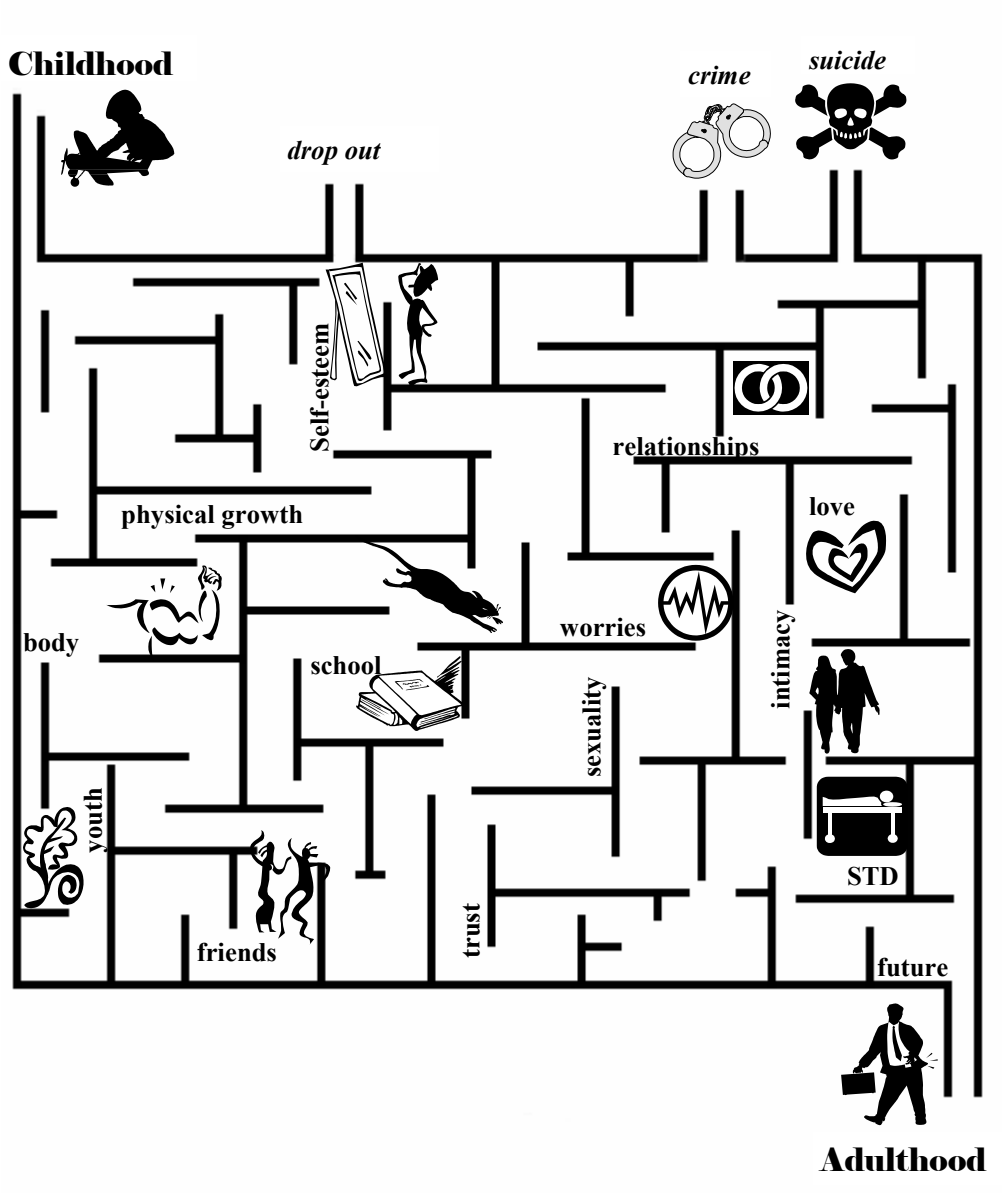
CANADIAN ASSOCIATION
FOR ADOLESCENT HEALTH

September 2000

Volume 9, Number 3

PRO-TEEN

Preview:



PRO-TEEN

Publisher : CAAH

Editor in Chief
Dr Jean-Yves Frappier

Associate Editors

André Malo
Philippe Nechkov

Illustrator:

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@microtec.net
Web: www.acsa-caah.ca

TABLE OF CONTENTS

Legal Deposit,
National Library of Canada ISSN 1201-5474
Canada Post—Convention number: 1482351

NEWS FROM THE ASSOCIATION

Report of the Advocacy Committee, 1999-2000.

This has been a year of building up the advocacy committee and organizing for action. The present membership of the advocacy committee is:

Betty Gerstein, MD, Family Doctor, Toronto
Miriam Kaufman, MD, Adolescent Medicine, Toronto
Suji Lena, MD, Adolescent Medicine, Ottawa
Katherine Leonard, MD, Adolescent Medicine, Toronto, Committee Chairman
Karen Leslie, MD, Adolescent Medicine, Toronto
John Westland, MSW, Substance Abuse specialist, Toronto
Michael Westwood, MD, Adolescent Medicine, Montreal

The Advocacy committee has two areas of activity upon which to report: gun control legislation and tobacco legislation.

Gun Control legislation

The CAAH advocacy committee has been involved in supporting the federal government in it's attempts to defend and implement the Firearms Act, passed in December, 1995. Unfortunately several western provinces and Ontario, and a number of gun-owners' groups, challenged the constitutionality of the bill before the Alberta Supreme Court. This challenge failed and was appealed to the federal Supreme Court where the case was heard in February of 2000. The CAAH collaborated with the Canadian Paediatric Society and applied to the Supreme Court to be "intervenors" or supporters of the bill, before the court. We were accepted, and represented in Court by the law firm of Fasken, Campbell, Godfrey, who worked pro bono. The position of the provinces and gun groups was that the federal government had no right to regulate long guns such as rifles and shotguns, and that the regulation of this type of gun belonged to the provinces. This is because constitutionally, the regulation of property, such as cars, has been the responsibility of the provinces. Handguns have been regulated by the federal government since 1978 and the provinces did not argue that these should not be the responsibility of the federal government. But they argued that long guns and rifles were different from handguns, that they were ordinary household objects and not inherently dangerous. Obviously, this totally ignores the fact that the majority of firearm deaths in Canada are caused by long guns, not handguns. The Supreme Court of Canada firmly rejected their argument, saying that all firearms were dangerous and that the regulation of firearms was well within the responsibility of the federal government. Despite the court challenge, the implementation of the Firearms Act has begun. Within the next year, all firearms owners will need to have a license, allowing them to obtain or possess guns, and each of their guns will need to be registered. The more radical gun owning groups are threatening civil disobedience and saying they will not comply with the law. However, our opinion is that most gun owners will not find the paperwork onerous or expensive and will comply with the law. They will not be allowed to buy ammunition, for one thing, if they are not licensed. And they will be liable for federal charges if they are found to be in possession of an unregistered firearm.

Challenges on the horizon include: 1. Studying the issue of physician injury prevention coun-

seling relating to home ownership of firearms and youth, 2. Issues of the minimum age that teens should be allowed to hunt with firearms, 3. The dangers of non-powder firearms, i.e. air guns and BB guns, and 4. The question of the advisability and efficacy of firearm and hunting safety training for children and adolescents.

Tobacco Advocacy

The federal government passed the Tobacco Act in 1996 giving it power to regulate tobacco products. The constitutionality of this bill is also under review, and it is also being gradually implemented despite this review. Recently, the government introduced regulations requiring large warning signs (covering 50% of the package) on cigarette packs. Secondly , new legislation has been proposed by Senator Colin Kenny called the Tobacco Youth Protection Act, (TYPA). This bill, called S-13, would place a levy of about 15 –20 cents on each pack of cigarettes, the proceeds of which would go to an independent agency which would use the money to fund prevention and cessation programs for youth, and research into what kind of interventions are most effective. The problem is, that the sponsor of the bill is a Senator, and in order for the bill to be ensured a hearing in the House of Commons, 100 MPs need to sign on in support of the bill. These 100 supporting MPs will be needed by September or October of 2000. Right now the federal Liberals are not openly supporting the bill. The advocacy committee will divide its activities into two phases:

Phase I: During this phase, the committee members will become knowledgeable about the TYPA. We have already had a briefing meeting with a representative of the Canadian Cancer Society. We will then undertake the following activities: 1. We will write a formal endorsement letter from CAAH to the sponsor of the bill and to the Minister of Health. 2. We will write a number of Op-Ed pieces, authored by different members of the advocacy committee, to appear in major Canadian newspapers. 3. We will arrange meetings with the local MPs in the ridings of the advocacy committee members. We will develop briefing materials or "talking points" for our members to help them prepare for these meetings. We will be asking our MPs to sign on to support the TYPA, or Bill S-13.

