

SMOKING PROFILE FOR  
**PRINCE EDWARD ISLAND**  
**YOUTH**



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# SMOKING PROFILE FOR PRINCE EDWARD ISLAND YOUTH

The **Youth Smoking Survey (YSS)** is a national school-based survey of youth in grades 6 through 12 in the 10 Canadian provinces. The YSS provides national data on youth tobacco, drug, and alcohol use and is intended to assist in the development of programs and policies to address these risk behaviours. This Smoking Profile provides a summary of results from the 2008/2009 Youth Smoking Survey in Prince Edward Island and is an aggregation of data reported to each school. The referent data mentioned in text was current at the time of sending the school profiles, but has not been updated for the purpose of this profile.

The 2008/2009 Youth Smoking Survey was implemented in the 2008-09 school year by the Propel Centre for Population Health Impact (Propel) (formerly the Centre for Behavioural Research and Program Evaluation) at the University of Waterloo in partnership with a consortium of researchers in 10 provinces across Canada. A total of 3 boards, 58 schools, and 3826 students in Prince Edward Island (166 boards, 329 schools, and 51,922 students in Canada) participated in the 2008-09 school year.

## Research Consortium Affiliations:

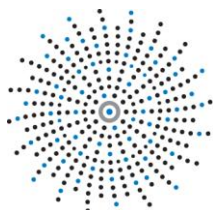
Memorial University of Newfoundland  
University of Prince Edward Island  
Canadian Cancer Society – Nova Scotia Division  
University of New Brunswick  
University of Montreal  
Institut national de santé publique du Québec  
McGill University  
University of Waterloo  
Cancer Care Ontario  
CancerCare Manitoba  
University of Saskatchewan  
University of Alberta  
University of British Columbia  
University of Victoria

The Government of Canada contracted this research group to implement the Youth Smoking Survey on behalf of Health Canada. The results of the survey were provided to Health Canada in a manner that did not identify any of the participants in the survey. This project was funded by Health Canada.

**For more information about the YSS, for copies of the **National Profile, Provincial Profiles, and to request the data set please visit [www.yss.uwaterloo.ca](http://www.yss.uwaterloo.ca) or contact:****

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The Youth Smoking Survey (YSS) is coordinated centrally at the Propel Centre for Population Health Impact. Propel is a partnership between the Canadian Cancer Society and the University of Waterloo.

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# THE ISSUE

## Smoking is a **School** Issue

- Students who take up smoking show a decrease in academic achievement.<sup>1</sup>
- Smoking is associated with an increased risk of dropping out of high school; smoking is more predictive of dropping out than marijuana use or alcohol use.<sup>2</sup>
- Starting smoking at an early age is predictive of a number of other risk behaviours; these include fighting, drug use, and problems in school.<sup>3-4</sup>

## Smoking is a **Youth** Issue

- 85% of current youth start smoking by the age of 19.<sup>5</sup>
- The average age at which youth in grade 12 smoked their first whole cigarette is 14 years.<sup>6</sup>
- In 2007, 12% of youth reported smoking in the last year and about 5% smoke on a daily basis. Additionally, 4% of under-aged youth successfully purchased cigarettes.<sup>7</sup>

## Smoking is a **Community** Issue

- 17% of all deaths (or approximately 37 200 deaths) in Canada are attributable to tobacco use.<sup>8</sup> Tobacco kills three times more Canadians each year than alcohol, AIDS, illegal drugs, car accidents, suicide, and murder, all combined.<sup>9</sup> Preventing or delaying smoking can reduce short- and long-term health risks.<sup>3-10</sup>
- In 2007, 19% of the Canadian population aged 15 years and older were current smokers (approximately 5.2 million smokers), unchanged from one year ago.<sup>11</sup>

### Web Resources

Health Canada  
[www.hc-sc.gc.ca/hl-vs/tobac-tabac](http://www.hc-sc.gc.ca/hl-vs/tobac-tabac)

PEI Tobacco Reduction Alliance  
[www.iamstayingssmokefree.com](http://www.iamstayingssmokefree.com)

Canadian Cancer Society  
[www.cancer.ca](http://www.cancer.ca)

Physicians for a Smoke-Free Canada  
[www.smoke-free.ca](http://www.smoke-free.ca)

Canadian Council for Tobacco Control  
[www.cctc.ca](http://www.cctc.ca)

