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HealthSTATS



Tobacco use by youth in Simcoe Muskoka

Current research shows that 85% of people who smoke take up the habit before the age of 19 years.¹ In Canada, every 10 minutes, two teenagers will start smoking cigarettes and one of them will lose their life because of it.² In the area covered by the Simcoe Muskoka District Health Unit, nearly one in five (18%) high school students (Grades 9-12) reported that they smoke daily or occasionally.³

Tobacco is the leading cause of preventable illness, disability and premature death in Canada.^{4,5,6,7} Therefore, educating youth about the dangers of smoking and helping them to stay smoke free is critical to their good health. To that end, the Simcoe Muskoka District Health Unit is working with youth, parents, politicians and community partners to prevent tobacco use amongst youth in the region.

This report will highlight some of this work, and will provide an overview of youth smoking behaviours in Simcoe and Muskoka.

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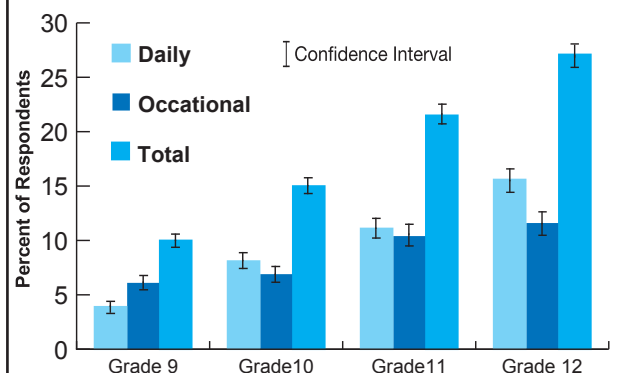
A portrait of youth who smoke

In a 2005-2006 survey of more than 20,000 Simcoe Muskoka students in Grades 9-12, 18% (confidence interval: 17.4%, 18.4%) reported they were current (daily or occasional) smokers.³

Smoking rates increase with grade. Of those surveyed, 10% (9.2%, 10.8%) of Grade 9 students reported being current smokers, of which 4% (3.4%, 4.4%) smoke daily and 6% (5.5%, 6.8%) smoke occasionally.

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Smoking Status in Simcoe Muskoka High Schools by Grade, SHAPES 2005/06

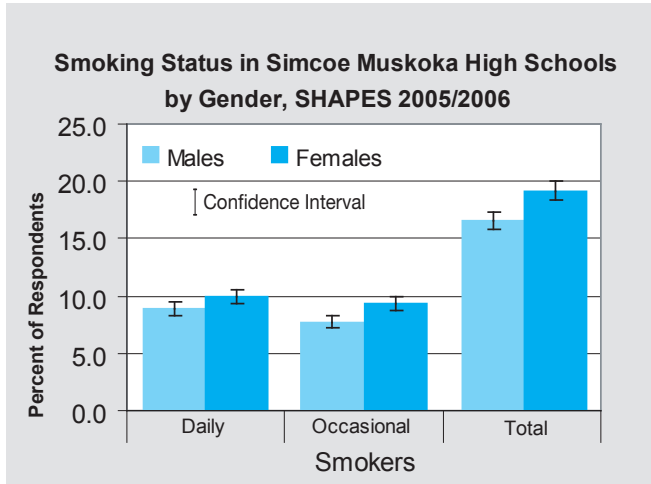


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The percentage of current smokers jumps significantly to 27% (25.8%, 28.5%) in Grade 12, of which 16% (14.5%, 16.7%) smoke daily and 12% (10.6%, 12.5%) smoke occasionally.

In Simcoe Muskoka, there is a significant difference between male and female youth smokers. Female students make up the larger proportion of current smokers at 19% (18.4%, 20.0%), compared with 17% (15.9%, 17.4%) of male students who smoke.



Almost two-thirds of Grade 9-12 students who smoke reported that most of their peer group smoked. Sixty-two per cent (60.2%, 63.5%) of all teen smokers stated that three or more of their five closest friends smoked. Among non-smokers, 69% (68.4%, 69.9%) reported that none of their five closest friends smoked cigarettes.

In addition, 61% (59.0%, 63.8%) of students who currently smoke reported that they often smoke with friends, highlighting that smoking is often a social activity. However, 40% (37.2%, 42.0%) reported they often smoke alone, which could indicate that smoking is no longer a social activity but is an addiction.

Research shows the likelihood of becoming a smoker increases if one or both parents smoke.⁸ Among teen smokers in Simcoe Muskoka, 65% (63.2%, 67.7%) reported they have one or both parents who smoke. Only 34% (31.8%, 36.3%) reported that neither parent smokes. Among non-smoking teens, 60% (58.8%, 61.0%) said their parents were non-smokers.

