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Scientific Events

CAAH 10th National Conference

Articles

Healthy youth development

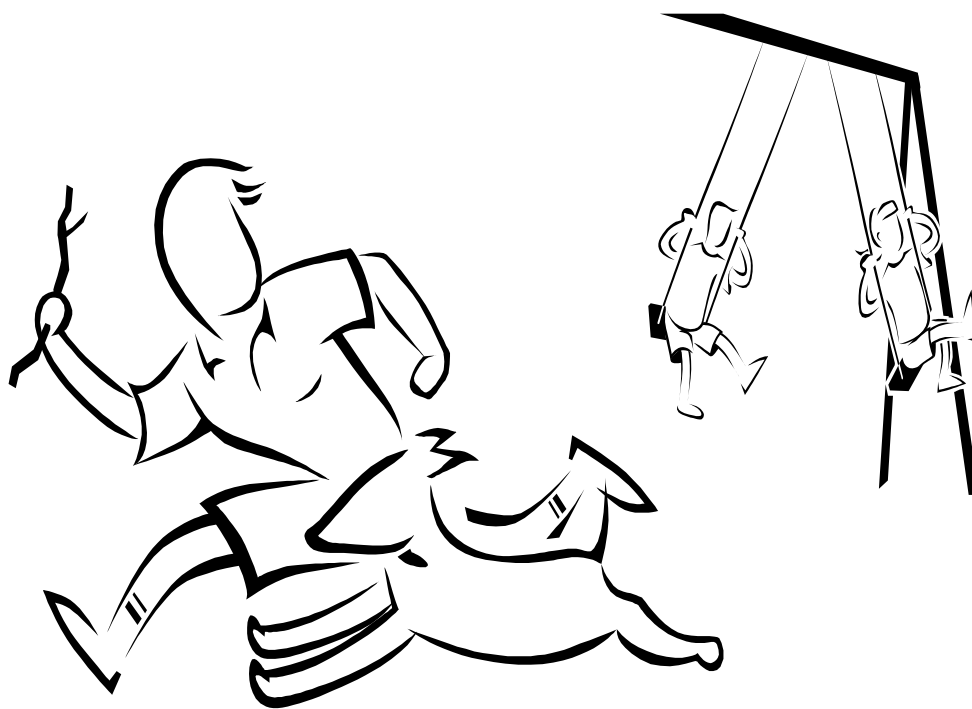
Canadian Health Network affiliate

Marijuana, is it safe?

Factors related to adolescent self-perceived health

Publications

The Media Awareness Network and its Young Canadians In A Wired World Research



PRO-TEEN

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TABLE OF CONTENTS

News from the Association

Acknowledgements 3

Scientific Events

CAAH's 10th national conference 4

Articles

Healthy youth development 5

What is the Canadian Health Network 16

Marijuana, is it safe? 18

Factors related to adolescent health 21

Publications

The Media Awareness Network and its
Young Canadians In Wired World Research 22

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News from the Association

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, he sees to the logistics for conferences, manages and organizes secretarial and computer work, and coordinates the work of collaborators. Mr Malo also helps coordinate our part of the work under contracts for the Canadian Health Network.

Philippe Nechkov has done the layout and contribute to the articles for PRO-TEEN with the help of John Duong. 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). In July 2003, CAAH became the coordinator of this contract after the University of Toronto, but with the same partner as before since 2000: McCreary Centre Society (Vancouver), Adolescent Division, Hospital for Sick Children (Toronto) and Ste-Justine Hospital (Montreal), Kids Help Phone. Also, a proposal was developed and submitted to CHN in the Fall to act as Youth Affiliate of the CHN for the next 2 years. We were confirmed in our role and CAAH holds the contract as Youth Affiliate of the CHN for 2004-2006 along with the

above mentioned partners. Up to July 2003, the work as affiliate for the youth center of the Canadian Health Network site was carried out by André Malo, John Duong, Éric Villard, and Philippe Nechkov. Since then, Annie de Lorimier is the CHN Youth Affiliate project manager and others were added: Nicolas Thivierge, Aya Tsakuda, Alexandre Martin.

Within the Association, Philippe Nechkov managed the membership data bank and registered new members. David Blasco offered extra support to the established team.

I would like to mention the work accomplished by the organisation and scientific Committee for the Annual Conference of CAAH held in November, 2003 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 230 participants, this Conference was a success and contribute 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

Scientific Events

ADOLESCENT HEALTH: BODY, MIND AND SOUL

10th CAAH national conference

Celebrating the 100th Anniversary of The Montreal Children's Hospital

November 1st - 2nd 2004

Montreal - Mont-Royal Centre

Do teens fascinate you or terrify you? Do you groan when you see their names on your schedule or their faces at your door or do you find yourself looking forward to their visit? Either way this conference will have something for you!

The Canadian Association for Adolescent Health, the Adolescent Medicine Program of the Montreal Children's Hospital (McGill University Hospital Centre) and Le Centre Hospitalier Universitaire Mère Enfant Ste-Justine join their efforts to offer you this exciting refresher on body, mind and soul of the adolescent.

- Participate in the updates on common physical, mental health or social problems of teens
- Reflect on the challenges of day-to-day practice with adolescents
- Take advantage of discussions on interventions to improve the health of adolescents

Renown guest speakers will bring new ideas: Dr Éric Fombonne, Head of the Dept of Psychiatry at the Montreal Children's Hospital and Canada Research Chair in Child Psychiatry will present on adolescent mental health and depression. Other speakers will present on healing vs curing, sexuality, drug abuse and the adolescent-health professional relationship.

Interactive and practical workshops led by experts in the field will address old problems and new trends in adolescent health. More than 12 English workshops will cover the following: medication in mental health, breast problems, contraception, eating disorders, drug abuse, menstrual problems, PCO/hyperandrogenemia, abdominal and pelvic pain, teen pregnancy and parenting, confidentiality, law and ethics, etc.

For more information or to consult the final program (end July 2004) visit: www.acsa-caah.ca or www.hsj.qc.ca/FPCM

To register online (in August 2004) visit: www.hsj.qc.ca/FPCM

Articles

Healthy Youth Development

Highlights from the 2003 Adolescent Health Survey III

The 2003 Adolescent Health Survey in British Columbia? Has there been changes since the 1992 and 1998 surveys?

The Adolescent Health Survey (AHS) is the most extensive study of the physical and emotional health of B.C. youth, and of factors that can influence health during adolescence and throughout life. Government agencies, health professionals, schools and community organizations use the survey information in planning programs, policies and services for youth.

The McCreary Centre Society, a non-profit, non-government research organization, conducted the first Adolescent Health Survey (AHS I) in 1992, the second (AHS II) in 1998, and the most recent (AHS III) in 2003. More than 30,500 students in grades seven to twelve filled out the 2003 questionnaire. In total, over 72,400 students have completed surveys over the past decade, providing important information about trends among B.C.'s youth.

Similar surveys have been conducted in other countries including the United States and in Europe, but the Adolescent Health Survey is the largest survey of its kind in Canada. AHS is designed to track trends showing how B.C. students have changed over the last five to ten years, and to identify important new issues facing young people today.

