

***EAST KOOTENAY ADOLESCENT
DRUG USE SURVEY***

**2017
Summary Report**

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Table of Contents

1. Introduction	2
2. Methodology	3
3. Results	4
3.1 Age	4
3.2 Grade	5
3.3 Gender	5
3.4 Who Respondents Live With	6
3.5 Rates of Substance Use	7
3.6 Average Age of First Use	9
3.7 Frequency of Use	10
3.8 Lifetime Substance Use for Selected Grades	11
3.9 Substance Use Rates by Gender	13
3.10 Access to Pharmaceuticals	15
3.11 Binge Drinking	16
3.12 Substance Use and Driving	17
4. Discussion	19
5. Conclusions and Future Directions	23
6. Acknowledgements and Contact Information	25

EAST KOOTENAY ADOLESCENT DRUG USE SURVEY – 2017

1. Introduction

In March, 2017 East Kootenay Addiction Services Society (EKASS) conducted the eighth Adolescent Drug Use Survey. The region-wide survey, first undertaken by the Agency in 2002, includes all students in Grades 7 – 12 in the East Kootenay. The survey is conducted every two years to monitor changes in drug use patterns, attitudes and behaviours amongst East Kootenay adolescents.

2. Methodology

The 2017 East Kootenay Adolescent Drug Use Survey was designed to be completed by all Grade 7 to 12 students in the East Kootenay area of south-eastern British Columbia. The survey included a variety of questions to assess substance use patterns, substance use behaviors, attitudes around substance use, and related risk behaviors amongst the target group.

The survey region is a large rural area with a population of roughly 80,000 people and is composed of three separate school districts. Permission was obtained from School District No. 5 (Southeast Kootenay) and No. 6 (Rocky Mountain) to administer the survey in all schools, and from School District No. 8 (Kootenay Lake) to administer the survey in the Creston area. In addition, Kootenay Christian Academy, an independent Christian school in Cranbrook, took part in the survey, as did the Fernie Academy in Fernie. In total twenty-five public schools (including four alternate school programs) and two independent schools participated in the 2017 survey.

In late 2016, local School Boards gave their approval for the 2017 survey. Once approval was given at the Board level, school administrators were advised of the survey and the time it was to take place. Passive consent for participation was obtained by providing school administrators with a letter explaining the intent and scope of the survey which could be sent home to parents or guardians. The letter advised parents or guardians that participation was voluntary, that the survey was confidential, and encouraged parents or guardians to contact the principal researcher if they had any concerns about their child participating.

The survey was designed to be easily administered and take approximately 20 to 25 minutes to complete. Each survey came in a separate manila envelope to ensure confidentiality. The cover page of each survey had instructions for the student on completing the survey. A similar set of instructions were provided for the teacher of each classroom. The instructions explicitly told the students not to put their names on the survey.

The 2017 survey maintained the overall format of the first three pages of the 2015 survey. Questions in the 2015 survey which explored students use of screens and social media were not included in the 2017 survey. No new questions were added to the 2017 survey.

The survey period ran from March 6-10, 2017. Each school selected a given day within the survey period in which students would receive the survey at the same time. Students were not advised ahead of time that they would be completing a survey. In most schools the school counseling staff took on the responsibility of arranging for distribution of surveys to the classrooms. School staff were provided with an instruction sheet describing how the surveys were to be handed out and collected. All students who were at the school during the designated survey period were given a copy of the survey. Students who were not at school were not provided the survey at a later date. Students completed the surveys and placed them in the manila envelopes the surveys came in. The envelopes were then collected and returned to the EKASS office.

According to 2016-17 school enrollment data for the survey catchment area, there were 4699 registered students in the three school districts and two independent schools. This is nearly identical to the number of students registered in 2015 (4704), however in 2015 two additional independent schools took part in the survey. The number of students in those schools was small, however, which means the 2016-17 enrollment is slightly up from 2014-15.

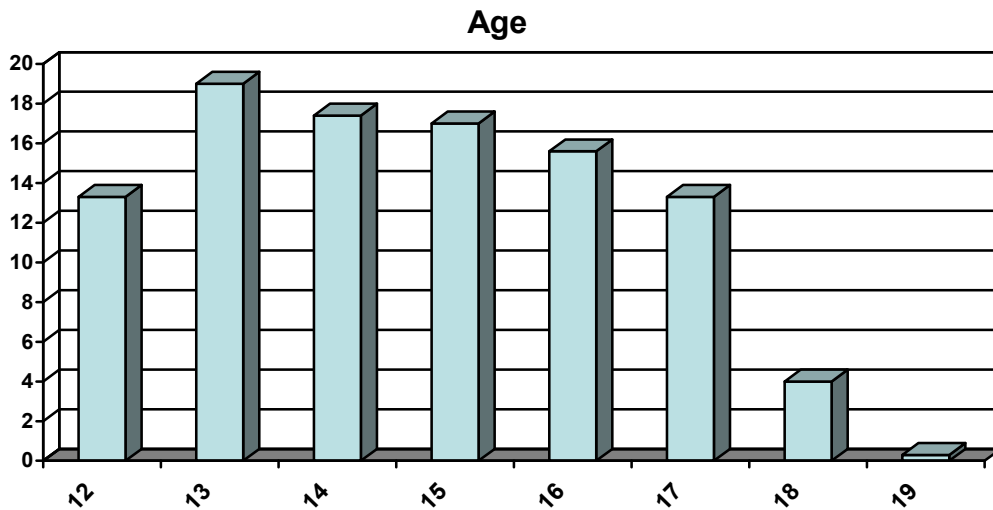
3. Results

A total of 4699 surveys were distributed. 3480 completed surveys were returned, of which 44 (1.3%) were deemed to be spoiled or unreliable and were not used in the analysis. Seventeen surveys did not scan properly. In total, 3420 surveys, representing 72.8% of the registered student population, were used for the analysis.

The following tables and graphs show the basic demographic information obtained.

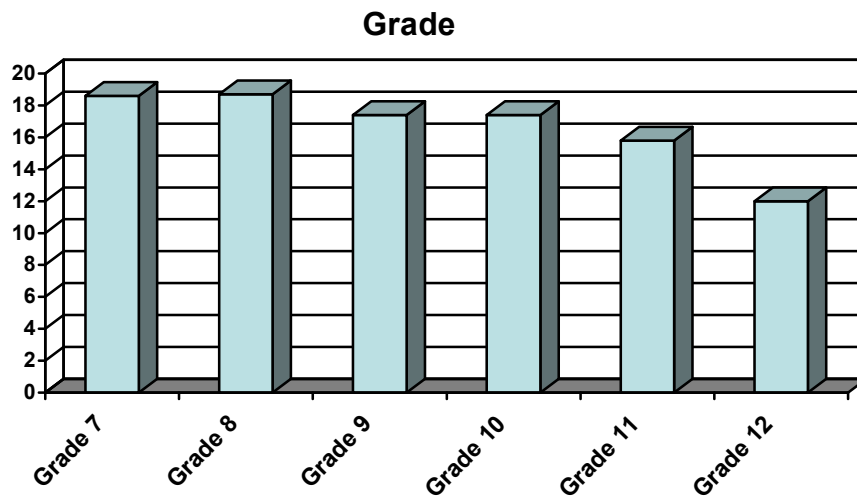
3.1 Age

Age	% of Respondents
12	13.3
13	19.0
14	17.4
15	17.0
16	15.6
17	13.3
18	4.0
19	0.3



3.2 Grade

Grade	% of Respondents
7	18.6
8	18.7
9	17.4
10	17.4
11	15.8
12	12.0



3.3 Gender

For the first time the survey allowed youth to select a gender category other than male or female.

