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› [Canadian Student Tobacco, Alcohol and Drugs Survey](#).

# Summary of results for the Canadian Student Tobacco, Alcohol and Drugs Survey 2021-22

[Summary](#)

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## Background

The 2021-22 Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS), previously called the Youth Smoking Survey (YSS), is the 11th cycle of data collection on student tobacco, alcohol, and drug use. A total sample of 61,096 students in grades 7 to 12 (secondary I through V in Quebec) completed the survey, which ran between September 2021 and June 2022 in 9 Canadian provinces (New Brunswick declined to participate).

The weighted results represent over 2 million Canadian students. CSTADS 2021-22 collected information on tobacco, alcohol, cannabis, and drug use. This cycle of the survey also included new questions on self-reported physical and mental health, as well as on bullying.

For this cycle, students were asked about their gender identity as well as biological sex. This summary reports differences by gender throughout; since this was new to this cycle, comparisons could not be made to previous survey cycles with respect to gender. Some key differences between cycles by sex are noted.

A set of [detailed tables](#) and [definitions](#) used to produce this report are provided here.

All increases and decreases reported in the text below represent statistically significant changes (i.e., not likely to have occurred by chance alone). To improve readability, the words "statistically significant" are not repeated. Similarly, at times the text will state that prevalence is "unchanged" or not different between groups, even though the numbers are not identical. This occurs when the difference between numbers is not statistically significant.

Please note that where counts of students are provided along with prevalence, these numbers are estimates and rounded to the nearest 1,000.

## Cigarette use

In 2021-22, 14% of students in grades 7 to 12 (287,000 students) had ever tried smoking a cigarette, even just a puff, a decrease from 19% in 2018-19. In grades 7 to 9, 8% of students had ever tried smoking a cigarette, a

decrease from 9% in 2018-19, and in grades 10 to 12, 20% of students reported the same, a decrease from 29% in 2018-19.

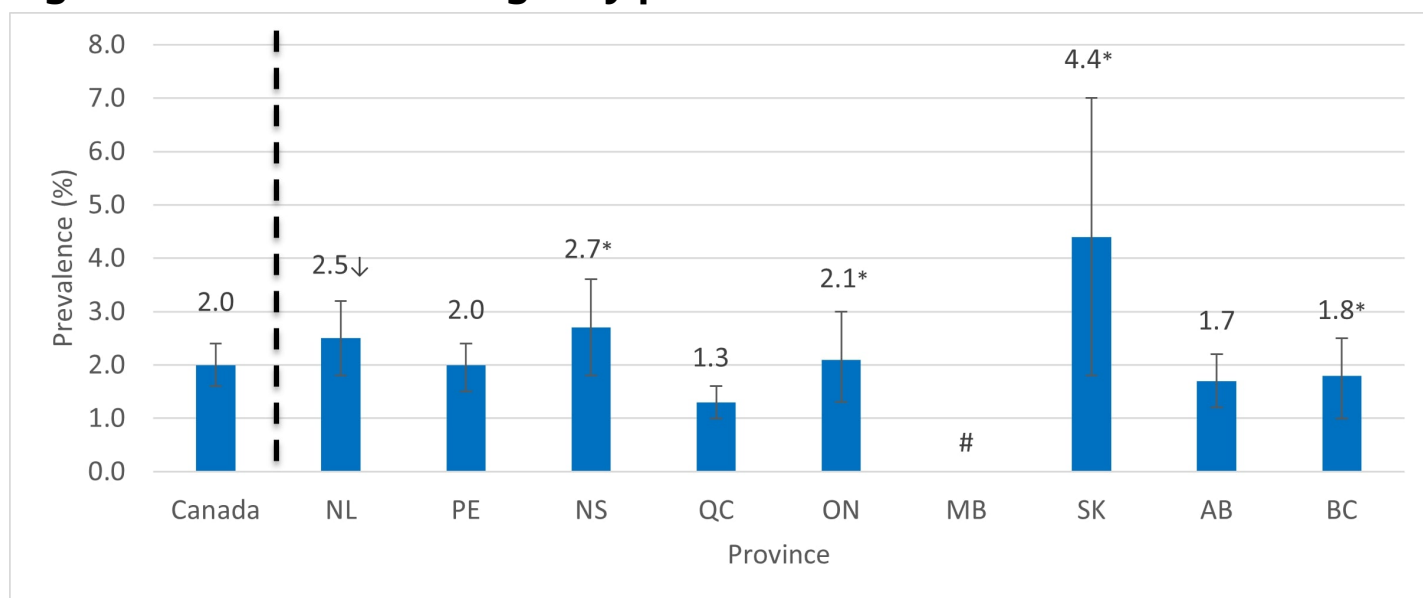
Over this same period, 2% of students in grades 7 to 12 (43,000) reported current cigarette smoking, a decrease from 3% in 2018-19. One percent (1%) of students reported smoking daily and 1% reported smoking occasionally. The prevalence of current smoking was higher among students who identified as transgender, gender diverse, and/or questioning (4% \*) compared to women/girls (2%).

The prevalence of current daily smoking among students in grades 7 to 12 was 1.2% (25,000), unchanged from 0.9% in 2018-19. The prevalence of current daily smoking among students in grades 10 to 12 was 1.7%, unchanged from 1.3% in 2018-19; current daily smoking (0.6%) among students in grades 7 to 9 was unchanged from 0.4% in 2018-19.

The average age at which students in grades 7 to 12 first tried smoking, even just a puff, was 13.3 years, a decrease from 13.7 years in 2018-19.

## Smoking by province

**Figure 1: Current smoking <sup>1</sup>, by province, Canada <sup>2</sup>, 2021-22**



### ► Figure 1: Text description

In 2021-22, the prevalence of having ever tried smoking a cigarette ranged from a low of 12% in Alberta to a high of 22% in Saskatchewan among students in grades 7 to 12. The prevalence of current smoking ranged from a low of 1% in Quebec to a high of 4% <sup>\*</sup> in Saskatchewan among students in grades 7 to 12 ([Figure 1](#)).

## Source of cigarettes

The majority (76%) of students in grades 7 to 12 who smoked in the past 30 days usually obtained their cigarettes from social sources rather than retail sources. Social sources include friends, family, and others, regardless of whether the cigarettes were given freely, paid for, or stolen. Accessing cigarettes through social sources was higher among students in grades 7 to 9 (86%) than those in grades 10 to 12 (72%).

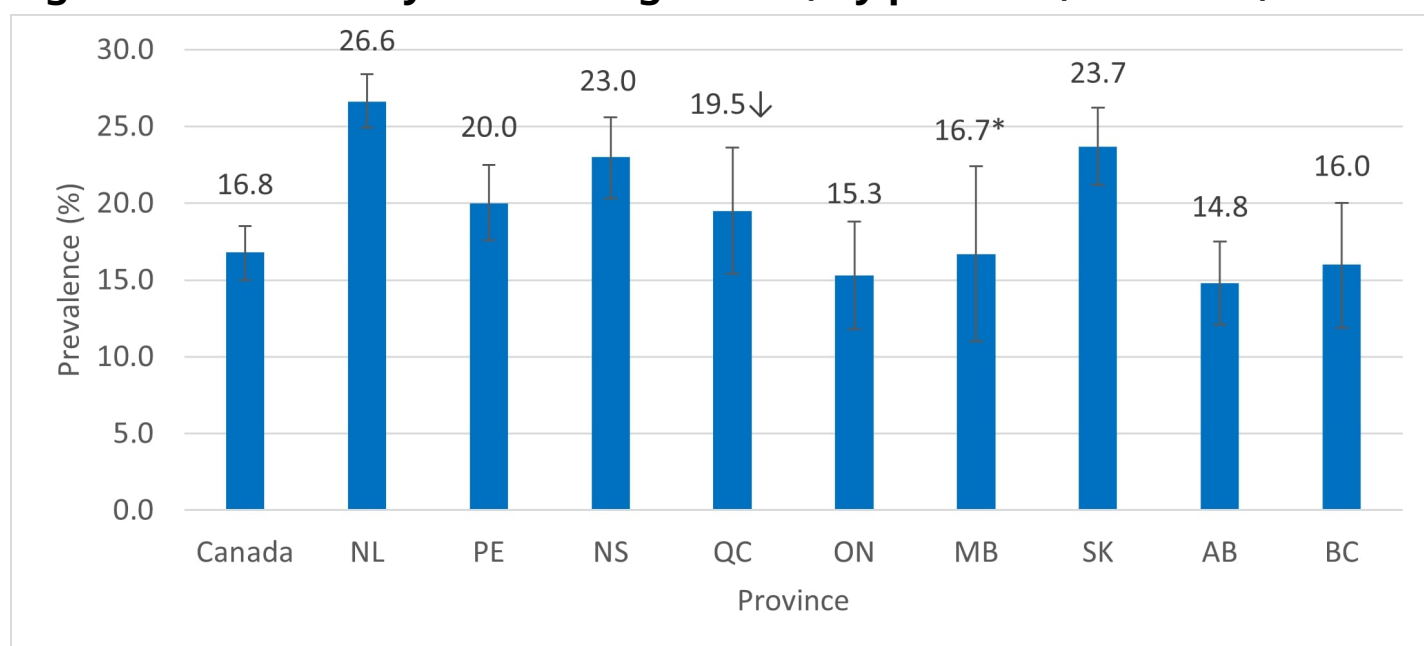
Over half of students in grades 7 to 12 (59%) thought it would be "fairly easy" or "very easy" to get a cigarette if they wanted one. About a quarter of grade 7 to 12 students (26%) thought it would be "fairly difficult" or "very difficult" to get a cigarette, and 16% did not know how difficult or easy this would be.