What does the survey ask?

The 2003 survey included 140 questions on health status, health-promoting practices and risky

behaviours. AHS III followed up on most items covered in the previous two surveys, with new questions added to provide insight into emerging risks facing today's youth and protective factors that promote youth health and well-being. The questions were designed to identify factors that influence present and future health, as adolescence is the period when young people often establish lifelong attitudes and habits with smoking, diet, exercise and other behaviours.

Who was involved?

Public school classes were randomly selected to provide a representative sample of all regions in the province. Public health nurses and trained administrators conducted the survey in more than 1,500 grade seven to twelve classrooms. Students took about 45 minutes to complete the anonymous questionnaire, and were given contact information if they had any concerns or questions about the survey. Participation was voluntary, and parents' consent was arranged through each school district. In all, 45 of B.C.'s 59 school districts agreed to take part in the survey.

Staff from the McCreary Centre Society coordinated the project, with advice from an inter-ministry committee with representatives from six provincial ministries, and an expert advisory committee representing the medical community, universities, government, education and organizations serving youth.

Are the results accurate?

To ensure the survey results are accurate, the McCreary Centre Society paid careful attention to:

- **Sample size:** A large number of students participated in the survey.
- **Selection:** Classrooms were randomly selected to represent all grade seven to twelve students in the province.
- **Confidentiality:** Students were assured their participation was voluntary and anonymous.
- **Administration:** Public health nurses and other trained administrators conducted the survey following consistent guidelines.
- **Validity:** Checks were in place to identify frivolous or contradictory answers, and only about 1% of questionnaires were eliminated for this reason, or for failure to complete more than 0% of the questions.
- **Analysis:** Current statistical techniques were used to analyze the survey data to ensure the results accurately reflect the characteristics of all B.C. students in grades seven to twelve. AHS III provides information only about youth who are in school, about 90% of B.C. youth in the study age group. McCreary has conducted additional studies to collect data on the health status of street youth and other young people who, for whatever reason, are not enrolled or regularly attending school.

A Methodology Fact Sheet for the Adolescent Health Survey is available on the Mc-Creary website at www.mcs.bc.ca.

Here are reproduced parts of the Adolescent Health Survey.

Smoking

The most dramatic development revealed by the 2003 survey is an 18% decrease in smoking among youth overall since the 1998 survey. This is a very positive change, since smoking is highly addictive and increases risk for cancer, heart disease, chronic lung disease and other health problems. Seventy-three percent of youth were nonsmokers in 2003, compared to 55% in 1998. Smoking has also declined significantly in all age groups.

Fewer youth are experimenting with smoking as well: 19% of youth in 2003, down from 28% five years ago (defined as having smoked fewer than 100 cigarettes). Although rates have decreased for both genders, girls are still more likely to smoke than boys—76% of boys are non-smokers versus 71% of girls. And in 2003, 13% of youth smoked one or more cigarettes in the past month, compared to 25% in both 1998 and 1992. Seven percent of students are current smokers (daily and non-daily) and these youth are generally at higher risk. For example, almost three-quarters (72%) also use alcohol and marijuana, 18% smoke and use alcohol, 4% smoke and use marijuana, and 6% only smoke. Among 17 and 18-year-olds, 55% of non-smokers did not use alcohol and marijuana in the past month, versus only 6% of smokers. Marijuana use among smokers has not declined, but smoking among marijuana users has, from 48% in 1998 to 24% in 2003.

Greater Vancouver youth continue to have the lowest smoking rates (6% are current smokers, down from 12% in 1998), while the Kootenays (10%) and the Interior (9%) have the highest rates. In 1998, the Northwest part of the province had the highest rate of youth smokers at 23%, which had dropped to 8% by 2003.

Second hand smoke also has negative health effects such as asthma and respiratory infections. Almost a third of youth are exposed to tobacco smoke at home, including their own. Thirteen percent are exposed to environmental smoke almost every day.

Why has smoking declined among youth?

According to the World Health Organization, most regular adult smokers begin smoking before age 18. Adolescents who smoke regularly are most at risk for longterm health problems as a result. Youth may be influenced to try smoking by media images and peer pressure. Although the survey did not ask why students chose not to smoke or to quit, government funded prevention and cessation programs may be having an impact in overcoming these influences. Rising prices, a ban on smoking in public places and most worksites, and increasing

enforcement of penalties for selling to minors may also have an impact.

In addition, Statistics Canada reports that smoking rates in B.C. are lower than anywhere else in Canada. Twenty percent of British Columbians smoke, compared with 25% nation-wide. The decrease in youth smoking may reflect the overall population rate, as research in the U.S. and Canada shows youth are less likely to smoke if their parents don't.

Substance use

The 2003 survey shows substance use among youth has declined in the past five years for alcohol, marijuana, and harder drugs. Despite recent publicity about the popularity of crystal meth and ecstasy among young people, and the significant health risks these drugs pose, the survey results do not show an increase in use of these drugs and most youth have never tried them.

Youth are waiting longer to try alcohol

Alcohol use among youth has decreased 6% overall in recent years, even though there was little change between 1998 and 1992. In 2003, 57% of students had ever tried alcohol, down from 63% in 1998 and 65% in 1992.

Youth of all ages are waiting longer to try alcohol, especially young teens. The number of 13-year-olds who've ever had a drink has decreased 16% over the past decade, to 33% in 2003, from 44% in 1998 and 49% in 1992. Sixty-three percent of 15-year-olds responding to the 2003 survey had tried alcohol, down from 72% in 1998 and 71% in 1992. Of youth aged 17, about 78% had tried alcohol in 2003, compared to 81% in 1998 and 82% in 1992. As these results show, the percentage of youth who try alcohol increases with age. The rate of use is almost identical among girls and boys, with about 58% of each gender ever consuming a drink.

Students in Greater Vancouver are still less likely to drink alcohol than youth in other areas of B.C. About 49% of students participating in the survey

in Greater Vancouver said they've ever had a drink, compared to 56% in 1998. Alcohol use varies across the province, with 63% of students in the Capital region reporting on the 2003 survey ever drinking alcohol, to the Kootenays, where 71% of students have ever had a drink. This figure is down from 77% in 1998, but the Kootenays area continues to have the fewest students who refrain from drinking alcohol. Drinking rates are similar in the Interior, Upper Island, Northeast and Northwest, between 65% and 69%.

Of youth who've had alcohol, about two thirds drank in the past month in 2003: 31% on one or two days, 29% on three to nine days, and 7% on ten or more days. These results are very similar to 1998.

About 46% of male and 43% of female students who have tried alcohol engaged in binge drinking in the past month in 2003, numbers that have not changed since 1998. Binge drinking is defined as having five or more alcoholic drinks within a couple of hours, and is a serious concern, because it is associated with higher injury rates, unprotected sex and other substance use.

Drug use down slightly among youth

Marijuana use among all age groups has decreased slightly since the 1998 survey, to 37% from 40%, but is still considerably higher than in 1992 (25%). The dramatic increase in marijuana use was a major finding in 1998, so any decrease since then is positive. Overall use is similar for boys and girls.

