

REPORT ON SUBSTANCE USE AND ADDICTION

2012 NWT



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English

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French

Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.

Cree

TŁIÇHỌ YATI K'ĚĚ. DI WEGODI NEWỌ DÈ, GOTS'O GONEDE.

Tłıchọ

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Chipewyan

EDI GONDI DEHGÁH GOT'İE ZHATİE K'ĚĚ EDATŁ'ÉH
ENAHDDHĚ NIDE NAXETS'Ě EDAHĪ

South Slavey

K'ÁHSHÓ GOT'İNE XƏDÓ K'É HEDERI
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North Slavey

Jii gwandak izhii ginjik vat'atr'ijahch'uu zhit
yinohtan jì', diits'àt ginohkhii.

Gwich'in

UVANITTUAQ ILITCHURISUKUPKU INUVIALUKTUN, QUQUAQLUTA.

Inuvialuktun

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Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

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2012 NWT



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MINISTER'S MESSAGE

The Government of the Northwest Territories is committed to ensuring that NWT residents have the tools and support they need to overcome addiction issues.

The impact of addictions goes well beyond the individual. Families, communities, and even our economy can be affected. Addiction issues are linked to poverty and low educational achievement, and can affect parents' ability to care for their children and meet their needs. The social and economic costs of substance abuse and untreated addiction issues are enormous and threaten the public's health and the public's safety.

The Government of the Northwest Territories requires quality information to guide planning and decision-making around addiction issues and their impacts. The *2012 NWT Report on Substance Use and Addiction* provides an essential base of information to assist with planning and priority setting. This report presents an analysis of alcohol, drug and tobacco use as well as gambling incidence within the NWT.

The Department of Health and Social Services is working with communities and stakeholders to implement the updated Action Plan for Addictions and Mental Health. Other initiatives will complement this work, such as the Anti-Poverty Action Plan and the Chronic Disease Management Strategy. The data in this report will allow us to measure progress in future years and will support meaningful evaluation of our efforts as we work in partnership to achieve our Vision of Best Health, Best Care, and a Better Future for residents of the Northwest Territories.



Glen Abernethy

Minister of Health and Social Services

EXECUTIVE SUMMARY

This report presents detailed findings from the 2012 NWT Addictions Survey. Topics covered include the prevalence of alcohol, tobacco, and illicit drug use, as well as gambling activity and impacts of Indian Residential Schools.

The report provides estimates of the prevalence of alcohol and drug use in the NWT, the extent of harms associated with the use of alcohol and drugs, and baseline data for future evaluations and program reviews.

Gathering information on the prevalence of drug and alcohol misuse is important. Substance abuse is linked to health concerns such as heart and cardiovascular disease, mental illness, and fetal alcohol spectrum disorder. Drug and alcohol misuse has also been linked to social concerns such as decreased family and community cohesion, increased family violence, and increased pressure on social supports. Information from this survey will support policy changes and program development that is based on evidence.

KEY FINDINGS OF THE REPORT:

Alcohol key findings

- 75% of the population drank at least one alcoholic drink in the last 12 months.
- Older adults tended to drink more frequently, but younger residents tended to drink larger quantities of alcohol when they did drink.
- Aboriginal residents tended to drink less frequently than Non-Aboriginal residents, but tended to consume a larger volume when they did drink.
- Residents in smaller NWT communities were more at risk to experience harm from drinking alcohol, compared to residents in regional centres and Yellowknife (57% vs. 37% and 26%).

Illicit drugs key findings

- 59% of NWT residents have tried cannabis at least once in their life, while 21% have used cannabis in the last 12 months.
- 22% of NWT residents have tried an illicit drug other than cannabis at least once in their life.
- Hallucinogens and cocaine/crack were the most commonly used illicit drug, other than cannabis.

Tobacco use key findings

- 34% of NWT residents smoke tobacco; 26% of whom smoke daily
- 37% of residents who have smoked at one point have quit.

Harm from alcohol, drug, and tobacco use key findings

- At 38% prevalence, people with less than a high school diploma were most likely to experience harm from their own drinking.
- Residents of small communities (36%) were also most likely to experience harm from their own drinking.
- People who were most likely to experience harm from someone else's drinking were residents of small communities (63%).
- The group with the next highest risk of experiencing harm from someone else's drinking was Aboriginal people (55%).
- Risk of harm due to drug use did not vary much between drug types (cannabis or other illicit drugs).
- Residents from smaller NWT communities and Aboriginal residents were most at risk for exposure to second hand smoke in the home (24% and 22%, respectively).

Gambling Highlights

- 69% of NWT residents gambled in the last year.
- Lottery tickets (75%) and scratch tickets (50%) were the most prevalent types of gambling.
- On average, gamblers spent \$36 per week on gambling.

Indian residential school key findings

- Risk of hazardous drinking was 62% for children of residential school survivors, compared to 39% for those whose parents did not attend a residential school
- Among Aboriginal residents, those who attended residential schools have the highest rate of quitting drinking alcohol (37%) and the lowest rate of being a heavy frequent drinker (13%).

MOVING FORWARD

The Department of Health and Social Services published an updated Action Plan for Addictions and Mental Health. The updated Action Plan incorporates what we heard from NWT communities during the Minister's Forum on Addictions and Community Wellness. Forum members travelled to each region in the NWT to hear what northerners had to say about what they feel are the best ways to stop the impacts of alcohol, drugs and other addictions on individuals, families, and communities. Pathways to Wellness, an Updated Action Plan for Addictions and Mental Health promotes understanding, awareness, and acceptance of mental health and addictions issues; focuses on our clients; and outlines actions to improve the availability of and access to services; and effectiveness of services.

1.

INTRODUCTION

The NWT Substance Use and Addiction Report presents findings from the 2012 NWT Addictions Survey as part of an ongoing effort to monitor patterns of alcohol, tobacco, and illicit drug use, as well as gambling activities in the Northwest Territories. The report aims to determine the prevalence and patterns of substance use and addictions in the NWT, measure the extent of harms associated with the substance use and addictions, and provide data for decision making, program development, and program evaluation.

Substance abuse is linked to health concerns such as heart and cardiovascular disease, mental illness, fetal alcohol spectrum disorder, and increased injury and STI rates. Drug and alcohol misuse has been linked to social concerns such as decreased family and community cohesion, and lower productivity at work, as well as increased family violence, pressure on social supports, and crime. Gathering information on the prevalence of tobacco, drug and alcohol use is important for guiding informed decision making. Informed policy and program development helps to address the negative impacts of substance abuse.



Photo credit: Mark Patrick

1.1 SUBSTANCE USE AND ADDICTION POLICY

Substance use and addiction in the NWT are growing concerns and have negative impacts on the health and well-being of our residents. Substance use and addiction policy refers to the set of measures aimed at supporting NWT residents who want to change their behavior and minimize the health and social harms from these behaviors. These measures are implemented and coordinated through multiple governmental departments and are adapted over time to better suit the requirements of NWT residents.

In 1988, federal community-based mental health, alcohol, and drug programs were amalgamated with territorial alcohol and drug services. Under this model, medical professionals are able to diagnose and treat addictions issues and mental health problems concurrently. This enables NWT residents to access a range of addiction and mental health programs for those struggling with either or both issues.

A variety of programs have been developed to address mental health and addictions issues. These programs focus on prevention, promotion, education and awareness, treatment, aftercare, community-based mental health and addiction counseling services, medical detoxification, family violence prevention, and shelter programs. Mental health and addictions programming is one of the core services available in all NWT regions.

One significant milestone in programming was the development of the Community Counseling Program in 2002, designed to ensure that a variety of mental health and addictions services are accessible throughout most NWT communities.

Although access to a variety of mental health and addictions programs are available to all NWT residents, data shows that a significant part of the population continues to struggle with addictions issues. The 2012 Report on Substance Use and Addiction will help monitor patterns in substance use and behaviors and identify areas where changes in programming may be warranted or considered.

1.2 STRUCTURE OF THE REPORT

The NWT 2012 Report on Substance Use and Addiction is organized by behavioral activities (Alcohol, Illicit and Prescription Drugs, Tobacco, Harm from Alcohol, Tobacco, Drug Use, and Gambling). Each section provides detail on the type of behaviors associated with that activity. This provides a more in-depth analysis of the issues present in the NWT, ultimately allowing for more targeted interventions.

Throughout the report the findings are compared between demographic groups, including gender, ethnicity, age, community type, and highest level of education attained (see Appendix C: Methodology for definitions). An analysis was also done to look at patterns of substance use and addiction among those who attended Indian Residential School, or who had a parent that attended. The 2012 survey was the first to include this demographic indicator as an attempt to understand some of the effects of Indian Residential School on wellness in the NWT.



Photo credit: Enviro Foto

2. ALCOHOL

This section describes the survey findings related to alcohol use in the NWT. Five common measures of alcohol use are examined: drinking status, drinking frequency, amount usually consumed, type of drinker, regular heavy drinking, and the identification of harmful/hazardous drinking.



Photo credit: Terry Parker

2.1 CURRENT DRINKERS

Current drinkers are defined as residents who have had at least one alcoholic drink in the past 12 months. Overall, 75% of the population were current drinkers in 2012.

Figure 2.1.1 shows the proportion of current drinkers broken down into select demographic variables. Twenty-five to 39 year olds (84%) were most likely to be current drinkers compared to 15 to 24 year olds (74%), 40 to 59 year olds (72%) and those 60 and older (59%).

The survey also indicated that 79% of males were current drinkers compared to 70% of females. Similarly, a higher proportion of Non-Aboriginal residents are current drinkers (79%) compared to Aboriginal residents (70%).

Those with a university degree were more likely than residents with less than a high school education to be current drinkers (84% vs. 63%). In 2012, residents of smaller communities were less likely to be current drinkers than those living in Yellowknife (68% vs. 80%).

Figure 2.1.1: Group differences in the proportion of current drinkers among residents aged 15+



2.2 FREQUENCY OF DRINKING AMONG CURRENT DRINKERS

Drinking frequency is derived from the question: During the past 12 months, how often did you drink alcoholic beverages? The answers were recorded in four categories: more than once a week, once a week, 1-3 times per month, or less than once per month.

Table 2.2.1 shows group differences in the frequency of drinking among current drinkers. In 2012, 28% of current drinkers reported drinking more than once a week, 17% drank once a week, 33% drank 1 to 3 times a month, and 22% drank less than once a month. The findings indicate those aged 60 and older were 1.5 times more likely to drink more than once a week compared to 15 to 24 year olds and 25 to 39 year olds (38% vs. 25% and 24%).