## Electronic cigarette use

In 2021-22, 29% of students in grades 7 to 12 (623,000) had ever tried an e-cigarette (with nicotine, without nicotine, and/or with an unknown content), a decrease from 34% in 2018-19. In grades 7 to 9, 18% of students had ever tried an e-cigarette and in grades 10 to 12, 41% of students reported the same.

In 2021-22, 17% of students (352,000) had used an e-cigarette (with nicotine, without nicotine, and/or with an unknown content) in the past 30 days, a decrease from 20% in 2018-19. The prevalence of past-30-day use of e-cigarettes was higher among students in grades 10 to 12 (24%) than those in grades 7 to 9 (10%). The proportion was higher among women/girls (19%) and students who identified as transgender, gender diverse, and/or questioning (18%) compared to men/boys (15%). For details on the prevalence of past-30-day use of e-cigarettes by province, see [Figure 2](#).

**Figure 2: Past-30-day use of e-cigarettes, by province, Canada <sup>1</sup>, 2021-22**



► **Figure 2: Text description**

Among students who had used an e-cigarette (with nicotine, without nicotine, and/or with an unknown content) in the past 30 days, 11% reported current smoking, 13% reported former smoking or former experimental smoking, 11% reported experimental smoking, 25% indicated that they had tried smoking but had never smoked a whole cigarette, and 39% indicated that they had never smoked a cigarette, not even a puff.

Thirteen percent (13%) of students (259,000) had ever tried both cigarettes and e-cigarettes, a decrease from 16% in 2018-19. Among students who had tried both cigarettes and e-cigarettes, 31% tried a cigarette first (78,000), 56% tried an e-cigarette first (141,000), and the remainder did not remember or provided inconsistent answers. The prevalence of trying an e-cigarette first was higher among students in grades 10 to 12 (59%) than in grades 7 to 9 (48%).

Students in grades 7 to 12 were asked about their main reason for currently/continued vaping. Among students who vaped **with nicotine** in the past 30 days, the most commonly reported reasons for currently/continued vaping were to relax and relieve tension (20%), because they are addicted to it (20%), because they enjoy it (14%), and to feel good/get a nicotine high (12%). Similar reasons were reported among students who vaped **with nicotine** in the past 30 days when examined by grade and by gender.

Students in grades 7 to 12 were asked what flavour they vaped most often. Among these students who vaped **with nicotine** in the past 30 days, 63% reported vaping a fruit flavour most often, followed by no usual flavour (17%), and mint or menthol (11%). Similar flavour choices were reported among students who vaped **with nicotine** in the past 30 days when examined by grade and by gender. Five percent (5%) of students in grades 7 to 12 who vaped **with nicotine** in the past 30 days reported vaping a candy flavour most often, which was higher among students in grade 7 to 9 (6%) than in grades 10 to 12 (4%).

## Source of electronic cigarettes

The majority of students in grades 7 to 12 who vaped **with nicotine** in the past 30 days usually obtained their e-cigarette devices (vape, vape pen, tank & mod) [79%] and liquids/pods (79%) from a social source. Social sources include friends, family, and others, regardless of whether the e-cigarette devices or liquids/pods were given freely, paid for, or stolen. Accessing e-cigarette devices through social sources was higher among students in grades 7 to 9 (88%) than those in grades 10 to 12 (75%). Accessing e-cigarette liquids/pods through social sources was also higher among students in grades 7 to 9 (87%) than those in grades 10 to 12 (76%).

About one-fifth of students in grades 7 to 12 who vaped **with nicotine** in the past 30 days usually obtained their e-cigarette devices (21%) and liquids/pods (21%) from a retail source. Retail sources include purchases made in store and/or online. Accessing e-cigarette devices through retail sources was higher among students in grades 10 to 12 (25%) than those in grades 7 to 9 (12%). Accessing e-cigarette liquids/pods through retail sources was also higher among students in grades 10 to 12 (24%) than those in grades 7 to 9 (13%).

More than half of students in grades 7 to 12 (55%) thought it would be "fairly easy" or "very easy" to get an e-cigarette **with nicotine** if they wanted one, and 54% thought it would be "fairly easy" or "very easy" to get an e-cigarette **without nicotine** if they wanted one.

## Perceived risk of harm of cigarettes and electronic cigarettes

Students in grades 7 to 12 were asked how much they think people risk harming themselves when they smoke cigarettes or use an e-cigarette.

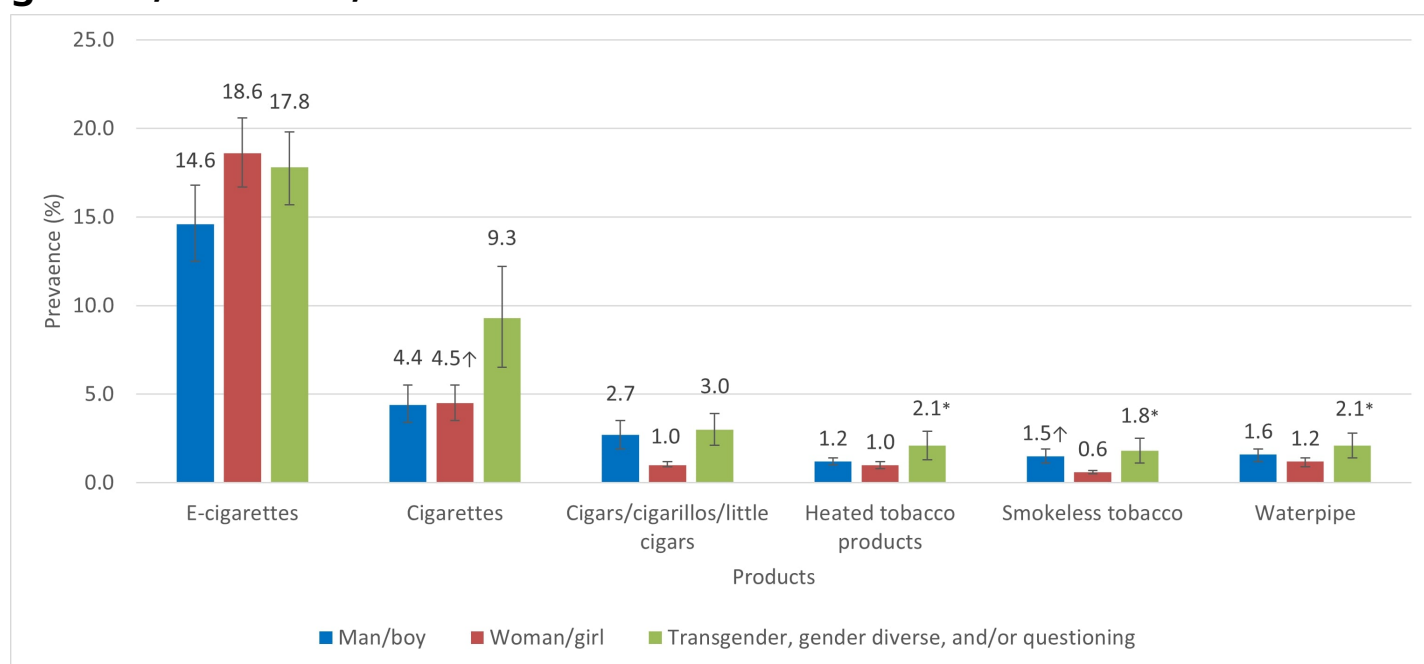
Smoking cigarettes *on a regular basis* was perceived to be a "great risk" by 60% of students and a "moderate risk" by 24%. The perceived risk associated with smoking cigarettes *once in a while* was lower; 10% of students thought it posed a "great risk" and 30% thought it posed a "moderate risk".

Using an e-cigarette **with nicotine** *on a regular basis* was thought to pose a "great risk" of harm by 48% and a "moderate risk" by 28% of students. Seven percent (7%) thought it posed "no risk" of harm and 9% did not know how much a person risked harming themselves by using an e-cigarette **with nicotine** *on a regular basis*.

Fewer students thought the use of vaping **without nicotine** *on a regular basis* posed a high risk of harm; only 21% thought such behaviour posed a 'great risk' and 30% thought it posed a moderate risk.

