Saskatchewan Rural Youth Healthy Life Styles and Risk Behaviors Needs Assessment

Recommendations

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The project Assessing Drug Use by Rural Youth in East Central Saskatchewan was funded by Health Canada through the Drug Strategy Community Initiatives Fund. This project took place between September, 2005 and March 31, 2008. The overall goal of this project was to assess healthy lifestyles and risk behaviours of youth in rural Saskatchewan. This information will be useful for health and education professionals, community organizations and policy makers in their efforts to encourage healthy lifestyles and reduce risk behaviours, including drug use in the region.

The project involved a number of initiatives including:

1. Forming a steering committee with key community partners from health, education, social services and justice sectors.
2. Interviews with Key Informants. These were professionals working as service providers for rural youth dealing with substance abuse issues (tobacco, drugs and alcohol).
3. A survey administered in the classrooms of 954 youth in grades 7 to 12 in 34 schools in rural Saskatchewan, Canada. All of these communities were classed as rural with populations less than 5500.
4. Focus groups with 25 rural youth in three high schools who had participated in the questionnaire.
5. Information nights in communities to present the results of the key informant interviews, questionnaires and focus groups and to discuss the issues with community members.
6. Planning sessions with communities interested in developing strategies to encourage healthy lifestyles and reduce risky behaviours for rural youth.

This document provides an overview of the main findings of the key informant interviews, the youth survey, youth focus groups and community meetings and workshops. The recommendations come from the discussions had with various groups as well as recent literature on effective prevention programs. More detail and analysis can be found in the Report on the Key Informant Interviews, the Report on the Saskatchewan Rural Youth Health and Risk Behaviour Survey and the Report on the Youth Focus Groups available at www.spheru.ca or www.pwhce.ca.

The top three illegal substances used by the rural youth in this study were alcohol, tobacco and marijuana. Reported use of other illegal drugs and prescription drugs were lower than the national averages. We also noted significant numbers of youth engaging in risky behaviours such as sexual activity, violence, and gambling, as well as youth feeling sad to the point it affected their behaviour and contemplating suicide. Effective prevention programs for addressing underage drinking are discussed below, however it is important to note that many

of these programs use strategies that are effective for a variety of risk behaviours.

Alcohol

Alcohol emerged as the primary issue in the needs assessment through all of the methods of gathering data. Key Informants identified alcohol as the most widely used illegal substance and causing the most problems for youth. In the youth survey, over 75% of youth identified alcohol as either a small or a large problem in their schools and the youth in the focus groups spent more time discussing alcohol use than any other subject. These results combined with the statistics gathered in the youth survey which indicate very high rates of alcohol use, binge drinking and drinking and driving point to alcohol use as the issue demanding attention. The rates of alcohol use among rural youth in this study are considerably higher than national rates of use for both Canada (Canadian Council on Social Development 2006) and the United States Surgeon General(Office of the Surgeon General 2006). In addition, high rates of alcohol use were linked to higher rates of participation in other risky behaviours such as sexual activity, violence, smoking and marijuana use among rural youth in this study.

Most Canadian youth drink alcohol. In 2002/03, 19% of youth aged 12 to 14 and 72% of those aged 15 to 19 reported they drank alcohol. Drinking in the youngest group has declined since 1994/95 (Canadian Council on Social Development (CCSD) 2006). "Generally, continued excessive use of alcohol can damage the liver and eventually lead to cirrhosis of the liver. Alcohol is also a risk factor for the development of some cancers" (Health Canada 1999). New studies suggest that heavy drinking among youth may affect brain structure and function that will have implications for youth and young adult development. Early onset of drinking is also associated with substance abuse and alcohol dependence in older youth and adults (Spoth 2008).

Among the rural youth represented in this study, rates of alcohol consumption on all measures are higher than the national averages. 30% of 13 and 14 year olds have had their first drink and 97% of those 17 years of age have drank alcohol. 34% of students report binge drinking which was defined as 5 drinks or more in a couple of hours. Binge drinking is strongly related to age. Over 23% of 14 year olds reported one occasion of binge drinking in the 30 days prior to the survey, increasing to over 70% of 17 year olds. There is no difference between male and female students when it comes to binge drinking. Male youth start drinking earlier, drink more often and are more likely to drink and drive than female youth.

Drinking and driving is an integral part of the experience of rural youth. In rural areas, there are no taxis and no buses, no forms of public transportation, so driving is often the only way home. However, this dilemma can be handled by designated drivers. But drinking is even more pervasive, it is part of the experience. Drinking while driving is a social activity, termed 'booze

cruising' that has long been part of the rural culture. The higher percentages of drinking and driving may also reflect more liberal rural attitudes toward youth drinking which were identified by key informants, youth and in community meetings.