Table 2.2.1: Group differences in the frequency of drinking among current drinkers aged 15+

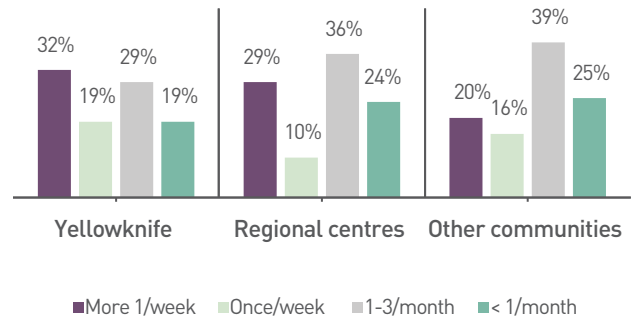
Demographics	More than once a week	Once a week	1 to 3 times a month	Less than once a month
Total	28%	17%	33%	22%
Male	32	21	32	15
Female	23	11	35	31
Aboriginal	25	15	34	27
Non-Aboriginal	31	18	33	18
15-24	25	17	34	24
25-39	24	19	35	22
40-59	31	16	34	20
60+	38	10	28	23
Less than high school	23	13	32	32
High school diploma	21	9	50	20
Some post-secondary	34	20	27	19
University degree	31	23	29	17
Yellowknife	32	19	29	19
Regional Centres	29	10	36	24
Smaller Communities	20	16	39	25

Male drinkers were 1.4 times more likely to consume more than one alcoholic drink in a week compared to females (32% vs. 23%). Less Aboriginal drinkers drank alcohol more than once a week compared to Non-Aboriginals drinkers (25% vs. 31%).

Thirty-two percent of current drinkers in Yellowknife reported drinking more than once a week (Figure 2.2.1). Yellowknife had a higher proportion of those who drank more than once a week than those in small communities (32% vs. 20%). Most commonly, drinkers in regional centres and smaller communities drank one to three times a month (36% and 39%, respectively).

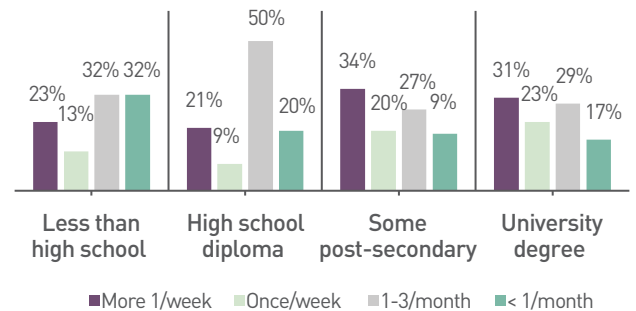
As shown in Figure 2.2.2, university degree holders reported a higher prevalence of drinking more than once a week than those with a high school diploma (31% vs. 21%). Similarly, university degree holders were 1.8 to 2.5 times more likely to drink once a week compared to residents with a high school diploma or less (23% vs. 9% and 13%). Overall, those with more than a high school education drank more frequently than those with a high school diploma or less.

Figure 2.2.1: Drinking frequency by community type of current drinkers among residents aged 15+



Residents of Yellowknife tended to drink more than once a week in higher proportions than residents of other communities. Those in regional centres and other communities were more likely to drink 1 to 3 times a month. Residents of regional centres had a higher proportion of people who drink less than once a month compared to residents of Yellowknife.

Figure 2.2.2: Drinking frequency by highest level of education achieved



University degree holders were more likely than those with a high school diploma to drink once a week or more. Similarly, those with less than high school were more likely to drink less than once a month compared to university degree holders.

2.3 USUAL AMOUNT OF ALCOHOL CONSUMED AMONG CURRENT DRINKERS

Current drinkers were asked how many drinks they usually have when they drink alcohol. The consumption of five or more drinks in a single sitting is considered a reliable indicator of heavy or binge drinking. Approximately 44% of current drinkers reported consuming one or two drinks, 20% drank three or four drinks, and 36% consumed five or more drinks in a single sitting. Table 2.3.1 shows the group differences in the volume of alcohol consumed among current drinkers aged 15 and older in the NWT.

Males were more likely than females to consume five or more drinks on a single occasion (44% vs. 27%). Aboriginal residents tended to drink less frequently than Non-Aboriginal residents, but tended to consume a larger volume when they did drink. Aboriginal residents were 2.5 times as likely to consume five or more drinks on a single occasion (54% vs. 22%).

Yellowknife residents were about 2.9 times as likely to drink one or two drinks on a single occasion compared to residents in other communities (55% vs. 19%). In contrast, residents in other communities were 2.3 times as likely as those in Yellowknife to consume five or more drinks in one sitting (58% vs. 25%).

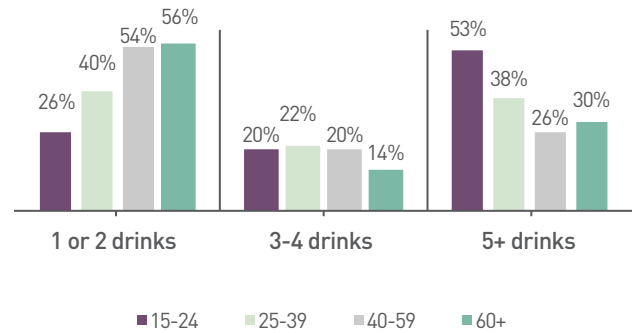
Table 2.3.1: Group differences in the usual amount of alcohol consumed on a single occasion among current drinkers aged 15+

Demographics	1 or 2 drinks	3 or 4 drinks	5+ drinks
Total	44%	20%	36%
Male	36	20	44
Female	53	20	27
Aboriginal	27	19	54
Non-Aboriginal	57	21	22
15-24	26	20	53
25-39	40	22	38
40-59	54	20	26
60+	56	14	30
Less than high school	36	27	64
High school diploma	35	21	44
Some post-secondary	41	25	34
University degree	69	14	17
Yellowknife	55	19	25
Regional Centres	47	19	34
Other Communities	19	23	58

Overall, the volume of alcohol consumed tended to decline with age. Older adults tended to drink more frequently, but younger residents tended to drink larger quantities of alcohol when they did drink. As shown in Figure 2.3.1, 15 to 24 year olds were 1.4 times as likely as 25 to 39 year olds, two times as likely as 40 to 59 year olds, and 1.8 times as likely as those aged 60 and older to consume five or more drinks on a single occasion (53% vs. 38%, 26% and 30%).

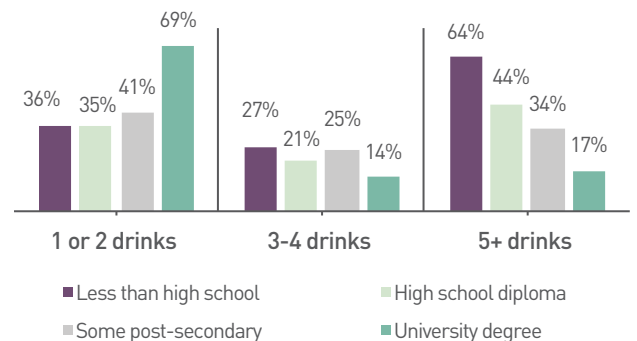
The volume of alcohol consumed on a single occasion also varied by education level and community type. Although those with more than a high school education drank more frequently, they tended to drink lower quantities of alcohol on a single occasion. Figure 2.3.2 shows the usual number of drinks consumed on a single occasion by highest level of education achieved. The volume of alcohol consumed tended to decrease as education level increased. Residents with a university degree were less likely to report drinking five or more drinks at one time compared to those with less than a high school education, those with a high school diploma, and those with some post-secondary education (17% vs. 64%, 44%, and 34%).

Figure 2.3.1: Usual number of drinks consumed on a single occasion by age group



Among age groups, 15 to 24 year olds were most likely to drink 5 or more drinks on a single occasion.

Figure 2.3.2: Usual number of drinks consumed on a single occasion by education level



The tendency to drink five or more drinks in a single sitting decreased with increasing education level, with university degree holders being least likely, and those with less than high school most likely to do so. Among all education groups, university degree holders were more likely to drink 1 or 2 drinks on a single occasion.

2.4 TYPE OF DRINKER

Table 2.4.1 shows group differences in the type of drinker among current drinkers aged 15 and older in 2012. Overall, the most common response for type of drinker was “light infrequent” (28%), followed by “light frequent” (18%), “heavy frequent” (16%), “former” (16%), “heavy infrequent” (13%), and “lifetime abstainer” (9%).

Table 2.4.1: Group differences in the type of drinker among current drinkers aged 15+

Demographics	Abstainer	Former	Light Infrequent	Light Frequent	Heavy Infrequent	Heavy Frequent
Total	9%	16%	28%	18%	13%	16%
Male	7	15	24	18	13	24
Female	12	19	33	17	13	7
Aboriginal	7	23	21	9	22	19
Non-Aboriginal	11	11	35	26	5	13
15-24	18	8	27	F	16	26
25-39	5	11	31	20	16	17
40-59	6	23	29	23	10	10
60+	12	28	22	17	8	12
Less than high school	16	22	21	8	19	15
High school diploma	5	13	36	8	21	17
Some post-secondary	5	19	25	23	10	18
University degree	7	8	37	33	F	13
Yellowknife	10	11	33	25	6	16
Regional Centres	9	18	32	16	12	13
Smaller Communities	8	25	19	7	24	18

F data was suppressed

Type of drinker is a derived variable based on drinking status, frequency of drinking, and the usual amount of alcohol consumed on a single occasion.

The categories of drinker type are as follows:

Lifetime abstainer – Never drank alcohol

Former drinker – Drank, but not in the past 12 months

Light infrequent drinker – Drank in the past 12 months, but less than once a week and usually fewer than five drinks.

Light frequent drinker – Drank in the past 12 months, once a week or more and usually fewer than five drinks.

Heavy infrequent drinker – Drank in the past 12 months, less often than once a week and usually five or more drinks.

Heavy frequent drinker – Drank in the past 12 months, once a week or more and usually five or more drinks.

Males are 3.4 times more likely to be heavy frequent drinkers than females (24% vs. 7%). Among females, 12% reported being lifetime abstainers, compared to 7% of males.

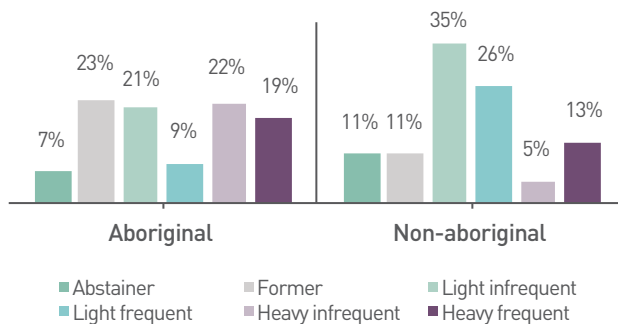
Compared to Aboriginal residents, Non-Aboriginal residents had a higher proportion of lifetime abstainers (11% vs. 7%), light infrequent drinkers (35% vs. 21%), and light frequent drinkers (26% vs. 9%). Aboriginal residents were more likely than Non-Aboriginal residents to be former drinkers (23% vs. 11%), heavy infrequent drinkers (22% vs. 5%), or heavy frequent drinkers (19% vs. 13%) (Figure 2.4.1).

Figure 2.4.2 shows a higher proportion of residents 15 to 24 year olds were heavy frequent drinkers compared to those aged 40 to 59 (26% vs. 10%).

Those living in smaller communities and regional centres were more likely than residents of Yellowknife to be heavy infrequent drinkers (24% and 12% vs. 6%). Higher proportions of former drinkers were found among residents of smaller communities (25%) and regional centres (18%) compared to those living in Yellowknife (11%).

