



# PRO TEEN

June 2005

Volume 14

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## Scientific Events

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CAAH 2005 Annual Conference

Canadian Injury Prevention  
and Safety Promotion Conference

## Articles

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Human Papillomavirus

Is protection really important  
when participating in summer sports?

Teenagers No More Likely To  
Engage in Sexual Activity if  
Condoms Available at School,  
Study Says (2003)

Teen drivers - Why crash rates are  
so high? Understand and manage the  
risks

The Alberta Centre for Active Living

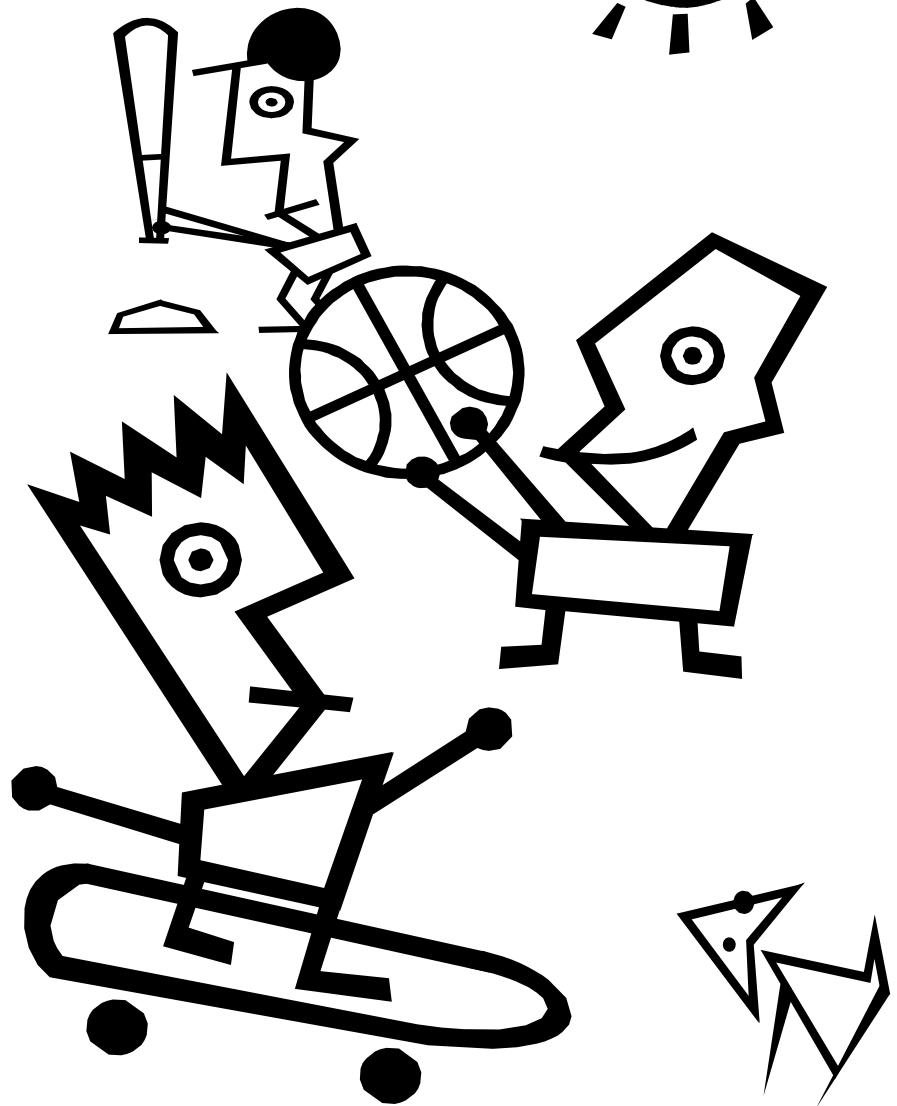
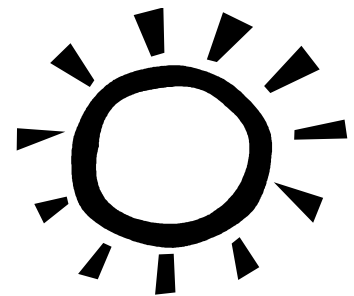
## Publications

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The BC Consortium for Youth Health

The Alan Guttmacher Institute  
publications

BODYSENSE:  
A positive body image initiative for  
athletes



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**Editor in Chief**

Dr Jean-Yves Frappier

**Associate Editors**

André Malo  
John Duong

**CAAH**

Section médecine de l'adolescence  
Hôpital Ste-Justine  
3175 Côte Ste-Catherine  
Montreal QC H3T 1C5

Tel: (514) 345-9959

Fax: (514) 345-4778

**E-mail: [acsacaah@globetrotter.net](mailto:acsacaah@globetrotter.net)**

**Web: [www.acsa-caah.ca](http://www.acsa-caah.ca)**

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## News from the Association

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### Acknowledgements

The onset of summer is marked by a tradition. It is a time when we wish to underline the efforts of all those who collaborated in the Association's activities and in the production of our official publication.