## How to Make a Difference

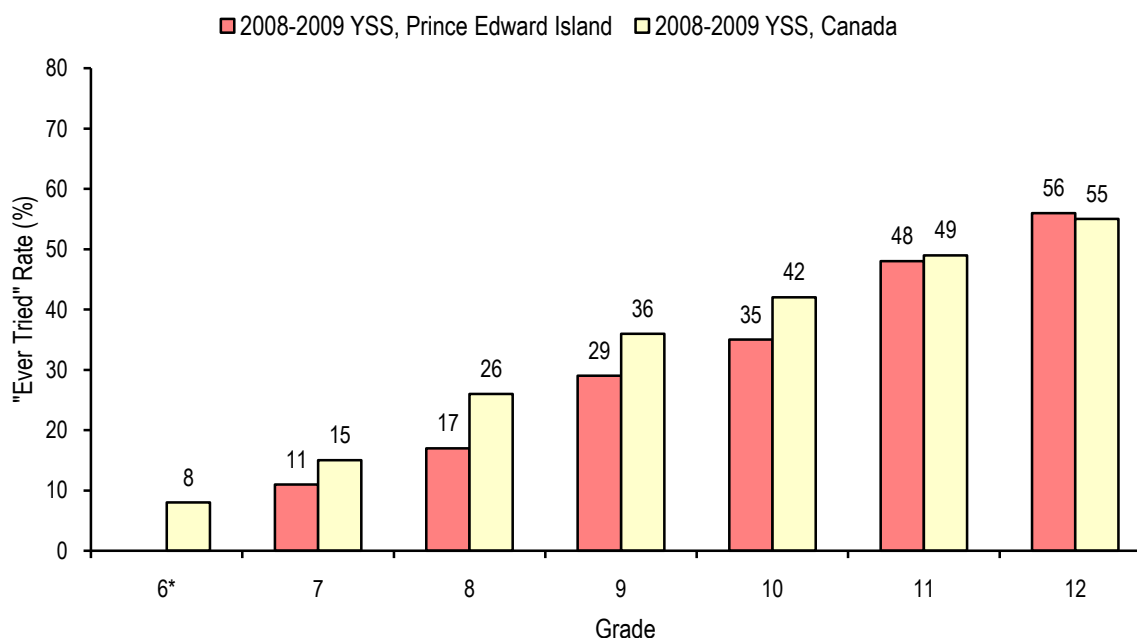
School efforts linked with those of local health and community agencies can reduce problems related to youth smoking. Research has shown that successful efforts include education (coordinated curriculum), a supportive environment (e.g., clear, enforced rules about smoking, chances for youth engagement), services (e.g., cessation) and youth who know people care. See the Youth Smoking Survey website ([www.yss.uwaterloo.ca](http://www.yss.uwaterloo.ca)), for a list of useful resources and websites.

# SMOKING IN PRINCE EDWARD ISLAND

Our findings show that in Prince Edward Island, 8% of youth in grades 6 to 12 (10% males and 5% females) reported being a current smoker. Overall, 30% of youth surveyed (33% males and 27% females) reported having ever tried a cigarette, even a few puffs. Fewer youth (19%) (22% males and 16% females) reported having smoked a whole cigarette.

The Youth Smoking Survey (YSS) was first conducted in 1994 and has been repeated biennially since 2002. To help you get an idea of the overall prevalence of youth who have “ever tried” a cigarette, the graph below compares your province’s results with national results from the 2008/2009 YSS.

## Youth Who Have “Ever Tried” a Cigarette



\* Provincial data not reportable due to sample size

## Definitions used in this report

### Current Smoker

Someone who has smoked at least 100 cigarettes in their lifetime, and who has smoked at least one whole cigarette in the past 30 days.

### Trier

Someone who has smoked less than 100 cigarettes in their lifetime, and who has smoked at least one whole cigarette in the past 30 days (Note: This definition has changed from the school-level feedback reports where it referred to someone who has smoked or puffed in the last 30 days).

### Non-Smoker

Someone who has not smoked or puffed cigarettes in the past 30 days or has never smoked a cigarette, even a puff.

# YOUTH SUSCEPTIBILITY TO SMOKING

There is a relatively small window in life when one is susceptible to begin smoking. Most established smokers start experimenting with cigarettes between the ages of 10 and 18.3 Once one becomes dependent it can be very difficult to quit. Therefore, it is important to intervene before youth become dependent.

## Quick Facts

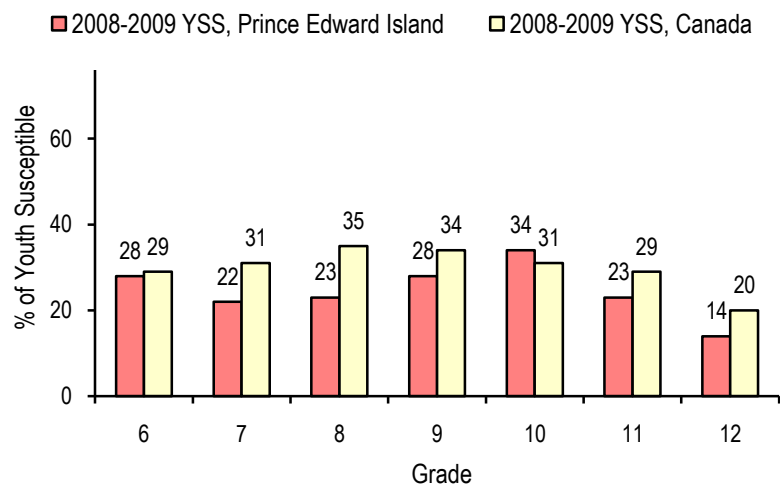
The younger one starts to smoke the more likely one is to become strongly dependent on nicotine.<sup>12</sup>

Youth who feel strongly that they will not try smoking in the future and who feel they can resist peer pressure to smoke are less likely to begin smoking in the future.

Youth who have never smoked were asked two questions about their intentions to remain smoke-free: *“Do you think in the future you might try smoking cigarettes?”* and *“At any time during the next year do you think you will smoke a cigarette?”* We also asked one question relating to their confidence in resisting peer pressure, *“If one of your best friends were to offer you a cigarette, would you smoke it?”*

From their answers to these questions we determined that 24% of the youth who have never smoked a cigarette have low-confidence in their ability to remain smoke-free in the future, and are thus at high risk to begin smoking. The chart above displays national data from the 2008/2009 YSS and your province’s data from the 2008/2009 YSS on the percent of youth, by grade, who were deemed susceptible to smoking.

**Susceptibility to Smoking of Youth Who Have Never Smoked by Grade**



## How to Make a Difference

Many experts agree that there are stages to smoking uptake including: (1) a preparation phase in which intentions and expectations regarding smoking shift, (2) early experimentation, (3) regular but non-daily smoking, and (4) established smoking.<sup>13</sup> Youth whose attitudes and beliefs predispose them to smoking may soon start to experiment, or may have already begun. Even when smoking rates are low, smoking control efforts should focus on preventing youth from becoming susceptible, preventing susceptible youth from experimenting, as well as encouraging experimenters and established smokers to quit.