In 2004, less than 12% of Canadian drivers under age 20 said they had driven in the last 30 days after consuming alcohol (Canadian Council on Social Development 2006). These statistics are much lower than the reported behaviours of rural youth in this study. At age 16, 18.5% reported driving while drinking during the past 30 days, and at age 17, the percentage increases to 42.5%. In addition, the percentage of students driving with drinking drivers steadily increased across the age groups, but dramatically increased between 16 years old and 17 years and older. Youth in the focus groups linked the increase in drinking and driving between ages 16 and 17 to the Graduated Driver's Licensing Program in Saskatchewan in which new drivers who are caught driving after consuming any alcohol automatically face driver's license suspensions. Once youth have had their license for 18 months, without a suspension, restrictions no longer apply. The findings in this study indicate that the Graduated Driver's Licensing Program has had some success in reducing the number of youth drinking and driving. The period of time in which youth are restricted to zero BAC in the Graduated Driver's Licensing Program should be extended beyond 18 months.

Youth recognize that alcohol use is a problem. In the community meetings and workshops, there was considerable discussion about how ingrained the use of alcohol was in the community. People noted that alcohol is always present at social events, celebrations, and sporting events and is a source of fundraising in rural areas. Parents and adults were also seen as playing a large role in youth engagement with alcohol, they model drinking behaviour and they may support drinking by youth in a variety of ways. Trying to reduce the very high levels of alcohol use among youth in this region will be a formidable challenge and a variety strategies will be needed.

Recommendations:

Considerable work is needed with communities, schools, parents and youth. Some suggestions from the youth and community consultations include:

- **It is critical that representatives of Education, Health and Justice co-operate and collaborate to develop effective strategies to address the high rates of alcohol use among youth in the region. Prevention programs with evidence to support their effectiveness are discussed below.**
- **Widespread and effective education about the risks of alcohol consumption on youth brain development.**
- **Developing ways to engage youth and the rest of the community in alternative activities that don't involve alcohol.**
- **Adults must model the responsible use of alcohol.**
- **Reductions in the acceptable BAC for adults.**
- **Adults must monitor and support their youth in order to protect them from harm.**

- **Zero tolerance of alcohol at youth events.**
- **Parents and schools should focus on reducing the risks to youth during the transition year into grade nine.**
- **Penalties for parents if youth are caught drinking and driving.**
- **Extend the youth restriction to zero BAC when driving.**
- **Enforce that alcohol is an illegal substance until age 19.**

Effective Prevention Programs

Spoth, Greenberg and Turrisi (2008) examined over 400 preventative interventions to address underage drinking and precursors to underage drinking. They identified 41 preventative interventions that had either promising or mixed and emerging evidence that they were effective in delivering the desired outcomes both initially and at a follow-up assessment. Eighteen interventions were identified for the under 10 age group, 13 for the 10-15 age group and 10 for the 16 to under 20 age group. These interventions were targeted to families, schools, communities and workplaces or combinations of these. Some were universal programs, others were selective and still others were indicated (for offenders). Table 1 shows a list of the most effective universal programs. There were no most promising universal programs for 16 and older youth, however mixed success and emerging programs for all age groups are listed in the original publication by Spoth, Greenberg and Turrisi (2008).

Program	Web Address
Most Promising < 10 years	
Linking the Interests of Families and Teachers	http://www.oslc.org/projects/popups-projects/link-family-teacher.html
Raising Health Children	http://depts.washington.edu/sdrg/RHC.pdf
Seattle Social Development Project	http://depts.washington.edu/ssdp/
Most Promising 10 to 15 years	
Midwestern Prevention Project/Project STAR	http://www.colorado.edu/cspv/blueprints/model/programs/MPP.html
Project Northland (Rural Setting)	http://www.colorado.edu/cspv/blueprints/promising/programs/BPP14.html and http://www.epi.umn.edu/projectnorthland/schoolba.html
Strengthening Families Program (Rural Setting)	http://www.strengtheningfamiliesprogram.org/ **Canadian Site:** http://www.camh.net/Publications/Resources_for_Professionals/Strengthening_Families/sff_program_intro.html

Effective family based programs were found only for youth less than 16 years and 'typically address a range of risk and protective factors originating in the family, including child

monitoring, parent-child bonding, effective discipline and parental involvement in child activities" (Spoth, et al 2008 p.S322). Effective school based programs for younger children typically involve "role playing that provides practice in the use of new skills, a broad focus on life skills, support to improve emotional regulation, a focus on positive peer relationships and with youth involve the provision of accurate norms for alcohol and substance use plus instruction in peer refusal skills" (Spoth, et al 2008 p.S325). Some of the very effective programs are delivered by parents, communities and schools in combination. The effective programs go beyond delivering information or education.