Phase II: If the bill is granted hearings in the House of Commons we will then provide expert testimony regarding adolescents and adolescent addictions in support of the bill. We have several members of the committee who in addition to their expertise in adolescent health and development, also have specific expertise in the area of addictions and tobacco. We also expect further regulations of the Tobacco Act to be introduced over the next year or so which will relate to adolescent smoking.

What can CAAH members do to help?

1. Join the Advocacy Committee!

2. If you are interested in writing a letter in support of the TYPA to your local newspaper or MP, please contact Katherine Leonard for a copy of our CAAH briefing materials.

3. Call your local MP, and ask for a meeting. Introduce yourself as a constituent and adolescent health professional and urge the MP to support the bill. Again, there are briefing materials relating to these MP meetings available as well. Contact K. Leonard.

SCIENTIFIC EVENTS

3rd Ontario Regional Meeting of CAAH

Ottawa, October 27 2000

Eating Disorders in Adolescents

The 3rd Ontario regional meeting of CAAH will be under the theme of "**eating disorders**". This meeting will be presented in English. The conference will be mainly about eating disorders in adolescence, prevention and treatment. The guest speakers will address the long term follow-up of this behaviour, how we can understand the problem and its different perspectives and what are the gains of the adolescents with an eating disorder. The topics of the workshops are: early intervention, alternative therapies, self-helps group, food and exercise fads and obsessions, medical complication /chronic illness, psychiatric comorbidity / trauma and sexual abuse, feminism / sexual orientation, what school can do? , predisposing factors / family/ parent/ preteen, youth helping youth, individual and family treatment and treatment continuum/ denial and ambivalence. The meeting will end with a brief look at the Ontario network and challenges posed by the eating disorders on the teen and is family.

The program of this conference is now available; it is possible to register on the CAAH website in the symposium link to receive the program.

For more information and a complete program:

CAAH
Section médecine de l'adolescence
3175 Ch Ste-Catherine
Montreal QC H3T 1C5
Tel: (514) 345-9959
Fax: (514) 345-4778
E-mail: acsacaah@microtec.net
Website : www.acsa-caah.ca

Canadian Conference on Injury Prevention and Control – 2000

Kananaskis, Alberta, Canada October 19 – 21, 2000

This conference will build bridges between research and practice in injury prevention and control. The Conference Steering and Scientific Committees have designed a program that will present current research as well as initiatives that are having an impact on injuries in communities across Canada. The conference also sets the stage in Canada for the 6th World Conference on Injury Prevention and Control taking place in Montreal, Quebec, May 12 – 16, 2002 and represents the ninth provincial injury conference in Alberta. This conference will be held in **English**. The meeting will start Thursday afternoon and will end Sunday evening.

For more information and complete program:

Canadian Conference on Injury Prevention and Control
c/o Alberta Centre for Injury control and Research
4075, Education Development Centre
8308 – 114 Street
Edmonton, Alberta
Canada T6G 2V2
Tel : (780) 492-6019
Fax : (780) 492-7154
Email : acicr@ualberta.ca

1st Maritimes Regional Meeting of CAAH

Moncton, Hotel Beauséjour, November 17-18 2000

Ado-santé mentale-action

Under the theme "Ado-Santé mentale-Action" **this Conference will be held in French.** Main speakers will talk about attention deficit disorders, psychiatric disorders and on the importance of healty community in the development of healthy teens. The workshops will addressed mental health topics such as: attention deficit disorders, affect disorders, anxiety, identifying mental health problems and about sexual orientation in adolescence. The meeting will start Friday afternoon at 1:00 PM and will end Saturday evening with a panel of Youth.

The program of this conference is available; it is possible to register on the CAAH website in the symposium link to receive the program.

For more information and a complete program:

CAAH
Section médecine de l'adolescence
3175 Ch Ste-Catherine
Montreal QC H3T 1C5
Tel: (514) 345-9959
Fax: (514) 345-4778
E-mail: acsacaah@microtec.net
Website : www.acsa-caah.ca

ARTICLES

Measuring Up

The aim of this report is to highlight the surveillance of a limited number of important health outcomes of Canadian children and youth. The information in this report is the product of various national surveillance programs of the Laboratory Centre of Disease Control (LCDC), Health Canada.

The surveillance update is presented according to the following categories: infant health, childhood cancer, vaccine-preventable diseases, respiratory health, child injury, and HIV and sexual health. Each section presents an overview of the topic, followed by the key surveillance indicators that demonstrate its impact on the overall health of Canadian children and youth. Careful interpretation of the most recent available data, as well as a discussion of data limitations, accompanies each indicator. In addition to trends over time, where possible, international comparisons are highlighted. Finally, future developments in national child health surveillance by LCDC are presented.

Did You Know That :

In the 1996-1997 National Population Health Survey, asthma was reported in 12.2% of children and youth less than 20 years of age in Canada?

From 1990-1995, asthma was responsible for 6.7% of all hospitalizations for children and youth less than 20 years of age?

Worldwide, tuberculosis (TB) is the leading cause of death due to a single infectious agent?

Injuries are the leading cause of death among Canadian children and youth less than 20 years old?

For every injury-related death, there are 40 hospitalizations and a estimated 670 emergency room visits for treatment of injuries?

Motor vehicle crashes (MVCs) are a leading cause of injury death and hospitalization in children and youth?

Suicide follows motor vehicle crashes leading cause of injury death in both males and females aged 10-19 years?

Since 1991, chlamydia has been the most commonly reported bacterial sexually transmitted disease in Canada?

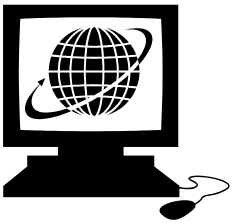
For an extra copy :
Bureau de santé génésique et de la santé de l'enfant
Laboratoire de lutte contre la maladie, Santé Canada
Immeuble LLCM #6, pré Tunney
Ottawa (Ontario) K1A 0L2

Phone : (613) 954-0395
Fax : (613) 941-9927

You can also access this publication at, http://www.hc-sc.gc.ca/hpb/lcdc

The Wired Teen

A new study documents the embrace of the Internet by Canadian kids -- and lifts the veil on how they use it



The boy at the centre of Canada's latest teen hacker drama was almost too perfect a stereotype. Just one month after police in Montreal arrested accused cyber-vandal Mafiaboy, another Montreal computer whiz-kid known as Jon pleaded guilty last week to playing havoc with data systems at NASA, Harvard and the Massachusetts Institute of Technology. The 17-year-old former boy scout revealed in court that since quitting school two years ago, he had spent up to 15 hours a day on the Internet on his home computer.

Jon, who was sentenced to 240 hours of community work, fuels a popular image: the teenage loner who takes refuge in cyberspace, unable to resist the allure of the Net's nefarious subcultures. But is he representative of Canada's teen Internet users? The answer, according to a new survey on young people and the Internet, is emphatically, no. In fact, the study found that kids aged 12 to 17 who regularly go online are pretty normal -- they hold a broad range of interests, play sports, listen to the radio, read magazines and value friendships. As well, they say they use the Net for relatively harmless purposes like chatting with other kids, getting the scoop on their favourite celebrities and doing their homework.

Parents should breathe a sigh of relief at that profile -- since chances are their teen spends a lot of spare time surfing the Web. According to the survey, designed by Northstar Research Partners for Youth Culture Inc., a Toronto-based media and research firm, a full 85 per cent of Canada's teenagers are wired, three-quarters of them at home. That's a hefty figure -- about double the proportion of Canadian households that use the Internet. On average, says the poll -- entitled "Youth Culture's report on the Net generation" -- boys go online for more than 10 hours a week, girls for eight hours.