We would like to thank André Malo for the work he does as the coordinator of our main activities: he supervises the membership data bank, PRO-TEEN and Website, manages and organizes secretarial and computer work, and coordinates the work of collaborators.

Philippe Nechkov and John Duong have done the layout and contribute to the articles for PRO-TEEN. We are grateful for the work done by all the members of the PRO-TEEN team. We also thank all of those who have sent us articles, and descriptions of their activities that have greatly contributed to the success and quality of the final product.

Our web site has benefited from the work of John Duong who has added interesting resources.

We still hold our contract with the Canadian Health Network (CHN). CAAH is the coordinator of this contract with the same partner as since 2000: McCreary Centre Society (Vancouver), Adolescent Division, Hospital for Sick Children (Toronto) and Ste-Justine Hospital (Montreal), Kids Help Phone and Public Health Sciences of University of Toronto for

the evaluation.. CAAH holds the contract as Youth Affiliate of the CHN for 2004-2006. Annie de Lorimier is the project manager of CHN. Also involved are: André Malo, John Duong, Philippe Nechkov, Nicolas Thivierge, Alexandre Martin, Nicolas Fréchette, John Duong.

I would like to mention the work accomplished by the organisation and scientific Committee for the Annual Conference of CAAH held in November, 2004 in Montreal. Dr. Franciska Baltzer was in charge of the English side of the meeting and Dr Jean-Yves Frappier of the French side. With more than 400 participants, this Conference was a success and contributes to the development of our Association.

#### **In conclusion,**

I am grateful to all members who promote our activities and support us. *I encourage you to promote the activities of your association. Send us news, a description of your program or activities or an article for publication in the journal.* Some of you have been members of CAAH for many years now and it is encouraging to see your names coming back as a sign of your appreciation of our work.

Have a nice summer,

Jean-Yves Frappier, President of CAAH

## Partnership between CAAH and Merck Frosst

The Canadian Association for Adolescent Health formed a partnership with Merck Frosst Company. The objectives of this partnership are:

- To disseminate adolescent health information, especially to youth but also to parents and to healthcare professionals working in the field of adolescence.
- More specifically, to inform the target audience about HPV and its consequences as well as STIs in general.

A vaccine is under development for the Human Papillomavirus (HPV). It may be available in a near future. The target population for this vaccine is young girls aged 9-24 y.o.

For those who are less familiar with the HPV, certain types of this virus are responsible for condyloma (genital warts) while other types can cause cellular changes on the cervix of the uterus and are a factor

in cervical cancer development. Although this cancer is not among the most frequent in women, it is one of the most prevalent cancer among 30 year old women. (see article in this issue of PRO TEEN).

The HPV is often unknown to adult and youth and its consequences are not well understood by the general public, even by healthcare professionals.

The partnership between Merck Frosst Co. and CAAH thus aims at increasing knowledge about HPV and its consequences and reinforcing prevention and screening for the disease.

Different activities are envisaged within the framework of this partnership which does not have a definite duration.

Within the framework of this partnership, CAAH developed a policy for sponsorship from private sector. The policy is presented in this issue of PRO-TEEN.

## CAAH Policy for Partnership with “For Profit or Private Sector Organization”

### CAAH Objectives

CAAH activities are aimed at Youth 10-24 years old, especially the 10-19 years old group and health is defined as physical, mental, and social wellness.

The Canadian Association for Adolescent Health/ Association Canadienne pour la Santé des Adolescents is a multidisciplinary Association with a mission to improve the health of adolescents. Its main goals are:

- To promote interest in the area of adolescent health, with the public and professionals, at both regional and national level.
- To promote and facilitate cooperation between those interested in adolescent health, organizations or individuals, including adolescents.
- To facilitate, for professionals and persons working in the field of adolescent health, the means of acquiring more knowledge in health care and welfare of adolescents.
- To promote adolescents' participation in the activities of the Association.
- To promote research and the advancement of knowledge pertaining to adolescent health.
- To set standards in health care and other services for adolescents.

- To promote self advocacy among adolescents and to serve as an advocate for adolescent health issues.

### Introduction

Education, information, networking and advocacy are the major activities of CAAH. These activities serve our membership and aim at providing credible health information to professionals, to youth and their parents and comprehensive health care and services to youth.

The resources offered by the private sector can enhance our ability to fulfill our objectives. The CAAH accepts the participation of corporations as supporters of its programs and activities if it is in the best interests of youth and the membership.

Sponsorship is acceptable if it does not compromise the following values:

- follows ethical guidelines and does not compromise the integrity, independence or credibility of CAAH and its members,
- is consistent with CAAH objectives,
- is youth friendly and operates in the best interests of all youth.

### Definition of Sponsorship

Sponsorship means financial or in-kind support for designated educational, advocacy or research/survey CAAH activities and programs.