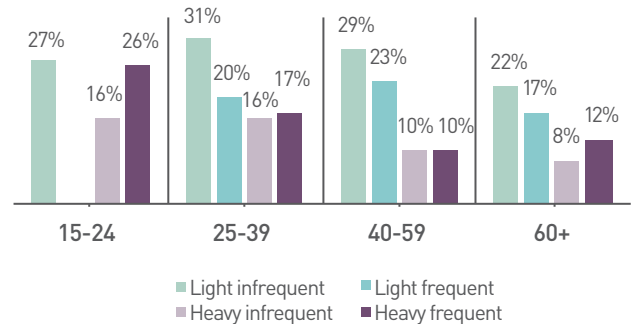
Current drinkers with some post-secondary education were more likely to be heavy frequent drinkers than university degree holders (18% vs. 13%).

Figure 2.4.1: Type of drinker by cultural status



A greater proportion of Aboriginals were former drinkers, heavy infrequent drinkers, and heavy frequent drinkers than non-Aboriginals. Non-Aboriginals had higher proportions of lifetime abstainers, light infrequent and light frequent drinkers compared to Aboriginals.

Figure 2.4.2: Type of drinker by age



A larger proportion of current drinkers are aged 15-24 are heavy frequent drinkers than any other age group. In contrast, age groups over 25 were more likely to be light frequent drinkers.

2.5 REGULAR HEAVY DRINKING AMONG CURRENT DRINKERS

Respondents were asked how many times in the past year they consumed five or more drinks on a single occasion. The consumption of 5 or more drinks on a single occasion at least once a month is an indicator of ‘regular’ heavy or binge drinking. According to the Centre for Addiction and Mental Health (CAMH) and the Canadian Centre on Substance Abuse (CCSA), heavy drinking is defined as a pattern of alcohol consumption that brings the blood alcohol concentration (BAC) level to 0.08% or more. Regular heavy drinking has been linked with a large number of adverse health consequences, sometimes resulting in death. For instance, high blood alcohol concentration is a major risk factor in a large number of injury-related deaths. Long-term heavy drinking also increases susceptibility to a wide array of physical and mental health conditions, such as cirrhosis of the liver, diseases of the circulatory system, and depression.

It should be noted that CAMH and CCSA correspond this pattern of drinking to five or more drinks on a single occasion for males, and four or more drinks on a single occasion for females. All respondents, both males and females, were asked if they had consumed five or more drinks on a single occasion at least once a month. For this reason, reported rates may underestimate actual proportions of regular heavy drinking among females.

Figure 2.5.1 shows group differences in heavy monthly drinking among current drinkers aged 15 and older. The proportion of heavy monthly drinkers (five or more drinks on a single occasion at least once a month) among all current drinkers was 42%. The data reveals that some groups engage more in these patterns of drinking than others: males more than females (50% vs. 32%), 15 to 24 years more than all other ages groups, Aboriginal residents more often than Non-Aboriginal residents (53% vs. 33%), people with less than a high school diploma compared to people with a high school diploma, some post-secondary, and a university degree (49% vs. 45%, 42%, and 28%, respectively), and people in other communities (42%) compared to people in Yellowknife (35%) and regional centres (33%).

Figure 2.5.1: Group differences in heavy monthly drinking (5+ drinks on a single occasion at least once a month) among current drinkers aged 15+

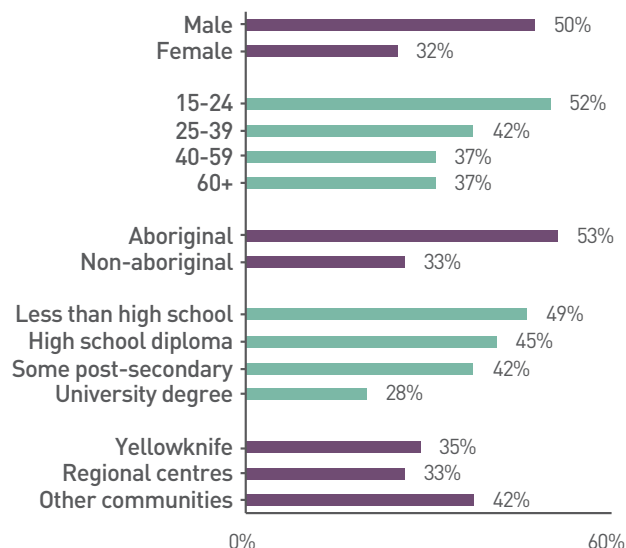
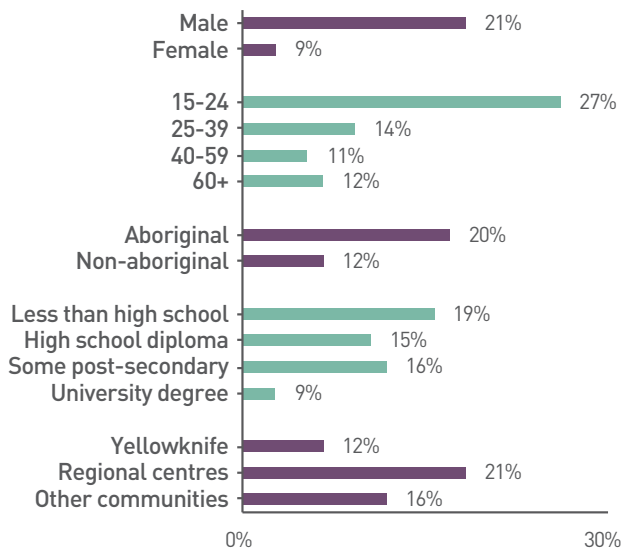


Figure 2.5.2 shows group differences in heavy weekly drinking among current drinkers aged 15 and older. Similarly, heavy weekly drinking was higher among males (21%) than females (9%). The proportion of Aboriginal residents who drank heavily at least once a week is higher than the proportion of Non-Aboriginals residents (20% vs. 12%). The proportion of 15 to 24 year olds were more likely to drink heavily once per week compared to all other age groups and demographics.

Figure 2.5.2: Group differences in heavy weekly drinking (5+ drinks on a single occasion at least once a month) among current drinkers aged 15+



Figures 2.5.3 and 2.5.4 show comparisons between people who are heavy weekly and monthly drinkers by their highest level of education achieved and by community type.

Figure 2.5.3: Weekly and monthly heavy drinking by highest level of education achieved

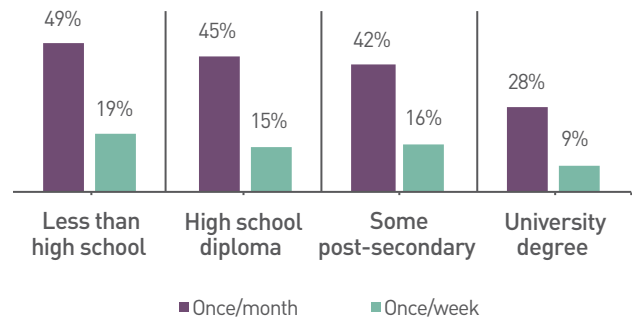
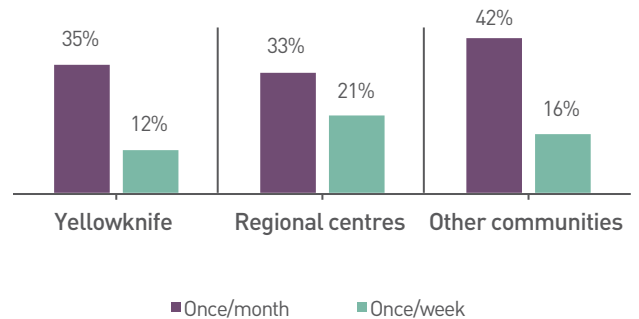


Figure 2.5.4: Weekly and monthly heavy drinking by community type



2.6 ALCOHOL USE DISORDER IDENTIFICATION TEST (AUDIT): HARMFUL/HAZARDOUS DRINKING AMONG CURRENT DRINKERS

While most drinking occasions are not harmful and the majority of people do not have a problem with alcohol, adverse experiences sometimes occur, especially when assessed over the lifetime of the respondents. The AUDIT (Alcohol Use Disorder Identification Test) questionnaire is a validated tool that was developed by the World Health Organization to assess individual risk of having or developing an alcohol use disorder, such as addiction to alcohol.

The tool includes ten questions that ask the respondent about frequency and volume of alcohol consumption, as well as questions about past alcohol-related problems. Each respondent is given a score based on the responses provided. A score of eight or higher is indicative of harmful or hazardous drinking. The proportion of current drinkers that had AUDIT scores of eight or higher is the variable that is reported in this section.

Thirty-seven percent of current drinkers had an AUDIT score of eight or higher.

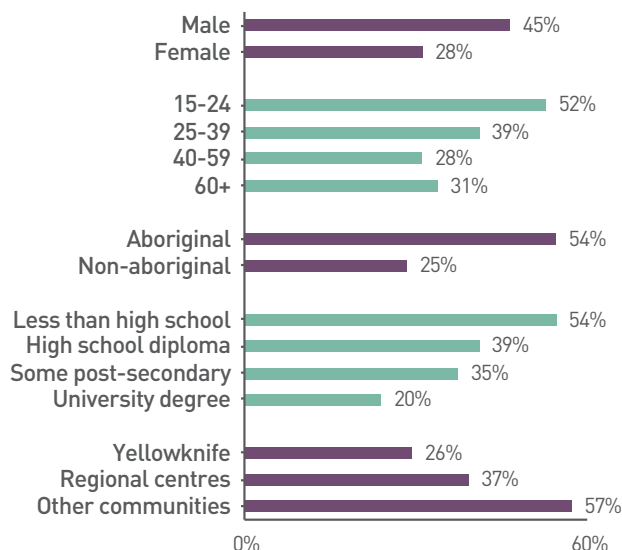
Figure 2.6.1 shows group differences in the proportions of residents who scored eight or higher on the AUDIT. Harmful and hazardous drinking was more common among males compared to females (45% vs. 28%). In addition, AUDIT scores of eight or higher were more common among Aboriginal residents than Non-Aboriginal residents (54% vs. 25%).

Among age groups, 15 to 24 year olds were most at risk for having an AUDIT score of eight or higher. As such, 25 to 39 year olds were 1.3 times less likely, 40 to 59 year olds were 1.9 times less likely, and those over 60 were 1.7 times less likely to engage in harmful and hazardous drinking compared to the youngest age group (39%, 28% and 31% vs. 52%).

Among education levels, university degree holders had the lowest proportion of residents who engaged in harmful and hazardous drinking behaviors in the past year (20% vs. 54%, 39%, and 35%).

Compared to Yellowknife, residents of regional centres and other communities were more at risk of having an AUDIT score of eight or higher (26% vs. 37% and 57%).

Figure 2.6.1: Group differences in harmful and hazardous drinking (AUDIT+) among current drinkers aged 15+.



3.

ILLICIT AND PRESCRIPTION DRUGS

In this section, patterns of illicit and prescription drug use in the NWT are examined. Drug use is probably the most difficult of the addictive substances to measure accurately because it is illegal and socially unacceptable. In a survey situation, addicts may be less likely to participate or be sampled, some respondents may be unwilling to report drug use, and others may have a tendency to provide socially acceptable answers by concealing or exaggerating their response. Given the sensitive nature of the topic, estimates of prevalence in the population may be under or over reported.