## PEER AND FAMILY INFLUENCES

Youth take up smoking for a variety of reasons. Peers and family members influence youth smoking.<sup>12</sup> These influences are sometimes direct (peer pressure) but more often indirect (modelling). We asked youth at each participating school a series of questions relating to peers and family.

All youth were asked, “How many of your closest friends smoke cigarettes?” The results show that 96% of current smokers have friends who smoke compared to 86% of triers and 23% of non-smokers. Non-smokers who have friends who smoke are the most susceptible to begin smoking themselves.

Number of friends who smoke	Percent of youth responding		
	Current smokers	Triers	Non-smokers
0 to 2	22	50	92
3 or more	78	50	8

Youth were asked, “Do any of your parents, step-parents, or guardians smoke cigarettes?” and “Do any of your brothers or sisters smoke cigarettes?” The results show that 80% of current smokers in the province (76% in Canada) have family members who smoke compared to 72% of triers and 48% of non-smokers. Youth who have family members who smoke face a higher risk of beginning to smoke.

Family members who smoke	Percent of youth responding “Yes”		
	Current smokers	Triers	Non-smokers
Parents, step-parents, or guardians	67	61	42
Sibling(s)	50	34	17

### Obtaining and Sharing Cigarettes

Current smokers usually obtain cigarettes from social sources: 11% indicated either “a friend or someone else gives them to me” or they were given cigarettes by their parents or siblings. Current smokers also reported asking someone else to buy cigarettes for them or buying them from a friend or someone else (33%). Comparatively, 36% and 18% of triers reported these sources respectively. Moreover, 45% of youth felt it would be “easy” to get cigarettes if they wanted to smoke.

Smoking is a social activity. When asked, “when you smoke, how often do you share a cigarette with others?” 41% of current smokers reported “usually/always”, 59% said “sometimes/never”. In comparison, 55% and 45% of triers reported these categories respectively.

### Quick Facts

Nationally, most youth obtain cigarettes from social sources such as family or friends. This is even more pronounced among younger students.<sup>11</sup> Data from the 2008/2009 YSS showed that 80% of current smokers in grades 6 to 8 obtained cigarettes from social sources compared to 53% of current smokers in grades 9 to 12. These percentages are even higher for triers (97% and 80% respectively).

Source: 2008/2009 Youth Smoking Survey.

## Spending Money

We asked youth about the amount of money they usually have each week to spend on themselves or to save. The table on the right shows how current smokers, triers, and non-smokers responded.

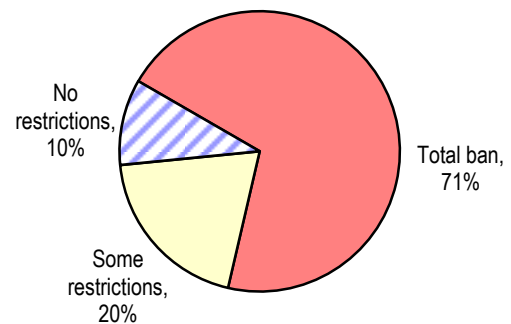
Amount of money per week	Percent of youth responding		
	Current smokers	Triers	Non-smokers
\$0 - 20	26	30	60
\$21 or more	74	70	40

## Smoking at Home

Second-hand smoke is a health concern if a family member smokes in the home and/or car.<sup>11,14</sup>

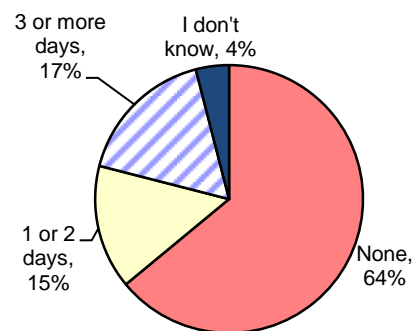
Overall, 25% of youth in the province (21% in Canada) reported that at least one person smoked on a daily basis inside their home. We asked youth about smoking rules at home and 29% reported that there were no restrictions or only some restrictions regarding smoking in the home. Incidentally, 90% of youth responded that smoking should not be allowed around kids at home.

## Household Rules for Smoking



The results show that 89% of youth thought that smoking should not be allowed around kids in cars; however, 32% of youth in the province (26% in Canada) who rode in a car during the week preceding the survey reported doing so with someone who was smoking cigarettes.

## Exposure to Smoking in Cars



## Quick Facts

Analyses of data from the 2006/2007 YSS showed that exposure to smoking in cars and permitting smoking in the home are associated with increased risk of being susceptible to starting smoking, and being an “ever smoker”. These results hold even when controlling for other important influences on susceptibility and smoking behaviour.<sup>15</sup>

## How to Make a Difference

Smoking often occurs in social situations among peers. Programs that help youth to develop skills for resisting social influences can be helpful. The most successful programs teach refusal skills (through direct instruction, modelling, rehearsal, and reinforcement) and advocacy.<sup>16</sup> Schools, community organizations can provide environments where smoking is clearly not acceptable, where smoking by older youth is not visible and not convenient.