### Policy Overview

In terms of sponsorships, the CAAH should ensure that the following conditions are met:

- all funding received is in the form of unrestricted grants;
- 
- the CAAH has full editorial and operational independence;
- the use and recognition of funds for all activities or projects is discussed with the sponsor prior to funding
- all projects are reviewed on an annual basis by the CAAH Board of Directors to ensure that they meet the requirements;
- the material, activities or survey/research produced by CAAH through unrestricted grants are the property of CAAH and CAAH has full copyright. Also, information, material, activities or survey/research produced by the CAAH cannot be reproduced or modified in any way, and they cannot be used in promotional material for specific products. Organizations must always have the permission of the CAAH Executive Council to use material in any way that was not agreed in writing.
- the CAAH does not enter into any sponsorship that could be perceived as pure product endorsement; The CAAH does not endorse specific commercial products;
- funding for educational events, activities, and material could be sought from a variety of supporters. Occasions may arise where sole sponsorship is appropriate, and special caution will be taken to ensure that there is no conflict of interest with the objectives of the CAAH;

- “For Profit Organization” support is disclosed;
- the CAAH has final approval over all material (to inform, educate or to promote any activity) and in all instances in which the CAAH name, trademark or logo is used in writing or mentioned in public or with media persons. Use of the CAAH logo and/or name must have prior approval of the CAAH Executive Council.

### Partnership Selection Guidelines

The CAAH will work with organizations who meet the following criteria:

- whose products and services do not present a conflict of interest with the objectives of the CAAH, are not deemed hazardous to Youth health or to the environment, or do not present unsubstantiated claims of effectiveness.
- who adhere to the principles outlined in the Rx&D Code of Marketing (regardless of their membership status) and who respect the spirit of the Canadian Medical Association guidelines for Physicians and the Pharmaceutical Industry.

### Sponsor Acknowledgments and Recognition

Recognition varies for each activity or project, even within the same sponsorship, and will be discussed with the sponsor at the onset of each activity or project.

The CAAH will determine the final wording and placement of sponsor acknowledgments.

Acknowledgement of sponsorship will not make any reference to supporting or endorsing products. That is, sponsors will not be permitted to use the acknowledgment to promote products or services. For example, the following would not be permitted:

“Produced with the support of “X Co.”, makers of “Product Y” or “The CAAH recommends product Y”.

### **Sponsorship Opportunities**

#### CAAH Website ([www.acsa-caah.ca](http://www.acsa-caah.ca)); Public and Professional Education

The CAAH produces print and electronic materials for Youth, parents and professionals. Sponsorship of such activities or of [www.acsa-caah.ca](http://www.acsa-caah.ca) is possible. However, products and services are not eligible sponsors.

#### Undesignated Funds

The CAAH accepts undesignated funds to help advance programs and activities that are central to its objectives.

#### In-Kind Sponsorship

The CAAH accepts in-kind sponsorship in the form of printing, design or distribution channels. The CAAH must approve all material during the development stages of the project to ensure that it

reflects the content and/or design provided and again before the final product is printed. The CAAH has sole copyright on all this material.

#### Services, Research, Surveys, etc.

CAAH accepts sponsorship to carry surveys or research that will help to promote comprehensive care and services for youth and their parents and inform professionals, youth and their parents. CAAH could be responsible for the whole survey/research or involve in only part of the process. In this last event, acknowledgement of CAAH participation will be outlined at the onset and wording of this acknowledgement will be determined by the CAAH Executive Council. The CAAH will then have copyright for the part the Association has been involved in (and the policy overview items stated above will then apply).

The CAAH does not endorse specific services or educational material produced by others, unless specifically approved by the CAAH Board of Directors.

Approved by the CAAH Board, March 2005

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## Scientific Events

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### Canadian Association for Adolescent Health 11<sup>th</sup> Annual National Conference

**Wednesday November 2nd, 2005**

**Location: The Hospital for Sick Children  
Toronto, Ontario, Canada**

This Conference is Co-sponsored by the Division of Adolescent Medicine, Hospital for Sick Children. There will be 3 main speakers and a choice of workshops.

**Keynote address:**

« Transition from Paediatric to adult health care system ».

John G. Reiss, PhD, Associate professor of Paediatrics, Institute for Child Health Policy, University of Florida

**Other speakers, including:**

Diane Sacks, MD, Past President, Canadian Paediatric Society,

Clive Chamberlain, MD, Adolescent Forensic Psychiatrist

**Workshops on:**

Adolescent Emergencies including Psychiatric, Substance and Gynecological issues; Contraception; Depression; Dermatology; Eating Disorders; Human Papilloma Virus; Motivational Counseling; Parent Teen Relationships; Peer Counseling Programs; Smoking Cessations; and more!

Poster display On topics relevant to today's adolescent. You can submit your poster.

For more information, contact  
brenda.rau@sickkids.ca  
416 813 8122

Also visit the CAAH website later this summer for more information on the program: [www.acsa-caah.ca](http://www.acsa-caah.ca)

## Canadian Injury Prevention and Safety Promotion Conference

**Presented by: Safe Communities Foundation, Safe Kids Canada, SMARTRISK and ThinkFirst Canada**

**November 6-8th, 2005 Westin Nova Scotian, Halifax, Nova Scotia**

The overall theme for the conference is *Evidence to Action: Injury, Violence and Suicide Prevention*.