But far from isolating kids in a cyber-netherworld, the Net has become a tool for expanding and enhancing most young people's social connections. Instant messaging services like icq (for "I seek you," found at www.icq.com) allow users to get around the limitations of both telephone and e-mail with a chat room-like format in which numerous people congregate. Emma McDermott, an outgoing 14-year-old with a penchant for acting, got wired as a Christmas gift last year. "Of course, the first month you're hooked," says the Toronto student. "I was in the chat rooms, like, three hours a day. It's craziness." While the novelty wore off, Emma still spends about 20 hours a week online, most of it on icq.

Instant messaging programs differ from chat-room Web sites in that users exercise more control over who they communicate with by creating personalized chat lists. While many teens enjoy chatting with strangers, a surprising number simply want to talk to their friends. Three-quarters of Emma's icq list covers people she knows. As for meeting new people, she believes the Internet is a great equalizer: "Everyone's on the same level and no one can be cooler than the next person."

That does not stop parents from worrying about what sorts of sites their children may happen upon. A full 73 per cent of parents of teenagers believe the Internet should be more heavily monitored. Intriguingly, so do 51 per cent of teens -- though monitored not by their parents, but by someone Out There. Marilyn Tiller, a Halifax mother of three, says she trusts her children to be responsible and talks to them about her concerns. Still, she installed the program Cyber Patrol, which blocks access to offensive sites. "I've been mindful of media since they were infants," she says. "Kids can become desensitized to violence or pornography."

Vancouver couple Judith Ince and Richard McMahon prefer simply to try to help their kids Paul, 16, Laura, 14, and Allison, 12, learn to make smart decisions for themselves. "I think that values are really what's going to protect them more than any censorship," says McMahon. In any case, Ince adds, "you can get pornography at the 7-Eleven, violent videos at Blockbuster or on TV. If my kids do find that stuff on the Net -- and it wouldn't surprise me if they have -- then they're going to be able to cope with it." And they probably have: according to the survey, 56 per cent of teens said they knew people who visit sites their parents would disapprove of.

Yet many teens, it appears, do manage to cope easily. When Allison accidentally clicks on an offensive site, she simply closes it. "Then I go back and block it out," she says, using a function in her Microsoft Windows software. And if someone mistakenly admits an undesirable person into an icq chat? Adam Ing, a Toronto 12-year-old, says: "I just hit Ignore." Clicking Ignore lets Adam block intruders' comments -- a simple but effective form of online shunning.

Moreover, the image of teens wandering aimlessly around the Web, tripping onto sinister sites and bumping into shady characters, may be misleading. Outside of socializing through e-mail, icq and chat rooms, the Youth Culture survey found that doing homework is the single most popular reason teens identify for going online. In this, they are remarkably similar to their parents, most of whom cite research as their primary activity.

The Internet also offers young people a chance to express themselves in an uncensored environment. "It gives teens a voice," observes Patrick Thoburn, director of Internet strategy at Youth Culture. "It is the only medium to do that." Many teen sites involve kids in submitting poetry, writing book or movie reviews, or commenting about issues such as school uniforms, the Columbine shootings or their favourite TV show. And some, like Adam Ing, take this a step further by constructing their own home pages, a skill he picked up at summer camp.

This creative, two-way relationship with the Net may be behind one of the survey's most surprising findings: teens who use it are about as likely to click on the Net as they are to flick on the TV. While they tend to perceive television as relaxing, they also complain it can be a waste of time. Young people think of the Net, on the other hand, as a trendsetting medium that offers plenty of amusement. "The Net is more interactive," says Emma McDermott. "You can't talk at the TV and expect it to respond."

But teens are not simply dupes of Internet hype. Allison McMahon thinks the content is "sometimes repetitive." And the sheer volume of information leads to frustrations, especially when researching a homework topic. Allison's brother Paul prefers to go to the library because "the information on the Net isn't always reliable."

Similarly, teens have not abandoned more traditional media. Emma loves to read books and teen magazines. The Net, she says, "shows you enough to entice you, but then you have to buy something. With a magazine, it's right there, it's colourful, you can flip it, you can touch it." She also cuts pictures out for her bedroom walls and school agenda. That way, she says, "you can share it with your friends."

To Sean Saraq, Youth Culture's 35-year-old director of consumer intelligence, teens are not intimidated by the Net, as adults may be. Kids relate to the Web "not as technology, but as an appliance," he says. Moreover, his colleague Thoburn, 31, believes young people's identification with the Net is not just a phase they will outgrow. Rather, it represents a true generational shift. With the teen population -- largely the "echo" children of the baby boomers -- increasing 10 per cent faster than Canadians overall, businesses face a challenge. Currently, television swallows up 40 per cent of the approximately $11 billion Canadian companies spend on advertising. Only a fraction of a per cent, Saraq estimates, makes it to the Net. If advertisers want to reach teens -- and they do -- they need to radically rethink their habits, he says.

The same goes for purchases online. Teens browse the Net to find out information about products, but only about 10 per cent have actually purchased something. Teens don't buy much online for a variety of reasons, the survey shows, including lack of access to a credit card, fears about giving out confidential infor-

mation over the Net and a simple preference for shopping in person. "It's just a lot easier going to the mall," says Tom Clarke, a Toronto 12-year-old. "You go with all your friends. You're not just sitting at home." Kids, it seems, are still kids -- on and off the Net.

History lesson

Worried about what your child is looking at on the Net? As those familiar with Web browsers know, there is a simple way to check unobtrusively. In Internet Explorer, the default browser for Windows PCs, it is called History. Under that menu item, Explorer neatly lists all the sites it has visited, organized by day, up to a user-set limit (maximum 999 days). Rival Netscape's Go function is less complete, but still useful. Kids often ignore the feature. But they can, of course, delete items from the list if they want to cover their tracks.

Weekly time online

Boys . . . . (10 hours 40 minutes)
Girls . . . . . (8 hours)

Shopping the Web

Browse or get product information

Teens	46%
Parents	75%

Have bought something

Teens	10%
Parents	36%

We're not geeks

What Net teens say they do in their spare time (unprompted answers):

Play sports	35%
Hang out with friends	31%
SurF the Net	15%
Watch TV	14%
Read	14%
Play video games	13%
Listen to music	11%

Trends in the Health of Canadian Youth

The Health Behaviour of School-Aged Children Survey (HBSC) was first conducted in 1982 by researchers from England, Finland and Norway. At the present time over 30 countries are involved with this study. Canada has participated in the last three of these surveys conducted in 1989-90, 1993-94 and 1997-98. This report presents Canadian trends in youth health attitudes and behaviours based on these three surveys. Over 6,000 students in grades 6, 8 and 10 (6^{e} année, 2^{e} secondaire and 4^{e} secondaire in Quebec) were sampled for each of the surveys. The 1998 survey findings from ten other countries were used to illustrate notable similarities and differences across countries and compared to Canada (Denmark, England, France, Germany, Greece, Norway, Poland, Sweden, Switzerland and the United States).

The study was designed to address health risk behaviours such as smoking, alcohol and drug use and dietary practices, but also examine determinants that affect the health of youth such as their home, school and peer group experiences.

The School

An increasing body of research has demonstrated that the health behaviours and self-perceptions of youth are directly related to their lives in schools. In the HBSC surveys students who were well adjusted at school were found to be more likely to have positive relationships with their parents, to be healthy and happy and to avoid health risk behaviours. For many young people school is richly satisfying, but for others school is an unpleasant or threatening place were they feel criticized and excluded. If students do not feel supported and accepted at school and their needs are not being met, the health and social costs to both the students and Canadian society could be substantial. Overall, Canadian students were generally satisfied with their school experience compared with students from other countries, but they were less likely to say their fellow students were kind and helpful. Satisfaction with and adjustment to school decreased as students progressed through the grades. Student satisfaction with school varied through the 1990s with 1993-94 being a high point.