However, among youth who have ever used marijuana, almost twice as many boys are frequent users as girls. In 2003, 31% of boys say they used marijuana 100 or more times in their life, compared to 17% of girls. And these figures have increased: in 1998, 24% of males used marijuana 100 or more times, compared to 16% of girls, and in 1992, the number was 20% of boys, compared to 11% of girls.

In addition, 18% of boys who have ever used marijuana said they used it 20 or more times in the past month in 2003, compared to 8% of girls. In

1998, 13% of boys used marijuana over 20 times, compared to 6% of girls, and in 1992, the number was 9% of boys versus 4% of girls.

Overall use of most other illegal drugs is down slightly since 1998. Five percent of students on the 2003 survey report ever using cocaine, compared to 7% in 1998. Seven percent tried hallucinogens, including ecstasy and LSD, down from 11% in 1998, and 13% tried mushrooms, compared to 16% five years earlier. Four percent of students tried amphetamines such as crystal meth and speed in 2003, compared to 5% in 1998, and 1% reported ever using heroin or steroids, compared to 2% in 1998. The number of youth using inhalants such as glue and aerosols decreased slightly to 4% in 2003, compared to 6% in 1998.

About 82% of students have never used harder drugs—cocaine, hallucinogens, mushrooms, amphetamines, inhalants or heroin up from 75% in 1998. And harder drug use declined for both males and females: 9% of boys and 7% of girls used these drugs three or more times in 2003, versus 13% of boys and 11% of girls in 1998.

Marijuana use is linked to health issues

Even though marijuana use decreased slightly in the past five years, it is still 12% higher than in 1992. Marijuana may be easier for minors to obtain than alcohol, and proposed legislation to decriminalize possession of small amounts may be liberalizing attitudes towards marijuana use. However, many research studies in the U.S. and Canada show regular marijuana use causes respiratory problems, interferes with memory, ability to learn and academic performance, and increases the risk of injury.

Evaluation of youth programs indicate that helping youth connect with family and school, training youth to develop coping and problem-solving skills, involving parents in prevention activities, paying attention to risk factors, focusing on competencies, and implementing intervention programs at school are the best measures to prevent substance use.

Sexual Behavior

The survey instructs youth who have not had sex to skip all questions about sexual behaviour. Of those who answered, the results reveal a number of positive, health promoting developments related to sexual activity. Among youth who have sexual intercourse, more are practising safe sex. And while the overall percentage of youth who have sex has not changed in the past five years, many youth are waiting longer to have sex, especially girls.

Youth are delaying sexual activity

In the 2003 survey, three-quarters (76%) of youth in grades seven to twelve had never had sexual intercourse, the same as in 1998, but up overall from 70% in 1992. Rates were similar among males (23% have had sex) and females (24% have had sex) in 2003, as they were in 1998. Sexual activity increases with age, as it did in 1998 and 1992: from 7% of 13-year-olds, to 21% of 15-year-olds, and 43% of 17-year-olds in 2003.

While regional variations exist, the numbers are virtually unchanged since 1998. Greater Vancouver still has the lowest rate of sexually active youth at 18%, the same number as in 1998, while percentages range between 27% in the Capital region, to 31% in the Kootenays.

A particularly encouraging development is a gradual decline in early sexual activity—associated with sexually transmitted diseases (STDs) and unwanted pregnancy—over the past decade. Early sexual intercourse can be physically and emotionally harmful to young adolescents. The number of 13-year-olds who say they've ever had sex has decreased from 14% in 1992, to 9% in 1998, and only 7% by 2003.

Of sexually active youth, fewer teens are reporting having first had sex at a very early age. The percentage of sexually active girls who first had sex before age 14 has dropped by half in ten years, to 16% in 2003, from 23% in 1998, and 30% in 1992. And 24% of sexually active boys first had

sex before age 14 in 2003, down from 33% in 1998, and 40% in 1992.

STD risk is declining

More sexually active youth are protecting themselves against STDs. Condom use increased 10% overall in five years, from 58% in 1998, to 68% in 2003, although a third of youth still do not protect themselves, and condom use declines with age. The figure is highest among sexually active 14-year-olds (81%), but drops to 61% of 18-year-olds.

Having multiple sex partners also increases the risk of STDs. In the 2003 survey, about a third of sexually active youth reported having sex with three or more partners in their life, the same number as in 1998. However, almost half of sexually active youth have had just one partner. In 2003, 4% of sexually active youth said they've ever had a sexually transmitted disease, down slightly from 6% in 1998, and 5% in 1992.

Almost a third (29%) of sexually active students said they used alcohol or drugs before having intercourse the last time, a slight drop from 33% in 1998.

The 2003 survey asked whether youth have ever been forced to have intercourse by an adult or another youth. Five percent of girls and 2% of boys say they were sexually coerced by another youth, while less than 1% of boys and 1% of girls say an adult coerced them to have intercourse.

Birth control use is rising

More sexually active youth are using both birth control pills and condoms to prevent unwanted pregnancy. In 2003, 64% of sexually active youth reported using condoms to prevent pregnancy, compared to 51% in 1998, and 42% used the pill, compared to 33% in 1998. (In responding to the survey questions, students may select more than one type of birth control method.) Younger teens having sex tend to use condoms more, while older teens tend to use the birth control pill more. About 20% of sexually active 13-year-old students used

the pill, compared to 37% of 15-year-olds, and 50% of 17-year-olds.

Almost a quarter of sexually active youth still used either no birth control or withdrawal, an unreliable method of contraception, in 2003 (24%), the same as in 1998.

The rate of pregnancy has also declined in the past decade: from 8% of sexually active students who have ever been pregnant or caused a pregnancy in 1992, and in 1998, to 6% in 2003.

Physical Health

Most youth continued to report their health status as good or excellent in 2003: 86%, consistent with 87% in 1998 and 86% in 1992. More boys than girls gave their health a higher rating in all three surveys, with 40% of boys and 25% of girls saying they have excellent health in 2003. But these numbers are down slightly for both genders, from 44% for boys and 28% for girls in 1998.

Overall, only 7% of students said they never experienced physical problems such as a backache, headache, stomachache, or dizziness in the past six months. More males than females are free of physical complaints: 10% of boys and 4% of girls report none of these conditions. But a small number of youth do experience physical problems: 21% say they experience one condition a lot, 9% have two conditions a lot, 4% have three a lot, and 2% have all four a lot.

In addition, 11% of students have a health condition or disability that limits their activities, down slightly from 13% in 1998. Of these youth, 36% say their condition is never visible to others, while 7% say people can always perceive their condition. About a quarter (22%) miss school because of their condition, and 26% take daily medication.

Youth care about appearance and weight

Physical appearance and body shape continue to be very important to most teens. Many are unsatisfied with their weight and how they look,

especially girls. Fewer than half of female students (43%) are satisfied with their appearance, compared to 57% of boys. And satisfaction decreases with age among girls, from 50% who are satisfied at age 13, to 41% at 15 and 17.