## Use of any tobacco product

**Figure 3: Past-30-day use of e-cigarettes and tobacco products, by gender, Canada <sup>1</sup>, 2021-22**



► Figure 3: Text description



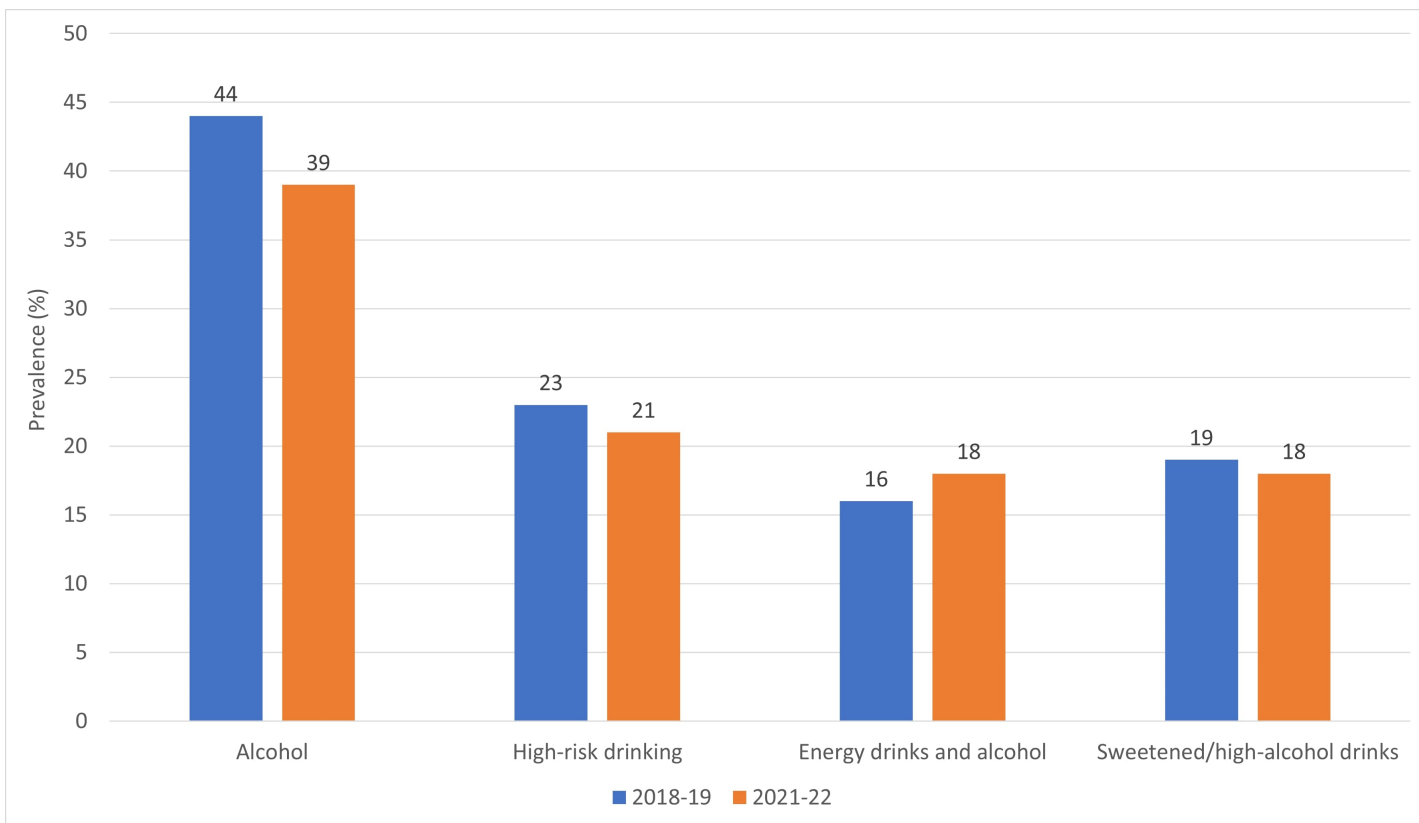
Students were asked about their use of the following tobacco products: cigarettes, cigars or little cigars/cigarillos, heated tobacco products, smokeless tobacco, and waterpipes.

In 2021-22, 17% of students in grades 7 to 12 (357,000) had ever tried at least one of these products. Less than half as many (7%, 137,000) had used at least one tobacco product in the past 30 days, unchanged from 8% in 2018-19. The prevalence of past-30-day use of a tobacco product in 2021-22 was higher among students who identified as transgender, gender diverse and/or questioning (12%) compared to men/boys (7%) and women/girls (6%). For more detail on the prevalence of individual tobacco products by gender, see [Figure 3](#). The prevalence of past-30-day use of a tobacco product was also higher among students in grades 10 to 12 (10%) than students in grades 7 to 9 (4%).

Cigarettes were the tobacco product most commonly ever tried by students in grades 7 to 12 (14%), followed by cigars or little cigars/cigarillos (7%), waterpipes (5%), smokeless tobacco (4%), and heated tobacco products (3%). Use of cigarettes in the past 30 days (5%) was more common than use of cigars or little cigars/cigarillos (2%), waterpipes (2%), smokeless tobacco (1%), and heated tobacco products (1%).

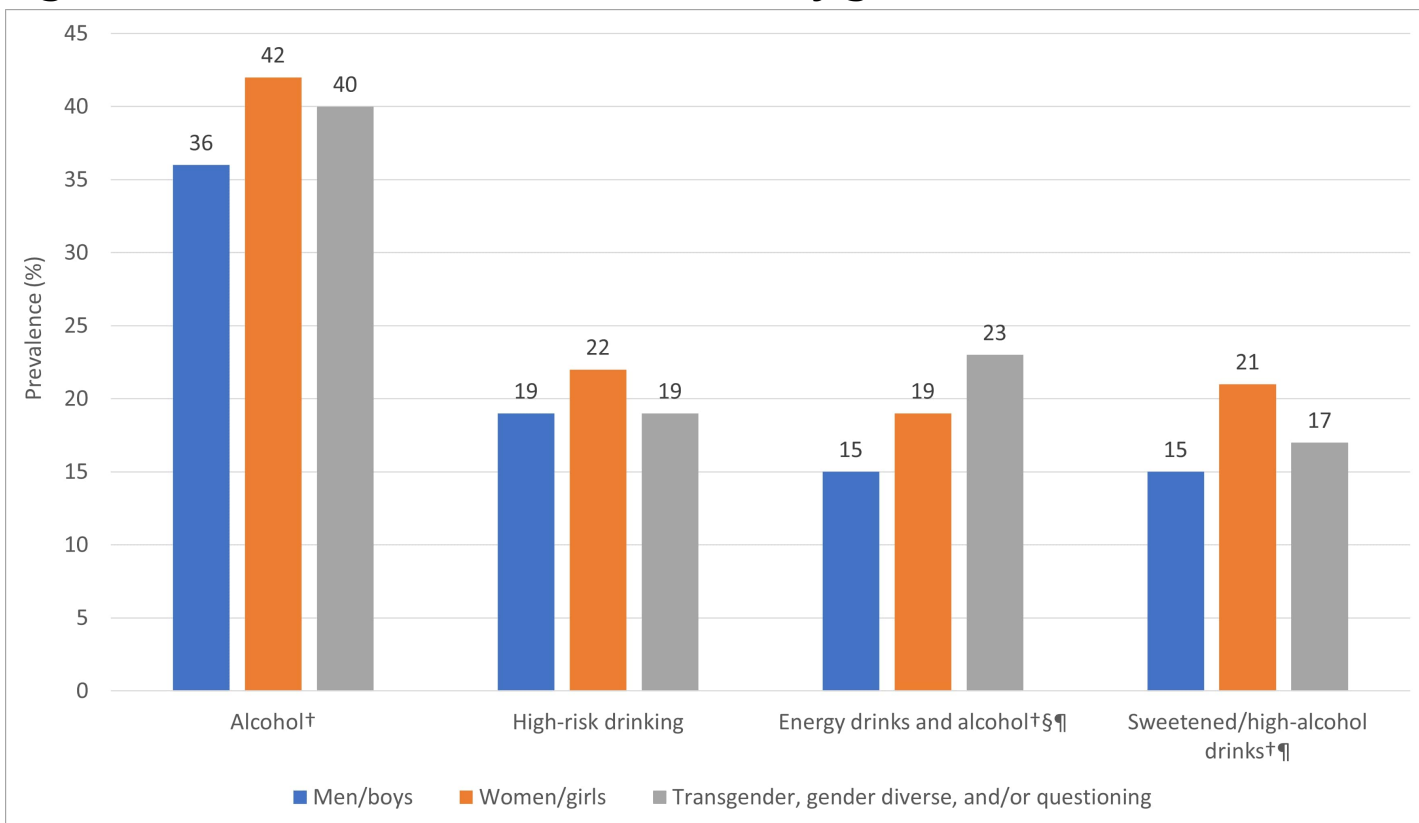
## Alcohol

### **Figure 4: Past 12-month use of alcohol, Canada <sup>1</sup>, 2018-19 to 2021-22**



► Figure 4: Text description

**Figure 5: Past 12-month use of alcohol, by gender, Canada <sup>1</sup>, 2021-22**



► Figure 5: Text description

Alcohol remains the substance with the highest prevalence of use among students in grades 7 to 12 in 2021-22. Thirty-nine percent (39%, 784,000 students) reported consuming alcohol in the past 12 months, unchanged from 2018-19 (44%) [[Figure 4](#)].

