Resources

Haldimand-Norfolk Health Unit (519) 426-6170 Simcoe (905) 318-6623 Free from Haldimand www.haldimand-norfolk.org/health

Brant County Health Unit (519) 753-4937 Ext. 259 www.bchu.org

Canadian Cancer Society www.cancer.ca

Smoker's Helpline 1-877-513-5333

Lung Association www.on.lung.ca

Heart and Stroke Foundation of Ontario www.heartandstroke.on.ca

Health Canada www.hc-sc.gc.ca/hecs-esc/tobacco/index.html

Program Training and Consultation Center www.ptcc-cfc.on.ca

Centre for Addiction and Mental Health www.camh.net

National Clearinghouse on Tobacco and Health www.ncth.ca

Smoke-fx www.smoke-fx.com

For Students

www.stupid.ca a provincial advocacy campaign for Ontario youth

www.quit4life.com a cessation web-site for youth interested in quitting smoking

For Teachers

www.lungsareforlife.ca Modules for use with Kindergarten to Grade 12 classes

www.healthyschool.org Health Unit resources

For Principals

Schools Without Borders, a guide on how to enforce smoke-free school properties. Available from the Health Units.

Conclusion

Youth in Brant, Haldimand and Norfolk are still smoking, although the rates have followed the provincial downward trend. As noted by the 1999 Ontario Minister of Health's Expert Panel Report, nine out of 10 smokers take up the habit before the age of 20^9 , so preventing young people from starting to smoke is critical to the success of any tobacco control program. In order to be effective, tobacco preven-



tion programs must address a range of issues including price, access to information about tobacco products, promotion and packaging, smoke-free spaces, retail sales to minors, mass media-based education and school programs. Youth involvement in smoking prevention planning is also essential to success.

References

¹ Ontario Student Drug Survey, Center for Addiction and Mental Health (1999) (2003) ² Do You Know...Tobacco, Center for Addiction and Mental Health (2003)

³ Facts on Tobacco: Youth and Tobacco, The Ontario Tobacco Research Unit (1996)

⁴ Prochaska JO, DiClemente CC. In search of how people change: applications to addictive behaviours. AM Psychol 1992; 47: 1102-14.

⁵ U.S. Department of Health and Human Services, Youth and Nicotine Addiction Background. Atlanta, Georgia: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Accessed on February 2005. www.cdc.gov/tobacco/research_data/youth/ythaddt2

⁶ U.S. Department of Health and Human Services. Preventing Tobacco Use Among Young People: A Report of the Surgeon General. Atlanta, Georgia: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1994 Accessed February 2005. wnw.cdc.gov/tobacco/sgr/sgr 1994/index

⁷ Canadian Tobacco Use Monitoring Survey (CTUMS) (2003). Accessed December, 2004. www.hc-sc.gc.ca/hecs-sesc/tobacco/research/ctums/

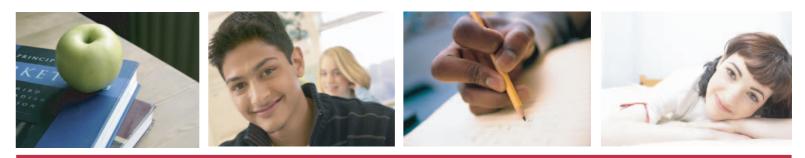
⁸ Ontario Student Drug Survey, Center for Addiction and Mental Health (1999) (2003)

⁹ Actions will speak louder than words: getting serious about tobacco control in Ontario, Ontario Minister of Health's Expert Panel Report (1999)

Contacts

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2003 Brant, Haldimand, Norfolk

Focus On Tobacco Use

Introduction

An ongoing provincial survey of Ontario students in Grades 7 to OAC indicates that cigarette smoking has declined among young people, from 29% in 1999 to 19% in 2003.¹ Despite this decline, smoking is still the leading cause of preventable illness and premature death in Canada. Almost 12,000 Ontarians and 45,000 Canadians die from tobacco-related illnesses every year. Most people who smoke begin between the ages of 11 and 15, which is well before they understand the addictive nature of nicotine.² Teens underestimate the addictiveness of nicotine and are more likely to try smoking, putting themselves at risk of developing a wide range of illnesses, including heart disease, lung cancer and stroke.3

This report provides a detailed summary of cigarette smoking among youth in school throughout Brant, Haldimand and Norfolk Counties. A list of resources available to students, teachers and professionals working with youth is also included.