Photo credit: Michael Morse

3.1 CANNABIS: LIFETIME AND PAST YEAR USE

Respondents were asked whether they had tried cannabis (marijuana or hashish) at least once in their lifetime. Respondents were also asked if they had tried cannabis at least once in the last year. Overall, the majority of the NWT population aged 15 and older reported using cannabis at least once in their lifetime (59%) and 21% reported using cannabis at least once in the last year.

Figure 3.1.1 shows group differences between people who have tried cannabis at least one time in their life. Sixty-four percent of males, compared to 54% of females, have used cannabis in their lifetime. People in other communities were most likely to have tried cannabis (72%) compared to all other demographics. More than half of the people in Yellowknife and regional centres have tried cannabis (53% and 54%).

Figure 3.1.2 shows group differences between people who have tried cannabis at least once in the past 12 months. Males (25%) were more likely than females (17%), and people from other communities (32%) were more likely than people from Yellowknife (15%) or regional centres (18%) to have tried cannabis in last year. Fifteen to 24 year olds were the most likely age group to have used cannabis in the last year, compared to 25 to 39 year olds, 40 to 59 year olds, and 60+ year olds (40% vs. 24%, 13%, and 6%, respectively). Additionally, 30% of Aboriginal residents, compared to 13% of Non-Aboriginal residents, tried cannabis in the last 12 months. Residents with less than high-school education (35%) were most likely to have used cannabis in the last year, when compared to residents with a high-school diploma (26%), some post-secondary (12%), and a university degree (9%).

Figure 3.1.1: Lifetime cannabis use among residents aged 15+ by select demographics

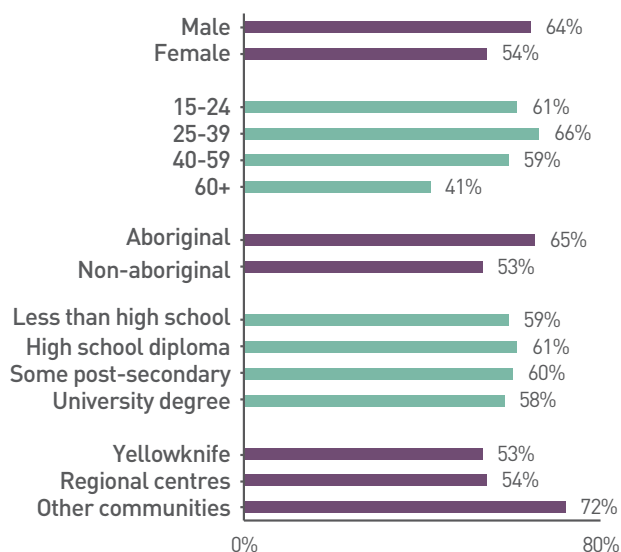
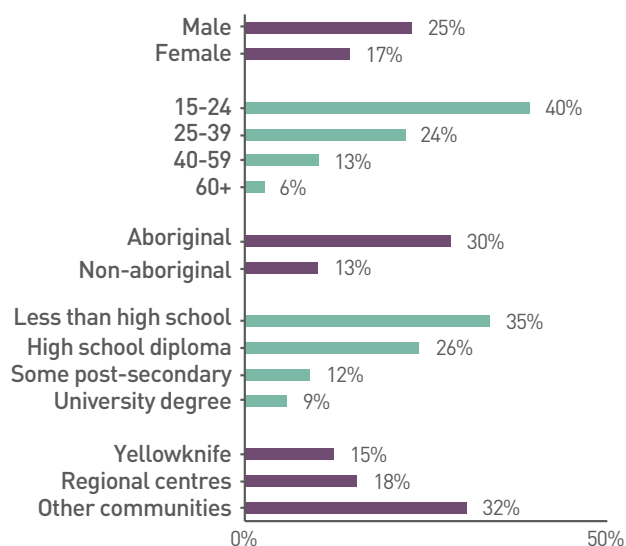


Figure 3.1.2: Cannabis use in the past 12 months among residents aged 15+ by select demographics

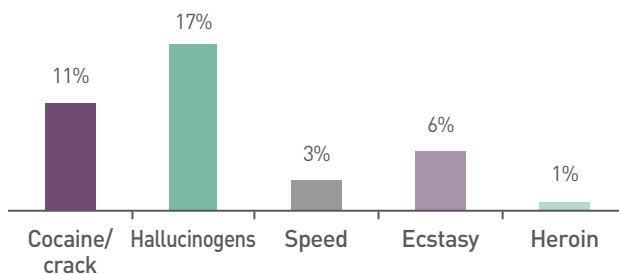


3.2 OTHER ILLICIT DRUGS: LIFETIME AND PAST YEAR USE

NWT residents were asked if they had tried cocaine/crack, hallucinogens (magic mushrooms, PCP or LSD/acid), speed, ecstasy, crystal meth, or heroin in their lifetime, as well as if they had tried these drugs in the past 12 months. The proportion of NWT residents who have ever tried any of the illicit drugs listed above in their lifetime was 22%.

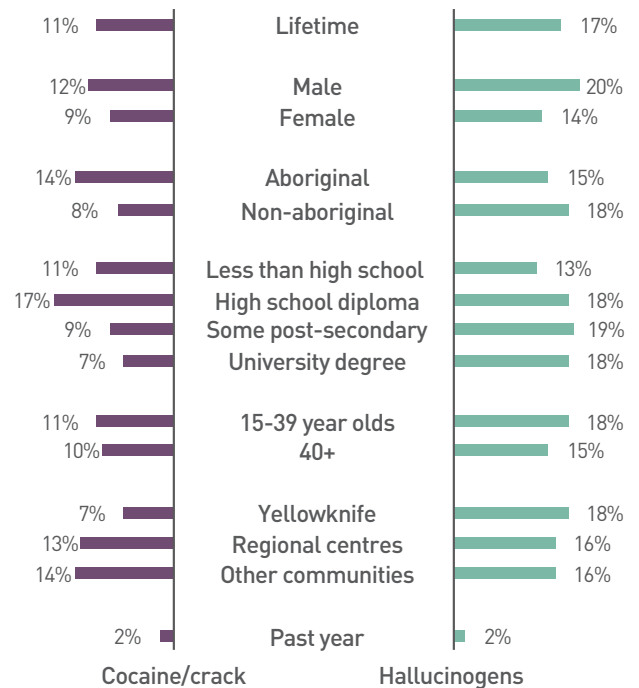
Figure 3.2.1 shows the percent of the population who tried any other illicit drugs at least once in their lifetime by other drug type. Hallucinogens (17%) and cocaine/crack (11%) were most common, followed by ecstasy (6%), speed (3%), and heroin (1%).

Figure 3.2.1: Lifetime use of other illicit drug among residents aged 15+ by illicit drug type



As shown above, hallucinogens and cocaine/crack are the most common illicit drugs used, other than cannabis, by NWT residents. Figure 3.2.2 shows comparative prevalence of cocaine/crack and hallucinogen usage by selected demographics. Hallucinogen use was higher than cocaine/crack use in all demographics.

Figure 3.2.2: Select group differences in the lifetime use of cocaine/crack and hallucinogens



Some demographics were more at risk for having tried cocaine at least once in their lifetime. For instance the rate of lifetime cocaine use among Aboriginal residents was higher than that of Non-Aboriginal residents (14% vs. 8%). Similarly, residents of regional centres and other communities were twice as likely to have ever tried cocaine as residents of Yellowknife (13% and 14% vs. 7%). Finally, those with only a high school diploma had an increased risk of having ever tried cocaine compared to university degree holders (17% vs. 7%).

Males were more likely than females (20% vs. 14%) to have ever tried a hallucinogen. Lifetime hallucinogen use did not vary much among ethnic groups, community type, or education level.

3.3 PRESCRIPTION DRUGS

Residents were asked if they had used pain relievers with morphine or codeine (such as Percodan, Demerol or Tylenol 3) to get high in the past 12 months. One percent of the population reported using pain relievers with morphine or codeine to get high.

4. TOBACCO

This section provides data on tobacco usage in the NWT.



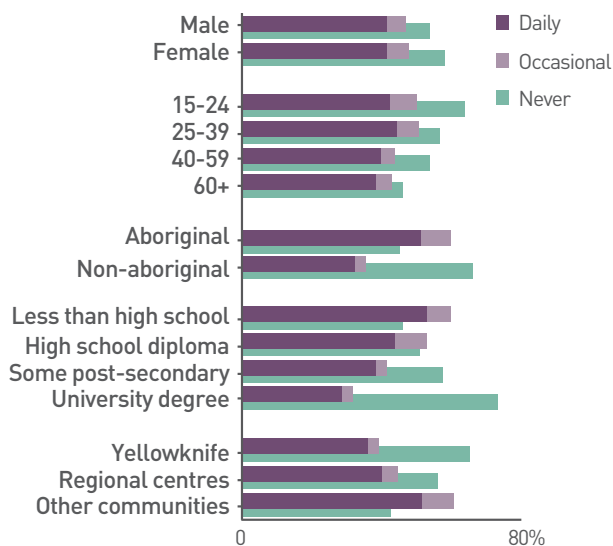
Photo credit: J.-F. Bergeron

4.1 SMOKING STATUS

Residents were asked to select if they were a current smoker, former smoker, or had never smoked. Those who were current smokers were also asked if they smoked daily or occasionally (non-daily).

The percent of NWT residents who currently smoke (that is, the sum of daily and occasional smokers) is 34%, while 26% of residents are daily smokers. Forty-six percent of NWT residents have never smoked. Figure 4.1.1 shows group differences in current smoker status, and the proportion of residents who had never smoked, among NWT residents aged 15 and older.

Figure 4.1.1: Group differences in occasional, daily, and never smokers for NWT residents 15+



The prevalence of current smokers did not vary much between genders. Fifty-one percent of Aboriginal residents reported being current smokers, compared to 18% of Non-Aboriginal residents. Non-Aboriginal residents were two times more likely than Aboriginal residents to have never tried smoking (60% vs. 31%), and Non-Aboriginal residents were more likely to have quit smoking than Aboriginal residents (23% vs. 18%).

Compared to those in Yellowknife, residents living in other communities reported a 30% higher rate of current smokers, and a 22% higher rate of daily smokers (Figure 4.1.2). Residents of Yellowknife were 1.3 times more likely than residents of regional centres, and 2.2 times more likely than residents of other communities to have never tried smoking.