Female	48.7%
Male	48.4%
Transgendered/Two-spirited	1.1%
Other	1.1%

3.4 Who Respondents Live With

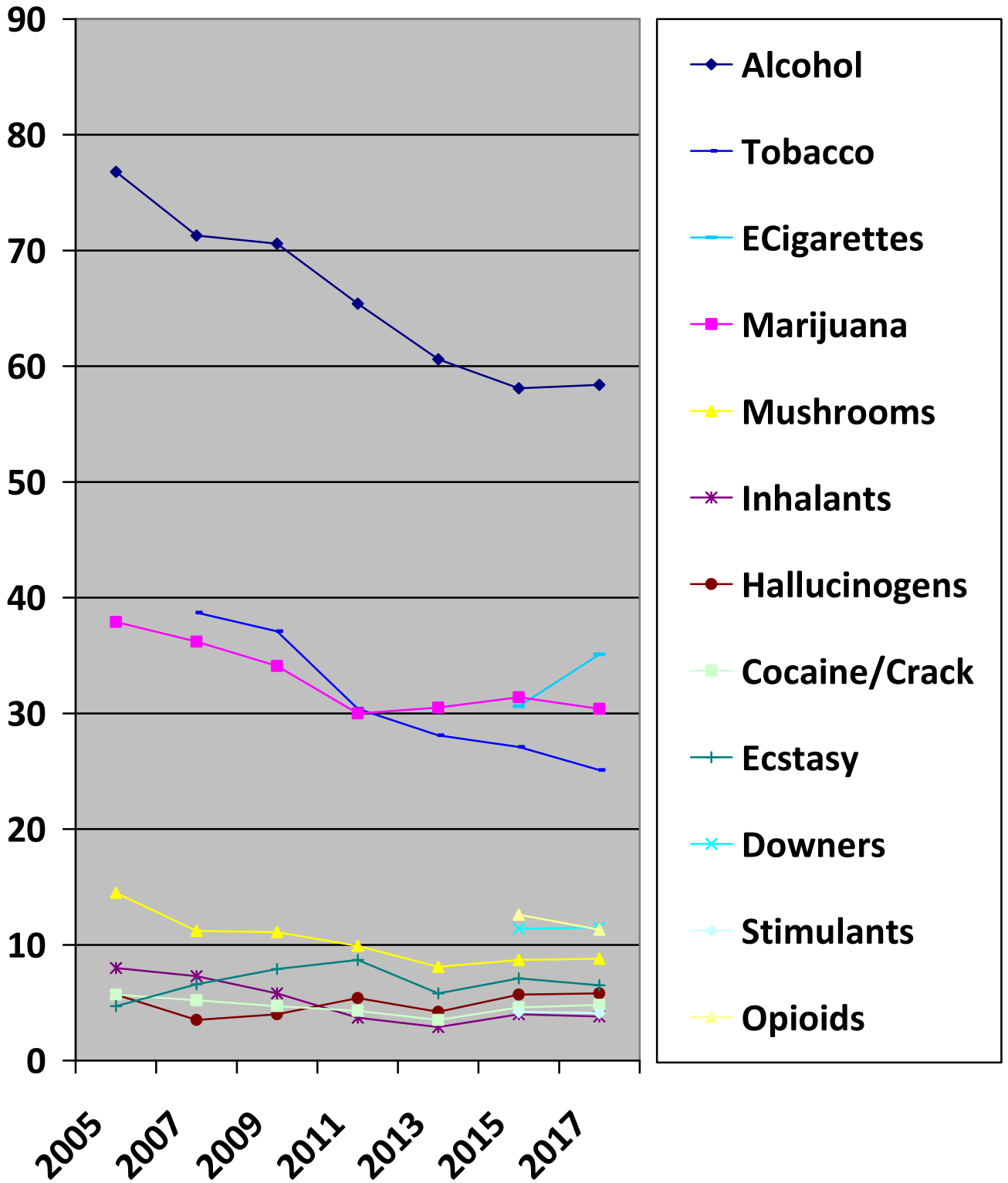
Who respondents live with	% of Respondents
Both birth parents	64.2
Single birth parent	13.7
Birth parent & step parent	15.6
Step parent	0.1
Foster parent or guardian	3.0
Grandparent or other family member	1.6
On my own, homeless, couch surfing	0.7

3.5 Rates of Substance Use

The following table and graph show the percentage of students in 2017 who reported ever having used the following substances, and the percentage who reported having used within the past year and past month. The lifetime usage rates for similar substance categories from the 2005 to 2015 surveys are included for comparison.

	Ever Used 2017	Used in Past Year 2017	Used in Past Month 2017	Ever Used 2015	Ever Used 2013	Ever Used 2011	Ever Used 2009	Ever Used 2007	Ever Used 2005
Alcohol	58.4	51.4	31.1	58.1	60.6	65.4	70.6	71.3	76.8
Tobacco	25.1	20.7	12.7	27.1	28.1	30.4	37.1	38.7	n/a
ECigarettes	35.1	28.1	15.5	30.6	n/a	n/a	n/a	n/a	n/a
Marijuana	30.4	25.9	15.8	31.4	30.5	30.0	34.1	36.2	37.9
Mushrooms	8.8	7.2	2.5	8.7	8.1	9.9	11.1	11.2	14.5
Inhalants	3.8	2.1	1.0	4.0	2.9	3.7	5.8	7.3	8.0
Hallucinogens	5.8	4.4	1.3	5.7	LSD 4.2	LSD 5.4	LSD 4.0	LSD 3.5	LSD 5.7
Cocaine	4.8	3.8	1.5	4.6	3.5	4.3	4.7	5.2	5.7
Ecstasy	6.5	5.4	2.1	7.1	5.8	8.7	7.9	6.6	4.7
Downers	11.5	8.1	3.9	11.4	n/a	n/a	n/a	n/a	n/a
Stimulants	4.1	2.8	1.5	4.2	n/a	n/a	n/a	n/a	n/a
Opioids	11.3	7.8	4.6	12.6	n/a	n/a	n/a	n/a	n/a