The survey asked youth to report their height and weight, which allowed Body Mass Index (BMI) to be calculated, a standard measure for assessing healthy weight, overweight and obesity. Seventy-nine percent of B.C. youth have a BMI that indicates a healthy weight for their age and gender. Information about youth who are overweight is included in the Challenges and Opportunities section on page 33.

Of youth who are a healthy weight, almost three quarters (74%) think of their bodies as the right weight. Still, 22% of healthy weight girls and 6% of boys think they are overweight. About 19% of healthy weight males think they're underweight, and about a third (33%) are trying to gain weight. Thirteen percent of healthy weight males are trying to lose weight, and over half of females (52%), reflecting the enormous pressure on girls to conform to a thin norm presented in popular culture and media.

A new question in 2003 asked how many youth dieted to lose weight in the past year. Not surprisingly, more girls (49%) than boys (14%) say they have dieted. About 7% of girls report they are always dieting, and the number increases as girls get older.

Despite youth concern about weight, the survey results suggest a slight decrease in eating disorder behaviours among adolescents. Seven percent of girls and 3% of boys reported vomiting on purpose in 2003, compared to 9% of girls and 5% of boys in 1998. About 3% of girls do so more than once a month.

Most youth exercise

The majority of students participate in physical activities that promote fitness and good health. Overall, 71% exercised three or more days a week in 2003, a figure that has remained stable since

1998, and 18% of these students exercise seven days a week. Boys are still more likely to exercise than girls, but the level of exercise for both genders seems to decline with age. About 82% of 13-year-old boys and 74% of girls exercised three or more days a week in 2003. By the age of 17, the numbers dropped significantly to 69% of boys and 52% of girls.

In B.C., Physical Education (PE) is not mandatory in grades 11 and 12. Extending required PE through the high school years and encouraging more frequent and consistent activity could prevent the decline in physical activity among older adolescents.

Half of students said they always eat breakfast on school days in 2003, the same number as 1998, while 18% always skip breakfast. Younger students are still more likely to eat breakfast: 55% of 13-year-olds always do, compared to 50% of 15-year-olds, and 43% of 17-year-olds. This trend is consistent with 1998, when the percentage of youth who ate breakfast also declined as teens got older.

Injuries

Injuries among male and female youth have declined. About a third of youth (34%) reported injuries requiring medical attention in 2003, down from 39% in 1998. But boys are more likely to be injured than girls.

Sports activities are still the leading cause of youth injuries. Similar to 1998, over half of youths' injuries were sports related. Another 14% of youth injured themselves cycling, roller blading or skateboarding in 2003, up from 10% in 1998. Injuries from motor vehicle accidents went down to 5% in 2003, from 8% in 1998. A third of youth say their injuries occurred at a sports facility, more than any other single location. About 17% of injuries occurred at school, 16% at home, and 9% in the street.

The Kootenays has the highest incidence of injury among youth, as it did in 1998, followed closely by the Interior, Northeast and Northwest regions.

Greater Vancouver youth reported the lowest number of injuries again in 2003.

Trends in injury prevention

Injuries continue to pose a health risk to youth, even though most injuries are preventable. B.C. youth appear to be more careful about following some preventative behaviours than others.

For example, in the 2003 survey three-quarter of licensed drivers said they never drink and drive (74%), a significant improvement over 64% in 1998, and 67% in 1992. Drinking and driving has decreased among male and female licensed drivers, especially boys. However, males are still more likely to drink or use drugs and drive than females. (Graduated licensing was introduced between 1998 and 2003. The “learner” and “novice” stages are restricted to zero blood-alcohol content. The survey defined licensed drivers as youth with learner, novice or full licenses.)

The Vancouver area has the fewest youth who ever drink and drive, at 22%, but rates have dropped everywhere in B.C. as well, including the Kootenays, which has the highest drinking and driving rate at 37%. Still, this number is down significantly from 44% in 1998.

Of youth with learner licenses, 11% acknowledge ever driving after drinking, 36% of those with novice licenses have, and more than half (55%) of youth with full licenses have. Youth drivers seem to become less, rather than more, cautious about drinking and driving, as they gain experience. Twenty percent of youth said they rode in a car with a drinking driver in the past month in 2003, similar to 1998 and 1992.

Seatbelt use has not improved since 1998. While 83% of youth say they wear a seat belt most of the time, only 54% always wore a seatbelt in 2003, compared to 55% in 1998, and 58% in 1992.

About 25% of youth in 2003 said they always wore a bike helmet when cycling, down from 30% in 1998. At that time the rate had increased from only 6% in 1992, following the introduction of

legislation requiring the use of bike helmets. Helmet use declines as teens get older: 42% of youth 12 and younger always wear a helmet, 33% of 13-year-olds do, 20% of 15-year-olds, and 18% of 17-year-olds.

Emotional Health

Some people perceive adolescence as the best years of life, while others think of this period as a difficult emotional time for youth. Adolescence can be either, depending on individual circumstances. The 2003 survey shows the majority of students in B.C. seem resilient and cope well with the challenges and stress of growing up and developing greater independence.

Some good news is that physical and sexual abuse has declined slightly in the past five years. However, too many young people still experience abuse, which is linked to risky behaviours among youth. More girls than boys report both abuse and emotional distress. In addition, the number of youth who consider or attempt suicide as a response to stressful or distressing circumstances has not declined since the last survey, suggesting a need for increased suicide prevention education among students.

Some youth experience emotional distress

Five survey questions ask about emotional health, and a response of “all the time” to two or more questions is seen as an indicator of serious emotional distress.

A small percentage of youth experience serious emotional distress, just as in the previous two surveys, and distress continues to be higher among youth with a health condition or disability and those who have been abused.

In 2003, about 8% of students said they felt seriously emotionally distressed in the previous month, similar to 1998 (7%) and 1992 (6%). Girls (10%) are more likely to feel distressed than boys (6%). These results have been relatively stable over the past decade (9% of girls in 1998, and 8% in 1992, compared to 5% of boys in 1998 and 4% in

1992). Older students are still more likely to experience distress: 9% of 17-year-olds, versus 4% of 12-year-olds.

Physical and sexual abuse has declined slightly

Physical and sexual abuse of youth has declined in the past decade, particularly for females, although girls still report higher rates of abuse than boys. In 2003, 18% of girls reported ever being physically abused, down from 20% in 1998, and 24% in 1992. Twelve percent of boys were physically abused in 2003, compared to 13% in 1998, and 15% in 1992.

The number of girls who report being sexually abused also decreased to 13% in 2003, from 15% in 1998, and 21% in 1992, while 2% of boys reported being sexually abused in 2003, compared to 3% in 1998 and 4% ten years earlier.

Suicide rates stable over past decade

Overall, 16% of students reported seriously thinking about suicide in the past year in 2003, up slightly from 14% in 1998, but the same number as 1992. In 2003, about 11% planned a suicide in the past year, the same as 1998, but down from 14% in 1992. Seven percent of young people said they attempted suicide in the past year in all three surveys. Twice as many girls (10%) as boys (4%) attempt suicide, virtually the same as five and ten years earlier, but boys are more likely to actually die of suicide than girls.

