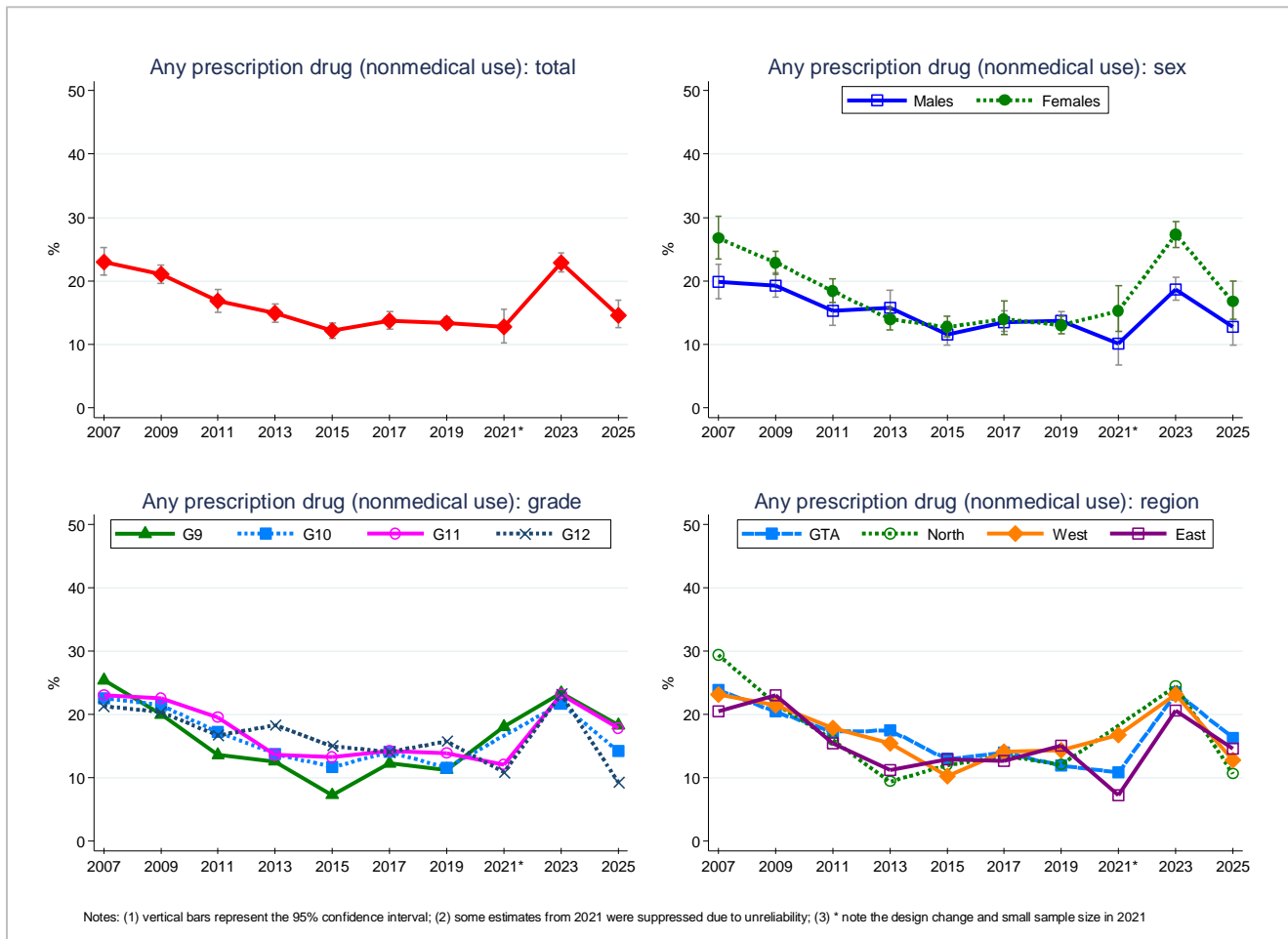


Table 3.8.2: Percentage Reporting Nonmedical Prescription Drug Use in the Past Year, 2007–2025
OSDUHS (Grades 9–12)

	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n=)	(2247)	(5783)	(6383)	(6159)	(6597)	(7587)	(9924)	(1460)	(7189)	(3376)
Total (95% CI)	23.0 (20.9-25.2)	21.0 (19.6-22.5)	16.8 (15.0-18.7)	14.9 (13.5-16.4)	12.1 (11.0-13.4)	13.7 (12.4-15.2)	13.4 (12.5-14.3)	12.7 (10.2-15.5)	22.9 (21.4-24.4)	14.6 (12.6-17.0)
Sex										
Males	19.8 (17.2-22.6)	19.3 (17.5-21.3)	15.3 (13.0-17.9)	15.8 (13.5-18.5)	11.6 (9.9-13.6)	13.5 (12.0-15.3)	13.7 (12.4-15.1)	10.1 (6.7-14.8)	18.7 (17.0-20.6)	12.8 (9.9-16.5)
Females	26.7 (23.5-30.2)	22.9 (21.1-24.7)	18.4 (16.6-20.3)	14.0 (12.3-15.8)	12.7 (11.2-14.4)	14.0 (11.6-16.8)	13.0 (11.7-14.4)	15.3 (12.0-19.2)	27.2 (25.2-29.4)	16.7 (13.9-20.0)
Grade										
9	25.4 (21.0-30.4)	20.0 (17.5-23.1)	13.6 (11.2-16.5)	12.6 (9.9-16.0)	7.3 (5.8-9.1)	12.2 (9.5-15.7)	11.3 (9.7-13.2)	18.1 (12.1-26.2)	23.4 (20.7-26.2)	18.3 (14.5-22.9)
10	22.6 (18.7-27.1)	21.5 (18.0-25.4)	17.2 (14.9-19.9)	13.8 (11.1-16.9)	11.7 (9.7-14.0)	14.0 (11.4-17.2)	11.6 (10.1-13.2)	† (18.8-24.8)	21.7 (18.8-24.8)	14.2 (11.4-17.6)
11	23.0 (19.2-27.4)	22.5 (19.6-25.6)	19.5 (15.7-24.0)	13.6 (11.4-16.0)	13.3 (10.9-16.1)	14.3 (12.4-16.4)	13.9 (12.1-16.0)	12.1 (7.9-18.2)	23.2 (20.3-26.2)	17.9 (13.9-22.7)
12	21.3 (17.3-25.9)	20.4 (17.7-23.4)	16.7 (13.9-20.0)	18.3 (15.1-22.0)	15.0 (12.1-18.4)	14.1 (11.3-17.6)	15.8 (13.9-18.0)	10.9 (6.2-18.4)	23.2 (20.6-26.0)	9.3 (5.9-14.2)
Region										
GTA	23.9 (21.0-27.1)	20.5 (18.7-22.5)	17.3 (14.8-20.0)	17.5 (15.3-19.9)	13.0 (11.4-14.7)	14.0 (11.5-17.0)	12.0 (11.0-13.1)	10.9 (7.2-16.3)	23.5 (21.6-25.5)	16.3 (13.4-19.6)
North	29.4 (22.6-37.3)	21.7 (19.3-24.4)	16.0 (11.4-21.8)	9.4 (7.6-11.6)	12.0 (9.0-15.8)	13.5 (10.6-17.0)	12.1 (10.2-14.4)	† (17.1-33.9)	24.5 (17.1-33.9)	10.6 (6.4-17.0)
West	23.2 (19.5-27.4)	21.5 (17.9-25.5)	17.9 (14.1-22.5)	15.4 (13.0-18.2)	10.3 (7.9-13.3)	14.1 (12.1-16.3)	14.4 (12.5-16.5)	16.8 (12.2-22.8)	23.1 (20.7-25.6)	12.8 (9.5-17.0)
East	20.5 (17.0-24.5)	23.0 (20.4-25.8)	15.5 (13.4-17.8)	11.2 (8.7-14.4)	12.9 (10.5-15.7)	12.7 (11.3-14.1)	15.1 (12.7-17.9)	7.3 (4.8-10.8)	20.6 (16.7-25.0)	14.6 (9.5-21.8)

Notes: (1) based on a random half sample in 2007 and 2025; (2) entries in brackets are 95% confidence intervals; (3) GTA=Greater Toronto Area; (4) † estimate suppressed due to unreliability; (5) the nonmedical use of a prescription drug is defined as using prescription opioids, ADHD drugs, or tranquilizers/sedatives without one's own prescription, at least once in the past year; (6) note the design change and small sample size in 2021; (7) ^a 2025 vs. 2023 significant difference, p<.01; ^b 2025 vs. 2019 significant difference, p<.01; ^c significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.

Source: OSDUHS, Centre for Addiction & Mental Health

Past Year Abstinence: 2025 Findings (Grades 7–12)

(Figure 3.8.5; Table 3.8.3)

In this section, we report trends in abstinence – no substance use at all, including alcohol, tobacco/nicotine, and cannabis, during the past year. Readers should note that the number of substances asked about varies from survey to survey, as new drugs emerge and other drugs wane. In general, over the course of the study the number of drugs assessed has increased over time, as each cycle attempts to include most of the drugs available to students at the time. These results are among grades 7 to 12.

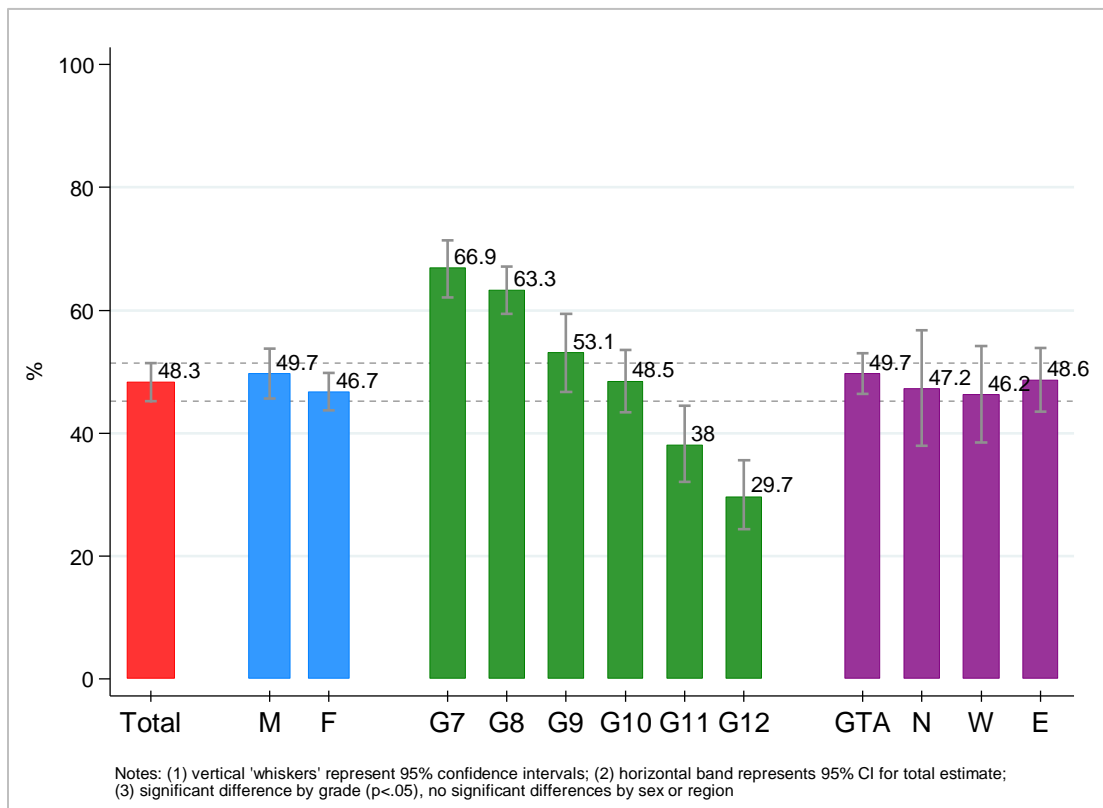
- Total
 - Almost half (48.3%) of students in grades 7 to 12 report using no drug at all during the past year – this includes alcohol, cannabis, and cigarettes/vapes/nicotine.

- Sex
 - Males (49.7%) and females (46.7%) are equally likely to report no drug use in the past year.

- Grade
 - Past year abstinence significantly decreases with grade, from about two-thirds of 7th graders down to just over one-quarter of 12th graders.

- Region
 - There are no significant regional differences.

Figure 3.8.5
Percentage Reporting No Drug Use in the Past Year, by Sex, Grade, and Region,
2025 OSDUHS



Past Year Abstinence: 1999–2025 Trends (Grades 7–12)

(Figure 3.8.6; Table 3.8.3)

- Total**
 - There was a significant increase between 2023 and 2025 in the percentage of students reporting no drug use, from 42.2% to 48.3%. There has been a significant upward trend in abstinence since 1999, and the current estimate is among the highest on record.

- Sex**
 - Females show a significant increase in abstinence between 2023 and 2025, while males have remained stable between these two years. Both males and females show a significant increase in abstinence since 1999.

- Grade**
 - Only 10th graders show a significant increase in abstinence between 2023 and 2025. All grades show a significant increase in abstinence since 1999.

- Region**
 - Students in the Greater Toronto Area and the North region show a significant increase in abstinence between 2023 and 2025. All regions show a significant increase since 1999.

Figure 3.8.6

Percentage Reporting No Drug Use in the Past Year, 1999–2025 OSDUHS (Grades 7–12)

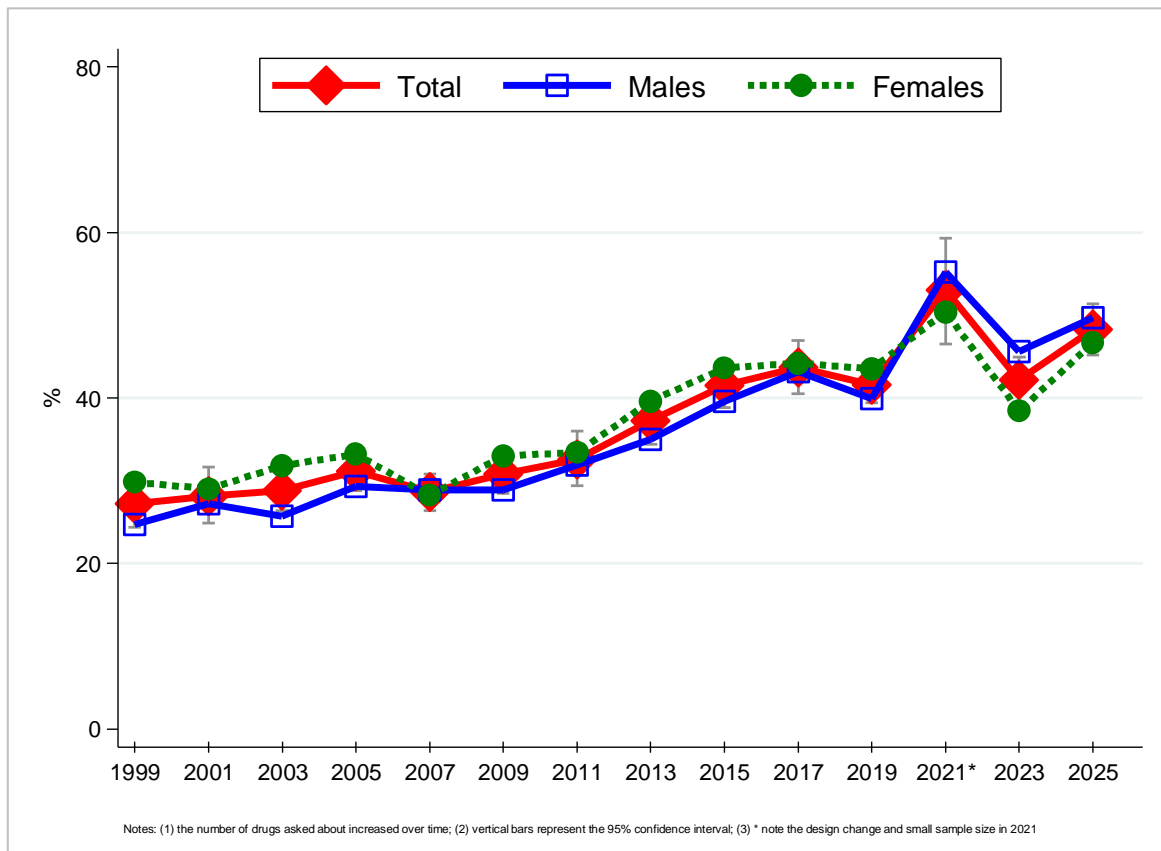


Table 3.8.3: Percentage Reporting No Drug Use in the Past Year, 1999–2025 OSDUHS (Grades 7–12)

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n=)	(2229)	(1837)	(3152)	(3648)	(2395)	(4261)	(4472)	(4794)	(5023)	(5071)	(6525)	(1107)	(5054)	(5540)
Total (95% CI)	27.2 (24.4-30.2)	28.1 (24.9-31.6)	28.8 (26.4-31.4)	31.1 (28.8-33.6)	28.6 (26.4-30.8)	30.8 (28.5-33.2)	32.6 (29.4-36.0)	37.2 (34.4-40.1)	41.5 (38.8-44.2)	43.7 (40.5-46.9)	41.6 (39.4-43.8)	53.0 (46.5-59.3)	42.2 (39.5-44.9)	48.3 (45.2-51.4)
Sex														
Males	24.7 (21.5-28.2)	27.2 (23.7-30.9)	25.7 (22.3-29.4)	29.3 (26.5-32.2)	28.9 (26.2-31.8)	28.9 (25.9-32.0)	31.9 (28.5-35.5)	35.0 (31.4-38.8)	39.6 (36.2-43.0)	43.2 (38.7-47.8)	39.9 (37.0-42.8)	55.2 (43.6-66.3)	45.6 (41.6-49.7)	49.7 (45.6-53.8)
Females	29.8 (25.7-34.3)	29.0 (24.7-33.7)	31.8 (28.7-35.0)	33.2 (30.1-36.4)	28.2 (25.4-31.2)	33.0 (30.2-35.8)	33.4 (28.7-38.5)	39.6 (36.2-42.9)	43.6 (39.5-47.8)	44.2 (40.4-48.0)	43.5 (40.7-46.2)	50.4 (42.8-58.1)	38.4 (35.7-41.2)	46.7 (43.7-49.8)
Grade														
7	47.3 (39.0-55.7)	49.4 (42.0-56.9)	47.5 (42.1-53.0)	54.5 (48.0-60.8)	54.1 (46.9-61.1)	55.5 (49.0-61.8)	56.6 (50.8-62.3)	69.5 (65.5-73.2)	68.5 (61.5-74.8)	65.0 (60.2-69.5)	65.7 (61.5-69.6)	71.2 (53.4-84.2)	59.6 (52.2-66.6)	66.9 (62.1-71.4)
8	36.0 (31.5-40.7)	37.5 (30.1-45.5)	44.2 (39.0-49.4)	48.3 (43.8-52.8)	40.2 (34.0-46.8)	42.4 (36.9-48.0)	55.0 (49.6-60.3)	55.7 (47.2-63.9)	68.7 (62.8-74.1)	71.0 (66.0-75.5)	58.3 (53.2-63.2)	69.0 (54.0-80.8)	56.9 (52.3-61.3)	63.3 (59.4-67.1)
9	29.7 (24.5-35.4)	29.7 (22.2-38.5)	30.3 (25.4-35.8)	30.5 (26.0-35.4)	31.5 (25.6-38.0)	35.6 (29.7-42.0)	33.0 (25.7-41.3)	51.5 (45.7-57.4)	52.5 (47.8-57.1)	50.2 (45.7-54.7)	48.0 (43.3-52.7)	69.2 (56.0-79.9)	49.9 (44.8-55.0)	53.1 (46.7-59.4)
10	20.8 (14.7-28.6)	17.1 (12.8-22.4)	21.5 (16.9-26.9)	25.0 (21.0-29.3)	24.0 (19.4-29.3)	27.8 (23.1-32.9)	30.9 (25.2-37.3)	31.7 (25.3-38.8)	37.6 (33.1-42.2)	34.4 (29.3-39.9)	39.1 (34.7-43.6)	55.6 (41.6-68.8)	36.6 (32.4-41.0)	48.5 (43.4-53.5)
11	15.9 (12.0-20.8)	19.2 (12.9-27.6)	18.3 (14.5-22.9)	18.0 (14.5-22.2)	16.2 (13.2-19.8)	19.8 (15.8-24.5)	18.7 (13.9-24.6)	22.0 (17.6-27.2)	22.7 (17.8-28.5)	25.3 (20.5-30.8)	34.0 (29.1-39.2)	37.7 (24.2-53.4)	35.9 (29.9-42.3)	38.0 (32.0-44.4)
12	11.9 (8.1-17.1)	14.0 (8.1-22.9)	15.5 (11.2-21.1)	15.0 (11.3-19.7)	11.7 (9.1-14.9)	15.4 (11.4-20.6)	16.0 (12.1-20.8)	16.5 (13.0-20.7)	21.7 (16.5-27.6)	24.4 (19.7-29.8)	25.3 (21.7-29.4)	20.8 (10.6-36.7)	25.0 (20.7-29.8)	29.7 (24.3-35.6)
Region														
GTA	30.4 (25.9-35.4)	27.7 (22.0-34.3)	28.9 (24.8-33.3)	32.6 (28.6-36.9)	28.8 (24.8-33.3)	32.4 (28.3-36.8)	34.9 (30.7-39.3)	41.8 (37.4-46.3)	45.0 (41.3-48.7)	47.8 (43.3-52.4)	46.4 (43.5-49.4)	56.6 (47.7-65.1)	43.9 (40.8-47.0)	49.7 (46.3-53.0)
North	19.8 (13.4-28.2)	22.8 (17.1-29.6)	24.7 (19.3-31.0)	23.3 (18.6-28.7)	18.4 (14.7-22.8)	26.4 (21.0-32.5)	32.7 (27.9-37.8)	33.8 (26.0-42.5)	40.5 (35.5-45.7)	40.6 (34.8-46.6)	33.8 (29.4-38.5)	52.5 (40.2-64.5)	33.0 (26.8-39.7)	47.2 (37.9-56.8)
West	23.1 (17.8-29.3)	30.4 (24.7-36.7)	25.7 (20.1-32.4)	27.6 (23.1-32.8)	29.0 (24.3-34.3)	29.0 (25.2-33.0)	26.3 (18.2-36.3)	32.7 (28.3-37.5)	38.4 (32.4-44.8)	41.3 (36.4-46.4)	36.1 (30.8-41.8)	46.8 (34.6-59.4)	41.1 (34.7-47.9)	46.2 (38.4-54.2)
East	29.4 (22.0-38.0)	27.6 (21.6-34.7)	34.4 (30.5-38.4)	33.8 (27.9-40.2)	30.5 (25.8-35.7)	31.8 (26.7-37.5)	35.1 (30.2-40.3)	32.8 (25.2-41.3)	37.3 (30.1-45.1)	41.3 (31.9-51.4)	38.2 (34.1-42.5)	60.9 (55.4-66.2)	41.8 (35.6-48.2)	48.6 (43.5-53.8)

Notes: (1) based on a random half sample of grades 7-12 in each year; (2) entries in brackets are 95% confidence intervals; (3) GTA=Greater Toronto Area; (4) the number of drugs asked about increased over time; (5) note the design change and small sample size in 2021; (6) ^a 2025 vs. 2023 significant difference, p<.01; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 1999 significant difference, p<.01; ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.

Source: OSDUHS, Centre for Addiction & Mental Health

3.9 Early Initiation

Average Initiation Age (Among 11th and 12th Graders)

(Figures 3.9.1, 3.9.2)

We asked students in which grade did they first smoke a whole cigarette, use a vaping device/e-cigarette, drink an alcoholic drink, and try cannabis. In this section, we present the average age of initiation for cigarette, vape, alcohol, and cannabis use *among grade 12 students who reported using such substances (ages 17/18)*. We select 12th graders because this is the oldest grade in the study and thus this group is nearing the end of adolescence. We restrict our analysis to those who used in the past year because our focus is on ongoing use rather than experimental behaviour.

Trends in age of initiation for 12th graders are presented for the years since 1999 for cigarettes, alcohol, and cannabis. In addition, we present long-term findings since 1981 among *grade 11 students who reported using such substances (ages 16/17)* because it is the oldest grade for which we have data spanning back the furthest.

2025 OSDUHS: Mean Ages

- In 2025, the average age at first cigarette smoking (smoking one whole tobacco cigarette) among grade 12 smokers was age 15.5. The average age at first use of a vaping device among grade 12 users was 14.5. The average age at first alcoholic drink among grade 12 drinkers was 14.5. The average age at first cannabis use among grade 12 users was 15.6.

1999–2025 Trends

- The average initiation age for cigarette smoking has remained relatively stable over the past decade or so, but it is currently significantly older compared to 1999 and the early 2000s, when the average age was about 13 years.
- The average initiation age for vaping has not significantly changed since 2021, the first year of monitoring.
- The average initiation age for drinking alcohol has remained relatively stable since the mid-2000s, but it is currently older than in 1999/early 2000s.
- The average initiation age for cannabis use has remained relatively stable over the past decade or so, but it is currently older than in 1999 and the 2000s.

1981–2025 Trends

- Looking back over the past four decades, the average initiation age for cigarette smoking increased between 1981 and 1993, decreased slightly in the late 1990s, and has increased considerably since 1999/2001.
- The average initiation age for drinking was stable during the 1990s, followed by an increase since 1999/2001, and relative stability in recent years.
- The average initiation age for cannabis use increased between 1981 and 1995, decreased during the late 1990s/early 2000s, and increased since then.

