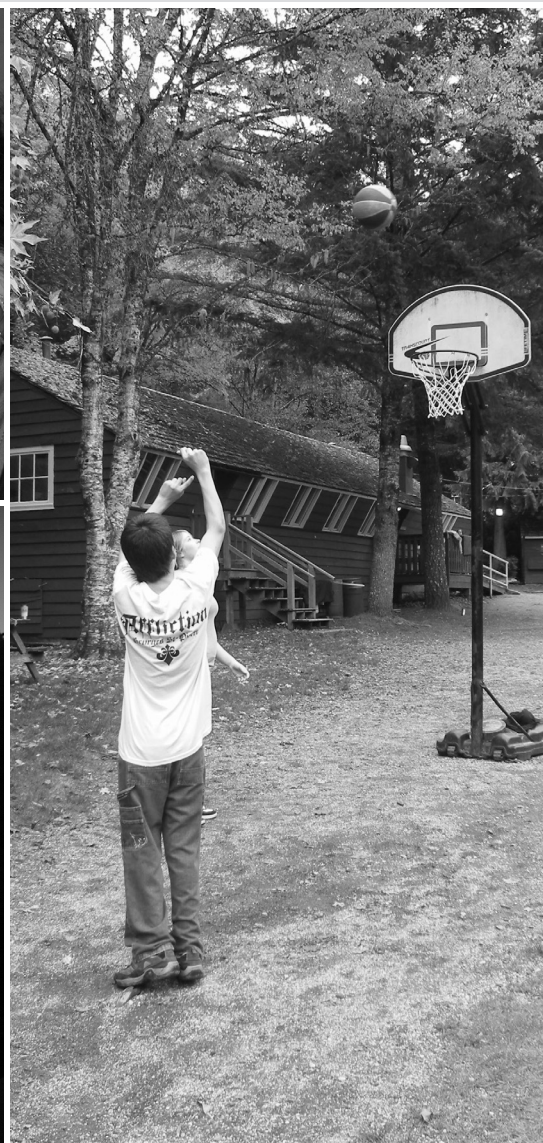


A Picture of Health



Highlights from the 2008 BC Adolescent Health Survey



McCreary Centre Society

A Picture of Health

Highlights from the 2008 British Columbia Adolescent Health Survey

The McCreary Centre Society is a non-government not-for-profit organization committed to improving the health of BC youth through research, education and community-based projects. Founded in 1977, the Society sponsors and promotes a wide range of activities and research to identify and address the health needs of young people in the province.

Copyright: McCreary Centre Society, 2009
ISBN: 978-1-895438-89-5

McCreary Centre Society
3552 Hastings Street East
Vancouver, BC, V5K 2A7

www.mcs.bc.ca

For enquiries, please e-mail:
mccreary@mcs.bc.ca.

McCreary reports can also be downloaded at
www.mcs.bc.ca.

Funding for the Adolescent Health Survey was provided by the Province of British Columbia, Ministry of Children and Family Development; Child Health BC; Northern Health Authority; and Centre for Addictions Research BC, University of Victoria.

The McCreary Centre Society thanks the Inter-Ministerial Advisory Committee, participants in the AHS Institute advisory meetings, Public Health Nurses who administered the survey, and participating school districts, principals and teachers.

Special thanks are also due to the youth who completed the survey, and whose participation, honesty and thoughtful insights are greatly appreciated.

Suggested citation:

Smith, A., Stewart D., Peled, M., Poon, C., Saewyc, E. and the McCreary Centre Society (2009). *A Picture of Health: Highlights from the 2008 BC Adolescent Health Survey*. Vancouver, BC: McCreary Centre Society.

Project team:

Annie Smith
Executive Director
Elizabeth Saewyc
Research Director
Duncan Stewart
Research Associate
Maya Peled
Research Associate
Colleen Poon
Research Associate
Stephanie Martin
Youth Participation Coordinator
Sherry Simon
Aboriginal Next Steps Coordinator
Alison Murray
Administrative Assistant

Additional assistance for the project was provided by McCreary's Youth Advisory Council, Kathy Powelson, Minda Chittenden, Laura MacKay, Sally Podmore, Alison Liebel, Rita Green (Statistics Canada) and Langara Nursing Students – Vicky Bingham, Mike Dowler, Kristine Fera, Nichole McMillan, Dana Marquis and Kim Robertson.

Layout and design by Stephanie Martin and photography by Sylvia Eskoy.