Rates of Substance Use

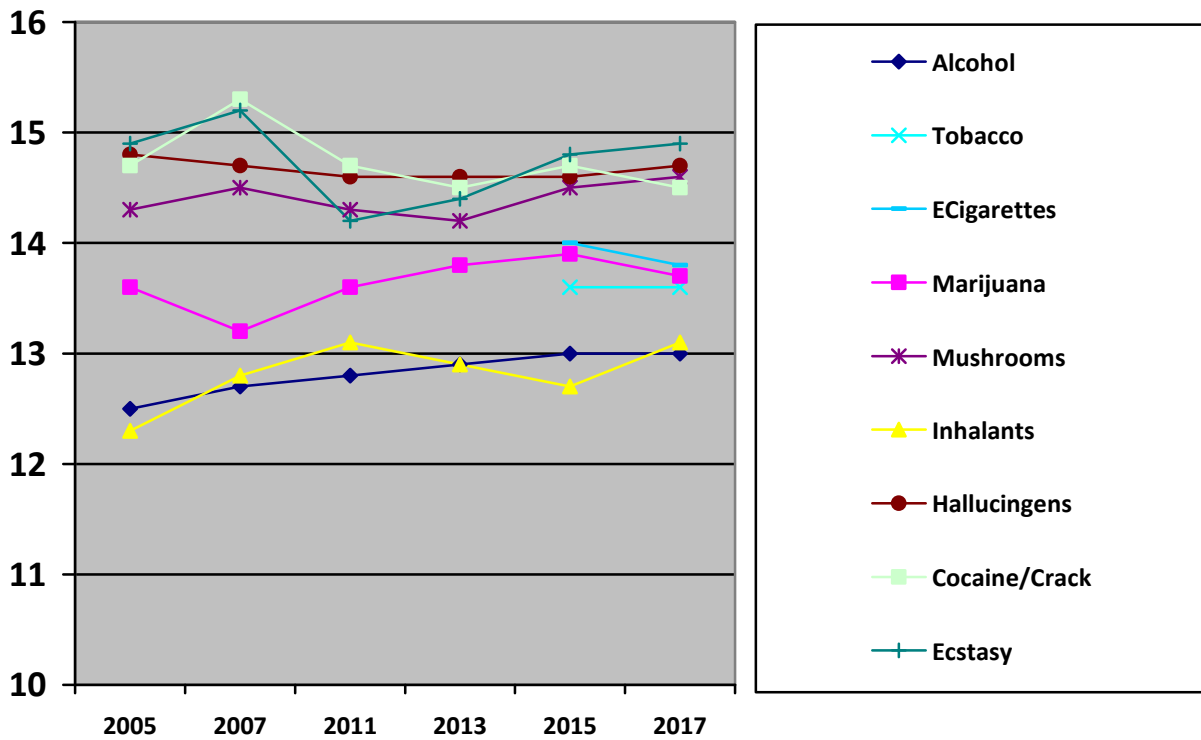


3.6 Average Age of First Use

The following table and graph show the average age of first use for selected substances from the 2005, 2007, 2011, 2013, 2015 and 2017 surveys. Age of first use data was not collected in 2009.

	2017	2015	2013	2011	2007	2005
Alcohol	13.0	13.0	12.9	12.8	12.7	12.5
Tobacco	13.6	13.6	13.6	n/a	n/a	n/a
ECigarettes	13.8	14.0	n/a	n/a	n/a	n/a
Marijuana	13.7	13.9	13.8	13.6	13.2	13.6
Mushrooms	14.6	14.5	14.2	14.3	14.5	14.3
Inhalants	13.1	12.7	12.9	13.1	12.8	12.3
Hallucinogens	14.7	14.6	LSD	LSD	LSD	LSD
Cocaine/Crack	14.5	14.7	14.5	14.7	15.3	14.7
Ecstasy	14.9	14.8	14.4	14.2	15.2	14.9

Average Age of First Use

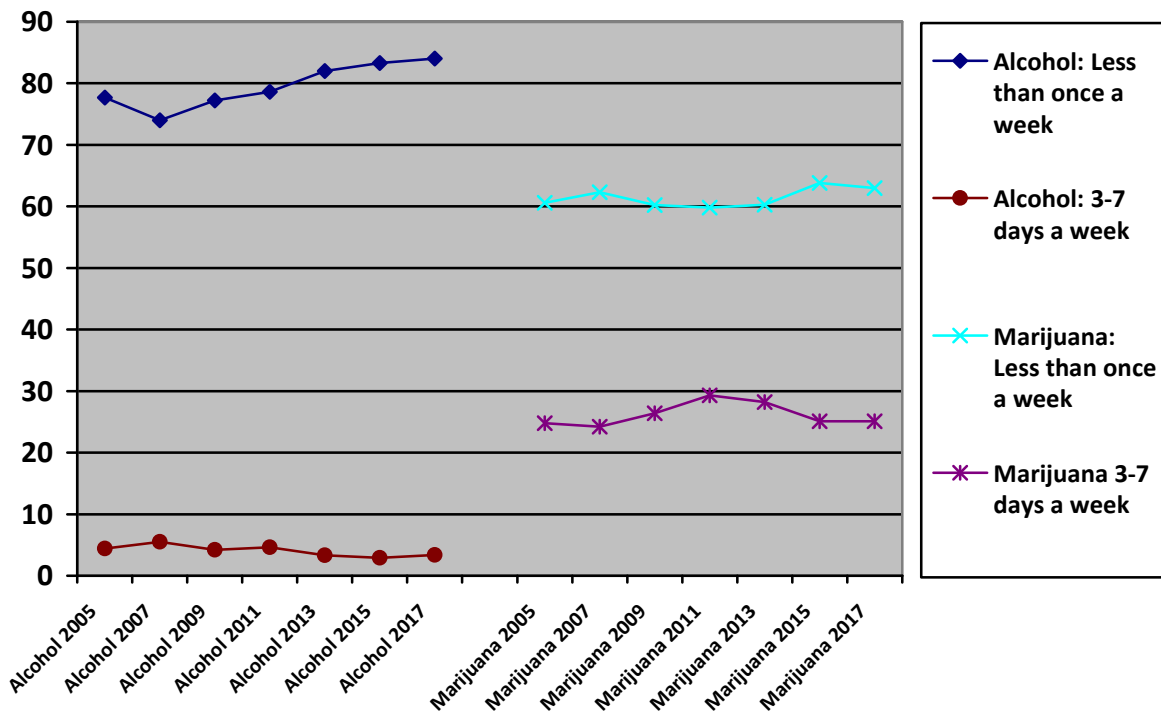


3.7 Frequency of Use

The following table shows the frequency of use for each substance. Percentages are only for respondents who reported using a given substance.

	Less than 1/month	1-3 days a month	1-2 days a week	3-7 days a week
Alcohol	51.2	32.8	12.5	3.4
Tobacco	42.6	15.4	10.9	31.1
ECigarettes	52.8	17.6	10.6	19.0
Marijuana	42.8	20.2	12.1	25.1
Mushrooms	83.0	10.9	3.5	2.6
Inhalants	73.0	12.7	4.8	9.5
Hallucinogens	80.1	14.4	2.7	2.7
Cocaine/Crack	61.1	15.9	15.1	7.9
Ecstasy	73.3	17.8	5.6	3.3

Alcohol and Marijuana: Change in Frequency of Use Rates



3.8 Lifetime Substance Use for Selected Grades

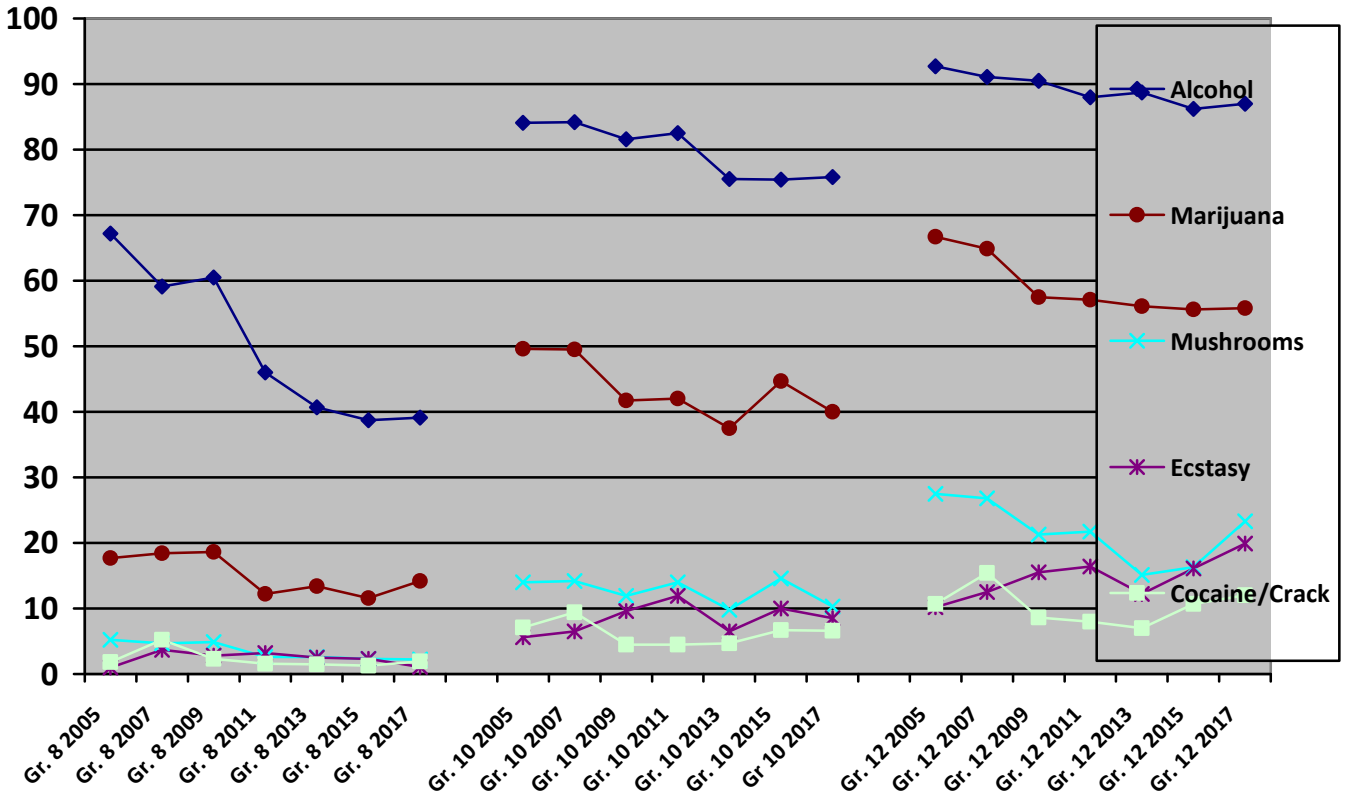
The following tables and chart show the change in lifetime use rates by selected grades for selected substances from 2005 to 2017.