Figure 3.9.1
Average Age at First Use of Various Substances Among 12th-Grade Past Year Users,
1999–2025 OSDUHS

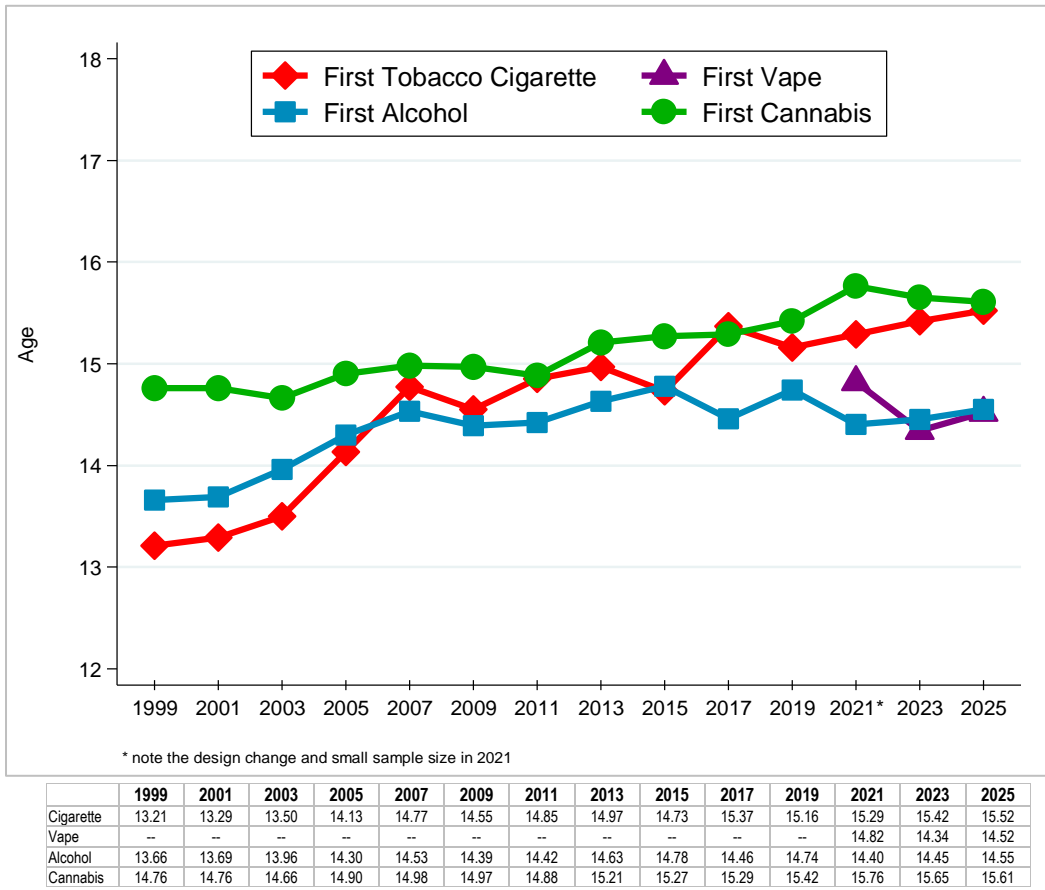
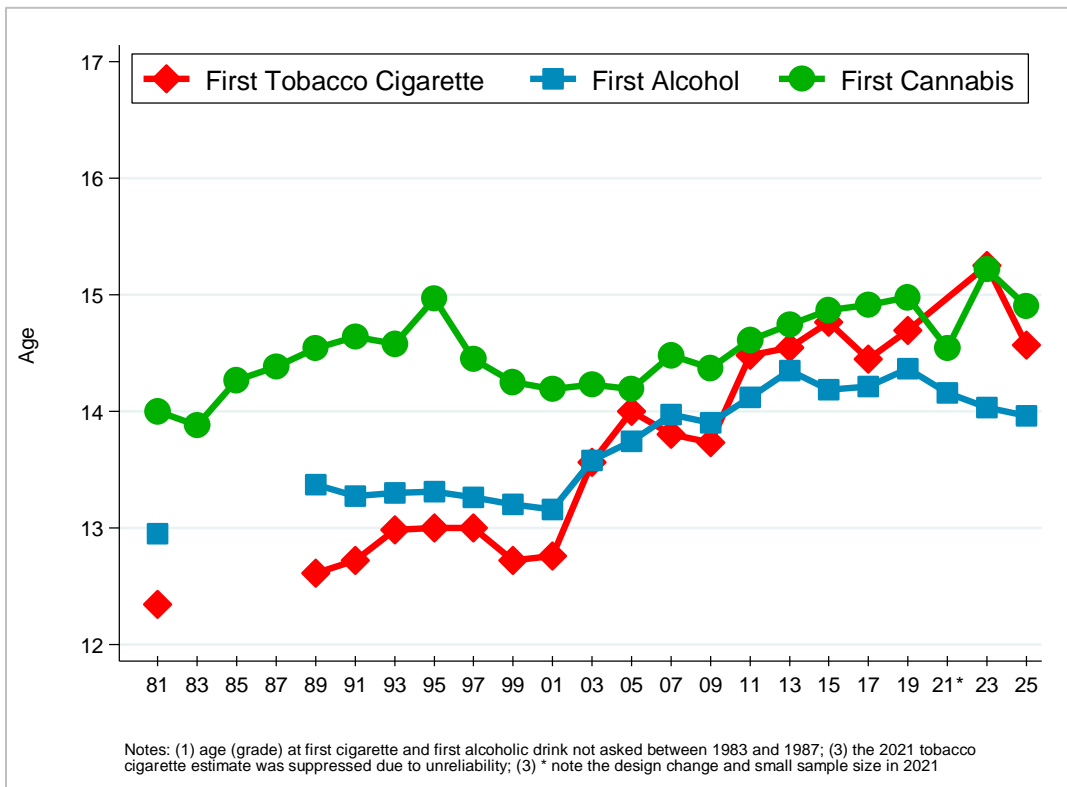


Figure 3.9.2
Average Age at First Use of Various Substances Among 11th-Grade Past Year Users,
1981–2025 OSDUHS



Early Initiation

(Figures 3.9.3, 3.9.4; Tables 3.9.1-3.9.4)

In this section, we present the percentage of secondary school students (grades 9–12) who report using tobacco cigarettes, vaping devices, alcohol, and cannabis *before* the 9th grade (defined as early initiation). We restrict our analysis to those who used in the past year because our focus is on ongoing use rather than experimental behaviour.

2025 OSDUHS (Grades 9–12):

- Over one-quarter (28.9%) of secondary school students who smoked tobacco cigarettes in the past year first started smoking before grade 9.
- Almost half (44.9%) of secondary school students who vaped in the past year first started vaping/using e-cigarettes before grade 9.
- Almost half (44.0%) of secondary school students who drank alcohol in the past year first started to drink before grade 9.
- About one-in-five (21.5%) secondary school students who used cannabis in the past year first started using before grade 9.

1999–2025 Trends (Grades 9–12):

- Among those who smoked tobacco cigarettes in the past year, the percentage who started to smoke before grade 9 has remained stable over the past decade or so (since 2011). However, the current estimate is significantly lower than the estimates from 1999 and the early 2000s.
- Among those who vaped in the past year, the percentage who started to vape before grade 9 has remained stable since 2021, the first year of monitoring.
- Among those who drank alcohol in the past year, the percentage who started to drink before grade 9 has significantly increased over the past decade. However, the current estimate remains significantly lower than the estimates from 1999 and the early 2000s.
- Among those who used cannabis in the past year, the percentage who started to use before grade 9 has remained relatively stable over the past decade. However, the current estimate remains significantly lower than the estimates from 1999 and the 2000s.

Figure 3.9.3
 Percentage Reporting Using Tobacco Cigarettes, Vaping Devices, Alcohol, and Cannabis
Before Grade 9, 2025 OSDUHS (Among Past Year Users in Grades 9–12)

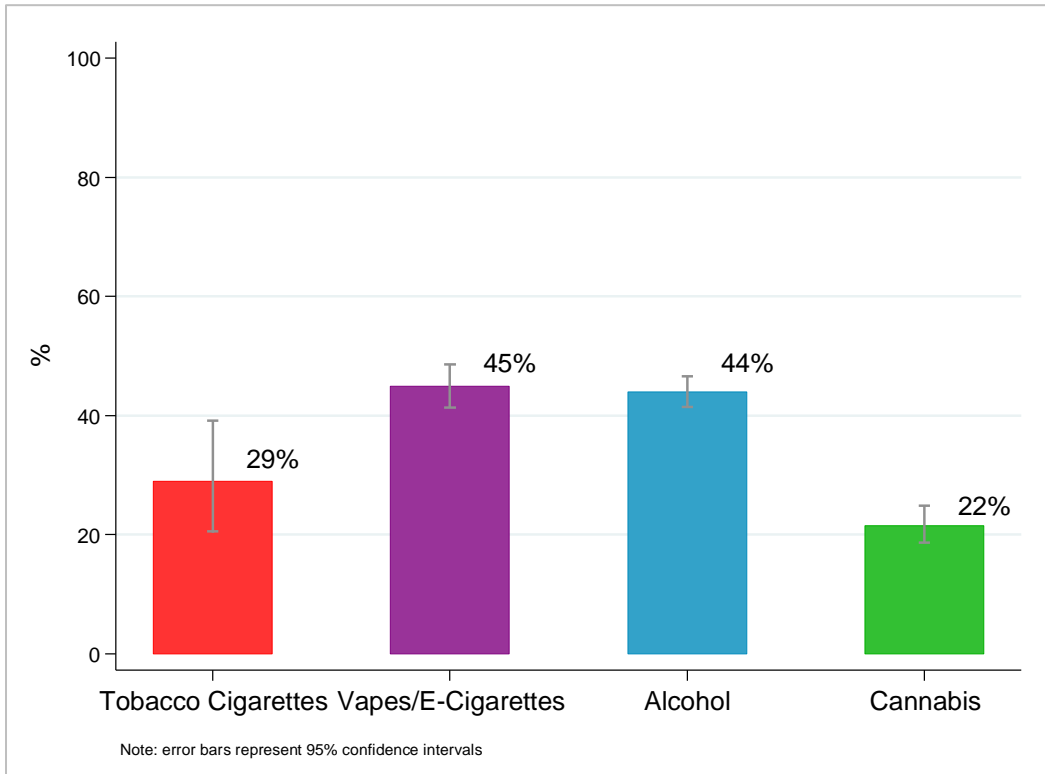


Figure 3.9.4
 Percentage Reporting Using Tobacco Cigarettes, Vaping Devices, Alcohol, and Cannabis
Before Grade 9, 1999–2025 OSDUHS (Among Past Year Users in Grades 9–12)

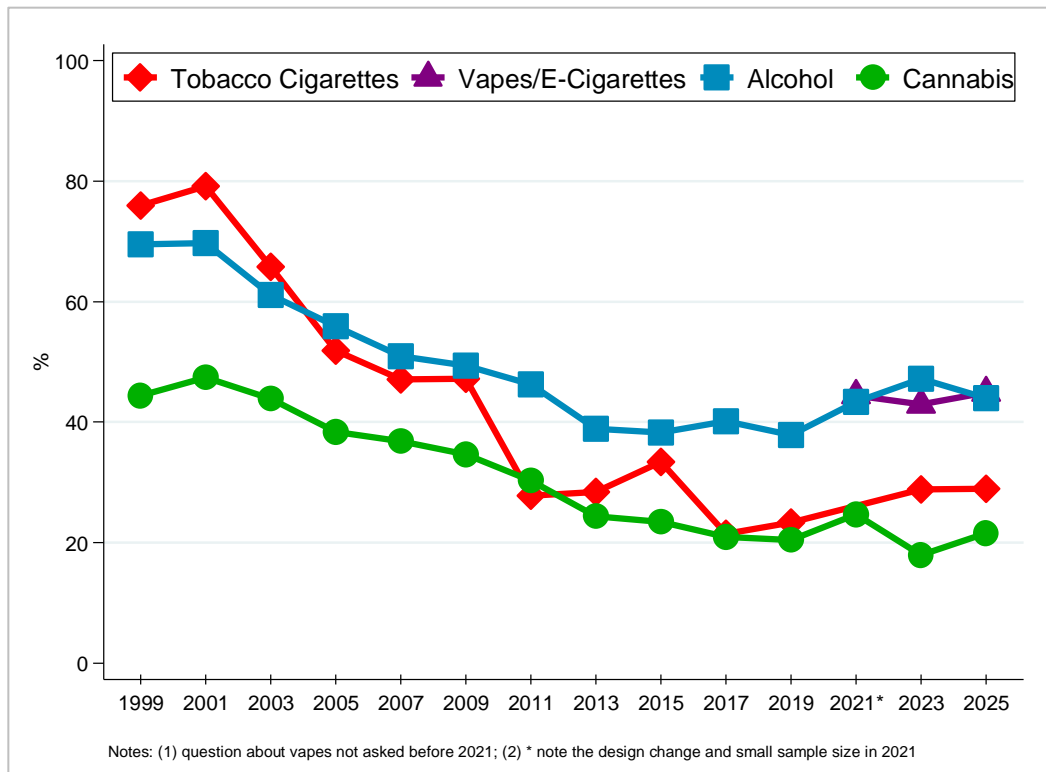


Table 3.9.1: Percentage Reporting Tobacco Cigarette Smoking Initiation *Before* Grade 9, 1999–2025
OSDUHS (Past Year Smokers in Grades 9–12)

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(468)	(361)	(538)	(548)	(338)	(390)	(337)	(271)	(308)	(262)	(271)		(138)	(152)
Total	76.0	79.2	65.8	51.9	47.1	47.2	27.8	28.4	33.4	21.4	23.3	†	28.8	28.9 ^{cde}
(95% CI)	(70.2-81.0)	(73.7-83.9)	(62.0-69.4)	(46.4-57.3)	(40.3-53.9)	(40.9-53.6)	(20.2-37.0)	(21.1-37.1)	(27.4-40.1)	(14.3-30.8)	(17.8-30.0)		(20.1-39.5)	(20.4-39.1)
Sex														
Males	69.8	76.6	66.9	52.8	50.0	42.6	31.3	25.4	30.5	28.0	25.6	†	29.5	35.4 ^c
	(61.4-77.0)	(67.5-83.7)	(61.0-72.3)	(45.2-60.2)	(42.0-58.1)	(34.4-51.2)	(20.0-45.4)	(18.5-33.9)	(22.4-40.0)	(16.6-43.2)	(18.2-34.7)		(15.2-49.3)	(19.6-55.3)
Females	83.3	81.9	64.6	51.0	44.0	53.7	23.1	32.3	37.2	14.8	20.0	†	28.3	19.5 ^c
	(77.7-87.7)	(73.7-87.9)	(58.0-70.7)	(43.3-58.6)	(35.4-53.0)	(45.0-62.3)	(15.2-33.6)	(20.3-47.1)	(26.1-49.9)	(9.0-23.3)	(13.1-29.5)		(17.9-41.7)	(10.2-34.1)
Grade														
9	90.3	88.7	87.0	77.5	†	†	†	†	†	†	†	†	65.4	64.3
	(81.6-95.2)	(78.0-94.6)	(75.8-93.5)	(65.4-86.2)									(30.0-89.3)	(32.9-86.9)
10	85.2	82.6	64.8	55.6	51.8	57.4	40.2	†	43.6	40.6	†	†	53.4	54.6
	(78.5-90.1)	(72.6-89.4)	(55.3-73.2)	(45.3-65.5)	(38.9-64.4)	(44.2-69.7)	(24.6-58.0)		(31.3-56.8)	(24.4-59.2)			(29.6-75.7)	(23.8-82.2)
11	68.9	74.9	57.9	42.0	42.7	49.7	20.2	29.4	19.6	†	24.2	†	20.7	†
	(56.7-78.9)	(65.3-82.6)	(49.9-65.6)	(34.1-50.3)	(32.2-53.9)	(38.7-60.8)	(11.6-32.9)	(19.4-41.8)	(11.4-31.6)		(15.2-36.3)		(8.0-43.7)	
12	64.2	66.7	62.6	45.7	34.5	32.6	†	26.4	30.8	†	17.8	†	17.9	†
	(49.3-76.7)	(52.3-78.6)	(53.4-70.9)	(36.6-55.1)	(25.9-44.3)	(22.2-45.0)		(16.2-40.0)	(20.8-42.9)		(10.8-28.1)		(7.5-37.0)	
Region														
GTA	77.7	81.4	61.2	49.2	47.4	39.7	29.7	26.2	31.5	31.5	21.4	†	†	34.2 ^c
	(68.9-84.5)	(72.4-88.0)	(56.0-66.2)	(40.2-58.2)	(36.5-58.5)	(31.6-48.3)	(19.1-42.9)	(16.6-38.8)	22.1-42.8)	(20.1-45.6)	(12.5-34.3)			(17.4-56.2)
North	74.3	72.7	74.7	54.4	43.1	41.9	43.0	†	63.9	25.5	39.7	†	62.2	†
	(68.2-79.6)	(60.2-82.4)	(65.1-82.4)	(43.3-65.2)	(29.8-57.4)	(28.2-56.9)	(27.4-60.1)		(51.1-75.0)	(14.7-40.4)	(25.7-55.5)		(38.4-81.3)	
West	72.7	75.0	71.2	55.4	47.6	51.3	†	†	30.9	12.8	16.3	†	31.1	27.7 ^c
	(57.7-83.9)	(64.2-83.4)	(63.7-77.7)	(47.0-51.6)	(34.8-60.8)	(39.5-63.0)			(21.9-41.7)	(6.3-24.2)	(8.4-29.3)		(18.9-46.7)	(15.9-43.6)
East	80.1	85.8	62.6	51.2	47.7	58.6	33.5	†	33.2	†	27.5	†	†	29.2 ^c
	(70.8-87.0)	(73.3-93.0)	(52.3-71.8)	(36.4-65.8)	(33.5-62.1)	(45.8-70.3)	(19.0-52.1)		(20.8-48.5)		(18.1-39.4)			(17.0-45.2)

Notes: (1) based on a random half sample of grades 9-12; (2) entries in brackets are 95% confidence intervals; (3) GTA=Greater Toronto Area; (4) † estimate suppressed due to unreliability; (5) note the design change and small sample size in 2021; (6) no significant differences 2025 vs. 2023; ^c 2025 vs. 1999 significant difference, $p < .01$; ^d significant linear trend, $p < .01$; ^e significant nonlinear trend, $p < .01$.

Q: When (if ever) did you first smoke a whole tobacco cigarette? (Analysis is among those who reported smoking more than just a few puffs of a cigarette in the past year.)

Source: OSDUHS, Centre for Addiction & Mental Health

Table 3.9.2: Percentage Reporting Vape/Electronic Cigarette Use Initiation *Before* Grade 9, 2021–2025 OSDUHS (Past Year Users in Grades 9–12)

	2021	2023	2025
(n)	(209)	(1277)	(903)
Total (95% CI)	44.4 (26.2-64.2)	42.9 (38.2-47.7)	44.9 (41.3-48.6)
Sex			
Males	†	45.2 (38.4-52.1)	45.8 (37.5-54.3)
Females	†	41.6 (35.9-47.5)	44.2 (38.3-50.2)
Grade			
9	†	55.1 (44.3-65.5)	80.0^a (68.3-88.1)
10	†	46.4 (37.2-55.9)	59.0 (50.0-67.4)
11	†	33.1 (26.8-40.2)	34.9 (26.9-43.8)
12	†	43.6 (36.9-50.4)	33.6 (26.5-41.5)
Region			
Greater Toronto Area	†	40.6 (34.7-46.7)	40.7 (34.5-47.3)
North	†	53.6 (34.9-71.4)	55.1 (38.8-70.4)
West	†	47.3 (39.4-55.2)	41.4 (35.6-47.6)
East	†	37.5 (23.7-53.7)	53.3 (45.9-60.6)

Notes: (1) based on a random half sample of grades 9-12; (2) entries in brackets are 95% confidence intervals; (3) † estimate suppressed due to unreliability; (4) note the design change and small sample size in 2021; (5) ^a 2025 vs. 2023 significant difference, p<.01.

Q: When (if ever) did you first try any type of vaping device? (Analysis is among those who reported vaping more than just a few puffs in the past year.)

Source: OSDUHS, Centre for Addiction & Mental Health

Table 3.9.3: Percentage Reporting Alcohol Use Initiation *Before* Grade 9, 1999–2025 OSDUHS (Past Year Drinkers in Grades 9–12)

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(2155)	(1812)	(3445)	(4202)	(3474)	(3768)	(3901)	(3357)	(3600)	(3784)	(4806)	(491)	(3198)	(2548)
Total	69.5	69.7	61.1	55.9	50.9	49.4	46.3	38.9	38.3	40.1	37.9	43.4	47.2	44.0 ^{bcd}
(95% CI)	(65.8-73.1)	(65.5-73.7)	(58.4-63.7)	(54.0-57.8)	(48.3-53.4)	(47.0-51.9)	(43.1-49.6)	(36.3-41.6)	(35.6-41.1)	(36.0-44.2)	(35.6-40.2)	(32.0-55.6)	(44.3-50.2)	(41.4-46.6)
Sex														
Males	73.6	72.4	63.1	59.2	54.7	54.7	50.8	40.1	42.0	43.1	39.7	43.2	49.5	44.1 ^c
	(69.2-77.6)	(67.1-77.0)	(59.8-66.4)	(55.8-62.4)	(51.2-58.0)	(51.5-57.9)	(47.0-54.5)	(36.6-43.7)	(38.3-45.9)	(37.8-48.5)	(36.2-43.3)	(24.7-63.9)	(43.8-55.2)	(39.0-49.4)
Females	65.0	66.9	59.0	52.4	46.8	43.5	41.7	37.6	34.2	36.9	36.1	43.6	45.2	43.9 ^{bc}
	(60.3-69.4)	(61.3-72.0)	(55.5-62.5)	(49.7-55.1)	(43.9-49.7)	(39.8-47.2)	(37.7-45.8)	(34.1-41.2)	(31.2-37.3)	(31.4-42.7)	(33.4-38.9)	(33.8-53.8)	(42.0-48.4)	(39.9-47.9)
Grade														
9	88.4	87.2	86.0	83.3	84.9	81.5	80.0	69.6	69.1	73.4	70.5	83.6	77.0	69.4 ^c
	(83.6-91.9)	(81.2-91.5)	(83.4-88.3)	(79.9-86.1)	(80.7-88.3)	(77.3-85.1)	(71.2-86.7)	(62.7-75.8)	(62.8-74.7)	(63.4-81.4)	(65.5-75.0)	(53.9-95.7)	(69.8-82.9)	(60.2-77.2)
10	77.6	73.4	64.3	58.6	57.7	57.2	52.9	46.0	42.0	41.3	43.7	42.5	56.5	55.1 ^c
	(72.6-81.8)	(67.5-78.6)	(59.7-68.6)	(55.1-62.0)	(52.3-62.9)	(53.2-61.0)	(46.6-59.2)	(38.8-53.4)	(36.2-48.1)	(35.1-47.8)	(39.1-48.4)	(24.4-62.8)	(51.5-61.3)	(47.2-62.8)
11	63.3	60.0	53.4	49.7	43.6	44.8	36.7	32.9	37.9	32.1	32.4	38.6	40.2	40.9 ^{bc}
	(58.3-68.0)	(50.8-68.6)	(48.4-58.3)	(45.8-53.6)	(39.4-47.8)	(40.6-49.1)	(33.3-40.2)	(29.1-36.9)	(33.8-42.1)	(26.2-38.6)	(28.7-36.2)	(24.7-54.5)	(35.2-45.6)	(37.1-44.8)
12	49.2	50.7	45.1	39.9	32.9	35.0	35.4	29.9	27.7	34.6	28.2	36.3	36.2	32.4 ^c
	(42.7-55.7)	(43.7-57.6)	(41.5-48.9)	(35.9-43.9)	(29.4-36.6)	(30.8-39.4)	(29.2-42.5)	(25.1-35.1)	(22.6-33.4)	(29.9-39.5)	(25.3-31.3)	(24.7-54.4)	(31.3-41.4)	(25.5-40.2)
Region														
GTA	71.7	74.4	61.9	56.7	51.1	46.7	49.2	39.1	36.6	41.8	35.8	47.7	45.0	43.6 ^{bc}
	(66.4-76.4)	(67.3-80.5)	(58.6-65.1)	(53.9-59.4)	(46.7-55.5)	(43.3-50.1)	(44.3-54.0)	(36.1-42.2)	(32.3-41.2)	(35.9-47.9)	(32.5-39.3)	(36.0-59.6)	(41.4-48.6)	(39.1-48.2)
North	65.6	68.2	58.8	56.9	52.6	51.6	52.0	38.3	43.8	40.0	40.4	50.1	54.0	45.4 ^c
	(58.2-72.2)	(63.6-72.5)	(53.8-63.7)	(50.9-62.7)	(46.5-58.7)	(42.6-60.5)	(47.5-56.5)	(33.8-43.0)	(37.8-50.1)	(34.1-46.3)	(36.2-44.7)	(37.3-62.8)	(45.7-62.2)	(33.0-58.3)
West	69.1	66.8	63.0	54.8	51.2	50.0	45.5	40.5	36.6	38.7	36.7	40.6	49.8	46.3 ^{bc}
	(61.2-76.0)	(59.1-73.7)	(56.4-69.0)	(50.0-59.4)	(46.7-55.7)	(44.4-55.6)	(37.6-53.6)	(34.0-47.5)	(33.0-40.5)	(34.2-43.3)	(31.8-42.0)	(21.8-62.7)	(43.2-56.4)	(43.0-49.7)
East	66.1	63.2	58.0	55.2	49.4	52.3	41.3	36.1	42.0	38.8	41.7	43.4	46.2	40.9 ^c
	(54.4-76.1)	(52.8-72.4)	(50.9-64.8)	(52.0-58.4)	(44.1-54.7)	(48.6-55.9)	(38.0-44.7)	(32.4-40.0)	(34.5-50.0)	(26.3-53.1)	(37.9-45.6)	(31.7-55.9)	(39.6-53.0)	(35.7-46.4)

Notes: (1) based on a random half sample of grades 9-12; (2) entries in brackets are 95% confidence intervals; (3) GTA=Greater Toronto Area; (4) † estimate suppressed due to unreliability; (5) note the design change and small sample size in 2021;(6) no significant differences 2025 vs. 2023; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 1999 significant difference, p<.01; ^a significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.

Q: When (if ever) did you first drink more than just a few sips of alcohol? (Analysis is among those who reported drinking more than just a sip of alcohol in the past year.)