Table of contents

| | |
|---|----|
| <i>Forward from Dr. Perry Kendall, BC Provincial Health Officer</i> | 4 |
| <i>Key Findings</i> | 6 |
| <i>About the Survey</i> | 8 |
| <i>BC Youth: Their Home and Family</i> | 11 |
| <i>Physical Health</i> | 16 |
| <i>Injuries</i> | 18 |
| <i>Nutrition</i> | 21 |
| <i>Weight and Body Image</i> | 23 |
| <i>Mental and Emotional Health</i> | 25 |
| <i>Smoking</i> | 31 |
| <i>Substance Use</i> | 33 |
| <i>Sexual Behaviour</i> | 38 |
| <i>Abuse and Violence</i> | 41 |
| <i>School and Work</i> | 45 |
| <i>Sport and Leisure Activities</i> | 48 |
| <i>Protective Factors</i> | 51 |
| <i>Next Steps and Beyond</i> | 55 |
| <i>Acknowledgements</i> | 56 |
| <i>Additional McCreary Resources</i> | 59 |
| <i>Index</i> | 60 |

Forward

Perry Kendall
OBC, MBBS, MSc, FRCPC
Provincial Health Officer

This, the fourth in a series of health surveys of British Columbia's adolescents, shows once again how important it is to have timely and accurate data and information on the health, behaviours, knowledge, beliefs and attitudes of our young people.

Policy making and program design are at their best when they are informed by a body of fact. The McCreary Centre Society Adolescent Health Surveys are designed to give decision makers, elected officials, program designers and deliverers just that. A rich source of information from which patterns and trends, and important associations can be drawn.

Adolescence is a transitional period between childhood and adulthood. As a life stage it offers tremendous opportunities and challenges in the voyage to maturity. If we believe that it takes a village to raise a child then we realize that we are that village, and all BC children are our children. To raise them successfully as a society, we need to know a lot about them.

We need to be driven by good information if we are to be able to meet our obligations to our children under the United Nations Con-

vention on the Rights of the Child, to which Canada is a signatory, which states that every child has:

- the right to survival
- the right to develop to the fullest
- the right to protection from harmful influences, abuse and exploitation, and
- the right to participate fully in family cultural and social life.

Article 12 of the Convention further enshrines the right to be heard. While it is essential that this right is honoured at the level of the individual, taking the 'temperature' of the broader child population is essential for policy makers and senior managers who are often far removed from the practical day-to-day lives of children and youth.

Indeed without the kind of information the AHS provides we are both deaf and blind and navigating in what is often a sea of misinformation, hyperbole and sometimes even panic.

Lurid media stories about rampant sexual activities or drug use by this population are not only the means by which papers are sold, they are also too frequently the starting point for well-intentioned but misguided interventions.

Looking at AHS IV for instance we can surely be gratified to learn that in comparison to previous years, adolescents in 2008 were even more responsible when it came to behaviours like initiating sexual activity, and despite an almost moral panic over methamphetamines taking over the souls of our children, rates of ever having used dropped from 4% in 2003 to 2% in 2008 (a statistically, and surely a socially, significant difference).

All however is not roses. 6% of respondents indicated feeling so much despair (sad, discouraged or hopeless) that they wondered if anything was worthwhile. Females were twice as likely to report feeling this way in the past month as were males. That one in eight young women in BC feel this way should cause us concern, as should the finding that compared with 2003 fewer youth reported in 2008 that they felt they could seek support from an adult. Is it that we seem too busy to listen, or too wrapped up in our own concerns?

This 4th report also contains some extraordinarily powerful insights.

Perhaps the most powerful being that children who have been physically and sexually abused - the most vulnerable of the vulnerable - are NINE times less likely to report suicidal ideation if they have high levels of school connectedness than if they report low levels. The relevance and importance of this piece of information should be obvious to everyone involved in schools, or who cares about vulnerable youth.

I offer my thanks and appreciation to the visionaries at the McCreary Centre Society, to its funders in government, academia and health authorities, to school boards for participating, to the many persons who carried out the survey and most of all, to the youth who gave us this information about themselves.

We have the tools, we also now have the obligation to use them.

A handwritten signature in black ink, appearing to read 'Perry Kendall', with a long horizontal line extending from the end of the signature.

Perry Kendall

Key findings

This is the fourth Adolescent Health Survey (AHS) conducted since 1992. It offers us key information, not only about the current health picture of BC youth but also about health trends and the effect of programs and policies implemented over the past 15 years.

The 2008 AHS (AHS IV) has again shown us that the majority of BC youth are in good health, feeling connected to their family, school and community; and are engaging in health promoting behaviours, which will assist them to transition into a healthy adulthood.

However, the results also show that there are youth in our province who are more vulnerable than others. Some youth are exposed to violence, poverty and other factors that can affect health. These youth are more likely to engage in risky behaviours which are not only negatively affecting their lives now, but are likely to do so for years to come, unless we develop interventions to assist them.