Designed to build on the 2003 national conference, the 2005 Canadian Injury Prevention and Safety Promotion Conference will focus on unintentional injury, violence and suicide prevention and will:

- Highlight the latest science and best practices in policy and programs;
- Actively bridge the gap between research and practice by highlighting specific policy and practice recommendations stemming from Canadian research and targeted research needs identified through community practice;
- Encourage networking and collaboration between different sectors to promote action and policy change;
- Facilitate participation from stakeholders representing vulnerable populations;
- Build momentum for sustained action from stakeholders at the municipal, regional, provincial and national levels.

All activities will build on the following broad sub-themes:

- Defining the Problem.
- Risk and Protective Factors:
- Knowledge Mobilization:
- Prevention and Promotion:
- Research and Evaluation

The conference program is currently being developed. Plan to visit the conference Web site regularly for more information.

### **Who Should Attend?**

Plan to join other community practitioners; safety specialists; health care providers; mental health workers, law enforcement and fire prevention; evaluators; researchers; planners and policy makers at the municipal, regional, provincial and national levels at this important event.

### **Save the Date!**

Mark November 6 - 8, 2005 in your calendar and for more information please contact Shelley Callaghan at [purpledog@sympatico.ca](mailto:purpledog@sympatico.ca) or (613) 798-8029 [www.injurypreventionconference.ca](http://www.injurypreventionconference.ca)

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## Articles

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### Human Papillomavirus

#### What is it?

The human papillomavirus (HPV) is one of the most common families of viruses in the world today and is also the world's leading sexually transmitted infection.<sup>1</sup>

While researchers believe there are over 200 different types of HPV only about 80 have been identified.<sup>2</sup>

Different HPV types are related to different diseases:<sup>2</sup>

- HPV types 6 and 11 can cause genital warts;
- HPV types 16 and 18 can cause cervical cancer.

HPV is transmitted by skin-to-skin contact with the penis, scrotum, vagina, vulva, or anus of an infected person:<sup>3</sup>

- Kissing or touching a partner's genitals with the mouth can also transmit HPV;
- HPV is *not* transmitted by blood;
- Condoms have not been shown to offer protection or prevention of infection by HPV possibly because the virus can be on uncovered areas of the skin.

HPV infects the skin, lining of the mouth, tongue, throat, tonsils, vagina, penis, cervix and anus.

#### Prevalence and importance

It is estimated that 75 per cent of all sexually active Canadians will have at least one HPV infection in their lifetime:<sup>4</sup>

- The highest rates of infection are found in people under the age of 25.<sup>5</sup>

Most people (66 per cent) who have sexual contact with a partner infected by genital warts will develop warts themselves usually within three months of contact:<sup>6</sup>

- An estimated two per cent of sexually active Canadian women have genital warts.<sup>7</sup>

In Canada, the prevalence for cancer-causing types of HPV in different groups of females ranges from 11 per cent to 25 per cent.<sup>3</sup>

Cervical cancer is the third most frequent cancer in women between the ages of 20 and 34.<sup>8</sup>

In 2002, an estimated 1,400 Canadian women were expected to be diagnosed with invasive cervical cancer and over 400 were expected to die because of it.<sup>8</sup>

#### Signs and symptoms

Many people with HPV don't know they have it.

In cases of genital warts, cauliflower-like growths appear and symptoms can include itching, burning and, in anal warts, occasional bleeding as a result of anal sex or bowel movement.<sup>1</sup>

Lesions in the cervix (cervical dysplasia, a pre-cancerous condition) rarely have noticeable

symptoms but they can be detected through a Pap test.

### Diagnosis

Screening for HPV using DNA testing is not widely available and is expensive.

Pap tests (sometimes called a Pap smear) for women are used to examine cells collected from the cervix to help identify abnormal cell changes before cancer develops or those due to cervical cancer. The most critical limitation of Pap testing is the high rate of false-negative results - the estimated range is 5 per cent to 20 per cent<sup>9</sup> with about one third of false-negative diagnoses attributable to slide interpretation errors and two thirds to poor sample collection and slide preparation.<sup>10</sup> Pap tests are also less accurate unless high grade cervical lesions are present.<sup>11</sup> Cervical lesions are classified by severity using a system known as 'CIN' (cervical intraepithelial neoplasia) - stage 1 lesions are considered low grade and can clear up on their own whereas stages 2 and 3 are considered high grade and are pre-cursors to cervical cancer.<sup>12</sup>

### Treatment

Those that present pre-cancerous cells changes on the cervix can be followed and treatment can be offered before these cells evolved to cancer cells.