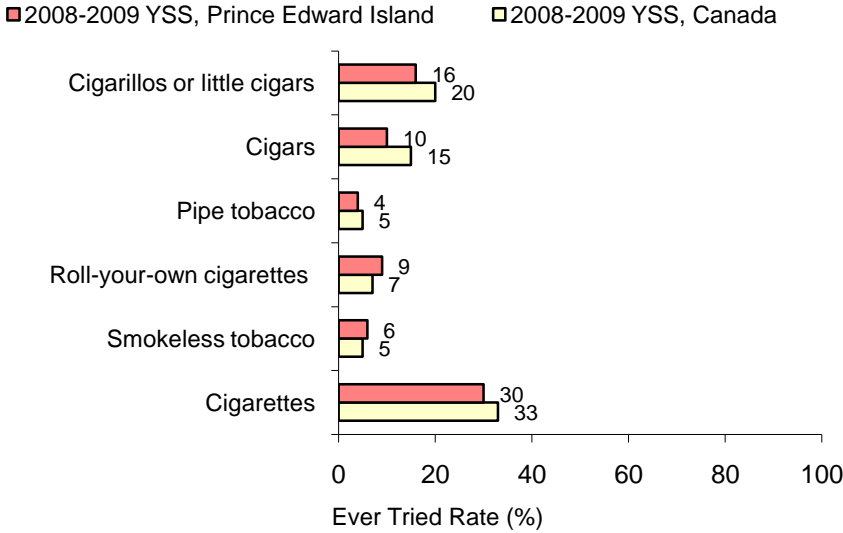
# EMERGING TOBACCO ISSUES

Youth use other tobacco products including cigars, cigarillos, little cigars, pipe tobacco, and smokeless tobacco (i.e., chewing tobacco). Some of these products are flavoured. In the 2008/2009 YSS, we asked youth whether they had ever used flavoured tobacco products (e.g., menthol, cherry, strawberry, vanilla flavoured, etc.). Overall, 18% of youth in the province (19% in Canada) indicated “yes”.

Anecdotal reports of the popularity of cigarillos prompted more specific YSS questions about these particular tobacco products. Cigarillos and little cigars are commonly sold as single units for as little as \$1.00, or in small packages containing 2 to 8 units.

Based on your province’s data from the 2008/2009 YSS, 18% of youth in grades 6 to 12 (3% in grades 6 to 8; 28% in grades 9 to 12) in Prince Edward Island reported having “ever tried” smoking cigars, cigarillos, or little cigars, flavoured or unflavoured. Though not as high as the “ever tried” rates for smoking cigarettes (30%) (11% in grades 6 to 8; 42% in grades 9 to 12), this proportion is high enough to warrant increased monitoring and action, especially since 2% of youth who have never tried cigarettes have tried these products. The chart below provides the percentage of youth who reported ever trying various tobacco products, including cigarettes, according to the 2008/2009 YSS data.

## Alternate Forms of Tobacco Use Compared to Cigarettes



### Quick Facts

- Health Canada reports that the sale of cigarillos has grown since 2001, (when about 50 000 cigarillos were sold), to more than 80 000 000 sold in 2006.<sup>17</sup>
- Youth under age 20 are 3.4 times more likely to use cigarillos compared to those over the age of 25. This is different than cigarettes, where youth use is no higher than the general population, and is lower than in young adults.<sup>18</sup>
- Very few (7%) adult women reported smoking cigarillos in the past 30 days, although 72 000 (or 27%) of Canadian teenaged girls did.<sup>11,18</sup>
- Due in part to the data that have been collected in schools, various levels of government in Canada are currently taking action to combat flavoured tobacco products.<sup>17</sup>

# PERCEPTIONS AND REALITY

Many youth believe smoking uptake is associated with peer pressure, the desire to seem popular, and the perception that smoking is cool.<sup>19</sup> It is interesting to contrast this with how youth themselves report their view of smoking. Survey results indicated that only 3% of youth reported that smoking was cool; 7% felt that smokers “become more popular”; and 7% thought that it would be nice to date a smoker. Youth also tend to overestimate the number of their peers that actually smoke leading to the misperception that it is a common behaviour.<sup>19</sup>

## Exposing the Myths about Smoking

While many youth are aware of the long-term health problems associated with smoking, this knowledge is not enough to prevent smoking.<sup>20</sup> Some youth believe that smoking can benefit them in the short-term. We asked youth about some common myths about smoking.

- **Myth:** Smoking **helps people to relax:** 45% of youth believe this and 32% “don’t know”.
- **Fact:** Nicotine is a stimulant and smoking causes a rise in pulse rate and blood pressure.<sup>21</sup> Considering the short and long term social and health consequences of smoking, smoking is likely to increase overall stress levels.
- **Myth:** Smoking can help people **stay slim:** 20% of youth believe this and 32% “don’t know”.
- **Fact:** Research has shown that smokers gain as much weight as non-smokers in the same age range.<sup>22</sup> This common misperception may especially influence young females to consider smoking.
- **Myth:** Smokers can **quit anytime:** 27% of youth believe this and 17% “don’t know”.
- **Fact:** Nicotine is highly addictive and quitting is often very difficult even for youth and adults who are motivated to quit. 11 Results show that 72% of current smokers have tried to quit at least once, and failed (24% have tried to quit once; 48% have tried to quit 2 or more times).

### How to Make a Difference

- Correct misconceptions about the benefits of smoking and emphasize the short-term downsides and negative social consequences of smoking.
- Consider focusing on media literacy and consumer savvy. Several successful youth led campaigns have focused on exposing tobacco industry tactics for attracting youth.
- Correct misperceptions to alter youth attitudes about smoking, especially those related to the creation of “peer pressure.” Communicating these results in the school newspaper, on a bulletin board, in an assembly or in other ways may help to show youth that smoking is not as well regarded or common as they think. Remember that repeated long-term exposure to these new ideas will be necessary to change attitudes about smoking.