Key Findings

- The majority of students (84%) reported that their health was good or excellent, and the number who reported a debilitating health condition or disability continued to decline, from 13% in 1998, to 11% in 2003 to 9% in 2008.
- The percentage of students who were injured to the point of requiring medical attention declined from 39% to 29% in a decade. The majority of those who were seriously injured were injured playing or training for sports or recreational activities (55%).
- There was an increase in the number of students who always wore a seatbelt when they were riding in a vehicle (66% in 2008 vs. 54% in 2003).
- 18% of female students and 7% of male students across the province reported that they had not accessed mental health services when they felt they needed them; and 15% of females and 11% of males did not get medical help when they needed it.
- Half of BC youth fell short of the recommended five daily portions of fruit and vegetables. However, more youth in 2008 reported eating fruit compared to a decade earlier (81% vs. 72% in 1998).

- As in 2003, only 25% of males and 11% of females exercised daily, while 7% of males and 10% of females did not exercise at all.
- For the first time since 1992, the percentage of youth who seriously considered suicide dropped from 16% to 12% in 2008. The percentage who actually attempted suicide also decreased from 7% to 5%.
- More than one in five females and one in ten males reported that they had deliberately self harmed (cut or injured themselves) without the intention of committing suicide.
- Fewer youth in BC smoked cigarettes than in 2003, and those who did waited longer to start smoking. Three quarters of students (74%) had never tried even a puff of a cigarette, compared to 66% in 2003. However, those who had tried smoking were smoking more regularly than their peers in 2003.
- Alcohol and marijuana use declined over the past decade, as did the use of some drugs such as cocaine, amphetamines and mushrooms. However, the use of other drugs, including hallucinogens, rose.
- Relationship violence has not decreased since 2003. The survey also found that some youth were particularly vulnerable to being physically assaulted by their boyfriend or girlfriend, including youth who had been sexually abused, students with a disability or chronic illness and gay, lesbian and bisexual students.
- Pregnancy rates have remained stable with fewer than 2% of students reporting pregnancy involvement. However, 6% of sexually active youth reported using withdrawal as their only method to prevent pregnancy the last time they had sex, a slight rise from 5% in 2003.
- In 2008, there was an increase in youth who had experienced physical abuse (from 15% in 2003 to 17%). The percentage of youth reporting sexual abuse (8%) and both physical and sexual abuse (5%) did not improve between 2003 and 2008. This reverses the declines in abuse previously seen.
- Finally and perhaps most importantly, the AHS showed that building protective factors such as family, school and cultural connectedness can assist even the most vulnerable youth to overcome negative experiences, can assist young people to make healthier choices and can contribute to more positive health outcomes for all youth in BC.

About the survey

The Adolescent Health Survey (AHS) is the largest survey of its kind in Canada and provides the most comprehensive picture of the physical and emotional health of BC youth, including risk and protective factors. The results are used by government, schools, health professionals and community organizations to assist in the planning and evaluation of services, policies and programs for youth.

This is the fourth BC Adolescent Health Survey conducted by the McCreary Centre Society. Over 29,000 BC public school students in grades 7-12 completed the survey between February and June 2008. Previous surveys were conducted in 1992, 1998 and 2003. With each survey, there has been increased participation from school districts and this year 50 of the 59 participated, up from 45 in 2003.

Survey Design

The survey is designed to consider emerging youth health issues, and to track trends over time. The majority of questions have been asked since 1992. The 2008 AHS included 147 questions asking youth about their perceptions of their current physical and emotional health, risky behaviours and health promoting practices. Healthy development for youth includes many contributing factors and the survey also asks about broader issues such as family connectedness, school safety and peer relationships.

To ensure the 2008 survey captured current and emerging youth health issues, new questions were added following consultation with a BC government Inter-Ministerial committee and an advisory institute made up of community agencies, public health personnel and other leading figures in youth health (see p. 56 for details). The new questions reflected concerns about health-influencing behaviours such as internet safety, caffeine consumption and oral sex.

The survey includes questions used in similar surveys across Canada to allow for comparisons between provinces, and questions which have been used successfully with youth in grades 7-12 internationally. The pencil and paper survey was pilot tested with a diverse range of youth in grades 7-12 to ensure it was easily understood and could be completed within a single class period.

Survey Administration

Public school classes were randomly chosen from participating school districts to provide a representative sample of youth across the province. Participation was voluntary and parental consent procedures were determined at the school district level. Public Health Nurses, nursing students and other trained personnel administered the confidential and anonymous survey to 29,440 students in 1760 classrooms.