Depending on the stage of cervical cancer, there are treatment options such as LEEP (loop electrosurgical excision procedure – the removal of tissue using a hot wire loop), laser therapy, radical hysterectomy, chemotherapy and radiation therapy.<sup>13</sup>

Genital warts can be removed by laser therapy, chemical treatments or immunotherapy but they can reappear.<sup>14</sup>

There is currently no medical cure to eliminate HPV infection.<sup>1</sup>

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Reproduced and adapted from the Canadian Society of Obstetrics and Gynecology (2005)

## Is protection really important when participating in summer sports?

In the summer, adolescents enjoy playing football, soccer, in-line skating, skateboarding, and a slew of other summertime sports. They want to have a blast, to perform well. They want to be the best, to show their talent to their friends or the people in the rafters. However, they certainly don't enjoy looking like a teddy bear with all their protective padding!

They know they're good; they have confidence in their abilities. They say that "Nothing is going to happen!" Unfortunately for many young Canadians, that tenet of teenage philosophy sometimes reveals itself to be untrue.

An adolescent is responsible for his own life. They have to take responsibility for the risks they take, because sports and outdoor activities always involve risks. Managing risks doesn't mean to let them take all the risks. In the end, however, they are the only ones in control. Please help them remember their responsibilities. As you know, you often have to repeat your demands with teenagers and stay vigilant. Prohibition is badly seen by teenagers in general. You must try to appeal to their sense of responsibility.

When teenagers play in a team sport, there is generally someone responsible for the necessary safety equipment to ensure their protection. However, they have to take their responsibilities and protect themselves when playing alone or with their friends in the street, in a backyard, or in a park.

In summer sports, protective gear for the head is crucial. Whether they are riding a bike, a scooter, an ATV, or a motorcycle, adolescents must always see helmets as an essential part of their safety. Skateboarding is no different. They only have one head, and if they break it, it could change the rest of their lives. It could mean a wheelchair for life, or worse.

Water is another dangerous context where many adolescents' lives were lost. Always be careful about

where they go swimming. Never let them go for a swim alone or dive in the water at a place they don't know. Explore the area or ask people who know the area for advice.

If your teenager is suffering from a pulmonary, muscular or heart chronic disease, epilepsy, or any other disease, talk to your physician to know which sport he or she can practice safely. Most of the time, teens can be involved in sports even if they have a chronic disease, but a physician might have some advice about how to avoid some inconveniences.

Some sports require special installations, like a baseball field or a track. It means that teens might have to get there with friends or siblings. In that scenario, they have to be very careful! Even if water is dangerous, car accidents are still the leading cause of death for adolescents. Make sure they buckle up; they have five times less chances of dying in a car accident if they do so. They should never accept a ride from somebody who's been drinking or taking drugs. Those drivers have a pronounced tendency to end up in fatal car crashes. There's always a good excuse to decline such an offer. Remember: speed kills.

When spring comes around, car accidents involving pedestrians are frequent. Teens have to remember the basic rules of safety: cross at intersections, walk on the sidewalk, and wear colorful clothes.

Every year, 45,000 Canadian children and adolescents are hospitalized, 1,300 of which die from sports-related injuries. It is the role of parents, coaches, neighbors and others to help teens avoid these accidents. Remind them of all the safety rules. Even if they don't seem to care, it is still helping them see the possible dangers that lay ahead. You can also give the example by following those rules yourself.

Here are specific recommendations to help youth protect themselves when practicing winter sports.

**Safety recommendations for bicycle riding**

- A bicycle is not a toy.
- Establish limits of rides according to the age and maturity of the adolescent
- They have to wear a protective helmet
- Teach safety rules
- Encourage them to ride on a cycle track or on the right side of the roadway, the way traffic goes.
- They have to stop at intersections and watch on both sides before crossing a street.
- Respect of road signs and traffic lights is crucial.
- They must indicate their intentions.
- No riding in the darkness or at nightfall.
- See to the appropriate maintenance of the bicycle.
- Choose a bicycle by taking in account the length of legs (3 cm between the crossbar and the fork of their legs feet laying flat on the ground).
- They must respect road safety code which presently requires:
  - in permanence:
    - √ white reflectors in front
    - √ red in the back
    - √ yellow on each pedal
    - √ red in spokes of back wheels
  - in the evening :
    - √ white headlight in front

**Safety recommendations for roller blade and skateboard users**Remember them to wear

- a helmet
- wrist, elbow and knee protectors

- long-sleeved jackets

To protect themselves by

- choosing roadway in good condition, without cracks and holes
- keeping laces inside their shoes
- Respecting the road code

Insist on

- not using a walkman when skating
- not skating at night or when it is raining
- not skating on busy streets

**Swimming: safety recommendations**Swimming

- Nobody should take for granted that initiation courses to swimming prepare for real emergency situations.
- No swimming during a storm.
- They should dive only if the exact depth of the pool is known and safe for diving.

Swimming pool

- Nobody should dive in a swimming pool which depth is not appropriate; even swimming pools 2,6 metres deep are not always safe.
- Place rescue equipment and a first aid kit near the pool. Be assured that a responsible adult knows the basic of resuscitation.
- Tell them not swim after eating a good meal, taking medication or drinking alcohol.
- Remove all electric wires near the pool.
- Put landmarks on pool edges to indicate depth at these levels.