# WHAT YOUTH KNOW AND THINK ABOUT SMOKING

## Tobacco Control Education at School, Community, and Home

Tobacco control education is necessary and important. Knowledge about smoking is most often learned at school and it is at school that attitudes are often developed. The 2008/2009 YSS survey showed that 52% of youth in the province (51% in Canada) reported having one or more classes, in the last 12 months, that talked about the effects of smoking.

We also asked youth if, in the last 12 months, they had taken part in any other anti-smoking activities or events, either at school or in the community. The following shows the percentage of youth who reported taking part in various anti-smoking activities or events.

- 27% School assembly or class with guest speaker
- 3% School health fair
- 5% Media production (poster, commercial, etc.)
- 2% Community event outside of school
  
- 63% I have not taken part in any of these activities or events in the last 12 months

## Knowledge about the Health Implications of Smoking

Youth reported the following knowledge about the health implications of tobacco use:

- 77% know that you do not have to smoke for many years to harm your health.
- 90% know that smoking is harmful to non-smokers.
- 89% know that smoking is addictive.
- 48% recognize that quitting smoking can reduce health damage.
- 77% believe that there is danger to your health from an occasional cigarette.

# THE SCHOOL ENVIRONMENT

The school environment plays an important role in helping youth stay smoke-free. Research shows that schools influence smoking rates even after accounting for family, economic and community factors.<sup>16</sup> Schools are uniquely positioned to influence the health and well-being of youth, ideally in partnership with home and community.

## Comprehensive School Health (CSH)

*Comprehensive School Health (CSH)* is an international framework that helps us understand school health in “a planned, integrated and holistic” way.<sup>23</sup> The health of students is affected not just by what happens in the classroom, but also by the whole school environment and beyond. Schools influence and are influenced by their broader community and cultural environments.

Using the four pillars from the CSH framework can support and enhance educational outcomes and the long-term health of youth. Employing a CSH framework encourages us to think holistically and to focus on actions within four distinct but inter-related pillars:

- |  |  |
|--|--|
| <p>A healthy <b>social and physical environment</b> is reflected in:</p> | <ul style="list-style-type: none"> <li>• High quality relationships among and between staff and students in the school.</li> <li>• Emotional well-being of students.</li> <li>• Close relationships with families and the wider community.</li> <li>• Well-maintained buildings, grounds, play space, and equipment in and surrounding the school.</li> <li>• Basic amenities such as sanitation and air cleanliness.</li> </ul>   |
| <p>Effective <b>Teaching and learning</b> is reflected in:</p>           | <ul style="list-style-type: none"> <li>• Resources, activities and provincial/territorial curriculum where students gain age-appropriate knowledge and experiences, helping to build the skills to improve their health and well-being.</li> </ul>   |
| <p><b>Healthy school policy</b> is reflected in:</p>                     | <ul style="list-style-type: none"> <li>• Management practices, decision-making processes, rules, procedures and policies at all levels that promote health and well-being, and shape a respectful, welcoming and caring school environment.</li> </ul>   |
| <p>Effective <b>Partnerships and services:</b></p>                       | <ul style="list-style-type: none"> <li>• Build close connections between schools and students’ families.</li> <li>• Build supportive working relationships within schools (staff and students), between schools, and between schools and other community organizations and representative groups.</li> <li>• Encourage health, education and other sectors to work together to advance school health.</li> <li>• Community and school- based services that support and promote student and staff health and well-being.</li> </ul> |

Attention to each of these areas helps to ensure that students are better able to “realize their full potential as learners – and as healthy, productive members of society.”<sup>23</sup>

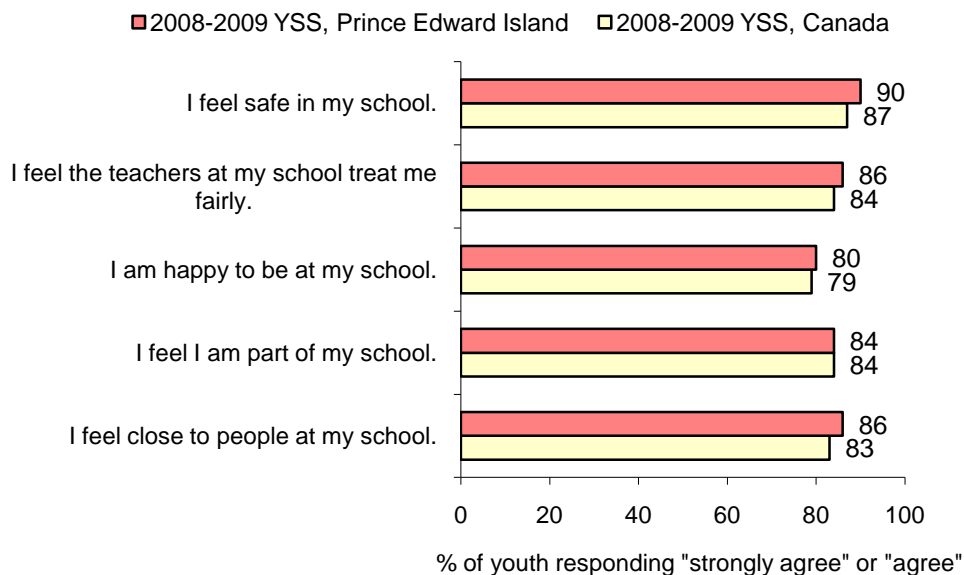
The results on the following pages describe the broader school environment. The environment serves as a foundation to behaviour. For example, we report how students connect to their school, their emotional-well being, rules about smoking, and the relation of student absenteeism to smoking. Improving these examples of the four pillars may be a critical goal to reducing smoking rates and improving other health behaviours.

