



Youth and tobacco

In a 1994 survey of tobacco use among Canadian youth, 24% of 15- to 19-year-olds identified themselves as current smokers.¹ This figure may be conservative – other recent surveys have found smoking prevalence rates that range from 26% to a high of 36%.² That roughly one-quarter or more of Canadian youth are current smokers is cause for concern as it has significant long-term health implications.



Children and youth who smoke experience an increase in respiratory illnesses, potential limits to maximum lung function, particularly during a time when lungs are still developing, and decreased physical fitness when compared to their non-smoking peers. Smokers who start at an early age are more likely to develop severe levels of nicotine addiction, have greater difficulty quitting, and have a higher risk of developing lung cancer.³ Tobacco use in adolescence is also associated with future use of other drugs.⁴

When the federal government initiated the Tobacco Demand Reduction Strategy (TDRS) in early 1994, the program initiatives were built on the three pillars of prevention, protection and cessation. Prevention efforts focused on young Canadians before or as they began to experiment with tobacco products. The federal government supports a number of innovative projects in an effort to reduce the use of tobacco among Canadian youth.

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¹ Health Canada (1995) *Youth Smoking Survey, 1994*.

² See for example: Health Canada (1994) *Survey on Smoking in Canada, Cycle One* and New Brunswick Lung Association (1996) *1995 Saint John Youth Smoking Survey*. Measuring youth smoking prevalence and comparing survey results is challenging as definitions of current, daily, occasional and beginning smokers, and specific age categories confound the issue.

³ Hegmann, K.T., et al. (1993) The effect of age at smoking initiation on lung cancer risk. *Epidemiology*, 4: 444-448 and the U.S. Surgeon General (1994) *Preventing Tobacco Use Among Young People*.

⁴ Eliany, M., Wortley, S., Adlaf, E. (1992) *Alcohol and Other Drugs Use by Canadian Youth: A National Alcohol and Other Drugs Survey (1989) Report*. Technical Report. Health and Welfare Canada.

information

Background: Information about tobacco control in Canada and this document.

1 About the Tobacco Demand Reduction Strategy.

In February 1994, the federal government launched a comprehensive, three-year initiative to counteract tobacco use in Canada, the Tobacco Demand Reduction Strategy (TDRS). The TDRS was developed to be consistent with the work and directions of the National Strategy to Reduce Tobacco Use (NSRTU), launched in 1987.

The goals of the TDRS were:

- to help non-smokers stay smoke free;
- to encourage and help those who want to quit smoking to do so; and
- to protect the health and rights of non-smokers.

2 About the Summary Series – Lessons Learned from the TDRS.

This is one in a series of five summaries that present the lessons learned from the Tobacco Demand Reduction Strategy. Other topics include Women, Aboriginal Peoples, Francophones and Prenatal and Postpartum Women. The summaries are intended to assist health professionals and policy makers in shaping future action on tobacco reduction. Each summary identifies key lessons that have been drawn from the work completed on the topic and profiles a few of the many community-based projects and local and national resources developed under the TDRS. Descriptions of these projects and resources appear throughout the summaries.

Codes such as “A4” and “W10” refer to complete references for TDRS resources which are listed at the end of the summary.

3 About the Tobacco Control Initiative.

The Tobacco Control Initiative (TCI), which was announced in November, 1996, is a \$100 million commitment by the federal government over five years, beginning in 1997/98. The four key elements of this comprehensive strategy are legislation and regulations, enforcement, research, and public education.

Building upon the lessons learned and the results achieved under TDRS and other tobacco strategies, the Public Education Component of the TCI aims to improve the overall health and quality of life of Canadians, particularly young Canadians, through:

- the identification and dissemination of best practices;
- training and consultation to enhance the capacity of communities to deliver effective tobacco reduction programs; and
- building public concern about tobacco and the tobacco industry.

In partnership with the provinces, territories, health, community and youth-oriented organizations, the TCI will expand prevention, protection and cessation efforts which began under the TDRS.

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*Our mission is to help the people of Canada
to maintain and improve their health.
– Health Canada*

4 About This Summary – Youth and Tobacco.

At the outset of the TDRS, there was a lack of information about specific aspects of youth smoking behaviour. Prevention and cessation programs were available but they did not always meet the unique needs of specific communities. The TDRS launched a number of research and public education initiatives to address these gaps. Synthesis work conducted in 1997 pulled

together the conclusions and insights of youth-related TDRS projects and activities. The resulting lessons are organized into six major topics presented in this summary.

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Lesson One: Tobacco use prevention – start early and keep at it.

1 Any attempt to protect young children from environmental tobacco smoke may reduce the likelihood of those children smoking as teenagers.

Any initiative taken to reduce environmental tobacco smoke (ETS) in a community has a potential impact on future adolescent smoking in that it makes smoking less visible: children see fewer adults who smoke. Several TDRS initiatives raised awareness about environmental

tobacco smoke (E2, R1, R3, W3). For example, *Smoke Gets in Your Eyes* (S3), a mini-magazine on ETS, was distributed inside *Canadian Living* magazine and on the world wide web to provide accurate, up-to-date information on the effects of ETS on all age groups.

An estimated 2.8 million Canadian children under the age of 15 are exposed to environmental tobacco smoke in their homes (H2). Although many effective

interventions have been designed for community settings, reducing ETS in the home remains an ongoing challenge. The *Take It Outside* campaign (T1), which encourages adults who smoke to keep their homes smoke-free, is an example of the kind of intervention that is needed to address ETS in the home.



2 Children and youth of all ages, from birth to 19, are affected by tobacco use. Prevention efforts need to be seen in the context of this broad age range.

Typically, programs tend to address tobacco use as an adolescent issue and are designed to prevent smoking in adolescence. The research conducted and experience gained

under the TDRS has shown that prevention efforts need to work in concert with protection and cessation efforts because children and youth under the age of 19 are affected by tobacco use in multiple ways:

- the health of infants and young children may be affected by environmental tobacco smoke in their homes and communities (E2, R1, S20, W3);

- the smoking behaviour of children and adolescents is often influenced by role models in their homes who smoke (Y3); and
- by mid-adolescence, many youth have moved from experimentation to regular smoking and benefit from cessation messages more than prevention messages (Y3).

Enter the

TOXIC TUNNEL

What kinds of prevention activities appeal to children as young as five and as old as 12?

The Community Interest Group on Smoking in Peace River, Alberta has found a unique way to explain the hazards of tobacco use and the benefits of a healthy, tobacco-free lifestyle to an age group that is just starting to experiment with tobacco (T8). The Toxic Tunnel is a seven foot in diameter walk-through display unit in the shape of a cigarette. Children are invited to enter the “dark-end” of the tunnel by a six-foot tall, full colour, free-standing cutout of “Ciggy” the frog mascot. By the time children have

walked through the 24-foot tunnel, they have viewed black walls showing pictures of the hazards of tobacco use, accompanied by taped sounds of coughing and hacking. Part way through the tunnel, the children break free and see white walls covered with pictures of the benefits of healthy, smoke-free living. First used at a community program fair, an event designed more for adults than children, 40 children toured the tunnels and many went through several times, bringing their parents and friends with them. This unit has had appeal beyond its original target group and has been invited to local junior and senior high schools.

3 Early adolescence – ages 11, 12 and 13 – is a critical time for preventing adolescent smoking.

The *Youth Smoking Survey, 1994* found that the period between ages 13 and 14 is a critical time for the adoption of smoking (Y3). The percentage of youth who report that they are beginning to smoke peaks at 13 and 14 years, 11% and 12% respectively, and declines among older teens. At this point, the shift from experimenting to becoming a current smoker or stopping altogether has occurred.

It appears that 11- and 12- year-olds are experimenting with smoking and 13- and 14-year-olds are making choices about whether or not to continue. This raises the question, what else is going on in the lives of young adolescents at this time that affects experimentation with tobacco? In many cases, this age coincides with movement from elementary to junior high school or from junior to senior high school. Interventions that are designed to help young people cope with the pressures and influences they are experiencing at these times need to be widely available to youth in schools and in community settings.

4 Aboriginal children in particular need to be exposed to prevention and education efforts at an early age.

Work completed prior to the TDRS indicated that many Aboriginal youth start smoking as early as 5 to 9 years of age (T6). The *Youth Smoking Survey, 1994* found that Aboriginal youth smoked their first cigarette at an earlier age than non-Aboriginal youth and that Aboriginal youth are more likely to smoke than non-Aboriginal youth (Y3). Community-based TDRS projects that conducted surveys consistently found higher smoking prevalence among Aboriginal youth than non-Aboriginal youth (R6). It has been

reported that more than half (54%) of Aboriginal youth smoke (T6).