- Install a minimum 76,2 mm wide ladder, made of non-slippery materials.
- Cover the swimming pool when not using it.

### Boat

- No driving under the influence of alcohol.
- Presence of at least one person who knows how to swim for each person who does not.
- Do not overload the boat.
- Aboard must be found as many lifebelts approved by the Canadian Ministry of Transport as there are passengers.
- Aboard must be found, according to the type of boat :
  - oars
  - a bale or hand pump
  - a fire extinguisher (on boats with an inner engine or cooking appliance)
  - distress signals

### **Safety recommendations to prevent burns**

- Install smoke detectors and check them regularly.
- Own a fire extinguisher.
- Establish an evacuation plan in case of fire.
- No smoking in bed.
- Keep fuels in safe places outside the house.
- Be careful with fireworks (adult toys!).
- Beware of thunderstorms.

### **Safety recommendations on playing fields**

- Have a shock absorption surface of 25 to 30 cm deep made of sand, wood

shavings or tires beneath play equipment.

- Choose a light materials for swing seats
- Fix equipment firmly in the ground.
- Isolate zones of active games (baseball, soccer, etc.) in the playing field with barriers or fences.
- Install non-slippery materials on surfaces where kids can climb.
- Use a specific colour for equipment according to the age group.
- Use bright colours on the protruding pieces of play equipment.
- Trace well delimited routes on the playing field and encourage kids to circulate on them in order to avoid zones where swings and mobile equipment are located.
- Install a phone well visible near the playing field, with conspicuous emergency numbers.
- Clean playing fields regularly and pay attention to pieces of broken glass or sharp metal objects.
- Inspect and look after playing fields regularly in order to assure the appropriate safety of equipment and playing environment.

### **Safety recommendations for pedestrians**

In spring time, pedestrians accident occurs more frequently. Teach them:

- To choose safe areas of play: to avoid garage entrances and busy streets.
- To walk on the sidewalk.
- To respect the road code.
- To wear colourful clothes.

## Teenagers No More Likely To Engage in Sexual Activity if Condoms Available at School, Study Says (2003)

High school students are not more likely to engage in sexual activity if condoms are made available at their schools, according to a study published in the *American Journal of Public Health*. Susan Blake of the George Washington University School of Public Health and Health Services and colleagues analyzed sexual risk behavior data from 4,166 students who participated in the 1995 Massachusetts Youth Risk Behavior Survey to see if students were more likely to be sexually active if condoms were made available at their schools. Massachusetts Department of Education officials in 1991 recommended that school districts develop condom-availability programs, and Massachusetts is the only state with such a policy, according to Blake. Approximately 21% of students surveyed said they could obtain condoms at their schools. Most schools required that students obtain condoms from school staff, including the school nurse, gym teachers or the assistant principal, while only 10% of schools permitted students to obtain condoms from “barrier-free” sources, such as vending machines.

### Findings

Researchers found that students who attended schools with condom availability programs were less likely to be sexually active and more likely to use condoms if they were sexually active than students who attended schools without such programs. The researchers found no differences in pregnancy rates between students in schools where condoms were available and students in other schools, which could be attributed to the students’ use of other

contraceptives at schools without condom access. The study also showed that 25% of sexually active students at schools without condoms used other forms of contraception, compared with 13% of students at schools with condoms. The researchers also found that students did not perceive that access to condoms was enhanced if condoms were available at school. Blake said that “because accessing condoms was likely to result in embarrassment, students did not perceive that access to condoms was greater”.

### Highly Positive Results

Blake and colleagues noted that the study does not prove whether condom availability changed behavior because the study did not compare teenage sexual behavior before and after the programs were implemented. However, Blake said that the results “suggest that making condoms available, a clear indication of social and environmental support for condom use, may improve HIV prevention practices”. Approximately half of the students in grades nine through 12 said that they were sexually active, and 60% said they had used a condom the last time they had sex, according to Blake concluded that “condom availability was not associated with greater sexual activity among adolescents but was associated with greater condom use among those who were already sexually active, a highly positive result.” Blake added that condom availability in schools can be an effective means of preventing HIV/AIDS, other STDs and pregnancy.

## Teen drivers - Why crash rates are so high? Understand and manage the risks

Learning to drive and getting a driver's license are rites of passage that most adolescents anticipate. Unfortunately, this increased autonomy also has a down side – the risk of injuries.

Compared to older drivers, teen drivers are more likely to speed, tailgate, violate traffic signs and signals, and overtake other vehicles in a risky manner. Teens are less likely to wear a seatbelt while driving or as a passenger. Consider:

- Motor vehicle crashes are the leading cause of death for Canadian youths. More than 250 teens aged 15-19 were killed in traffic crashes in 2001.
- Road crashes are also the leading cause of hospitalization among 15-19 year olds. In 1999/2000, more than 3,000 teens aged 15-19 were hospitalized as a result of a motor vehicle traffic crash.
- Although drivers aged 15-19 made up only 5% of all licensed drivers in Canada in 2000, they were involved in 10% of all collisions involving injuries and 10% of all fatal collisions.