“ I am happy to see a survey like this one. It’s about time questions were being asked. Now I am hoping to see some positive actions. ”

Survey Analysis

Statistics Canada weighted the data to ensure it was representative of all BC youth in grades 7-12.

Surveys which contained contradictory, incomplete or joking answers were identified and eliminated before analysis began. (These surveys comprised less than 1% of all students surveyed).

All comparisons and associations reported in this study have been tested and are statistically significant (at $p < .01$ within the 2008 survey, and at $p < .05$ when comparing against earlier surveys). This means that there is a 1% likelihood that the results presented for 2008 occurred by chance and a 5% likelihood that any trends seen over time occurred by chance.

Graphs and charts show frequencies that are not necessarily statistically significant at every point. For example, in the graph ‘Skipped full days of school in the past month’ (p. 45), the frequency of skipping school increased by grade but this increase was not statistically significant between Grades 10 and 11.

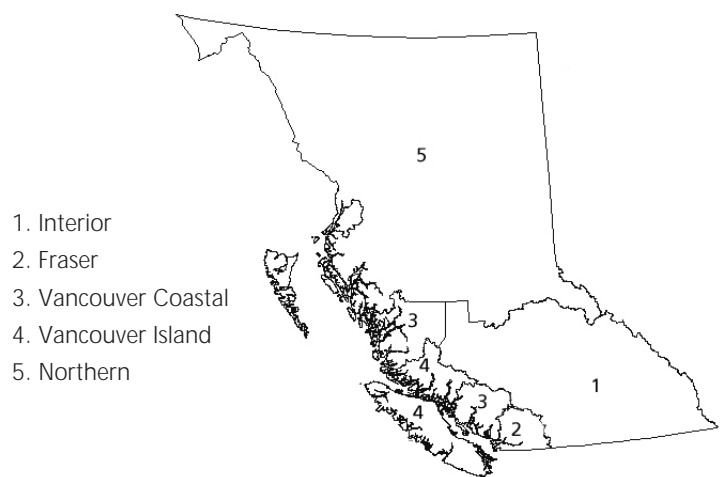
Regional differences are reported at the Health Authority level. The five Health Authority regions are: Northern, Interior, Vancouver Island, Vancouver Coastal and Fraser. Reports at the Health Service Delivery Area level will be available in the summer of 2009.

Limitations

All surveys have limitations and this is no exception. The survey can only provide information on youth who are in school. For administrative reasons, alternative and independent schools were not included in the 2008 survey. McCreary has recently conducted surveys with youth whose health picture is not captured in this report: youth in alternative education programs, as well as youth who are street-involved and marginalized and youth in custody.

The survey was administered in English. This may have affected those youth who were new immigrants and/or those who did not have the language or literacy skills to complete the questionnaire.

Health Authority Regions



Consent Procedures

The addition of new school districts and the change in consent procedures within some districts may have affected the results. For example, in school districts where youth required parental consent to participate, students were less likely to report ever having had sex (19% vs. 25%). However, the impact on the provincial results is minimized by the fact that each region has a mixture of consent

procedures in place. Where consent procedures appear to have influenced results it is noted in the report.

Aboriginal Youth

Due to historic and current discrimination, Aboriginal youth face additional and unique challenges to achieving healthy development. Following the AHS in 1998 and 2003, additional analysis of the data provided by Aboriginal students was conducted by an Aboriginal research team. The results were published in *Raven's Children* (2000) and *Raven's Children II* (2004). McCreary is committed to producing an Aboriginal specific report, with the 2008 survey results, when funding has been secured.

Next Steps Workshops

As with previous McCreary Adolescent Health Surveys, the results of the 2008 survey will be used by government agencies, schools and communities to plan and assess youth programs and services.

Through its 'Next Steps' workshop series, McCreary will also ensure that youth who participated in the survey get the opportunity to learn about the results, comment on them and use them to develop community projects to improve young people's health in their local area.

To discuss youth and adult workshops in your community contact mccreary@mcs.bc.ca.

A methodology fact sheet for the survey is available at www.mcs.bc.ca as is a detailed fact sheet discussing the sources and rationale for the questions used in the survey.

References for research cited in this report are also available on the website.

Quotes from youth who participated in the survey are included throughout this report.