Prevalence of past 12-month alcohol use was higher among women/girls (42%) than among men/boys (36%) [[Figure 5](#)]. Prevalence among transgender, gender diverse, and/or questioning students was not significantly different from either men/boys or women/girls, at 40%. Most notably, past 12-month alcohol use has decreased among male students, from 43% in the previous reporting cycle (2018-19) to 36% in 2021-22.

On average in 2021-22, students reported trying their first alcoholic beverage at 13.1 years of age, a decrease from 13.4 in the previous cycle (2018-19). Men/boys were only slightly younger (at 13.0 years) when they tried their first drink than women/girls (13.2 years). Transgender, gender diverse, and/or questioning students were younger (at 12.4 years) when they tried their first drink than both men/boys and women/girls.

About 1 in 5 students (21%, 426,000) reported high-risk drinking behaviour (defined as 5 or more drinks on one occasion) in the past 12 months, which was unchanged from 2018-19 ([Figure 4](#)). High-risk drinking prevalence was similar across genders, with 19% of men/boys and transgender, gender diverse, and/or questioning students reporting the behaviour and 22% of women/girls ([Figure 5](#)).

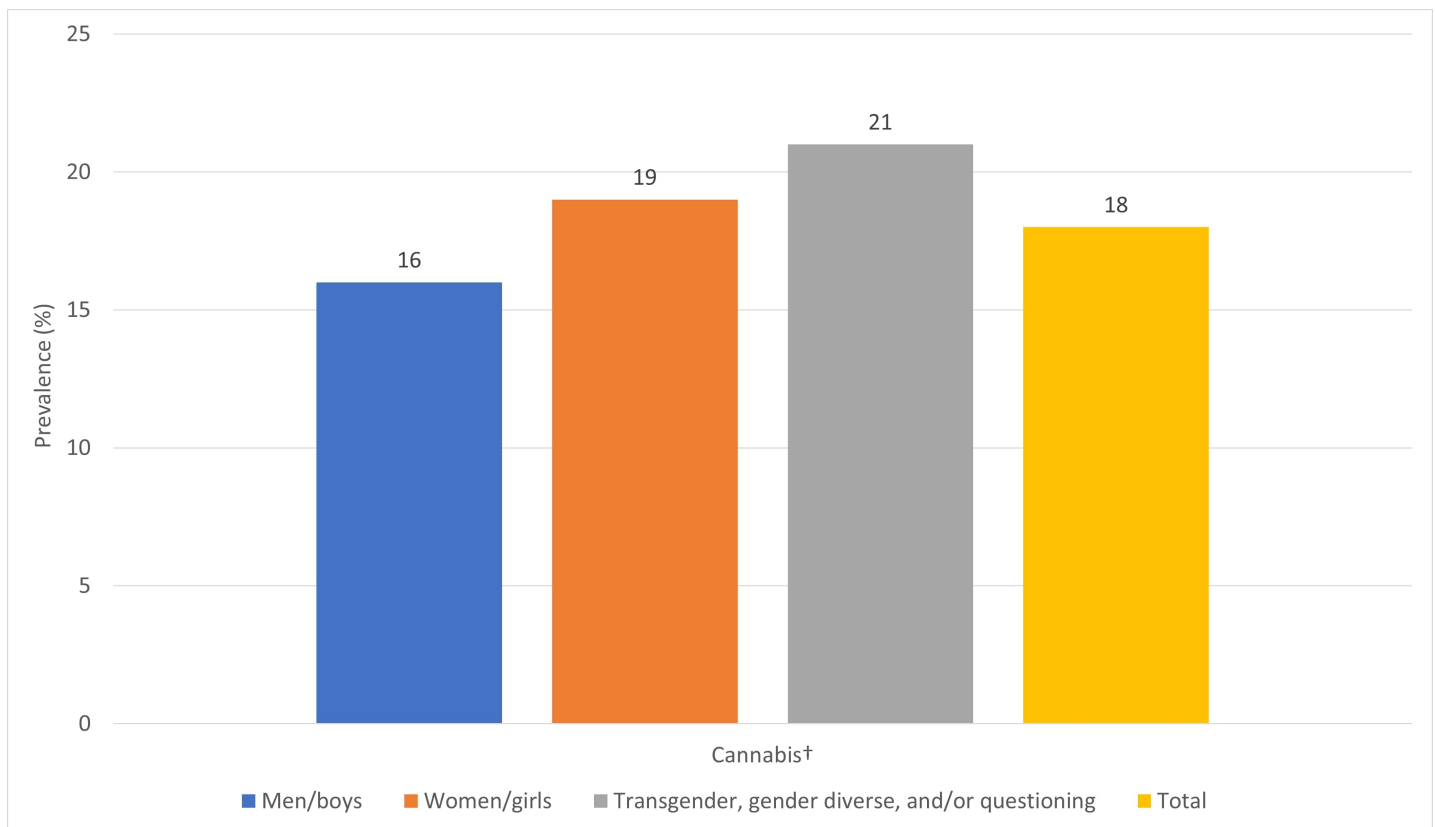
Thirty-eight percent (38%) of students (816,000) in grades 7 to 12 reported drinking an energy drink (such as Red Bull<sup>®</sup> or Rock Star<sup>®</sup>) in the past 12 months, an increase from 29% in the previous survey cycle. The prevalence of students who reported drinking alcohol and an energy drink on the same occasion (separately or mixed together) in the past 12 months was 18%, unchanged from 2018-19 ([Figure 4](#)). Among students in grades 7 to 9,

however, consumption increased from 10% in 2018-19 to 12% in 2021-22. The consumption of alcohol and an energy drink was highest among transgender, gender diverse, and/or questioning students (23%), followed by women/girls (19%) and men/boys (15%) [Figure 5]. Eighteen percent (18%) of students (375,000) reported drinking sweetened high-alcohol-content beverages, defined as 7% alcohol content or higher (e.g., 4 Loko, FCKD UP or Clubtails), in the past 12 months, unchanged from the previous cycle (Figure 4). More women/girls (at 21%) reported drinking sweetened high-alcohol-content beverages than both men/boys (15%) and transgender, gender diverse, and/or questioning students (17%) [Figure 5].

When students were asked how difficult they thought it would be to get alcohol if they wanted some, 64% responded that they thought it would be "fairly easy" or "very easy". The 2021-22 survey asked additional questions about how students usually obtained the alcohol they consumed. Among those who consumed alcohol in the past 12 months, the most common source was a parent or guardian (38%). The next most common source was alcohol that was shared at a party (18%), followed by getting or buying alcohol from a friend or family member who is not a parent/guardian (12%).

## Cannabis

**Figure 6: Past 12-month use of cannabis, by gender, Canada <sup>1</sup>, 2021-22**



### ► Figure 6: Text description

Cannabis, which includes marijuana, hash, and hash oil, has the second highest prevalence of use among students in Canada after alcohol. In 2021-22, 18% of students in grades 7 to 12 (383,000) reported using cannabis in the year preceding the survey, unchanged from 2018-19 ([Figure 6](#)).

Prevalence of past 12-month use of cannabis was higher among women/girls (19%, 177,000) than among men/boys (16%, 159,000).

Prevalence was 21% (19,000) among transgender, gender diverse, and/or questioning students, not significantly different from among men/boys or women/girls.

The survey results indicated that grade 7 to 12 students were on average 14.1 years old when they first used cannabis, unchanged from the previous cycle.

Smoking (a joint, bong, pipe, or blunt) was the most common method of cannabis consumption, reported by 72% of students who used cannabis, a decrease from 2018-19 (76%). Other popular methods of cannabis

consumption included vaping liquid cannabis (54%, new this cycle), consumption of edibles (49%, unchanged from 2018-19), vaping dry cannabis (34%, new this cycle), and dabbing (a decrease from 28% in 2018-19 to 19%). Drinking cannabis was the least popular method of consumption among students (16%, unchanged from last cycle).