In comparing student satisfaction across countries, highly structured school systems that streamed students early did not have a notably different effect on student satisfaction in comparison with those school systems that delayed streaming until the latter years of secondary school such as Canada, Norway and Sweden. A key factor in school satisfaction appeared to be students' perceptions of caring, fair teachers and student-centred modes of teaching.

A small but significant proportion of students felt unsafe at school (10% of boys and 6% of girls). Bullying behaviour was common in schools (approximately one-third reported being bullied "this term"), and the proportions of young people who have been bullied have increased between 1994 and 1998. The victims of bullying tended to be isolated and felt lonely, helpless and depressed.

The home

The way in which parents interact with their children has a profound effect on their children's social and physical health. Adolescence can be a particularly stressful period, and in this study the students who had a good relationship with their parents were better adjusted in all aspects of their lives—physical and mental health, adjustment to and satisfaction with school, avoidance of health-risk behaviours and peer relationships. The findings from the HBSC surveys reinforce the importance of a supportive home life based on effective communication, trust and understanding.

Nearly three-quarters of the Canadian sample of students lived with both their natural parents. This appears to be the optimum setting in which to develop a happy and healthy youth. Generally speaking, Canadian youth were happy with the support from and communication with their parents but here were some real concerns. The proportion of children

(especially girls) who were able to communicate effectively with their fathers decreased sharply from Grade 6 to Grade 10 and remained relatively low across all survey years. Canadian children seemed to be more distanced from their parents than was the case in a number of European countries. Girls appeared to experience more strain at home than boys although there were declines over the three surveys in the proportion of both Grade 10 boys and girls who said there were times they would like to leave home (boys 44 to 33%, girls 55 to 46%). Although there was a slight decline in the proportion of youth who felt what their parents thought of them was important over the three age groups, the proportions by Grade 10 were still over 70%. In the areas of trust, understanding and expectations in particular, children's relationships with their parents appeared to decline as the children moved through their adolescent years.

The Peer Group

The findings from this study are consistent with similar research in that it was found that young people who are not well integrated socially are far more likely to manifest physical and mental health problems. Students who have good friends in whom they can confide and with whom they can confide and with whom they can share activities are more likely to have confidence in themselves, to be well adjusted at school and to get along with their parents. Therefore, it is positive to note that the proportions of students who had fewer than two close friends declined slightly over the three surveys. Interestingly, in countries such as Poland, Switzerland, France and Norway more girls are likely to have fewer than two close friends while in Canada and Germany the reverse is true.

There can be harmful consequences for those who have close friends with whom they spend a great deal of time. Students who spent a great deal of unstructured time in the evenings with their friends were more likely to engage in health-risk behaviours such as smoking and drug and alcohol use. The number who spent such time with friends continued to be high ; for example, 33 percent of grade 8 boys spent five or more evenings a week out with their friends.

Coping with Life

There appear to be differences among youth in their capacity to cope with the stresses and strains of adolescence. Those with higher self concepts and self-confidence appear to be better able to deal with pressures at home and school. The strain of middle adolescence can be seen in that the proportion of youth who felt "very happy" with their life declined sharply between Grades 6 (52%) and 10 (30%). By Grade 10, over one-third of the girls and one-fifth of the boys indicated that they had felt depressed at least weekly.

Girls scored notably lower than boys on self-confidence, decision-making and self-acceptance, and nearly twice as many girls as boys said they often feel lonely. Fortunately, the trend was slightly down over the three surveys, and especially for girls : between the 1990 and 1998 surveys the proportion of girls who indicated that they often wished they were somebody else dropped from 42 to 32 percent for grade 6 girls, and 41 to 37 percent for Grade 10 girls. Girls were far more likely than boys to say there was something about their body they would like to change with the numbers increasing sharply from grade to grade. By Grade 10 over three-quarters of the girls and one-half of the boys agreed with this statement.

Health, Illness and Medication

The students' general perception of their health was found to be highest for the Grade 6 respondents and declined through to Grade 10 (55% of the Grade 6 boys indicated they felt very healthy compared with 41% of Grade 10 boys ; the corresponding figures for the girls were 48% and 21%). Students' who viewed themselves as healthy were more likely to have a positive attitude toward school, good relationships at home and with their peers, self-confidence, healthy eating patterns and greater acceptance of their body image.

Headaches and backaches were very common among girls with higher proportions of older girls reporting these ailments. On the 1998 survey, 45 percent of Grade 10 girls indicated they had headaches at least once a week and 63 percent of them had a backache at least

once a month. There was little change in the proportions of youth with headaches, backaches and stomachaches over the three surveys. Canadian youth, especially girls, were more inclined to use medication for their ailments than youth from other countries.

About 28 percent of the boys and 33 percent of the girls reported that they had a long-term illness or medical condition ; allergies and asthma predominated.

Physical and Leisure Activities

Regular physical activity builds cardiovascular endurance and reduces the risk of chronic diseases. Over the three HBSC surveys, there was a decline in the proportion of students who exercised at least twice a week outside of school hours, but an almost corresponding increase in the proportion who exercised at least four hours a week. Canadian youth were mid-range in a ranking of the eleven countries by physical activity level.

Some television watching is not likely to be unhealthy for young people, but if it is watched for four or more hours per day it may be at the expense of more beneficial physical or creative activities. The proportions of boys who watched television at least four hours a day was high and changed little over the three surveys (just over 30% Grade 6, just below 30% Grade 8, and 23% Grade 10), but declined for Grade 6 girls (27% to 22%) and increased for Grade 10 girls (14% to 19%). There was a sharp increase between 1994 and 1998 in the proportion of boys who played computer games at least four hours weekly.

Healthy Eating, Dieting and Dental Hygiene

Adolescents are particularly susceptible to poor eating habits as they become more independent in their choice of foods. For example, by grade 10, just over half the boys and nearly two-thirds of the girls indicated that they did not have at least juice and toast or cereal for breakfast each day.

Although 75 percent of the Grade 6 students said they ate fruits and vegetables daily, the figure was down to 70 percent by Grade 10. There was a decline in the proportion of students who ate fruit and vegetables daily over the three surveys and, overall, there was a slight reduction in the percentage of students eating more nutritious foods and a corresponding increase in the percentage eating less nutritious foods.

More girls than boys indicated they thought they needed to lose weight with the proportion increasing from grade to grade. By Grade 10, far more girls (45%) than boys (18%) indicated they needed to lose weight.

Canada ranked behind most of the other countries in the proportion who brushed their teeth twice daily or more—just over half the boys met this standard.

Injuries

Unintentional injuries are the leading cause of death among children and youth, and Canada ranks particularly high in comparison to other countries in the proportion of young people who have a least one injury requiring medical attention a year. Over one-third of grade 6 students and about 40 per cent of Grade 8 and 10 students reported an injury requiring medical attention during the past year. boys were more likely to be injured than girls. The figures were down slightly between the 1994 and 1998 surveys. Younger students were more likely to be injured around the home, and older students at sports facilities.

Legislation is in place in Canada mandating the use of helmets by bicycle riders and seatbelts by automobile drivers and passengers but compliance is not universal. A third of Grade 8 an 10 students did not always wear a seat belt when riding in an automobile. Many younger bicyclists and the vast majority of older bicyclists did not usually wear protective helmets.

Tobacco, Alcohol and Drugs

The effects of smoking and excess alcohol consumption on health have been clearly documented, but young people continue to take health risks with these substances. Seventeen percent of Grade 10 boys and 23 percent of Grade 10 girls were daily smokers. These numbers have increased slightly since 1990.

It is not surprising that by Grade 10 over 90% of our sample of young people had tried alcohol, but it is disturbing to note that over 40 percent of the Grade 10 students said they had been drunk at least twice. Among the eleven countries compared, Canada ranked third behind Denmark and England in drunkenness among youth.

Of particular concern is the sharp increase in marijuana use between the 1994 and 1998 surveys—over 40 percent of the Grade 10 students said they had used hashish/marijuana during the past year. Also, youth who engaged in one health risk behaviour were more likely to engage in others ; for example, 90 percent of Grade 10 smokers had also used marijuana.

