

Tobacco, Alcohol and Drugs

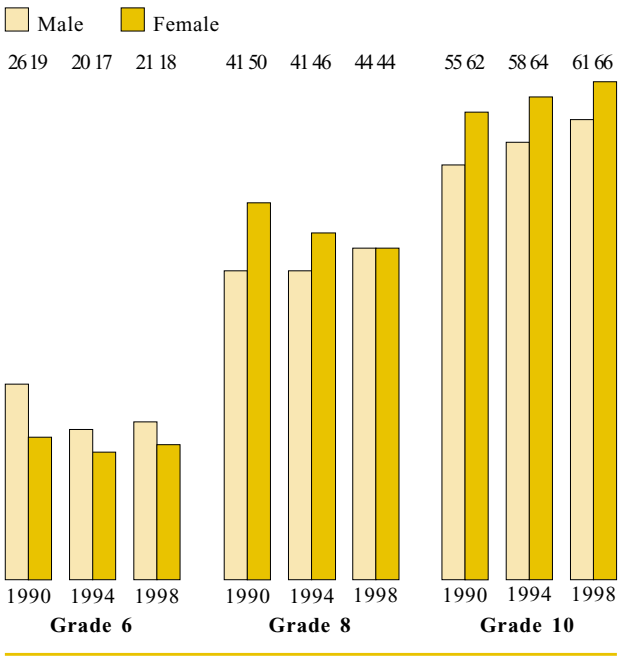
Psychoactive substances in some form have been used and abused since the beginning of human history. Alcohol, tobacco and mood-altering drugs are still widely used in Canada, although the health risks associated with their use have long been known. For example, thousands of studies have demonstrated the harmful health effects associated with tobacco use. It has been identified as the leading cause of preventable death throughout the Western world. Diseases such as lung cancer, chronic bronchitis, coronary heart disease and emphysema have been clearly associated with regular tobacco use.

Advertising has emphasized the fashionable and status-enhancing qualities of cigarettes, but recent legislative changes related to tobacco advertising, warning labels on cigarette packages and raising the legal age to purchase cigarettes have had some effect on cigarette use. Policies designed to move smoking out of schools have at least forced young people to do their smoking off school property. Educational programs focusing both on initiation and cessation have been widely implemented. The trend data presented in this chapter provide an indicator of the success of these initiatives.

The effects of excess alcohol consumption on health have also been clearly documented, not only in terms of diseases such as certain cancers, strokes, hypertension and liver disease, but also with social and economic problems. For young people in particular, alcohol is strongly related to traffic injuries, violence and high risk sexual activity. Alcohol use is the norm among Canadian adults, but uncontrolled alcohol use in terms of drinking to excess or while driving a vehicle under the influence of alcohol produce not only fatalities and serious traffic incidents but inappropriate role modelling for youth.

Figure 10.1

Students who had tried smoking (%)



In comparison with legal substances such as alcohol and tobacco, illicit drugs are not widely used among adults, but among youth the picture is quite different. Drugs such as hashish and marijuana have become part of the lifestyle of many youth. Excess use of these substances has long-term health consequences as well as harmful implications for family, social life and schooling. The use of solvents and drugs such as heroin and cocaine have serious and immediate health implications for youth.

Tobacco

As the evidence of the health risks of smoking began to accumulate in the 1970s, teenagers' smoking rates began a steady decline to a low point in 1990 (Bondy, Cohen and Redom, 1999). Since that time adolescent smoking rates have begun to rise.

Figure 10.1 summarizes the proportions of students who have tried smoking. By Grade 10 over half of our sample had smoked at least one cigarette. Interestingly, although more Grade 6 males than females had tried smoking, by Grade 10 significantly more females than males had tried smoking. This is part of a significant shift in the health-risk behaviour of young women over the past 20 years. More and more young women are taking similar chances with their health as young men. There was little change over the three surveys for the Grade 6 and 8 cohorts, but there was a steady increase over the three surveys in the proportion of Grade 10 students who had tried smoking.