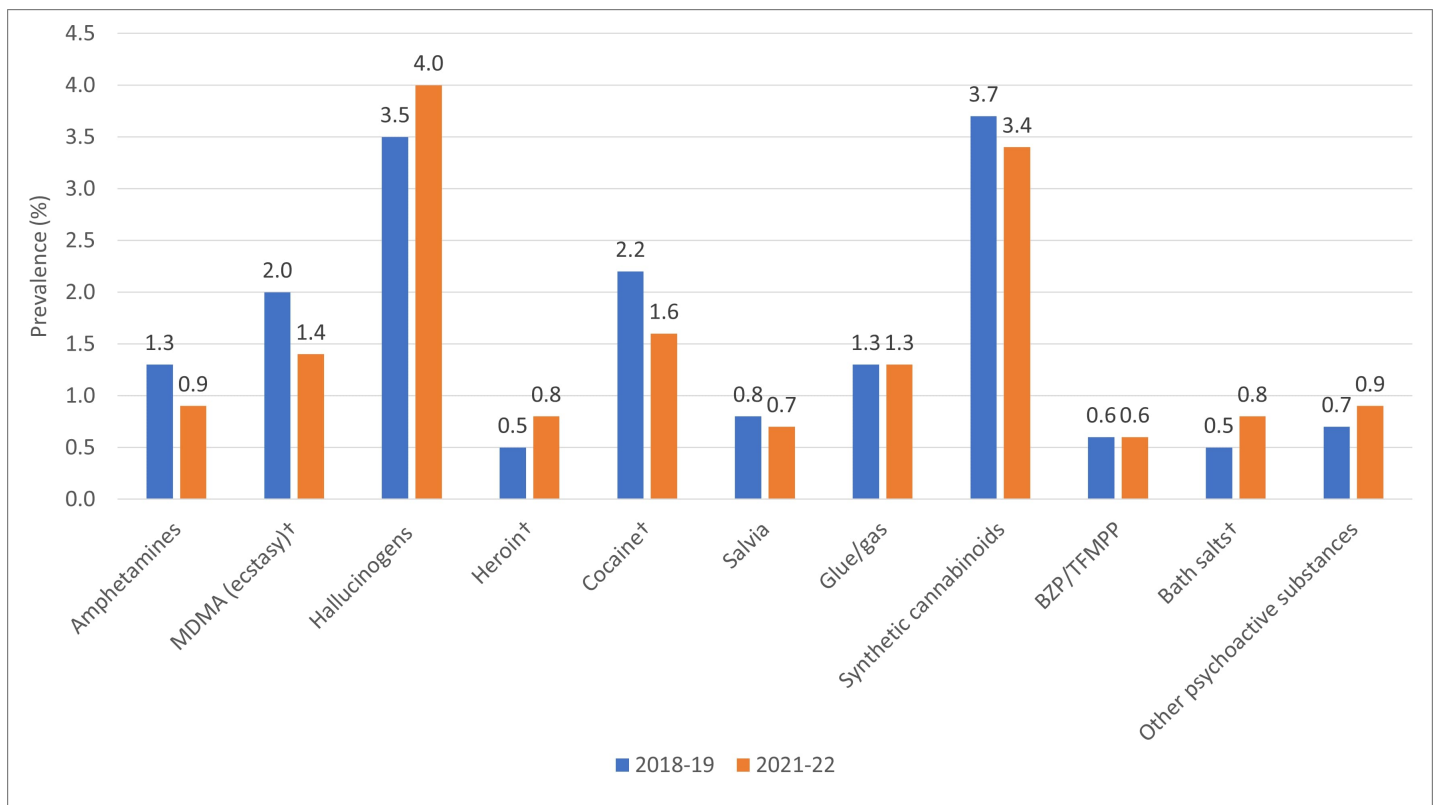
When asked how difficult they thought it would be to get cannabis if they wanted it, 41% of students reported that they thought it would be "fairly easy" or "very easy" to obtain compared to 39% of students who thought it would be "very or fairly difficult", a decrease from 42% from 2018-19.

About 6% of students indicated that it has been easier to get cannabis for themselves since cannabis became legal for adults, an increase from the previous cycle (4%), while less than 1% indicated it has been harder and 9% indicated it has been "neither easier, nor harder". Eighty-three percent (83%) of students never bought or got cannabis.

Forty-eight percent (48%) of the students thought that smoking cannabis on a regular basis put people at "great risk" of harming themselves, a decrease from 53% in 2018-19. Nine percent (9%) thought there was "no risk" from smoking cannabis on a regular basis, an increase from 7% last cycle. When asked about smoking cannabis once in a while, 18% of students thought there was "no risk", an increase from 16% in 2018-19.

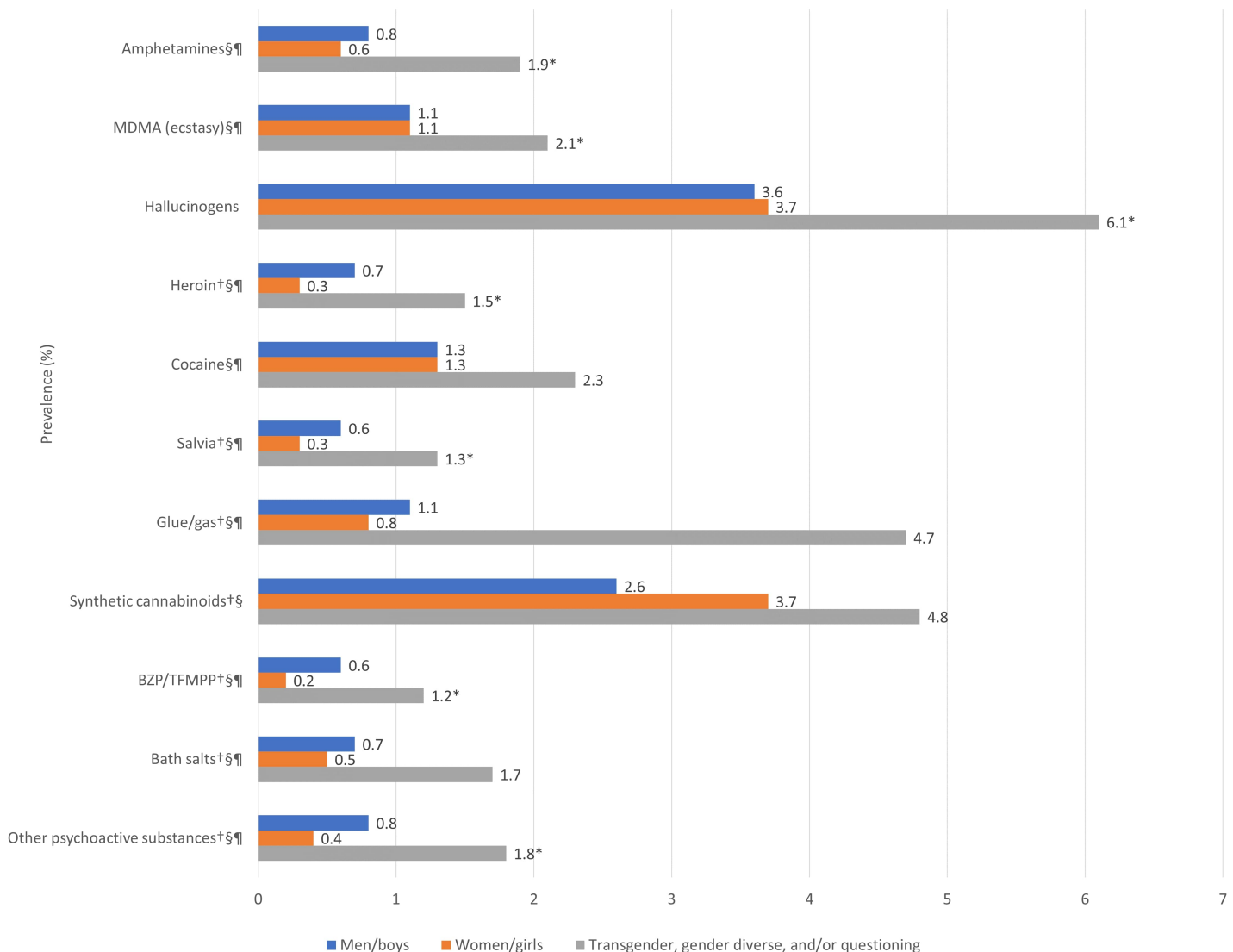
## Illegal and other psychoactive substances