Implications

In the nineties, risk behaviours among youth related to smoking and drug use have not declined despite legislation and program initiatives to reduce them. Efforts targeted at particular risk behaviours, such as smoking, do not take into account the role that peer groups play in providing support and acceptance for disaffected youth. Many young people show evidence of stress related to teacher and parent expectations, body image, relationships and social adjustment. These two broad areas of health concern-substance use and stress associated with interpersonal relations and academic and parental expectations-appear to be related to a lack of understanding and emotional support for youth. Programs to increase the involvement of parents and young people with schools to ensure that the school and family climate create a supportive framework appear to be necessary. Continuity and collaboration across levels of government and agencies that attend to the needs of the child from birth through adolescence are required.

Eating Disorders

3rd Ontario Regional Meeting of CAAH

Ottawa, October 27 2000

Don’t miss this interesting event

Leave Out Violence, Finally Someone is Doing Something about Youth Violence

By Joe Dunn

The 7th National Meeting of the Canadian Association for Adolescent Health featured a workshop on youth violence and a unique approach that has been developed by Brenda Proulx, a professor of journalism at Concordia University. The program is called L.O.V.E., (Leave Out ViolencE) and originated and functions in the Montreal area. When I was deciding which workshop I should attend, this programme caught my eye.

Youth violence is a problem that has been escalating. Every day seems to bring more news accounts of youth involved in violent crime. For some time I have been thinking that someone should try and develop a program that will really deal with this issue. this program does.

The L.O.V.E. program works through the schools to identify youth that have been involved in violence, either as victims or perpetrators. Once students are identified and referred by school counsellors, they are offered an interview at a local community college for a photo-journalism program. The student must agree to continue in school (the program is offered after school). Once in the program they are provided with a camera and film and asked to photograph and record their experiences. Feedback sessions and group meetings focus on the photo-journalism that the students produce.

Eventually their photographs and writings are published in the project's own newspaper. These papers are then sent to centers in the community where students will see and read them. The staff also work with members of the programme to provide workshops and exhibitions on violence prevention in regional schools.

The program helps young people find the root of their anger and helps them express it in more positive ways than lashing out at society and those around. There are many elements of violence, and addressing them and helping youth realize that violence is not the answer to their pain is an important part of the program. Some of these elements are :

1. Hopelessness : the youth has lost hope in most aspects of his/her life.
2. Powerlessness : the youth feels powerless and feels that he/she cannot help themselves.
3. No solution : the youth knows that no solution will present itself.
4. Lack of job : usually accompanied by low motivation.
5. Lack of social structure : the youth has not dealt with social situations, and as a result lacks social skills.
6. Drug and alcohol use : these are major contributing causes to violence in many different ways.
7. Boredom : an important factor.

The L.O.V.E. program seeks out youth who are dealing with these elements by providing an opportunity to learn about themselves and to help others. L.O.V.E.'s goal is to effect a positive change in the negative mind-set of youth with respect to violence. By working along side college and university students in a non-judgmental atmosphere the teenager is able to express his/her feelings.

The writing aspect of this program helps the youth in letting out anger in the form of poetry. All work is from the heart, and most of it does get published or used by L.O.V.E. in some way. From this experience the youth receives a sense of achievement, a sense of expression , and a sense of relief that he or she is able to openly express a lot of bottled-up feelings and emotions.

The photography aspect of this program shows the young person how to visually express thoughts and feelings when they are combined with writing and poetry in a way that shows

their inner experience. There is one more aspect of the program that I found particularly interesting. During the program, members are sent out to schools and classrooms to promote non-violence with other students.

In conclusion. L.OV.E. is a community that provides young people, whose lives have been affected by violence, with measurable skills, a sense of purpose, and the support they need to reject violent behavior. Once they find their "voice" the youths learn to work with L.O.V.E. in a provocative effort to promote non-violence in communities. This outreach initiative impacts on children, other youth, and decision makers, reaching across racial, cultural, socio-economic, and generational issues.

Reproduced from: Monthly News in Adolescence.

Eating Disorders
3rd Ontario regional Meeting of CAAH

Ottawa, October 27 2000

We hope that you will be able to attend this interesting event

Peril

Teens can test their knowledge of risky behaviour through an interactive computer game developed by University of Guelph professors and students.

PERIL (Project Earth Risk Identification Lifeline) is a CD-ROM game aimed at youths between the ages of 12 and 16. Players are challenged by a game show host from a fictitious planet, Castor II, to select activities with the least risk found in home, work and recreational environments. Activities range from preventing electric shocks and eating disorders to drunk driving and the dangers of smoking. The objective is to increase awareness of misconceptions of health risks and to encourage informed decision-making.

The game was officially launched on Monday, April 19 at the University. Two of the game's creators and promoters, Prof. Keith Solomon, Department of Environmental Biology and director of the Centre for Toxicology, and Doma Warner, project co-ordinator from the Canadian Network of Toxicology Centres, were there to answer media questions.

The project originated two years ago when some of Solomon's toxicology students took on the challenge to write a draft game script that would educate youth about life's varied risks. The project expanded to include Solomon, Warner and other faculty and students, as well as multiple sponsors. The goal is to attract interest from education and health professionals who have outreach and educational programs, and get the game into hands of as many teens as possible, Warner said.

The CD-ROM addresses 120 discussions topics of potential health and safety risks. One to three people can play at a time. The players are game show contestants from a ¨risk-free¨ planet competing to win a free trip to Earth. In order to win, a contestant must show they understand how to avoid risky behaviour on Earth. Players begin the game with a ¨score¨ or life expectancy of 70 years. The lifeline decreases if the players do not select the least risky option found in these earthly environments. Players are provided with risk-referenced data regarding the outcome of the option chosen. The player with the longest life line at the end of the game wins. ¨Misconceptions of risk can result in injuries of fatalities that, in some cases, may have been avoided if risk assessment knowledge were applied to the activity choices, ¨Warner said. The CD-ROM includes a classroom guide, complete with teaching exercises, that complement the game and a Toxicology Educator's Resource Guide. The CD-ROM was enthusiastically received by teacher groups in the U"S" who previewed the program during the national Science Teacher's Association Convention in Boston March.

The PERIL game is available for 10$ (Canadian) plus shipping and handling.

Order Information:

Donna Warner
Centre of Toxicology
University of Guelph
Bovey Bldg., Gordon St.
Guelph, Ontario, Canada N1G 2W1
Phone : (519) 837-3320
Fax: (519) 837-3861
Email : dwarner@tox.uoguelph.ca
Webpage : www.uoguelph.ca/cntc/educat/peril.htm

Substance Abuse and The Adolescent with Diabetes Mellitus

Karen Leslie, MD, FRCPC, Division of Adolescent Medicine, The Hospital for Sick Children, Assistant Professor in Paediatrics, The University of Toronto

Adolescent substance use is common. Provincial surveys of high school students reveal that about two-thirds of adolescents have used alcohol at least once in the past year, about one-third have used tobacco, and almost one third have used cannabis. In addition, the use of hallucinogenic substances (eg. LSD, ecstasy) have increased over the past decade.

'Substance Abuse' can be defined in many different ways. One of the most broad definitions in that of the American Medical Association Council on Scientific Affairs "Any use of drugs (including alcohol) that causes physiological, psychological, economic, legal or social harms to the individual user or others affected by the drug user's behaviour".

The risks to an adolescent with a chronic illness who chooses to use tobacco, alcohol or other drugs (which will be referred to as 'substance use' for the rest of this article) are greater than for an adolescent without a chronic illness. Young people with Diabetes Mellitus (DM) have their own specific health risks related to substance use.

The following are identified in the literature as being 'markers' for increased risk of developing substance abuse problems:

- Family history of substance abuse
- Friends who use regularly
- Early use of tobacco or alcohol
- Family dysfunction
- History of sexual or physical abuse
- Poor social skills
- Depression
- Chronic disease

There is a paucity of literature looking at adolescents with chronic illness (including diabetes) and substance abuse. Cadman et al. (Pediatrics 1987) reported from the Ontario Child Health Study, which looked at chronic illness, disability and mental and social well being. Their study found that children and adolescents with chronic medical illness 'with disability' had the greatest risk for psychiatric disorders and social adjustment problems. Those 'without disability' had risk for psychiatric problems but not social adjustment problems. Extrapolating this information to adolescents with DM, one could surmise that adolescents with DM might be at increased risk for psychiatric problems, which include substance abuse.