Fourteen percent of students have a family member who has attempted or committed suicide. Four percent had a family member attempt or commit suicide in the past year. These teens are much more likely to consider suicide themselves: 47% considered and 35% attempted suicide in the past year, versus 13% of youth who consider and 4% who attempt suicide with no family history of suicide.

The percentage of youth who considered suicide ranges from 14% in the Upper Island area, to 15% in Greater Vancouver and the Capital region, and 19% in the Northwest and Kootenays. The number who attempted suicide ranges from 5% in the

Capital, 6% in Greater Vancouver and the Upper Island, to 9% in the Kootenays.

Discrimination varies among youth

More youth said they were discriminated against because of their race or skin colour in 2003 than in 1998. Conversely, discrimination due to physical appearance decreased for both genders. About the same number of students reported discrimination because of their sexual orientation in both surveys. Overall 29% of adolescents experienced some kind of discrimination in 2003.

Discrimination due to race or skin colour tends to increase with age, and is highest in Greater Vancouver (15%), the Northeast (12%), and the Northwest (11%).

Violence & Safety

Although media reports sometimes portray youth violence as a growing issue, physical violence among B.C. students has actually declined in the last decade, particularly among males. Still, more than a third of male students and almost one in five females were in one or more fights in the previous year. Too many students also feel unsafe at school and experience some type of harassment or aggression. These findings suggest an opportunity exists for families, schools and communities to educate youth about violence prevention, constructive approaches to conflict resolution, and communication skills.

Physical fights are decreasing

Fights among male students have dropped 9% in the past decade, from 45% who fought in the previous year in 1992, to 36% in 2003. Fewer females get in fights than males, but the number has not changed as much, from 21% in 1992, to 18% in 1998 and 2003. Fighting decreases as students get older: 31% of 13-year-olds got in one or more fights, compared to 22% of 17-year-olds. However, a small number of youth (4%) had four or more fights in the past year.

Eight percent of students carried a weapon to school in the previous month, most commonly

a knife or razor, down slightly from 9% in 1998. Of these students, less than 1% carried a gun, the same as in 1998. Although the percentage of youth carrying weapons to school is similar in B.C. and the U.S., homicide is the third leading cause of non-disease related youth death in the U.S., before suicide, while homicide is extremely low in B.C. and suicide is the number two cause of youth death, after motor vehicle accidents. This difference is likely due to stricter gun control laws in Canada.

Some students face harassment

Students also face other types of aggression at school. Thirty-nine percent of girls and 30% of boys reported verbal harassment at school by peers in 2003. In 1998, students were asked whether they had been verbally harassed by “someone” rather than peers, and 63% of girls and 49% of males said yes, at that time. In 2003, 13% of boys and 6% of girls were physically assaulted at school in the previous year, and 31% of students say they were purposely excluded at least once.

More than half of girls (53%) also experienced verbal sexual harassment in the previous year at school and elsewhere, compared to 36% of boys, similar results to 1998.

Feeling safe at school

Less than half of students say they always feel safe at school: 41% of males and 39% of females. Feelings of safety are highest among grade 12 students (53% always feel safe) and grade seven (43%), and lowest in grades eight (30%) and nine (33%), the first years of secondary school in many school districts. These numbers have decreased since 1998, when 39% of grade eight and 58% of grade 12 students always felt safe. Students generally feel safer in supervised locations at school such as classrooms and the library, and less safe outside on school property, in the hallways or washrooms.

Healthy youth development

Research in the last decade shows that supporting youth in building strengths and capacities enables them to develop the self-esteem and skills needed to overcome obstacles and thrive in adult life. Promoting healthy youth development is an important change in the way social services, government and the medical profession approach youth health. Previously, most programs and funding focused on fixing problem or risk behaviours, rather than opportunities to promote positive growth and development.

Several protective factors promote healthy youth development: Youth need caring adults in their lives and strong adult-youth relationships. Adults need to create safe environments for youth, have high, positive expectations for them, and provide opportunities where they can develop and demonstrate competencies and participate in school and community life. Youth need to learn life skills as well as prevention skills, and to feel a sense of optimism, hope and belonging.

The 2003 survey asked students about their connections to family, school and the community to assess the impact of these environments on youth well-being, risk taking, and academic performance and expectations. The 2003 results confirm the value of strong connections first assessed among B.C. students in 1998: Youth who feel connected and safe at home, at school and in the community have better health, are less likely to engage in risky behaviours, and have higher educational aspirations.

Family connections count

The survey asked several questions about youth relationships with parents and family. These questions were combined to give a relative score of high, medium, or low connectedness. Strong family connections reduce risk. For example, 14% of students who have a high level of connectedness have had sex, compared to 23% of youth with a medium level of connectedness, and 35% of those with the lowest level of family

connection. Students with a strong family connection are also more likely to rate their health as good or excellent, and less likely to smoke cigarettes or marijuana, get into fights, drink alcohol, experience emotional distress or consider suicide.

Family connectedness decreases with age: 32% of 13-year-old students are highly connected to their families, compared to 25% at age 15, and 22% at age 17. Overall, boys (28%) feel more connected than girls (25%).

A new question in the 2003 survey asked students if they have an adult in their family they can talk to if serious problems arise. About 78% of students said yes, and these youth tend to be physically and emotionally healthier than students with no one to talk to. For example, 19% of youth without an adult family member to talk to experienced severe emotional distress in the previous month, compared to 5% of those who have someone to talk to. Early adolescents in particular (12 to 14-year-olds) are less likely to take risks when they have a family member to talk to.

Another new section asked students how often at least one parent was home at critical times of the day. Parental monitoring is generally associated with fewer problem behaviours and higher levels of psychosocial adjustment, especially among early adolescents.

The survey results show that about 88% of youth had someone at home three or more days a week when they woke up in the morning, 66% when they came home from school, 82% when they ate their evening meal, and 95% when they went to bed. Youth report better physical and emotional health the more often parents are present at these times, and are less likely to try cigarettes, marijuana, alcohol or sex. Eighteen percent of youth ate dinner with their parents 0-2 days a week, and 57% on all five school days. The opportunity for communication between adults and adolescents during meals may help confirm a youth's importance in the family, and the

structured lifestyle may carry over into other behaviours.

School connections enhance performance

Some survey questions asked about relationships with teachers and peers and students' sense of belonging at school. Based on their answers, youth were categorized as having high, medium, or low levels of school connectedness. More girls (31%) than boys (25%) have high connections to school. Youth who are highly connected report better health and engage in fewer risky activities compared to those who have medium or low levels of connectedness. Feeling safe at school is another protective factor strongly linked to better physical and emotional health, and reduces risk taking, especially among younger students.

Similarly, academic performance is associated with health: students who take fewer risks have better health and get better grades. Twenty-eight percent of youth report mostly A's, 43% get mostly B's, 27% mostly C's, and 3% mostly D's and F's. Girls (33%) are more likely than boys (22%) to get mostly A's. Students with A's experience less emotional distress, and are much less likely to smoke tobacco or marijuana, drink alcohol, have sex, or be involved in fights than those who receive C's, D's or F's.