### Risk factors

- Driving inexperience. Novice drivers are less able than more experienced drivers to assess driving hazards, they have different visual fixation and scanning patterns, are more likely to focus away from the road to distractions in the car, and their psychomotor, steering, braking, and speed adjustment skills are less well-developed. Age and maturity also play a role, independent of experience.
- Sensation seeking. Teens, more than any other age group, tend to be “sensation seekers” who will engage in risky behaviour to experience novel, varied and intense experiences. This greater need for

stimulation is closely linked with reckless driving behaviour such as drinking and driving, speeding and drag-racing. High sensation seekers are more likely to be involved in collisions and receive traffic violations.

- Peer influence. Teen drivers may take risks to impress their friends, and teenaged passengers can also be very distracting to the driver. Canadian research suggests the risk of a fatal crash is 45% higher for drivers with one passenger, 100% higher for those with two passengers, and increases by 200% for teen drivers with three or more passengers.
- Fatigue. Teens often do not get enough sleep. This sleep deficit could easily lead to crashes, either through inattention or falling asleep at the wheel.
- Biological factors. Testosterone levels surge during adolescence and have been linked to high risk driving behaviour. Also, recent neurological research suggests some of the brain structures related to decision making and judgment are not fully developed until later in adolescence, so teens are more likely than adults to act on impulse.

### Reduce risks: get trained

- It is important for teens to learn appropriate driving skills from a professional instructor. Motor vehicle designs have changed over the years, and novice drivers should learn the most up-to-date information.
- Graduated licensing is effective. But it only works if young drivers follow the licensing rules and avoid higher-risk driving scenarios (such as night driving or driving with other young passengers) until they have gained more experience.

**Buckle up**

- Teenagers have the lowest seatbelt wearing rates. Teens should understand buckling up may save their lives.

**Drive sober**

- The number of alcohol-related deaths among young drivers has dropped in the last couple of decades. However, those who do drink and drive are at very high risk of collision

- 40% of teen drivers killed in crashes have been drinking.
- Teens may also be impaired if driving while tired, while taking some medications, or when distracted by such things as a cell phone, passengers and loud music. Drivers must be alert and focused on the road at all times.

Reproduce from: Smartrisk newsletter, spring 2004

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## The Alberta Centre for Active Living

The Alberta Centre for Active Living sends information (free of charge) about recent research, special events, and programs related to physical activity to over 16,000 practitioners and organizations.

The Alberta Centre for Active Living is a non-profit research and education centre affiliated with the Faculty of Physical Education and Recreation at the University of Alberta. We are supported by the Alberta Sport, Recreation, Parks & Wildlife Foundation and Alberta Community Development.

For more information about the centre's work, please visit our website at:  
[www.centre4activeliving.ca](http://www.centre4activeliving.ca)

To help us meet your information needs, please email your request to be added to the mailing list to Margaret Burns, Alberta Centre for Active Living ([margaret.burns@ualberta.ca](mailto:margaret.burns@ualberta.ca))

Type of information provided:

- active living/physical activity
- information about the Alberta Centre for Active Living (who we are, what we do)
- health promotion
- workplace wellness
- health determinants/population health
- chronic disease prevention
- older adults
- children and youth
- women and girls
- people with disabilities
- other

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# Publications

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## The BC Consortium for Youth Health

The BC Consortium for Youth Health was established with the premise that coordination of interests and efforts related to youth health will promote new opportunities for academic research, improve training for professionals who work with youth, and enable development of more effective policies, programs and services for BC youth. A series of broadly based consultations led to the formation of the Consortium in early 2001. Initial partners included a range of organizations and individuals, including representatives from the University of British Columbia, Simon Fraser University, University of Victoria, and University of Northern BC, and from the BC Ministry of Health, Ministry of Children and Family Development, Children's Commission, Provincial Medical Health Officer, Canadian Rural Partnership, The McCreary Centre Society and youth representatives

The Consortium has the potential to become an important focus of inter-university collaboration, as well as to spawn productive university/government/community partnerships. The Consortium's mandate is to develop and promote a youth health agenda that can serve as a model both provincially and nationally.

The Consortium defines "health" in its broadest terms, incorporating biological, psychological and social determinants of health. Research interests of Consortium partners span the spectrum from laboratory to community, from policy development to clinical care, from genetics and disease etiology to behavioural research and the evaluation of interventions. The Consortium seeks to involve youth in its planning activities and to provide opportunities for youth to develop research interests and skills.

### Desired Outcomes of the Consortium

- Youth engagement in setting the research agenda.