Source: OSDUHS, Centre for Addiction & Mental Health

Table 3.9.4: Percentage Reporting Cannabis Use Initiation *Before* Grade 9, 1999–2025 OSDUHS (Past Year Users in Grades 9–12)

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(1017)	(444)	(830)	(1084)	(1670)	(1895)	(1807)	(1593)	(1775)	(1797)	(2661)	(243)	(1683)	(1040)
Total	44.4	47.4	43.9	38.4	36.8	34.6	30.3	24.4	23.4	20.9	20.4	24.7	17.9	21.5 ^{cde}
(95% CI)	(38.3-50.7)	(41.5-53.4)	(39.2-48.7)	(34.5-42.4)	(33.2-40.6)	(31.3-38.0)	(26.0-34.9)	(20.7-28.5)	(20.8-26.3)	(18.1-24.0)	(17.8-23.2)	(14.6-38.8)	(14.9-21.4)	(18.6-24.8)
Sex														
Males	44.5	50.1	49.9	43.3	41.2	37.0	36.1	27.2	24.8	22.3	23.0	†	20.6	19.5 ^c
	(38.3-50.8)	(42.6-57.6)	(44.0-55.7)	(37.5-49.4)	(36.3-46.2)	(32.4-41.7)	(29.7-42.9)	(22.5-32.6)	(21.2-28.7)	(18.0-27.3)	(19.0-27.5)		(15.3-27.0)	(15.1-24.7)
Females	44.3	43.8	37.4	32.6	31.8	31.2	23.6	20.8	21.8	19.2	17.5	28.8	15.9	23.2 ^c
	(35.9-53.0)	(34.7-53.4)	(31.3-43.8)	(27.0-38.8)	(28.1-35.6)	(26.8-35.9)	(19.7-27.9)	(16.0-26.5)	(18.6-25.5)	(15.4-23.8)	(14.9-20.4)	(17.9-42.9)	(13.1-19.1)	(18.8-24.8)
Grade														
9	62.0	72.8	67.5	65.1	69.6	61.3	58.2	51.7	46.1	45.8	53.3	†	39.6	56.0
	(52.6-70.6)	(59.1-83.2)	(58.4-75.5)	(54.4-74.4)	(61.5-76.7)	(52.2-69.6)	(48.7-67.1)	(39.9-63.3)	(36.4-56.1)	(33.0-59.1)	(45.0-61.4)		(29.4-50.7)	(41.8-69.3)
10	51.6	46.0	45.3	36.5	41.8	36.8	33.8	35.9	30.9	23.2	21.2	†	22.9	32.3 ^c
	(42.4-60.8)	(33.9-58.7)	(38.0-52.8)	(30.2-43.2)	(35.6-48.4)	(30.3-43.8)	(26.8-41.5)	(27.7-45.1)	(25.1-37.5)	(19.0-28.0)	(16.8-26.3)		(17.4-29.4)	(24.7-41.0)
11	38.4	37.2	39.2	38.0	31.0	35.6	25.9	20.5	18.9	21.7	17.3	†	14.6	19.5 ^c
	(28.9-48.7)	(27.5-48.0)	(31.0-48.1)	(32.2-47.9)	(26.4-36.0)	(28.9-43.0)	(19.9-33.0)	(16.2-25.4)	(14.8-23.8)	(14.4-31.3)	(13.2-22.3)		(10.4-20.1)	(13.1-28.1)
12	30.1	30.4	31.6	26.6	25.6	24.8	25.2	15.2	18.8	15.3	14.2	†	12.6	12.1 ^c
	(21.8-39.9)	(21.4-41.2)	(24.4-39.9)	(21.7-32.2)	(21.4-30.2)	(19.7-30.6)	(18.5-33.3)	(10.5-21.4)	(14.4-24.3)	(12.1-19.1)	(10.9-18.3)		(7.9-19.6)	(8.9-16.2)
Region														
GTA	41.4	48.0	40.8	37.4	39.1	29.6	26.6	24.4	19.2	20.0	16.8	†	15.3	21.2 ^c
	(33.1-50.3)	(39.4-56.6)	(33.9-48.0)	(31.8-43.3)	(33.6-44.8)	(25.8-33.7)	(22.4-31.2)	(19.2-30.4)	(15.7-23.3)	(16.5-23.9)	13.2-21.0)		(12.1-19.1)	(16.5-26.8)
North	50.2	43.6	48.8	45.9	40.1	40.0	42.7	29.8	39.2	26.5	27.4	†	38.4	34.3
	(39.6-60.7)	(35.1-52.5)	(37.8-59.8)	(31.9-60.9)	(29.6-51.5)	(30.7-50.0)	(33.7-52.2)	(21.4-39.9)	(31.9-47.0)	(21.2-32.5)	(22.3-33.1)		(29.0-48.8)	(22.2-48.8)
West	51.0	50.2	47.0	38.6	37.4	34.5	34.5	22.4	24.0	18.4	23.4	†	21.5	18.1 ^c
	(38.4-63.6)	(38.2-62.1)	(37.5-56.7)	(32.0-45.7)	(31.0-44.3)	(28.3-41.3)	(24.2-46.4)	(14.7-32.6)	(19.5-29.1)	(13.9-24.0)	(18.3-29.6)		(15.1-29.6)	(14.3-22.6)
East	33.9	42.5	43.9	36.4	31.4	41.5	28.1	26.1	26.9	25.2	19.0	†	13.1	22.1
	(24.3-45.1)	(30.2-55.7)	(34.2-54.1)	(28.5-45.2)	(24.0-39.8)	(33.2-50.4)	(21.5-35.8)	(20.4-32.9)	(19.4-35.8)	(16.8-35.9)	(14.1-25.1)		(7.2-22.8)	(16.0-29.7)

Notes: (1) based on grades 9-12; (2) entries in brackets are 95% confidence intervals; (3) GTA=Greater Toronto Area; (4) † estimate suppressed due to unreliability; (5) note the design change and small sample size in 2021; (6) no significant differences 2025 vs. 2023; ^c 2025 vs. 1999 significant difference, p<.01; ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.

Q: When (if ever) did you first try cannabis? (Analysis is among those who reported using cannabis at least once in the past year.)

Source: OSDUHS, Centre for Addiction & Mental Health

3.10 Potential Harms

Driving a Motor Vehicle After Drinking Alcohol

(Figures 3.10.1-3.10.3; Table 3.10.1)

2025 (Drivers in Grades 10–12):

- About 4.4% of drivers (with a G-Class licence) in grades 10 through 12 report driving a vehicle within an hour of consuming *two or more* alcoholic drinks at least once during the past 12 months.
- Males (6.0%) are significantly more likely than females (2.7%) to report drinking and driving.
- There are no significant grade differences.
- Despite some variation, there are no significant regional differences.

1999–2025 Trends (Drivers in Grades 10–12):

- Drinking and driving among adolescent drivers has been stable since 2011, at about 4%-7%. However, the current estimate is significantly lower than estimates seen in 1999 and the early 2000s, when the prevalence was about 12%-14%.
- Estimates among the subgroups have been stable over the past decade or so. Some subgroups do show a significant decrease since 1999.

1977–2025 Trends (Drivers in Grade 11):

- Figure 3.10.3 shows trends in drinking and driving among grade 11 licensed drivers. Drinking and driving has substantially declined over the long-term among 11th graders, especially since the late 1970s, when monitoring first began.

Figure 3.10.1
Percentage of Drivers in Grades 10–12 Reporting Driving After Drinking Alcohol at Least Once in the Past Year by Sex, Grade, and Region, 2025 OSDUHS

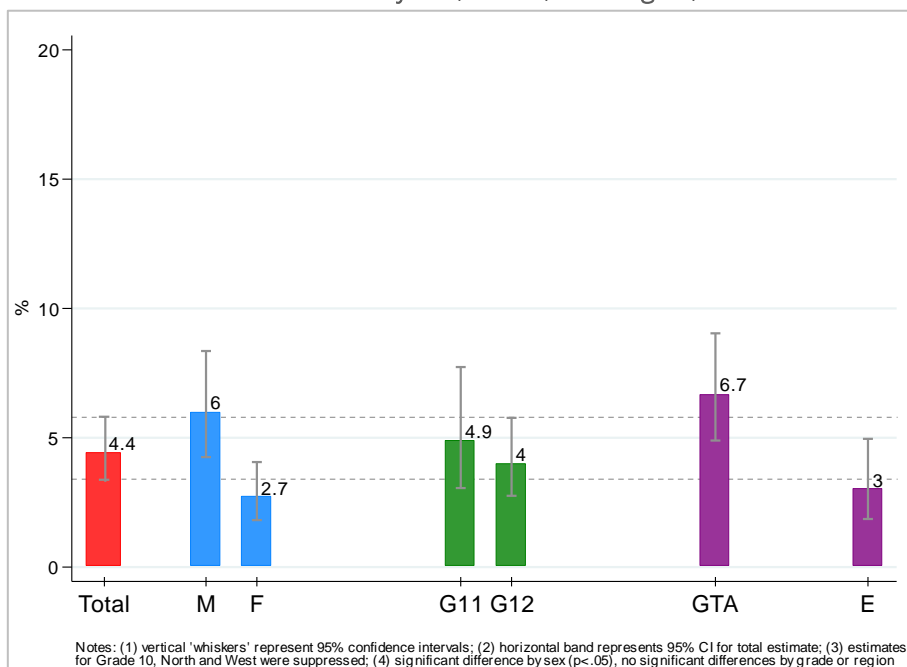


Figure 3.10.2
 Percentage of Drivers in Grades 10–12 Reporting Driving After Drinking Alcohol
 at Least Once in the Past Year by Sex, 1999–2025 OSDUHS

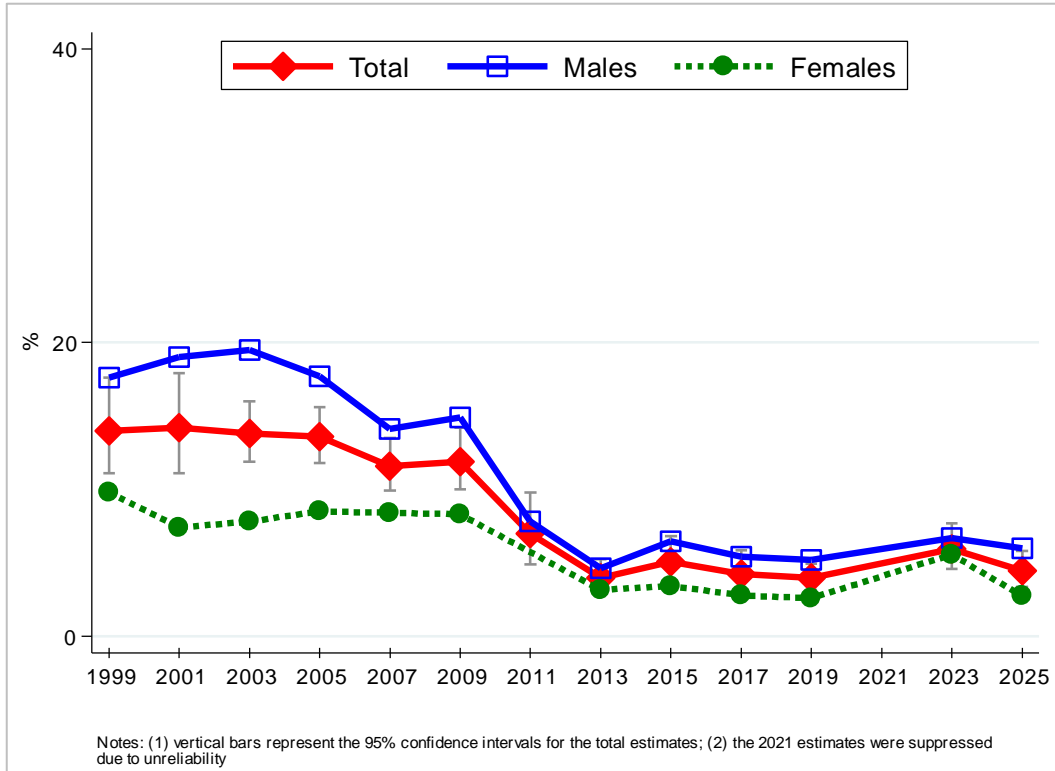


Figure 3.10.3
 Percentage of 11th-Grade Drivers Reporting Driving After Drinking Alcohol in the
 Past Year, 1977–2025 OSDUHS

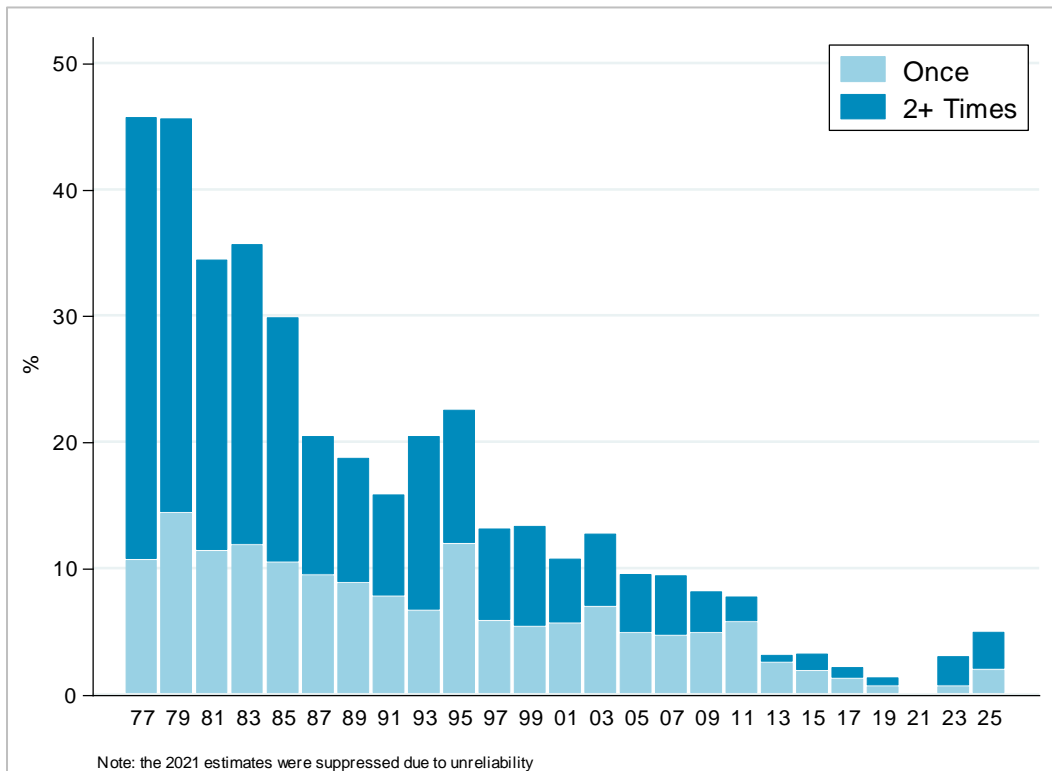


Table 3.10.1: Percentage of Drivers in Grades 10–12 Reporting Driving After Drinking Alcohol at Least Once in the Past Year, 1999–2025 OSDUHS

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(1009)	(847)	(1973)	(2280)	(1897)	(2219)	(2486)	(2433)	(2443)	(2698)	(3693)	(463)	(2776)	(2547)
Total	14.0	14.2	13.8	13.6	11.6	11.9	7.0	4.0	5.1	4.2	4.0	†	5.9	4.4 ^{cde}
(95% CI)	(11.1-17.6)	(11.1-17.9)	(11.9-16.0)	(11.8-15.6)	(9.9-13.5)	(10.0-14.2)	(4.9-9.8)	(3.0-5.2)	(3.7-6.8)	(3.0-5.8)	(3.1-5.0)		(4.6-7.7)	(3.4-5.8)
Sex														
Males	17.6	19.0	19.5	17.7	14.1	14.9	7.8	4.6	6.4	5.4	5.2	†	6.7	6.0 ^c
(95% CI)	(14.0-21.8)	(14.2-25.1)	(16.5-22.9)	(15.0-20.7)	(11.5-17.2)	(12.3-18.0)	(5.8-10.6)	(3.2-6.7)	(4.6-8.9)	(3.4-8.4)	(3.8-7.0)		(4.5-9.8)	(4.3-8.3)
Females	9.8	7.4	7.8	8.5	8.4	8.3	†	3.1	3.4	2.8	2.6	†	5.2	2.7
(95% CI)	(6.4-14.7)	(4.6-11.8)	(6.0-10.0)	(6.7-10.7)	(6.5-10.9)	(6.3-10.7)		(2.1-4.6)	(2.2-5.2)	(1.6-4.6)	(1.7-3.9)		(3.6-7.3)	(1.8-4.1)
Grade														
10	8.1	9.8	9.8	7.6	9.0	3.8	†	†	†	†	†	†	†	†
(95% CI)	(4.0-15.5)	(4.4-20.6)	(6.1-15.4)	(4.2-13.3)	(5.0-15.8)	(1.7-8.2)								
11	13.4	10.7	12.7	9.5	9.3	8.1	7.8	3.1	3.2	2.1	1.3	†	3.1	4.9 ^c
(95% CI)	(9.1-19.4)	(8.0-14.2)	(10.3-15.6)	(7.3-12.4)	(6.9-12.6)	(5.4-12.0)	(2.9-19.4)	(1.7-5.6)	(2.1-5.0)	(1.4-3.3)	(0.8-2.2)		(1.7-5.6)	(3.1-7.7)
12	16.3	20.9	16.2	17.4	13.4	15.1	7.0	4.9	6.2	5.6	6.0	†	8.3	4.0 ^{ac}
(95% CI)	(11.4-22.8)	(15.4-27.7)	(13.1-19.8)	(14.7-20.6)	(11.2-15.9)	(12.3-18.5)	(5.0-9.8)	(3.4-7.1)	(4.0-9.6)	(3.5-9.0)	(4.7-7.7)		(6.3-11.0)	(2.7-5.8)
Region														
GTA	13.5	11.7	12.5	10.8	9.5	9.3	4.4	2.7	4.8	4.7	2.7	†	3.4	6.7 ^{ac}
(95% CI)	(9.5-18.9)	(8.2-16.5)	(10.2-15.2)	(8.8-13.3)	(6.7-13.3)	(6.5-13.2)	(3.3-5.9)	(1.7-4.1)	(3.5-6.6)	(2.8-7.7)	(1.8-3.9)		(2.3-5.0)	(4.9-9.0)
North	26.0	12.5	16.8	16.8	12.7	12.5	9.8	†	†	†	†	†	†	†
(95% CI)	(17.3-37.1)	(9.0-17.0)	(12.0-23.0)	(12.9-21.5)	(8.4-18.8)	(8.9-17.2)	(5.8-16.1)							
West	12.8	20.5	14.4	18.6	13.6	10.4	†	5.3	6.3	4.2	4.8	†	9.7	†
(95% CI)	(8.1-19.6)	(13.6-29.8)	(9.7-20.9)	(14.9-22.9)	(10.8-16.9)	(6.8-15.8)		(3.2-8.6)	(4.4-9.0)	(2.6-6.8)	(3.0-7.5)		(6.6-13.9)	
East	9.2	9.3	14.8	12.4	12.4	17.6	9.0	4.3	†	†	5.4	†	6.2	3.0
(95% CI)	(4.2-18.8)	(5.2-16.2)	(11.5-18.8)	(8.6-17.6)	(9.8-15.4)	(14.0-21.8)	(5.6-14.1)	(2.7-6.8)			(3.9-7.3)		(3.6-10.6)	(1.9-5.0)

Notes: (1) based on grades 10-12 with a driver's licence; (2) entries in brackets are 95% confidence intervals; (3) † estimate suppressed due to unreliability; (4) GTA=Greater Toronto Area; (5) note the design change and small sample size in 2021; (6) ^a 2025 vs. 2023 significant difference, p<.01; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 1999 significant difference, p<.01; ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.

Q: In the last 12 months, how many times have you driven a vehicle within an hour of drinking 2 or more drinks of alcohol?

Source: OSDUHS, Centre for Addiction & Mental Health

Driving a Motor Vehicle After Using Cannabis

(Figures 3.10.4, 3.10.5; Table 3.10.2)

2025 (Drivers in Grades 10–12):

- About 5.1% of drivers (with a G-Class licence) in grades 10 through 12 report driving a vehicle within an hour of consuming cannabis (in any form) at least once during the past 12 months.
- Males (5.9%) and females (4.0%) are equally likely to drive after using cannabis.
- There is no significant variation by grade.
- There is no significant variation by region.

2001–2025 Trends (Drivers in Grades 10–12):

- Self-reported driving after using cannabis has remained stable since 2017, at about 6%–9%. However, there has been a significant decrease since the early 2000s, when the estimates were about 20%.
- All subgroups show stable estimates in recent years. However, all show a significant decrease since the early 2000s.

Figure 3.10.4
Percentage of Drivers in Grades 10–12 Reporting Driving After Using Cannabis at Least Once in the Past Year by Sex, Grade, and Region, 2025 OSDUHS

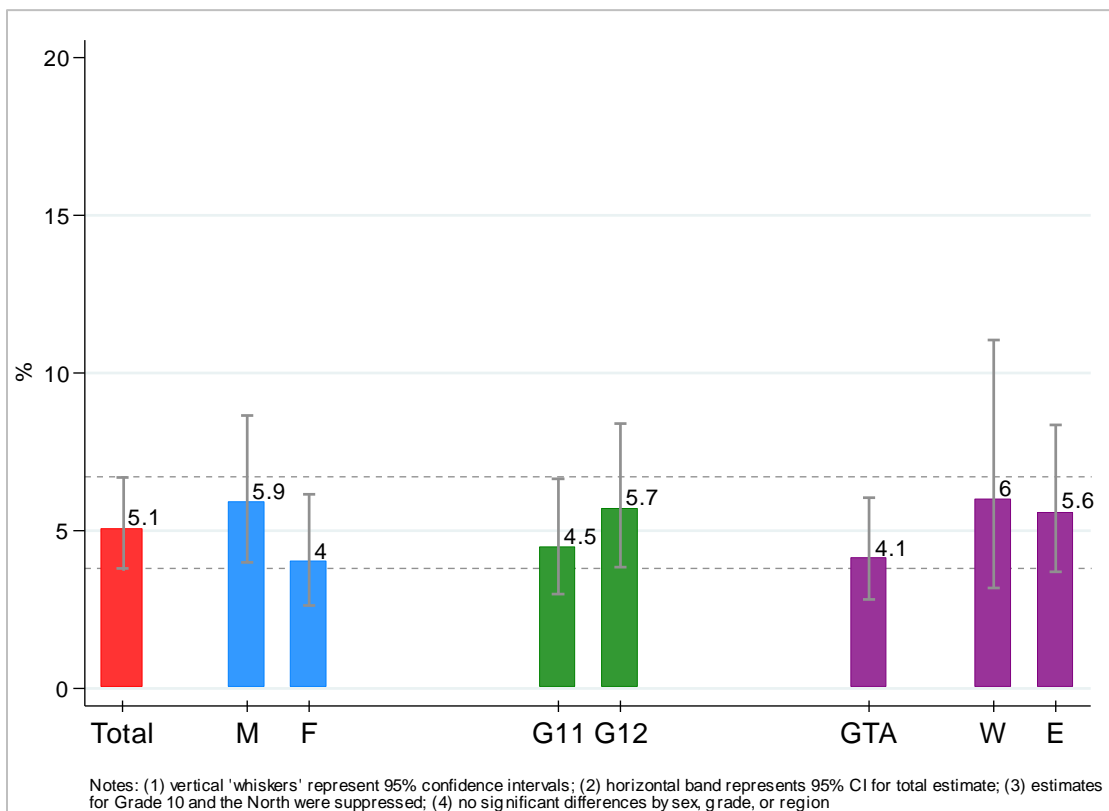


Figure 3.10.5
 Percentage of Drivers in Grades 10–12 Reporting Driving After Using Cannabis at Least Once in the Past Year by Sex, 2001–2025 OSDUHS

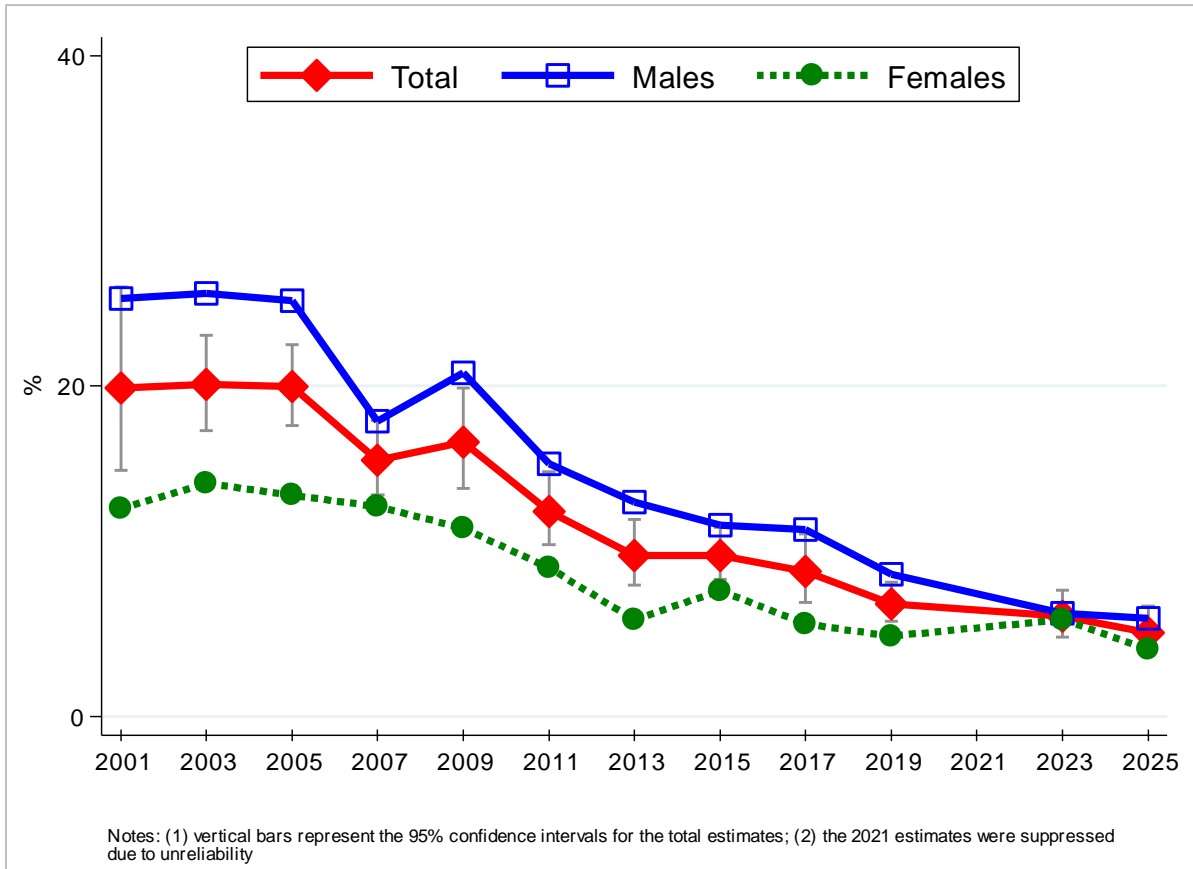


Table 3.10.2: Percentage of Drivers in Grades 10–12 Reporting Driving After Using Cannabis at Least Once in the Past Year, 2001–2025 OSDUHS

	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(400)	(1973)	(2280)	(1897)	(2219)	(2468)	(2433)	(2443)	(2698)	(3693)	(463)	(2776)	(2547)
Total (95% CI)	19.9 (14.9-26.0)	20.1 (17.3-23.1)	20.0 (17.6-22.5)	15.5 (13.4-17.9)	16.6 (13.8-19.9)	12.4 (10.4-14.8)	9.7 (7.9-11.9)	9.8 (8.3-11.4)	8.8 (6.9-11.1)	6.8 (5.7-8.1)	†	6.1 (4.8-7.7)	5.1 ^{cd} (3.8-6.7)
Sex													
Males	25.3 (17.3-35.5)	25.6 (21.4-30.2)	25.2 (22.1-28.7)	17.9 (15.0-21.2)	20.8 (16.9-25.4)	15.3 (12.2-19.0)	13.0 (10.2-16.3)	11.6 (9.4-14.1)	11.3 (8.8-14.4)	8.6 (6.9-10.6)	†	6.3 (4.2-9.2)	5.9 ^c (4.0-8.7)
Females	12.6 (8.5-18.4)	14.1 (11.3-17.6)	13.4 (10.8-16.4)	12.7 (9.8-16.4)	11.4 (8.9-14.6)	9.0 (6.9-11.7)	5.8 (4.3-7.8)	7.6 (5.5-10.5)	5.6 (3.9-8.0)	4.9 (3.7-6.4)	†	5.9 (4.6-7.4)	4.0 ^c (2.6-6.2)
Grade													
10	18.9 (9.6-33.8)	15.9 (11.3-21.9)	15.1 (9.7-22.6)	†	7.8 (4.1-14.4)	†	†	6.0 (3.4-10.2)	†	†	†	†	†
11	18.9 (12.7-27.3)	18.0 (14.4-22.3)	15.4 (12.3-19.1)	12.8 (10.0-16.3)	10.8 (8.1-14.3)	12.3 (8.9-16.7)	8.0 (5.7-11.3)	8.6 (6.8-11.0)	6.5 (3.6-11.6)	3.7 (2.6-5.3)	†	4.2 (2.9-6.1)	4.5 ^c (3.0-6.6)
12	21.6 (14.1-31.6)	23.3 (18.9-28.3)	23.9 (20.5-27.6)	18.9 (16.2-21.8)	21.1 (17.0-25.7)	13.0 (9.9-16.8)	11.6 (8.5-15.7)	10.9 (8.7-13.7)	10.6 (8.1-13.8)	9.6 (7.7-12.0)	†	8.1 (5.9-11.1)	5.7 ^c (3.8-8.4)
Region													
GTA	20.8 (14.9-28.4)	17.5 (14.4-21.0)	17.5 (10.8-23.1)	13.5 (10.3-17.6)	13.8 (10.8-17.5)	10.8 (7.9-14.8)	8.0 (6.2-10.1)	8.7 (6.4-11.6)	8.7 (5.6-13.3)	3.9 (2.9-5.2)	†	6.1 (4.4-8.5)	4.1 ^c (2.8-6.1)
North	17.5 (10.9-27.1)	24.7 (16.3-35.6)	21.6 (17.0-27.0)	19.0 (12.5-27.7)	21.1 (13.9-30.6)	20.2 (15.5-25.9)	7.2 (3.9-12.8)	15.8 (10.8-22.7)	8.2 (4.6-14.5)	9.3 (9.3-14.6)	†	8.5 (4.6-15.2)	†
West	21.0 (12.2-33.7)	22.7 (17.1-29.5)	26.7 (22.2-31.8)	15.9 (12.3-20.4)	20.0 (14.2-27.4)	14.2 (10.1-19.7)	10.8 (6.7-16.8)	10.6 (8.2-13.6)	9.2 (6.9-12.2)	9.1 (6.7-12.3)	†	6.9 (4.5-10.2)	6.0 ^c (3.2-11.0)
East	†	20.4 (14.0-28.8)	16.8 (12.4-22.3)	17.6 (13.9-22.0)	15.3 (9.2-24.4)	10.6 (8.4-13.5)	11.9 (8.8-14.4)	8.9 (6.1-12.7)	8.4 (4.7-14.6)	8.2 (6.0-11.0)	†	†	5.6 (3.7-8.3)

Notes: (1) based on grades 10-12 with a driver's licence; (2) question asked of a random half sample in 2001; (3) entries in brackets are 95% confidence intervals; (4) † estimate suppressed due to unreliability; (5) GTA=Greater Toronto Area; (6) note the design change and small sample size in 2021; (7) no significant differences 2025 vs. 2023 or 2025 vs. 2019; ^c 2025 vs. 2001 significant difference, p<.01; ^d significant linear trend, p<.01.