The early age of first smoking and the high percentage of adolescent smokers means that culturally appropriate prevention efforts among Aboriginal children and youth need to be more widely available. Under the TDRS, Pauktuutit, the Inuit Women's Association, developed the *Breathing Easy* program (B1), which includes a component for children between the ages of 4 and 12. The children's component consists of a school kit with a resource manual for teachers, as well as children's activities, an episode of a popular children's show on video and a storybook entitled "Grampa and His Pipe" for young children.



5 Prevention efforts need to address different age- and gender-related patterns.

- The age of smoking initiation differs for males and females – females experiment earlier than males. The average age of first smoking experience reported by adolescent females is 12 or 13 years of age, compared to 14 years or older for males (G1), and 15% of females and 9% of males aged 13 or 14 are “beginning smokers” (Y3).
- Among 13- and 14-year-olds, 14% of females were current smokers, compared to 12% of males (Y3).
- In the 15 to 17 age group, 22% of females smoke, compared to 18% of males (Y3).
- Smoking prevalence rates for young men exceed those of young women by the late teens. Among 18 and 19 year-olds, 31% of males and 27% of females are current smokers (Y3). As of 1994, this pattern of higher prevalence rates among males continued into the 20- to 24-year-old age group (S8).
- Generally, males smoke more cigarettes than females. Among those aged 10 to 14, males smoke 7.3 cigarettes per day compared with 5.7 cigarettes among females. Among 15- to 19-year-olds, the corresponding difference is 11.2 cigarettes per day versus 10.3 cigarettes (Y3).

Filling the Gaps

IN SCHOOL-BASED

Prevention Programs

Improving the Odds (I2) is unique among prevention programs because it has been designed to fit in with existing school-based programs, instead of duplicating or replacing them. The resource was developed after a national survey of school-based prevention programs (S2) identified gaps in the programs. Covering topics such as the role of the tobacco industry, women and smoking, media awareness and trends in tobacco use, *Improving the Odds* supplements smoking prevention resources in

Grades 5 to 8. The complete resource has been designed for teachers, volunteers and in-class health educators and includes two options for training: a self-directed training module and a Workshop Facilitator’s Guide. The resource also includes a CD-ROM for student use with information and interactive exercises.

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Spotlight on

ABORIGINAL YOUTH

TDRS projects in Western Canada produced a range of approaches for working with Aboriginal youth. The Federation of Saskatchewan Indian Nations gathered cultural information on the uses of tobacco and developed a preventative/educational manual that was used in over 125 workshops and

presentations with youth, Elders and resource people (U2). The Saanich Indian School Board (H4) and the Laichwiltch Family Life Society (F5) in British Columbia worked on raising awareness of tobacco issues among First Nations youth through drama and dance.

Lesson Two: Youth start smoking for a variety of reasons.

1 Canadian youth do not start smoking for any one particular reason.

It is almost impossible to identify a cause and effect relationship between any single factor and youth smoking. Instead, youth who smoke do so because of the intersection of a range of predisposing factors – certain conditions in their lives make it more likely that some youth will smoke than others – and influencing factors that encourage youth to give smoking a try. Most importantly, many of these influencing factors are social in nature and the social world can be changed.

2 Predisposing factors help identify which children and youth will be the most likely to smoke.

Work conducted under the TDRS confirmed a range of previously identified predisposing factors associated with youth smoking (C3, R6, S9). For the most part, predisposing factors cannot be easily changed. These factors include linguistic and cultural background, family income and structure, and academic performance. The chief benefit to be derived from knowing about these factors is that they can help identify which youth might be at greatest risk for smoking and in greatest need of support for resisting smoking.

3 Youth experiment with smoking because their friends are doing it.

While predisposing factors can help predict which youth are most likely to smoke, influencing factors provide the immediate environment for youth to experiment with tobacco. A major influencing factor for youth is the role of their friends. Several studies conducted under TDRS asked youth why they started smoking or why they thought other teens started smoking. Time and again, the most frequent response was because their friends were trying it (C3, R6, S9, Y3).

4 Youth experiment with smoking because they see others smoking and smoking appears “normal.”

Youth smoking is influenced by the presence of people around them who also smoke. The key influences are, in order of importance, friends, family members and other adult role models such as teachers (C3, R6, S9, Y3). In addition to seeing the people that they know smoke, children and youth are exposed to a variety of advertising and media images (i.e. magazines, television, movies, Internet) that show a range of celebrities using tobacco products. These images combine to give the impression that smoking is indeed the thing to do and that,

in spite of education campaigns identifying the health effects of smoking, “everyone” still does it. In fact, youth tend to over-estimate smoking prevalence rates among their peers.

5 Youth have different reasons for continuing to smoke than their reasons for starting to smoke.

In the *Youth Smoking Survey*, youth were asked why they believed youth started smoking. They identified having friends who were smoking, and curiosity or just wanting to try it as the major reasons for starting. These two responses are closely connected in that curiosity and wanting to try it follow closely on the heels of witnessing friends smoking. A third frequently given reason for starting to smoke is that it was a “cool” thing to do (Y3).

Once youth make the transition from experimenting with smoking to becoming a regular smoker, their reasons for smoking change. Youth give a range of reasons for continuing to smoke, including the belief that they are addicted, to relieve boredom, and to cope with stress (C3, R6, S9, Y3). Once smoking is perceived as playing a useful role in their lives, it is more likely that youth will continue to smoke. If prevention efforts can anticipate these

reasons for continuing to smoke as they address the reasons for starting to smoke, they may be able to arm youth with the range of skills they need to understand and resist the pressure to start smoking.

The reasons youth give for both starting and continuing to smoke are closely related to their self-esteem. Many of the interventions for youth developed under the TDRS included building self-esteem as a program goal and developed a range of activities for building self-esteem including physical activity, drama, peer-to-peer education, and communication and relationship skills (C5, E5, F1, H1, O1).



Everything

YOU WANTED TO KNOW ABOUT

Youth Smoking

The *Youth Smoking Survey, 1994* (Y3) is the single most important source of data on youth smoking in Canada because of its scope and depth of information. The *Youth Smoking Survey* collected data on smoking behaviours, as well as related attitudes, beliefs, knowledge and social influences, of 23,800 Canadian youth aged 10 to 19 years. The survey

results are especially important because children aged 10 to 11 were included. Data for the age group 10 to 14, and for each age within that group, is important because of the changes in attitudes about smoking, and smoking initiation behaviours that occur during these years. It is in these pre-teen and early teen years that we can see a decline in resistance to smoking, and rapid

recruitment of new smokers. Comprehensive findings are contained in the *Technical Report* and a set of brief *Fact Sheets* are also available.

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three

Lesson Three: Youth who smoke want to quit.

1 Most young smokers attempt to quit within two years of their first cigarette, and most smokers make multiple quit attempts.

According to the *Youth Smoking Survey, 1994 (YSS)*, a high percentage of current smokers aged 10 to 19 years (81%) have at some time seriously thought about quitting; most have made a quit attempt (Y3). Of current smokers who have tried to quit, 19% have made five or more attempts to quit. In the six months prior to the survey, 40% of all current smokers aged 10 to 19 had made at least one quit attempt.

2 Young smokers have not been very successful at quitting.

Only 2% of youth aged 10 to 19 are former smokers. Sixty-five percent of smokers who had tried to quit smoking reported that the longest time they had quit was one month or less. The non-daily smokers generally report having successfully quit for longer periods of time. Adolescent smokers make relatively frequent attempts to quit, with only brief periods of success (Y3). More research is needed to understand why these quitting attempts are not successful and what can be done to support youth who want to quit.