Youth who have post-secondary educational aspirations are also less likely to take risks. In B.C., 72% of students expect to graduate from a post-secondary institution such as a community college, technical institute or university, while 7% expect to finish their education either before or when they graduate from high school. Sixteen percent don't know when they will finish their education. Despite students' intentions, only 49% of people 25 and older in B.C. have some kind of post-secondary certificate. Consequently, the educational system faces the challenge of ensuring capacity exists to accommodate students' aspirations.

Community participation protects youth

About 72% of youth take part in extracurricular activities each week, 76% of girls and 68% of

boys. These activities do appear to be protective, as youth who participate report slightly better health and take somewhat fewer risks than those who don't.

In addition, as volunteer activities increase, risk behaviours generally decrease. Girls (87%) are more likely to volunteer than boys (74%). Of various volunteer activities, 48% of youth fundraised for a charity or school trips, 35% supported a cause such as the food bank or an environmental group, 33% volunteered for school activities such as the yearbook, school patrol or student council, and 31% helped in the community.

Another new question on the survey asked students if they could name things they are really good at. Eighty-four percent of youth consider themselves to be quite good at a range of activities, from every kind of sport to music, drama, computers, school subjects, supporting friends and listening. These youth report better health and take fewer risks than students who could not identify activities they're good at.

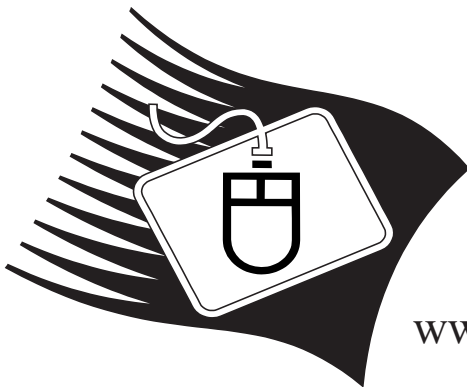
As well, students who think of themselves as religious or spiritual are less likely to have sex or try cigarettes, marijuana or alcohol. Thirteen

percent of students say they are very religious or spiritual, 44% somewhat, and 44% not at all.

New Canadians do well at school

Nine percent of youth have lived in Canada less than five years, and 66% of these students speak a language other than English at home most of the time. Even so, this group of youth is getting better grades than other students: 33% get mostly A's, compared to 26% of youth who have always lived in Canada. New Canadians also feel slightly more connected to family and school, and have slightly higher post-secondary aspirations, with 77% planning to continue their education, compared to 71% of students who have lived here all their lives, which may reflect higher family expectations for immigrant youth. Youth who are new to Canada take fewer risks, and are less likely to smoke, drink, use marijuana or have sex. New Canadians are more likely to experience discrimination because of their skin colour or race, but report the same level of severe psychological distress as youth who have always lived in Canada.

Reproduced from McCreary Centre Society's Adolescent Health Survey 2003. www.mcs.bc.ca



www.acsa-caah.ca

www.canadian-health-network.ca

What is the Canadian Health Network?

www.canadian-health-network.ca



CHN is a national, non-profit, bilingual web-based health information service. CHN's goal is to help Canadians find the information they're looking for on how to stay healthy and to prevent disease. CHN accomplishes this through a unique collaboration - one of the most dynamic and comprehensive networks anywhere in the world. This network of health information providers includes Health Canada and national and provincial/territorial non-profit organizations, as well as universities, hospitals, libraries and community organizations.

CHN's mission is to support Canadians in making informed choices about their health, by providing access to multiple sources of credible and practical e-health information.

Its vision is to become "Your preferred choice in Canada for helpful, e-health information you can trust."

CHN's core values are:

- To maintain health information as a public good
- To not recreate existing health information
- To present quality, credible, and practical information from multiple perspectives
- To be socially-inclusive and respectful of diversity
- To exemplify ethics and integrity

CHN offers:

- Links to more than 12,000 English and French Canadian web-based resources that pass a rigorous quality assurance process to ensure that the information is timely, accurate, and relevant.
- In-depth information on 26 key health topics and population groups, with resources on how to stay healthy and prevent disease and injury.
- High-quality national health information, and regional resources from Canada's provinces, territories and local communities.

- Information on societal health issues such as violence prevention, environmental health and workplace safety.
- Monthly feature articles on current health issues, special guest columnists, and 'behind the news' information and analysis.

CHN is non-commercial and assures complete privacy and confidentiality.

CHN offers many search choices to explore its large collection of Canadian health resources in either English or French.

CHN helps users take a critical look at other health web sites, with tools to assess their accuracy, timeliness, relevance and possible bias.

Another checklist aims to show Canadian consumers and health intermediaries what to look for in a health-promoting Web site.

CHN's Advisory Board reflects the diversity that makes CHN a network of health information networks. Members of the Advisory Board come from both within and outside government, and represent a broad cross-section of Canadians in terms of age, language, gender, cultural background, occupation, and geography. The Advisory Board helps to guide the growth and evolution of the network by making recommendations to the Deputy Minister of Health on future strategic directions.

The CHN address is www.Canadian-health-network.ca

The Youth Section of the CHN website

Youth is a vital period for developing skills and a sense of self that will influence future directions in health, life, work, and relationships. Youth is defined as anyone between the age of 12 and 24.

Once connected to the CHN website, one can click on Youth in the list of groups offered (children, men, women, seniors, etc.). The Youth section of CHN is designed to meet the health information needs of youth, their parents and adults who work with youth.

A Youth Affiliate consortium is responsible for developing this section of the CHN website: The consortium is composed of: The Canadian Association for Adolescent Health and la section de médecine de l'adolescence de l'hôpital Ste-Justine, Montréal; McCreary Center Society, Vancouver; Kids Help Phone; the Adolescent Division of the Toronto Sick Children Hospital; TeenNet, University of Toronto.

The Youth Section offers more than 700 resources in English: some are documents describing a problem or the solution to a problem, some are giving access

to website of interest, some are giving tips on the prevention of certain health condition. You will find an FAQ zone with answers to questions on dating, suicide, relationships and others. In the "guided search" zone, the surfer can access the 700 resources or choose from a list of more than 19 topics and thus access the related resources: sexuality, active living, healthy eating, substance use, violence, injury prevention, STD, workplace, relationships, mental health and others. There is also a "keyword search" and a "quick search". By clicking on the "quick search", the surfer can choose from a list of interesting topics and access the related resources especially for Youth: youth and sexuality, youth and suicide, youth and stress, etc.

We are presenting an example of the resources available on the Canadian Health Network.



Don't forget to renew
your CAAH membership

www.acsa-caah.ca

Marijuana, is it safe?

Article reproduced from CHN's "youth" section

Marijuana (including cannabis, hashish and hash oil) is the most commonly used illegal drug by young people everywhere. Marijuana has been the subject of controversy for several decades, but never more so than in recent months. The current debate around the appropriate place of marijuana in Canadian society has revealed some deeply held and opposing values that can sometimes overshadow clear thinking and balanced information.

Why many young people use marijuana

Today's young people are growing up in a world that tolerates more forms of substance use, both medical and non-medical, than at any other time in history. The powerful marketing capacities of the tobacco and alcohol industries, and their focus on the youth market, add to this environment. Finally, an unprecedented ease of access to various media has meant that more young people than ever are "consuming" a pop culture that tends to tolerate or even promote substance use.