According to the 2006 Rapid Risk Factor Surveillance System (RRFSS), 17% (13.2%, 20.9%) of Simcoe Muskoka households with children under the age of 18 years reported their homes were not completely smoke free.⁹



- 74% (70.7%, 76.5%) of teen daily smokers reported that one or both parents also smoke.



- 89% (87.9%, 89.1%) of Simcoe Muskoka high school students over-estimated the actual smoking rates in their schools, thinking that smoking is much more common than it actually is.



- 61% (57.7%, 63.2%) of current teen smokers reported trying to quit at least once in the previous year.



- Significantly more teens who smoke are physically inactive (15% (13.4%, 15.8%)), compared to non-smoking teens (10% (9.9%, 10.9%)).



Strategies to help youth stay smoke free

Helping youth to stay smoke free is critical for their good health. Research shows that tobacco use among teens is a predictor of other substance abuse.¹⁰ Further, the risk of premature death is more than double among males and almost double among females who begin to smoke by age 15, compared to non-smokers.¹¹ Therefore, it is important to use a variety of approaches involving youth, parents, health care agencies, community partners and politicians at all levels, in tobacco use prevention.



Preventing the sale and supply of tobacco

Keeping tobacco out of the hands of children is an important prevention strategy. Under the Smoke-Free Ontario Act (SFOA) it is illegal to sell or supply tobacco to anyone under the age of 19 years.



Health unit tobacco enforcement staff spent part of 2006 educating tobacco retailers about their responsibility under the SFOA. Following this initiative, the health unit evaluated compliance to the Act. Between September and December 2006, 505 tobacco retail outlets in Simcoe Muskoka were visited by youth test shoppers (15-17 years of age). These underage youth attempted to buy tobacco products without identification.

The testing showed that 91% of tobacco retailers in Simcoe Muskoka refused to sell to underage test shoppers. Forty-one vendors were given warning letters (issued for a first offence) and seven charges were laid.

Two convictions for a vendor result in an automatic six month tobacco sales prohibition. During 2006, one vendor had this tobacco sale prohibition applied.¹²

Test shopping and compliance and enforcement inspections of retailers have been strongly supported by the residents of Simcoe Muskoka.

In a January to April 2006 RRFSS survey, 85% (81.4%, 88.9%) of adults (18+ years) surveyed said they believe stores that sell tobacco to young people should no longer be allowed to sell tobacco.

What is harder to control than retail purchases is the sale and supply of tobacco to youth by friends, parents, other relatives and strangers.

Despite ongoing public education, fewer than half (47% (42.1%, 52.5%)) of adults (18+ years) surveyed in a 2006 RRFSS survey correctly stated the legal age limit to purchase tobacco products in Ontario.

In addition, 13% (9.0%, 16.0%) of adults (18+ years) reported they had been asked by a minor to give them cigarettes in the past six months.

The health unit continues to work with partners such as the *Not to Kids Coalition* to educate and influence youth, parents and community members to keep tobacco out of the hands of youth.

Denormalizing the tobacco industry

Denormalizing the tobacco industry is an important focus of the health unit's prevention work. One way to do this is to advocate for more restrictions on the tobacco industry and its ability to market its products. Support for this work exists in our communities. RFFSS data collected from January to October 2006 show that 67% (64.4%, 70.2%) of those surveyed support banning the display of cigarettes or other tobacco products in stores.

Store tobacco displays, often referred to as powerwalls for their marketing ability to sell products, are among the remaining venues tobacco companies have to market tobacco to all age groups. However, as of May 2008, the SFOA requires all tobacco products be kept out of sight.



Youth taking action

Since 2005, provincial funding and support has been available for local Youth Action Alliances to do peer-to-peer work to help youth stay tobacco free.



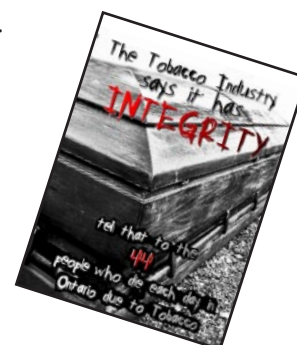
Locally, *article 4 – A generation free from Big Tobacco*, has been established and self-named by a group of youth who work out of the Barrie office of the health unit.

Their chosen mandate is to spread the word about tobacco industry marketing tactics and the dangers of using tobacco products.

As of January 2007, *article 4* has held more than 10 events in schools and community settings and has been instrumental in the development of a local youth-focused website www.thephakz.ca



At the same time, 30 high schools in our area, with an overall population of about 30,000 youth, have been provided with grants so that youth advocates in the school community can carry out the same kind of peer-to-peer work with their fellow students.