**Figure 7: Past 12-month use of illegal and other psychoactive substances, Canada <sup>1</sup>, 2018-19 to 2021-22**



► Figure 7: Text description

## Figure 8: Past 12-month use of illegal and other psychoactive substances, by gender, Canada <sup>1</sup>, 2021-22



### ► Figure 8: Text description

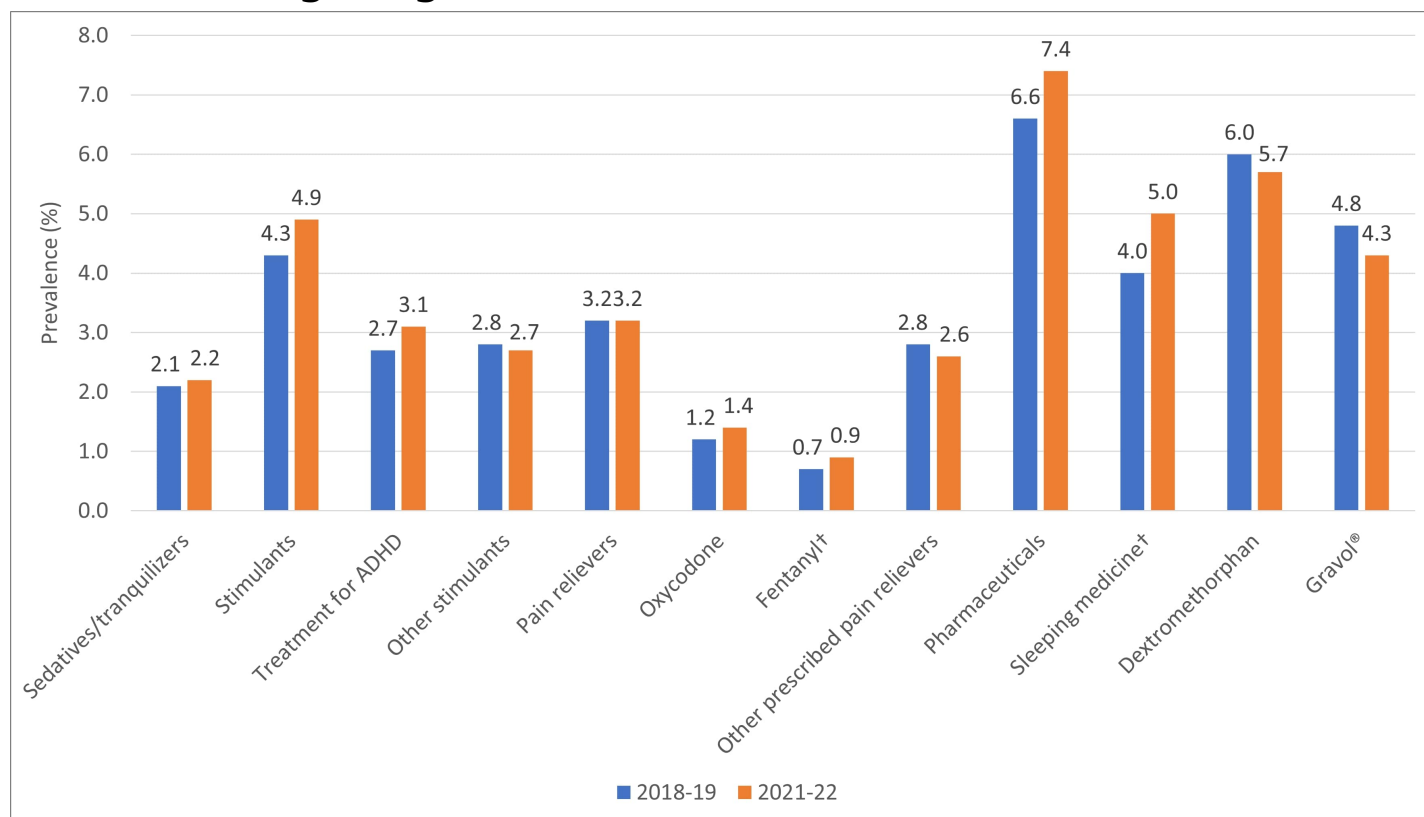
Students were asked about consumption of 10 different types of illegal drugs. Overall, 7% reported consuming one or more illegal drugs in the past 12 months. The top three most prevalent drugs used in the past 12 months were hallucinogens (4%), synthetic cannabinoids (3%) and cocaine (1.6%) [Figure 7]. Substance use varied by gender with transgender, gender diverse, and/or questioning students reporting the highest use for all substances (Figure 8). Students were also asked about use of glue, gasoline or other solvents to get high – 1.3% reported using these substances in the past 12 months, unchanged from 2018-19.



When asked about access to drugs, 16% of students thought it would be "fairly easy" or "very easy" to get hallucinogens, 13% of students thought it would be "fairly easy" or "very easy" to get cocaine, and 9% thought the same for both MDMA (ecstasy) and amphetamines.

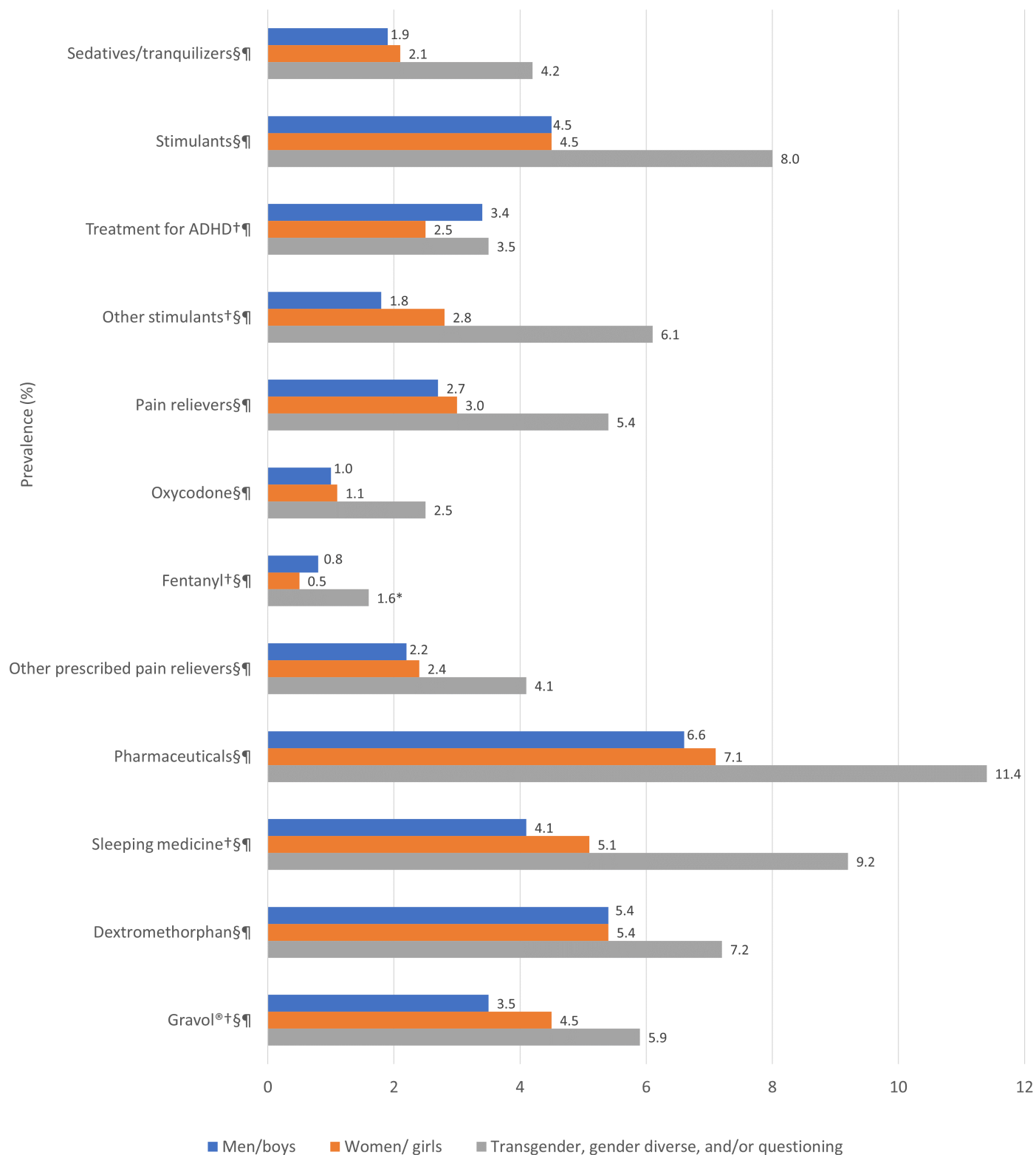
## Pharmaceuticals and over-the-counter medications

**Figure 9: Past 12-month use of pharmaceuticals and over-the-counter medication to get high, Canada <sup>1</sup>, 2018-19 to 2021-2022**



► Figure 9: Text description

**Figure 10: Past 12-month use of pharmaceuticals and over-the-counter medication to get high, by gender, Canada <sup>1</sup>, 2021-22**



► Figure 10: Text description

Students were asked about the non-medical use of 3 classes of psychoactive pharmaceuticals drugs: opioid pain relievers, stimulants (including prescription medications used to treat Attention Deficit Hyperactivity Disorder [ADHD]), and sedatives/tranquilizers. Stimulants was

the most common class of psychoactive pharmaceutical used to get high, with 5% of students (104,000) reporting using stimulants in the past 12 months, unchanged from the last cycle ([Figure 9](#)). The second most common class in this regard was prescription pain relievers: 3%, or 69,000 students, reported using these substances in the last 12 months, unchanged from last cycle. There was no change in the prevalence of past-12-month use of oxycodone (1%, 29,000 students). There was a slight increase in past-12-month use of fentanyl to get high, from 0.7% in 2018-19 to 0.9% (20,000 students) in 2021-22. The prevalence of past-12-month use of other prescribed pain relievers (e.g., morphine, codeine, Tylenol 3<sup>®</sup>, etc.) remained unchanged and was reported at 3% (55,000 students).

When asked how difficult students felt it would be to get prescription medicine if they wanted it, 27% thought it would be "fairly easy" or "very easy" to obtain prescription pain relievers, an increase from 23% in 2018-19. Thirty-two percent (32%), thought the same about the ease of obtaining medications for ADHD, an increase from 27% in the previous cycle.