- Youth, families, schools, communities have access to and use the evidence upon which to base policy and program decisions that promote youth health.
- Increased collaboration and partnering between research sectors and disciplines.
- Creation of a system that monitors, interprets and informs on changing youth health needs in BC.
- Opportunities for young British Columbians to pursue their interests in adolescent health research.
- Monetary and human resource benefits for the BC economy.
- National and international recognition of BC for its excellence in youth health research and its youth leadership.
- Creation of an endowed foundation that promotes and supports research, models leadership development, identifies the needs of special communities of youth, and serves as a dissemination and knowledge transfer agent on behalf of youth.
- Improvements in indicators of positive youth development outcomes.

### Vision

Youth and youth health must have an established place on the agenda of any progressive society. Youth and youth health are broadly defined concepts that require a balanced approach to the multidisciplinary integration of youth participation, community involvement, and excellence in research that will inform policies and programs and build a youth positive society.

The BC Consortium for Youth Health will identify, broaden, strengthen and support the development of a youth health agenda for BC, will act as a provincial network for youth health, and will work towards the establishment of an independent endowed foundation to promote the health of BC youth.

#### Objectives

- To extend and support youth involvement in health.
- To promote information sharing and networking among all stakeholders.

- To foster collaborative research.
- To build research capacity.
- To influence public and private policy on youth issues.
- To promote and guide the establishment of an endowed foundation.

For more information, visit [www.youthconsortium.ca](http://www.youthconsortium.ca)

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## The Alan Guttmacher Institute publications

The Alan Guttmacher Institute (AGI) is a nonprofit organization focused on sexual and reproductive health research, policy analysis and public education. AGI publishes *Perspectives on Sexual and Reproductive Health*, *International Family Planning Perspectives*, *The Guttmacher Report on Public Policy* and special reports on topics pertaining to sexual and reproductive health and rights. The Institute's mission is to protect the reproductive choices of all women and men in the United States and throughout the world. It is to support their ability to obtain the information and services needed to achieve their full human rights, safeguard their health and exercise their individual responsibilities in regard to sexual behavior and relationships, reproduction and family formation.

These are sample material from AGI website, available in both PDF and HTML format. For complete resource, please visit <http://guttmacher.com/sections/sexbe.html>

- Sexually Transmitted Diseases Among American Youth: Incidence and Prevalence Estimates, 2000 (2004, research)
- In Their Own Right: Addressing the Sexual and Reproductive Health Needs of Men Worldwide (2003, special report)
- In Their Own Right: Addressing the Sexual and Reproductive Health Needs of American Men (2002, special report)
- Looking at Men's Sexual and Reproductive Health Needs (2002, policy analysis)
- Sexual and Reproductive Health: Women and Men (2002, fact sheet)
- Teenagers' Sexual and Reproductive Health (2001, fact sheet)
- Oral Sex Among Adolescents: Is It Sex or Is It Abstinence? (2000, research)
- Why is Teenage Pregnancy Declining? The Roles of Abstinence, Sexual Activity and Contraceptive Use (1999, special report)
- Assessing Costs and Benefits of Sexual and Reproductive Health Interventions (2005, special report)
- Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care (2004, special report)

## **“BODYSENSE:**

### **A Positive Body Image Initiative for Athletes\*”**

This is an exciting, innovative and novel approach to healthy sport environments for athletes. It is a provincially funded research project\* dedicated to the promotion of positive body image and sport settings for athletes with the ultimate goal of preventing disordered eating.

The BODYSENSE project was created in 1999 after an Eastern Ontario environmental scan (needs assessment) on the topic of disordered eating. The needs assessment indicated that there was a gap in services for issues on positive body image and disordered eating. After being awarded a 2.5 year research grant from the Ontario Women’s Health Council, a multi-site prevention of disordered eating project was started. The project included two primary prevention comprehensive school-based program sites in Toronto and Peel County and a secondary prevention site in Ottawa. The BODYSENSE project is the secondary prevention site.

Secondary prevention means that the BODYSENSE project deals with settings and people who are already at risk of developing disordered eating. BODYSENSE has been working with female athletes. We have created and implemented and researched a pilot prevention program (promoting positive body image) in the sport setting for female athletes.

We have held discussion groups in the club settings, created prevention materials in the form of brochures and newsletters on the topic, implemented the pilot prevention program, and have evaluated certain aspects of the implementation.

The BODYSENSE project has now been adopted by the Canadian Centre for Ethics in Sport and, with support from the Ontario Trillium Foundation (OTF), will be solidifying partnerships this summer (2004) and with these partnerships established and cohesive, will be submitting a proposal (autumn 2004) for two more years of funding from the OTF for a provincial and ultimately, National, implementation and evaluation of the project materials.

All of the written materials that were used in the original BODYSENSE pilot project are available to you at <http://www.bodysense.ca/resources.html>  
The BODYSENSE project has successfully created a model for the promotion of positive body image in sport settings.

More information about the BODYSENSE Model, please visit  
[http://www.bodysense.ca/the\\_model.html](http://www.bodysense.ca/the_model.html)

\*Healthy body image and disordered eating are also issues that concern male athletes. The funding for the BODYSENSE project has been for female athletes.