	Grade 8						
	2017	2015	2013	2011	2009	2007	2005
Alcohol	39.1	38.7	40.7	46.0	60.5	59.1	67.2
Marijuana	14.2	11.6	13.4	12.2	18.6	18.4	17.7
Mushrooms	2.2	2.3	2.6	2.6	4.9	4.7	5.2
Ecstasy	1.1	2.3	2.5	3.2	2.8	3.7	1.0
Cocaine	1.9	1.3	1.5	1.6	2.3	5.2	1.8

	Grade 10						
	2017	2015	2013	2011	2009	2007	2005
Alcohol	75.8	75.4	75.5	82.5	81.6	84.2	84.1
Marijuana	40.0	44.7	37.5	42.0	41.7	49.5	49.6
Mushrooms	10.3	14.6	9.8	14.0	11.9	14.2	14.0
Ecstasy	8.5	10.0	6.5	11.9	9.6	6.5	5.6
Cocaine	6.6	6.7	4.7	4.5	6.0	9.4	7.1

	Grade 12						
	2017	2015	2013	2011	2009	2007	2005
Alcohol	87.0	86.2	88.7	88.0	90.5	91.1	92.7
Marijuana	55.8	55.6	56.1	57.1	57.5	64.9	66.7
Mushrooms	23.3	16.3	15.1	21.7	21.3	26.8	27.5
Ecstasy	19.9	16.1	12.2	16.4	15.5	12.5	10.2
Cocaine	12.0	10.7	7.0	8.0	8.6	15.4	10.7

Lifetime Substance Use for Selected Grades

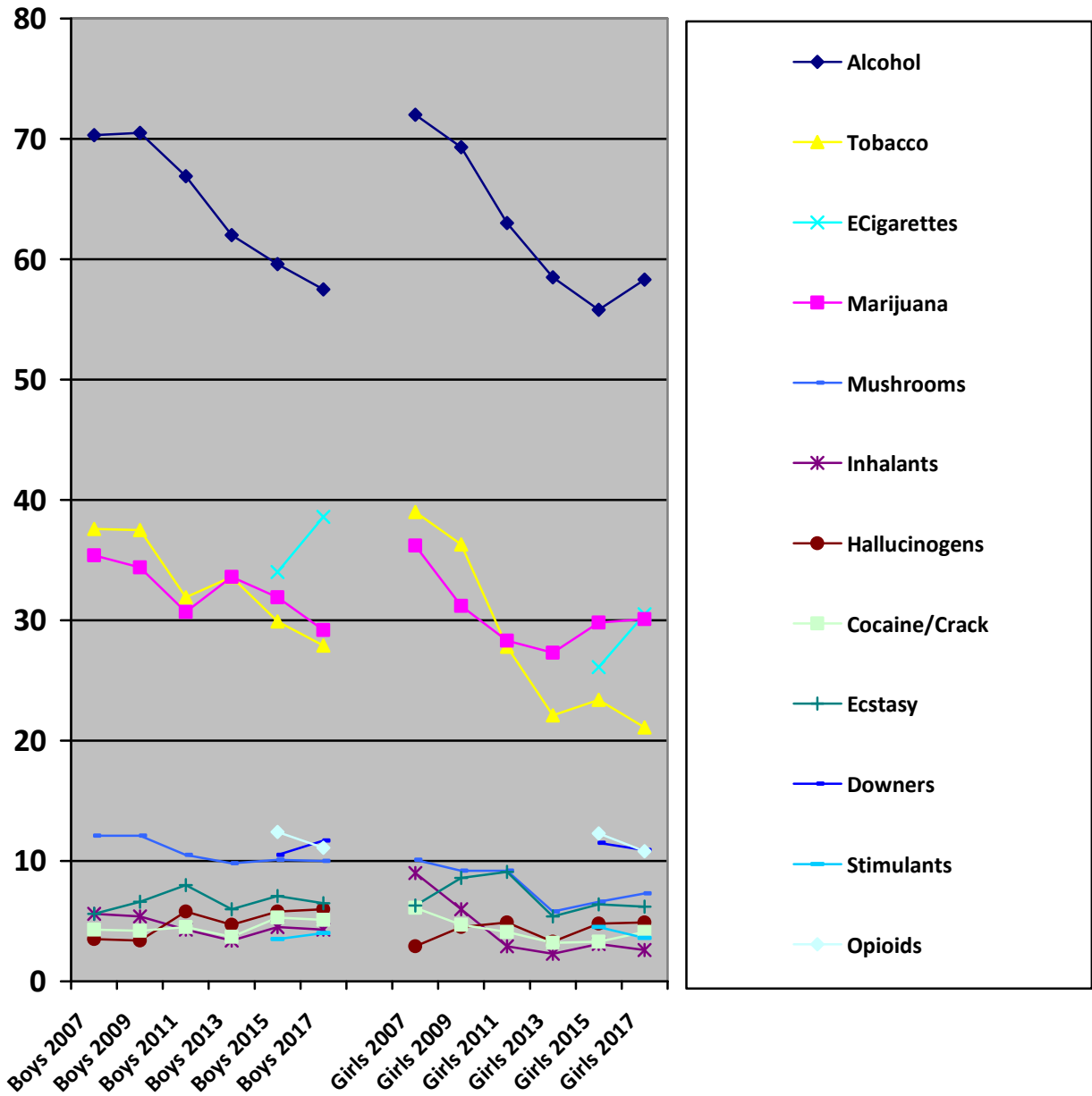


3.9 Substance Use Rates by Gender

The following table shows the lifetime substance usage rates for boys, girls and those who identified under a different gender category in 2017. The following graph shows the lifetime rates for boys and girls from 2007 to 2017.