Figure 4.1.2: Smoking status by community type

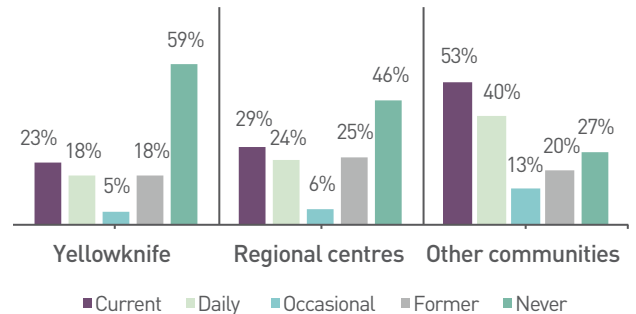
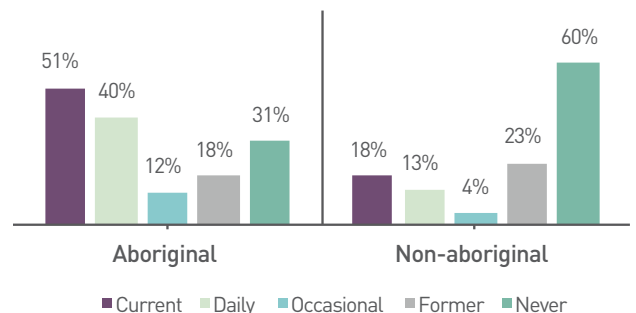


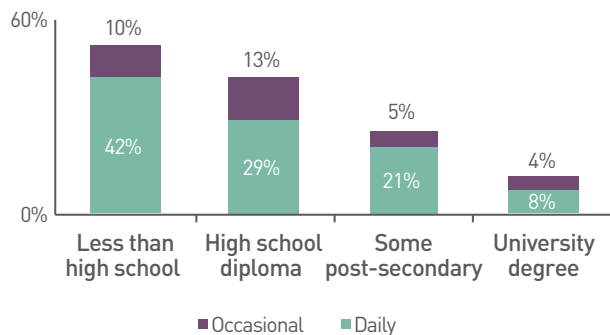
Figure 4.1.3 shows a more detailed breakdown of smoking status by ethnicity. More Aboriginal residents (51%) reported being current smokers compared to Non-Aboriginal residents (18%). Aboriginal residents were three times more likely than Non-Aboriginal residents to be daily (40% vs. 13%) and occasional (12% vs. 4%) smokers. In contrast, Non-Aboriginal residents had higher proportions of former smokers (23% vs. 18%) and residents who had never smoked compared to Aboriginal residents (60% vs. 31%).

Figure 4.1.3: Smoking status by ethnicity



The proportion of current smokers tended to decrease as education level increases (Figure 4.1.4). As such, those with less than high school were 4 times more likely than university degree holders to be current smokers (52% vs. 12%).

Figure 4.1.4: Smoking status by education

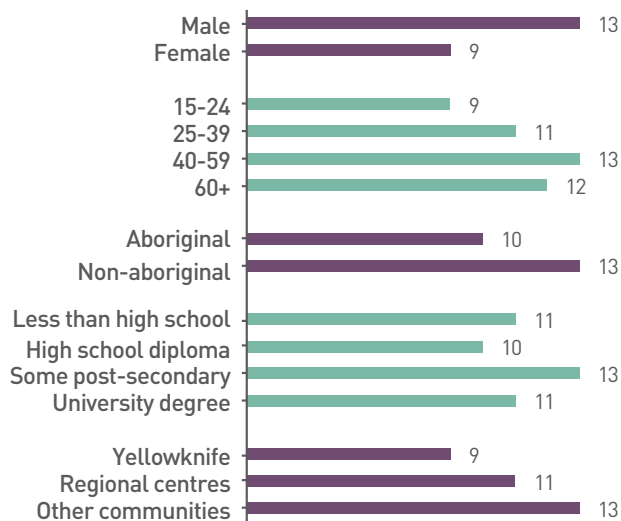


4.2 AVERAGE NUMBER OF CIGARETTES PER DAY AMONG DAILY SMOKERS

Daily smokers were asked how many cigarettes they usually smoked per day. The number of cigarettes smoked per day by daily smokers in the NWT was 11.

Figure 4.2.1 shows group differences in the average number of cigarettes smoked per day.

Figure 4.2.1: Average number of smokes per day among daily smokers aged 15+



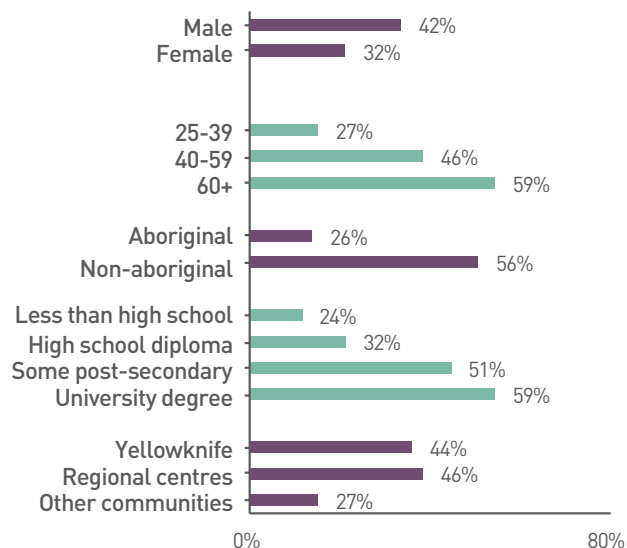
Males smoked four more cigarettes than females (13 vs. 9). Fifteen to 24 year olds smoked the fewest numbers of cigarettes per day (9), compared to all other age groups (11, 13, and 12). Non-Aboriginal residents smoked a higher number of cigarettes per day compared to Aboriginal residents (13 vs. 10), and residents of other communities and regional centres smoked more cigarettes per day, on average, than those living in Yellowknife (13 and 11 vs. 9).

4.3 QUIT RATES

Quit rates are helpful in examining the success of a population in quitting smoking. The quit rate is the proportion of those who quit smoking out of all those who have ever smoked cigarettes (i.e. out of all current and former smokers). Thirty-seven percent of NWT residents who ever smoked have quit.

As shown in Figure 4.3.1, of those who had ever smoked, males were more likely than females, and Non-Aboriginal residents were more likely than Aboriginal residents to have quit smoking. Similarly, Yellowknife and regional centres had a higher quit rate than those living in other communities (44% and 46% vs. 27%). Residents with a university degree were 2.5 times more likely than those with less than a high school education, and 1.8 times more likely than those with a high school diploma to quit smoking.

Figure 4.3.1: Quit rates among 'ever smokers' aged 15+ by select demographics

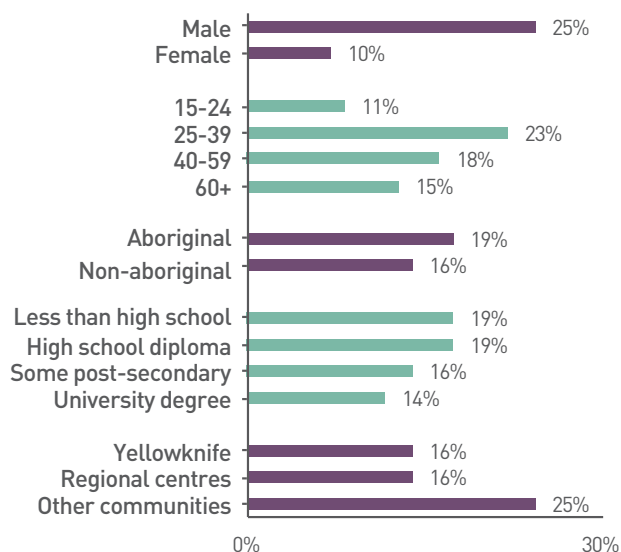


4.4 LIFETIME CHEWING TOBACCO AND SNUFF USE

NWT residents were asked if they had ever tried chewing tobacco or snuff in their lifetime, as well as if they had tried either in the past 30 days.

Figure 4.4.1 shows group differences in lifetime chewing tobacco or snuff use among NWT residents aged 15 and older. Residents of other communities were more likely to have tried chewing tobacco or snuff than residents of Yellowknife (25% vs. 16%).

Figure 4.4.1: Prevalence of lifetime chewing tobacco use among residents aged 15+ by select demographics



Males were 1.5 times more likely than females to have ever tried chewing tobacco or snuff (25% vs. 10%). The proportion of 15 to 24 year olds who have ever tried chewing tobacco or snuff was 11%. Twenty-five to 39 year olds were twice as likely as 15 to 24 year olds to have tried chewing tobacco or snuff in their lifetime (11% vs. 23%).

5.

HARM FROM ALCOHOL, DRUG AND TOBACCO USE

This section describes the survey findings related to both self-harm and harm from others that occur to NWT residents through alcohol, drug and tobacco use.

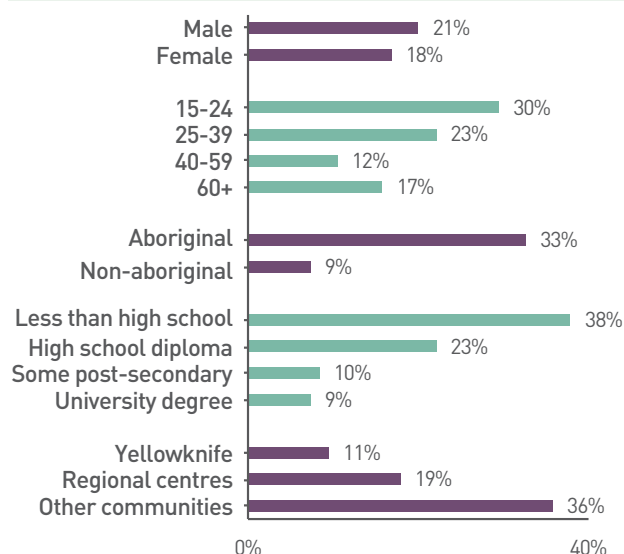
Photo credit: Briony Wright

5.1 HARM FROM OWN DRINKING IN THE PAST YEAR

Residents were asked if their drinking alcohol had harmful effects on their friendships, physical health, home life/marriage, work/studies or whether it created financial, legal, housing, or learning difficulties. Twenty percent of current drinkers experienced harm due to drinking within the previous 12 months.

Figure 5.1.1 shows group differences in experiencing harm from one's own drinking among current drinkers aged 15 and older.

Figure 5.1.1: Group differences in harm in the past 12 months from own drinking among current drinkers aged 15+



Males were slightly more likely than females to experience harm from their own drinking in 2012 (21% vs. 18%). Aboriginal residents were nearly four times more likely to experience harm as a result of their own drinking than Non-Aboriginal residents (33% vs. 9%).

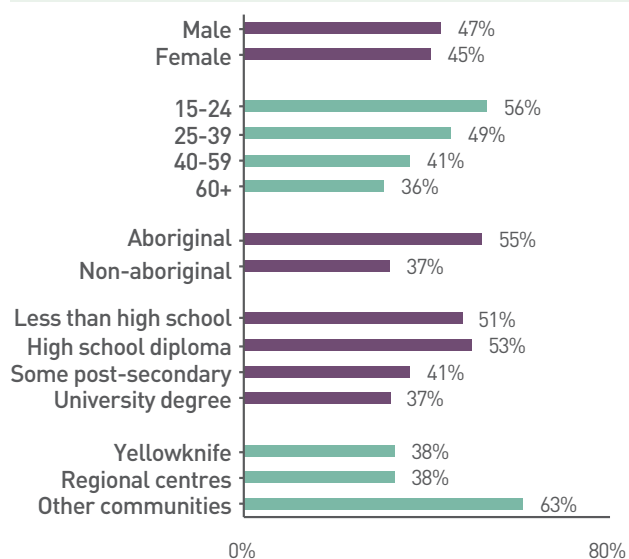
The likelihood of harm tended to decrease with higher levels of education. University graduates and those with some post-secondary schooling had a lower risk of harm from their own drinking than those with a high school diploma or less (9% and 10% vs. 23% and 38%). Current drinkers living in other communities and regional centres reported experiencing more harm from their own drinking than current drinkers living in Yellowknife (36% and 19%, vs. 11% in Yellowknife).