Drug use is nothing new. People have used a wide variety of substances throughout history to satisfy some sort of need, ranging from enhancing pleasure, to relieving stress and coping with long hours of work. Young people use substances for many of the same reasons as adults, but there are special pressures associated with normal adolescent development - and the search for identity - that help to explain the popularity of marijuana today. Research demonstrates that adolescents may use marijuana as a way of ?

- demonstrating independence;
- developing values distinct from parental and societal authority;
- developing strong peer bonds;
- seeking novel and exciting experiences;
- taking risks and satisfying curiosity.

The motivation to use marijuana is reinforced by the spirit of the times, which one commentator has

described as "a runaway world" filled with uncertainty and a lack of direction.

How young people get started using marijuana

Young people are most often introduced to marijuana by friends. Most use marijuana for the first time out of curiosity and to be sociable. Those who continue to use usually report that they do so to relax, feel good, enjoy music and movies, and to be sociable. Those who choose not to use say they're just not interested or that they fear the adverse health effects. They do not tend to mention the penalties associated with use. Only about 50% of users report that they enjoyed their first experience - many don't feel anything, while others experience unpleasant psychological effects.

Why some have problems with marijuana use

People usually develop problems with marijuana use as a result of a combination of personal, family and school-related factors. These factors may include mental health issues, a troubled home and family environment, or weak performance in school. Daily use of marijuana is a strong indicator of potential problems. A review of studies shows that problematic marijuana use is linked with.

- truancy
- low self esteem
- delinquent behaviour (stealing, vandalism, fare dodging)
- having delinquent friends
- hanging out on streets (boredom)
- other behavioural and mental health issues (for example, those in special education programs tend to use more)

It is important to note that saying these problems are linked to marijuana use, is not saying that one is caused by the other, but only that there is a statistical association.

Effects of marijuana on health and performance

The active ingredient in marijuana is tetrahydrocannabinol or THC, which, when ingested, produces a range of effects that include a sense of well being; a feeling of relaxation; enhanced sociability; difficulty concentrating; distortions in sense of time, vision and hearing; and at higher doses, auditory and visual hallucinations. Other effects include increased heart rate, reddening of the eyes, sedation, increased appetite, and decreased muscle tone. The extent of these effects and the actual experience of the user will be determined by a number of important factors that can vary greatly.

Use of any drug has some measure of risk attached to it, and marijuana is neither a demon weed nor a benign substance. As with all substances, it is important to distinguish between casual, regular and heavy use, with negative effects being more likely with heavier use. Studies of effects are hampered because marijuana is often used in combination with other substances, particularly tobacco.

Any discussion of risks and problems associated with marijuana needs to include specific circumstances that can greatly increase those risks, such as:

Use at an early age

The average age of first use of marijuana in Canada is about 14 years; earlier use of marijuana (and other substances) may be an indication of other issues in the child's life (such as mental health problems) and can lead to other problems. There is no conclusive evidence to support a theory that has been proposed for many years suggesting that marijuana use leads to other illegal drug use - the so-called gateway theory. While it is true that most users of other illegal drugs (e.g., cocaine, heroin) have used marijuana, the vast majority of young marijuana users do not use any other illegal substance.

Using in combination with other substances

When marijuana is used with other substances, from alcohol to heroin; the results can be difficult to predict and potentially dangerous; depending on the

substance the effects may be additive (1+1), synergistic (1x1), or may cancel each other out.

Using in combination with other activities

Driving: Marijuana affects driving ability; the risks increase significantly with dose and affect certain tasks more than others (simpler tasks such as road tracking are more affected than more complex tasks). When combined with alcohol, there is serious driving impairment even at low doses.

School tasks: Because it can impair memory, concentration and problem-solving, marijuana use combined with school or homework has the potential to reduce performance.

Sexual activity: Use of marijuana (or other drugs) may result in unwanted or unprotected sexual activity with serious consequences.

Athletics: Marijuana is not a performance-enhancing substance; rather it has the potential to impair performance, possibly leading to injury. A study in Quebec showed that a startlingly high number of students in that province play sports while under the influence of marijuana.

Using while pregnant

As many people are aware, alcohol use during pregnancy can be very risky and can result in life-long effects for the child; occasional use of marijuana through pregnancy does not appear to result in any effect in the newborn, while regular use has been shown to result in reduced fetal growth. A long-term study in Ottawa has shown there are subtle effects on cognitive functioning among offspring at 9 to 12 years of age of marijuana-using mothers.

Preventing marijuana use problems - at home and school

What parents can do

If a person has not used marijuana or other substances during their adolescent years, it is unlikely they will do so in the years following. Those who do use during adolescence tend to "binge" or use to intoxication. This pattern of use tends to fall off with the demands of adulthood, particularly a job and family. Knowing that, parents may wish to adopt an attitude toward

marijuana and other drug use that places the greatest emphasis on helping their child to get through adolescence safely.

Some quick tips:

Strive for a “middle path” in parenting your teen, being neither overly restrictive nor overly lax;

Be aware of your own relationship with intoxicants, and show a readiness to make healthy choices;

Look for natural opportunities to discuss substance use issues; use occasions when the child has been or may be in a drug-using situation as an opportunity to discuss their use or non-use;

In discussion, bear in mind:

- listen to your child: their perceptions are the reality that must be addressed;
- help them with their “decisional balance” by weighing perceived benefits against risk; use this article as a reference;
- young people are influenced by their perception of what is “normal”. Point out that although it may seem “everyone” is using marijuana, the majority in most schools and grades do not use marijuana

Consider a harm reduction approach with your teen. That is, point out your preference that they not use marijuana or other substances at all, but identify drug-using situations that are particularly unsafe and really need to be avoided (for example, using around driving and sexual situations, using to the point of intoxication, using in combination with other substances or medications, or while involved in physical or cognitive activity).

Be alert to problems:

- early use (under the age of 14) may be a signal that there are other issues and problems that need to be dealt with;
- declining school marks and reduced interest in school; this should be viewed as a red flag for a number of possible problems, including drug use, that need to be followed up with the school;

- changes in drug use; if for example, using to intoxication appears to be increasing or occurring regularly, seek the advice of a professional

What school can do

The overall school environment sends messages about the worth of students and the school’s interest in promoting their health and safety. Schools need to strive to be an attractive, positive place for all students. These values need to be reflected in school policies that everyone is familiar with.

Pay attention to drug education, using evidence-based programs; many programs in use today are not supported by research; several methods, such as those based on life skills and normative approaches, are showing greater promise. Programs need to be delivered by competent, trained staff who are comfortable with interactive and peer-based approaches.

Identify and provide support to those experiencing difficulties with school and/or with substance use; again it is important to use evidence-based approaches (such as the Opening Doors program developed in this country), taking care to avoid labeling these young people.

Be aware of community resources available for those students who are showing signs of drug dependence.