	Boys	Girls	Transgendered/ Two-spirited	Other
Alcohol	57.5	58.3	79.5	78.4
Tobacco	27.9	21.1	48.7	45.9
ECigarettes	38.6	30.5	56.4	56.8
Marijuana	29.2	30.1	66.7	56.8
Mushrooms	10.0	7.3	23.1	8.1
Inhalants	4.3	2.6	12.8	18.9
Hallucinogens	6.0	4.9	28.2	8.1
Cocaine/Crack	5.1	4.1	20.5	8.1
Ecstasy	6.5	6.2	23.1	5.4
Downers	11.7	10.9	28.2	24.3
Stimulants	4.0	3.6	12.8	16.2
Opioids	11.1	10.8	25.6	32.4

Substance Use Rates for Boys and Girls

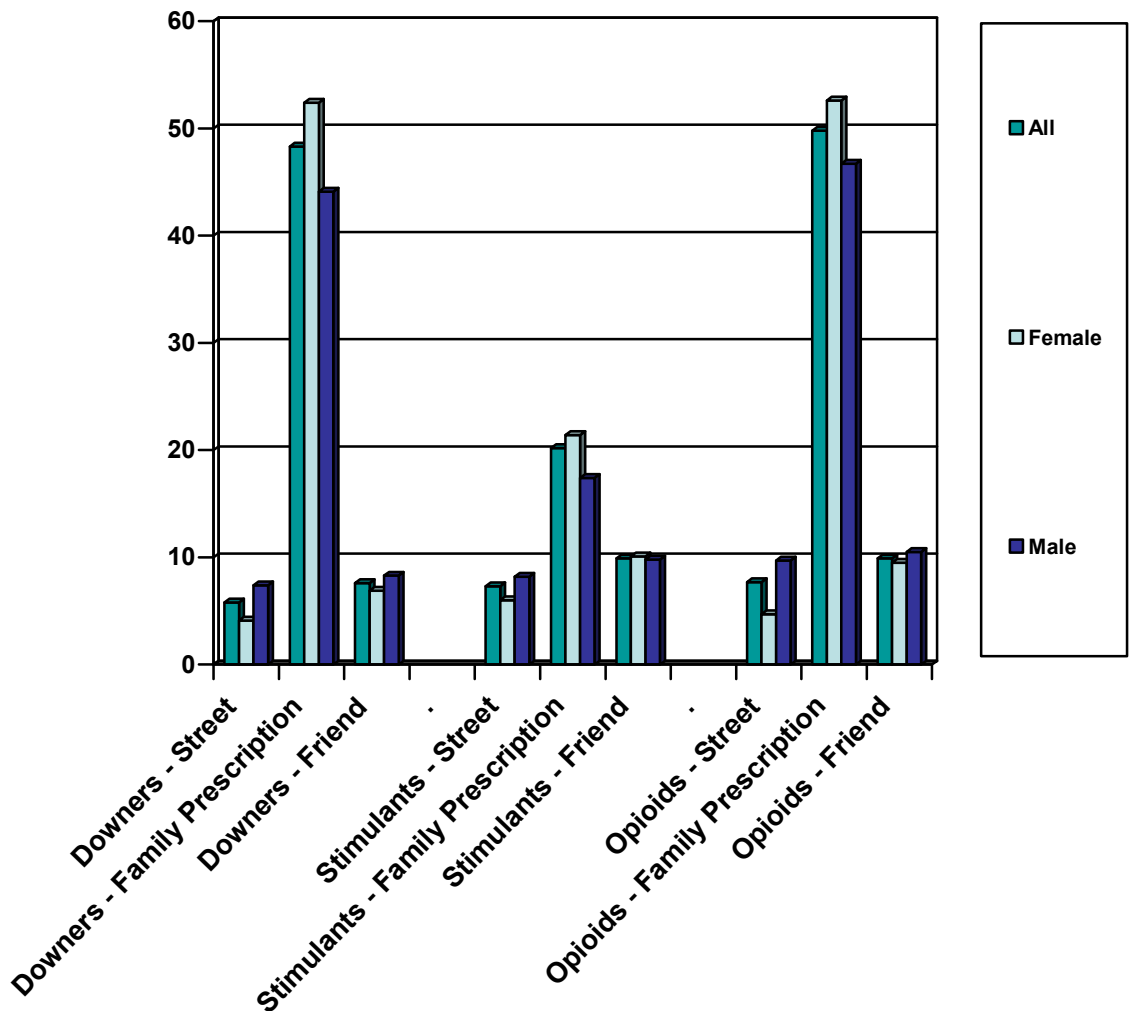


3.10 Access to Pharmaceuticals

The following table and graph show where youth got access to pharmaceuticals for non-pharmaceutical use.

	Downers			Stimulants			Opioids		
	All	Girls	Boys	All	Girls	Boys	All	Girls	Boys
Street	5.8	4.1	7.4	7.3	6.0	8.2	7.7	4.7	9.7
Family Prescription/ Pharmacy	48.3	52.4	44.1	20.2	21.4	17.4	49.8	52.6	46.7
Friend	7.6	6.9	8.3	9.9	10.1	9.8	9.9	9.5	10.5

Access to Pharmaceuticals

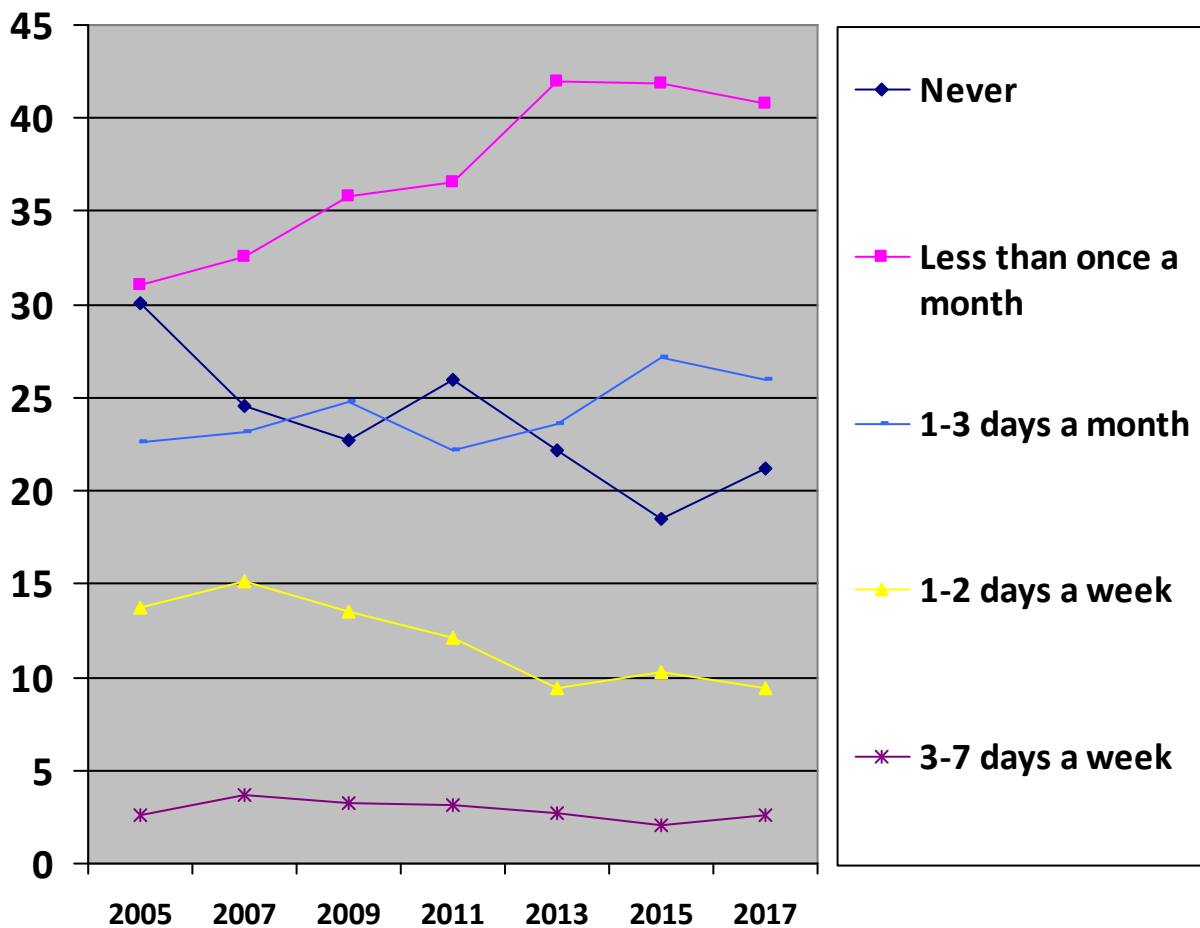


3.11 Binge Drinking

The following table and graph shows the frequency of binge drinking for the 2005 through 2017 surveys. Heavy episodic alcohol use, or binge drinking, is defined as having 5 or more drinks during one drinking episode.