Figures 10.2 and 10.3 present the proportions of young people who were daily smokers. Only about one-third of those who tried smoking were, by Grade 10, daily smokers. Although there are many explanations offered for the decision to smoke, the dynamics of the decision-making process are still not clearly understood. Also it should be noted that 11 percent of both boys and girls also smoked but not daily, bringing the Grade 10 totals of smokers in 1998 to 34 percent of girls and 28 percent of boys. In spite of the intensive efforts to stop youth smoking, there has been a slight increase in youth smokers since 1990 although there was little change between the 1994 and 1998 surveys. The proportion of daily smokers is very high, 23 percent of Grade 10 girls, and constitutes a serious health problem.

Percentages of daily smokers presented in Figure 10.3 differ slightly from those presented in Figure 10.2 because the special sample for the 1998 survey contains more older students in each grade. This is because it includes those who had been held back at least a grade and these students were more likely to be daily smokers. Gender differences were very small from grade to grade until Grade 10 girls become substantially more likely than boys to be daily smokers. There is no clear point where the incidence of smoking sharply increases.

Figure 10.2

Students who smoked daily (%)

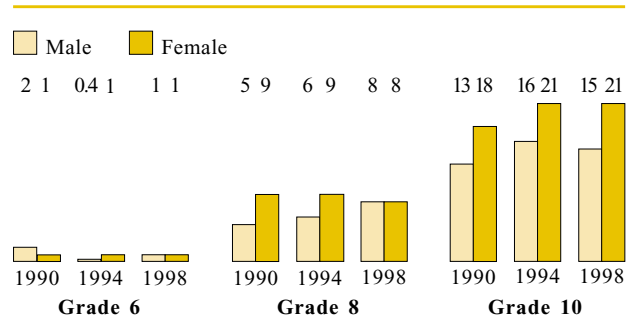


Figure 10.3

Students who smoked daily, 1998 (%)

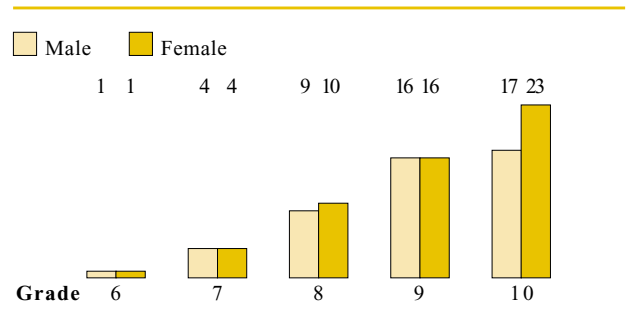
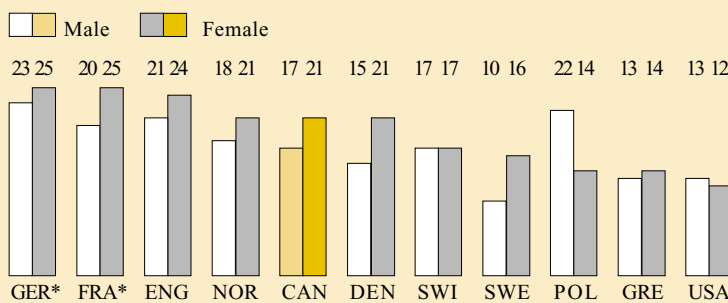


Figure 10.4

Fifteen year olds who smoked daily by country, 1998 (%)



*France and Germany are represented by regions: see Chapter 1 for details.

In most Western countries, more girls than boys are daily smokers. The reverse is true in Poland and other Eastern European countries. The figures for the United States are low if compared to Canada, Germany, France and England. Sweden has been consistently lower than the norm in their proportions of daily smokers over the past 15 years.

Figure 10.5

Students who had tried alcohol, 1998 (%)