Methods

The Student Health Survey was administered to students within the Grand Erie District School Board and the Brant Haldimand Norfolk Catholic District School Board in the fall of 2003. The survey is a collaborative project between the Brant County Health Unit and the Haldimand-Norfolk Health Unit. In order to make the results generalizable, schools were selected in a representative manner and a large sample of students was included. The survey was completed by 2317 students in Grades 5, 7, 9 & 11 (approximately 20%). All classes of a particular grade were surveyed in selected schools. The survey dealt with 11 health related topics. This report focuses on patterns of tobacco use and its relationship to other health risk behaviours. In order to get the whole picture of smoking prevalence, students were asked about the amount they smoked throughout their lifetime, during the past 12 months, and during the past 30 days.

Fast Facts

- Evidence of experimentation with tobacco was found in Grade 5.
- By Grade 7, 16% of students had smoked at least one puff of a cigarette in their lifetime.
- By Grade 11, 22% of students had smoked at least

Student Health Survey

Report 3

once during the past 30 days and more than half (55%) of those students were smoking every day.



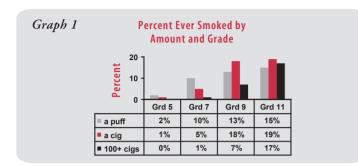
- Over half (55%) of current smokers (someone who smoked in the past 30 days and 100 cigarettes in lifetime) in Grades 7, 9 and 11 had tried to quit during the past year.
- Smoking was strongly associated with dieting, alcohol consumption, cannabis and other drug

use. A relationship was also found with depression.

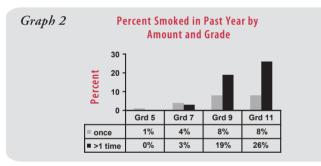
• Smoking patterns did not appear to differ significantly by gender.

Smoking Prevalence While a decrease in smoking has occurred locally and provin-

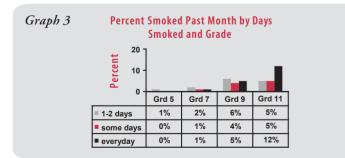
cially there is evidence that many youth continue to smoke. Of the students surveyed, 28% had smoked at least one puff from a cigarette in their lifetime. Frequency and amount of use increased with age and grade, but did not differ by gender. By Grade 11, 36% of students had smoked at least one full cigarette, and 17% of students had smoked 100 cigarettes or more (Graph 1).



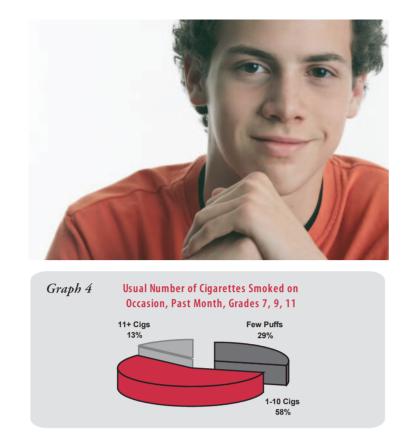
By Grade 11, 34% of students had smoked at least once in the past year, with 26% smoking on more than one occasion (Graph 2).



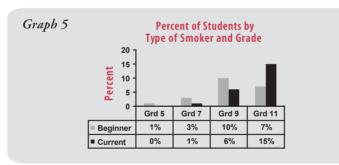
Smoking in the past 30 days (a month) is another important indicator of current smoking status. Four percent of Grade 7 students had smoked in the past month. By Grade 11, 22% had smoked during the past month - of which more than half (55%) smoked every day (Graph 3).



Most students who smoked in the past month had smoked between one and 10 cigarettes on each day they smoked (Graph 4). The number of cigarettes smoked per day was similar in Grades 7, 9, and 11, even though the overall number of students smoking increased with grade. By Grade 11, 17% had smoked more than 10 cigarettes on a daily basis.