	2017	2015	2013	2011	2009	2007	2005
Never	21.2	18.5	22.2	26.0	22.7	24.6	30.1
Less than once a month	40.8	41.9	42.0	36.6	35.8	32.6	31.0
1-3 days a month	26.0	27.1	23.6	22.2	24.8	23.2	22.6
1-2 days a week	9.4	10.3	9.4	12.1	13.5	15.1	13.7
3-7 days a week	2.6	2.1	2.7	3.1	3.2	3.7	2.6

Binge Drinking

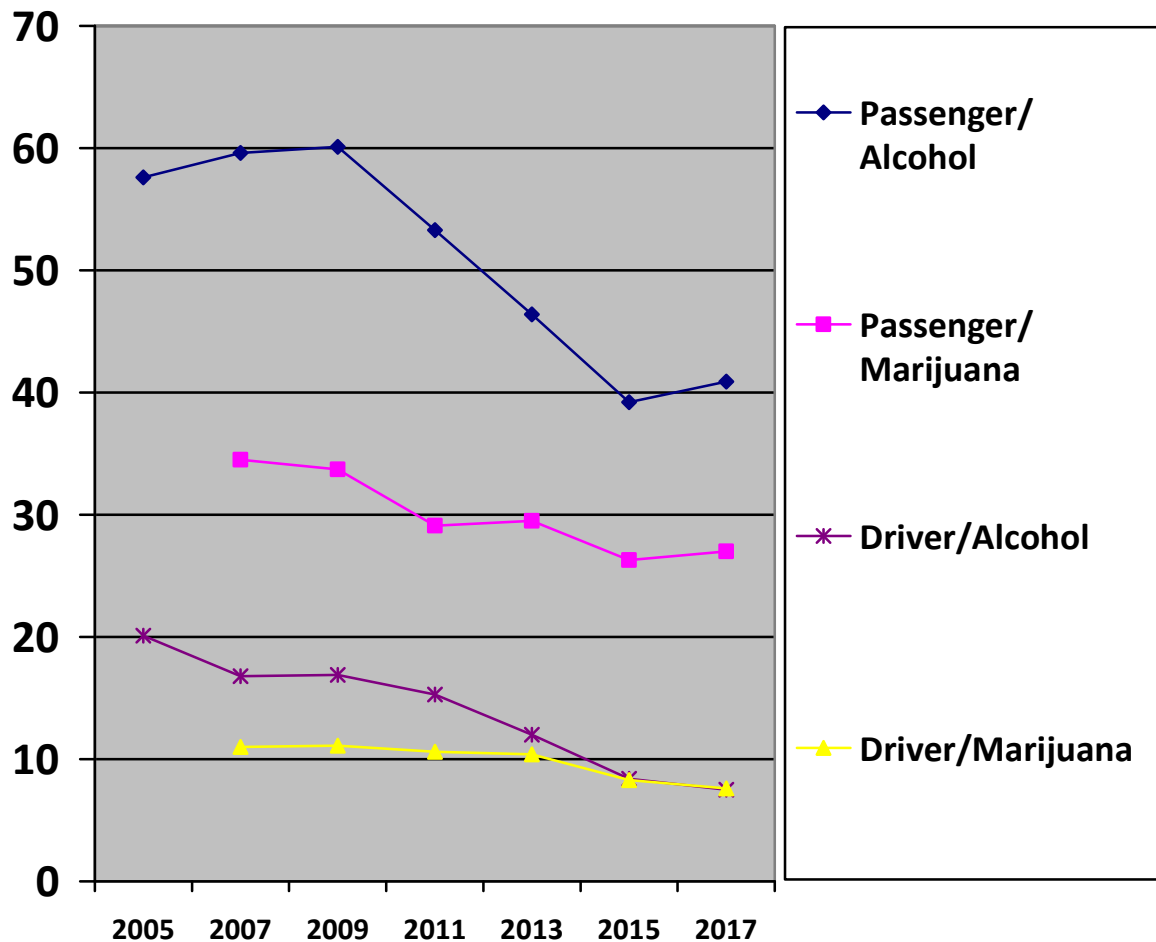


3.12 Substance Use and Driving

The following table and graph show the percentage of youth who report having been a passenger in a vehicle with a driver who was under the influence of alcohol or marijuana, and the percentage who reported having operated a vehicle after using alcohol or marijuana.

	Passenger with Driver using Alcohol	Passenger with Driver using Marijuana	Driver using Alcohol	Driver using Marijuana
2017	40.9	27.0	7.5	7.6
2015	39.2	26.3	8.4	8.3
2013	46.4	29.5	12.0	10.4
2011	53.3	29.1	15.3	10.6
2009	60.1	33.7	16.9	11.1
2007	59.6	34.5	16.8	11.0
2005	57.6	n/a	20.1	n/a