Looking specifically at the issue of DM and substance use, Gold et al (J. Adol Health 1994) used an anonymous questionnaire and urine screening with a group of adolescents with DM, and found that the overall incidence of substance use was not more than the general population, however 40-60% of the subjects had elevated scores on a drinking scale, and, even more concerning was that few perceived that alcohol or drug use affected their diabetic control.

Glasgow and colleagues (J. Adol Health 1991) looked at the correlation between drug and alcohol use and poor diabetic control in a sample of 100 adolescents. Of the 100, 7 had weekly use of alcohol, and although this study found no statistical significance between substance use and control, there was a trend toward patient use of alcohol or drugs with poorer control.

What are the potential risks for an adolescent with DM who uses a substance? There are 3 main areas of risk directly relating to DM:

- Substances that directly affect diabetic control (eg. Alcohol which causes hypoglycemia in the fasting state)
- Substance that increase the risk of long term complications of DM (eg. Tobacco)
- Substances which alter perception and

therefore may cause the adolescent to: eat more (cannabis) or less (amphetamines and other stimulants) than usual, and/or take more or less insulin than required, therefore predisposing to hypoglycemia, or hyperglycemia and ketoacidosis.

In addition, these adolescents are also at risk for the other risks from substance use including:

- Acute complications resulting from the substance used. (eg. respiratory arrest from PCP use, cardiac arrhythmias from inhalant use)
- Complications of chronic substance use
- Accidental injury, self-harm or sexual assault while intoxicated.
- Involvement with the law due to engaging in illegal activities while intoxicated or other illegal activities such as drug dealing.

There are a large number of substances an adolescent may choose to use or abuse. The only substances that have been studied specifically in the diabetic population are tobacco and alcohol. The health care practitioner therefore needs to have an understanding of the different substances adolescents use, and should be able to provide information to their patients about the potential risks involved in their use.

In summary, adolescents with DM have the potential to develop significant health risks as a result of substance use and abuse. It is recommended those health care practitioners working with this population:

- Ask adolescents with DM about their substance use (with a confidential, non-judgmental approach)
- Provide adolescents with DM with information about the potential risks of substance use
- Are aware of the potential links between substance abuse and compliance/ adherence to treatment and the resultant effect on disease process
- Engage in further research in this area to enhance our understanding about effective interventions to reduce the risk of harm for those adolescents

It is the time to renew your membership for 2000 if you have not already done so !

Non-Medical Drug use Among Adolescent Students: Highlights from the 1999 Ontario Student Drug Use Survey

Adlaf E.M., CMAJ: 162(12), 16771680

Background

During the 1990s, rates of non-medical drug use among adolescents escalated. We assessed data from 5 cycles of the Ontario Student Drug Use Survey for overall trends in the proportion of students reporting illegal drug use between 1991 and 1999.

Methods

The survey is a repeated, cross-sectional, 2-stage cluster-design survey of students enrolled in grades 7, 9, 11 and 13. Outcome measures were prevalence of use of 17 drugs, including alcohol and tobacco, over the 12 months preceding the survey.

The start of the 1990s witnessed a renewed cycle of rising drug use by adolescents. This resurgence has been fairly global, with increases documented in the United States, Australia, Europe and Canada.

For example, in the United States between 1991 and 1999, the proportion of students who reported using marijuana in the year before being surveyed increased from 6.2% to 16.5% among those in grade 8, from 16.5% to 32.1 % among those in grade 10 and from 23.9% to 37.8% among those in grade 12. The use of cigarettes in the 30 days before the survey among students in the 3 grades increased from 14.3% to 17.5%, from 20.8% to 25.7% and from 28.3% to 34.6% respectively. Similar increases have been noted in Canadian samples.

Results

The total number of respondents in grades 7, 9, 11 and 13 over the years 19911999 ranged from 2868 to 3990, with student completion rates (i.e., completions'eligible students) ranging from 76% to 83%. Reasons for non-completion included absenteeism (about 14%) and absence of parental consent (about 9%).

The prevalence of episodes of heavy drinking (consumption of 5 or more drinks on a single occasion at least once during the 4 weeks before the survey) also increased over the study period. The proportion of students reporting heavy drinking episodes between 1991 and 1999 was as follows: 22.0% in 1991, 17.7% in 1993, 20.5% in 1995, 24.3% in 1997 and 28.2% in 1999.

Moreover, the prevalence of frequent heavy drinking episodes (consumption of 5 or more drinks on a single occasion 4 or more times during the 4 weeks preceding the survey) also increased: 5.5% in 1991, 3.7% in 1993, 4.2% in 1995, 5.3% in 1997 and 7.0% in 1999.

Despite increases in the prevalence of drug use, 26.8% of the students in 1999 reported no use of drugs (including alcohol and tobacco) during the year before the survey, and another 23.9% restricted their use to alcohol. Just over 1 in 3 (38%) reported use of an illicit substance during the year before the survey.

Proportion of Ontarian Students in grade 7, 9, 11 and 13 who reported using non-medical drugs in the year surveyed, 1991-1999

Drug	1991 N = 3945	1999 N = 2868
Tobacco	21.7	28.3
Alcohol	58.7	65.7
Cannabis	11.7	29.2
Glue	1.1	3.8
Other solvents	1.6	7.3
Barbiturates	2.2	4.4
Heroin	1.0	1.7
Methamphetamine	0.8	5.1
Stimulants	4.0	7.6
Tranquilizers	1.6	2.4
LSD	5.2	6.5
Other Hallucinogens	3.3	13.6
Cocaine	1.6	4.1
Crack Cocaine	1.0	2.3
PCP	0.5	3.2
Crystal Methamphetamine	0.8	1.5
MDMA	-S	4.8

7th National Congress of the CAAH: Workshops Summary

Joe Dunn

Empowering Youth and their Health Care

At the recent 7th National Congress of the Canadian Association for Adolescent Health, I attended a unique workshop dealing with issues stemming from the question, "When is a child or youth ready to be in charge of his medical treatment?"

Dr. Jorge Pinzon, an assistant professor of Paediatrics at the University of British Columbia examined several issues raised by this question in his presentation "Empowering Youth in their Health Care: Strategies and Tools". Developmentally, early adolescents have trouble with abstract concepts, and so discussions with them should be based on concrete issues and material rather than abstract ones. Il is important that the youth knows all the facts and outcomes of each decision that lie or she will be making. Il is also essential that the youth understands that the decision that lie/she is making now may affect him/her later in life, a level of awareness that is hard to achieve with an 11 or 12-year-old.

In late adolescence, teenagers are better able to cope with, negotiate, and understand these health concepts. They are also more mature in their decision-making. Again, it is important for the physician to make sure that the teenager has all the facts before making important health decisions. The physician also needs to be supportive and as helpful as possible. The youth is likely to be scared, and having the family at the appointment will make him or her a little more comfortable.

But families also need to know that adolescents need confidentiality around their health care. An understanding of confidentiality, its role in treatment, and a knowledge of situations when it may have to be broken should be discussed with teenagers and parents.

Education is a good way of helping the adolescent deal with the anxiety of making his or her own health care decisions. Il is helpful to have both the teenager and the parents informed and educated about the health issues and decisions that need to be made. Good education discusses both the facts and potential outcomes of treatment, the medical and social needs of the patient, and how to access community resources needed to support these treatments.

All of this means that it is important that adolescents are involved in their own health care decision making as early as is practical. Parents should be encouraged to allow the adolescent to participate in or direct this decision-making. If parents are mature and relaxed about this process, it allows the teenager to relax and focus on the tank at hand rather than worrying about the anxiety needs of the parents, and what they will think. In the end, it is important the teenager shares in health care decisions that will affect him or her for the rest of his or her life.

When to Worry: Mental Health in Adolescents, and the Signs of Trouble.

Dr. Fiona Key, speaking at the 7th National Congress of the Canadian Association for Adolescent Health, provided suggestions on when to worry about signs of depression and other mental health problems in adolescents.