Participating school districts

| | |
|-----------------------|-----------------------|
| 05 Southeast Kootenay | 57 Prince George |
| 06 Rocky Mountain | 58 Nicola-Similkameen |
| 08 Kootenay Lake | 61 Greater Victoria |
| 10 Arrow Lakes | 62 Sooke |
| 19 Revelstoke | 63 Saanich |
| 20 Kootenay-Columbia | 64 Gulf Islands |
| 22 Vernon | 67 Okanagan Skaha |
| 23 Central Okanagan | 68 Nanaimo- |
| 27 Cariboo-Chilcotin | Ladysmith |
| 35 Langley | 69 Qualicum |
| 36 Surrey | 70 Alberni |
| 37 Delta | 71 Comox Valley |
| 38 Richmond | 72 Campbell River |
| 39 Vancouver | 73 Kamloops/ |
| 40 New Westminster | Thompson |
| 41 Burnaby | 74 Gold Trail |
| 42 Maple Ridge-Pitt | 75 Mission |
| Meadows | 78 Fraser-Cascade |
| 43 Coquitlam | 79 Cowichan Valley |
| 44 North Vancouver | 82 Coast Mountains |
| 45 West Vancouver | 83 North Okanagan- |
| 46 Sunshine Coast | Shuswap |
| 47 Powell River | 84 Vancouver Island |
| 48 Howe Sound | West |
| 51 Boundary | 85 Vancouver Island |
| 52 Prince Rupert | North |
| 53 Okanagan | 91 Nechako Lakes |
| Similkameen | 92 Nisga'a |
| 54 Bulkley Valley | |

BC Youth: their home and family

Youth in British Columbia come from diverse ethnic, cultural and socio-economic backgrounds.

BC Youth

Ethnic Background

The majority of BC youth (54%) reported that they were of European heritage (including English, French, German, Irish, etc.). This was a decrease from 2003 when 61% of students identified their background as European. In contrast, there was a rise in the percentage of youth who identified as South Asian (from 5% to 8%), Southeast Asian (from 4% to 5%) and Aboriginal (from 7% to 10%).

If youth did not feel any of the listed cultural or ethnic options represented their background, they could choose to write in their own identity. Three percent of all students wrote in “Canadian”.

Aboriginal Students

Among students of Aboriginal heritage, 35% had First Nations status, 30% were Aboriginal but did not have First Nations status, 23% were Métis and 3% were Inuit. Thirteen percent of Aboriginal students currently lived on a reserve and 23% had lived on a reserve at some point in their life.

New Canadians

The percentage of students born outside Canada (18%) remained comparable with the percentage in 2003. Three percent had lived in Canada for less than 2 years and 6% had lived in Canada between 2 and 5 years. The Vancouver Coastal Region had the most students in BC who had been born outside of Canada (33%) and the most who had lived in Canada for less than 2 years (5%).

Ethnic or cultural background

| | |
|------------------------------|-----|
| European | 54% |
| East Asian | 18% |
| Aboriginal/First Nations | 10% |
| South Asian | 8% |
| Southeast Asian | 5% |
| Latin/South/Central American | 3% |
| African | 2% |
| West Asian | 2% |
| Australian/Pacific Islander | 2% |
| Other | 1% |
| Don't know | 10% |

Note: Youth could choose more than one response.

“ I don't have any health concerns, but I could talk to someone about how much I miss India. I came to Canada in 2006. ”

Between 2003 and 2008 there was an increase from 16% to 19% of students who spoke a language at home other than English most of the time.

A little over half of BC students (53%) spoke only English at home, a decrease of 4% since 2003. The decrease was seen in every region of the province except the Fraser Region (which remained unchanged). In the Vancouver Coastal Region, 34% of youth spoke a language at home other than English most of the time, the highest percentage in the province.

Sexual Orientation

Overall, 86% of students identified as heterosexual, 7% as mostly heterosexual, 2% as bisexual, and less than 1% as either mostly homosexual or homosexual (gay or lesbian). The remaining 4% were “not sure.”

Just over half of students (51%) reported that they were not at all religious or spiritual. The remainder saw themselves as somewhat (37%) or very much (12%) religious or spiritual.

Home

Living Situation

Youth in BC reported a number of different living situations, however the majority of students lived with their mother (90%) and/or father (67%) most of the time; 14% lived with both parents but at different times.

For most students, at least one parent was at home each morning when they woke up on the past five school days (77%) and when they went to bed at night (84%). However, on any of the past five school days, 7% did not have a parent at home when they woke up in the morning and 4% did not have a parent at home when they went to sleep at night.

Who youth lived with most of the time

| | |
|--------------------------------|-----|
| Mother | 90% |
| Father | 67% |
| Other adults related to me | 8% |
| Stepfather | 6% |
| Stepmother | 2% |
| Other adults not related to me | 2% |
| Do not live with any adults | 1% |

Note: Youth could choose more than one response.