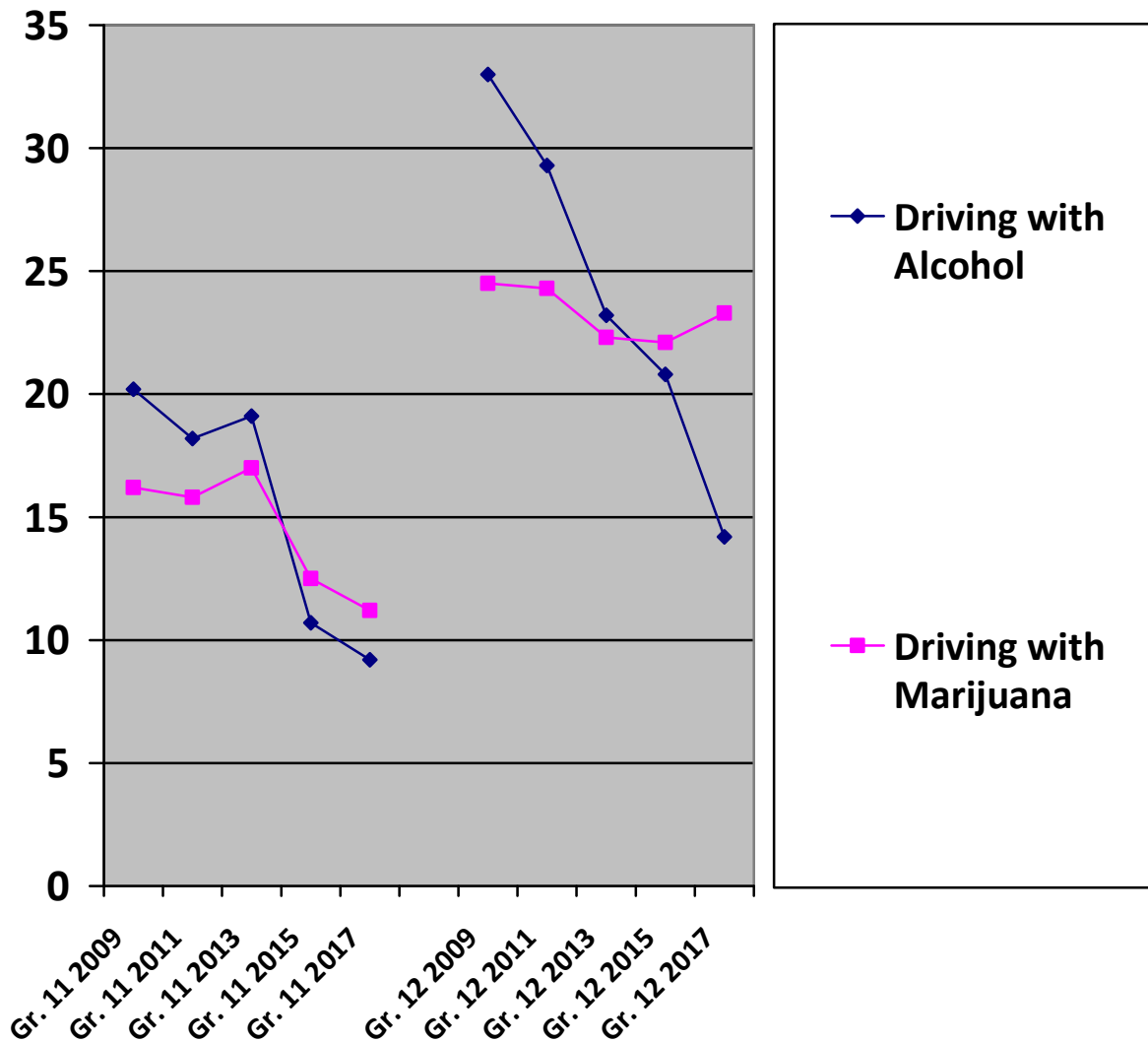
Substance Use and Driving



The following table and graph shows the percentage of Grade 11 and 12 students who report driving after using alcohol or marijuana.

	Grade 11		Grade 12	
	Driving-Alcohol	Driving-Marijuana	Driving-Alcohol	Driving-Marijuana
2017	9.2	11.2	14.2	23.3
2015	10.7	12.5	20.8	22.1
2013	19.1	17.0	23.2	22.3
2011	18.2	15.8	29.3	24.3
2009	20.2	16.2	33.0	24.5

Impaired Driving - Grades 11 and 12



4. Discussion

The 2017 Adolescent Drug Survey was another successful population census of substance use behavior amongst East Kootenay youth. The Survey enjoys a high return rate, a low spoiled survey rate, and a good representative sample of schools, grades and genders.

Lifetime rates of use for most substances continue to decline:

The table and graph on Pages 7 and 8 shows the lifetime rates of use for substances.

After steady declines starting in 2005 alcohol use was essentially the same as the 2015 survey, coming in at 58.4% of youth reporting having used alcohol at least once in their lives.

The marijuana use rate dropped slightly from the 2015 level to 30.4% of youth reporting having used marijuana at least once. The usage rate has been stable since 2011 with reported usage rates between 30 to 31.4%, after a steady decline from a high of 37.9% in 2005.

Lifetime rates of tobacco use continue to decline, reaching a new low with 25.1% of youth reporting have tried tobacco. Conversely, ECigarette use increased from 30.6% in 2015 (the first year it was surveyed) to 35.1% in 2017. Significantly more youth have tried ECigarettes than regular tobacco.

The rates of use for other substances fluctuates within a very narrow range from survey to survey, with lifetime usage rates well below 10% for all substances, and for most substances below 5%. From a statistically significance perspective, these figures suggest that the substance use rates being reported are stable.

The use of 'Prescription/Over-the-Counter' substances for non-medical reasons was very stable from the 2015 to the 2017 Survey. In 2017 11.5% of youth reported improper use of Downers, compared to 11.4% in 2015. 4.1% reported improper use of Stimulants, compared to 4.2% in 2015. Encouragingly, given the national concern about fentanyl abuse and opioid overdoses, the reported misuse of Opioids dropped from 12.6% in 2015 to 11.3% in 2017. These figures must be interpreted with some caution however. Despite trying to clearly state in the survey instructions that use of these Prescription/Over-the-Counter substances, was only to be indicated if they were used 'for other than the proper medical reason or the reason it was prescribed', it became evident that many students did not understand the instructions and indicated having used one or more of the substances for what was likely an appropriate medical reason, rather than to get a 'high'. For example, it was noted by the author while processing the completed Surveys that many Grade 7 and Grade 8 students, who had indicated no other lifetime substance use, indicated that they had used Opioids or Downers in their lifetime. Particularly telling was they indicated they had gotten the drugs from family. It stretches credulity to think that Grade 7 students who have no other substance use history are taking prescription medications to get high. This suggests that the reported usage rates are likely elevated, and that the actual percentage of youth who have used Prescription/Over-the-Counter drugs for inappropriate reasons, is lower.

Age of First Use:

The table and graph on Page 9 shows the age of first use of substances. The age which youth first start using substances is important, as research has shown that the longer youth wait to start substances the lower their risk of developing problematic substance use. The adolescent brain undergoes significant change and modification up until the mid-20's. Regular substance use starting at a younger age can have a more significant impact on brain development than infrequent use or use that starts at a later age.

The age of first use of alcohol, which had been steadily going up, from 12.5 years of age in 2005 to 13.0 years of age in 2015, remained stable at 13.0 years of age in 2017. The age of first use of marijuana has also increased from a low in 2007 of 13.2 years of age to 13.9 years of age in 2015, but dropped to 13.7 years in 2017.

While the age of first use of tobacco remained steady at 13.6 years, the age of first use of ECigarettes dropped from 14.0 years in 2015 to 13.8 years in 2017. Other substances such as mushrooms, hallucinogens, cocaine and ecstasy all have been relatively stable over the past six surveys, with the age of first use being 14.5 or higher for all substances.

Frequency of Use:

The table and graph on Page 10 shows the frequency of use of substances. Frequency of use examines how often youth report using substances. With the exception of marijuana and tobacco products, over 75% of youth who report using any other substance use less than once a week, with between 50% to 80% using less than once a month, depending on the substance. 31.1% of youth who use tobacco report using tobacco 3-7 days a week, compared to 19.0% of youth reporting using ECigarettes 3-7 days a week.

The percentage of youth who report using alcohol less than once a week has steadily climbed from a low of 74% in 2007 to a high of 84.0% in 2017, with 51% reporting using less than once a month. The percentage of youth reporting alcohol use 3-7 days a week rose slightly from a low in 2015 of 2.9% to 3.3% but is still lower than the highest rate reported in 2007 of 5.5%. The percentage of youth who report using marijuana less than once a week has slowly climbed from a low of 60.6% in 2005 to a high of 63.8% in 2015, dropping slightly to 63% in 2017. The percentage of youth who report using marijuana 3-7 days a week remained steady at 25.1% in 2017.

Substance Use Rates by Grade:

The table and graph on Pages 11 and 12 show the substance use rates in Grade 8, 10 and 12 from 2005 to 2017. As would be expected, the lifetime usage rates are lowest in Grade 8 and increase through to Grade 12. Consistent with the overall decrease in lifetime usage rates since 2005, the data shows that lifetime usage rates at each grade level have been generally decreasing since 2005. In 2015, Grade 10's showed slightly higher rates of substance use compared to the 2013 data. This trend continued with this cohort as the 2017 Grade 12's (most of whom would have been in Grade 10 in 2015) also showed a slight increase in usage rates compared to the 2015 Grade 12's. The 2017 Grade 8's had slightly higher rates of alcohol and marijuana compared to the 2015 Grade 8's. It will be interesting to see if this increase carries across to the Grade 10's of the 2019 Survey.