Tobacco

"The health effects of smoking are widely known. Smoking (and environmental tobacco smoke) is the leading cause of lung cancer, and has also been linked to leukemia, as well as to cancer of the sinuses, brain, breast, uterus, and thyroid and lymph glands" (Health Canada, 1999b).

Fewer Canadian youth are starting to smoke in 2005, 82% of youth had never smoked compared to 73% in 2001 (Statistics Canada 2006). In this study of rural youth, 73% of youth had never tried smoking more than one or two puffs, a lower rate than is the case nationally but close to the provincial rate. This indicates a pressing need to reduce the number of students who start smoking in rural Saskatchewan. In 2003, the highest Canadian youth smoking rate (28%) was in Saskatchewan (CCSD 2006). The majority of youth reported they first tried smoking when they were in the 13-14 age group so any programming to reduce the number of youth starting smoking must begin well before this age. Almost 2/3 of the youth who had smoked in the month prior to the survey reported that they had tried to quit smoking in the last 12 months. This high percentage reporting trying to quit suggests that smoking cessation programs may be valuable for youth in their schools.

Overall, less than 10% of rural youth across all age groups used chewing tobacco, snuff or dip in the month prior to the survey. The percentage of youth using these products increases with age and males are much more likely to use these than females. We also found a positive association between using chewing tobacco, snuff or dip and playing on sports teams. Responses from the youth focus groups suggest these alternate tobacco products are seen by youth to have lower health risks than smoking and to not interfere with their physical activity. Information is needed by youth about the risks associated with using chewing tobacco, snuff or dip.

The success in reducing smoking among the general population has meant that youth find it more difficult to access cigarettes from their parents. This in combination with the fines

associated with selling cigarettes to minors has led to youth reporting in this study that alcohol was easier to get than cigarettes.

Recommendations:

- **There is a pressing need to reduce the number of students who start smoking in rural Saskatchewan.**
- **Smoking cessation programs for youth in their schools.**

Marijuana

Marijuana use was much more common than cocaine, methamphetamines, ecstasy, inhalants or heroin. When asked about marijuana use, over 17% of youth across all age groups said that they had tried smoking marijuana at least once in their life. By age 17, 41% of youth had used marijuana. The majority of youth who used marijuana first tried it when they were between 13 and 16 years of age and there is no difference between males and females and the age that they reported first trying marijuana. Youth in the focus groups commented that they thought the percentage of youth who had used marijuana should be higher, suggesting it should be over 50%. The role of marijuana as a gateway drug is suggested in the results as the majority of youth who reported using these other substances were also more likely to have used marijuana, and used it more frequently.

When asked if drug use was a problem in their school, most youth (53.5%) saw drug use to be a small problem in their school and 12% thought it was a big problem. As youth make the transition to high school, they were more likely to perceive drug use and alcohol use as a problem in their schools. For instance, 14 and 15 year olds were more likely than younger or older students to report that drug use was a small or a big problem in their schools. Females are more likely than males to perceive both alcohol and drug use as a problem in their schools.

Recommendations:

- **Programming to reduce the use of illegal drugs and improve the ability of youth to say no.**
- **Effective education about the role of marijuana as a gateway drug.**
- **Effective education about the health effects of using marijuana.**
- **Effective education about the health effects of drugs such as cocaine, methamphetamines, ecstasy, inhalants and heroin.**
- **Initiatives to engage youth in alternative activities and reduce partying involving illegal substances.**

Sexual Activity

Sexual activity is among the most common risk behaviours for rural youth. The results of the needs assessment survey found that between the ages of 14 and 17, the percentage of rural youth having had sexual intercourse increases steadily from 9.4% of 14 year olds to 54.8 % of those 17 and older. These numbers are slightly lower than other recent Canadian studies, however declining rates of sexual intercourse among younger students and among older male students have been reported between 1988 and 2002 (CCSD 2006). Canadian youth also appear to be having fewer sexual partners and the percentage of youth who have more than one sexual partner seems to be declining (CCSD 2006). In this study of rural youth, the vast majority of youth had only had 1 or 2 sexual partners.

Infection rates of sexually transmitted diseases are increasing substantially in Canada (CCSD 2006). Condom use is the most common form of birth control for rural youth and is the only form of birth control that provides protection from some STD's. Of concern is the finding in the needs assessment that only 71% of sexually active rural youth used condoms the last time they had sexual intercourse. 11% used no birth control or couldn't remember what method of birth control they had used.

Across all age groups, 39.5% of sexually active youth used alcohol or drugs the last time they had sex. The number of youth using drugs or alcohol before their last sexual encounter sharply increases between 14 and 15 years of age and then declines after age 15. This suggests that sexual intercourse for 15 years old may be happening when youth are very vulnerable. Forced sexual activity was more common for female youth than male youth and increased with age and the number of sexual partners the youth had been with.