“ I don’t want to live with my family anymore because they don’t know what my life is about and how much I hate it. ”

Unstable Home Life

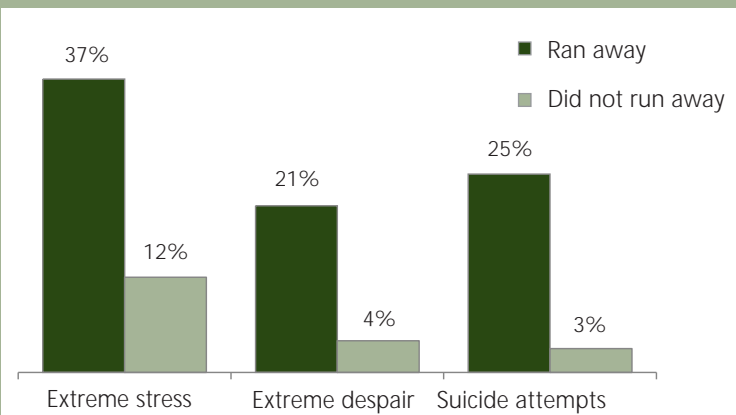
A total of 3% of students had been in government care at some point in their lives, meaning they had lived in a foster home or group home, or had been on a youth agreement. One percent of youth were in care in the last year, unchanged from 2003.

Nine percent of youth ran away from home in the past year. Females were more likely than males to have run away during this time (10% vs. 8%). Students who ran away from home in the past year were more likely to have experienced extreme stress and despair, and to have attempted suicide in the last 12 months.

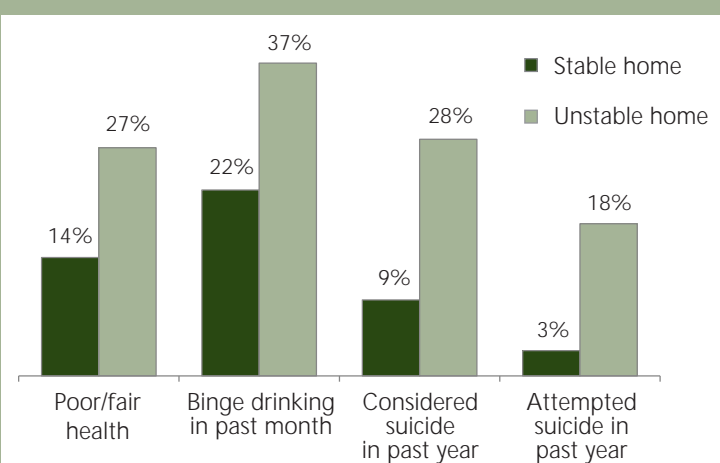
Frequently changing address can negatively affect young people’s health. Seventeen percent of BC youth moved once in the past year, 5% moved twice and 6% moved three or more times. Students who moved in the past year, compared to those who did not, were more likely to experience extreme stress (16% vs. 13%) and despair (8% vs. 5%) and to feel less connected to school.

Youth who had an unstable home life (i.e., youth who had moved three or more times, had run away from home or had been in government care in the past year) were more likely than those without such instability to report negative health outcomes such as poor/fair health (as opposed to good/excellent health), binge-drinking and suicidal ideation.

Running away from home in the past year in relation to stress, despair and suicide attempts



Health by housing instability



Family

Family Connectedness

Family relationships can have an important effect on youth health and development. The survey asked questions about students' relationships with their caregivers, including feelings of closeness, how much they felt their caregivers were warm and loving toward them and their satisfaction with these relationships.

Connectedness to mother and father figures was higher for 12- and 13-year-olds than for those aged 14 to 18 years old. Youth who

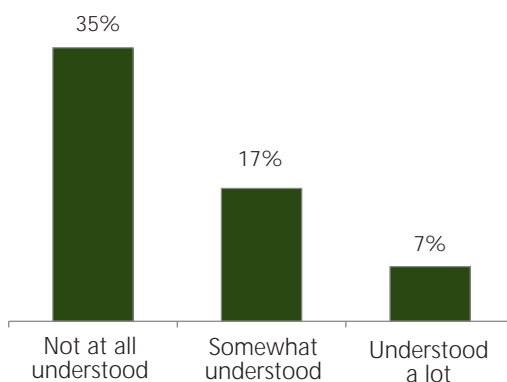


ran away in the past year or who had lived in government care, reported lower connectedness than youth who did not have these experiences. Consistent with previous AHS findings, male youth reported higher connectedness with both caregivers than did females. Both males and females felt more connected to their mothers than to their fathers.

Students who had one caregiver at home when they woke up in the morning, in the same room as them when they ate their evening meal, or at home when they went to bed on most of the past five school days reported higher connectedness with their mother and father figures compared to students whose caregiver was absent on all five school days.