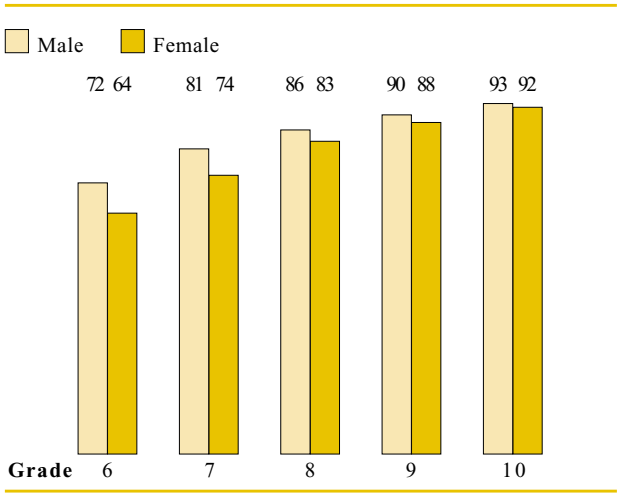
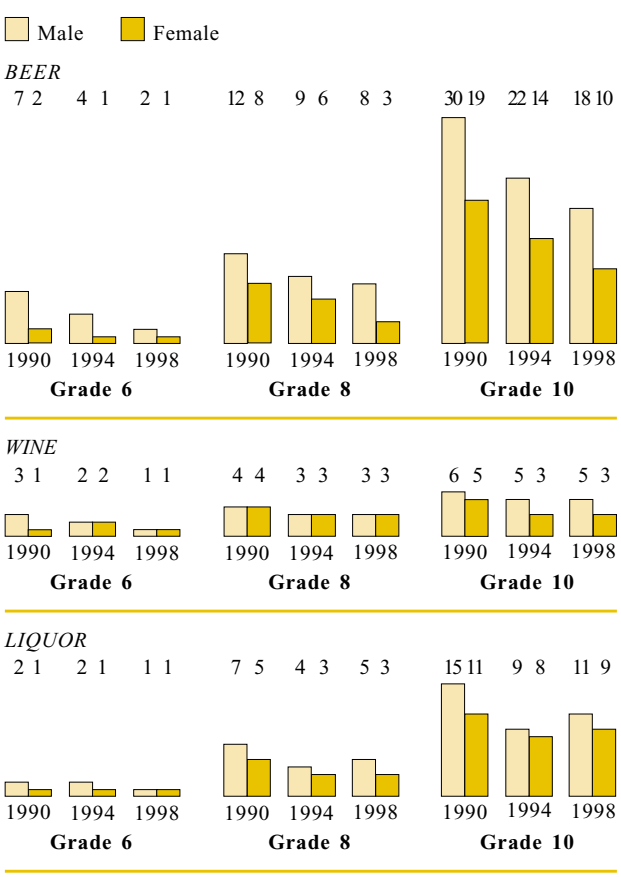


Figure 10.6

Students who drank beer, wine and liquor at least once a week (%)



Alcohol

Excessive alcohol consumption begun early in life not only leads to chronic liver disease and cirrhosis and alcoholic psychosis, but also is implicated in unintentional injuries and deaths, including traffic injuries (Harkin, Anderson and Goos, 1997).

Since alcohol is widely used in most Canadian homes, and consumption of wine or beer is a normal part of special occasions, it is not surprising that by Grade 10 over 90 percent of young people had tried alcohol. Even for our Grade 6 sample, about two-thirds had tried alcohol. Slightly more boys than girls had tried alcohol, but the differences were small in Grades 9 and 10.

Figure 10.6 presents the proportions of students who drank beer, wine or liquor at least weekly. It is especially interesting to note the decline in weekly beer drinking over the three surveys for all grade groups. Nevertheless, the proportion was quite high considering the fact that these young people were all under drinking age. Weekly wine drinking was relatively low and did not change much over time. There was little change in the proportion of weekly liquor drinkers between 1990 and 1998.

While it is not uncommon for adolescents to seek greater independence and try more adult-like behaviour that might involve alcohol use at parties, the high proportion of Grade 10 students who had been drunk at least twice indicates potentially serious alcohol-abuse problems (see Figure 10.7). Since these young people tend to be beginning drivers the combination of driving and drunkenness and driving under the influence of alcohol can be lethal. Also there are implications for unwanted pregnancies, STDs and injuries. The rates were highest in 1990, dropped in 1994 and then rose slightly for the Grades 8 and 10 groups. Gender differences were very small by Grade 10.