## School Connectedness

As per Comprehensive School Health, a sense of connection to the school and school rules can support students to make healthy choices. Students who feel an attachment to their school, and who consider their teachers to be supportive, are less likely to smoke or engage in other unhealthy or risky behaviours.<sup>25</sup> We used a series of five statements to measure school connectedness. The summary score can range from a low of 5 to a high of 20. This year, your provincial average was 16 while the national average was 15. Current smokers in your province scored 14 compared to triers who scored 15 and non-smokers who scored 16.

The chart below shows responses of youth to the individual statements that comprise the school connectedness scale. These are compared to 2008/2009 YSS national data.

### School Connectedness Statements



## Emotional Well-being

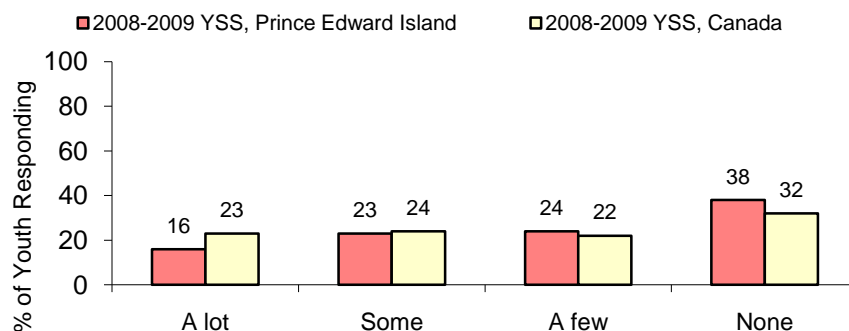
We asked youth a series of questions about how they feel about themselves. The table to the right shows the percentage who reported “true” or “mostly true” to statements regarding their well-being. Responses are provided for current smokers, triers, and non-smokers.

Emotional well-being	Percent of youth responding		
	Current smokers	Triers	Non-smokers
In general, I like the way I am.	74	67	82
When I do something, I do it well.	62	62	77
I like the way I look.	68	61	74

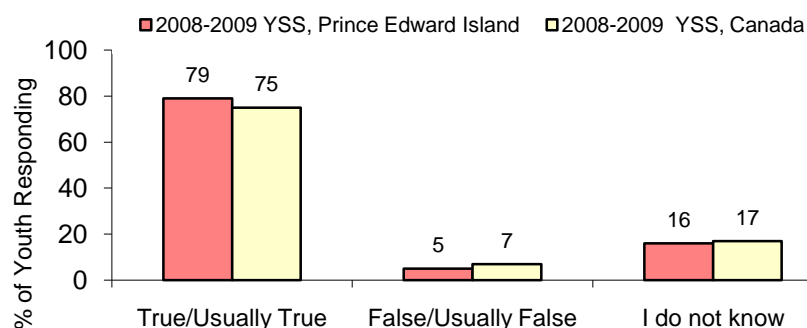
## Rules Regarding Smoking

According to provincial laws, smokers are not allowed to smoke on school property.<sup>24</sup> We asked youth about their perceptions of their school's rules on smoking:

### How many students at this school smoke on school property?



### This school has a clear set of rules about smoking for students to follow



## Truancy/Absenteeism

Youth were asked how many classes they skipped when they were not supposed to in the last 4 weeks. The table to the right shows the percentage of current smokers, triers, and non-smokers who reported skipping classes by the number of classes skipped.

Number of classes skipped	Percent of youth responding		
	Current smokers	Triers	Non-smokers
0 (none)	39	61	86
1 or more	61	39	13

## How to Make a Difference

Increasing evidence demonstrates that when youth feel connected to their school and cared for by those at their school, they are less likely to use substances.<sup>25</sup> As well, youth who experience a greater connectedness to their teachers are less likely to start smoking.<sup>26</sup> Ways in which schools can create a sense of school connectedness include supporting extracurricular activities, providing opportunities for student involvement in peer-led activities and buddy programs, advocating a positive classroom atmosphere, and encouraging teacher mentorship.

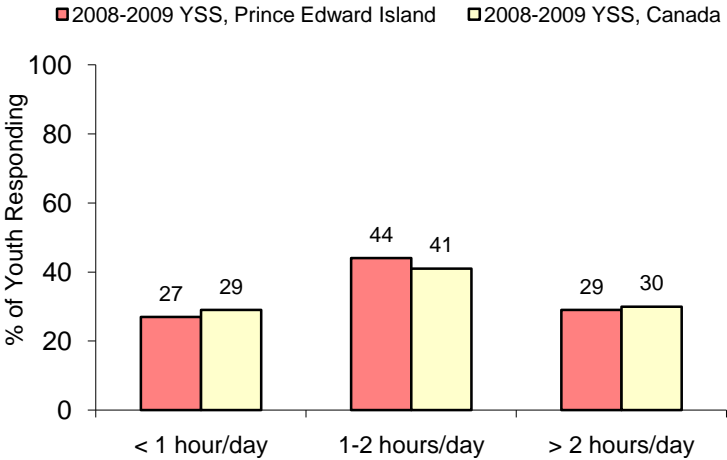
# LEISURE-TIME ACTIVITIES

## Quick Facts

Canada's Report Card on Physical Activity for Children and Youth indicate a recommendation of not more than two hours per day of television (TV) or leisure-related screen time.<sup>27</sup> Children with high screen time tend to exhibit obesity, low fitness levels, and lower levels of self-efficacy for physical activity.<sup>27</sup>