5.2 HARM FROM SOMEONE ELSE'S DRINKING IN THE PAST YEAR

Respondents were also asked if they had ever experienced any of the following types of harm as a result of someone else's drinking: insults or humiliation, family or marriage problems, being pushed or shoved, serious arguments, verbal abuse, or physical assault. Forty-six percent of NWT residents had experienced harm due to someone else's drinking over the last 12 months.

Figure 5.2.1 illustrates group differences in harm from someone else's drinking in the past 12 months among residents 15 and older.

Figure 5.2.1: Harm from other people's drinking in the past 12 months among residents 15+ by select demographics



Forty-seven percent of males reported being harmed from someone else's drinking, compared to 45% for females. Aboriginal residents (55%) were 1.5 times more likely to experience harm from someone else's drinking than Non-Aboriginal residents (37%).

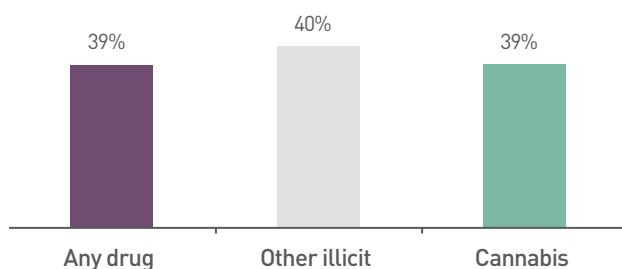
Residents with a high school education or less were approximately 1.4 times more likely to experience harm from someone else's drinking (53% and 51% vs. 37%), compared to university degree holders.

In 2012, residents of other communities were 1.7 times more likely to experience harm as a result of someone else's drinking than residents of Yellowknife and regional centres.

5.3 HARM FROM THE USE OF ILLICIT DRUGS IN THE PAST YEAR

Those who had used illicit drugs in the past year were asked if their drug use had harmful effects on their friendships, physical health, home-life/marriage, work/studies or created financial, legal, housing or learning difficulties. As shown in Figure 5.3.1, 39% of past year drug users experienced at least one type of harm from the use of any illicit drug. Of people who used other illicit drugs (excluding cannabis) in the past year, 40% reported experiences of harm.

Figure 5.3.1: Harm from illicit drug use among past year users aged 15+

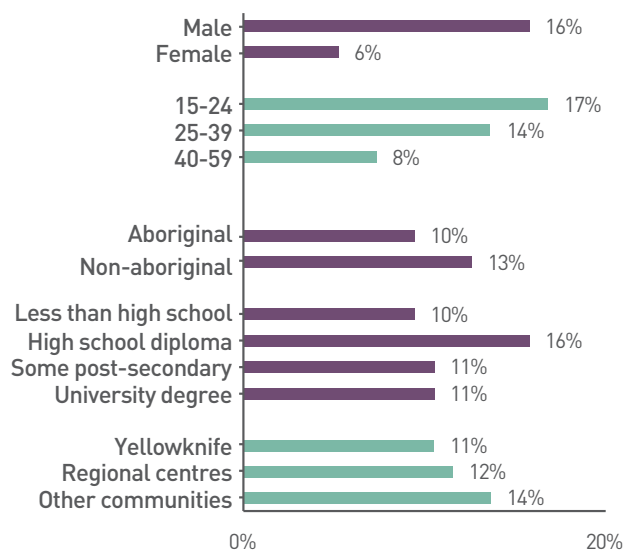


5.4 DRINKING AND DRIVING

Drinking and driving increases the risk of harm to self and to others. Current drinkers were asked if they drove a motor vehicle within one hour of consuming two or more alcoholic beverages within the year before the survey. The proportion of residents who reported drinking and driving was 12%.

Figure 5.4.1 shows group differences in drinking and driving rates among current drinkers aged 15 and older in 2012.

Figure 5.4.1: Driving within an hour of drinking at least 2 drinks among current drinkers aged 15+



Males were almost three times as likely as females to drive within an hour of consuming two or more drinks (16% vs. 6%). Fifteen to 24 year olds were two times more likely than 40 to 59 year olds to drive within an hour of consuming two or more alcoholic drinks (17% vs. 8%). Drinking and driving rates did not vary much between Aboriginal and Non-Aboriginal residents. Drinking and driving rates in other communities and regional centres were comparable to rates among Yellowknife residents in 2012 (14%, 12%, and 11%).

5.5 DRINKING DURING PREGNANCY

Women who drink during pregnancy are at risk of having a child with Fetal Alcohol Spectrum Disorder (FASD). FASD is a broad term describing a range of permanent birth defects caused by maternal consumption of alcohol during pregnancy. These effects may include permanent physical, mental, behavioral and learning disabilities. Drinking patterns among women of childbearing age predicts prevalence of FASD. Therefore, information on drinking patterns during pregnancy provides an indication of the proportion of pregnant women who are at a high risk of having a child with FASD. Women aged 20 to 44 were asked whether they had been pregnant within the last five years and, if yes, if they drank during their most recent pregnancy in that time. However, due to the low number of respondents, and therefore low reliability, the data has been suppressed.

5.6 SMOKING DURING PREGNANCY

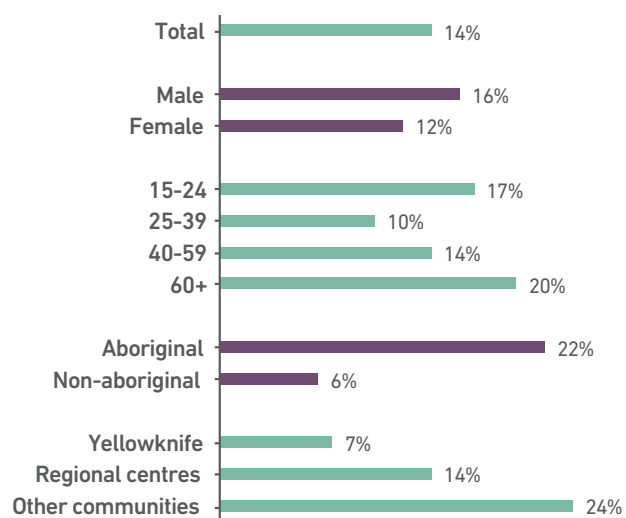
Similar to drinking alcohol, smoking while pregnant can have harmful effects on the development of a fetus. When a woman smokes during pregnancy, the baby is exposed to dangerous chemicals like nicotine, carbon monoxide, and tar. These chemicals can decrease the amount of oxygen available to the baby, which can have negative, long-lasting effects. These include birth defects, premature birth, and low birth weights. Babies born prematurely and at low weights are at risk for serious health problems, including life-long disabilities, and in some cases, death. The effects of second-hand smoke can be equally detrimental to the development of a growing fetus.

Women aged 20 to 44 were asked if they had been pregnant within the past five years and, if yes, whether they had smoked during their most recent pregnancy. These women were also asked if their spouse/partner smoked while they were pregnant, however this data was suppressed due to low reliability.

5.7 SECONDHAND SMOKE

People who do not smoke but who are regularly exposed to the toxic chemicals in secondhand smoke have an increased risk of negative health impacts, similar to people who smoke themselves. Residents were asked if smoking cigarettes was allowed inside their homes. Figure 5.7.1 shows group differences in the proportion of residents who report living in a home in which smoking is permitted.

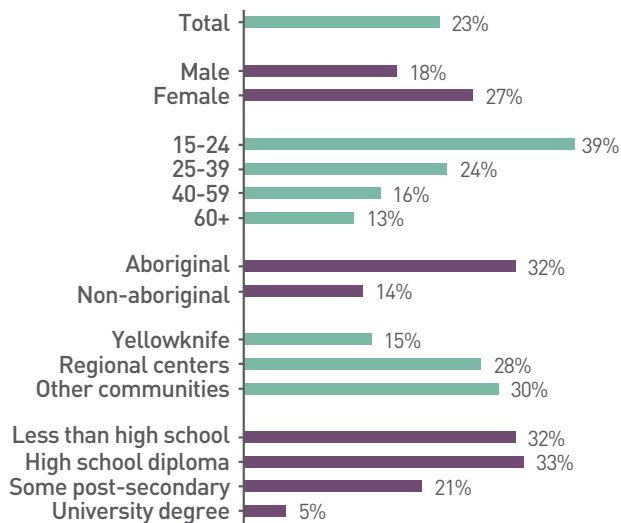
Figure 5.7.1: Group differences in the allowance of cigarette smoking in the home among residents aged 15+



Fourteen percent of residents reported smoking cigarettes was permitted inside their homes. Among age groups, 15 to 24 year olds were more likely to live in a home in which smoking was allowed than 25 to 39 year olds (17% vs. 10%). Compared to Non-Aboriginal residents, Aboriginal residents were nearly four times more likely to live in a house where smoking was permitted indoors (22% vs. 6%). Similarly, residents of other communities and regional centres had higher proportions of residences which allowed smoking in the home compared to those living in Yellowknife (24% and 14% vs. 7%). Secondhand smoke within one's place of residence did not vary much among genders.

Figure 5.7.2 shows group differences in the proportion of NWT residents who have been exposed to secondhand smoke in a vehicle within the past month. Overall, 23% of residents experienced secondhand smoke within a motor vehicle in the past month.

Figure 5.7.2: Group differences in secondhand smoke exposure in a vehicle within the past month among residents aged 15+



Fifteen to 24 year olds were more at risk for exposure in a vehicle than any other age group (39% vs. 24%, 16%, and 13%). The likelihood of secondhand smoke exposure in a vehicle tended to decrease with age.

Females were more likely than males (27% vs. 18%), and Aboriginal residents were more likely than Non-Aboriginal residents (32% vs. 14%) to have experienced secondhand smoke exposure in a vehicle within the past month. Those living in smaller communities and regional centres were about two times more likely to have been exposed within the past month compared to residents of Yellowknife (30% and 28% vs. 15%). Among education levels, university degree holders reported the lowest proportion of people who had been exposed to secondhand smoke in a vehicle within the past month (5% vs. 32%, 33%, and 21%).

6. GAMBLING

Gambling is considered to be any activity where a person risks an item of value on the outcome of an event that is determined by chance. Though most people who gamble do so responsibly, it can sometimes evolve into problem gambling. This can affect multiple aspects of a person's life, including finances, relationships, and employment. As a potentially addictive behavior, it is important to monitor gambling patterns in the NWT.