Dr. Key, a psychiatrist at the Montreal Children's Hospital, said that there are many reasons for intervention in the lives of adolescents who are showing signs of severe depression, suicidal behavior, or conduct disorder. Warning signs of suicide should be reported imme-

diately to the parent by the teacher, peer, school counselor, or physician. This is a good reason for referral for psychiatric consultation. Signs of potential suicide are a good reason for breaking confidentiality and involving the parents in the teenager's health cane. Warning signs of suicide should also be recognized as important cries for help and should not go unnoticed.

Depression is increasing as a major health problem for today's youth with many teenagers not even realizing that they are depressed. Intervention plays an important role in dealing with depression and its symptoms such as anger and school dysfunction. Parents can often get the ball rolling by getting help for themselves, a step that makes it easier for the teen to accept help. Trust is a major issue of therapy, and gaining that trust early in treatment creates a comfortable environment. It is important for the therapist, once trust and empathy are established, to remain open and accepting, yet focused on the issues and feelings the patient needs to talk about.

Medication is a second line of intervention. Initially, Dr. Key suggested, begin with individual and family therapy, and if depressive symptoms are not improving medication can be added.

At that time it is important to make sure that parents and teens understand the expected positive and negative effects of the medication, the appropriate dosage, and safe storage of the pills. Teenagers usually know if the dose is too high, and so checking with them soon after starting medication may prevent or decrease side-effects.

Anger problems and conduct disorder are also major signs to "worry" and can usually be easily identified. Fighting, not listening, lack of concentration, irrational behavior, disobedience, violence, and not thinking about consequences, are all signs of conduct disorder. These symptoms are a good reason for referral for psychiatric help because these problems tend to become worse over time, with drug abuse, theft, and violence as potential developments.

Physicians, psychologists, and psychiatrists play an important advocacy role in getting kids the help they need and in guiding parents in their efforts to help them. Having parents look at the problems within the family and finding ways to deal with these issues is an important task of therapy.

Attention deficit disorder leads to anger and conduct disorder. The signs of this disorder are fairly easy to identify, but referral for medication can make a big difference in the teenager's functioning. Signs of ADD should be reported by counselor so that a treatment plan can be implemented.

Dr. Key concluded by stressing the importance of early recognition and treatment for depression, anger, and ADD.

Reproduced form Monthly News in Adolescence, June 2000.

Prevalence of HIV infection and risk behaviours among Montreal street youth

É. Roy MD MSc, N. Haley MD, P. Leclerc MSc, N. Lemire MA, J-F. Boivin Md ScD, J-Y. Frappier MD and C. Cleaessens MSc

Montreal Regional Public Health Department,, Department of Epidemiology and Biostaatistics, McGill University, Department of Pediatrics, University of

One of the constants found among all street youth is their precarious living conditions, which include poverty, residential instability, and emotional and psychological vulnerability. These conditions often lead to behaviours that expose the youth to sexually transmitted diseases (STDs) and blood-borne viruses such as HIV. Data on HIV infection prevalence among this group are still rare and are available mostly from Latin America and the United States.

In the United States, estimates varied according to recruitment site and city. In a New York City study of homeless youth aged 15-20 years conducted in 1987-90, the prevalence rate was 5.3%. Drug injection, homosexual activity among boys, prostitution, and a history of STD were associated with the infection. At a later period, between 1990 and 1992, an American sentinel network composed of medical clinics showed that HIV infection prevalence was 1.1% among youth recruited in 5 homeless centres; prevalence varied among the 4 participating cities from 0% (Dallas) to 4.1% (San Francisco). The highest rates were among males reporting sex with men.

Due to the limited information available on HIV among street youth in Canada, a seroprevalence study among Montreal street youth was initiated in 1995. In addition to prevalence, the study was designed to determine risk factors associated with infection.

Methods

The 20 agencies offering free services and seeing a significant number of youth per year were invited to participate. Selection criteria were chosen to capture as much as possible the whole spectrum of street youth. Youth have different experiences with varying degrees of street involvement and residential instability. Inclusion criteria were: being 12-25 years of age; French or English speaking; being able to provide informed consent and to complete the questionnaire; and being "street active". Youth were considered street-active if they had either used the services of Montreal street youth agencies or been without a place to sleep for 3 days or more in the last 6 months. The 3-days period was chosen to eliminate youth having left home for too short a period to have experienced any kind of real street involvement.

The interview included a 30 min face-to-face questionnaire and the collection of 2 saliva samples (more precisely gingival exudate) for HIV testing using the Orasure device. The questionnaire included 70 sociodemographic and behavioural questions.

Results

We included 909 participants: 37.2% (338) were recruited in emergency shelters, 35.5% (323) in outreach vans, 14.0% (127) through outreach agencies, and 13.3% (121) in drop-in centres. Overall, 71.1% were male and the mean age was 19.4 years (range: 13-25 years). Most youth (93.8%) were born in Canada, as were their parents, with 84.8% having a father and 89.6% a mother born in Canada.

Most participants (94.1%) had had at least one episode of homelessness in their life, meaning that they had needed to look for a place to sleep (such as a shelter) or had had to sleep outside in a park or an abandoned house, in a bus or train station, or with friends or relatives because they had nowhere to go, did not want

to return home, or did not have a home. The mean age at first episode of homelessness was 15.3 years old.

Most street youth reported more than one source of income during the last 6 months. In all, 30.2% had an illegal main source of income (e.g. selling drugs, panhandling, prostitution or theft) and 69.8% a legal main source of income.

Approximately half (47.0%) of the participants reported having at least one tattoo (1 to 38; mean 3.3) while 73.9% had at least one part of their body pierced (29.3% excluding ears).

Overall, 41.1% of girls and 22.2% of boys reported having had at least one STD. Almost half of the girls (47.1%) had been pregnant at least once and 35.6% of the boys reported having had intercourse with a girl which resulted in pregnancy. Two-thirds of the girls (66.9%) and one-quarter (27.1%) of boys reported having been sexually abused; 64.7% of girls and 33.9% of boys were abused by more than one person.

Youth reported using alcohol and drug frequently. Among those reporting ever drinking, 48.2% drank at least once a week in the previous month; this figure includes 8.9% who drank daily. A total of 63.6% reported ever binging on alcohol, with 57.3% doing so in the last month. The mean age at first alcohol binge was 13.4 years.

Roughly 97% of subjects had used at least one drug in their lifetime and 76.2% had used 4 different drugs or more. A total of 56.8% of youth reported using drugs regularly (more than twice a week).

In all, 36.4% of youth reported having injected drugs (332), with similar proportions among girls (38.8%) and boys (35.4%). Age at first injection ranged from 8-25 years with a mean of 17.0 years (girls: 16.2; boys: 17.3). One-third of these youth had injected drugs 10 times or less, and 43% more than 100 times. A total of 58.2% of injectors had borrowed a used needle at least once and 67.5% had borrowed other injection materials (cotton, spoons, water, or something else). Overall, 26 youth (7.9% of injectors) reported borrowing a used needle from an HIV-infected person; 12 of them were aware of the HIV status of their partner at the time of sharing. Two-thirds of youth injectors were current injectors (previous 6 months).

Serological status

Among the 909 participants, 17 (14 boys and 3 girls) tested positive for HIV, for a prevalence rate of 1.87% (95% CI: 1.09-2.98). Prevalence varied with age, with a rate of 0.49% (95% CI: 0.11-1.4) among youth aged 13-20 years (all were above 17 y.o.) and 4.7% (95% CI: 2.6-7.7) among youth aged 21-25 years. HIV prevalence did not vary significantly with sex: 1.1% among girls and 2.2% among boys (P=0.42).

Factors significantly associated with HIV prevalence in the multivariate logistic regression analysis are: being over 20 years of age, having ever injected drugs, having been engaged in prostitution, and being born outside Canada.

Since we suspected possible interactions between sex and some of the selected variables, such as prostitution, and since 14 out of the 17 HIV-infected subjects were boys, we conducted a multivariate logistic regression analysis among boys only. Three variables were independently associated with infection among boys: being over 20 years of age (AOR= 6.7; 95% CI: 1.4-31.0), having ever injected drugs (AOR= 7.1; 95% CI: 1.5-32.9), and having been engaged in prostitution (AOR= 5.9; 95% CI: 1.8-19.6).