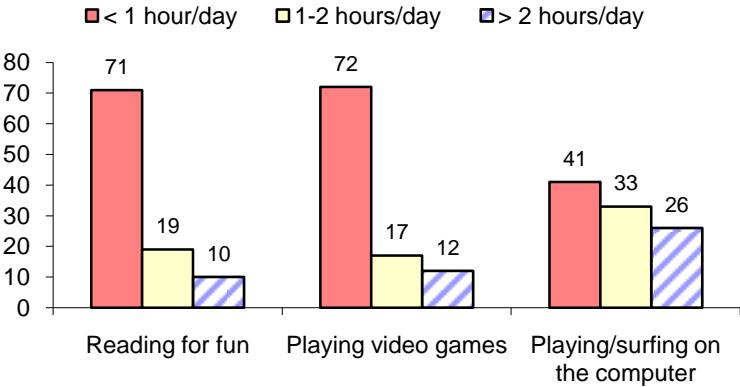
Watching a lot of TV has been linked to increases in smoking uptake in youth.<sup>28</sup> TV is also incompatible with healthier, more active choices for leisure time activities. Results show that 29% of youth reported that they typically watch more than 2 hours of TV per day, while 28% of males compared to 30% of females exceeded the two hour recommended guidelines. The chart to the right shows the amount of time youth in your province reported watching TV as compared to youth across the country.

**Hours Spent Per Day Watching TV/Videos**



Besides the number of hours watching TV, youth are engaged in playing video games and playing/surfing on the computer in their leisure time. We asked youth about the amount of time they spend engaged in these activities as well as time spent reading for fun (not for school). The chart to the right shows the average number of hours per day youth reported doing these activities.

**Hours Spent Per Day Reading for Fun, Playing Video Games, Playing/Surfing on the Computer**

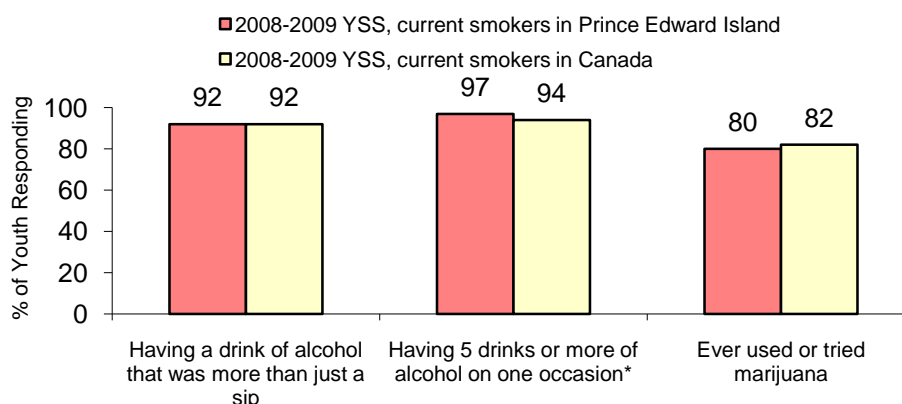


In general, screen time tends to be higher among males when compared to females and playing video games appears to be responsible for this difference.<sup>27</sup> Survey results indicate that 66% of males and 47% of females reported playing video games or surfing on the computer for more than 2 hours a day.

# ALCOHOL AND MARIJUANA USE

Youth in grades 7 and above were asked about alcohol and marijuana use. In your province, 46% of youth reported having a drink of alcohol that was more than just a sip in the last 12 months. Of those who had more than just a sip in the last 12 months, 82% reported having 5 drinks or more of alcohol on one occasion in the last 12 months. In your province, 18% reported having used marijuana in the last 12 months. Across Canada 53%, 95%, and 27% of youth reported engaging in these behaviours respectively in the last 12 months. The chart below shows the percentage of current smokers in your province that reported having engaged in these activities in the last 12 months compared to national data.

## Prevalence of Alcohol and Marijuana Use Among Current Smokers



\*Percent is of those who have had a drink of alcohol that was more than just a sip in the last 12 months.

It is startling to note how young youth are when they first engage in these behaviours. Besides being illegal, youth are making these decisions before developmentally being fully capable of understanding the consequences. Among grade 12 youth, the average age at which students in your province first tried smoking, alcohol, and marijuana use are provided below:

	Average age (years)
First tried smoking cigarettes	15
Drinking alcohol that was more than just a sip	14
Having five drinks of alcohol on one occasion	15
Ever using or tried marijuana	15

### Quick Facts

Of all youth in grades 7 to 12 who have “ever tried” smoking cigarettes, 59% have used marijuana in the last 12 months, whereas amongst those who have never tried smoking cigarettes, only 9% have used marijuana in the last 12 months. Similarly, students who have tried smoking are more likely to have had a drink of alcohol in the last 12 months than those who have never smoked (82% vs. 36%).

Source: 2008/2009 Youth Smoking Survey.

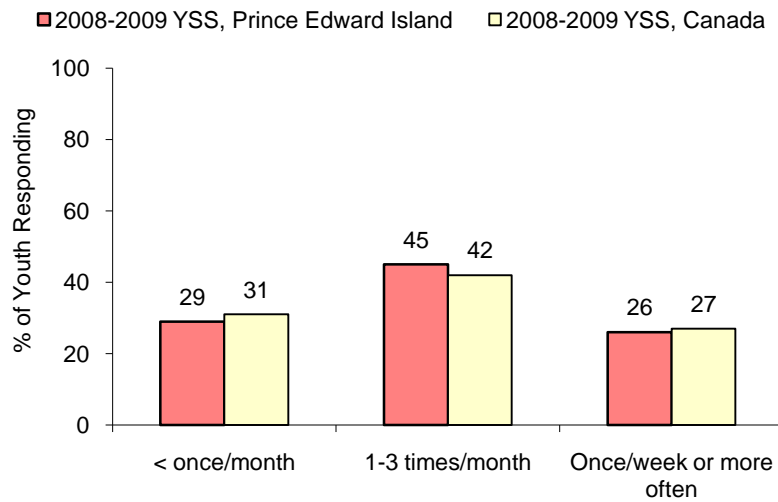


## Quick Facts

Findings from the 2004 Canadian Addictions Survey indicate that “*tobacco use among youth aged 15-19 is a powerful and effective marker of other substance use and a good indication that these youth are engaging in other risky behaviours such as hazardous drinking.*”<sup>1</sup>