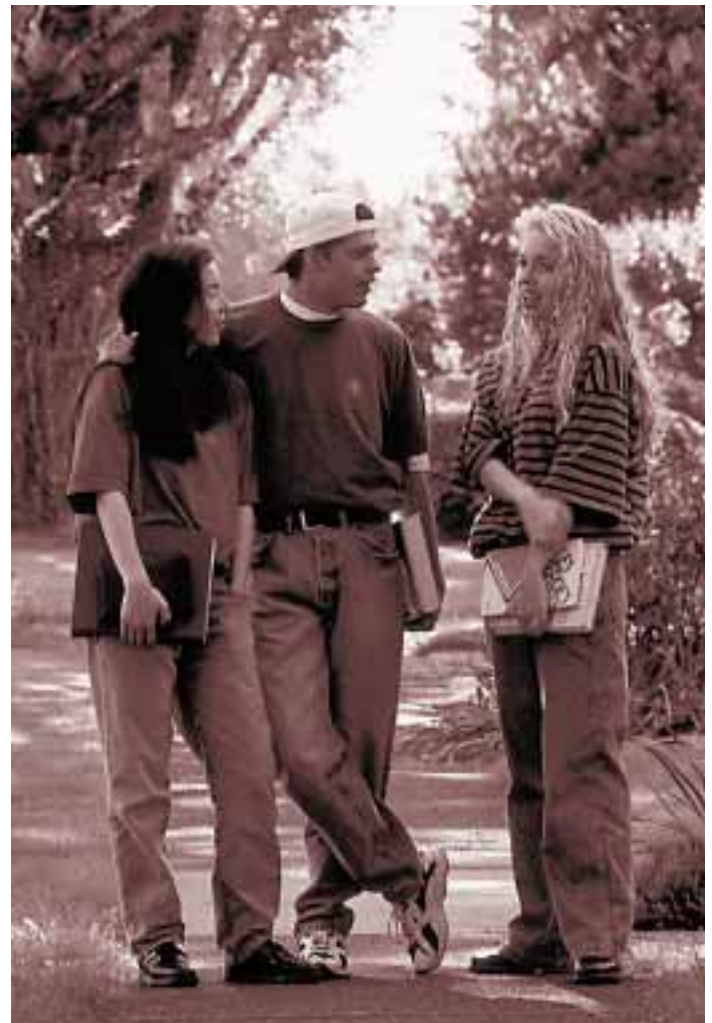
3 Opportunities to promote the cessation of smoking may be short-lived.

The *Survey on Smoking in Canada*, which included Canadians 15 years and older, allows comparison between older adolescents and young adults. It reported that teen smokers aged 15 to 19 were most open to quitting compared to older smokers, with 55% contemplating or preparing to quit at any one time. This dropped to 45% in the 20 to 24 years age group (S8).

This pattern of thinking less about quitting as one gets older was also reflected in the YSS which reported that 83% of current smokers 10 to 14 years old had thought about quitting compared with 77% of 15- to 19-year-old smokers (Y3).

The YSS also found that young smokers are less

likely to try to quit as the amount smoked increases. For those smoking five or fewer cigarettes a day, 75% report a recent quit attempt which decreased to 40% of youth smoking 16 to 20 cigarettes per day. This suggests that attempts to quit are more difficult after young people have progressed beyond cigarette experimentation (Y3). The YSS found few differences between males and females with respect to quit attempts or other patterns of smoking cessation (Y3).



4 Teens benefit from access to a wide range of cessation options.

Under the TDRS, steps were taken to make existing programs more accessible and to expand the range of programs available. One of these steps was the promotion of the teen cessation program *Quit 4 Life (Q4L)*, developed by Health Canada and the Lung Association (Q1). *Q4L* is a self-help cessation kit for teens which includes concise information about the health and social consequences of smoking, steps for developing a plan and preparing for cessation, and specific coping strategies for dealing with withdrawal and achieving initial cessation. During the TDRS, *Q4L* was promoted on MuchMusic and Musique Plus and was evaluated for effectiveness. The evaluation reported that the teens who called and asked for the kit ranged in age from 15 to 19 with a mean age of 16.6 years. Ninety-four percent of the teens who requested *Q4L* were still in high school, and 21.5% reported three months of continuous abstinence immediately preceding the 12-month, post-program follow up, a rate that compares with the best quit rates among adult programs (E4).

Under TDRS, a Facilitator's Guide was developed so that *Q4L* could be used in a group format. An evaluation comparing the



self-help version of *Q4L* with the group program concluded that *Q4L* worked best for teens who had been smoking for a minimum of 18 months and who were seriously motivated to quit within the next six months (E3).

Several community-based projects also incorporated teen cessation into their activities. The Canadian Cancer Society in British Columbia developed *PITS*, a new teen support group program for cessation that focuses on peer pressure, self-esteem and decision making (P1). The Campbell River Tobacco Reduction Strategy used five existing youth smoking cessation programs, encouraged community organizations to sponsor the programs, trained facilitators to use the programs, and provided a range of cessation programs in the community so that youth had many cessation options (C6).

5 Cessation programs for teens may differ from adult programs in key ways.

A standard way of developing a new cessation program is to base it on existing program models. Consequently, cessation programs for youth are often modelled after programs for adults. As we begin to develop a better understanding of cessation issues for youth, it is clear that adult programming concepts may not apply to youth programs. Youth do not spend as much time preparing to quit as adults do (Y3) and may not be interested in programs that spend a great deal of time preparing. Youth programs need to strike a balance between being adequately prepared for quitting and helping youth achieve their goal of quitting fast.

Youth may have different skill-building or information needs than adults. For example, teens may need to develop skills for resisting peer pressure to continue smoking, and may need a better understanding of addiction and dependence issues than adults (G4).

Similarly, the cessation techniques that appeal to adults may not appeal to youth. One project for young women (C5) used a journal for group participants, similar to the journal used in *Catching Our Breath Too* (C7) for adult women. The young women in the group stated a preference to talk, not write, and very few even tried to use the journal, suggesting that the techniques used to encourage self-reflection in youth are different than for adults.

6 There is a need to place more emphasis on teen cessation.

Gaps remain in knowledge about and programs for youth cessation. We know very little about the type of programming (i.e. individual or group), the best provider (i.e. self-help, teachers, health personnel, or other youth) or the best setting (i.e. school-based, clinic-based) for youth cessation (Y3).

There are few programs that address the experimental nature of early tobacco use and the need to intervene with 12-, 13- and 14-year-olds who are occasional smokers. At any point in a teen smoker's transition from experimentation to becoming a regular smoker, tobacco use cessation interventions can be introduced to give teens an alternative to becoming an adult smoker. It is easier for occasional or light smokers to quit before they become regular and/or heavy smokers. Cessation programs that lead to even temporary interruption in teen smoking are important because a temporary pattern of abstinence in adolescence lowers the relative risk of becoming an adult smoker (G4).

Specific high-risk teens need tailored cessation programs. A TDRS study of smoking and high priority adolescent women (14 to 19 years old who have left high school before graduation and are no longer living with their parents or family members) found evidence to suggest higher rates of cigarette smoking among specific subgroups of adolescent women, including those who have left school and lack family support, and those who have turned to life on the street (i.e. living in youth hostels and shelters) (R4). Although one TDRS project addressed cessation among pregnant teens and young single parents (K2), the general lack of available cessation programs for the target group indicates an important gap in programming.

7 Cessation programs for youth need to be culturally appropriate.

Given the differences in patterns of tobacco use across cultural and linguistic groups, it is important that youth cessation programs recognize the role culture plays in tobacco use. Programs for Aboriginal youth, for example, need to recognize the spiritual and ceremonial uses of tobacco, lower tobacco prices on reserves, high smoking rates in Aboriginal communities, and preference for family and community involvement in programming. In certain communities, Aboriginal girls are more interested in group cessation programs than non-Aboriginal girls, and would not respond as well to self-help approaches (R6).

Under the TDRS, new culturally appropriate cessation resources for youth were developed. The Nechi Institute developed a resource on recovery from nicotine addiction for Aboriginal adolescents and adults (T9) and *Une Vie 100 Fumer* was promoted for francophone youth (Q1).



Face the REALITY!

The *PITS: Pack In Those Smokes* program (P1) is a quit smoking support group for teens developed by the B.C. and Yukon Division of the Canadian Cancer Society. The program consists of a *Facilitator's Guide* to leading groups and a participant diary/handbook for working through the eight sessions. The content focuses on peer pressure, self-esteem and decision making.

Throughout the program, participants are encouraged to face up to a number of aspects of tobacco use, including face the facts, face your poison, face the pressure, face the choice and face the hype.

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four Lesson Four: Comprehensive tobacco reduction approaches have the greatest reach and impact.

1 A comprehensive tobacco reduction approach incorporates several ways of preventing youth smoking.

Any community that wishes to prevent adolescent smoking can choose from a range of school-based programs, mass media approaches, environmental actions and community-based initiatives. School-based programs usually focus on the social influences affecting youth and take advantage of easy access to youth through elementary and secondary schools. Mass media approaches use a variety of vehicles to educate young people about the risks and alternatives to tobacco use, often using peer or celebrity spokespersons. Environmental measures cover policies that restrict tobacco advertising, packaging, price and selling, as well, policies on smoking and the creation of smoke-free public spaces. Community-based initiatives can take place within specific, non-school organizations in a community or may be launched on a community-wide basis. They generally attempt to reach youth, parents and the broader community with complementary messages and are intended to build a solid community support base for smoke-free living.

It has been suggested that these four prevention components are more effective when used together rather than on their own.⁵ A key task for the future in improving youth prevention and cessation efforts will be to identify the most effective combination of approaches.