Figure 10.7

Students who had been “really drunk” two or more times (%)

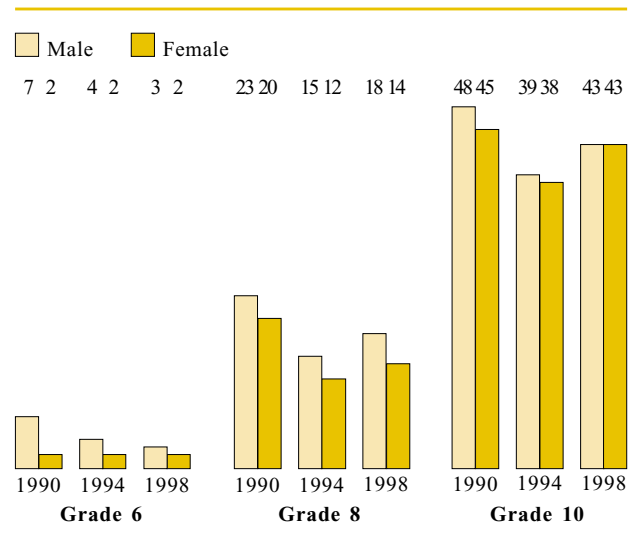
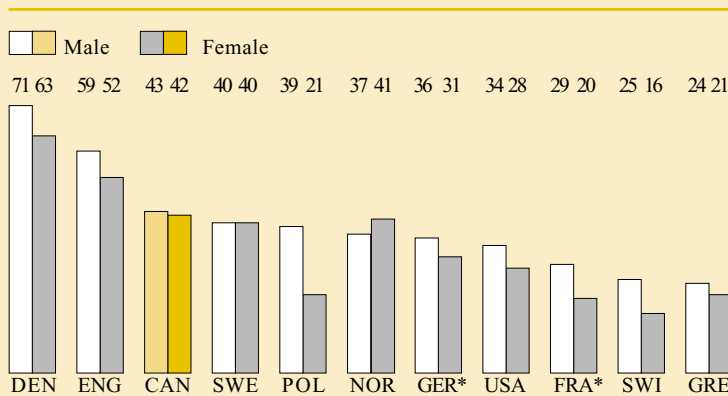


Figure 10.8

Fifteen year olds who had been “really drunk” two or more times by country, 1998 (%)