Distinguishing between a beginning smoker and a current smoker is based on whether or not the student smoked 100 or more cigarettes in his/her lifetime, in addition to smoking in the past 30 days.⁴ The proportion of current smokers rose steadily with grade (Graph 5).



In Grades 5 and 7 combined, 83% of students who smoked within the past 30 days were in the beginner stage. However, by Grade 9, more than one in three students (38%) who smoked within the past 30 days had become current smokers, and by Grade 11, more than two-thirds (68%) had become current smokers.

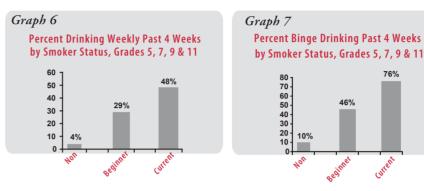
According to the 1999/2000 Brant, Haldimand and Norfolk survey, the overall proportion of students in Grade 11 smoking daily has decreased by 8%. Although the overall reported number of students smoking has decreased, the emphasis of tobacco use prevention should focus on targeting students before they puff their first cigarette.

Increased Risks

Below are descriptions of relationships that were found between smoking and other risk factors as discussed in related Student Health Survey reports. Youth may be more likely to engage in the risky behaviour or be affected by the condition highlighted if they smoke, but it is important to note that one factor does not necessarily cause the other.

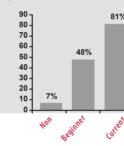
Alcohol and Smoking

Students who smoked in all four grades surveyed were more likely to drink weekly than non-smokers during the past month (Graph 6). Binge drinking (drinking more than five drinks on any occasion) during the past month was also associated with smoking (Graph 7).



Other Drugs and Smoking Students who smoked cigarettes in Grades 7, 9 and 11 were more likely to have smoked cannabis in the past There was a significant month. relationship between smoking and the use of drugs other than alcohol and cannabis, including crack/cocaine, designer drugs (Ecstasy, Ketamine, GHB or speed) and hallucinogens (LSD or psilocybin/mushrooms). In Grades 9 and 11, 67% of "current"





smokers and 39% of "beginner" smokers used at least one of these other drugs at one point in their lifetime, compared to 7% of non-smokers.

Quitting

Quitting smoking is a complex process. Research indicates that it takes several quit attempts before a person can quit for good.⁵ Of current smokers (In this case a smoker is defined as having at least one cigarette in a 30-day period.) in Grade 7, 9 and 11 in Brant-Haldimand-Norfolk, more than half (55%) had tried to quit in the last 12 months, irrespective of grade. According to the literature, almost all teen smokers plan to quit in their early twenties.⁶ However the addictive nature of tobacco products and habits associated with smoking make quitting very difficult and the majority of young smokers fail to quit and become adult smokers.7

Students were asked if they had tried to quit smoking in the last 12 months. Having tried to quit differed in each grade from 80% of smokers in Grade 7 to 46% in Grade 9 and up again to 57% in Grade 11. Comparatively, 62% of students in grades 7 to 12 throughout Ontario, in 2003, reported a quit attempt in the previous year.⁸ The large number of smokers in Grade 7 who have reported trying to quit may be related to the fact that they are beginner smokers and heavy smoking and addiction are not yet well established.

In all cases, those who indicated a higher level of smoking were more likely to have used quit smoking resources from Public Health in their school or at the Health Unit (that is 9% of current smokers vs 4% of beginner smokers). Among those trying to quit in the past year, 11% indicated they had used such quit smoking resources.



Dieting and Smoking

There was also a relationship between smoking and dieting. In fact, 31% of smokers trying to lose weight said they smoked for that purpose. Overall, 38% of smokers* and 29% of non-smokers were trying to lose weight at the time of the survey.

Mental Health and Smoking There appeared to be a relationship between smoking and feeling more unhappy or depressed than usual. Overall, 45% of smokers* felt somewhat or much more unhappy or depressed than usual over the past "few" weeks compared to 27% of non-smokers.

*Includes beginner and current smokers.