2 School-based prevention programs that have a positive impact and are cost-effective are available to Canadian schools.

Prior to the TDRS, several school-based prevention programs were used in Canadian schools, typically with students in Grades 6 to 8. These programs were based on the social influences approach, with the main premise that peers, parents and media influence children and adolescents to use tobacco. The social influences approach helps young people perceive and resist the social influences that encourage tobacco use. A national survey of prevention programs (S2), conducted prior to the TDRS, found that social influence-based prevention programs have had some success in reducing youth smoking rates. However, it also found that the available programs had deficiencies and that prevention efforts needed to be promoted in all schools across Canada. As a result, a new prevention resource, *Improving the Odds* (I2), was developed to fill in the program gaps. More importantly, the resource was disseminated nationally through a cooperative effort of non-governmental organizations, key school associations and various levels of government, demonstrating an effective dissemination strategy for national programs.

Under the TDRS, a cost-benefit analysis (S10) was conducted using *Improving the Odds* (I2) and the *Peer Assisted Learning* (PAL) program (P2). The analysis found that these programs could be implemented nationally at a total cost (development and delivery) of \$67 per student among 1,167,000 students 11-, 12- and 13-year-olds. The estimated returns for this outlay of \$67 are lifetime health care savings of \$3,400 and work force productivity savings of almost \$14,000 per student.

3 Mass media approaches are key to counter-acting existing images of tobacco use in the media.

Images of young people using tobacco products are present in the mass media, through advertising in American magazines, through popular movies and music videos, and in song lyrics. Canadian youth are continually exposed to these images in direct and in subtle ways. Taken together, these images sustain the idea that smoking is “cool” and that “everyone” is doing it. Research conducted under the TDRS suggests that tobacco advertisements present positive images that appeal to youth (T13).

⁵ Stead, M., Hastings, G., Tudor-Smith, C. (1996) Preventing adolescent smoking: a review of options. *Health Education Journal*, 55: 31–54.

An important conclusion from this is that any messages or images that are meant to encourage tobacco-free lifestyles also need to be positive and they need to cover a wide range of media.

Many examples of the innovative use of the media are found in the work of TDRS. These include sponsoring contests that range from writing slogans and producing logos, to designing posters, to producing info-mercials, to developing half-hour cable

television shows (E6, I3, L1, S11, S12). While none of these projects was large enough to provide lasting alternatives to tobacco promotion, each illustrates ideas and options that serve as components of a broad-scale counter-attack on tobacco advertising. A comprehensive media approach can easily be developed by tying these components together.

The potential effectiveness of a broad-scale media effort was demonstrated through the

TDRS. As part of social marketing initiatives under the TDRS, Health Canada issued a "Challenge to Youth" which invited 13- to 19-year-olds to submit a 20-second tobacco-free message by calling a toll-free number. The winning ads were played in movie theatres prior to feature movies. The contest was promoted through a variety of media outlets, including television, the Internet, theatres and CD stores, resulting in 10,000 entries.



4 A range of environmental changes put in place by public policy can restrict and reduce teen tobacco use.

Environmental measures often have the effect of restricting youth access to tobacco products. Efforts to reduce youth access to tobacco include restrictions on the sale and distribution of tobacco and enhanced public education (A10). Teenagers themselves recognize the impact of environmental measures – when asked about the best ways to keep young people from smoking,

50% said to increase the cost, 25% said make it harder to buy, 13% said provide more information about smoking and health, and 6% said make the packages less colourful (P10).

An important environmental measure has been the introduction of legislation that makes it illegal to sell tobacco products to anyone under the age of 18 or 19, depending on the province (S21). In spite of this, youth smoking prevalence rates show that youth still have access to tobacco products.

Almost half of tobacco retailers in Canada continue to sell tobacco to young people while knowing it is against the law and understanding that they are required to ask for proof of age (M4). It is widely believed that increasing retailer enforcement and education efforts can address this problem. The *Smoke Out in the Great Southwest* project (S11) found a unique way to educate retailers and change their relationship with youth by sending youth and RCMP officers to visit local retailers and deliver educational posters to the stores.

Another environmental change is the implementation of smoke-free policies in a variety of public settings. A TDRS survey of elementary and secondary schools found that 97% had some type of policy to control smoking and 65% of the schools were completely smoke-free (S20). It appears that students are not always aware of the smoke-free status of their schools. The YSS found that only 38% of students reported a total smoking ban in their schools and awareness of restrictions was lowest among 10- to 12-year-olds (Y3).

Smoking restrictions have also been applied to restaurants and malls (R1, S20). These restrictions have been shown to have many benefits, including improved health and morale of staff, fewer customer complaints, reduced exposure to ETS, smoke-free spaces for ex-smokers and smokers who are trying to quit and, most importantly, reducing the amount smoked by adolescents who spend time in malls (C3, R4).





5 Community-based initiatives can foster partnerships that extend the reach of tobacco control efforts.

Community-based initiatives refer to strategies and activities that are selected and implemented within a specific community. They can be the responsibility of one sponsor or the result of a joint effort of several community agencies or groups. Time and time again, community-based projects funded through the TDRS have shown that a partnership of several community groups is the most beneficial approach.

Involvement of many players allows a community to be comprehensive in its programming. It can be daunting for one organization to think of offering the range of tobacco reduction programs, from

prevention for all age groups, to cessation opportunities within schools and outside schools to implementation of policies that offer protection from ETS. With collaboration, each partner brings specific knowledge and expertise to the table as well as access to different resources in the community. Collectively, this knowledge and expertise enhances the likelihood of a project's success.

Community-based initiatives may be able to counteract images of tobacco use in the popular culture by providing alternative images and role models in the daily lives of a community's youth. By promoting a community culture that is tobacco-free, community-based initiatives confront youth with a contrast between media influences and "reality."

Community-based projects implemented under the TDRS illustrate an impressive array of potential partners for tobacco control initiatives: schools, police, public health agencies, physicians, dentists, youth group leaders, recreational groups, youth, parents, newspapers, local businesses, band councils and retailers, to name a few.

Lesson Five: Successful programs are dynamic, fun and multi-issue.

1 The days of thinking that prevention is simply providing facts about the health risks of tobacco use and giving lectures to youth are over.

Research conducted under the TDRS has shown that 75% of Canadian youth report having been taught about the health risks of smoking (Y3) and the majority of Canadian youth are aware that smoking has negative health effects (C3, R6, S5). This awareness does not have the effect of reducing tobacco use prevalence among youth. In fact, a TDRS paper on mobilizing peers for tobacco programming suggests that continuing to develop prevention programs that focus on presenting health information represents a failure to understand the importance of the adolescent's social world (M2).

Work completed under the TDRS suggests the following alternatives to previous health risk communication strategies:

- educate youth about the anti-social aspects of tobacco use (i.e. bad breath, yellow teeth) (M5);
- provide youth with an opportunity to find out what is in a cigarette (Y3); and
- develop educational models that avoid lectures and get youth involved.

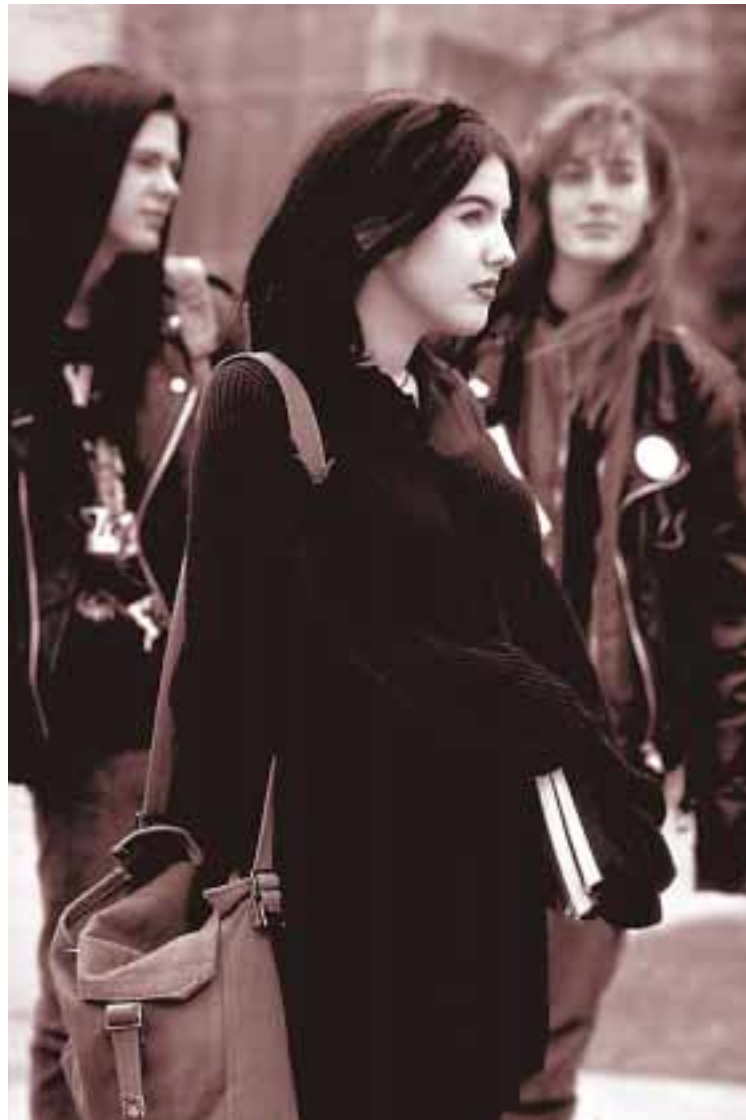
A good example of an interactive presentation was developed by the *Kick Butt* project (K1). Students in Grades 7 to 9 were divided into groups of smokers and non-smokers according to the school's ratio. Two "doors"

were used to lead the two groups into separate rooms with posters depicting different ages and events of importance in the futures of the smokers and the non-smokers. The students were invited to lead the lives of smokers or non-smokers by passing through the respective doors. This provided a more concrete way to experience health risks rather than being told about them.