Also, students who felt their family members understood them reported better health compared to students who did not have these positive feelings.

Poor/fair health and feeling understood by family members



Family Poverty

BC has the highest child poverty rate in Canada, yet asking youth about their family's economic status can be challenging. Young people often do not know about their family's income, parent's occupation or other conventional measures that can indicate poverty. The AHS asked youth four questions that have been used in international studies to learn about family resources: whether youth went to bed hungry because there was not enough food at home, the number of computers their family owned, whether they shared a bedroom and if they took family holidays. However, it is likely that the information produced below is an under representation of family poverty in BC.

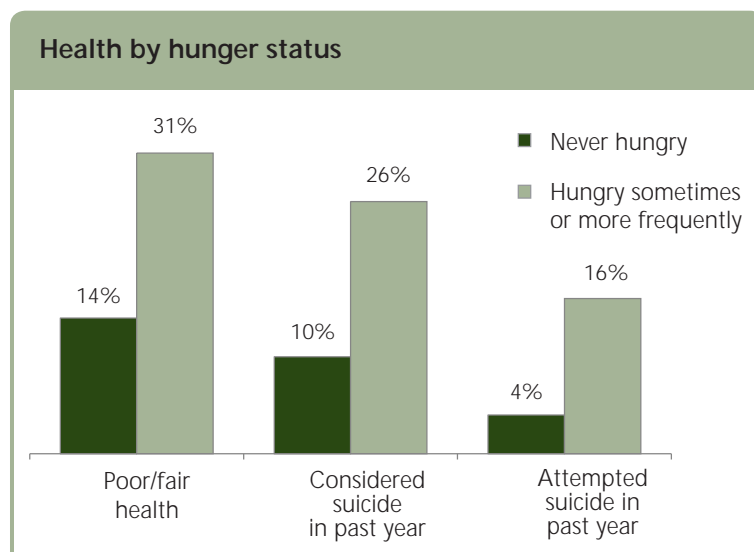
The vast majority of BC students reported that they never go to bed hungry (89%), do not share a bedroom (90%), travelled on holiday with their family in the past year (79%), and that their family currently owned a computer (99%).

Nine percent of BC youth experienced hunger some of the time and 2% went to bed hungry often or always. Youth who reported going to bed hungry were more likely to report poor/fair health and to have considered suicide in the past year compared to their peers who did not go to bed hungry.

Fewer than 1% of youth reported all four indicators of poverty, that is, they always went to bed hungry, they shared a bedroom, their family did not own a computer, and they had not had a family holiday in the past year.

There were some regional differences: for example, youth in the Northern Region were the least likely (35%) and youth in the Vancouver Coastal Region were the most likely (52%) to have more than two computers at home. Also, with expensive property prices, and the number of high density apartment buildings in the area, it is not surprising that youth in the Vancouver Coastal Region were less likely to have their own bedroom (84%) compared to youth in the other regions.

Family poverty may have affected youth's ability to participate in extra-curricular activities. For example, youth who experienced any of the poverty indicators were less likely than their peers to engage in sports with a coach other than gym class (such as playing on school teams or taking swimming lessons) or without a coach (such as biking, skateboarding or roller blading).

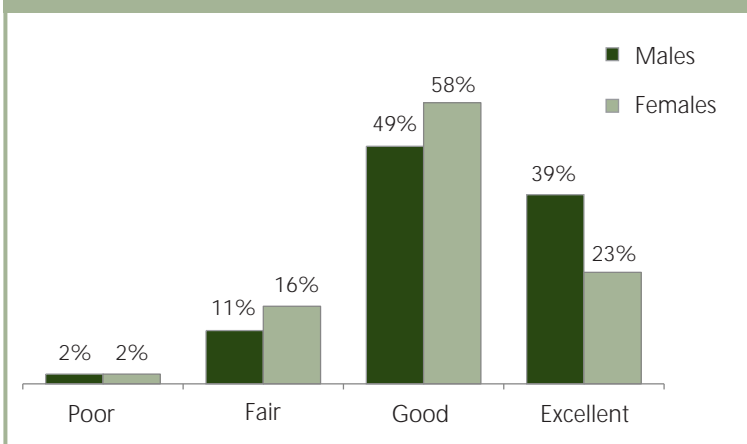


Physical health



“ I feel that on average I am a pretty healthy person and do try to stay active. I really do want to be the fittest I can be. ”

Self-reported health status



Eighty-four percent of youth reported that their health was good or excellent, a figure consistent with AHS results over the past decade. More males than females rated their health as excellent (39% vs. 23%). Males were also less likely to report they had physical complaints in the past six months ‘a lot’ such as headaches (11% vs. 22%), backaches (13 % vs. 20%), stomach-aches (7% vs. 16%) or dizziness (8% vs. 12%).