Q: In the last 12 months, how many times have you driven a vehicle within an hour of using cannabis (marijuana or hashish) in any form?

Source: OSDUHS, Centre for Addiction & Mental Health

Alcohol and Other Drug Treatment (Grades 9–12)

In addition to asking about specific problems related to alcohol and other drug use, we asked secondary students about their treatment experience. Specifically, the question was *“Were you in a treatment program at any time in the last 12 months because of your alcohol or drug use?”*

- In 2025, 0.5% (95% CI: 0.3%-0.8%) of secondary school students report that they had received treatment for their alcohol and/or drug use (data not presented).

1999–2025 Trends (Grades 9–12):

- The percentage of secondary school students who report receiving treatment has been relatively stable since 1999, fluctuating between 0.5% and 1.8%.

3.11 Perceptions and Source

Perceived Risk

(Figures 3.11.1–3.11.3; Tables 3.11.1, A15)

In this section, we present the percentage of students who believe there is a “great risk” that people will harm themselves physically or in other ways if they drink alcohol regularly (first asked about in 2025), smoke tobacco cigarettes regularly, vape/use e-cigarettes regularly, and smoke cannabis regularly.

2025 (Grades 7–12):

- Over two-thirds (67.1%) of students believe that smoking tobacco cigarettes regularly poses a great risk of harm. Over half (58.1%) of students believe that vaping/using e-cigarettes regularly poses a great risk of harm. Half (50.0%) of students believe that smoking cannabis regularly poses a great risk of harm. Just under half (46.9%) believe that drinking alcohol regularly poses a great risk of harm.
- Perceptions of risk of harm associated with regular cannabis smoking significantly decrease with grade. No grade variation is evident for perceived risk of regular vaping, cigarette smoking, or drinking.

Trends (Grades 7–12):

- The percentage of students who perceive a great risk of harm associated with cigarette smoking significantly decreased between 2023 and 2025 (from 74.7% to 67.1%).
- The percentage of students who perceive a great risk of harm associated with vaping also significantly decreased between 2023 and 2025 (from 62.8% to 58.1%). However, there has been a substantial increase since monitoring began in 2015, when the estimate was at about 10%.
- The percentage of students who perceive a great risk of harm associated with smoking cannabis regularly remained stable between 2023 and 2025. While the current estimate is significantly higher than those from 2017 and 2019 (about 38%-40%), the percentage has returned to levels seen in 1999 and the early 2000s.
- Looking back to 1989 and the early 1990s, the perceived risk of smoking cannabis regularly has decreased over the past three decades.

Figure 3.11.1
Percentage Who Perceive “Great Risk” of Harm Associated with Regular Drug Use, 2025 OSDUHS (Grades 7-12)

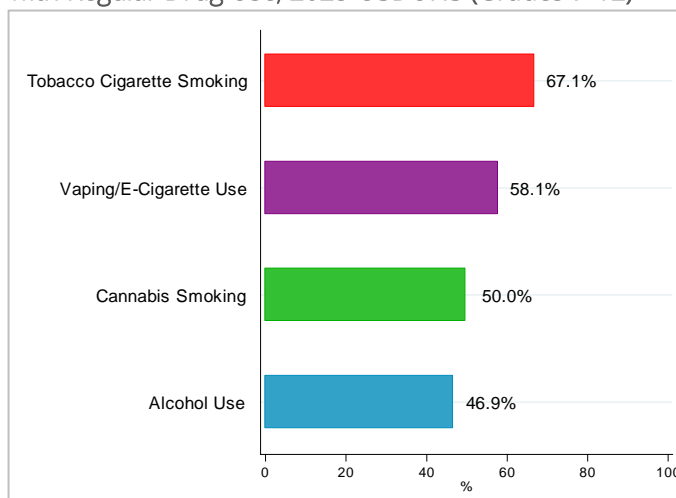


Figure 3.11.2
 Percentage Who Perceive “Great Risk” of Harm Associated with Regular Cannabis Smoking, Regular Vaping, and Regular Tobacco Cigarette Smoking, 1999–2025 OSDUHS (Grades 7–12)

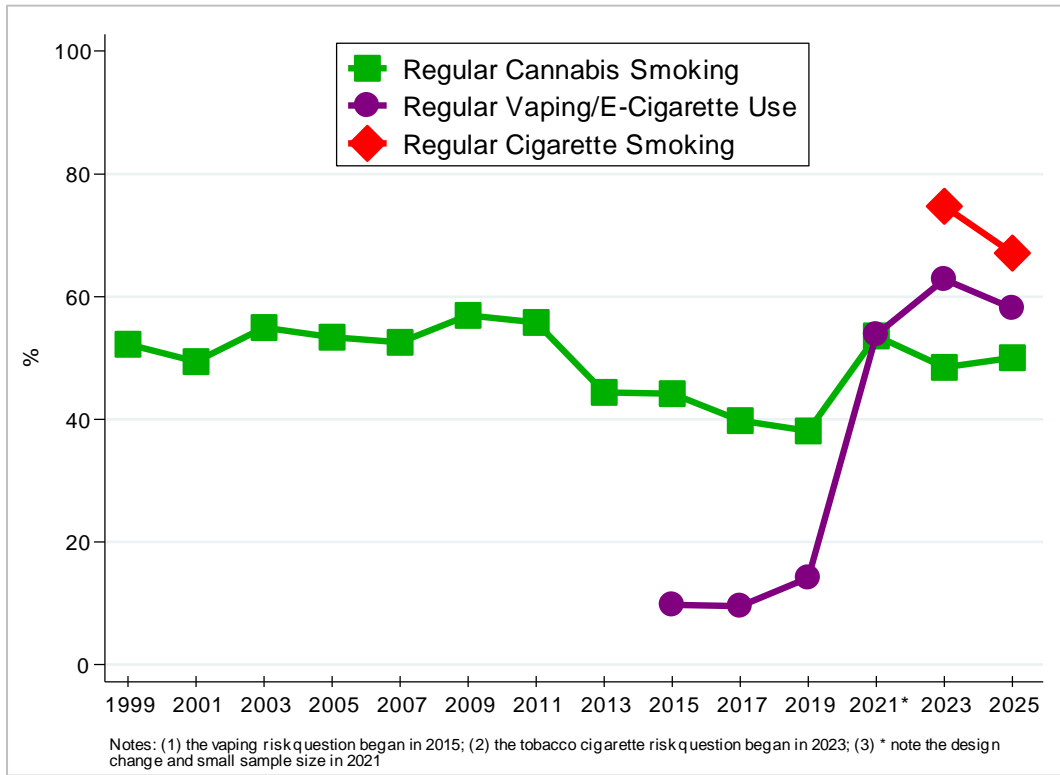


Figure 3.11.3
 Percentage Who Perceive “Great Risk” of Harm Associated with Regular Cannabis Smoking, 1989–2025 OSDUHS (Grades 7, 9, and 11 only)

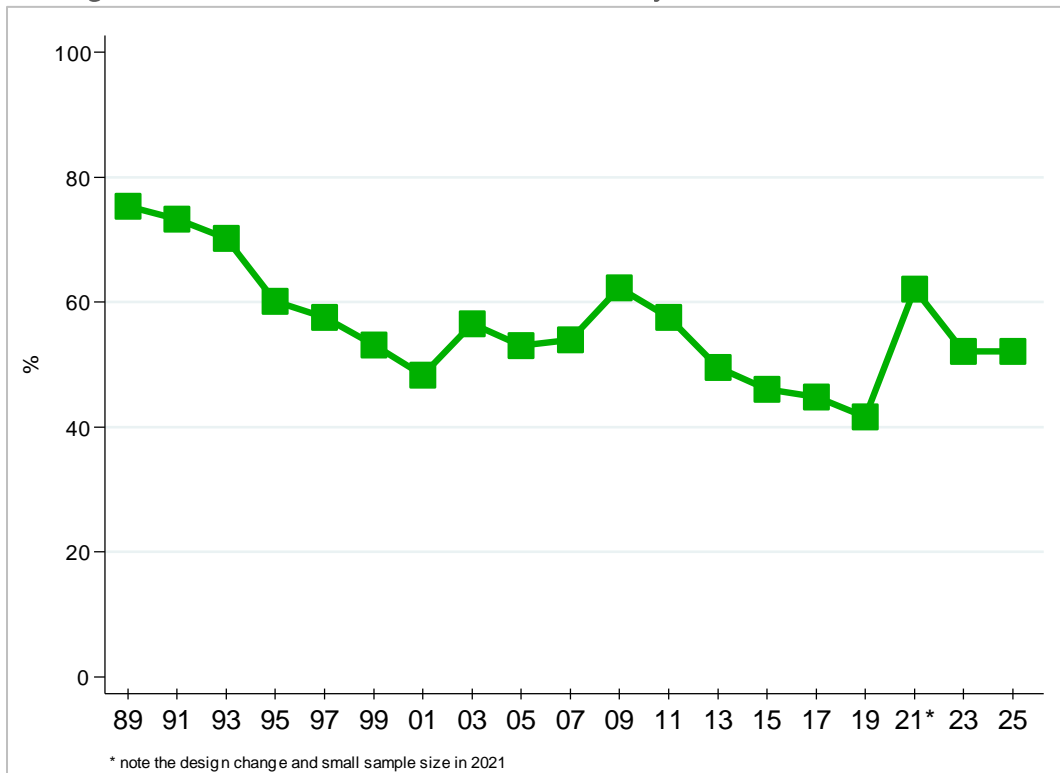


Table 3.11.1: Percentage Who Perceive “Great Risk” of Harm Associated with Drug Use by Grade, 1999–2025 OSDUHS

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(4447)	(1837)	(3152)	(3648)	(2935)	(4262)	(4472)	(4974)	(5023)	(5071)	(6525)	(1107)	(5054)	(5540)
Smoke Cannabis Regularly														
Total	52.2	49.4	54.9	53.4	52.5	56.9	55.8	44.4	44.2	39.8	38.1	53.6	48.5	50.0 ^{bde}
Grade 7	63.6	61.1	69.4	59.2	61.9	74.0	67.0	68.0	61.2	66.3	54.3	85.2	57.6	58.8
Grade 8	60.2	58.7	66.8	59.5	59.8	67.0	63.8	54.5	62.0	61.8	49.1	75.4	59.0	52.4
Grade 9	53.1	47.8	55.4	53.6	55.7	64.5	61.0	51.1	50.3	42.6	41.6	56.7	57.6	54.6
Grade 10	45.5	48.2	48.4	54.9	50.6	52.4	52.3	39.0	44.3	28.4	37.1	40.0	45.5	51.0
Grade 11	44.9	36.8	47.4	46.8	45.3	51.5	46.8	35.8	31.8	28.2	34.1	44.2	42.6	44.4
Grade 12	45.2	44.4	46.8	47.8	45.2	42.3	50.1	32.8	31.3	22.4	27.0	27.7	35.6	42.4
Vape (Use Electronic Cigarettes) Regularly														
Total	—	—	—	—	—	—	—	—	9.8	9.5	14.2	53.8	62.8	58.1 ^{abcd}
Grade 7									10.4	16.1	15.4	64.5	63.9	56.0
Grade 8									10.6	11.0	12.9	61.5	64.1	56.1
Grade 9									11.1	11.4	12.7	42.4	59.7	57.5
Grade 10									8.3	5.6	16.4	44.2	61.0	59.7
Grade 11									7.2	7.9	12.3	57.4	64.2	56.7
Grade 12									11.0	6.6	15.5	55.0	64.2	61.5
Smoke Tobacco Cigarettes Regularly														
Total	—	—	—	—	—	—	—	—	—	—	—	—	74.7	67.1 ^a
Grade 7													74.1	68.4
Grade 8													75.3	62.6
Grade 9													76.8	68.5
Grade 10													71.2	66.0
Grade 11													75.2	65.5
Grade 12													75.4	70.8
Drink Alcohol Regularly														
Total	—	—	—	—	—	—	—	—	—	—	—	—	—	46.9
Grade 7														48.4
Grade 8														51.0
Grade 9														43.4
Grade 10														45.8
Grade 11														44.0
Grade 12														49.0

Notes: (1) based on a random half sample since 2001; (2) note the design change and small sample size in 2021; (3) ^a 2025 vs. 2023 significant difference, p<.01; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. 1999 significant difference, p<.01 (vs. 2015 for vapes); ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01 (trend analysis not conducted by grade).

Q: How much do you think people risk harming themselves (physically or in other ways) if they...[behaviour]?

Source: OSDUHS, Centre for Addiction & Mental Health

Perceived Drug Availability

(Figures 3.11.4-3.11.6; Tables 3.11.2, A16)

In this section we present the percentage reporting that it is “fairly easy” or “very easy” to get alcohol, tobacco cigarettes, vapes/e-cigarettes, cannabis, prescription opioids without visiting a doctor, and magic mushrooms (asked of secondary school students only).

2025:

- Among the substances asked about, alcohol and vapes/e-cigarettes are the most readily available, followed by tobacco cigarettes, cannabis, prescription opioids, and magic mushrooms.
- The perceived availability of substances significantly varies by grade, as drugs become easier to obtain with increasing grade/age.

1999–2025 Trends:

- The perceived availability of alcohol decreased between 2023 and 2025, returning to a level seen in the past decade. However, it remains lower than the elevated levels seen in 1999/early 2000s.

- The perceived availability of cannabis decreased between 2023 and 2025, and is among the lowest level seen since 1999.
- The perceived availability of tobacco cigarettes decreased between 2023 and 2025, and is among the lowest level seen since 2005 (first year of monitoring).
- The perceived availability of prescription opioids remained stable between 2023 and 2025, but is currently higher than in 2011, the first year of monitoring.
- The perceived availability of vapes decreased between 2023 and 2025, returning a level seen in 2021 (first year of monitoring).

1981–2025 Trends (Grades 7, 9, and 11 only):

- The perceived availability of alcohol has fluctuated over the past four decades. The current level is lower than the elevated levels seen in the mid- to late-1990s.
- The perceived availability of cannabis has fluctuated over the past four decades. The current level is higher than the low levels seen in the late 1980s/early 1990s, but lower than the elevated levels seen in the late 1990s/early 2000s.

Figure 3.11.4
Percentage Reporting it is “Fairly Easy” or “Very Easy” to Obtain the Drug,
2025 OSDUHS

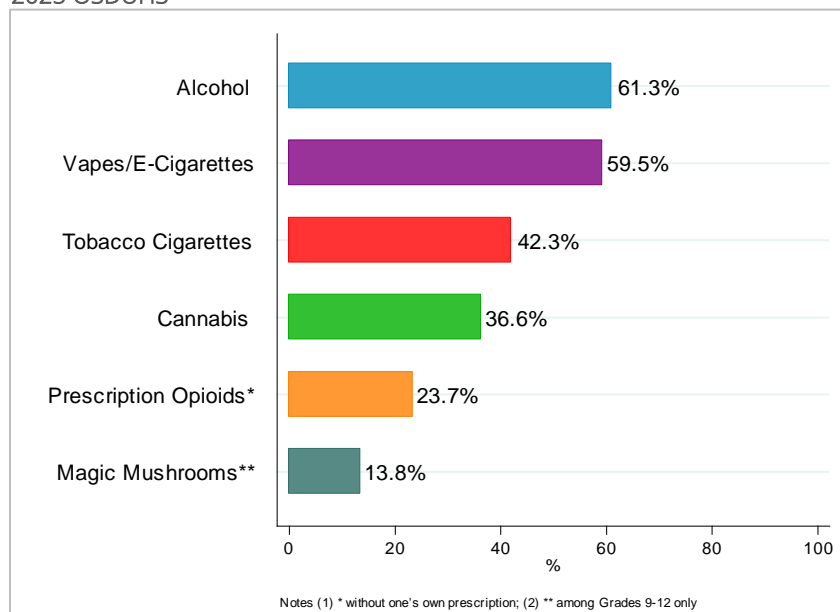


Figure 3.11.5
 Percentage Reporting it is "Fairly Easy" or "Very Easy" to Obtain the Drug, 1999–2025
 OSDUHS (Grades 7–12)

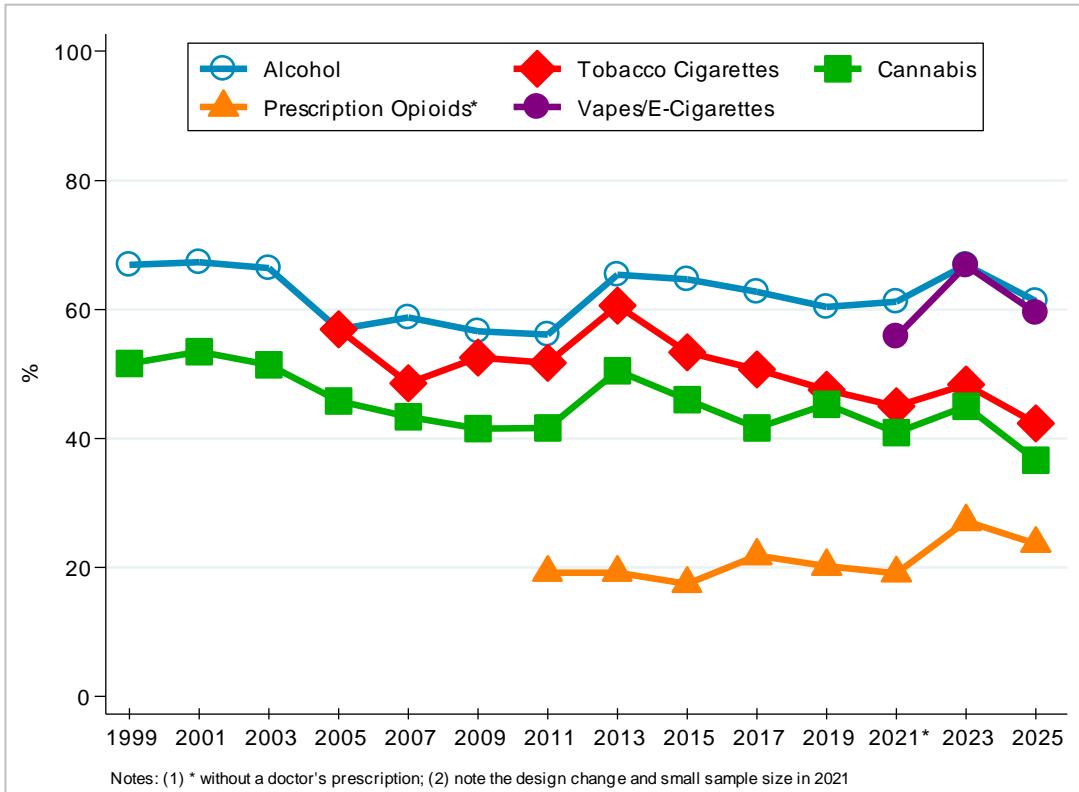


Figure 3.11.6
 Percentage Reporting it is "Fairly Easy" or "Very Easy" to Obtain Cannabis and Alcohol,
 1981–2025 OSDUHS (Grades 7, 9, and 11 only)

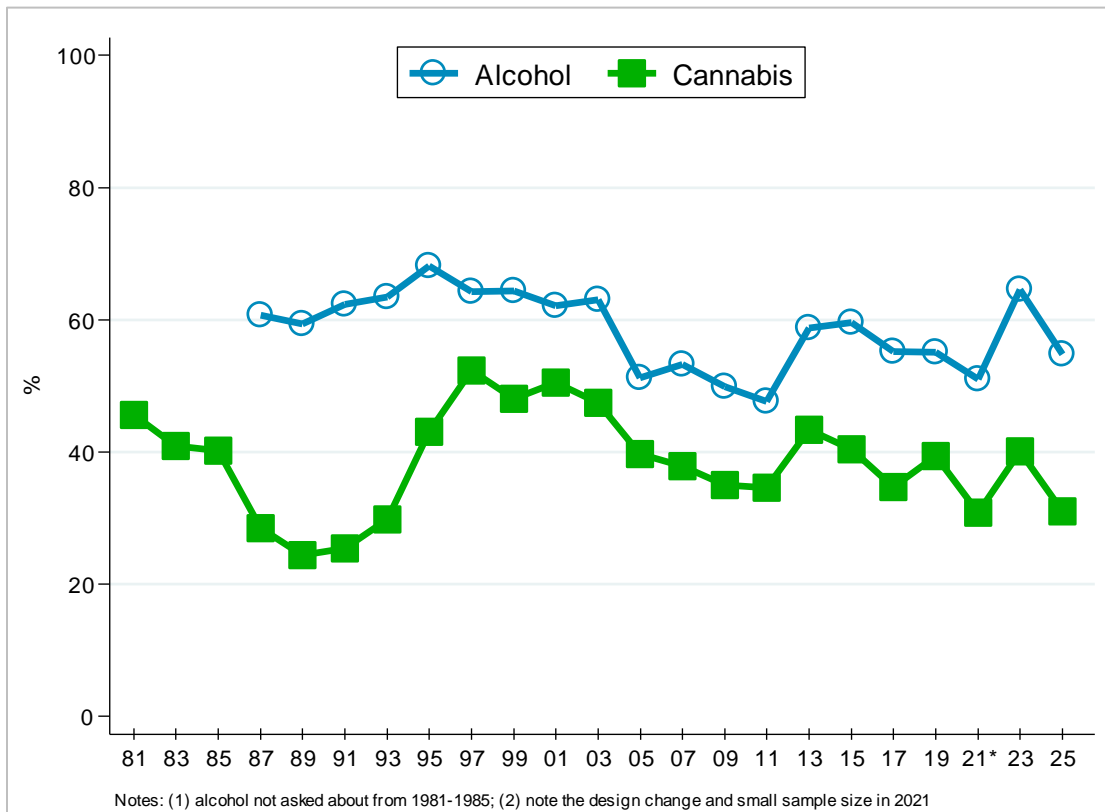


Table 3.11.2: Percentage Reporting it is “Fairly Easy” or “Very Easy” to Obtain the Drug by Grade, 1999–2025 OSDUHS

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(4447)	(1837)	(3152)	(3648)	(2935)	(4261)	(4472)	(4974)	(5023)	(5071)	(6525)	(1107)	(5054)	(5540)
Alcohol														
Total	66.9	67.3	66.4	56.9	58.7	56.6	56.1	65.4	64.6	62.7	60.4	61.2	66.9	61.3
Grade 7	33.8	31.9	33.8	24.6	29.4	19.7	21.0	23.0	29.1	32.0	33.5	24.1	48.5	36.4
Grade 8	47.9	52.3	43.9	32.8	35.5	32.8	34.8	45.0	40.5	44.8	41.2	44.5	52.5	51.8
Grade 9	66.6	68.8	66.2	53.0	54.2	50.0	48.1	63.5	59.2	53.4	52.8	53.9	67.6	59.9
Grade 10	79.2	80.0	75.1	66.0	63.8	62.1	56.3	68.3	70.2	68.1	64.7	70.7	71.3	66.2
Grade 11	87.2	85.1	82.6	74.5	74.6	73.0	68.6	78.4	80.7	77.1	70.1	76.4	74.3	64.9
Grade 12	87.6	89.6	86.7	83.8	84.5	82.0	85.8	86.8	83.3	86.5	76.6	90.4	78.0	79.4
Cannabis														
Total	51.6	53.4	51.4	45.8	43.4	41.5	41.6	50.5	46.0	41.6	45.3	40.9	45.0	36.6
Grade 7	12.2	14.9	14.5	8.9	10.6	4.2	5.7	5.4	7.8	8.2	9.6	10.4	22.2	14.0
Grade 8	30.9	27.6	28.4	21.4	15.7	13.5	15.6	22.0	13.2	11.9	18.8	12.8	23.5	20.2
Grade 9	50.3	59.5	51.6	43.8	39.0	35.3	32.4	43.4	35.6	31.2	36.9	26.0	37.3	29.9
Grade 10	66.7	68.6	63.5	58.1	54.0	54.0	43.7	56.5	52.8	53.1	51.0	51.2	51.5	37.7
Grade 11	75.2	76.6	70.6	64.2	62.3	58.5	60.2	68.8	67.0	61.5	59.5	58.8	56.6	45.8
Grade 12	76.2	73.6	70.9	71.3	68.1	63.8	69.6	74.4	69.6	68.3	65.6	78.4	65.4	61.2
Tobacco Cigarettes														
Total	—	—	—	56.9	48.6	52.5	51.7	60.6	53.3	50.7	47.5	45.0	48.3	42.3
Grade 7				18.5	17.7	12.2	14.0	19.0	16.1	21.8	20.2	11.6	30.0	25.0
Grade 8				29.4	24.3	26.2	28.9	34.6	26.4	25.1	27.8	15.5	31.7	29.5
Grade 9				58.1	46.1	48.2	45.3	53.5	43.6	44.7	40.6	42.9	45.6	37.8
Grade 10				67.8	52.8	61.6	52.5	64.4	61.8	58.6	50.3	54.7	49.2	44.8
Grade 11				76.1	67.0	72.0	69.7	76.1	70.2	67.1	56.6	57.5	57.0	49.5
Grade 12				83.6	73.3	74.8	78.0	85.1	74.4	73.3	65.4	78.8	65.4	59.4
Prescription Opioid Pain Relievers*														
Total	—	—	—	—	—	—	19.2	19.2	17.5	21.8	20.2	19.1	27.1	23.7
Grade 7							6.6	13.4	13.6	15.5	11.8	22.3	26.4	20.6
Grade 8							13.7	11.0	13.5	23.1	17.1	13.3	30.2	23.9
Grade 9							22.1	14.4	14.9	16.8	17.7	15.8	28.1	28.0
Grade 10							19.5	17.3	18.3	22.6	21.7	23.6	30.3	22.5
Grade 11							24.4	25.6	19.6	24.5	24.6	22.1	22.2	21.3
Grade 12							23.7	26.0	21.4	25.9	22.8	18.3	26.3	25.3

(continued...)