2 Many youth are receptive to approaches that place tobacco within a broader context rather than look at tobacco in isolation.

From the experiences of TDRS projects, it is clear that many youth are turned off by any approach that addresses tobacco only (C4). However, youth will become involved in tobacco programming when it is included in a package that takes a more holistic approach. In other words, if a pro-

gram tries to look at a number of issues affecting youth, youth will be more likely to get involved.



Many of the TDRS projects could be categorized under the emerging heading of lifestyle programming for youth. The current thinking is to address a range of issues related to being an adolescent as opposed to tackling issues like tobacco use in isolation (S12). TDRS projects have shown that tobacco programming can be effectively integrated with a range of topics, including coping with stress, self-esteem and body image, communication and physical activity (C4, C5, F1, H1).

3 Youth want to have fun and tobacco programming can be just that.

Time after time, community-based TDRS projects showed that it is possible to combine the serious work of preventing tobacco use and future illness with having a good time as a teenager. The secret to accomplishing this seems to be developing educational opportunities that invite youth to be creative and to be with other youth in a social activity. Many projects relied on drama, entertainment and counter-advertising to do this. For example:

- The *Towards the Future* project (T7) formed a partnership with an existing youth theatre group to develop a drama that provided education on tobacco use. The resulting production, "No Smoking on the Holodeck," was performed in local elementary schools and was recorded on video.
- *Wet Graffiti* produced a set of teens-only magazines that included parodies of cigarette advertisements and a wide range of articles of interest to youth (W4).
- The *Inhale the Facts of Life* project developed a comic book and a board game for use by students in Grades 4 and 5 (I3).

Take a Trip to the

CYBERISLE

Tobacco reduction programming has found its way to the World Wide Web. A group of Ontario-based educators and tobacco reduction organizations used TDRS funds to develop the *TeenNet*, a hi-tech way to involve teens in tobacco use prevention and cessation (E7). The result is an Internet-based, teens-only island, *CyberIsle*. You even need a youthful passport to enter! Once on the *CyberIsle*, teens have a choice of activities,

including reading and adding to an electronic magazine, browsing through interactive health information on many topics including smoking, filling out quizzes that help assess lifestyle and possible changes, and joining in on "Hot Talk," a peer-led discussion group. Adults are welcome to browse the icons on the home page to find out about the *CyberIsle* and *TeenNet* but the *CyberIsle* itself is for youth and it is popular. In its first two years

online, more than 10,000 visitors have come to the *CyberIsle*, 1,610 have become registered users, and almost 52% of those users are female.

Department of Public Health Sciences
McMurrich Building
12 Queen's Park Crescent
Toronto, ON M5S 1A8
Phone: 416-978-7543
Website: www.cyberisle.org/teenet
e-mail: oonagh.maley@utoronto.ca

4 Programs that want to attract youth need to adopt a marketing perspective.

Promotion of tobacco-free lifestyles through the media needs to use all the same techniques as current tobacco use promotion. The techniques used by the tobacco industry to promote its products include advertising, packaging, sales promotion, publicity and event marketing sponsorship (M5). The net effect of this is that youth are exposed to a range of products and images which suggest that tobacco use is something with multiple benefits and is worth trying. Tobacco use prevention and cessation opportunities for youth also need to be cleverly advertised, carefully and colourfully packaged, promoted with “sales” gimmicks, contests and giveaways, and broadly publicized.

The way things look matters to youth! Teens take notice of different tobacco brands because of package design – shape, colours, symbols, logo (P10). The average Canadian teen can recognize several brands of cigarettes on the basis of the packaging alone (Y3). Effective counter-advertising needs to be well designed and produced, make youth feel good about themselves and be aesthetically pleasing (P10). Today's youth have never been without televisions, videos, movies, computer games and arcades, all primarily visual means of communicating. These are the communication methods youth expect to have available to them.

Children and youth also notice who it is that delivers the message. The *Smart-About-Smoking Gang*, a province-wide program in Quebec, used an entertainer



as its mascot. Ventriloquist Lise Maurais and her side-kick mannequin, the cool adolescent Snake, launched many provincial and regional events and were available on video for local events. The use of the tongue-in-cheek, sarcastic puppet injected a sense of fun and “anything goes” into events and proved to be a real hook for encouraging youth to attend an initial event, and to stick around for the long term. Other projects found that the use of a “marketing” mascot could be particularly effective with younger children (T8).

5 Programs that encourage critical thinking in youth show promise as the way of the future.

Perhaps the most important message from all the projects that have attempted to actively engage youth in tobacco control activities is to encourage youth to think about what they are doing and what they are being told. If youth are encouraged to think critically, that is, to question the information and messages they receive, then they develop the skills they need to use their best judgment.

Several new programs developed under the TDRS provide concrete examples of fostering critical thinking. Often, this is coupled with helping youth develop an understanding of how the media works, the techniques they use, and the motives behind media messages (B2, I2, P1, W4). This evolving focus on media literacy is but one way of encouraging critical thinking.

Making Health Information

ACCESSIBLE

to Youth

How do you get youth to discuss topics like stress management, physical activity, communication, self-esteem and body image, media influences and environmental effects of smoking? It's all in the language. The *Health in Perspective (HIP)* program for young women has found a way around the jargon (H1). Communication becomes “Let's Chat,” physical activity becomes “Move That Body” and media influence becomes “Media Madness.” The program, designed to be offered through community-based

health, recreation and active living programs, uses peer leaders to reach youth. Program resources consist of a Facilitator's Guide and a Peer Leader's Guide. Other topics in the program are “Good Stress, Bad Stress,” “The Air That I Breathe” and “Feelin' Great.”

Canadian Intramural Recreation Association
1600 James Naismith Drive
Ottawa, ON K1B 5N4
Phone: 613-748-5639

Self-Defence in the

INFORMATION AGE

If the media are one vehicle for presenting unhealthy choices to teens, how can teens be encouraged to challenge media messages? *Back Talk: Media Wise and Feeling Good* is an important tool that can provide young women, aged 12 to 15 years, with the tools they need to question and counteract media influences (B2). The kit has been designed for use in community and school settings with an adult or peer leader. The resource consists of a *Back Talk*

Guide for facilitators and a *Back Talk Action* booklet for young women. The kit covers three main themes: smoking, body image and media. It uses a combination of fact sheets, activity sheets, quizzes and very entertaining writing to engage teens. The *Back Talk Guide* and *Action* booklets contain material for nine group sessions.

Website: www.hc-sc.gc.ca/hppb/tobaccoreduction

Six

Lesson Six: Programs with active youth involvement have the greatest success.

1 Youth involvement in tobacco control activities can take many forms.

Many of the TDRS community-based projects involved youth in the design and delivery of programs and activities.

The wide range of roles played by youth in these projects demonstrate that there is no limit to the ways youth can be involved in tobacco control activities. Here are a few examples.

- Youth can participate in research studies. The best way to find out about youth and tobacco use is to ask youth directly (C3, E4, S9, Y3).
- Youth can plan and conduct research. One TDRS project used two peer support teams, a total of 12 girls, mostly in Grades 7 and 8, to develop and conduct a survey of more than 1,100 young women in Grades 7 through 12 (R6).
- Youth can educate adults. In one project, youth developed educational posters and distributed them to retailers who sold tobacco products with the intent of helping the retailers understand why it was important not to sell tobacco products to teens (S12).
- Youth can sit on and chair planning and implementation committees (R5, R6, T7).
- Youth can influence and change the direction of projects. Youth in Grades 7 to 9 were given a survey to complete and requested that the results be brought back to them and that their questions about tobacco be answered. As a result, a passive research project became an action research project and information was brought back to the youth (S12).
- Youth can facilitate cessation programs. Two cessation projects developed facilitation training and recruited youth to deliver the programs (C6, P1).