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Factors related to adolescents self-perceived health

Since 1999, Statistics Canada and the Canadian Institute for Health Information (CIHI) have reported collaboratively on health issues in Canada—Statistics Canada on the health of the population, and CIHI on the performance of the health care system. The Statistics Canada series of reports, *How Healthy Are Canadians?*, addresses a different theme each year. The first report focused on health status and the use of health care services over the life cycle. The second edition looked at health differences between men and women, and the third, health in communities.

The title of this fourth edition is *Growing up Healthy?*, which suggests the rationale for a focus on children. In an affluent Western country, our children should be “growing up healthy.” Indeed, international comparisons indicate that by the measures traditionally used to assess population health, Canadian children are thriving. Childhood infectious diseases are well controlled, and Canadian students perform strongly in international tests of math, science and reading. Yet when asked about how they perceive their health, a surprisingly large proportion of young people convey a less positive view. This report is intended to examine the conditions that impede, as well as those that enhance, children’s potential to “grow up healthy.”

The analyses are based on data from three Statistics Canada surveys: the National Population Health Survey, the Canadian Community Health Survey, and the National Longitudinal Survey of Children and Youth. Recent cross-sectional data from these surveys offer a timely picture of Canadian children and youth. And data collected from youngsters who are being followed over time provide the opportunity to explore longer-term relationships between characteristics in the mid-1990s and subsequent physical and mental health outcomes.

The first article sets the tone of *Growing up Healthy?* The analysis in this article, “Factors related to adolescents’ self-perceived health,” identifies issues other than illness that are linked to less favourable ratings of health. For example, the roles of obesity, smoking, physical inactivity and heavy drinking are examined. The articles that follow delve deeper, to consider factors that relate to more specific aspects of children’s and adolescents’ health in the short- and longer-term.

Healthy children are naturally lively and active. But increasingly, children spend their leisure time sitting—engrossed in video games, computer-based pursuits and television viewing. “Children who become active” focuses on conditions linked to children’s becoming physically active. A variety of influences are considered, including time spent watching TV as well as hours of physical education classes offered at school.

Reflecting the shift in children’s activities toward sedentary pastimes, excess weight among children and teens is now so prevalent that it is popularly regarded as an “epidemic.” The article, “Parent and child factors associated with youth obesity,” investigates behaviours, circumstances and parental characteristics that relate to obesity in adolescents. Differences between boys and girls, which may reflect gender-specific social pressures and responses to such pressures, are also explored.

The gender gap emerges as an important issue in “Adolescent self-concept and health into adulthood,” which studies links between self-worth and sense of control in adolescence, and mental and physical health over the next several years. Health outcomes in young adulthood are analyzed in relation to positive and negative self-concept in adolescence, and differences between the sexes are highlighted.

The final article, “Witnessing violence—aggression and anxiety in young children,” calls attention yet again to the importance of the context in which children grow up. This article focuses on children who were aged 4 to 7 in 1994, and examines levels of anxiety and aggression in relation to their exposure to violence in the home. The evidence that emerges of the short- and longer-term effects on their behaviour and emotions is compelling.

These analyses of nationally representative data touch on important issues related to the health of our children. A complex blend of personal and societal factors influence children’s emotional and physical well-being. As these articles indicate, family nurturing, peers, school environment and socio-economic opportunity each have a role in the formative experiences that determine whether our children are “growing up healthy.”

For the full report, please visit www.statcan.ca

Publications

An Interesting Website: The Media Awareness Network and its Young Canadians In A Wired World Research

The Media Awareness Network (MNet) is home to one of the world's most comprehensive collections of media education and Internet literacy resources.

What is MNet?

MNet is a Canadian non-profit organization that has been pioneering the development of media literacy programs since its incorporation in 1996. Members of our team have backgrounds in education, journalism, mass communications, and cultural policy. We promote media and Internet education by producing online programs and resources, working in partnership with Canadian and international organizations, and speaking to audiences across Canada and around the world.

The idea behind our work

MNet's work is based on the belief that to be functionally literate in the world today – to be able to “read” the messages that inform, entertain and sell to us daily – young people need critical thinking skills.

Our approach

MNet focuses its efforts on equipping adults with information and tools to help young people to understand how the media work, how the media may affect their lifestyle choices and the extent to which they, as consumers and citizens, are being well informed. MNet also provides reference materials for use by adults and youth alike in examining media issues from a variety of perspectives.

MNet's signature programs

With the support of government, leading communications companies, and our partners in the education, library and non-profit sectors, MNet has developed three core programs offered on its Web site in English and French:

Media education

MNet's foundation program examines a wide range of media, including television, film, video games, newspapers, advertising and popular music. The Parents section of our site offers tips for talking to kids about the media, and advice on managing media use in the home. The Educators section includes teaching units and supporting materials designed to Canadian provincial media education outcomes for grades K-12. The Media Issues section examines media-related topics such as stereotyping, violence, privacy, marketing to children, the portrayal of diversity in the media, and online hate.

Web Awareness Canada

MNet began studying the implications of the Internet for young people in 1996, and in 1999 launched Web Awareness Canada. This program uses a unique delivery model based on partnerships with public libraries, the education sector, parent groups, and community organizations.

Its primary focus has been to help bring teachers and librarians up to speed on the issues emerging as young people go online. We've done this by licensing

workshop tools that can be purchased for professional development. The workshop topics include online safety, protecting personal privacy, authenticating information, and marketing to young people.

Web Awareness Canada is now expanding to include Internet literacy resources designed for use by young people. The innovative *You Go Girl in Technology* initiative, developed jointly by MNet and Girl Guides of Canada, is an example of this growth in the program's scope.

We're proud that Web Awareness Canada is recognized as the public education pillar of the Government of Canada's *Cyberwise* Internet awareness strategy.

Young Canadians In A Wired World research

MNet developed its Young Canadians In A Wired World (YCWW) research program in order to build an extensive database about the role of the Internet in the lives of young people. The initial phase included three components (which can be found at: www.media-awareness.ca):

- a. A parent survey (2000): Telephone interviews with more than a thousand Canadian parents about their perceptions of their children's Internet use, the benefits and risks associated with the Internet, and measures for addressing issues of safety and inappropriate online content.
- b. Focus groups (2000): Qualitative research to further explore some findings from the parent survey, and to identify key issues to be included in the subsequent survey of students.
- c. A student survey (2001): A national written survey of almost 6,000 Canadian students, detailing their use of the Internet.

A second phase of this research is in the planning stages.

Some of MNet's media education resources

MNet's award-winning Web site hosts a wide variety of resources including:

- More than 300 lesson plans for educators to use in classrooms
- Professional development resources for librarians and teachers
- Tips, information and practical tools for parents
- An ever-expanding database of articles, research, reports and other reference materials on current and emerging media issues

Our sponsors, members and partners

MNet's programs are funded primarily through the contributions of private sector sponsors and the Government of Canada, with additional support from the annual memberships of individuals, non-profit organizations and small businesses.

To deliver our programs, MNet is extremely fortunate to be working in partnership with some of Canada's leading education, library and community organizations also committed to helping children and youth to become media literate. Our partners include the Canadian Library Association, the Canadian Teachers' Federation, and the Girl Guides of Canada.

How to contact us

www.media-awareness.ca

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