	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(4447)	(1837)	(3152)	(3648)	(2935)	(4261)	(4472)	(4974)	(5023)	(5071)	(6525)	(1107)	(5054)	(5540)

Vapes/E-Cigarettes

Total	—	—	—	—	—	—	—	—	—	—	—	—	55.8	66.8	59.5 ^a
Grade 7													16.9	45.1	32.6
Grade 8													29.8	50.3	45.6
Grade 9													49.9	69.1	59.0
Grade 10													68.0	73.4	66.5
Grade 11													80.5	74.2	68.5
Grade 12													84.0	78.2	75.4

Magic Mushrooms/Psilocybin[†]

Total	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13.8
Grade 9															7.0
Grade 10															11.2
Grade 11															15.2
Grade 12															20.0

Notes: (1) based on a random half sample in each year; (2) * such as Percocet, Percodan, Tylenol #3, Demerol, Dilaudid, codeine, hydromorphone, oxycodone, tramadol without visiting a doctor; (3) † only asked of grades 9-12; (4) note the design change and small sample size in 2021; (5) ^a 2025 vs. 2023 significant difference, p<.01; ^b 2025 vs. 2019 significant difference, p<.01; ^c 2025 vs. the first year of monitoring significant difference, p<.01; ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01 (trend analysis not conducted by grade).

Source: OSDUHS, Centre for Addiction & Mental Health

Source of Vapes/Electronic Cigarettes (Figure 3.11.7)

The OSDUHS included a question about where students obtained vaping devices/electronic cigarettes: *“Thinking about the last time you vaped in the last 12 months, where did you get the vaping device from?”* The response options were: *bought it at a convenience store, small grocery store, supermarket; bought it at a gas station; bought it at a pharmacy; bought it at a vape shop/lounge; bought it online/over the Internet; bought it off a friend or someone else; gave money to someone else to buy it for me; tried a friend’s/borrowed one; got it as a gift or free sample; took it from a family member; got it from another source not listed; or don’t remember.* We restricted our analysis to students younger than age 19 who vaped in the past year.

2025 (Grades 7–12):

- Among underage students who reported using vapes/e-cigarettes in the past 12 months, the most common source reported was a friend. The least common sources were purchasing at a pharmacy, online, or receiving it as a gift or free sample (estimates suppressed).

Source of Alcohol (Figure 3.11.8)

(Figure 3.11.8)

Students were asked how they usually obtain alcohol with the question: *“In the last 12 months, how did you usually get the alcohol you drank?”* The response options were: *given to me by a friend; given to me by a family member; took it from home without my parents’ permission; took it from somewhere else; bought it at a LCBO store; bought it at a beer store; bought it at a grocery store; bought it at a convenience store or gas station; bought it at a restaurant, bar, or club; bought it at a public event such as a concert or sporting event; I gave someone else money to buy it for me; I got it some other way; or don’t remember.* We restricted our analysis to students younger than age 19 who drank in the past year.

2025 (Grades 7–12):

- Among underage students who reported drinking in the past year, the most common method of obtaining alcohol was receiving it from a family member. The least common methods of obtaining alcohol were purchasing it at a beer store, grocery store, convenience store, restaurant/bar, or at a public event (estimates suppressed).

Figure 3.11.7
Source of Previous Vape/Electronic Cigarette Among Users Under Age 19, 2025 OSDUHS (Grades 7–12)

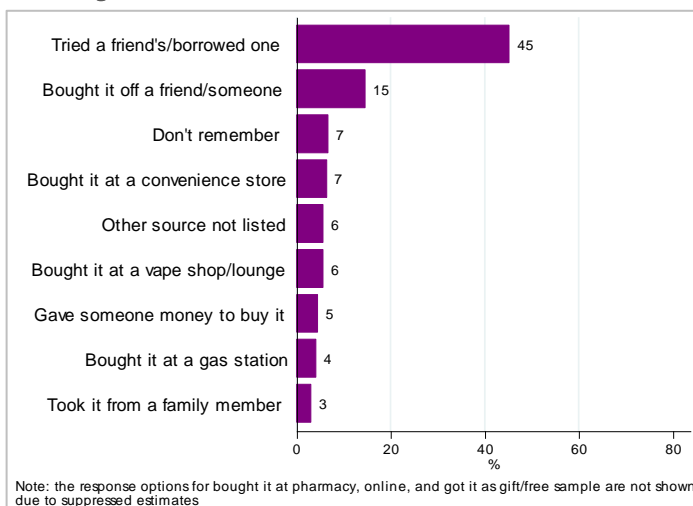
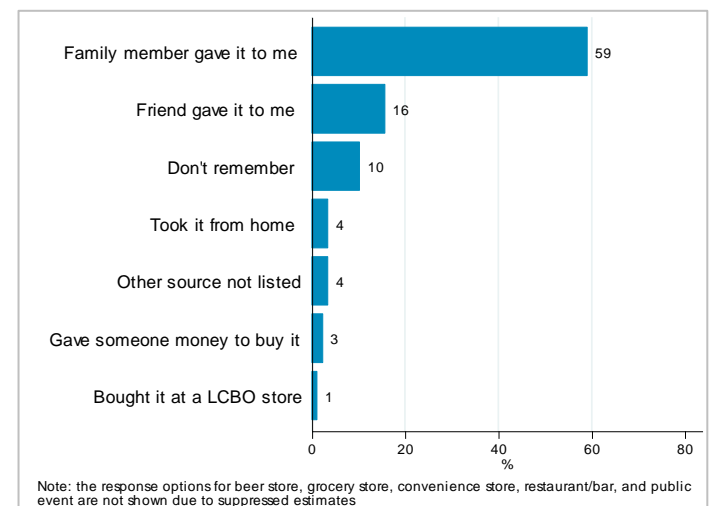


Figure 3.11.8
Usual Source of Alcohol Among Drinkers Under Age 19, 2025 OSDUHS (Grades 7–12)



Source of Cannabis

(Figure 3.11.9)

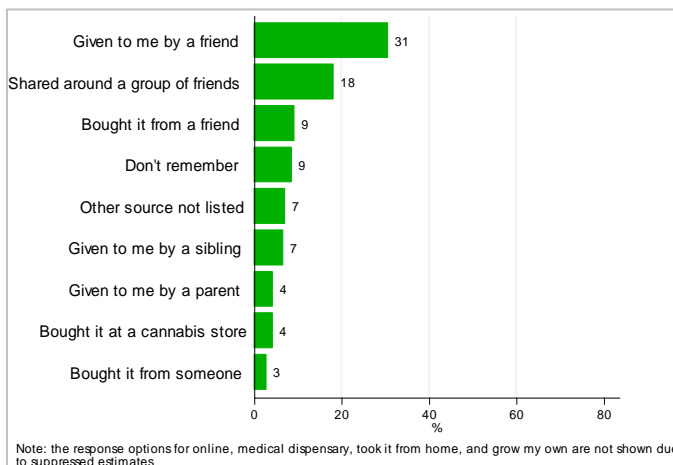
Students were asked how they usually obtain cannabis with the question: *“In the last 12 months, how did you usually get the cannabis you used?”*

The response options were: *given to me by a brother or sister; given to me by a friend; it was shared around a group of friends; bought it from a friend; bought it from someone I did not know personally; bought it online from the Ontario Cannabis Store website; bought it online from another website; bought it at a cannabis store; bought it at a medical dispensary; given to me by one of my parents; took it from home without my parents’ permission; I grow my own; I got it some other way; or don’t remember.* We restricted our analysis to students younger than age 19 who used in the past year.

2025 (Grades 7–12):

- Among those who reported using cannabis in the past year, the most common source was friends. The least common methods of obtaining cannabis were from an online source, a medical dispensary, taking it from home, or growing one’s own (estimates suppressed).

Figure 3.11.9
Usual Source of Cannabis Among Users Under Age 19, 2025 OSDUHS (Grades 7–12)



Source of Prescription Opioids

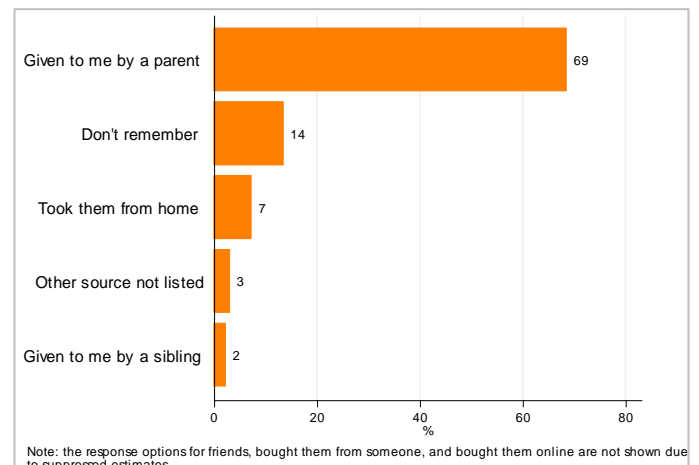
(Figure 3.11.10)

Following the question about the nonmedical use of prescription opioids (which included Tylenol #3 in the example list of medications), students were asked how they obtained these pills. The question was *“If you used these types of pain relief pills in the last 12 months without a prescription, how did you usually get them?”* The response options were: *given to me by a brother or sister; given to me by a friend; bought them from a friend; bought them from someone I did not know personally; bought them online/over the Internet; given to me by one of my parents; took them from home without my parents’ permission; I got them some other way; or don’t remember.* We restricted our analysis to students younger than age 19 who used in the past year.

2025 (Grades 7–12):

- Among those who reported using prescription opioids without their own prescription in the past year, the most common source was parents. The least common sources were friends, purchasing them from someone they did not know, or online (estimates suppressed).

Figure 3.11.10
Usual Source of Prescription Opioids Among Users Under Age 19, 2025 OSDUHS (Grades 7–12)



4. DISCUSSION

THE PUBLIC HEALTH APPROACH TO DRUG USE

Tobacco, alcohol, and other drug use are leading contributors to morbidity and mortality, both in adolescence and later in life. A public health approach to drug use aims to improve the health, safety, and well-being of the entire population. The OSDUHS fulfills several key public health functions: it measures the prevalence of drug use among mainstream students; identifies patterns and timing of use during adolescence; examines the consequences of use and misuse; explores risk and protective factors; monitors emerging trends and changes over time; and highlights priority areas for further research. Since 1977, the OSDUHS has built a strong evidence base to support the design and targeting of prevention and health promotion initiatives, inform public health policy, evaluate the population-level impact of policies and programs, and provide reliable information to health and education professionals as well as the general public.

ENCOURAGING FINDINGS

This report presented findings about the past year use of alcohol, tobacco cigarettes, vaping devices, cannabis and other drugs, and the nonmedical (NM) use of prescription drugs. It also examined changes in drug use and other related measures since 1977. There are many encouraging findings from the 2025 OSDUHS, as described below.

- The vast majority of students in Ontario do not smoke **tobacco cigarettes**. The past year prevalence of cigarette smoking began to decline dramatically during the 2000s, decreasing to historical lows in recent years.
- Past year **vaping/electronic cigarette** significantly decreased in 2025 compared to the previous cycle in 2023. Current use is also much lower than the peak seen in 2019. Simultaneously, the perception of risk of harm associated with vaping regularly has increased since 2019. The majority of students who vape report at least one quit attempt in the past year.
- Currently just under one-third of students in grades 7 to 12 drink **alcohol**. Alcohol use has been on a steady decline, reaching all-time lows in recent years. The magnitude of the decline has been even greater over the longer term, since the late 1970s, when roughly three-quarters of students drank. More importantly, **binge drinking** (five or more drinks on one occasion) is significantly lower today compared with elevated levels evident during the two peak periods seen in the late 1970s and the late 1990s. Further, the percentage of secondary school students reporting **hazardous or harmful drinking** significantly declined over the past two decades.
- The past year prevalence of **cannabis** use significantly decreased in 2025 compared to the previous cycle in 2023, continuing on a steady downward trend over the past two decades.

- The past year **nonmedical use of prescription opioids** significantly decreased in 2025 compared to 2023, returning to a level similar to 2021. Current use is also lower than when monitoring began in 2007.
- Similarly, the past year **nonmedical use of over-the-counter cough/cold medication** decreased since 2023, returning to a level seen in recent years.
- Past year prevalence estimates for all **illicit drugs** monitored (e.g., mushrooms, LSD, cocaine, ecstasy [MDMA]) have declined over the decades, some reaching historical lows in recent years.
- About half (48%) of students **used no drug** in the past year, including alcohol, cannabis, and tobacco cigarettes/vapes. The proportion abstaining is significantly higher than in the previous cycle in 2023 and substantially higher than the estimates from 1999/early 2000s, when only about one-quarter of students reported no drug use.
- One function of the OSDUHS is to track the emergence of new drugs. **Fentanyl** use was first asked about in 2017 and since then the survey shows that less than 0.5% of secondary school students use this drug. This suggests that this drug has not measurably diffused into the mainstream student population.
- **Driving after drinking alcohol** among licensed students is lower in 2025 than decades ago, and markedly lower than the late 1970s and early 1980s. Similarly, **driving after cannabis use** among licensed students has substantially declined over the past twenty-five years.
- The **age of initiation** for drinking alcohol, smoking tobacco cigarettes, and using cannabis has increased. Our data show that students today initiate smoking cigarettes, drinking alcohol, and using cannabis later in adolescence than students did decades ago. Beginning use at a later age predicts fewer substance-related problems later on in life.

Study Limitations

Although an in-school probability sampling survey is the most feasible and valid method to monitor drug use in the student population, those interpreting the OSDUHS results should consider the following limitations.

These survey data are based on self-reports, which cannot be readily verified, nor are they based on clinical assessment. Respondents may unintentionally misreport their responses due to various errors in the response process. Further, self-reports of sensitive and/or illegal experiences, such as drug use, likely underestimate the true rate by some unknown magnitude, but the extent of underreporting is not likely to greatly vary over time. Thus, estimates of change should remain valid and unaffected by such constant bias.

The bias caused by nonrespondents can affect our estimates. We do not know whether, or by how much, nonrespondents differ from respondents. It is possible that absent students, suspended students, and those who were not allowed or refused to participate are more likely to use drugs than those who did participate.

Our findings cannot be generalized to adolescents who are not attending school (e.g., dropouts, institutionalized youth). Drug use in such groups can differ appreciably from what is found in the mainstream student population. However, the bias caused by such noncoverage depends not only on the difference in drug use between those surveyed and those not, but also on the size of the group missed. Thus, although drug use may be more likely among those adolescents excluded because they are out-of-scope, if the size of the excluded group is small relative to the total population, the bias will not likely be substantial. In our case, the non-school group excluded from our target constitutes only about 7% of the total adolescent population between the ages of 12 and 18 in Ontario.

The data reflect a snapshot in time and because we do not re-survey the same students over time, we cannot identify causes of individual change or the temporal order of risk factors (i.e., whether X causes Y, or Y causes X).

Finally, the findings in such a large study are numerous and complex. Random variation causes us to be cautious in interpreting change between two points in time. Therefore, we place greater emphasis on change occurring over multiple survey time points.

SOME PUBLIC HEALTH CONCERNS

Several findings should be viewed as public health concerns.

- Use of **nicotine pouches** was first monitored in the 2025 cycle. About 6% of students use nicotine pouches. This increases to about one-in-eight (12%) 12th graders.
- The OSDUHS has been monitoring the use of **vaping devices/electronic cigarettes** since 2015. Although the 2025 results show a decrease since a peak in 2019, the past year prevalence (vaping more than just a few puffs) remains elevated at 11%. The prevalence increases to over one-in-six 12th graders. About 4% of students vape daily. The vast majority of students who vape, vape nicotine. A sizeable proportion of students who vape report multiple quit attempts in the past year.
- While the **nonmedical use of prescription opioids** decreased in 2025, the level still remains elevated at 14%, and remains higher than estimates from about a decade ago.
- Despite a downward trend in use, **alcohol** remains the most commonly used drug among Ontario students. About one-third (32%) of students drink alcohol, and this increases to well over half of 12th graders.
- Although the percentage of students who report using **cannabis** in the past year decreased since the previous survey in 2023, one-in-eight (13%) use cannabis. This estimate increases to over one-quarter of 12th graders. About one-in-eight (13%) secondary school students report **consuming cannabis by vaping** and this percentage has doubled since monitoring first began in 2017 (7%).
- About one-in-twelve (8%) secondary school students report **using cannabis for a mental health concern** (such as to relieve symptoms of depression or anxiety) in the past year.
- Although a majority of drugs examined in the 2025 OSDUHS have past year prevalence estimates well below 5%, we should not dismiss these rates as unimportant. Whether a given drug poses significant problems in the population depends not only on the percentage using, but also on the likelihood of becoming dependent and of other hazards as well. Thus, it would be irresponsible to ignore the harm caused by drugs used by a small proportion of students. Even low prevalence rates represent large numbers of students. If we extrapolate our estimates to the total population of students in grades 7 through 12 in Ontario's publicly funded schools, we estimate that about 13,800 (2%) use cannabis daily, and about 33,000 (4%) smoke tobacco cigarettes.
- **Vehicles:** Despite long-term declines in drinking and driving, there are still about 4% of licensed students in grades 10 through 12 who report drinking and driving at least once in the past year. A similar proportion (5%) of licensed students report driving after using cannabis. Reports of these behaviours have remained stable for a few years, despite continued efforts to reduce impaired driving. These behaviours increase the risk of unintentional injuries – the leading cause of death among young people.

DEMOGRAPHIC CORRELATES

The strongest correlate of drug use found in this report was **grade** (see Table 4.2 for an overview). Generally, drug use is more likely to occur as grade level increases, typically peaking in grade 11 (ages 16/17) or grade 12 (ages 17/18). The exceptions are nonmedical use of prescription opioids and over-the-counter cough/cold medication, which tends to decrease with grade. Potential harmful indicators such as hazardous/harmful drinking, symptoms of cannabis dependence, and intoxicated driving significantly increase with grade.

Sex (at birth) is also associated with use of certain drugs. As summarized in Table 4.2, males are significantly more likely than females to use mushrooms (psilocybin). Females are more likely than males to use vaping devices, alcohol, cannabis, and prescription opioids. Females are also more likely to report symptoms of cannabis dependence and using cannabis to cope with a mental health concern.

Only a few **regional** differences are evident in 2025 (Table 4.2). Compared with the provincial average, students in the Greater Toronto Area (GTA) are less likely to use nicotine pouches and cannabis. Compared with the provincial average, students in the North region are more likely to use cannabis.

POSSIBILITIES FOR PREVENTION

Although abstinence is the ideal goal for prevention programs targeted to adolescents, research has shown that preventing adolescents from using drugs, including alcohol and tobacco, is difficult, and, at best, effects are usually short-lived. However, delaying the initiation of use, especially heavy use, and preventing or minimizing harmful consequences from drug use may be more feasible goals. Our survey findings suggest that the prime period for prevention programs is between grades 7 and 10 (ages 12–15), as this is the most likely time for the initiation of substance use. However, the prevalence of several drugs (such as alcohol and cannabis) continues to increase in grades 11 and 12, suggesting that prevention or harm reduction efforts should extend into the older grades.

Findings also show that problematic use of alcohol and drugs is not rare among youth. We found that related risk behaviours and harms, such as driving while intoxicated and being injured while intoxicated are not uncommon occurrences. Thus, there is a need for programs to focus on reducing these behaviours and reducing the potential for harm.

A relatively smaller percentage of Ontario students use so-called “street” or “hard” drugs such as cocaine, hallucinogenic drugs (e.g., mushrooms or LSD), or methamphetamine when compared with the percentage that use prescription drugs (e.g., opioid pain relievers) or cough/cold medications nonmedically. One likely explanation for this shift is that young people perceive these medications to be less harmful than “street” drugs given that they are legal and have therapeutic purposes. Any prevention program should address the use of medication to “get high” by educating youth and parents about the risks of harm associated with the nonmedical use of these drugs.

Prevention efforts should include a component that targets young people’s beliefs and attitudes about drugs, specifically the risks of physical harms that can occur from use. Our findings show that beliefs about risk of harm are drug-specific. This, combined with the divergence in historical trajectories of past

year use of the various drugs studied over time, suggests that any prevention effort should provide drug-specific information. Furthermore, considering the decreases in 2025 in the perceived risk of harm from smoking tobacco cigarettes and vaping, there is a need for education about the short-term and long-term effects of using these substances.

While prevention efforts cannot control access to drugs through peer groups, the availability and accessibility of legal products such as tobacco cigarettes, vapes/electronic cigarettes, cannabis, and alcohol can be controlled through enhanced government policies. There is strong research evidence showing that reducing access through regulations such as increased taxes, enforcing minimum age laws, reducing the number of sales outlets, and restricting marketing can reduce substance use among youth.

FUTURE OSDUHS MONITORING

Youth drinking, smoking, vaping, and other drug use are constantly changing, requiring ongoing monitoring and evaluation. As new drugs and new methods of use come on the scene, it is important to assess their use, related harms, and perceptions. Monitoring these health risk behaviours provides valuable information about determinants, co-occurrences, and changes over time. These data enable us to evaluate the effects of policies (e.g., smoking and vaping bans on school property, zero-tolerance policies), education programs, and whether health objectives are achieved. Scientific surveys, such as the OSDUHS, can also be useful for identifying which population groups are at risk and help identify potential future trends that have implications for future service and programming needs.

Measuring change in student drug use, age at initiation, and perceptions over the past 45 years has been one of the most important contributions of the OSDUHS to drug research, policy, and prevention in Canada. We showed that important strides were made during the 1980s in reducing drug use among students, only to be followed by substantial increases in the late 1990s and early 2000s. Since then, there has been a second decline in prevalence rates for most drugs measured in the survey.

Despite this progress, we should not be complacent. History has shown that the values and lifestyles of adolescents can change quickly, and so too can the character of drug use. Not only do new drugs and new methods of use emerge regularly, but also old drugs are rediscovered by a new generation of young people who may not be aware of their adverse effects. The social and legislative environments surrounding legal and illegal drugs are also in constant flux. The public health response to any policy changes requires accurate information. Although we cannot be certain what the near future holds for student drug use, we can closely monitor trends in use to ensure that programmatic responses are based not on sensationalized fears, but rather on sound scientific information.

Table 4.1: Significant Changes in Past Year Drug Use by Subgroup, 2025 vs. 2023, 2025 vs. 2019, and 2025 vs. 1999

	Tobacco Cigarettes	Vapes/E-Cigarettes	Alcohol	Binge Drinking	Cannabis	Mushrooms	LSD	Methamphetamine	Cocaine	Ecstasy (MDMA)	Prescription Opioids (NM)	Cough/Cold Medication (NM)	Tranquilizers/Sedatives (NM)	Any Drug Use
Total	▼▼	↓▼	▼▼	▼▼	↓▼▼	▼▼	▼▼	▼	▼▼	▼▼	↓▲▼	↓	▼▼	▼▼
Males	▼▼	▼▼	▼▼	▼▼	↓▼▼	▼▼	▼▼		▼▼	▼▼	↓▼	↓	▼▼	▼▼
Females	▼	▼▲	▼▼	▼▼	↓▼▼	▼			▼▼		↓▲▼			▼
Grade 7	▼		▼	▼		--	--	--	--	--	↓	▲▲	--	--
Grade 8	▼		▼	▼	▼	--	--	--	--	--	↓▼		--	--
Grade 9	▼	▼	▼▼	▼	▼▼						▲			▼
Grade 10	▼	▼	▼▼	▼	↓▼▼	▼					↓▼	↓		▼
Grade 11	▼	▼	▼▼	▼▼	↓▼▼	▼					▲			▼
Grade 12	▼▼	▼	▼▼	↓▼▼	▼▼	▼▼					↓▼	▼	↓▼▼	▼▼
GTA	▼	↓▼	▼▼	▼	↓▼▼	▼	▼		▼	▼	↓▲▼			▼
North	▼▼	▼	▼▼	▼▼	▼	▼					↓▼	↓		▼
West	▼	▼	▼▼	▼	▼▼						↓▼			▼▼
East	▼▼	▼▼	▼▼	▼▼	▼▼	▼▼					↓	↓▼		▼▼

Notes: (1) ↑↓ significant increase or decrease in 2025 vs. 2023, p<.01; (2) ▲▼ significant increase or decrease in 2025 vs. 2019; (3) ▲▼ significant increase or decrease in 2025 vs. 1999 for most drugs, p<.01 (vs. 2001 for ecstasy, vs. 2009 for cocaine, vs. 2007 for prescription opioids, and Any NM Prescription Drug Use, vs. 2009 for cough/cold medication, vs. 2015 for vapes/electronic cigarettes); (3) -- indicates question not asked of that grade; (4) NM=nonmedical use, without one's own doctor's prescription; (5) GTA=Greater Toronto Area; (6) "Binge Drinking" refers to drinking five or more drinks on one occasion at least once in the past month; (7) "Any Drug Use" index is based on seven drugs asked about over time (excludes alcohol, tobacco, cannabis); (8) heroin and ADHD drugs are not presented as use of these drugs show relative stability over time.