Creating a

PROVINCE-WIDE

Stir

The *Smart-About-Smoking Gang* (L1) is an excellent example of the heights that can be reached when adults support youth leadership. The project focused on the mobilization of youth aged 12 to 18 in secondary schools throughout Quebec. The role of adults was to recruit youth in individual schools so that the youth could design smoking awareness-raising activities that were appropriate for their school. A stated objective of the *Smart-About-Smoking Gang* was to help

teenagers become responsible, proactive agents in reducing smoking. The role of adults was equally clear: "Your job as a resource person is to provide encouragement, support and supervision" (*Start-Up Guide*, Quebec Council on Tobacco and Health, 1996).

The outcome of this approach is impressive – at the end of the three-year project, 237 high schools, youth centres and elementary schools organized projects and

reached an estimated 89,000 people. Individual projects included cartoon contests, drama, peer teaching, newsletters, regional forums, music videos and quitting support groups, to name a few.

Quebec Council on Tobacco and Health
5140 Saint-Hubert Street
Montreal, PQ H2J 2Y3
Phone: 514-948-4087

2 Youth smoking is peer-influenced. It makes sense that tobacco reduction approaches also need to be peer-influenced.

If youth experiment with tobacco and become regular smokers in the company of their peers, it is plausible that they will also be receptive to information around prevention and cessation that comes from their peers. It is sometimes difficult for adults to be effective when working with youth on tobacco issues because of the dual divide – the age gap and the “I don’t smoke, neither should you” gap. Peer helpers are usually similar in age and experience to the people they are helping. Peer helpers serve as a bridge between professionals and clients (M2). In the specific case of youth and tobacco, peer helpers are trained to intervene in a way that helps youth solve their own issues and make their own decisions. Young people seem to be more trusting of information coming from other young people than from adults (C4).

The recognition that peer-led programs have merit precedes the TDRS (P2) and many TDRS projects developed new programs designed to maximize the benefits of peer programs. Peer support can be developed between youth who are the same age and between older and younger age groups. For example, the *PITS* cessation program trained teen facilitators to work with other teens in their age group (P1). Other projects worked with high school students who developed resource materials, plays and discussion groups for junior high



students, or worked with junior high school students to reach elementary students (F1, R5, S12, T7). The Health Education Association of Saskatchewan recruited and trained a Youth Corps of Health Educators to develop peer support programs in their schools using a comprehensive school health approach to tobacco use reduction (Y4). The most frequently visited site on the Internet program *CyberIsle* is the “Hot Talk” section where peers talk to each other about a range of lifestyle issues (E7).

3 Youth and adults can be partners in prevention.

The importance and impact of peer-to-peer programs does not diminish the need for adult and youth partnerships in tobacco reduction efforts. In fact, peer programs include adult support for peer helpers. In many youth-led programs, adults provide the means and the mechanisms that enable youth to develop and implement solutions (S11). Adults can also provide long-term

continuity for youth programs. It is a fact of life that the most motivated and dedicated youth are going to leave a project, usually at the same time as they graduate from high school. As a result, there is a continuous need to recruit new youth and to preserve the history of an activity or program. Often, this work belongs to an adult.

Providing continuity to projects is but one role adults play in adult – youth partnerships. Adults are also important role models for the youth in their community. Adults who actively interact with youth, as sports team coaches, leaders of youth groups or teachers, for example, can be important role models through their own choice to be tobacco-free and in the way they discuss health and lifestyle issues with youth. Adults who take leadership roles in community activities are particularly important for youth who have difficult relationships with their parents.

Parents are an important partner in tobacco control. Parent – child communication seems

to have an impact on the lifestyle decisions of adolescents and one TDRS project addressed the issue head on by developing a series of educational sessions to increase family communication and parental input regarding smoking (D3). This is an important step and there is room to develop more ways of involving parents in tobacco control efforts.

Many of the youth-related TDRS initiatives involved adults who had previous experience working with youth. As a result, these adults have an understanding of what it means to be an adolescent in the nineties. In addition, projects recruited adults who had not worked closely with adolescents. This suggests an opportunity for an orientation process to make it easier for adults

and youth to collaborate. Youth and adult partnerships can benefit from training that helps youth and adults understand each other in terms of the different social influences to which they are exposed as well as their differing interests and priorities. This lays the groundwork for finding effective ways of working together.



For more information

ON TOBACCO CONTROL:

Health Canada's website:
www.hc-sc.gc.ca/hppb/tobaccoreduction

Canadian Council for Tobacco Control's website: www.cctc.ca

Quit 4 Life website:
www.quit4life.com

TDRS

DOCUMENT CODES

- A10 Analysis of Restrictions Regarding Access by Minors. 1996, English.
- Discusses existing federal, provincial and territorial legislation to restrict access to tobacco products by minors, the ways minors obtain cigarettes, and retailers' knowledge and behaviours in selling tobacco to minors. Makes suggestions for ways of strengthening the legislation to reduce numbers of youth who start to smoke.
- B1 Breathing Easy. 1997, English, Inuktitut syllabics, Labrador Inuktitut, Innuinaqtun.
- A series of resources was developed to assist health workers and others who deal with tobacco issues in northern communities. A binder of facts and community action guidelines is accompanied by an information and training video, four leaflets, four posters and a children's book.
- Pauktuuitit Inuit Women's Association
192 Bank Street, Ottawa, ON K2P 1W8
Phone: 613-238-3977 Fax: 613-238-1787
- B2 Back Talk: Media Wise and Feeling Good. 1996, English and French.
- A kit designed to teach young women aged 12 to 15 years how the media and advertising may influence beliefs and behaviour about self-image and tobacco use and affect a woman's health. The kit consists of three resources, including a guide, a set of fact sheets and a book of activity sheets.
- Website: www.hc-sc.gc.ca/hppb/tobaccoreduction
- C3 Chinook Region Tobacco Survey for Young Women 1995, 1996, English.
- A survey of 840 women aged 15 to 24 years in 15 southern Alberta communities that looked at their knowledge, beliefs, attitudes and behaviours related to smoking. In spite of being aware of the health risks of smoking, 29.4% of the sample smoked. A research report and final report were produced.
- C4 CHP Notes: Working With Youth. 1997, English.
- The Community Health Promotion Network Atlantic pooled the common experiences and knowledge acquired by a number of community projects in operation in Nova Scotia. The CHP notes series summarizes the lessons learned about working with communities, youth, women, the school system and off-reserve Aboriginal communities.
- C5 Communities for Youth/Women and Tobacco. 1997, English.
- The Drug Prevention Network conducted individual tobacco reduction projects with adolescent girls, women and seniors. Each project used a different approach, including developing a support program, offering cessation programs and writing fact sheets. A final evaluation report was written.
- C6 Campbell River Tobacco Reduction Strategies: T.R.A.C. 1997, English.
- Youth agencies in Campbell River worked together to address tobacco issues with youth aged 12 to 19 years. Youth and adults were trained to offer smoking cessation using a variety of existing programs. Thirty-one youth attended the cessation programs.
- C7 Catching Our Breath Too.* 1997, English.
- An updated version of a two-part smoking cessation and reduction resource for low-income women. The resources consist of a group facilitator's guide and a change journal for participants. This new version has been adapted to be appropriate for women in the workplace.
- Women's Health Clinic
419 Graham Avenue, 3rd Floor, Winnipeg, MN R3C 0M3
Phone: 204-947-1517

The TDRS, in association with a range of partners, produced hundreds of reports, resources and papers. This section provides a brief description of each resource referenced in the summary. Information for finding out more about the project or ordering a resource is included, when available. The majority of the projects were conducted under the TDRS. Documents from projects that were initiated prior to the TDRS are denoted by an asterisk (*).