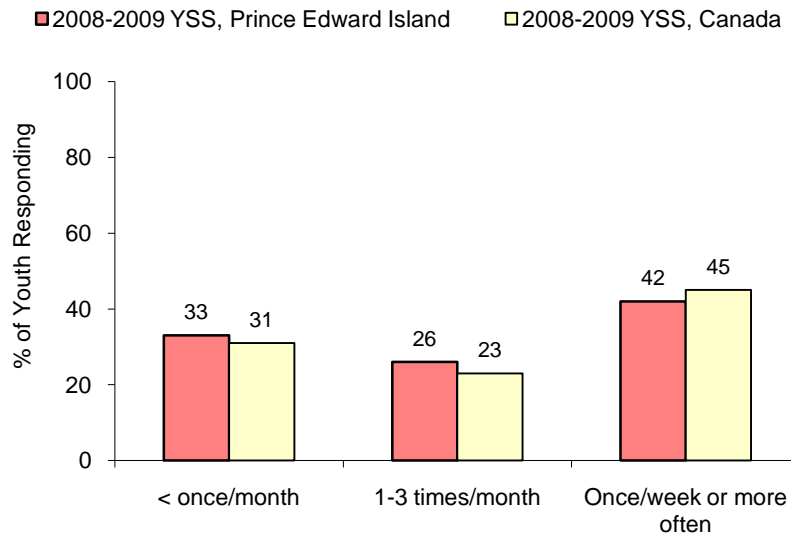
Of those who reported having 5 drinks of alcohol or more on one occasion in the last 12 months, these youth were also asked how often they engaged in this behaviour. The chart below shows the frequency of binge drinking by youth.

### Frequency of Binge Drinking



Of those who reported using marijuana in the last 12 months, these youth were also asked how often they engaged in this behaviour. The chart below shows the frequency of marijuana use by youth.

### Frequency of Marijuana Use



# HOW TO USE THIS REPORT

Use this report to identify areas of strength to build on or areas that can be addressed concerning student health and health promotional activities. Share the results with provincial departments, alliances, and community organizations, youth, school administrators and staff to help identify challenges regarding the health and well-being of youth. Involvement empowers and fosters relationships to deal with issues at hand (and future concerns). We encourage users of this report to find the ingenuity and resources for solutions. Overall, youth wellness can be improved through contributions at many levels:

## **Youth can:**

- Explore ways to take action on areas of concern through school government groups and other school groups.
- Engage teachers and administrators in dialogue about the results to better understand the issues, seek solutions and create youth-driven action plans.
- Join a school-based action team or youth club dedicated to healthy living.
- Organize new initiatives at school (e.g. intramural sports program, recognition/awards program for people who have made a difference in promoting healthy living, initiate school student/staff healthy living challenge, organize a school health fair).
- Connect with youth from other schools in the district to share what has been done and explore partnership opportunities.

## **School Staff can use the report data to:**

- Support recommendations within school improvement plans.
- Plan and deliver health, physical education or other related curricula.
- Develop opportunities for staff to model healthy behaviours.
- Initiate new partnerships with parents/community resources to promote healthy living.
- Advocate for new community programs or resources and support requests for funding (e.g. grant programs).
- Enhance implementation of health policies and delivery of services or programs for youth.
- Share data with local public health units and/or school boards to identify potential areas for collective action among schools and/or follow-up and evaluate implemented actions.
- Look for opportunities to engage students in problem solving and planning.
- Advocate for increased emphasis on health as a priority in school activities and curricula.

## **Parents/Families and the Community can:**

- Plan activities with school council or parent council.
- Consider hosting a forum or approaching media to gain support for healthy living initiatives.
- Create opportunities to model healthy behaviours at home.
- Support the school! Share skills or resources to help address the issues identified in the report.
- Participate in an open house where community groups can share health and wellness programs.

## **Provincial Departments, Alliances, and Community Organizations can:**

- Support schools by providing expertise in the analysis and interpretation of data.
- Use the data to help inform strategic planning processes and priority setting activities.
- Engage in school health promotion by providing support (resources, funding, staff time, programs, materials) at the local, regional, and provincial levels.
- Partner/collaborate/coordinate with each other to provide support to schools and the school community.

### More About this Report:

The School Health Action Planning and Evaluation System (SHAPES) is a data collection and feedback system designed to support population-based intervention planning, evaluation, and field research related to youth. SHAPES is developed by the Propel Centre for Population Health Impact (formerly the Centre for Behaviour Research and Program Evaluation) at the University of Waterloo.

SHAPES generates individual school profiles from survey data. Each of the schools participating in the 2008/2009 Youth Smoking Survey received a *School Smoking Profile* detailing smoking and other related behaviours. Through a largely automated system with quality control and editing procedures, we can ensure that the data you receive are accurate and returned to your school in a timely manner.

For further information, please visit us on the web at [www.yss.uwaterloo.ca](http://www.yss.uwaterloo.ca) or contact us by e-mail at [yss@uwaterloo.ca](mailto:yss@uwaterloo.ca).

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