Table 4.2: Significant Subgroup Differences in Past Year Drug Use, 2025 OSDUHS

	Tobacco Cigarettes	Vapes/ E-Cigarettes	Nicotine Pouches	Alcohol	Binge Drinking	Cannabis	Mushrooms	Prescription Opioids (NM)	Cough/Cold Medication (NM)	Abstinence (No Drug Use)
Sex Effect	ns	***	ns	***	ns	***	*	**	ns	ns
		F ↑		F ↑		F ↑	M ↑	F ↑		
Grade Effect	***	***	***	***	***	***	***	**	***	***
(compared with previous grade)				8 ↑ 7		8 ↑ 7	--			
				9 ↑ 8	9 ↑ 8	9 ↑ 8			9 ↓ 8	9 ↓ 8
		10 ↑ 9	10 ↑ 9	10 ↑ 9	10 ↑ 9	10 ↑ 9				
				11 ↑ 10	11 ↑ 10	11 ↑ 10	11 ↑ 10			11 ↓ 10
				12 ↑ 11		12 ↑ 11		12 ↓ 11		12 ↓ 11
Region Effect	ns	ns	**	ns	ns	*	ns	ns	ns	ns
(region compared with Ontario)			GTA ↓			GTA ↓ N ↑				

Notes: (1) overall tests of effect are based on a univariate chi-square statistic, *p<.05, **p<.01, ***p<.001; (2) subgroup comparisons are based on *adjusted logistic regressions*; (3) -- indicates question not asked of grades 7 and 8 students; (4) ns=non-significant; (5) "Binge Drinking" refers to drinking five or more alcoholic drinks on one occasion at least once in the past month; (6) NM=nonmedical use, without one's own doctor's prescription; (7) GTA=Greater Toronto Area, N=North, W=West, E=East; (8) past year use of LSD, cocaine, ecstasy (MDMA), methamphetamine, heroin, fentanyl, ADHD drugs (NM), and tranquilizers/sedatives (NM) show no significant differences according to sex, grade, or region and, therefore, are not presented.

5. APPENDICES

1. Long-Term Drug Use Tables, 1977-2025
2. Drugs No Longer Monitored in the OSDUHS

Appendix 1: Long-Term Drug Use Tables, 1977–2025

Table A1: Percentage Using the Drug At Least Once in the Past Year, 1977–2025 OSDUHS (Grades 7, 9, and 11 only)

	1977	1979	1981	1983	1985	1987	1989	1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025	
GRADES 7, 9, and 11																										
	(n)	(3927)	(3920)	(2991)	(3614)	(3146)	(3376)	(3040)	(2961)	(2617)	(2907)	(3072)	(2424)	(2013)	(3389)	(3969)	(3215)	(4424)	(4669)	(5211)	(5225)	(5686)	(7059)	(1177)	(4972)	(5630)
Cigarettes	29.2	35.0	28.8	29.0	23.6	22.9	22.2	20.1	23.4	27.3	27.2	26.6	21.2	17.4	12.7	10.8	9.3	7.2	6.3	6.0	5.2	3.9	†	2.7	3.0	
	(26.7-31.8)	(32.3-37.7)	(25.4-32.5)	(25.6-32.6)	(21.1-26.2)	(21.1-24.8)	(20.3-24.2)	(18.4-22.0)	(21.8-25.2)	(25.2-29.5)	(25.4-29.0)	(23.5-30.0)	(17.7-25.2)	(15.3-19.7)	(11.1-14.5)	(9.3-12.6)	(8.0-10.9)	(6.0-8.4)	(4.9-8.0)	(5.0-7.2)	(3.9-6.8)	(3.2-4.8)		(1.9-3.9)	(2.2-4.0)	
Alcohol	72.8	73.7	70.1	69.0	66.3	65.1	62.6	54.3	53.6	56.0	56.9	62.7	58.9	62.9	57.8	56.1	51.2	49.8	41.8	38.9	36.2	35.0	23.9	28.1	26.1	
	(70.4-75.1)	(71.6-75.8)	(67.7-72.3)	(66.1-71.9)	(64.7-67.9)	(63.0-67.3)	(58.8-66.3)	(51.6-57.0)	(50.4-56.6)	(53.4-58.4)	(53.3-60.4)	(59.4-66.0)	(54.1-63.5)	(60.2-64.4)	(54.9-60.5)	(53.0-59.0)	(47.9-54.4)	(44.7-54.9)	(38.1-45.7)	(36.0-41.7)	(33.3-39.2)	(32.7-37.3)	(19.7-28.8)	(25.9-30.4)	(22.7-29.8)	
Cannabis	21.8	29.1	25.1	21.9	19.4	13.8	11.9	9.9	11.5	21.9	23.9	26.8	26.2	27.8	22.2	22.0	20.4	18.4	18.5	16.7	15.0	17.8	13.4	12.8	9.2	
	(19.5-24.3)	(26.1-32.4)	(22.2-28.2)	(19.7-24.3)	(16.4-22.9)	(10.9-17.3)	(9.7-14.4)	(8.7-11.3)	(10.7-12.4)	(18.8-25.4)	(21.9-26.0)	(23.7-30.1)	(22.1-30.8)	(25.4-30.3)	(20.1-24.5)	(19.5-24.7)	(18.4-22.6)	(16.3-20.7)	(15.9-21.5)	(14.7-18.9)	(12.8-17.5)	(16.1-19.6)	(9.1-19.3)	(11.1-14.6)	(7.8-10.9)	
GRADES 9 and 11																										
	(n)	(2640)	(2653)	(1894)	(2075)	(2092)	(2137)	(1919)	(2020)	(1723)	(1980)	(2221)	(1655)	(1263)	(2442)	(3008)	(2494)	(2792)	(3223)	(3111)	(3351)	(3886)	(5015)	(812)	(3529)	(3510)
LSD	7.7	11.2	13.0	12.6	9.5	7.3	7.1	6.9	9.1	13.0	10.8	8.6	4.8	3.8	2.6	2.4	2.1	2.0	1.2	1.2	1.2	1.6	†	0.7	†	
	(6.4-9.3)	(9.4-13.3)	(10.4-16.0)	(10.7-14.8)	(7.3-12.2)	(4.8-10.8)	(4.8-10.4)	(5.6-8.3)	(7.6-10.8)	(9.5-7.4)	(9.7-12.0)	(6.4-11.5)	(3.6-6.4)	(3.0-4.8)	(1.8-3.6)	(1.7-3.5)	(1.4-3.0)	(1.1-3.4)	(0.7-1.9)	(0.8-1.7)	(0.8-1.7)	(1.2-2.2)		(0.4-1.3)		
Mushrooms	5.2	6.8	5.8	8.6	6.1	5.4	5.1	4.3	3.9	10.6	13.5	16.0	13.8	12.6	8.3	7.5	6.3	4.8	2.9	2.6	3.7	3.6	†	2.4	2.5	
	(4.2-6.4)	(5.5-8.4)	(3.9-8.6)	(6.6-11.1)	(4.5-8.1)	(3.2-8.8)	(3.4-7.7)	(3.4-5.4)	(3.0-5.1)	(7.5-14.7)	(11.5-15.8)	(12.9-19.6)	(11.0-17.2)	(10.6-14.9)	(6.7-10.3)	(6.1-9.1)	(4.8-8.2)	(3.6-6.4)	(1.8-4.8)	(1.9-3.6)	(2.6-5.3)	(2.8-4.7)		(1.8-3.3)	(1.7-3.7)	
Methamphet.	2.7	4.2	3.8	6.2	4.1	4.1	3.2	4.6	4.1	6.9	4.8	5.8	3.4	5.7	3.4	2.6	1.7	†	0.7	0.9	0.5	†	†	†	†	
	(2.1-3.5)	(3.5-5.1)	(2.5-5.5)	(3.3-11.2)	(3.2-5.1)	(3.0-5.6)	(2.5-4.2)	(2.9-7.4)	(2.7-6.3)	(4.6-10.3)	(3.6-6.4)	(3.5-9.6)	(2.2-5.3)	(4.4-7.3)	(2.5-4.7)	(1.8-3.5)	(1.2-2.6)		(0.4-1.4)	(0.5-1.9)	(0.3-0.9)					
Cocaine	4.0	5.9	5.7	4.8	4.6	4.0	3.1	2.2	1.5	2.9	3.3	4.2	4.8	5.9	5.4	4.0	2.4	2.9	1.8	1.8	2.3	1.8	†	0.7	0.6	
	(3.2-5.0)	(4.8-7.2)	(4.6-7.0)	(3.4-6.8)	(3.5-6.1)	(2.6-6.0)	(2.1-4.6)	(1.5-3.1)	(0.8-2.8)	(2.3-3.7)	(2.9-3.8)	(3.0-5.7)	(3.5-6.6)	(4.8-7.2)	(4.4-6.8)	(3.2-5.1)	(1.8-3.2)	(2.0-4.1)	(1.2-2.6)	(1.3-2.5)	(1.3-3.9)	(1.4-2.4)		(0.4-1.2)	(0.4-1.2)	
Heroin	2.2	2.7	1.9	2.1	1.7	1.4	1.4	1.3	1.2	2.4	1.9	2.2	1.5	1.4	1.1	1.4	0.9	†	†	†	†	†	†	†	†	
	(1.6-2.9)	(2.0-3.6)	(1.3-2.9)	(1.4-3.1)	(1.2-2.4)	(0.8-2.7)	(0.8-2.3)	(0.8-2.0)	(0.7-1.9)	(1.6-3.5)	(1.5-2.4)	(1.5-3.2)	(0.9-2.4)	(1.0-2.0)	(0.7-1.6)	(0.9-2.1)	(0.6-1.5)									
Ecstasy	—	—	—	—	—	—	—	†	†	2.5	4.2	5.8	8.2	5.2	5.6	4.5	3.5	5.1	2.0	3.5	1.6	1.8	†	†	0.6	
										(1.4-4.4)	(2.3-7.5)	(4.0-8.4)	(6.5-10.2)	(4.2-6.3)	(4.4-7.2)	(3.4-5.8)	(2.7-4.7)	(3.8-6.9)	(1.2-3.2)	(2.7-4.5)	(1.1-2.4)	(1.4-2.3)			(0.3-1.1)	
Tranquillizers	6.1	7.3	6.4	6.8	4.1	3.8	3.0	2.2	1.1	2.0	2.3	2.4	2.2	3.0	2.4	2.2	1.5	2.0	1.7	1.7	2.0	2.6	†	1.7	1.6	
	(5.0-7.4)	(6.2-8.7)	(5.3-7.7)	(5.1-9.1)	(3.1-5.3)	(2.6-5.6)	(2.5-3.6)	(1.6-3.0)	(0.6-2.3)	(1.2-3.2)	(1.8-3.0)	(1.6-3.5)	(1.3-3.7)	(2.3-3.9)	(1.7-3.2)	(1.6-3.0)	(1.1-2.0)	(1.1-3.5)	(1.2-2.4)	(1.2-2.4)	(1.3-3.1)	(2.1-3.3)		(1.1-2.6)	(1.1-2.4)	
Any Drug	14.4	19.8	18.0	19.8	15.2	12.6	12.1	12.3	13.2	20.8	20.3	21.5	19.8	16.4	13.4	11.4	9.4	9.1	6.3	6.5	5.9	6.2	5.1	4.7	4.5	
	(12.6-16.4)	(17.4-22.3)	(15.9-20.4)	(16.9-23.1)	(12.4-18.5)	(9.5-16.4)	(9.8-14.8)	(9.6-15.7)	(10.2-16.9)	(15.8-26.9)	(17.7-23.1)	(17.4-26.2)	(17.0-23.1)	(14.2-18.8)	(11.5-15.5)	(9.6-13.5)	(7.8-11.4)	(7.3-11.2)	(4.8-8.2)	(5.3-7.9)	(4.3-8.2)	(5.3-7.4)	(2.6-9.8)	(3.8-5.9)	(3.5-5.8)	

Notes: (1) entries in brackets are 95% confidence intervals; (2) NM = nonmedical use, without a doctor's prescription; (3) † estimate suppressed (< 0.5%); (4) the "Any Drug" index used for trend purposes is restricted to use of any one of the following seven drugs: LSD, mushrooms/mescaline, methamphetamine, heroin, cocaine, ecstasy (except for years prior to 1991), tranquilizers/sedatives (NM).

Source: OSDUHS, Centre for Addiction & Mental Health

Table A2: Percentage Reporting Tobacco Cigarette Smoking in the Past Year, 1977–2025 OSDUHS (Grades 7, 9, and 11 only)

	1977 (n)	1979 (3920)	1981 (2991)	1983 (3614)	1985 (3146)	1987 (3376)	1989 (3040)	1991 (2961)	1993 (2617)	1995 (2907)	1997 (3072)	1999 (2421)	2001 (2013)	2003 (3389)	2005 (3969)	2007 (3215)	2009 (4424)	2011 (4669)	2013 (5211)	2015 (5225)	2017 (5686)	2019 (7059)	2021 (1177)	2023 (4972)	2025 (5630)		
Total (95% CI)	29.2 (26.7-31.8)	35.0 (32.3-37.7)	28.8 (25.4-32.5)	29.0 (25.6-32.6)	23.6 (21.1-26.2)	22.9 (21.1-24.8)	22.2 (20.3-24.2)	20.1 (18.4-22.0)	23.4 (21.8-25.2)	27.3 (25.2-29.5)	27.2 (25.4-29.0)	26.6 (23.5-30.0)	21.2 (17.7-25.2)	17.4 (15.3-19.7)	12.7 (11.1-14.5)	10.8 (9.3-12.6)	9.3 (8.0-10.9)	7.2 (6.0-8.4)	6.3 (4.9-8.0)	6.0 (5.0-7.2)	5.2 (4.0-6.8)	3.9 (3.2-4.8)	†	2.7 (1.9-3.9)	3.0 ^{de} (2.2-4.0)		
Males	27.6 (24.6-30.9)	32.0 (29.1-35.1)	24.8 (23.0-26.7)	27.5 (22.9-32.7)	21.7 (18.8-24.9)	21.7 (18.8-24.9)	21.4 (19.1-23.9)	19.9 (17.4-22.6)	21.3 (18.6-24.3)	27.0 (24.2-30.0)	25.8 (22.4-29.6)	26.7 (22.7-31.0)	19.5 (15.7-24.0)	16.6 (13.8-19.8)	12.1 (10.3-14.1)	10.4 (8.5-12.7)	9.9 (8.0-12.2)	7.6 (6.1-9.6)	6.7 (5.0-8.8)	5.3 (4.0-7.0)	6.3 (4.6-8.5)	4.1 (3.1-5.3)	†	2.9 (1.6-5.2)	3.2 (2.0-5.1)		
Females	30.5 (27.5-33.8)	38.0 (34.7-41.4)	33.2 (26.6-40.6)	30.4 (27.0-34.0)	25.5 (22.0-29.4)	24.1 (21.8-26.5)	23.0 (19.1-27.4)	20.4 (18.7-22.2)	25.5 (22.2-29.2)	27.6 (24.6-30.9)	28.4 (27.1-29.7)	26.6 (22.8-30.8)	22.9 (18.3-28.2)	18.1 (15.5-21.1)	13.4 (11.2-16.0)	11.2 (9.2-13.6)	8.7 (7.0-10.7)	6.6 (5.2-8.5)	5.9 (4.4-7.8)	6.7 (5.3-8.5)	4.0 (3.0-5.4)	3.8 (2.9-4.8)	†	2.6 (1.8-3.7)	2.6 (1.9-3.7)		
Grade																											
7	14.0 (11.1-17.7)	20.4 (17.2-23.9)	11.4 (10.7-12.3)	14.8 (8.9-23.7)	10.3 (7.3-14.4)	10.2 (7.4-13.9)	7.1 (4.6-11.0)	6.1 (4.4-8.4)	9.4 (7.7-11.3)	10.3 (7.2-14.4)	10.2 (8.1-12.7)	7.4 (5.2-10.3)	5.0 (3.2-7.6)	4.4 (2.8-6.8)	2.0 (1.2-3.4)	2.5 (1.2-5.3)	1.0 (0.6-1.8)	†	†	†	†	†	†	†	†	†	
9	33.3 (28.9-38.1)	36.5 (32.2-41.0)	32.2 (27.0-37.9)	32.5 (30.8-34.3)	24.6 (19.8-30.1)	24.9 (21.3-28.9)	28.2 (26.2-30.4)	21.4 (18.5-24.5)	23.7 (22.8-24.8)	27.5 (25.8-29.1)	26.0 (23.5-28.6)	27.8 (23.6-32.5)	23.4 (17.5-30.6)	17.0 (13.9-20.6)	12.6 (10.4-15.1)	10.2 (8.1-12.9)	7.5 (5.5-10.2)	3.7 (2.5-5.5)	3.3 (2.3-4.7)	3.8 (2.8-5.2)	2.8 (1.7-4.5)	2.7 (2.0-3.8)	†	1.4 (0.8-2.5)	1.2 (0.7-2.1)		
11	41.1 (36.6-45.7)	49.1 (44.4-53.9)	43.4 (37.6-49.4)	44.6 (38.4-51.0)	35.4 (31.1-40.0)	32.4 (28.1-37.0)	30.3 (26.4-34.5)	31.9 (28.7-35.3)	34.9 (30.6-39.5)	41.7 (36.7-46.8)	43.4 (39.3-47.6)	41.7 (35.4-48.4)	35.8 (29.8-42.2)	28.3 (24.3-32.6)	23.5 (20.0-27.2)	19.3 (16.3-22.7)	17.9 (14.9-21.5)	14.5 (12.1-17.3)	12.9 (9.7-16.9)	12.5 (10.1-15.3)	11.1 (8.1-15.1)	7.5 (5.9-9.6)	†	6.1 (4.0-9.2)	7.1 (5.0-9.9)		

Notes: (1) based on grades 7, 9, and 11 only (long-term sample); (2) entries in brackets are 95% confidence intervals; (3) † estimate suppressed due to unreliability; (4) ^a significant linear trend, p<.01; ^b significant nonlinear trend, p<.01.
 Q: In the last 12 months, how often did you smoke tobacco cigarettes? (The definition of smoking includes occasional smoking, but excludes a few puffs or smoking less than one whole cigarette in the past 12 months.)
 Source: OSDUHS, Centre for Addiction & Mental Health

Table A3: Percentage Reporting Daily Tobacco Cigarette Smoking in the Past Year, 1977–2025 OSDUHS (Grades 7, 9, and 11 only)

	1977 (n) (3927)	1979 (3920)	1981 (2991)	1983 (3614)	1985 (3146)	1987 (3376)	1989 (3040)	1991 (2961)	1993 (2617)	1995 (2907)	1997 (3072)	1999 (2421)	2001 (2013)	2003 (3389)	2005 (3969)	2007 (3215)	2009 (4424)	2011 (4669)	2013 (5211)	2015 (5225)	2017 (5686)	2019 (7059)	2021 (1177)	2023 (4972)	2025 (5630)		
Total (95% CI)	22.0 (19.8-24.4)	24.1 (21.8-26.6)	20.7 (17.8-23.9)	20.3 (17.8-23.0)	15.9 (13.5-18.7)	14.8 (12.9-17.0)	14.4 (12.3-16.6)	14.4 (13.0-16.1)	16.9 (15.8-18.1)	19.0 (17.3-20.8)	19.4 (17.7-21.3)	20.7 (17.7-24.1)	16.9 (13.7-20.6)	12.0 (10.3-14.0)	7.5 (6.2-9.0)	5.0 (4.1-6.1)	4.5 (3.4-5.8)	3.1 (2.4-3.9)	2.3 (1.6-3.3)	1.9 (1.4-2.6)	1.6 (1.1-2.3)	1.2 (0.8-1.6)	†	†	1.3 (0.8-2.2) ^{de}		
Males	20.8 (18.1-23.9)	22.3 (19.6-25.1)	17.2 (15.6-18.9)	19.6 (16.2-23.5)	14.2 (11.7-17.0)	14.5 (12.3-16.9)	13.4 (11.2-15.9)	14.6 (11.8-18.0)	15.9 (14.3-17.6)	19.5 (17.1-22.2)	18.8 (15.6-22.5)	20.9 (16.9-25.5)	15.9 (12.4-20.0)	11.4 (9.1-14.1)	7.3 (5.8-9.0)	5.3 (4.0-7.0)	4.6 (3.2-6.6)	4.1 (3.1-5.4)	2.3 (1.5-3.6)	2.2 (1.4-3.4)	2.3 (1.5-3.5)	1.4 (1.0-2.0)	†	†	†		
Females	23.0 (20.4-25.9)	26.0 (23.1-29.1)	24.5 (19.9-29.7)	21.0 (18.2-24.2)	17.8 (14.4-21.7)	15.2 (12.7-18.0)	15.3 (11.9-19.5)	14.2 (12.8-15.8)	17.9 (15.5-20.6)	18.5 (16.6-20.5)	19.9 (18.8-21.2)	20.5 (16.9-24.6)	17.9 (13.6-23.1)	12.7 (10.6-15.1)	7.7 (6.0-9.9)	4.6 (3.6-5.8)	4.3 (3.2-5.7)	2.0 (1.3-3.3)	2.3 (1.4-3.7)	1.7 (1.1-2.5)	0.9 (0.5-1.5)	0.9 (0.6-1.4)	†	†	0.7 (0.4-1.4)		
Grade																											
7	9.4 (7.1-12.4)	12.6 (10.3-15.4)	6.9 (5.5-8.8)	8.6 (4.9-14.9)	6.3 (3.9-10.0)	7.1 (4.9-10.2)	4.2 (2.7-6.3)	3.8 (1.9-7.6)	5.8 (4.4-7.7)	6.0 (3.2-11.0)	6.5 (4.5-9.3)	4.2 (2.8-6.2)	3.2 (1.6-6.0)	3.2 (1.8-5.6)	0.9 (0.5-1.7)	†	†	†	†	†	†	†	†	†	†	†	†
9	24.8 (20.9-29.2)	24.4 (20.7-28.5)	22.7 (18.7-27.3)	23.4 (20.3-26.9)	16.7 (12.0-22.8)	14.0 (11.3-17.3)	17.5 (14.3-21.3)	16.0 (14.9-17.1)	16.5 (14.9-18.1)	19.2 (16.6-22.0)	18.1 (16.0-20.4)	20.8 (16.8-25.5)	18.6 (13.0-25.8)	12.8 (10.0-16.3)	6.7 (5.2-8.7)	4.0 (2.8-5.6)	3.5 (2.1-6.0)	†	1.0 (0.6-1.7)	1.3 (0.7-2.5)	†	0.6 (0.3-1.0)	†	†	†		
11	32.8 (28.6-37.3)	36.6 (31.6-41.8)	33.1 (27.5-39.2)	32.9 (28.4-37.7)	24.6 (20.1-29.8)	22.5 (18.1-27.7)	21.0 (16.8-26.0)	22.7 (19.4-26.5)	26.7 (23.6-30.1)	29.8 (27.4-32.4)	32.2 (28.1-36.6)	34.7 (28.5-41.5)	29.4 (24.1-35.4)	18.4 (15.0-22.3)	14.7 (11.6-18.4)	9.9 (8.0-12.3)	8.6 (6.2-11.7)	6.2 (4.6-8.1)	4.9 (3.2-7.4)	3.9 (2.9-5.4)	3.4 (2.2-5.3)	2.5 (1.8-3.4)	†	†	†		

Notes: (1) based on grades 7, 9, and 11 only (long-term sample); (2) entries in brackets are 95% confidence intervals; (3) † estimate suppressed due to unreliability; (4) ^a significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.
 Q: In the last 12 months, how often did you smoke tobacco cigarettes? (Daily smoking is defined as typically smoking one or more cigarettes per day during the past year.)
 Source: OSDUHS, Centre for Addiction & Mental Health

Table A4: Percentage Reporting Drinking Alcohol in the Past Year, 1977–2025 OSDUHS (Grades 7, 9, and 11)

	1977 (n)	1979 (3920)	1981 (2991)	1983 (3614)	1985 (3146)	1987 (3376)	1989 (3040)	1991 (2961)	1993 (2617)	1995 (2907)	1997 (3072)	1999 (2421)	2001 (2013)	2003 (3389)	2005 (3969)	2007 (3215)	2009 (4424)	2011 (4669)	2013 (5211)	2015 (5225)	2017 (5686)	2019 (7059)	2021 (1177)	2023 (4972)	2025 (5630)	
Total (95% CI)	72.8 (70.4-75.1)	73.7 (71.6-75.8)	70.1 (67.7-72.3)	69.0 (66.1-71.9)	66.3 (64.7-67.9)	65.1 (63.0-67.3)	62.6 (58.8-66.3)	54.3 (51.6-57.0)	53.6 (50.4-56.6)	56.0 (53.4-58.4)	56.9 (53.3-60.4)	62.7 (59.4-66.0)	58.9 (54.1-63.5)	62.9 (60.3-65.4)	57.8 (54.9-60.5)	56.1 (53.0-59.0)	51.2 (47.9-54.4)	49.8 (44.7-54.9)	41.9 (38.1-45.7)	38.9 (36.0-41.7)	36.2 (33.3-39.2)	35.0 (32.7-37.3)	23.9 (19.7-28.8)	28.1 (25.9-30.4)	26.1 ^{de} (22.7-29.8)	
Males	75.1 (72.5-77.6)	75.9 (73.6-78.0)	70.3 (68.0-72.5)	69.9 (66.4-73.2)	68.1 (65.1-71.0)	65.9 (63.6-68.2)	65.0 (60.5-69.3)	54.1 (50.8-57.4)	53.6 (50.4-56.9)	56.9 (53.8-59.9)	56.8 (52.6-60.9)	65.6 (61.5-69.6)	59.0 (54.2-63.7)	67.4 (64.2-70.5)	58.1 (54.0-62.1)	56.9 (52.7-61.0)	52.4 (48.6-56.1)	50.4 (46.1-54.6)	41.8 (37.3-46.5)	38.5 (34.9-42.3)	37.7 (33.4-42.2)	33.4 (30.7-36.2)	18.5 (13.2-25.4)	24.8 (21.5-28.4)	24.2 (20.0-28.9)	
Females	70.7 (67.5-73.8)	71.5 (68.6-74.2)	69.8 (66.0-73.4)	68.2 (65.4-70.9)	64.4 (62.1-66.6)	64.4 (61.2-67.5)	60.3 (56.3-64.2)	54.6 (51.4-57.7)	53.5 (48.5-58.4)	55.1 (51.6-58.6)	57.0 (53.3-60.6)	59.8 (55.5-63.9)	58.8 (52.2-65.1)	58.5 (54.9-61.9)	57.4 (54.3-60.4)	55.2 (51.6-58.7)	49.9 (46.0-53.8)	49.2 (41.8-56.5)	41.9 (37.6-46.3)	39.2 (35.5-43.0)	34.6 (31.3-38.1)	36.6 (33.8-39.4)	29.2 (21.7-38.1)	31.8 (28.9-34.8)	28.0 (24.6-31.8)	
Grade																										
7	57.3 (53.5-61.0)	57.0 (53.6-60.4)	51.2 (48.6-53.8)	53.0 (46.3-60.0)	43.1 (39.6-46.6)	43.6 (39.5-47.8)	42.5 (38.5-46.6)	30.1 (26.8-33.6)	32.0 (25.6-39.1)	30.5 (27.8-33.3)	31.9 (26.1-38.3)	39.7 (33.8-45.9)	36.1 (29.6-43.1)	39.1 (35.0-43.4)	31.4 (28.1-35.0)	28.1 (23.7-33.1)	22.7 (18.6-27.4)	17.4 (13.5-22.1)	9.9 (7.5-13.0)	8.6 (5.6-13.0)	10.5 (8.5-12.9)	7.3 (5.8-9.1)	†	6.9 (5.1-9.2)	8.0 (6.2-10.2)	
9	75.5 (72.7-78.1)	75.6 (72.9-78.1)	75.4 (71.4-78.9)	71.5 (68.6-74.3)	68.0 (65.8-70.1)	64.8 (59.0-70.2)	64.5 (58.1-70.5)	56.0 (52.1-59.8)	52.0 (49.2-54.7)	57.8 (54.5-61.0)	55.3 (47.4-63.0)	63.1 (58.0-67.9)	60.9 (54.3-67.1)	65.1 (60.5-69.3)	64.8 (60.4-68.9)	58.9 (53.8-63.8)	51.6 (46.3-56.8)	50.5 (43.8-57.2)	37.1 (32.9-41.5)	33.8 (30.6-37.2)	31.8 (28.2-35.6)	30.3 (26.9-34.0)	20.3 (13.2-29.8)	25.1 (22.0-28.4)	21.3 (17.0-26.4)	
11	87.4 (85.1-89.3)	89.9 (87.0-92.2)	83.9 (80.3-87.0)	88.9 (86.3-91.1)	87.4 (84.7-89.7)	84.8 (81.1-87.9)	81.8 (73.1-88.2)	75.0 (69.7-79.6)	73.2 (68.7-77.3)	75.8 (69.3-81.3)	80.6 (76.3-84.3)	82.0 (77.7-85.6)	81.0 (75.1-85.8)	79.9 (76.3-83.1)	76.1 (72.3-79.5)	79.2 (75.5-82.4)	74.3 (70.0-78.2)	73.5 (66.8-79.3)	67.9 (62.6-72.7)	67.0 (62.1-71.6)	60.6 (56.4-64.6)	57.0 (53.0-60.9)	47.4 (38.1-56.8)	48.1 (43.4-52.8)	46.3 (40.6-52.0)	