- D3 Demonstration Project to Prevent the Use of Tobacco Among Children and Youth in a Latin-American Community. 1997, English, some Spanish.
- A prevention project for children and youth in Latin-American communities expanded knowledge on the effects of smoking, helped teens resist the pressure to smoke, increased family communication and parental input about smoking and engaged parents and children in community activism. The final report and implementation guidelines are in English but key program material is in Spanish.
- E2 Environmental Tobacco Smoke (ETS) in Home Environments. 1996, English and French.
- Reviews the current knowledge concerning ETS exposure in home environments, examples of current activities to control ETS in home environments, options and strategic activities to reduce ETS exposure, and assesses impact and future directions for policy and program development.
- E3 Evaluation of the Q4L Facilitator's Guide Program. 1996, English.
- Presents feedback from facilitators about the format, organization and effectiveness of the guide, the appropriateness of the guide's content for all ages of teens, as well as information about the teens who participated in the sessions and their smoking habits before and immediately after the sessions.
- E4 Evaluation of the Q4L Smoking Cessation Program. 1995, English. Executive summary in French.
- Evaluates the efficacy of Q4L in promoting cessation among teens and recommends ways in which to improve the kit. Baseline interviews were conducted with 1,499 teens. Two post-tests were conducted with 635 and 517 of the original sample. Concludes that the promotion and easy availability of Q4L increased the use and benefits of self-help resources by teens.
- E5 Evening the Odds. 1996, English and French.
- A discussion of the impact of tobacco use on the lives of girls and women and the ways increasing involvement in physical activity can counteract factors that are associated with smoking. Includes suggestions for community and recreational groups that want to take action to reduce tobacco use.
- Canadian Association for the Advancement of Women in Sports and Active Living
1600 James Naismith Drive, Gloucester, ON K1B 5N4
Phone: 613-748-5793 Fax: 613-748-5775
- E6 Out of the Smoke. 1997, English and French.
- The project used a community development approach to involve adolescent girls aged 10 to 12 years in two francophone and two anglophone communities in New Brunswick. Tobacco reduction activities were chosen and implemented by the young women involved. An evaluation report and final activity report for each of the community sites were prepared.
- E7 Evaluation of TeenNet. 1997, English.
- TeenNet is a website for teens that encourages them to identify and express their health needs, including awareness about smoking. The website includes games, chatrooms, a magazine and self-assessment opportunities.
- University of Toronto
Dept. of Public Health Sciences, McMurrich Building
12 Queen's Park Crescent W., Toronto, ON M5S 1A8
Phone: 416-978-7543
Website: www.cyberisle.org/teenet
Email: oonagh.maley@utoronto.ca
- F1 Fly Higher! 1995, English.
- The Fly Higher! program trained young women to be core trainers who facilitate regional workshops for school teams. The school teams then use a toolbox of resources to plan, implement and evaluate school-based activities with girls in Grades 6 through high school. The program focuses on fostering leadership skills and self-esteem.

- F5 First Nations Tobacco Reduction Strategy. 1997, English.
This project worked with First Nations youth and Elders to examine traditional and non-traditional tobacco use. The project developed posters, colouring books, T-shirts, videos and the "Circle of Smoke" Resource Guide.
- G1 Gender Differences in Smoking Uptake and Tobacco Use Among Adolescents. No date, English and French.
A literature review of gender differences in the predictors of smoking acquisition by adolescents. Looks at psychosocial determinants, public policy and other issues and determinants of smoking acquisition. A focus group study consisting of 12 groups and 112 participants was conducted to gain a better understanding of the role gender plays in the acquisition of smoking among adolescents.
- G4 Guide to Tobacco Use Cessation Programs in Canada. 1997, English and French.
An overview of approaches to tobacco use cessation summarizing recent literature and highlighting Canadian programs for women, youth, Francophones and Aboriginal people.
Website: www.hc-sc.gc.ca/hppb/tobaccoreduction
- H1 Health in Perspective (HIP). 1996, English and French.
A peer-led program that teaches smoke-free lifestyle skills to adolescent girls in health, recreational and active-living settings. Materials include a Facilitator's Guide and Peer Leader's Guide.
Canadian Intramural Recreation Association
212B-1600 James Naismith Drive, Ottawa, ON K1B 5N4
Phone: 613-748-5639 Fax: 613-742-5467
Website: www.activeliving.ca/cira
Email: cira@rtm.activeliving.ca
- H2 Helping Our Kids Breathe Easy: A Community Resource to Reduce Exposure to Environmental Tobacco Smoke. 1997, English and French.
A guide for parents, caregivers, teachers, doctors and others who want to create smoke-free homes for children. A resource book provides how-to information for a public education campaign, a community action program and a one-on-one approach with people who smoke. A Word Perfect computer disk version is available.
Canadian Institute of Child Health
512 – 885 Meadowlands Drive East, Ottawa, ON K2C 3N2
Phone: 613-224-4144 Fax: 613-224-4145
- H4 Healing Our Community Through Tobacco Reduction. 1997, English.
This project provided Native teenagers and young adults, as well as their families and the broader community, with the information and support needed to make informed decisions about using tobacco. The project used buttons, colouring books, magnets, pencils, posters, workshops and presentations to get their tobacco reduction message across.
- I2 Improving the Odds. 1996, English and French.
A resource designed to supplement school-based smoking prevention programs for Grades 5 to 8. Topics covered include the role of the tobacco industry, media awareness, and women and smoking. Materials include an Educator's Resource Guide, a Workshop Facilitator's Guide and a CD-ROM for student use.
Canadian Cancer Society
200 – 10 Alcorn Avenue, Toronto, ON M4B 3B1
Phone: 416-961-7223 Fax: 416-961-5189
- I3 Inhale the Facts of Life. 1996, English.
The project developed a tobacco education package, the Adventures of Nick Fit, to encourage high school students to become active on tobacco reduction issues. The kit includes a comic book, a board game and a peer teaching manual.

- K1 Kick Butt. 1996, English.
- A survey of 724 junior high school students aged 11 to 15 years assessed their awareness of tobacco and their use/non-use of tobacco. Survey results were used to develop informational presentations and activities in the schools covering topics such as health impacts of smoking, tobacco-related legislation, and prevention and cessation ideas.
- K2 Kick Butt for Two. 1997, English and French.
- The project developed a smoking reduction and cessation group support program for pregnant teens and young single parents aged 14 to 24. A Facilitator's Guide and Evaluation report are available.
- Young Single Parents Network
659 Church Street, Ottawa, ON K1K 3K1
Phone: 613-749-4584 Fax: 613-749-7018
- L1 Smart-About-Smoking Gang. 1996, English and French.
- The program consists of resources to recruit, motivate and support secondary school students aged 12 to 18 as they develop and implement tobacco reduction projects. Tools include a Resource Guide, colour posters and stickers, and an information sheet.
- Quebec Council on Tobacco and Health
5140 St-Hubert Street, Montreal, PQ H2J 2Y3
Phone: 514-948-5317 Fax: 514-948-4582
- M2 Mobilizing Peer Support to Assist in Tobacco Reduction. 1996, English.
- A description of the role that peer helpers can play in implementing smoking reduction and prevention strategies. Provides suggestions for integrating peer helping principles into program delivery.
- M4 Measurement of Retailer Compliance. 1996, English.
- Study of the extent to which various tobacco retailers are in compliance with legislation that restricts tobacco sales to minors and limits tobacco advertising.
- M5 Marketing of Tobacco Products. 1996, English.
- An overview and description of the marketing process with a specific focus on the marketing of tobacco products. Covers the product, price, promotion and place, branded merchandise, promotional support to retailers, database building for direct marketing, event marketing and sponsorship, public relations and emerging demographics trends and marketing tools.
- O1 Our Health, Our Choice. 1997, English.
- This project conducted focus groups and a survey with students in Grades 5 to 12 to determine the contents of an Integrated Tobacco Resource for teachers to use in the classroom. Other activities included in-school healthy living displays for parents and school visitors, prevention activities for Kindergarten through Grade 8, and a self-sustaining smoking cessation program in the high schools.
- P1 PITS: Pack In Those Smokes. 1996, English.
- The project developed a peer-led smoking cessation group program that focuses on peer pressure, decision making and self-esteem. Resources include T-shirts, posters, a Facilitator's Guide and a Participant's Journal.
- Canadian Cancer Society, BC and Yukon Division
13 – 1839 First Avenue, Prince George, BC V2L 2Y8
Phone: 250-564-0885 Fax: 250-563-0385