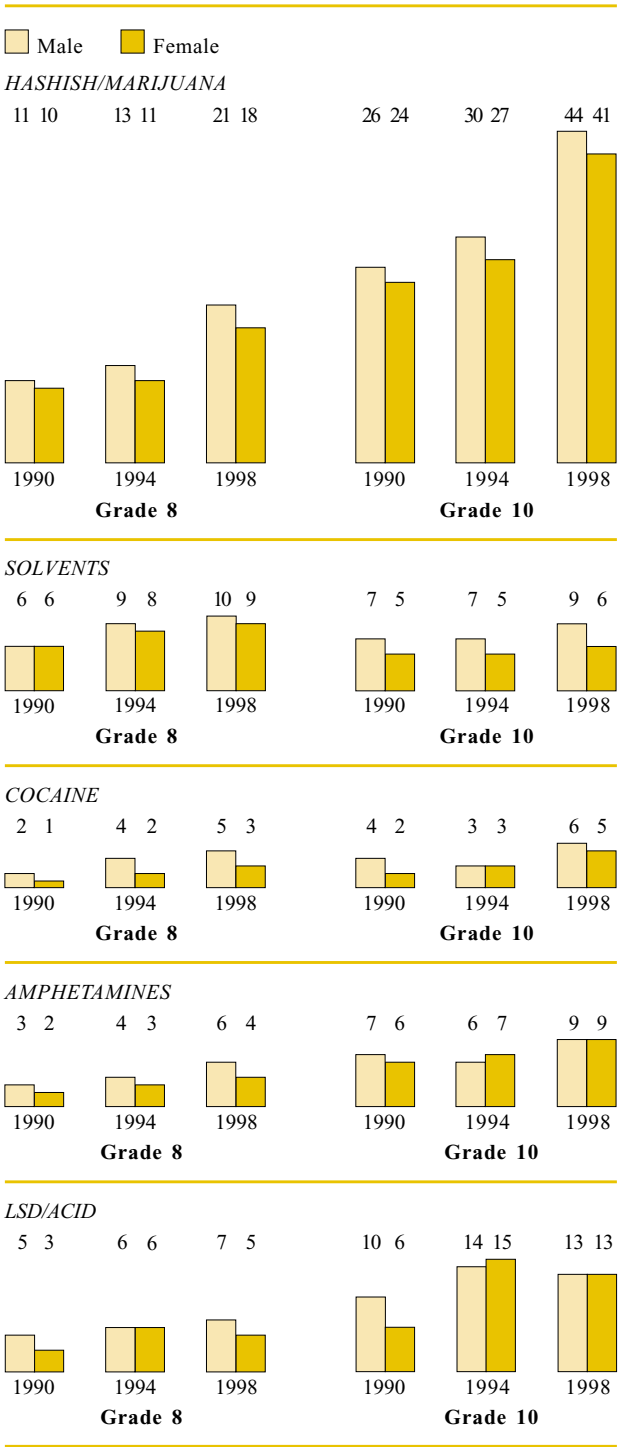


*France and Germany are represented by regions: see Chapter 1 for details.

Denmark and England had greater rates of youth drunkenness than the other countries with Canada placing in the middle group. A major review of substance-use policies undertaken by WHO-Europe noted that in countries such as France, Switzerland and Greece, where wine is commonly taken at meals and alcohol purchase and use policies are not strongly enforced, drunkenness among youth tends to be less common. More restrictive alcohol policies appear to be associated with a greater incidence of adolescent drunkenness, for example, in Denmark, Sweden, Norway, Germany and England (Harkin, Anderson and Goos, 1997).

Figure 10.9

Students who had used drugs (%)



Drugs

The question on drug use was only asked of young people in Grades 8 and 10. Perhaps the most notable trend presented in Figure 10.9 is the sharp increase in hashish/marijuana use between 1994 and 1998. Interestingly this was associated with lower use of beer which may suggest a shift in substance use. Certainly marijuana is much more widely available at the present time than in the past and the cost is relatively low. The figures appear to be quite high for both the Grades 8 and 10 groups suggesting the widespread availability of the substance. Slightly more boys than girls at all grade levels were users. Solvent use has changed little over time, but cocaine and amphetamine use appear to be slowly creeping up. The proportions of youth using LSD did not change much over time for the Grade 8 cohort, but the proportions of Grade 10 students using LSD in 1994 and 1998 were significantly higher than in 1990. A question on the use of the drug Ecstasy or “E” was added to the 1998 survey. This drug appears to be used widely at youth “raves” or extended dance parties. The proportions of those who have tried it was relatively low (5 percent for boys and 3 percent for girls), but Grade 8 students were almost as likely to have tried it as Grade 10 students.

Drug use among European adolescents appears to be substantially less than the Canadian figure reported here, especially with regard to amphetamines, LSD and marijuana (Harkin, Anderson and Goos, 1997). However, it should be noted that marijuana use is also on the increase in Western European countries. These pronounced differences in drug use by youth between Canada and other Western countries should be examined and related to differences in policies and programs across jurisdictions.

Generally speaking, opiates and cocaine use are of greatest concern to public health officials, especially with regard to injection use, and for both there is a small but significant group of youth users.

Figure 10.10 emphasizes the strong relationship between the use of marijuana and other health-risk behaviours. Marijuana users are also likely to use alcohol and smoke cigarettes and spend a great deal of time with other adolescents who engage in the same behaviours. They are more likely to feel pressured at school and home, to skip classes and to bully others. Marijuana use among older adolescents may be more normative and commonly available at parties, but among young adolescents its use is clearly part of a high health-risk lifestyle.

Figure 10.10

Factors associated with marijuana use



Summary

One of the most disturbing findings in this study is the fact that there has been no reduction in the proportion of young people who smoke. By Grade 10, nearly two-thirds of the respondents had tried smoking; 17 percent of Grade 10 boys and 23 percent of Grade 10 girls were daily smokers.

The pattern is equally alarming for marijuana use, with sharp increases in the proportion of students who had used marijuana three or more times by Grade 10: 44 percent of the boys and 41 percent of the girls. Solvent use was up slightly for Grade 8 students and for Grade 10 boys. Cocaine, amphetamine and LSD use rose between 1990 and 1998. Drug abuse is becoming an increasing problem for adolescents and requires serious attention from health-promotion professionals.

There was a decline between 1990 and 1994 in the number of respondents who had been drunk twice or more, but the numbers were back up again in 1998. Episodes of drunkenness were remarkably high in an age group where the use of alcohol is illegal and where governments have introduced strong control procedures.