Notes: (1) based on grades 7, 9, and 11 only (long-term sample); (2) entries in brackets are 95% confidence intervals; (3) † estimate suppressed due to unreliability; (4) ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.
Q: In the last 12 months, how often did you drink alcohol – liquor (rum, whiskey, etc.), wine, beer, or coolers? (Past year alcohol use includes drinking at a special event, but excludes a sip just to try.)
Source: OSDUHS, Centre for Addiction & Mental Health

Table A5: Percentage Reporting Binge Drinking in the Past Month, 1977–2025 OSDUHS (Grades 7, 9, and 11 only)

	1977 (n)	1979 (3920)	1981 (2991)	1983 (3614)	1985 (3146)	1987 (3376)	1989 (3040)	1991 (2961)	1993 (2617)	1995 (2907)	1997 (3072)	1999 (2421)	2001 (2013)	2003 (3389)	2005 (3969)	2007 (3215)	2009 (4424)	2011 (4669)	2013 (5211)	2015 (5225)	2017 (5686)	2019 (7059)	2021 (1177)	2023 (4972)	2025 (5630)		
Total (95% CI)	18.3 (16.3-20.4)	23.8 (21.5-26.2)	20.0 (19.2-20.8)	20.9 (19.0-23.0)	19.2 (16.4-22.5)	18.8 (16.2-21.7)	20.3 (17.5-23.5)	18.3 (16.0-20.7)	15.0 (13.4-16.8)	18.6 (15.1-22.6)	22.1 (19.8-24.6)	25.7 (22.1-29.6)	22.1 (18.5-26.1)	24.6 (22.1-27.4)	19.0 (16.7-21.5)	22.2 (20.0-24.6)	19.2 (17.0-21.6)	18.2 (15.2-21.5)	14.7 (12.7-17.1)	14.7 (12.7-16.9)	13.7 (11.4-16.3)	11.7 (10.2-13.3)	5.7 (3.3-9.4)	6.2 (5.0-7.6)	5.9 ^{de} (4.4-7.9)		
Males	20.6 (18.2-23.3)	27.3 (24.6-30.1)	22.7 (21.1-24.4)	24.7 (22.4-27.1)	22.9 (18.3-28.1)	21.4 (17.3-26.0)	23.0 (20.0-26.4)	20.2 (17.9-22.8)	16.4 (13.9-19.2)	21.6 (17.6-26.1)	23.8 (21.1-26.8)	29.7 (25.6-34.2)	26.1 (21.5-31.3)	27.7 (24.1-31.6)	19.9 (17.0-23.1)	22.9 (19.9-26.1)	19.4 (17.0-22.0)	17.7 (15.1-20.6)	15.0 (12.5-18.0)	13.7 (11.2-16.7)	14.4 (11.3-18.1)	11.4 (9.4-13.7)	†	5.7 (3.8-8.6)	6.2 (4.1-9.2)		
Females	16.2 (13.9-18.9)	20.2 (17.6-23.1)	17.0 (15.1-19.1)	17.3 (14.9-19.9)	15.5 (12.5-19.0)	16.4 (14.0-19.0)	17.7 (14.2-21.9)	16.0 (13.0-19.7)	13.7 (11.3-16.5)	15.7 (12.6-19.4)	20.6 (17.6-24.1)	21.5 (17.3-26.4)	18.0 (14.4-22.1)	21.7 (18.7-25.0)	18.0 (15.4-21.0)	21.6 (18.8-24.5)	19.1 (16.2-22.4)	18.6 (13.0-26.0)	14.5 (12.2-17.1)	15.7 (13.0-18.8)	12.9 (10.3-16.1)	12.0 (10.3-13.9)	5.3 (3.2-8.8)	6.7 (5.4-8.3)	5.5 (4.1-7.3)		
Grade																											
7	4.7 (3.4-6.5)	8.8 (6.8-11.2)	3.3 (2.4-4.6)	5.5 (2.9-10.3)	4.1 (1.9-8.4)	4.2 (2.5-6.9)	3.3 (2.4-4.5)	2.4 (1.5-4.0)	3.1 (2.1-4.6)	2.6 (2.2-3.1)	3.0 (2.3-3.9)	5.0 (3.5-7.1)	4.2 (2.7-6.7)	5.8 (4.0-8.4)	3.4 (2.1-5.5)	4.4 (2.9-6.6)	2.7 (1.6-4.5)	1.1 (0.6-2.1)	†	†	†	1.1 (0.7-1.7)	†	†	†		
9	17.2 (14.3-20.6)	23.1 (20.0-26.5)	20.2 (18.9-21.6)	21.9 (19.6-24.3)	16.1 (10.6-23.7)	16.5 (12.6-21.3)	20.3 (17.7-23.2)	18.3 (13.8-23.8)	12.3 (9.7-15.4)	13.9 (9.1-20.6)	19.8 (15.6-24.9)	23.8 (18.7-29.7)	21.7 (17.0-27.2)	23.5 (20.3-27.0)	18.8 (15.4-22.7)	18.8 (15.6-22.4)	16.3 (12.9-20.4)	13.7 (10.7-17.4)	8.5 (6.5-11.0)	9.0 (7.0-11.6)	9.2 (6.8-12.4)	8.7 (7.0-10.8)	†	3.9 (2.7-5.5)	†		
11	36.2 (32.2-40.5)	41.6 (36.8-46.5)	38.3 (32.1-44.9)	42.1 (38.8-45.4)	37.7 (32.5-43.2)	34.2 (26.2-43.2)	38.6 (30.8-47.1)	32.8 (28.5-37.4)	27.7 (24.5-31.2)	36.9 (28.5-45.2)	41.4 (36.3-46.6)	45.7 (39.1-52.5)	41.7 (36.1-47.5)	40.9 (36.0-46.0)	34.5 (30.4-38.8)	42.2 (37.7-47.0)	35.6 (31.3-40.0)	35.3 (30.9-40.0)	29.5 (25.1-34.3)	30.5 (26.2-35.3)	27.7 (23.4-32.5)	21.3 (18.4-24.6)	14.0 (7.6-24.3)	12.6 (9.8-16.2)	12.6 (9.9-15.8)		

Notes: (1) based on grades 7, 9, and 11 only (long-term sample); (2) entries in brackets are 95% confidence intervals; (3) † estimate suppressed due to unreliability; (4) ^a significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.
 Q: In the last 4 weeks, how often have you had 5 or more drinks of alcohol on the same occasion?
 Source: OSDUHS, Centre for Addiction & Mental Health

Table A6: Percentage Reporting Cannabis Use in the Past Year, 1977–2025 OSDUHS (Grades 7, 9, and 11 only)

	1977 (n)	1979 (3920)	1981 (2991)	1983 (3614)	1985 (3146)	1987 (3376)	1989 (3040)	1991 (2961)	1993 (2617)	1995 (2907)	1997 (3072)	1999 (2421)	2001 (2013)	2003 (3389)	2005 (3969)	2007 (3215)	2009 (4424)	2011 (4669)	2013 (5211)	2015 (5225)	2017 (5686)	2019 (7059)	2021 (1177)	2023 (4972)	2025 (5630)	
Total (95% CI)	21.8 (19.5-24.3)	29.1 (26.1-32.4)	25.1 (22.2-28.2)	21.9 (19.7-24.3)	19.4 (16.4-22.9)	13.8 (10.9-17.3)	11.9 (9.7-14.4)	9.9 (8.7-11.3)	11.5 (10.7-12.4)	21.9 (18.8-25.4)	23.9 (21.9-26.0)	26.8 (23.7-30.1)	26.2 (22.1-30.8)	27.8 (25.4-30.3)	22.2 (20.1-24.5)	22.0 (19.5-24.7)	20.4 (18.4-22.6)	18.4 (16.3-20.7)	18.5 (15.9-21.5)	16.7 (14.7-18.9)	15.0 (12.8-17.5)	17.8 (16.1-19.6)	13.4 (9.1-19.3)	12.8 (11.1-14.6)	9.2 ^{de} (7.8-10.9)	
Males	25.7 (22.7-28.9)	33.1 (29.3-37.2)	27.6 (25.1-30.2)	25.3 (22.6-28.1)	22.5 (18.8-26.7)	16.3 (13.4-19.7)	12.4 (10.2-14.9)	11.0 (9.6-12.7)	13.6 (10.3-17.6)	24.1 (20.8-27.7)	24.2 (21.3-27.4)	29.5 (26.2-33.1)	29.6 (24.5-35.2)	29.5 (25.9-33.3)	22.9 (20.2-25.8)	23.6 (20.3-27.4)	22.4 (20.0-25.0)	18.6 (16.0-21.5)	20.6 (17.1-24.5)	15.5 (13.1-18.3)	17.3 (14.5-20.5)	17.4 (15.2-19.8)	9.2 (5.5-15.1)	9.7 (7.6-12.4)	8.1 (6.0-10.8)	
Females	18.3 (15.7-21.3)	25.0 (21.6-28.7)	22.4 (17.6-28.0)	18.6 (16.3-21.1)	16.1 (12.3-20.8)	11.4 (8.5-15.2)	11.4 (8.5-15.0)	8.7 (7.2-10.4)	9.5 (7.0-12.8)	19.8 (16.0-24.1)	23.6 (21.9-25.4)	24.0 (19.9-28.6)	22.8 (18.5-27.7)	26.1 (23.6-28.9)	21.5 (18.8-24.5)	20.2 (17.6-23.1)	18.3 (15.3-21.8)	18.2 (14.7-22.2)	16.4 (13.8-19.4)	18.0 (15.2-21.2)	12.6 (10.0-15.8)	18.2 (16.2-20.4)	17.5 (10.6-27.6)	16.0 (13.8-18.5)	10.4 (8.8-12.3)	
Grade																										
7	5.6 (4.1-7.5)	10.4 (8.2-13.0)	5.4 (4.2-6.8)	5.1 (2.8-9.1)	4.6 (3.1-6.8)	3.8 (2.4-6.0)	0.9 (0.5-1.5)	0.7 (0.2-2.1)	1.7 (0.9-3.0)	2.6 (1.2-5.6)	3.4 (1.4-8.1)	3.5 (2.2-5.6)	5.1 (3.4-7.6)	6.2 (4.3-8.7)	3.0 (1.9-4.9)	3.6 (2.2-5.8)	1.1 (0.6-1.8)	2.4 (1.3-4.4)	1.7 (1.0-3.1)	†	2.0 (1.1-3.6)	1.3 (0.7-2.4)	†	†	1.5 (0.9-2.7)	
9	23.3 (19.3-27.8)	29.2 (24.1-34.8)	27.1 (24.1-30.3)	25.0 (22.1-28.3)	18.3 (13.1-25.0)	12.1 (6.0-23.0)	12.7 (8.8-18.0)	8.2 (6.6-10.0)	8.8 (7.5-10.2)	19.5 (14.1-26.2)	24.0 (21.6-26.5)	25.5 (21.7-29.7)	28.8 (23.8-34.2)	27.9 (24.5-31.5)	23.0 (20.2-26.1)	21.0 (17.2-25.4)	18.4 (15.0-22.3)	11.9 (10.0-14.1)	14.6 (11.6-18.2)	10.3 (8.2-12.8)	9.3 (7.4-11.7)	12.8 (10.8-15.1)	†	8.9 (7.1-11.2)	5.8 (4.2-7.9)	
11	39.2 (34.4-44.1)	50.2 (44.3-56.1)	44.3 (36.6-52.2)	42.2 (36.8-47.7)	35.2 (28.6-42.4)	24.4 (19.9-29.4)	22.5 (18.5-27.0)	20.1 (17.3-23.2)	22.6 (20.5-24.8)	40.8 (34.1-47.9)	42.0 (37.5-46.7)	48.1 (42.8-53.4)	45.7 (37.7-53.9)	45.0 (40.6-49.5)	40.1 (36.2-44.1)	40.0 (35.9-44.2)	38.6 (34.4-42.9)	36.8 (33.2-40.7)	33.5 (29.1-38.3)	35.1 (30.9-39.6)	30.4 (25.2-36.2)	33.1 (29.8-36.5)	30.0 (19.8-42.7)	25.7 (22.2-29.6)	19.2 (16.1-22.8)	

Notes: (1) based on grades 7, 9, and 11 only (long-term sample); (2) entries in brackets are 95% confidence intervals; (3) † estimate suppressed due to unreliability; (4) ^a significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.
 Q: In the last 12 months, how often did you use cannabis (also known as marijuana, “weed”, “pot”, “grass”, hashish, “hash”, hash oil, etc.)?
 Source: OSDUHS, Centre for Addiction & Mental Health

Table A7: Percentage Reporting Mushroom or Mescaline Use in the Past Year, 1977–2025 OSDUHS (Grades 9 and 11 only)

	1977 (n) (2640)	1979 (2653)	1981 (1894)	1983 (2075)	1985 (2092)	1987 (2137)	1989 (1919)	1991 (2020)	1993 (1723)	1995 (1980)	1997 (2221)	1999 (1655)	2001 (1263)	2003 (2442)	2005 (3008)	2007 (2494)	2009 (2792)	2011 (3223)	2013 (3111)	2015 (3351)	2017 (3886)	2019 (5015)	2021 (812)	2023 (3529)	2025 (3510)		
Total (95% CI)	5.2 (4.2-6.4)	6.8 (5.5-8.4)	5.8 (3.9-8.6)	8.6 (6.6-11.1)	6.1 (4.5-8.1)	5.4 (3.2-8.8)	5.1 (3.4-7.7)	4.3 (3.4-5.4)	3.9 (3.0-5.1)	10.6 (7.4-14.7)	13.5 (11.5-15.8)	16.0 (12.9-19.6)	13.8 (11.0-17.2)	12.6 (10.6-14.9)	8.3 (6.7-10.3)	7.5 (6.1-9.1)	6.3 (4.8-8.2)	4.8 (3.6-6.4)	2.9 (1.8-4.8)	2.6 (1.9-3.6)	3.7 (2.6-5.3)	3.6 (2.8-4.7)	†	2.4 (1.8-3.3)	2.5 ^{de} (1.7-3.7)		
Males	6.6 (5.1-8.6)	7.5 (5.7-9.9)	6.7 (4.4-10.1)	11.3 (9.6-13.2)	7.5 (5.3-10.5)	7.2 (4.0-12.5)	5.5 (3.6-8.4)	5.1 (4.3-6.0)	4.9 (3.1-7.7)	12.4 (9.0-16.8)	14.1 (11.7-16.9)	16.1 (12.8-20.1)	14.7 (11.3-19.0)	15.0 (12.0-18.6)	8.9 (6.9-11.5)	8.9 (7.0-11.3)	7.0 (5.1-9.4)	5.7 (4.1-7.9)	4.2 (2.6-6.8)	3.1 (2.1-4.5)	5.4 (3.2-9.0)	5.0 (3.7-6.8)	†	2.8 (1.8-4.3)	3.4 (2.0-5.8)		
Females	4.0 (3.0-5.4)	6.0 (4.6-8.0)	4.9 (3.0-7.9)	5.9 (4.1-8.5)	4.6 (3.1-6.7)	3.7 (2.0-6.5)	4.8 (2.9-7.8)	3.2 (2.2-4.8)	3.0 (1.5-5.8)	8.9 (5.9-13.2)	13.0 (10.6-15.7)	15.8 (11.7-21.0)	12.8 (9.5-17.0)	10.2 (8.3-12.5)	7.7 (5.6-10.4)	5.9 (4.5-7.7)	5.6 (4.0-7.7)	3.8 (2.4-6.2)	†	2.1 (1.3-3.4)	1.9 (1.3-2.9)	2.2 (1.5-3.2)	†	2.0 (1.3-3.1)	1.7 (1.0-2.8)		
Grade																											
9	3.4 (2.4-4.6)	4.0 (3.0-5.3)	4.8 (2.4-9.5)	6.4 (4.5-9.0)	3.9 (2.5-6.2)	†	†	1.9 (1.5-2.5)	†	4.5 (3.1-6.6)	9.9 (6.8-14.4)	10.2 (7.6-13.5)	9.7 (7.0-13.4)	7.8 (6.1-10.0)	5.7 (4.4-7.5)	4.1 (2.9-5.7)	3.2 (2.0-5.0)	1.6 (0.9-2.6)	†	†	1.8 (1.0-3.3)	1.3 (0.9-2.0)	†	1.3 (0.8-2.1)	†		
11	8.0 (6.2-10.3)	10.7 (8.2-14.0)	7.2 (4.8-10.8)	11.5 (7.9-16.3)	8.4 (5.9-11.8)	7.6 (4.1-13.5)	7.2 (5.3-9.8)	6.5 (5.0-8.5)	6.4 (5.0-8.0)	16.6 (10.8-24.6)	17.0 (14.8-19.4)	22.7 (17.9-28.3)	19.2 (14.9-24.5)	17.4 (14.3-21.1)	11.1 (8.8-13.9)	10.9 (8.8-13.5)	9.3 (6.6-12.9)	8.0 (5.8-10.9)	4.5 (2.8-7.3)	4.3 (3.1-6.0)	5.4 (3.4-8.6)	5.9 (4.4-7.9)	†	3.6 (2.5-5.1)	4.0 (2.7-5.9)		

Notes: (1) based on grades 9 and 11 only (long-term sample); (2) entries in brackets are 95% confidence intervals; (3) † estimate suppressed due to unreliability; (4) ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.
 Q: In the last 12 months, how often did you use psilocybin or mescaline (also known as "magic mushrooms", "shrooms", "mesc", etc.)?
 Source: OSDUHS, Centre for Addiction & Mental Health

Table A8: Percentage Reporting LSD Use in the Past Year, 1977–2025 OSDUHS (Grades 9 and 11 only)

	1977 (n)	1979 (2640)	1981 (2653)	1983 (1894)	1985 (2075)	1987 (2092)	1989 (2137)	1989 (1919)	1991 (2020)	1993 (1723)	1995 (1980)	1997 (2221)	1999 (1655)	2001 (1263)	2003 (2442)	2005 (3008)	2007 (2404)	2009 (2792)	2011 (3223)	2013 (3111)	2015 (3351)	2017 (3886)	2019 (5015)	2021 (812)	2023 (3529)	2025 (3510)	
Total (95% CI)	7.7 (6.4-9.3)	11.2 (9.4-13.3)	13.0 (10.4-16.0)	12.6 (10.7-14.8)	9.5 (7.3-12.2)	7.3 (4.8-10.8)	7.1 (4.8-10.4)	6.9 (5.6-8.3)	9.1 (7.6-10.8)	13.0 (9.5-17.4)	10.8 (9.7-12.0)	8.6 (6.4-11.5)	4.8 (3.6-6.4)	3.8 (3.0-4.8)	2.6 (1.8-3.6)	2.4 (1.7-3.5)	2.1 (1.4-3.0)	2.0 (1.1-3.4)	1.2 (0.7-1.9)	1.2 (0.8-1.7)	1.2 (0.8-1.7)	1.6 (1.2-2.2)	†	0.7 (0.4-1.3)	† ^{de}		
Males	8.7 (6.8-11.1)	13.0 (10.6-15.8)	14.0 (12.4-15.6)	15.3 (12.7-18.3)	11.4 (8.6-14.9)	9.7 (6.3-14.8)	7.9 (5.0-12.3)	7.0 (6.0-8.3)	10.5 (8.0-13.7)	14.4 (11.3-18.2)	11.8 (10.0-13.8)	9.2 (6.6-12.6)	6.1 (4.4-8.4)	4.5 (3.4-5.9)	2.9 (1.9-4.4)	3.3 (2.1-5.3)	2.3 (1.4-3.6)	3.0 (1.5-5.7)	1.7 (1.0-2.9)	0.8 (0.4-1.6)	1.4 (0.8-2.3)	2.4 (1.7-3.5)	†	†	†		
Females	6.9 (5.4-8.8)	9.4 (7.5-11.8)	11.9 (8.0-17.3)	10.0 (7.5-13.1)	7.5 (5.3-10.5)	5.0 (3.2-7.5)	6.3 (4.1-9.6)	6.7 (5.0-8.8)	7.7 (5.9-10.0)	11.6 (7.5-17.6)	9.9 (7.9-12.4)	8.0 (5.4-11.7)	3.3 (2.0-5.4)	3.2 (2.1-4.7)	2.2 (1.3-3.7)	1.5 (0.9-2.6)	1.9 (1.2-3.2)	†	†	1.5 (0.9-2.6)	1.0 (0.5-1.7)	0.8 (0.5-1.2)	†	†	†		
Grade																											
9	5.8 (4.4-7.6)	8.7 (6.9-11.1)	10.7 (8.4-13.6)	9.6 (8.2-11.2)	5.8 (3.9-8.4)	4.6 (2.2-9.2)	6.1 (3.3-11.2)	3.6 (2.8-4.7)	6.3 (5.0-8.1)	7.4 (4.3-12.5)	7.8 (6.2-9.9)	6.8 (4.8-9.4)	4.6 (3.3-6.4)	3.7 (2.6-5.2)	2.4 (1.6-3.6)	1.9 (1.2-3.0)	1.7 (0.9-3.1)	†	†	0.6 (0.3-1.2)	†	1.0 (0.6-1.7)	†	†	†		
11	10.6 (8.5-13.3)	14.7 (11.6-18.5)	16.0 (11.5-21.9)	16.5 (12.7-21.0)	13.6 (9.9-18.2)	9.8 (5.8-15.9)	8.4 (5.4-12.8)	10.0 (8.1-12.2)	11.8 (9.1-15.2)	18.5 (12.6-26.1)	13.7 (12.2-15.3)	10.7 (7.2-15.6)	5.1 (2.9-8.6)	4.0 (2.8-5.5)	2.8 (1.8-4.3)	3.0 (1.8-4.9)	2.5 (1.5-4.1)	2.8 (1.6-4.8)	1.4 (0.8-2.4)	1.7 (1.0-2.8)	1.7 (1.1-2.7)	2.2 (1.4-3.3)	†	†	†		

Notes: (1) based on grades 9 and 11 only (long-term sample); (2) entries in brackets are 95% confidence intervals; (3) † estimate suppressed due to unreliability; (4) ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.
 Q: In the last 12 months, how often did you use LSD or “acid”?
 Source: OSDUHS, Centre for Addiction & Mental Health

Table A9: Percentage Reporting Methamphetamine Use (includes Crystal Methamphetamine) in the Past Year, 1977–2025 OSDUHS (Grades 9 and 11 only)

	1977 (n)	1979 (2640)	1981 (2653)	1983 (1894)	1985 (2075)	1987 (2137)	1989 (1919)	1991 (888)	1993 (870)	1995 (991)	1997 (1125)	1999 (856)	2001 (656)	2003 (1168)	2005 (3008)	2007 (2494)	2009 (2792)	2011 (3223)	2013 (3111)	2015 (3351)	2017 (3886)	2019 (5015)	2021 (812)	2023 (3529)	2025 (3510)		
Total (95% CI)	2.7 (2.1-3.5)	4.2 (3.5-5.1)	3.8 (2.5-5.5)	6.2 (3.3-11.2)	4.1 (3.2-5.1)	4.1 (3.0-5.6)	3.2 (2.5-4.2)	4.6 (2.9-7.4)	4.1 (2.7-6.3)	6.9 (4.6-10.3)	4.8 (3.6-6.4)	5.8 (3.5-9.6)	3.5 (2.2-5.3)	5.7 (4.4-7.3)	3.4 (2.5-4.7)	2.6 (1.8-3.5)	1.7 (1.2-2.6)	†	0.7 (0.4-1.4)	0.9 (0.5-1.9)	0.5 (0.3-0.9)	†	†	†	† ^{de}		
Males	3.2 (2.2-4.6)	5.0 (3.9-6.3)	3.5 (2.1-5.7)	8.1 (4.7-13.5)	4.3 (3.3-5.5)	5.3 (3.6-7.9)	3.8 (2.3-6.1)	4.8 (2.8-8.2)	5.8 (3.7-8.9)	8.2 (5.2-12.7)	4.6 (3.5-5.9)	6.3 (3.3-11.8)	4.8 (2.9-7.8)	6.5 (4.5-9.2)	3.8 (2.5-5.8)	2.7 (1.8-3.9)	1.6 (1.0-2.7)	†	†	†	†	†	†	†	†	†	
Females	2.3 (1.6-3.2)	3.4 (2.5-4.7)	4.1 (2.6-6.3)	4.3 (2.0-9.0)	3.9 (2.7-5.5)	3.0 (1.9-4.6)	2.7 (1.7-4.2)	†	2.5 (1.2-5.4)	5.7 (3.3-10.0)	5.0 (3.1-7.9)	5.4 (2.9-9.6)	†	4.8 (3.3-7.1)	3.0 (1.8-5.0)	2.4 (1.6-3.8)	1.8 (1.1-2.9)	†	†	†	†	†	†	†	†	†	
Grade																											
9	2.8 (2.1-3.8)	4.0 (3.0-5.3)	3.8 (2.0-7.0)	†	3.2 (2.5-4.1)	3.0 (1.9-4.7)	2.9 (1.9-4.4)	4.3 (2.6-7.3)	3.1 (1.9-4.9)	6.0 (2.9-12.2)	3.2 (1.8-5.5)	3.9 (2.3-6.5)	2.8 (1.7-4.7)	4.5 (2.8-7.1)	3.8 (2.5-5.8)	1.8 (1.0-3.3)	1.4 (0.8-2.4)	†	†	†	†	†	†	†	†	†	
11	2.5 (1.6-4.0)	4.5 (3.4-5.9)	3.7 (2.6-5.3)	5.3 (3.7-7.4)	5.0 (3.5-7.1)	5.2 (3.4-7.9)	3.6 (2.6-4.9)	4.9 (2.3-10.0)	5.3 (2.8-9.9)	7.8 (5.0-12.1)	6.4 (4.5-9.0)	8.1 (4.3-14.9)	†	6.8 (4.7-9.7)	3.0 (1.7-5.2)	3.3 (2.3-4.7)	2.0 (1.1-3.6)	†	†	†	†	†	†	†	†	†	

Notes: (1) based on grades 9 and 11 only (long-term sample); (2) entries in brackets are 95% confidence intervals; (3) † estimate suppressed due to unreliability; (4) question asked of a random half sample between 1991 and 2005; (5) all estimates between 1991 and 2009 are based on two separate questions (methamphetamine and crystal methamphetamine) in the questionnaire; (6) all estimates between 1977 and 1989 are based on methamphetamine use only and excludes crystal methamphetamine because it was not measured in those years; (7) ^a significant linear trend, p<.01; ^b significant nonlinear trend, p<.01.