- P2 The PAL Smoking Prevention Program.* 1986, English and French.
- A program designed to be used in the classroom with 11- and 12-year-olds. The program requires a minimum of teacher training, provides step-by-step lesson plans and incorporates peer leaders working with groups of four to six students. Topics covered include starting and quitting, social pressures and tobacco advertising, among others.
- P10 Public Attitudes Toward Toxic Constituent Labelling on Cigarette Packages. 1996, English.
- Describes the results of a qualitative study consisting of 18 focus groups. Discusses labelling of tobacco products, smokers' awareness of health risks from smoking and the effects of ETS, sources of information on the effects of smoking and awareness of toxic constituents in cigarettes.
- Q1 Quit 4 Life.* 1993, 1995, 1996. English and French.
- Self-help or group format cessation resource for adolescents. Resources include CD format kit for teens and Facilitator's Guide for group format. Additional support is available on the Quit 4 Life website.
- Publications Unit, Health Canada
Phone: 613-954-5995 Fax: 613-941-5366
Website: www.quit4life.com
- R1 Reducing ETS Exposure in Public Places Frequented by Children. 1995, English and French.
- Prepared as background material for a strategic planning workshop, this paper examines the policy and regulatory environment concerning ETS in day care facilities, schools, shopping malls and family restaurants, summarizes recent Health Canada work on ETS, and recommends national objectives and strategies for protecting children from ETS.
- R3 Report and Recommendations of the Strategic Planning Workshop to Reduce ETS Exposure. 1995, English and French.
- Summarizes the discussion from a two-day workshop on ETS in public places, in the workplace and in home environments. Identifies contentious issues and makes recommendations for a strategic plan.
- R4 Research in the Areas of Social Sciences and Health Dealing with High Priority Adolescent Women. 1995, English and French.
- Summarizes the literature concerning cigarette smoking among adolescent women aged 14 to 19 years who have left high school before graduation and are no longer living with their family. Identifies existing smoking prevention and cessation programs for the target group and describes key components of a prevention and cessation strategy that could reach high priority adolescent women.
- R5 Reality Check. 1997, English.
- The program includes directions for forming Youth Action Committees with high school students, a resource box for the committees and school-based activity ideas, including a series of seven short, humorous skits.
- R6 Report on the Tobacco Useage Survey of Females Aged 8 to 18 in the Area from Sangudo to Fox Creek, Alberta. 1996, English.
- A survey of 1100 adolescent females was conducted by a peer support team of six youth in grades 7-11 and one adult. The survey looked at smoking and other risk taking behaviours, reasons for smoking, impact of tobacco advertising, beliefs about smoking and ways to stop smoking.

- S2 School Smoking Prevention Programs: A National Survey. 1994, Reprinted 1996. English and French.
- Examines the extent to which smoking prevention programs are offered in Canadian schools, assesses the extent to which efficacy criteria are met by existing programs and identifies program gaps that need to be addressed.
- Publications Unit, Health Canada
Phone: 613-954-5995 Fax: 613-941-5366
- S3 Smoke Gets in Your Eyes. 1995, English and French.
- A small magazine consisting of several articles that raise awareness about smoke-free environments for families and present factual information on the effects of environmental tobacco smoke.
- Publications Unit, Health Canada
Phone: 613-954-5995 Fax: 613-941-5366
Website: www.hc-sc.gc.ca/hppb/tobaccoreduction
- S5 Smoking Policies in Schools, Daycare Centres, Health Care Institutions, and Commercial Settings. 1995, English and French.
- A set of four summary fact sheets describing the extent to which various public settings have adopted policies that restrict smoking and identifying key issues surrounding the implementation of these policies. Summarizes the findings of a larger survey (see S20 below).
- Publications Unit, Health Canada
Phone: 613-954-5995 Fax: 613-941-5366
- S8 Survey of Smoking in Canada, Cycles 1-4. 1995, English and French.
- Modified longitudinal national survey that collected information on roughly 15,800 Canadians 15 years of age and older at four intervals during a one-year time frame.
- Publications Unit, Health Canada
Phone: 613-954-5995 Fax: 613-941-5366
- S9 Saint John Youth Smoking Survey. 1996, English and French.
- Report of a survey of the smoking-related knowledge, attitudes and behaviours of 15- to 19-years-olds in Saint John, N.B. Results found that 36.4 % of the 2,624 youth surveyed were current smokers.
- S10 School-based Smoking Prevention in Canada: A Cost-Benefit Analysis. 1997, English.
- Assesses the economic benefit that could be expected if effective smoking prevention (i.e. *Improving the Odds* and the PAL program) were widely available in schools. The study concludes that this would cost \$67 per student and would generate lifetime health care savings of \$3,400 per person and indirect productivity savings of almost \$14,000.
- S11 Smoke Out in the Great Southwest. 1997 English.
- The project sponsored several youth-driven projects to raise awareness of tobacco and prevent the use of tobacco. Youth in junior and senior high schools developed eight television commercials, produced drama presentations and launched a combined guest speaker and poster campaign.
- S12 St. Paul Tobacco Reduction Project. 1997, English.
- The community action project addressed tobacco use prevention with teens through improved education in junior and senior high schools, supportive assistance to teens who wanted to quit smoking, and the promotion of tobacco-free lifestyles at the school and community levels. Also provided one-on-one and group in-service training to health teachers and student counsellors.
- S20 Study of Smoking in Various Settings of Canada. 1995, English.
- Reviews current national, provincial and territorial policies affecting exposure to ETS in public settings and updates a 1990 study of smoking restrictions in schools. Describes the extent, nature, enforcement, impact and development of smoking restrictions in schools, day care centres and health care institutions, as well as the extent, nature, enforcement and impact of non-smoking policies in large retail business settings. Summary fact sheets are available. See S5 above.

- S21 Survey of Federal and Provincial Tobacco Legislation in Canada. 1995, English and French.
- Summarizes the Canadian tobacco control legislation as it applies to the retail sale of tobacco products, packaging and labelling of tobacco, advertising, promotion and sponsorship, and smoking. Includes charts indicating the jurisdictions that have passed legislation under the above categories.
- T1 Take It Outside. 1996, English and French.
- A media campaign to encourage physicians to be more active in promoting smoke-free spaces for children, increase media awareness, increase parental knowledge and motivate parents to have smoke-free homes. Campaign included print ads, transit ads for buses and TV spots, all designed to surprise smokers into paying attention, give a non-judgmental message and encourage smokers to smoke outside.
- Physicians for a Smoke-Free Canada
P.O. Box 4849, Station E, Ottawa, ON K1S 5J1
Phone: 613-233-4878 Fax: 613-567-2730
Website: www.smoke-free.ca
- T6 Tobacco Use Among High Priority Groups. 1995, English and French.
- A set of eight fact sheets profiling tobacco use among Aboriginal peoples, at-risk youth, Canadians with low socio-economic status and education level, heavily addicted smokers, alcohol and other drug users, at-risk workers, francophone Canadians and various cultural groups in Canada.
- Publications Unit, Health Canada
Phone: 613-954-5995 Fax: 613-941-5366
- T7 Towards the Future (Smoke Free West Hants). 1997, English.
- A comprehensive prevention and cessation project for youth in a rural community which involved youth on its steering committee. Project goals were met through working with local schools, public education and media efforts, and theatre.
- T8 Transforming Beliefs to Behaviour. 1996, English.
- The program includes a series of community activities about tobacco, including an interactive display unit, the Toxic Tunnel for children in Kindergarten through Grade 6, a set of info-mercials for youth in Grades 8 through 12, a series of Smoking Sucks posters, and a support package for people who want to stop smoking.
- T9 Tobacco: Addiction and Recovery. A Spiritual Journey. 1996, English.
- Implemented an integrated tobacco recovery system for Aboriginal smokers and produced a manual describing the process of adaptation and implementation.
- T13 Tobacco Marketing and Youth: Examinations of Youth Attitudes and Behaviour to Tobacco Industry Advertising and Sponsorship. 1996, English.
- A research review and consensus project to examine whether tobacco marketing influences smoking prevalence among youth aged 21 years and under and how that influence works. An Advisory Network of leading experts collaborated to reach consensus on current knowledge and future research questions and priorities. Includes a critical appraisal and synthesis of existing research on tobacco marketing and youth and an annotated bibliography of key studies.

- U2 Urban First Nations Youth Tobacco Demand Reduction Strategy Program. 1997, English.

An awareness-raising resource for urban Native youth aged 12 to 18 years. Available resources include a prevention/education manual, an instructional guide, public service announcements, posters and brochures.

- W3 Workplace Smoking: Trends, Issues and Strategies. 1996, English and French.

This paper reviews the current state of knowledge about the exposure of non-smokers to ETS in the workplace. The paper's main objective is to provide information and analysis for planning actions to further reduce ETS exposure in the workplace. Arguing that more concerted action in the workplace is essential, the paper discusses the factors that will both inhibit and facilitate achieving this goal.

Website: www.hc-sc.gc.ca/hppb/tobacco/reduction

- W4 Wet Graffiti. 1997, English.

The project produced five issues of *Wet Graffiti* magazine, a half-hour television show *Generation Why?* and a website, *Top Kids* for teens aged 11 to 18 years.

- Y3 Youth Smoking Survey, 1994 (Technical Report). 1996, English and French.

Research based on interviews with 23,761 youth aged 10 to 19 years. Results available on computer diskette, large print, audio cassette and Braille on request. Summary Fact Sheets also available.

Publications Unit, Health Canada
Phone: 613-954-5995 Fax: 613-941-5366

- Y4 Youth Corps of Health Educators. 1997, English.

The project developed a group of youth leaders to take a comprehensive school health approach to the reduction of tobacco use in Saskatchewan schools. Youth leaders attended five 2- to 4-day camps and then returned to their schools to organize community and school initiatives focusing on promoting healthy lifestyles and the reduction of tobacco use.