Published in: International Journal of STD & AIDS 2000:1;241-247

Characteristics and follow-up of adolescents victims of sexual abuse

Jean-Yves Frappier, MD, Reine Gagné, BSC. Nursing
Section de Médecine de l'adolescence, Hôpital Ste-Justine, Montréal, Québec

Objectives

To describe:
1) the characteristics of teenage girls consulting the emergency room (ER) of a Paediatric Hospital designated for victims of sexual abuse,
2) the short term follow-up of these victims.

Methods

Medical records of 102 teenage girls seen consecutively in the ER and followed by a multidisciplinary team, were reviewed. Data were collected on standardized forms, so the information obtained was fairly complete.

Results

Characteristics of victims

Mean age:	15 y.o.
Live with two parents	58%
Previously known to a social worker	34%
Past history of sexual abuse	37%
Previous socio-familial problem	38%

Circumstances

Abused between 18:00 and 24:00hrs	43%
Force used	60%
Threats reported	51%
Weapon used	17%
One episode of abuse (vs repeated)	93%
Forced intercourse	78%
Police contacted	80%
Parents informed immediately after the aggression	83%

Emergency Room Visit

Seen in ER within 12 hours of the abuse	66%
Accompanied by parents	46%
Had physical complaints	41%
Significant genital findings	<5%

The aggressor

A minor	21%
A family relative	7%
An acquaintance	41%
Unknown	52%

First follow-up

92% showed up for first follow-up visit, an average of 26 days after the ER visit.

Accompanied by parents	57%
Reported:	
Fears of being killed at time of abuse	40%
Nightmares	39%
Aggressiveness	44%
Sadness	53%
Fears	74%
Guilt	52%
Missed school for few days	3%
Angry feelings towards aggressor	79%
Friends aware of sexual abuse	66%
Reported negative reaction from their mother	14%
Had discussed with parents about the abuse	66%
At time of abuse	
had a boyfriend	40%
had already been sexually active	45%
at first follow-up visit, among sexually active, had resumed their sexual activities	22%
Problems most often identified by victims:	
fears	49%
family conflicts	27%
Reported to feel much improved	66%
Denied any need for additional support	55%
Had seen a professional elsewhere	22%
Reported somatic complaints	78%

Other Follow-up

60% present for a second follow-up (an average of 114 days of ER visit)

Altogether, had more than 2 visits (mostly 3 or 4)	54%
At last visit, still experience difficulties	40%
During follow-up, families considered as "problem family"	43%

Discussion

Two important time for follow-up (medically and psychosocially): 2-3 weeks and 3 months
The role of parents in the recovery process of these adolescents is important and supporting the family is crucial. However, compliance to follow-up visits is low.

PUBLICATIONS

Women's Health Matters

Sunnybrook and Women's College Health Sciences Centre

Sunnybrook and Women's College Health Sciences Centre is a new health care organization that combines the strengths of three of Canada's finest hospitals. It is an academic centre of excellence, fully affiliated with the University of Toronto, which provides a full range of high quality, values-based patient-centered services and is a leader in women's health.

The Women's College campus, which was founded in 1911, is a local, provincial and international leader in meeting the health needs of women. The philosophy and principles of women's health which are applied include:

- the empowerment of women through informed, participatory decision-making
- a broad definition of health
- collaborative planning through community partnerships
- accessibility of programs
- high quality care
- innovative and creative approaches to women's health research and in response to contemporary health issues.

The Centre for Research in Women's Health (CRWH) was founded in September 1995 as a partnership between Women's College Hospital and the University of Toronto. The CRWH is committed to conducting and fostering women's health research which is relevant to women's lives and to promoting its application in diverse communities. The CRWH was established to conduct and disseminate high calibre women's health research using innovative methodologies. The CRWH fosters communication among a broad spectrum of disciplines and fields which conduct women's health research in order to encourage the development of interdisciplinary, practice-relevant research. The Centre has become recognized as the leading authority in women's health.

In 1996, the World Health Organization designated Women's College Hospital and the Centre for Research in Women's Health as the World Health Organization Collaborating Centre in Women's Health for the Western Hemisphere

Here is their new website:
www.womenshealthmatters.ca

The Person Within Video/Workshop

The Person Within video and workshop were created to help caregivers and professionals identify and address abuse of children with disabilities committed by others – and themselves.

The workshop opens with a screening of the video and a question period. The facilitator then explores the nature and impact of emotional abuse, the type of abuse most commonly experienced by children with disabilities.

The facilitator looks at prevention, explaining concepts such as emotionally responsible caregiving and active intervention. Participants receive information on reporting abuse, identifying responsibility, and linking generic and special-service agencies.

Finally, the facilitator talks about therapeutic care. An abusive experience need not be the end of the road for any child, but should mark the beginning of a vital, healing journey.

By the end of this innovative workshop, participants will understand how to:

- Identify emotional abuse and its effects.
- Determine what's needed for adequate prevention and protection.
- Increase community awareness.
- Balance the special emotional needs characteristic of children with disabilities with their age-appropriate, typical needs.
- Facilitate linkages between generic and special-service agencies.
- Build advocacy networks in communities where none exist.
- Support families and caregivers of children and youth with disabilities.
- Enrich the lives of children they know.

For more information, contact:

Tracey Moropito, Project coordinator
The Person Within
BC Institute Against Family Violence
551-409 Granville Street
Vancouver BC V6C 1T2
Phone : (604) 669-7055
Fax : (604) 669-7054
Toll Free : 1 877 755-7055
Email: accounts@bcifv.org
Website: www.bcifv.org

Mirror Images : Weight Issues Among BC Youth

Results from the Adolescent Health Survey

Here are some key findings that you may find in this report:

- About 22% of female students and 15% of males report some type of problem weight control practice.
- Weight concerns are related to gender; girls are more likely to have concerns about being overweight, and males are more likely to have concerns about being underweight.
- Youth who report higher levels of connections to their family and to school are more likely to report having a positive body image and are less likely to report having problem weight control practices.

For more information please contact:

The McCreary Centre Society
401 N. Esmond Avenue
Burnaby BC V5C 1S4
Tel: (604) 291-1996
Fax: (604) 291-7308
Email: mccreary@mcs.bc.ca
Web: www.mcs.bc.ca

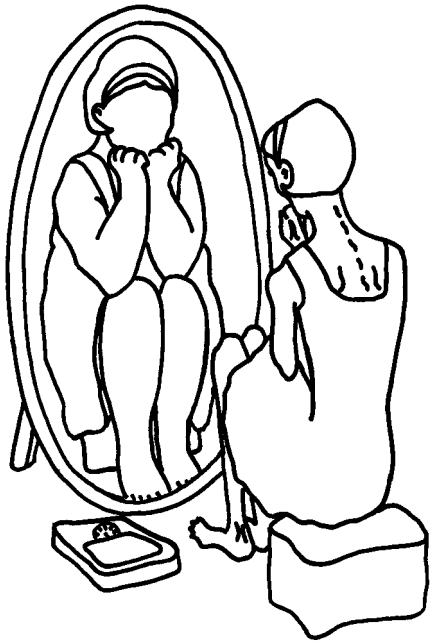
Please help us!

- Pay your membership fees on time or remind your organization to renew their membership. Close to 20% of members wait two years to renew their membership.
- Publicize the CAAH. Our survival chances increase with each new member.
- Publicize and attend the CAAH's Conferences.
- Send us articles, news, information regarding interesting events, programs, publications or videos for PRO-TEEN.

Thank you

3rd Ontario Regional Meeting of CAAH

Eating Disorders



Ottawa, October 27 2000

Workshops

The guest speakers and workshops animators will discuss prevention, early intervention and treatment. The meeting will end with a panel of youth and a brief look at networking opportunities for intervention.

Information

CAAH
Section médecine de l'adolescence
3175 Ch Ste-Catherine
Montreal QC H3T 1C5

Tel: (514) 345-9959 Fax: (514) 345-4778 Website : www.acsa-caah.ca