Q: In the last 12 months, how often did you use methamphetamine or crystal methamphetamine (also known as “speed”, “crystal meth”, “crank”, “ice”, etc.)?

Source: OSDUHS, Centre for Addiction & Mental Health

Table A10: Percentage Reporting Cocaine Use in the Past Year, 1977–2025 OSDUHS (Grades 9 and 11 only)

	1977 (n) (2640)	1979 (2653)	1981 (1894)	1983 (2075)	1985 (2092)	1987 (2137)	1989 (1919)	1991 (2020)	1993 (1723)	1995 (1980)	1997 (2221)	1999 (1655)	2001 (1263)	2003 (2442)	2005 (3008)	2007 (2494)	2009 (2792)	2011 (3223)	2013 (3111)	2015 (3351)	2017 (3886)	2019 (5015)	2021 (812)	2023 (3529)	2025 (3510)	
Total (95% CI)	4.0 (3.2-5.0)	5.9 (4.8-7.2)	5.7 (4.6-7.0)	4.8 (3.4-6.8)	4.6 (3.5-6.1)	4.0 (2.6-6.0)	3.1 (2.1-4.6)	2.2 (1.5-3.1)	1.5 (0.8-2.8)	2.9 (2.3-3.7)	3.3 (2.9-3.8)	4.2 (3.0-5.7)	4.8 (3.5-6.6)	5.9 (4.8-7.2)	5.4 (4.4-6.8)	4.0 (3.2-5.1)	2.4 (1.8-3.2)	2.9 (2.0-4.1)	1.8 (1.2-2.6)	1.8 (1.3-2.5)	2.3 (1.3-3.9)	1.8 (1.4-2.4)	†	0.7 (0.4-1.2)	0.6 ^{de} (0.4-1.2)	
Males	4.9 (3.8-6.3)	7.0 (5.5-9.0)	6.4 (4.9-8.3)	6.6 (4.7-9.1)	5.8 (3.5-9.5)	5.8 (3.4-9.8)	4.0 (2.6-6.0)	2.4 (1.5-4.0)	†	3.7 (2.4-5.4)	3.7 (2.7-5.1)	4.6 (3.1-6.8)	5.0 (3.3-7.5)	6.4 (4.9-8.4)	5.6 (4.2-7.4)	4.3 (3.2-5.8)	2.2 (1.5-3.3)	3.7 (2.3-6.0)	2.2 (1.3-3.6)	1.6 (1.0-2.5)	†	2.4 (1.7-3.6)	†	†	†	
Females	3.3 (2.3-4.6)	4.7 (3.5-6.2)	4.9 (3.3-7.2)	3.1 (1.9-5.0)	3.4 (2.1-5.3)	2.2 (1.1-4.6)	2.2 (1.1-4.6)	1.8 (1.1-3.1)	†	2.2 (1.6-3.0)	3.0 (2.1-4.2)	3.7 (2.5-5.5)	4.6 (2.7-7.8)	5.3 (3.9-7.3)	5.3 (4.0-7.0)	3.7 (2.7-5.1)	2.6 (1.7-4.0)	2.0 (1.2-3.4)	1.3 (0.8-2.2)	2.1 (1.3-3.4)	1.4 (0.8-2.4)	1.2 (0.8-1.8)	†	†	†	
Grade																										
9	4.1 (3.1-5.3)	5.8 (4.3-7.6)	5.8 (4.6-7.4)	4.6 (2.9-7.3)	4.1 (2.5-6.6)	†	2.0 (1.0-3.8)	1.6 (1.0-2.5)	0.6 (0.3-1.1)	2.3 (1.5-3.6)	2.3 (2.0-2.8)	3.2 (2.1-4.7)	3.2 (2.0-5.2)	4.9 (3.5-6.8)	3.8 (2.8-5.1)	2.3 (1.6-3.5)	1.1 (0.6-1.9)	†	†	†	†	0.9 (0.6-1.6)	†	†	†	
11	4.0 (2.8-5.6)	6.0 (4.6-7.9)	5.5 (3.6-8.1)	5.0 (3.0-8.3)	5.2 (3.8-7.0)	4.6 (2.8-7.5)	4.5 (2.8-7.1)	2.8 (1.7-4.6)	2.5 (1.2-5.0)	3.5 (2.6-4.6)	4.3 (3.5-5.2)	5.4 (3.4-8.4)	7.0 (4.4-10.9)	6.9 (5.1-9.2)	7.2 (5.6-9.2)	5.7 (4.3-7.6)	3.7 (2.6-5.2)	4.9 (3.3-7.2)	1.9 (1.2-3.1)	3.1 (2.2-4.4)	†	2.7 (2.0-3.7)	†	†	†	

Notes: (1) based on grades 9 and 11 only (long-term sample); (2) entries in brackets are 95% confidence intervals; (3) † estimate suppressed due to unreliability; (4) ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.
 Q: In the last 12 months, how often did you use cocaine (also known as “coke”, “blow”, “snow”, “powder”, “snort”, etc.)?
 Source: OSDUHS, Centre for Addiction & Mental Health

Table A11: Percentage Reporting Ecstasy (MDMA) Use in the Past Year, 1991–2025 OSDUHS (Grades 9 and 11 only)

	1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(888)	(870)	(991)	(1125)	(856)	(1263)	(2442)	(3008)	(2494)	(2792)	(3223)	(3111)	(3351)	(3886)	(5015)	(812)	(3529)	(3510)
Total (95% CI)	†	†	2.5 (1.4-4.4)	4.2 (2.3-7.5)	5.8 (4.0-8.4)	8.2 (6.5-10.2)	5.2 (4.2-6.3)	5.6 (4.4-7.2)	4.5 (3.4-5.8)	3.5 (2.6-4.7)	5.1 (3.8-6.9)	2.0 (1.2-3.2)	3.5 (2.7-4.5)	1.6 (1.1-2.4)	1.7 (1.4-2.3)	†	0.7 (0.4-1.2)	0.6 ^e (0.3-1.1)
Males	†	†	3.4 (1.9-6.1)	†	5.1 (3.0-8.7)	7.9 (5.8-10.6)	4.6 (3.4-6.3)	5.8 (4.2-8.0)	4.4 (3.1-6.2)	3.3 (2.3-4.6)	5.6 (3.6-8.5)	2.1 (1.2-3.6)	3.0 (2.1-4.1)	1.8 (1.1-2.9)	2.1 (1.5-3.1)	†	†	†
Females	†	†	†	4.4 (2.8-7.1)	6.6 (4.1-10.4)	8.5 (6.2-11.5)	5.7 (4.3-7.6)	5.4 (3.8-7.4)	4.5 (3.2-6.2)	3.8 (2.7-5.4)	4.6 (2.5-8.3)	1.9 (1.0-3.3)	4.0 (2.9-5.6)	1.5 (0.9-2.5)	1.4 (1.0-2.0)	†	†	†
Grade																		
9	†	†	†	3.0 (2.1-4.3)	†	7.2 (5.0-10.1)	3.7 (2.7-5.1)	3.6 (2.6-4.9)	2.8 (1.9-4.1)	2.0 (1.1-3.5)	†	†	1.1 (0.6-1.9)	†	0.7 (0.4-1.2)	†	†	†
11	†	†	3.1 (1.6-5.8)	†	9.8 (6.4-14.8)	9.5 (6.9-13.0)	6.6 (4.9-9.0)	7.7 (5.7-10.5)	6.2 (4.6-8.2)	5.0 (3.7-6.9)	7.9 (5.9-10.6)	3.1 (2.0-4.8)	5.8 (4.4-7.6)	2.5 (1.7-3.6)	2.8 (2.0-3.8)	†	†	†

Notes: (1) based on grades 9 and 11 only (long-term sample); (2) entries in brackets are 95% confidence intervals; (3) question asked of a random half sample between 1991 and 1999; (4) † estimate suppressed due to unreliability; (5) ^e significant nonlinear trend, p<.01.

Q: In the last 12 months, how often did you use MDMA or "ecstasy" (also known as "Molly", "E", "X")?

Source: OSDUHS, Centre for Addiction & Mental Health

Table A12: Percentage Reporting Heroin Use in the Past Year, 1977–2025 OSDUHS (Grades 9 and 11 only)

	1977 (n) (2640)	1979 (2653)	1981 (1894)	1983 (2075)	1985 (2092)	1987 (2137)	1989 (1919)	1991 (2020)	1993 (1723)	1995 (1980)	1997 (2221)	1999 (1655)	2001 (1263)	2003 (2442)	2005 (3008)	2007 (2494)	2009 (2792)	2011 (3223)	2013 (3111)	2015 (3351)	2017 (3886)	2019 (5015)	2021 (812)	2023 (3529)	2025 (3510)			
Total (95% CI)	2.2 (1.6-2.9)	2.7 (2.0-3.6)	1.9 (1.3-2.9)	2.1 (1.4-3.1)	1.7 (1.2-2.4)	1.4 (0.8-2.7)	1.4 (0.8-2.3)	1.3 (0.8-2.0)	1.2 (0.7-1.9)	2.4 (1.6-3.5)	1.9 (1.6-2.4)	2.2 (1.5-3.2)	1.5 (0.9-2.4)	1.4 (1.0-2.0)	1.1 (0.7-1.6)	1.4 (0.9-2.1)	0.9 (0.6-1.5)	†	†	†	†	†	†	†	†	† ^d		
Males	1.7 (1.1-2.7)	3.4 (2.4-4.8)	2.7 (1.6-4.3)	2.6 (1.7-3.9)	2.3 (1.7-3.2)	2.2 (1.1-4.2)	1.9 (1.0-3.5)	1.4 (0.8-2.5)	†	3.6 (2.4-5.2)	2.5 (1.8-3.4)	2.6 (1.5-4.3)	2.1 (1.1-3.9)	1.8 (1.2-2.9)	1.2 (0.7-2.0)	2.3 (1.4-3.6)	†	†	†	†	†	†	†	†	†	†	†	†
Females	2.6 (1.8-3.7)	2.0 (1.3-3.1)	1.1 (0.6-2.1)	1.5 (0.8-3.1)	1.0 (0.5-2.1)	†	†	1.1 (0.7-1.8)	†	1.2 (0.6-2.4)	1.4 (1.1-2.0)	†	†	0.9 (0.5-1.7)	1.0 (0.5-1.8)	†	†	†	†	†	†	†	†	†	†	†	†	
Grade																												
9	2.7 (1.8-3.8)	3.2 (2.3-4.6)	2.2 (1.3-3.9)	2.4 (1.5-3.9)	2.0 (1.2-3.3)	†	†	†	1.2 (0.6-2.3)	2.3 (1.6-3.2)	2.1 (1.6-2.7)	2.5 (1.7-3.8)	2.2 (1.3-3.6)	1.5 (0.9-2.4)	1.4 (0.8-2.3)	1.0 (0.6-1.8)	†	†	†	†	†	†	†	†	†	†	†	
11	1.4 (0.8-2.5)	2.0 (1.3-3.1)	1.5 (1.0-2.3)	1.6 (0.8-3.2)	1.3 (0.9-2.1)	1.6 (0.8-3.3)	1.7 (0.8-3.4)	1.4 (0.8-2.3)	1.2 (0.6-2.5)	2.4 (1.2-4.8)	1.8 (1.2-2.5)	†	†	1.3 (0.7-2.2)	0.8 (0.4-1.5)	1.7 (1.0-2.9)	†	†	†	†	†	†	†	†	†	†	†	†

Notes: (1) based on grades 9 and 11 only (long-term sample); (2) entries in brackets are 95% confidence intervals; (3) † estimate suppressed due to unreliability; (4) ^d significant linear trend, p<.01.
 Source: OSDUHS, Centre for Addiction & Mental Health

Table A13: Percentage Reporting Nonmedical Tranquillizer/Sedative Use in the Past Year, 1977–2025 OSDUHS (Grades 9 and 11 only)

	1977 (n) (2640)	1979 (2653)	1981 (1894)	1983 (2075)	1985 (2092)	1987 (2137)	1989 (1919)	1991 (2020)	1993 (1723)	1995 (1980)	1997 (2221)	1999 (1655)	2001 (1263)	2003 (2442)	2005 (3008)	2007 (2494)	2009 (2792)	2011 (3223)	2013 (3111)	2015 (3351)	2017 (3886)	2019 (5015)	2021 (812)	2023 (3529)	2025 (3510)	
Total (95% CI)	6.1 (5.0-7.4)	7.3 (6.2-8.7)	6.4 (5.3-7.7)	6.8 (5.1-9.1)	4.1 (3.1-5.3)	3.8 (2.6-5.6)	3.0 (2.5-3.6)	2.2 (1.6-3.0)	1.1 (0.6-2.3)	2.0 (1.2-3.2)	2.3 (1.8-3.0)	2.4 (1.6-3.5)	2.2 (1.3-3.7)	3.0 (2.3-3.9)	2.4 (1.7-3.2)	2.2 (1.6-3.0)	1.5 (1.1-2.0)	2.0 (1.1-3.5)	1.7 (1.2-2.4)	1.7 (1.2-2.4)	2.0 (1.3-3.1)	2.6 (2.1-3.3)	†	1.7 (1.1-2.6)	1.6 ^{de} (1.1-2.4)	
Males	6.1 (4.7-8.0)	7.3 (5.7-9.3)	7.0 (5.9-8.3)	7.1 (5.0-10.1)	3.4 (2.3-4.9)	4.4 (2.5-7.6)	2.3 (1.3-4.0)	1.9 (1.1-3.1)	†	2.0 (1.1-3.5)	2.5 (1.9-3.3)	2.0 (1.1-3.4)	†	3.4 (2.4-4.8)	2.3 (1.7-3.2)	1.8 (1.2-3.0)	0.5 (0.3-1.0)	†	1.5 (0.8-2.6)	1.0 (0.6-2.0)	1.5 (0.9-2.4)	2.5 (1.8-3.7)	†	†	†	
Females	6.0 (4.6-7.9)	7.4 (5.9-9.1)	5.7 (4.1-8.0)	6.6 (4.8-9.0)	4.8 (3.4-6.6)	3.3 (2.2-4.8)	3.7 (2.6-5.2)	2.6 (1.6-4.2)	†	2.0 (1.1-3.5)	2.2 (1.6-3.0)	2.8 (1.6-4.7)	1.3 (0.7-2.5)	2.5 (1.6-3.8)	2.4 (1.5-3.8)	2.6 (1.7-3.8)	2.5 (1.8-3.6)	1.5 (0.9-2.5)	1.9 (1.2-2.9)	2.4 (1.5-3.8)	2.6 (1.5-4.5)	2.7 (2.0-3.6)	†	1.8 (1.2-2.7)	2.0 (1.2-3.4)	
Grade																										
9	5.5 (4.3-7.1)	6.3 (5.0-8.0)	6.4 (4.9-8.2)	6.9 (5.2-9.2)	3.7 (2.7-5.0)	3.2 (1.7-6.2)	2.4 (1.8-3.1)	2.1 (1.4-3.1)	†	1.6 (1.0-2.6)	2.0 (1.3-3.1)	1.7 (1.0-2.9)	†	1.8 (1.1-2.9)	2.5 (1.5-3.9)	†	1.0 (0.6-1.8)	0.7 (0.4-1.1)	1.3 (0.8-2.1)	0.5 (0.3-0.9)	†	1.3 (0.8-2.0)	†	†	1.5 (0.9-2.4)	
11	6.9 (5.1-9.3)	8.8 (6.9-11.1)	6.5 (4.9-8.6)	6.8 (3.8-11.7)	4.5 (2.9-6.8)	4.3 (2.7-7.0)	3.8 (3.1-4.7)	2.3 (1.4-3.7)	†	2.4 (1.2-4.9)	2.6 (2.0-3.4)	3.1 (1.8-5.2)	3.3 (1.7-6.5)	4.1 (2.9-5.9)	2.3 (1.5-3.3)	3.2 (2.2-4.6)	2.0 (1.3-3.1)	3.2 (1.6-6.3)	2.0 (1.3-3.2)	2.8 (1.9-4.2)	3.0 (1.8-4.8)	3.9 (2.9-5.2)	†	†	1.7 (0.9-3.2)	

Notes: (1) based on grades 9 and 11 only (long-term sample); (2) entries in brackets are 95% confidence intervals; (3) † estimate suppressed due to unreliability; (4) ^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.
 Q: Sedatives or tranquilizers are sometimes prescribed by doctors to help people sleep, calm them down, or to relax their muscles. Some examples are Xanax, Valium, Ativan. In the last 12 months, how often did you use sedatives or tranquilizers (also known as "tranqs", "benzos", "xans", "bars", "downers") without a prescription or without a doctor telling you to take them? (Note that "sedatives" was added to the question in 2007.)
 Source: OSDUHS, Centre for Addiction & Mental Health

Table A14: Percentage Reporting Any Drug Use (Excluding Cannabis) in the Past Year, 1977–2025 OSDUHS (Grades 9 and 11 only)

	1977	1979	1981	1983	1985	1987	1989	1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025	
	(n)	(n)	(n)	(n)	(n)	(n)	(n)	(n)	(n)	(n)	(n)	(n)	(n)	(n)	(n)	(n)	(n)	(n)	(n)	(n)	(n)	(n)	(n)	(n)	(n)	
Total	14.4	19.8	18.0	19.8	15.2	12.6	12.1	12.3	13.2	20.8	20.3	21.5	19.8	16.4	13.4	11.4	9.4	9.1	6.3	6.5	5.9	6.2	5.1	4.7	4.5 ^{de}	
(95% CI)	(12.6-16.4)	(17.4-22.3)	(15.9-20.4)	(16.9-23.1)	(12.4-18.5)	(9.5-16.4)	(9.8-14.8)	(9.6-15.7)	(10.2-16.9)	(15.8-26.9)	(17.7-23.1)	(17.4-26.2)	(17.0-23.1)	(14.2-18.8)	(11.5-15.5)	(9.6-13.5)	(7.8-11.4)	(7.3-11.2)	(4.8-8.2)	(5.3-7.9)	(4.3-8.2)	(5.3-7.4)	(2.6-9.8)	(3.8-5.9)	(3.5-5.8)	
Males	15.2	21.4	19.3	22.6	16.9	14.7	11.9	12.0	15.0	23.1	20.0	23.8	20.2	18.9	13.8	12.1	10.2	9.9	7.1	5.9	6.6	7.7	†	5.3	5.3	
(95% CI)	(12.8-18.0)	(18.4-24.7)	(17.7-20.9)	(20.0-25.3)	(13.4-21.1)	(10.3-20.6)	(8.8-15.9)	(8.4-16.7)	(9.9-22.0)	(16.4-31.5)	(17.0-23.3)	(18.5-30.0)	(16.9-23.8)	(15.6-22.8)	(11.6-16.4)	(9.9-14.8)	(7.9-12.9)	(7.6-12.8)	(5.1-9.7)	(4.4-7.8)	(4.2-10.4)	(6.2-9.6)		(3.9-7.2)	(3.5-8.0)	
Females	13.6	18.1	16.7	17.1	13.4	10.6	12.2	12.8	11.5	18.7	20.5	19.1	19.4	13.8	12.9	10.7	8.6	8.2	5.5	7.1	5.2	4.7	†	4.1	3.7	
(95% CI)	(11.3-16.3)	(15.4-21.1)	(13.0-21.2)	(13.2-21.8)	(10.5-17.1)	(8.4-13.3)	(9.3-16.0)	(7.9-20.0)	(7.4-17.3)	(13.8-24.9)	(16.6-25.0)	(14.4-25.0)	(15.0-24.8)	(11.4-16.6)	(10.4-15.9)	(8.6-13.3)	(7.0-10.7)	(5.8-11.5)	(4.1-7.4)	(5.4-9.2)	(3.9-6.8)	(3.7-5.9)		(3.1-5.5)	(2.4-5.5)	
Grade																										
9	12.0	16.0	16.2	17.3	10.9	9.1	9.3	10.6	10.8	13.1	14.5	15.4	15.7	12.0	10.4	7.4	6.4	3.7	4.0	2.2	3.7	3.1	†	3.4	2.8	
(95% CI)	(9.9-14.6)	(13.4-19.1)	(13.6-19.2)	(13.4-22.1)	(7.6-15.4)	(5.4-14.8)	(6.6-13.0)	(9.0-12.4)	(7.8-14.7)	(10.5-16.1)	(10.1-20.3)	(11.1-21.0)	(12.9-19.0)	(9.8-14.8)	(8.5-12.5)	(5.6-9.6)	(4.6-8.7)	(2.5-5.4)	(2.5-6.3)	(1.5-3.3)	(2.4-5.5)	(2.3-4.3)		(2.4-4.7)	(1.9-4.1)	
11	17.8	24.9	20.5	23.0	19.9	15.9	15.6	13.8	15.8	28.4	26.0	28.5	25.3	20.7	16.6	15.6	12.4	14.4	8.5	10.5	8.0	9.2	†	6.1	6.2	
(95% CI)	(14.9-21.2)	(21.1-29.2)	(17.1-24.4)	(18.9-27.7)	(16.0-24.4)	(11.4-21.7)	(12.6-19.1)	(9.1-20.3)	(10.8-22.7)	(19.2-39.9)	(23.5-28.6)	(22.5-35.2)	(20.5-30.8)	(17.2-24.6)	(13.9-19.8)	(13.0-18.6)	(9.5-15.9)	(11.2-18.3)	(6.4-11.2)	(8.5-13.0)	(5.1-12.5)	(7.4-11.4)		(4.5-8.1)	(4.6-8.3)	

Notes: (1) based on grades 9 and 11 only (long-term sample); (2) entries in brackets are 95% confidence intervals; (3) † estimate suppressed due to unreliability; (4) question asked of a random half sample from 1991 to 1999; (5) the **seven drugs** included in the index are LSD, mushrooms/mescaline, methamphetamine, heroin, cocaine, ecstasy (except for years prior to 1991), and tranquilizers/sedatives (NM); (6) ^d significant linear trend; ^e significant nonlinear trend.

Source: OSDUHS, Centre for Addiction & Mental Health

Table A15: Percentage Who Perceive “Great Risk” of Harm Associated with Smoking Cannabis Regularly, 1989–2025 OSDUHS (Grades 7, 9, and 11 only)

	1989	1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(3040)	(2961)	(2617)	(2907)	(3072)	(2421)	(953)	(1618)	(1862)	(1488)	(2069)	(2254)	(2433)	(2566)	(2514)	(3242)	(591)	(2503)	(2793)
	75.4	73.3	70.2	60.1	57.6	53.2	48.3	56.5	53.0	54.0	62.3	57.6	49.6	46.0	44.8	41.6	62.1	52.1	52.1 ^{de}

Notes: (1) based on grades 7, 9, 11 only (long-term sample); (2)^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.

Q: How much do you think people risk harming themselves (physically or in other ways) if they smoke cannabis regularly?

Source: OSDUHS, Centre for Addiction & Mental Health

Table A16: Percentage Reporting it is “Fairly Easy” or “Very Easy” to Obtain the Drug, 1981–2025 OSDUHS (Grades 7, 9, and 11 only)

	1981	1983	1985	1987	1989	1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
(n)	(2991)	(3614)	(3146)	(3376)	(3040)	(2961)	(2617)	(2907)	(3072)	(2421)	(953)	(1618)	(1862)	(1488)	(2069)	(2254)	(2433)	(2566)	(2514)	(3242)	(591)	(2503)	(2793)
Alcohol	—	—	—	60.7	59.4	62.3	63.4	68.1	64.3	64.4	62.1	63.0	51.2	53.2	49.9	47.6	58.8	59.6	55.2	55.1	51.0	64.6	54.8 ^{de}
Cannabis	45.6	40.9	40.2	28.5	24.4	25.4	29.8	43.0	52.3	48.0	50.5	47.4	39.7	37.8	35.0	34.6	43.4	40.4	34.7	39.4	30.8	40.1	31.0 ^e

Notes: (1) based on grades 7, 9, 11 only (long-term sample); (2)^d significant linear trend, p<.01; ^e significant nonlinear trend, p<.01.

Q: How easy or difficult would it be for you to get [drug] if you wanted some?

Source: OSDUHS, Centre for Addiction & Mental Health

Appendix 2

Table A17: Drugs No Longer Monitored in the OSDUHS

	First Year Monitored	Last Year Monitored
Barbiturates (prescription)	1977	2005
Benzylpiperazine (BZP pills)	2011	2013
Crack	1987	2019
Doda	2011	2011
GHB	2001	2009
Gravol (OTC)	1995	2011
Inhalants (Glue/Solvents)	1977	2019
Injection drug use (non-specific)	1989	2015
Jimson weed	2007	2017
Ketamine	2001	2013
Mephedrone (“bath salts”)	2011	2017
Methoxetamine	2013	2013
Modafinil	2013	2015
OxyContin (prescription)	2005	2013
PCP	1981	2009
Rohypnol	2001	2009
Salvia Divinorum	2009	2017
Sleeping medication (OTC)	2007	2009
Smokeless/Chewing Tobacco	2011	2023
Steroids	1989	2015
Stimulants (prescription)	1977	2011
Synthetic Cannabis (“Spice,” “K2”)	2013	2019
Waterpipes/Hookahs	2013	2023

OTC= over-the-counter

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