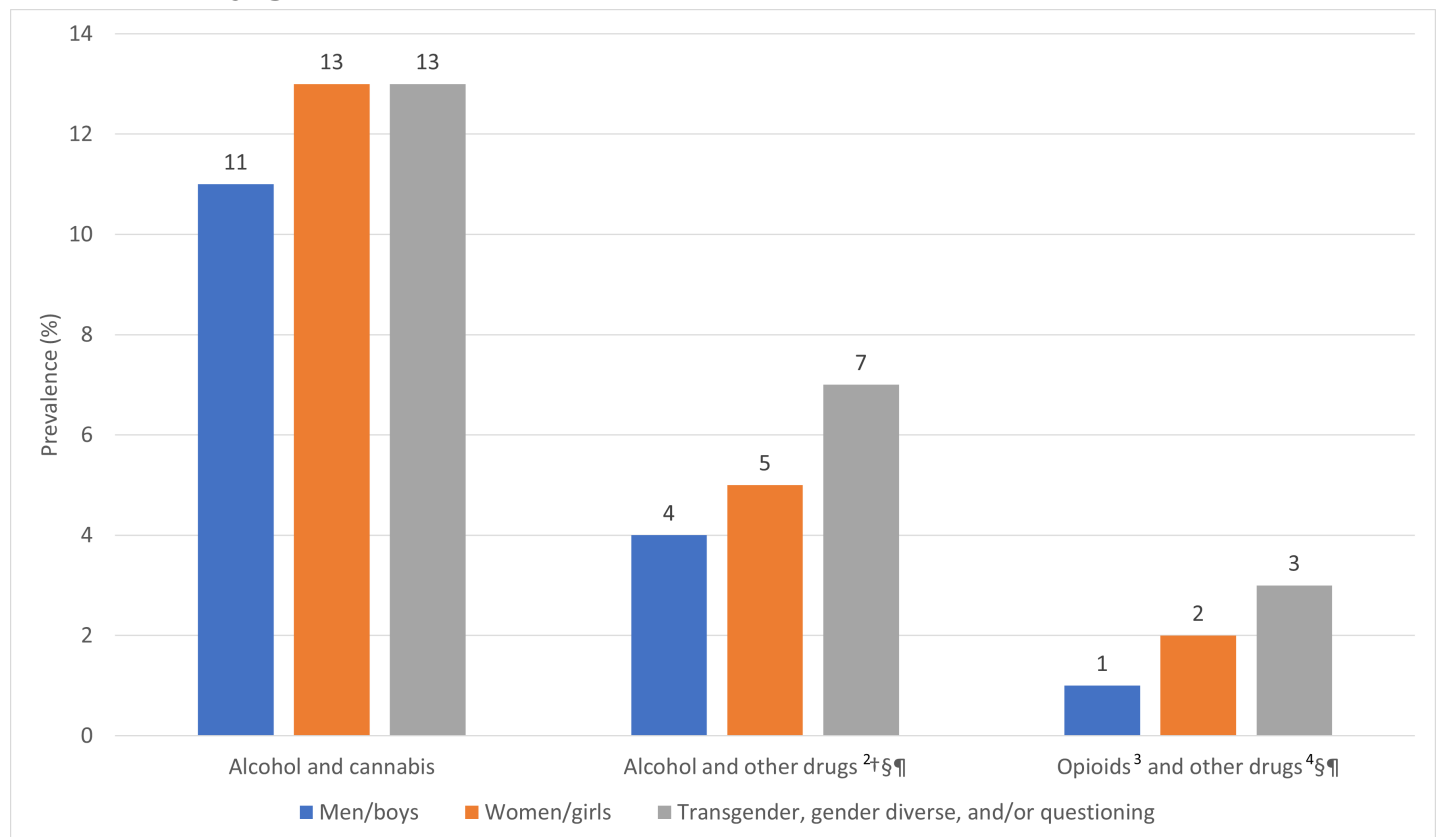
Students were asked about use of over-the-counter (OTC) medications to get high. These included sleeping medications (for example Nytol<sup>®</sup> or Unisom<sup>®</sup>), Gravol<sup>®</sup>, and dextromethorphan (an active ingredient found in many OTC cough suppressant cold medicines). Dextromethorphan was the most common OTC medication reported by students to get high in the past 12 months (6%), unchanged from 2018-19. This was followed by sleeping medications at 5% (an increase from 4% in 2018-19) and Gravol<sup>®</sup> at 4% (unchanged from 2018-19) [[Figure 9](#)].

The use of pharmaceuticals and OTC medications was higher among transgender, gender diverse, and/or questioning students, compared to men/boys and women/girls, with the exception of medications for ADHD,

which was the same among men/boys and transgender, gender diverse, and/or questioning students ([Figure 10](#)).

## Polysubstance use

**Figure 11: Past 12-month use of multiple substances on the same occasion, by gender, Canada <sup>1</sup>, 2021-22**



### ► Figure 11: Text description

Polysubstance use may be defined as use of two or more substances taken together within a defined period of time. Twelve percent (12%) of students reported that they had consumed alcohol and cannabis on the same occasion (for example: at a party, in the same evening) at least once in the past 12 months, unchanged from the last cycle. There were no significant differences across gender groups ([Figure 11](#)).

For the first time, the 2021-22 survey asked students about the use of alcohol and other drugs or medications to get high on the same occasion. The most commonly reported substance used in combination with alcohol was hallucinogens (1.9%), followed by Graval<sup>®</sup> (1.7%) and sleeping medicine (1.6%). The use of alcohol on the same occasion as any another drug was most prevalent among transgender, gender diverse, and/or questioning students (7%), followed by women/girls (5%), and men/boys (4%) [Figure 11].

Students were also asked about the use of opioids and other drugs or medications to get high on the same occasion. The most commonly reported substance used in combination with opioids was medications for ADHD (1.1%), followed by stimulants (1.0%) and sedatives/tranquilizers (0.9%). The use of opioids on the same occasion as any another drug was higher among transgender, gender diverse, and/or questioning students (3%) than among both women/girls (2%) and men/boys (1%) [Figure 11].

## Impaired driving

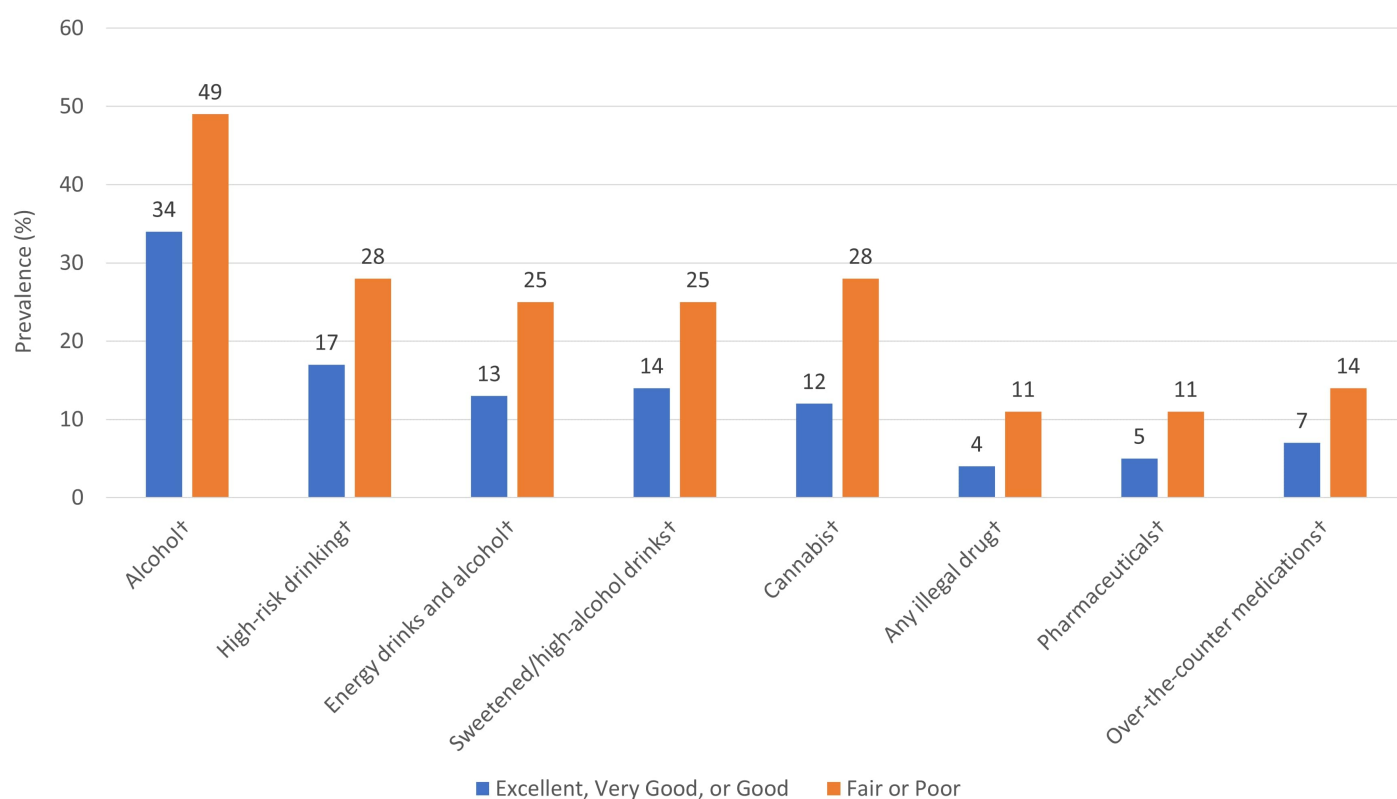
Students were asked if they had ever operated a motor vehicle (for example: car, snowmobile, motorboat or all-terrain vehicle) after consuming alcohol or cannabis. Five percent (5%) of students reported operating such a vehicle within an hour of drinking one or more drinks of alcohol, unchanged from 2018-19. Similarly, 4% reported operating a vehicle within 2 hours of using cannabis, also unchanged.