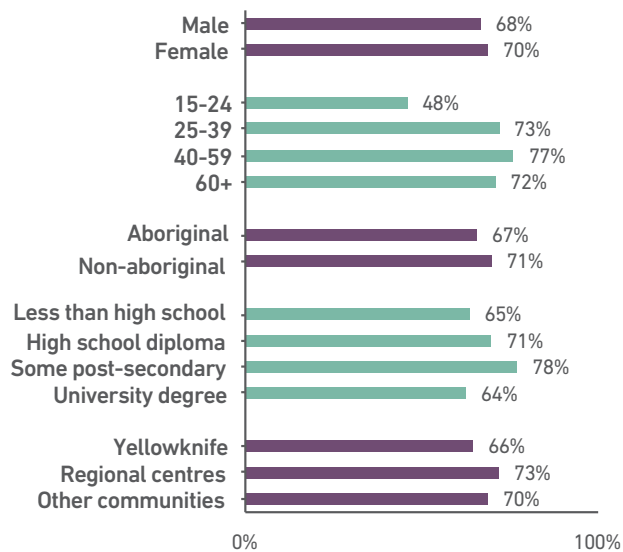
Photo credit: Terry Parker

6.1 CURRENT GAMBLING

Residents were asked if they gambled for money, or other things of value in at least one activity during the past year. Overall, the proportion of NWT residents who reported that they had gambled in the past year was 69%.

Little difference was observed in the prevalence of gambling between males (68%) and females (70%). A lower proportion of 15 to 24 year olds were current gamblers than all other age groups (48% vs. 73%, 77%, and 72%). Those with some post-secondary schooling had a higher proportion of current gamblers (78%) compared to university degree holders (64%).

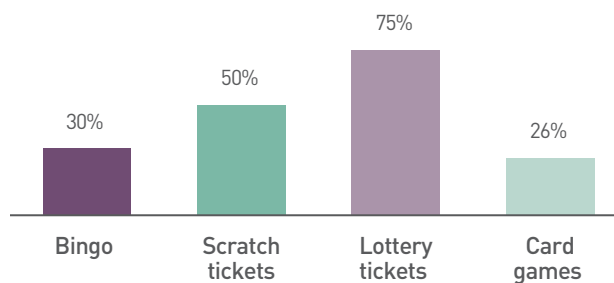
Figure 6.1.1: Proportion of current gamblers among residents aged 15+



6.2 TYPES OF GAMBLING IN THE PAST YEAR

Current gamblers were asked how many and what types of gambling activities they participated in during the past year. Figure 6.2.1 shows the total rates of all types of gambling among NWT residents aged 15 and older.

Figure 6.2.1: Rates for Type of Gambling (excluding internet) among current gamblers aged 15+



Lottery tickets (75%) were the most common type of gambling among current gamblers, followed by scratch tickets (50%), bingo (30%), and card games (26%).

Table 6.2.1 shows group differences in types of gambling in the past year among current gamblers aged 15 and older. Females who were current gamblers were twice as likely to play bingo as males (41% vs. 20%); however, males were about 1.7 times more likely than females to participate in gambling involving card games (32% vs. 19%).

The proportion of current gamblers who play scratch tickets was higher among 15 to 24 year olds than 40 to 59 year olds (59% vs. 41%). In contrast, 15 to 24 year olds were least likely of any age group to gamble on the lottery; other age groups were 2.4 to 2.8 times more likely to do so. Similarly, 15 to 24 year olds were more likely than other age groups to engage in gambling involving card games. The general trend was as age increased gambling on card games decreased (44%, 31%, 20%, and 10%).

The proportion of Aboriginal residents who played bingo was five times higher than among Non-Aboriginal residents (51% vs. 10%).

The proportion of current gamblers who played bingo decreased as education level increased (54%, 29%, 21%, and 12%). Similarly, university degree holders were least likely of all education groups to play scratch tickets (38% vs. 50%, 59%, and 51%). In contrast, university degree holders were more likely than those with a high school diploma or less to gamble on the lottery (85% vs. 74% and 51%).

Those living in regional centres and other communities were 2.5 times and 3.6 times more likely to play bingo than residents of Yellowknife (35% and 50% vs. 14%). In contrast, residents of Yellowknife were more likely to play lottery tickets than those living in other communities (86% vs. 55%).

Table 6.2.1: Group differences in types of gambling in the past year among current gamblers aged 15+

Type	Bingo	Scratch Tickets	Lottery Tickets	Card Games	Internet
Male	20%	47%	77%	32%	7%
Female	41%	53%	73%	19%	4%
Aboriginal	51%	54%	66%	30%	8%
Non-Aboriginal	10%	45%	84%	21%	4%
15-24	36%	59%	32%	44%	F
25-39	26%	57%	76%	31%	6%
40-59	29%	41%	88%	20%	7%
60+	39%	45%	82%	10%	F
Yellowknife	14%	53%	86%	22%	3%
Regional Centres	35%	46%	83%	22%	8%
Other Communities	50%	50%	55%	33%	9%
Less Than High School	54%	50%	51%	33%	5%
High School Diploma	29%	59%	74%	26%	7%
Some Post-Secondary	21%	51%	91%	21%	6%
University Degree	12%	38%	85%	22%	F

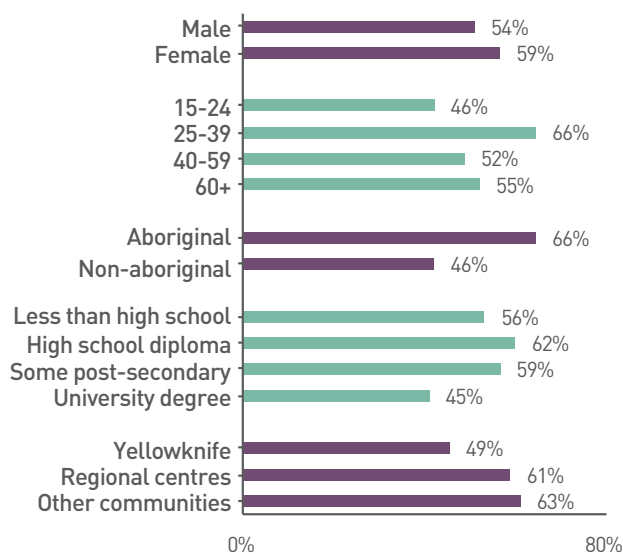
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6.3 MULTIPLE TYPES OF GAMBLING AMONG CURRENT GAMBLERS

Current gamblers were asked how many types of gambling they engaged in within the past year. Fifty-six percent of current gamblers in the NWT participated in two or more types of gambling in the past year.

Figure 6.3.1 illustrates group differences in the prevalence of multiple types of gambling in the past year among current gamblers aged 15 and older.

Figure 6.3.1: Multiple types of gambling in the past year among current gamblers aged 15+



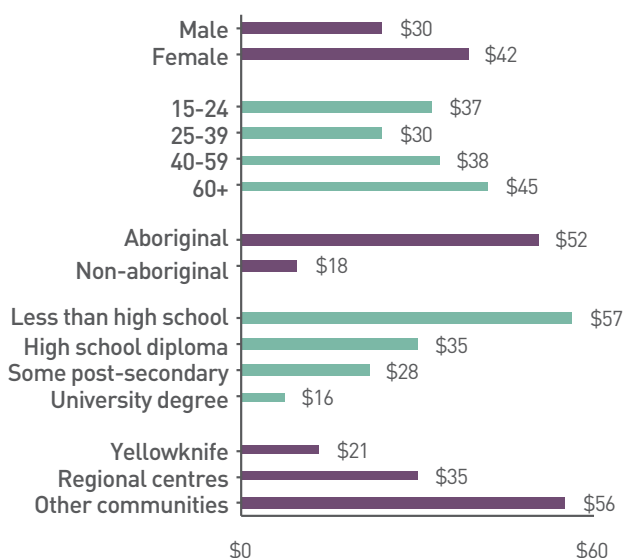
Multiple-type gambling did not vary much among genders. Fifteen to 24 year olds were less likely than 25 to 39 year olds to engage in multiple types of gambling in the past year (46% vs. 66%). The multiple-type gambling rate among Aboriginal residents was 20% higher than among Non-Aboriginal residents (66% vs. 46%). In 2012, Yellowknife residents had the lowest proportion of multiple-type gamblers (49%) compared to regional centres (61%) and other communities (63%). University degree holders were least likely of all education groups to engage in multiple types of gambling in the past year (45% vs. 56%, 62%, and 59%).

6.4 AVERAGE MONEY SPENT IN A 'TYPICAL' WEEK OF GAMBLING

Current gamblers were asked how much money, on average, they spent in a 'typical' week on all gambling activities during the past year. The average amount of money spent was \$36 per week.

Figure 6.4.1 shows group differences in the average amount of money spent in a typical week of gambling among current gamblers aged 15 and older.

Figure 6.4.1: Average money spent in a typical week of gambling among current gamblers aged 15+



Females spent, on average, \$12 more a week than males on gambling, while Aboriginal residents spent about 2.9 times more money on gambling per week than Non-Aboriginal residents (\$52 vs. \$18 a week).

Figure 6.4.1 shows as education levels increased, money spent on gambling decreased. Those with less than a high school education spent the most money per week on gambling (\$57) compared to higher education levels (\$35, \$28, and \$16).

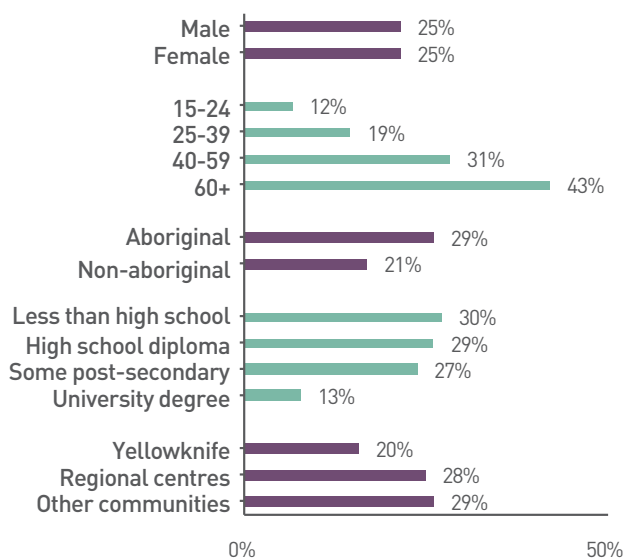
Furthermore, the average amount of money spent on gambling per week was higher in smaller communities compared to Yellowknife (\$56 vs. \$21 per week). The average amount of money spent on gambling in a typical week did not vary by age.

6.5 REGULAR GAMBLING AMONG CURRENT GAMBLERS

Regular gambling is defined as gambling at least once per week. Past year gamblers were asked about the frequency of gambling in the following activities: playing bingo, lottery tickets, scratch tickets, card games, and internet gambling.

Figure 6.5.1 shows group differences in regular gambling among current gamblers aged 15 and older.

Figure 6.5.1: Prevalence of regular gambling among current gamblers



Regular gambling tended to increase with age; those over 60 were 3.6 times as likely to be regular gamblers compared to 15 to 24 year olds (43% vs. 12%).