Issues emerging from the needs assessment include the need to increase the use of condoms and educate youth on the need for protection from sexually transmitted infections as well as pregnancy. In the focus groups, youth noted that sexual behaviour does not just include sexual intercourse and future data gathering should ask about other types of sexual behaviour. This also identifies the need to talk to students about the risks of other kinds of sexual behaviour as well. In the focus groups, youth also talked about the sexual vulnerability of youth in situations where they consume too much alcohol, they also noted that young women may be particularly vulnerable when they are entering high school. Ways to reduce these risks should be discussed with schools, parents and youth.

Recommendations:

- **Increase the use of condoms and educate youth on the need for protection from sexually transmitted infections as well as pregnancy.**
- **Future data gathering should ask about other types of sexual behaviour in addition to sexual intercourse**.
- **Talk to students about the risks of other types of sexual behaviour in addition to sexual intercourse**.

- **Identify situations in which youth and particularly young women are vulnerable to unwanted sexual activity and discuss ways to reduce these risks with schools, parents and youth.**

Gambling

Gambling has become a legal and socially acceptable form of entertainment, and many see it as good fun. However, the growth in youth gambling has many health professionals concerned that this will result in a higher risk of the development of problem gambling. Research has shown that people who start gambling at an early age have an increased risk of developing a gambling problem later in life and that between 4 and 6% of youth have serious gambling problems. Young males are more involved in gambling than females and youth gambling increases with age. Problem gambling has also been linked to other issues such as substance abuse, delinquency, school problems, psychosocial problems and abuse (Winter et al 2002; Schissel 2001).

From 15% to 35% of youth had engaged on the various types of gambling asked about. The most common form of gambling was betting on card games (35%), likely a result of the increasing popularity of poker. Male youth are more likely than females to bet on lottery tickets, sports teams, scratch tickets, card games and games of skill. 10% of youth reported being involved in four or more of the gambling activities. These more involved youth were more likely to be older male youth. In the youth focus groups, gambling was not considered to be an issue for youth in the region, however, some education about problem gambling should be undertaken.

Recommendations:

- **Effective education about problem gambling.**

Violence

Levels of youth violence are lower than those reported in other rural studies, but still involve 35% of youth who reported having property damaged and almost 10% who said they had been threatened with a weapon. Thirty four percent of youth had been in a physical fight in the last year which involved males almost twice as often as females. Youth in the focus groups linked fighting to drinking and partying.

Sad Feelings and Suicide

Overall, about 14% of the youth responded they had experienced sad feelings to the extent that it affected their activities. Female youth report sad feelings to the extent that it affected their activities twice as often as male youth. Youth who reported sad feelings generally rated their health as poorer. Across all age groups, about 9% of the youth report that they had seriously

considered attempting suicide over the past year. Female youth are almost three times more likely to report they have seriously considered attempting suicide than males. Sexually active females were more likely to report having sad feelings and to report considering suicide.

Weight and Body Image

In this study of rural youth, self reported rates of overweight (18.4%) and obesity (6.7%) were lower than the Canadian and Saskatchewan averages. Much has been said about the differences between boys and girls and how they view their bodies and these differences are evident in this study. Females were more likely to describe themselves as slightly or very overweight while males were more likely to describe themselves as slightly or very underweight. Over twice as many females want to lose weight and almost eight times as many males wish to gain weight. Females were more likely to take action such as exercising, changing their diets, fasting or vomiting and taking laxatives to lose weight or to stay the same weight.

Self Reported Health, Risk Behaviours and Healthy Lifestyles

The survey found significant relationships between how youth assess their own health and their engagement in healthy lifestyles and risk behaviours. This is evident in the following list:

- Rural youth who described themselves as underweight or the right weight were more likely to rate their health highly.
- The more time youth spend on physical activity, the more likely they are to rate their health as excellent or very good.
- Youth who noted that they had felt sad to the extent that it affected their activities were more likely to rate their health more poorly.
- Youth who had considered suicide rated their health more poorly.
- Youth who smoked or had tried smoking rated their health as poorer compared to those who had not tried smoking.
- Self rated health declines with the number of days youth smoke in a month.
- Youth who report higher levels of drinking, drinking on more occasions or binge drinking rate their health more poorly.
- Youth who smoked marijuana rated their health as poorer when compared to those who have never used the drug.
- Youth with more healthy eating habits who ate more fruit, vegetables, green salad, carrots and drank more fruit juice and milk tended to rate their health as better.

The results of this project have begun to inform community consultations around creating community plans to promote healthy lifestyles for rural youth.

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