Almost a third of students (32%) reported being a passenger in a vehicle driven by someone who had one or more drinks of alcohol in the last hour; a lower number of students (16%) reported being a passenger in a vehicle driven by someone who had been using marijuana/cannabis in the last two hours; both unchanged from 2018-19.

# Self-reported mental health

For the first time, students were asked to rate their mental health as excellent, very good, good, fair, poor, or don't know. Overall, 61% of students rated their mental health as excellent, very good, or good. Men/boys reported the highest positive mental health (74% reporting excellent, very good, or good), followed by women/girls (52%), and transgender, gender diverse and/or questioning students (22%).

**Figure 12. Past 12-month substance use, by self-reported mental health status, Canada <sup>1</sup>, 2021-22**



## ► Figure 12: Text description

Students who reported fair or poor mental health also reported a higher prevalence of past 12-month use of alcohol, cannabis, illegal drugs, pharmaceuticals, and over-the-counter medications than those who

reported excellent, very good or good mental health ([Figure 12](#)). The association of fair or poor mental with increased use of these substances was observed for all gender categories and grouped grades.

Similarly, compared to students who rated their mental health as excellent, very good, or good, students who reported fair or poor mental health had a higher prevalence of past-30-day use of cigarettes (8% vs. 3%), e-cigarettes (25% vs. 12%), e-cigarettes with nicotine (23% vs. 11%), e-cigarettes without nicotine (6% vs. 3%), and any tobacco product (11% vs. 4%).

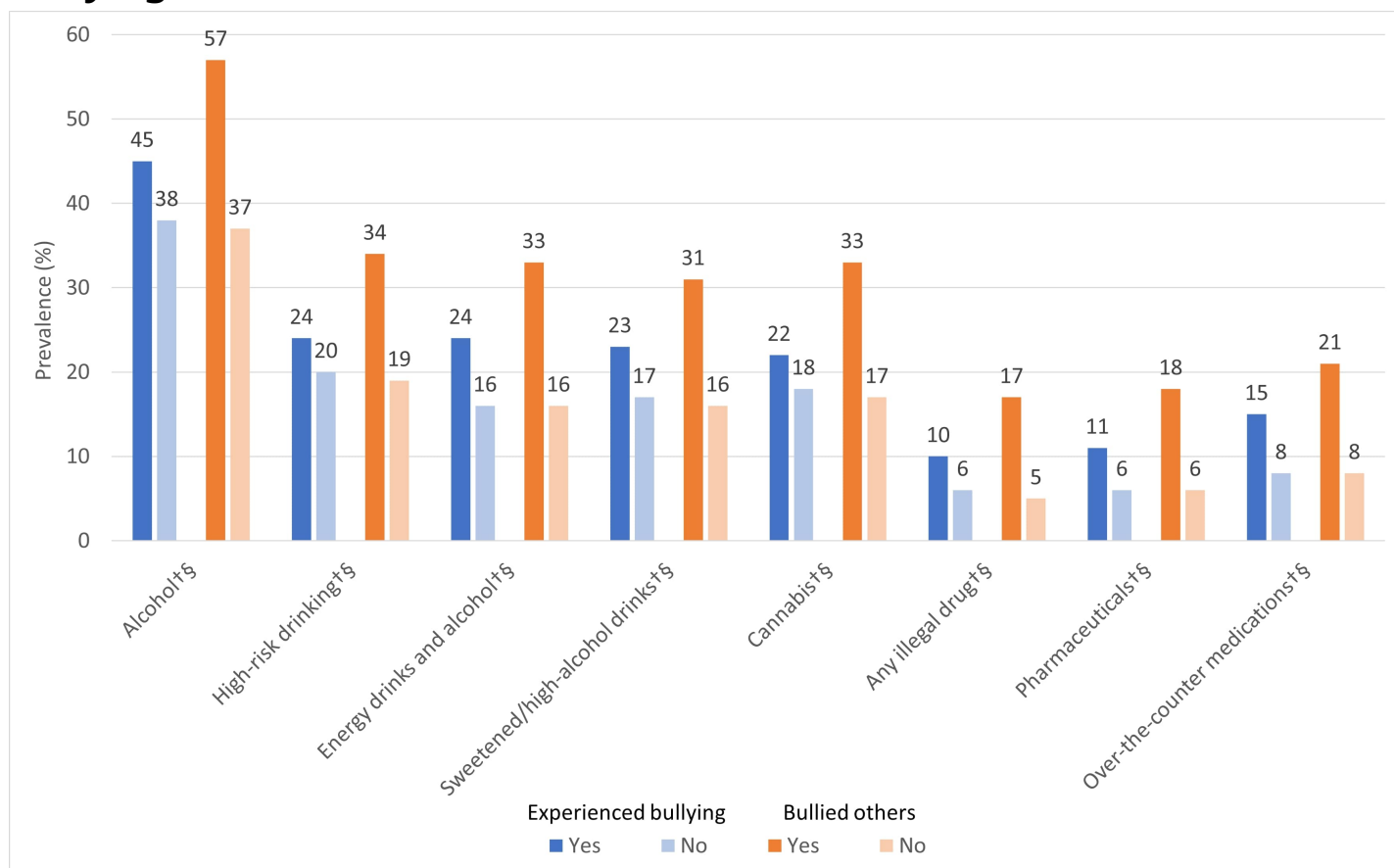
When examined by gender, a similar pattern of higher past-30-day use of these substances was observed among men/boys and women/girls who reported fair or poor mental health compared to those who reported excellent, very good, or good mental health. Among transgender, gender diverse, and/or questioning students, the use of e-cigarettes, e-cigarettes with nicotine, and any tobacco product use did not differ by self-reported mental health; comparisons were not conducted for cigarettes and e-cigarettes without nicotine, as some proportions were unreportable due to small sample size.

## Bullying

Students were asked, in the past 30 days, how often they had been bullied by other students and how often they had bullied other students. Bullying included physical attacks, verbal attacks, non-verbal attacks, cyber-attacks, and stolen or damaged belongings. Overall, 21% of students reported being bullied by other students, which was highest among transgender, gender diverse and/or questioning students (41%), followed by women/girls (23%) and men/boys (17%). Eleven percent (11%) of students

reported bullying other students which was highest among transgender, gender diverse, and/or questioning students (15%), followed by men/boys (12%) and women/girls (10%) (See [Detail tables](#)).

**Figure 13: Past 12-month substance use by past 30-day experience with bullying, Canada <sup>1</sup>, 2021-22**



► Figure 13: Text description

The prevalence of past 12-month use of alcohol, cannabis, illegal drugs, pharmaceuticals, and over-the-counter medications was higher among students who reported being bullied in the past 30 days than among those who were not bullied ([Figure 13](#)). Likewise, students who reported bullying others in the past 30 days had a higher prevalence of use for all substances examined compared to those who did not bully others ([Figure 13](#)). The pattern of higher use of these substances among those being bullied or bullying others was present across genders, however the difference was not always statistically significant (See [detail tables](#)).



Similarly, compared to students who were not bullied by others in the past 30 days, students who reported being bullied had a higher prevalence of past-30-day use of cigarettes (6% vs. 4%), e-cigarettes (22% vs. 15%), e-cigarettes with nicotine (21% vs. 14%), e-cigarettes without nicotine (7% vs. 3%), and any tobacco product (9% vs. 6%). In addition, compared to students who did not bully other students in the past 30 days, students who reported bullying had a higher prevalence of past-30-day use of cigarettes (12% vs. 4%), e-cigarettes (32% vs. 15%), e-cigarettes with nicotine (31% vs. 14%), e-cigarettes without nicotine (10% vs. 3%), and any tobacco product (17% vs. 5%). Additional results examining substance use among students being bullied or bullying others, for each gender, are included in [detail tables](#).

## Acknowledgement

Health Canada's Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS), was conducted for Health Canada by CCI Research Inc.

## Reference information

CSTADS was developed to provide timely, reliable and continual monitoring of tobacco, alcohol and drug use in school-aged youth. CSTADS provides essential input to the development of policies and programs. The next survey is expected to be carried out during the 2023-24 school year.

For more information about the survey and/or its results, please contact Health Canada by e-mail ([hc.cstads.questions-ectade.sc@canada.ca](mailto:hc.cstads.questions-ectade.sc@canada.ca)).

# Footnotes

\* Moderate sampling variability, interpret with caution.

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**Date modified:**

2023-05-15