Gender differences in substance use:

The table and graph on Pages 13 and 14 show differences in lifetime substance use rates between boys and girls. The 2017 survey found that reported lifetime usage rates for girls continued to be lower for almost all substances compared to boys. Girls showed a slight increase in lifetime alcohol use compared to 2015 which put them slightly above the lifetime rate for boys. Girls also reported a slightly higher lifetime use rate for marijuana than boys, although the difference was not statistically significant. Unlike 2015, and data from other surveys, girls reported lower lifetime use rates of Prescription or Over-the Counter drugs than boys. In previous surveys, girls have tended to have higher rates of pharmaceutical misuse

As in the 2015 survey, youth who identified as 'Transgendered/Two-spirited' or 'Other' on the Gender question consistently reported much higher lifetime rates of substance use than youth who identified as 'Male' or 'Female', although the reported lifetime use rates were generally lower than the 2015 rates.

Binge Drinking:

Binge drinking is defined as having 5 or more standard drinks during one drinking occasion. Binge alcohol use is a concern because of the increased risk of injury and death when youth are intoxicated. Research suggests that patterns of regular binge drinking in adolescence greatly increase the risk of problem alcohol use in adulthood. The table and graph on Page 16 demonstrates the change in binge drinking behavior in the East Kootenay since 2005.

Although the majority of youth who use alcohol report binge drinking some of the time, there has been a steady increase in the overall number of youth reporting infrequent binge drinking, and a comparative decrease in the overall number reporting regular binge drinking. Since 2005 the percentage of youth reporting less than weekly binge drinking has increased from 53.6% to between 67% and 69% in the 2015 and 2017 surveys. From 2007 to 2017 the percentage of youth reporting binge drinking at least once a week or more has dropped from a high of 18.8% in 2007 to a low of 12.0 in 2017.

Substance Use and Driving:

The table and graph on Pages 17 and 18 show data on youth being passengers with drivers who have used alcohol or marijuana, and youth who report driving after using alcohol or marijuana. The percentage of youth who reported having been a passenger with a driver who had used alcohol or marijuana rose slightly in 2017 after a steady decline from 2007. In 2017 40.9% students reported having been a passenger with a driver who had used alcohol compared to 39.2% in 2015. Similarly, in 2017 27% of youth reported having been a passenger with a marijuana impaired driver compared to 26.3% in 2015.

The percentage of youth who reported having driven a vehicle after using either alcohol or marijuana continued to decline from the 2007 levels, with 7.5% and 7.6% respectively reporting driving after alcohol or marijuana. The level of decline for driving after alcohol has been much steeper, than the level of decline for marijuana.

The percentage of Grade 12 students who reported driving after drinking has dropped significantly from a high of 33% in 2009 to 14.2% in 2017. The percentage of Grade 11 students who reported driving after drinking has dropped from a high of 20.2% in 2009 to 9.2% in 2017. The steady decline in reported driving after drinking corresponds to the Province of BC

introducing very strict drinking and driving laws, with significant penalties for infractions. Conversely, the percentage of Grade 12 students who report driving after marijuana use has shown practically no change, with 23% of Grade 12 students reporting having driven after using marijuana in 2017. Since 2009 the reported rate has held steady between 22 and 25%. Nearly twice as many Grade 12 students now report driving after using marijuana than after using alcohol. Amongst Grade 11 students the percentage of youth reporting driving after using marijuana has shown a steadier decline, dropping from 16.2% in 2009 to a low of 11.2% in 2017.

5. Conclusions and Future Directions

The 2017 East Kootenay Adolescent Drug Use Survey shows that substance use by the Region's youth continues to decrease or remain stable. While there are encouraging trends in that fewer youth report drinking and driving, there is a new concern with respect to the number of youth who report driving after using marijuana. Similarly, the percentage of youth who use marijuana on a daily or near-daily basis has not changed. The following highlights some of the key conclusions from the 2017 Survey.

- 1) ECigarette use has become increasingly more common than tobacco use amongst East Kootenay youth. ECigarette use has increased while tobacco use has decreased. A recent report by the Centre for Addiction Research of B.C. (CARBC), <http://www.uvic.ca/research/centres/carbc/assets/docs/report-clearing-the-air-review-exec-summary.pdf> suggests that the risks from ECigarette use are less than the risks from tobacco use, and that there is no indication that ECigarette use encourages young people to move to tobacco use. At the same, there is considerable variability in the products that are used, and insufficient research examining long-term health risks.
- 2) The legitimate concern over fentanyl and opioid abuse and related overdoses has dominated the media in recent years. The 2015 and 2017 surveys attempted to provide a more accurate picture of inappropriate opioid use by East Kootenay adolescents. The results suggested that approximately 11% of youth reported using opioids for non-medical reasons. However, as was discussed early in the report, a significant minority of youth who indicated they had used opioids (and the other pharmaceutical drugs listed) likely did so because they did not understand the question. Rather than indicating use for non-medical reasons, it is highly likely that many respondents actually were indicating they had used painkillers for legitimate reasons. This likelihood is further supported by the fact that almost all of the respondents who likely indicated appropriate opioid use also indicated that they got the medications from a prescription or a family member. This suggests that the level of opioid misuse by adolescents in the region is likely lower than the percentage indicated. That is not to downplay the very real risk of opioid abuse in our region. East Kootenay Addictions Services Society has provided services to a number of people under 19 in our region who became involved with opioid abuse, and regrettably we have had fatal overdoses in the same age group.
- 3) In 2018, the Federal Government will introduce legislation that will legalize marijuana. There has been considerable discussion about the minimum age at which people will be able to purchase marijuana products. The legislation will set a minimum age of 18 but provinces will be allowed to set a higher age. It remains to be seen whether legalizing marijuana will cause an increase in use in young people. The legislation will provide much needed regulation of marijuana sales and consumption. Given that marijuana has been widely used in Canada for many years despite being illegal, there may not be an increase in use after legalization. The benefit of having eight East Kootenay Adolescent Drug Use Surveys conducted in the region is that there is solid data that shows marijuana use trends. The next survey will take place in 2019. If the new marijuana legislation has an impact on marijuana use rates amongst adolescents, the East Kootenay region is in an ideal position to document the impact.
- 4) Over the past three surveys there has been a trend in which more youth drivers report driving after using marijuana than after using alcohol. This gap has widened further in the 2017 survey. In the 2015 concern was raised about this trend, and the issue that youth may not fully recognize that marijuana does have a negative impact on coordination, depth and time perception, and reaction time. Education programming

highlighting the risks of driving under the influence of marijuana, and the penalties associated with driving under the influence of marijuana, should be a standard part of young driver training and be part of any discussion of drinking and driving.

6. Acknowledgements and Contact Information

East Kootenay Addiction Services Society would like to thank the many individuals and organizations which contributed to making this survey possible. Thank you to the youth who participated. By giving us an insight into their world, they help make us more effective in developing services that will best serve them. Thanks to the school boards, school staff and school volunteers who assisted with the distribution of the survey. Thanks to the staff of EKASS in all communities for helping with the distribution, collection and processing of the surveys.

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For further information on the survey or to obtain a copy, contact Dean Nicholson, Executive Director, at 250-489-4344 or at dnicholson@ekass.com, or visit our website at www.ekass.com.