Aboriginal residents were more likely than Non-Aboriginal residents to gamble at least once per week (29% vs. 21%). Those living in regional centres and other communities had a higher prevalence of regular gambling than residents of Yellowknife (28% and 29% vs. 20%). As education levels increased, regular gambling decreased. As such, university degree holders were 2.3 times less likely to gamble regularly as those with less than a high school diploma (13% vs. 30%).

7.

INDIAN RESIDENTIAL SCHOOLS

Indian Residential schools, run by churches across Canada with the support of the Canadian Federal Government, operated for more than a century (1867 to 1996). Across Canada, some 150,000 Aboriginal children were removed and separated from their families and communities to attend residential schools. Most Indian Residential Schools closed in the 1970s, and it is now recognized that children were forcibly removed from their homes, resulting in multiple forms of loss for children, families, and communities, including a loss of language, cultural identity, and family cohesion. It has also been recognized that a considerable amount of abuse occurred within many of the schools, resulting in trauma for both those who attended residential schools and their families. These effects have also been passed on to younger generations.



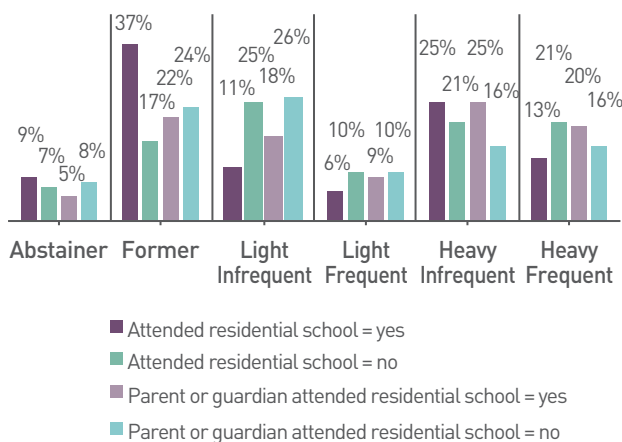
Photo credit: Benji Straker

In 2012, the GNWT established mandatory classes on residential schools to be taught to grade 10 students in the NWT. The classes were developed to educate youth on the history of the schools, how they affected the students attending them, and how they have shaped the communities we live in today.

In an effort to begin understanding the effects of Indian Residential Schools in the NWT, the 2012 Substance Use and Addictions survey asked Aboriginal residents if they ever attended, or whether their parents/guardians had ever attended residential school. This is the first NWT Substance Use and Addictions survey to ask these questions.

Type of drinker, type of smoker, AUDIT (harmful and hazardous drinking), and gambling status were compared among Aboriginal residents who had attended, or whose parents/guardians had attended residential school, and those who had not. Figure 7.1.1 shows the type of drinker among Aboriginal residents aged 15 and older by residential school attendance.

Figure 7.1.1: Type of drinker among Aboriginal residents aged 15+ by residential school attendance

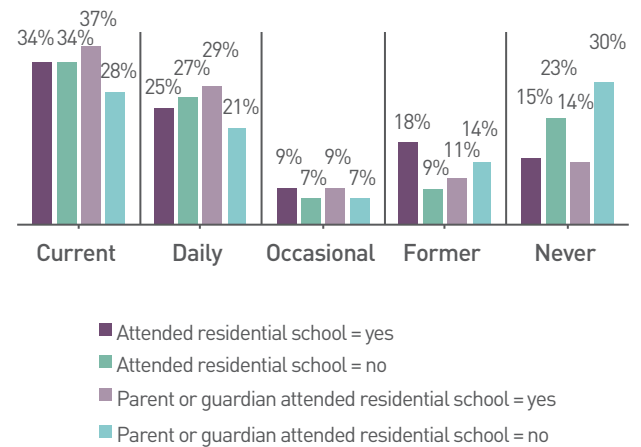


Those who attended residential school were more likely to be former drinkers than those who had not (37% vs. 17%). Those who did not attend residential school had a higher prevalence of heavy frequent drinkers (21%) compared to those who had been residentially schooled (13%). The proportion of abstainers did not vary much among those who attended residential school and those who had not.

Of those who reported a parent had gone to residential school, 25% are considered heavy infrequent drinkers, compared to 16% of those who did not have a parent attend. The proportion of heavy frequent drinkers, abstainers, former drinkers, and light frequent drinkers did not vary much among these groups.

Figure 7.1.2 illustrates prevalence of smoking type by residential school attendance.

Figure 7.1.2: Type of smoker among Aboriginal residents aged 15+ by residential school attendance



Current data shows that those who attended residential school were more likely to be former smokers (18% vs. 9%), and those who did not attend had a higher proportion of never having smoked (23% vs. 15%). Of the Aboriginal residents whose parents had attended a residential school, 37% were current smokers, compared to 28% of those whose parents did not attend. Similarly, Aboriginal residents who did not have a parent or guardian that went to residential school were two times more likely than those whose parents had attended to have never smoked (30% vs. 14%).

The data in figure 7.1.3 suggests Aboriginal residents whose parents or guardians went to residential school were more likely to engage in harmful or hazardous drinking than those whose parents had not attended (62% vs. 39%). Harmful and hazardous drinking did not vary much among those who either had or had not personally attended a residential school (58% vs. 52%).

Figure 7.1.3: Harmful and hazardous drinking (AUDIT) among Aboriginal drinkers aged 15+ by residential school attendance

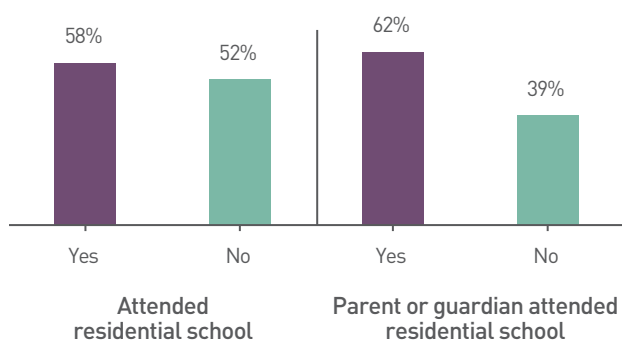
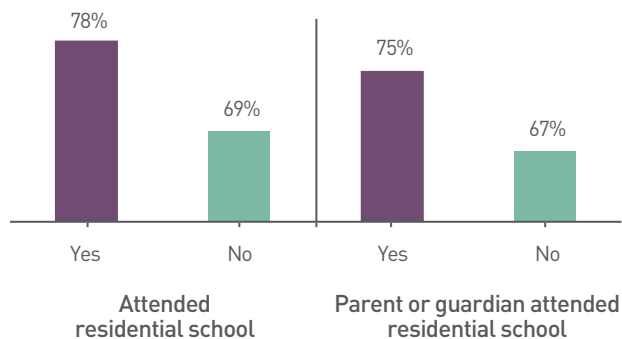


Figure 7.1.4 shows the prevalence of Aboriginal gamblers who attended residential schools, or their parent or guardian attended residential schools. The proportion of current gamblers among Aboriginal residents was significantly higher for those who had attended, or whose parents had attended residential schools. Aboriginal residents who had residential schooling had a higher proportion of current gamblers than those who had not attended (78% vs. 69%). Similarly, those who had at least one parent/guardian who went to residential school were more likely to be gamblers than those whose parents did not (75% vs. 67%).

Figure 7.1.4: Proportion of current gamblers among Aboriginal residents aged 15+ by residential school attendance



ERRATA

2012 NWT REPORT ON SUBSTANCE USE AND ADDICTION

CHAPTER 2: ALCOHOL

Page 16, Section 2.5: *Regular heavy drinking among current drinkers*

Third paragraph, last sentence should read “...and people in other communities (55%) compared to people in Yellowknife (35%) and regional centres (38%).”

Page 16, Figure 2.5.1: *Group differences in heavy monthly drinking (5+ drinks on a single occasion at least once a month) among current drinkers aged 15+*

The lowest two bars, should read “**Regional centres 38%**” and “**Other communities 55%**”



Photo credit: Steph Yuill

A.

APPENDIX A: METHODOLOGY



Photo credit: Terry Parker

SURVEY DESIGN AND METHODOLOGY

The 2012 NWT Addictions Survey was conducted across the NWT in the fall of 2012. The NWT Bureau of Statistics was contracted by the Department of Health and Social Services to conduct the survey. The questions in the survey mirrored previous years, with some minor changes, such as the addition of questions on whether or not the respondent, or the respondent's parents, attended residential school. Survey respondents were asked to provide information on a number of demographic variables, which are analyzed to inform decision-making related to programming and policies. Telephone surveys were conducted in Yellowknife, Fort Smith, Hay River and Inuvik, and face-to-face interviews were conducted in smaller communities. Dwellings in 22 different communities in the NWT were randomly sampled as part of the survey.

SAMPLE DESIGN

All NWT communities were divided into the following eight regions: Yellowknife, Hay River, Fort Smith, Inuvik, Norman Wells, small northern communities, small southern communities A, and small southern communities B. Households in Yellowknife, Hay River, Fort Smith, and Inuvik were selected at random using random digit dialing, and the interviews were carried out over the telephone. Households in other regions were randomly selected using a dwelling list maintained by the NWT Bureau of Statistics. One respondent 15 years or older was randomly selected from each household, and interviews were face-to-face. Data used for weighting are based on published estimates of the NWT population produced by Statistics Canada and community population estimates produced by the Bureau of Statistics.

WEIGHTING

The objective in this survey is to select a small number of individuals whose behavior will represent all individuals of the population. Based on that small sample, inferences or predictions can be made about the total population. To help achieve this goal, respondents are given a sample weight, which depends on their gender, age and ethnicity. Sample weights help compensate for unequal probabilities of selection, non-coverage of the population and non-response bias. The sum of the weights over the sample provides an estimate of the population size. Population estimates used for weighting are based on published estimates of the NWT population produced by Statistics Canada and community population estimates produced by the Bureau of Statistics.

DEMOGRAPHIC INDICATORS

The substance use and gambling variables are shown by demographic indicators when possible throughout the report. These include: age, gender, ethnicity (Aboriginal or Non-Aboriginal), community type, and highest level of education achieved.

LIMITATIONS

Similarly to other large surveys, the limitations of the 2012 NWT Addictions Survey involve problems with self-reported measures. These limitations include potential underreporting and sampling errors.

The subject matter within the 2012 NWT Addictions Survey is of a sensitive nature. As a result, it is expected that underreporting of behavior that is seen as socially unacceptable, or even illegal, may occur. However, surveys remain the most efficient way to obtain information representative of the population of the NWT. Research also indicates that while an underreporting bias may influence estimates for a single point in time, it has *less* of an impact on estimating change *over time*.

Demographic indicators used throughout the report

Demographics	Categories of the indicators
Gender	Male; Female
Ethnicity	Aboriginal; Non-Aboriginal
Age	The age groups reflect categories used to weight the survey results to NWT population estimates: 15-24; 25-39; 40-59; 60+. In some cases, 15-39 and 40+ is used. The latter is used when measures are based on small numbers of when 15-39 year olds have similar prevalence.
Highest level of education	Less than high school (grade 11 or less); High School Diploma; Some Post-Secondary (trades certificate or diploma, or college certificate or diploma); University Degree.
Community type	Yellowknife; Regional Centres (Fort Smith, Hay River, Inuvik); Other Communities