Data Sources

School Health Action, Planning & Evaluation System (SHAPES)

SHAPES is a survey that monitors health-related behaviours among youth in several health unit areas across Ontario. It was developed by the Population Health Research Group at the University of Waterloo. All English public and Catholic school boards within the jurisdiction of the Simcoe Muskoka District Health Unit were eligible to participate in the SHAPES survey. Twenty-eight high schools were approached to participate and 26 agreed, for a school response rate of 93%. Data collection was conducted from September 2005 to May 2006. Classes within each grade were randomly assigned to complete either the SHAPES-Smoking Behaviours questionnaire or the SHAPES-Physical Activity questionnaire. Of the 27,175 eligible students, 20,567 completed the questionnaires, for a student response rate of 74.4%.

Rapid Risk Factor Surveillance System (RRFSS)

RRFSS is an ongoing monthly telephone survey that occurs in various public health units across Ontario. Every month, a random sample of 100 adults aged 18 years and older in each participating health unit area is interviewed regarding awareness, knowledge, attitudes and behaviours about topics and issues of importance to public health. These can include: smoking, sun safety, use of bike helmets, water testing in private wells, air quality, etc. The telephone survey is conducted by the Institute for Social Research (ISR) at York University on behalf of the Simcoe Muskoka District Health Unit.

Definitions

Daily smoker – has ever smoked a cigarette, even just a few puffs, AND has smoked every day or almost every day in the 30 days preceding the survey

Occasional smoker – has ever smoked a cigarette, even just a few puffs, AND has smoked some days or only 1 or 2 days in the 30 days preceding the survey

Non smoker – has never smoked OR has smoked fewer than 100 cigarettes in his/her lifetime and has not smoked at all in the last 30 days

Current smoker – includes both daily and occasional smokers

95% confidence interval – indicates the interval or range within which the true population percentage probably lies. The reason for using confidence intervals is due to the uncertainty, or sampling error, associated with using results obtained from a sample to draw conclusions about the entire population from which the sample was drawn. The confidence interval (in our case, a 95% confidence interval) can also be interpreted as being 95% likely to include the percentage value we would have obtained if we had studied every member of the target population. For example, our report states that the percentage of students who report smoking was 18% (17.4%-18.4%), which means that there is a 95% chance that the actual or true percentage of students in the population of Simcoe Muskoka who currently smoke falls between 17.4% and 18.4%. Smaller confidence intervals imply greater precision, or less sampling error.

References

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| <p>1 Health Canada's Role in Tobacco Control 2000 - 2002. Report on tobacco control - update. Health Canada; 2007.</p> <p>2 About Tobacco Control. Health Canada; Available from: URL: http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/about-apropos/index_e.html [accessed January 22, 2007]</p> <p>3 SHAPES-Ontario. School Health Action, Planning and Evaluation System. 2005/2006. Centre for Behavioural Research and Program Evaluation, University of Waterloo; 2006.</p> <p>4 Smoking and Your Body, Health Effects of Smoking. Health Canada; Available from: URL: http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/body-corps/index_e.html [accessed January 22, 2007]</p> | <p>5 Indicators of Smoke-Free Ontario Progress Ontario Tobacco Research Unit. Ontario Tobacco Research Unit; 2003.</p> <p>6 Canada's Negotiations on The Framework Convention on Tobacco Control (FCTC) Background. Health Canada; 2004.</p> <p>7 Tobacco. Cancer Care Ontario; Available from: URL: http://www.cancercare.on.ca/index_tobacco.htm [accessed January 22, 2007]</p> <p>8 Bauman KE, Foshee VA, Linzer MA, Koch GG. Effect Of Parental Smoking Classification On The Association Between Parental And Adolescent Smoking. Addictive Behaviours 2007;15(5):413-22.</p> | <p>9 Rapid Risk Factor Surveillance System (RRFSS). January-October 2006. Simcoe Muskoka District Health Unit. [accessed January 22, 2007]</p> <p>10 Torabi MR, Bailey WJ, Majd-Jabbari M. Cigarette smoking as a predictor of alcohol and other drug use by children and adolescents: evidence of the "gateway drug effect". Journal of School Health 1993 Sep;63(7):302-6.</p> <p>11 Larry F Ellison, Howard I Morrison, Margaret de Groh, Paul J Villeneuve. Health Consequences of Smoking Among Canadian Smokers: An Update. Chronic Diseases in Canada 2000;20(3).</p> <p>12 Tobacco Compliance and Enforcement Inspections. 2006. Simcoe Muskoka District Health Unit. [accessed January 22, 2007]</p> |
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For more information about the data presented in this report, contact Your Health Connection at (705) 721-7520, toll free at 1-877-721-7520 or email at hconnect@smdhu.org.