The proportion of youth who reported a limiting health condition or disability continued to decline, from 13% in 1998, to 11% in 2003, to 9% in 2008 (10% of females and 7% of males). The most common condition was a long-term illness (such as diabetes or asthma), experienced by 5% of youth. Among youth with a health condition or disability in 2008, 29% took daily medication and 7% missed a lot of school due to their condition.

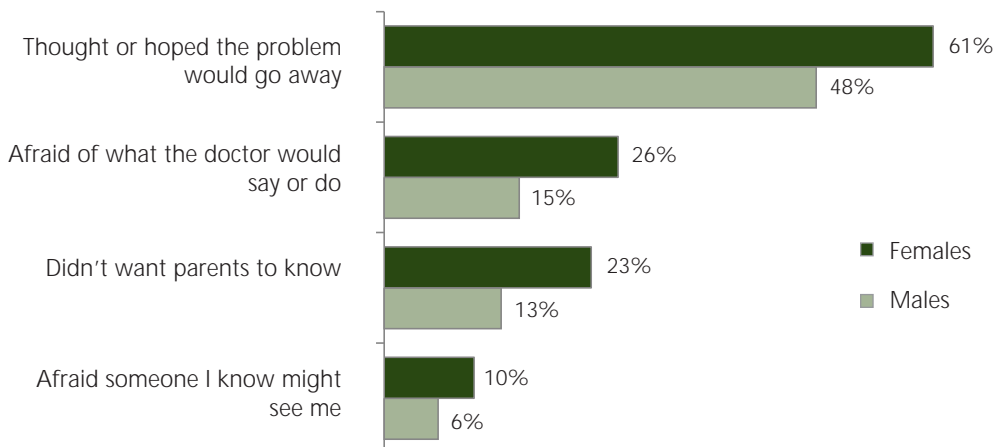
“ I didn’t think anyone would take me seriously. ”

Accessing Medical Care

In the past year, 15% of females and 11% of males did not get medical help when they felt they needed it, most commonly because they thought or hoped the problem would go away. Among those who did not access needed medical care, females were more likely than males to fear that someone might see them, to not want their parents to know, to be afraid of what the doctor would say or do and to have hoped the problem would go away.



Reasons for not accessing medical care in the past year
(among youth who felt they needed it)



Injuries

“ I have had an injury to my knee and I have not been able to be active for the last 3 months. Usually I am very active. ”

Injuries are one of the most common health hazards facing youth in BC. The percentage of students who were injured to the point of requiring medical attention steadily declined over the past decade from 39% in 1998 to 29% in 2008.

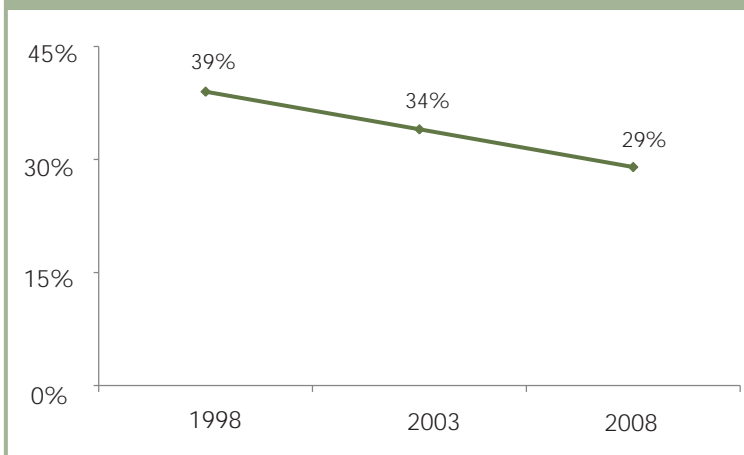
There were some regional and gender differences. Youth in the Vancouver Coastal Region were the least likely to report injuries serious enough to require medical attention

(23%). Males were more likely than females to have been injured in the past year (33% vs. 25%) and also twice as likely to be injured regularly, with 6% being injured three or more times in the past year compared to 3% of females.

The majority of youth who were seriously injured were injured playing or training for sports or recreational activities (55%). Other recreational activities such as snowboarding or roller blading accounted for most of the remaining injuries, although 5% were injured fighting, 4% were injured in a motor vehicle accident and 4% were injured working.

Not surprisingly, among students who reported being seriously injured, they were most commonly injured at a community sports facility or field (39%), followed by at school (17%) or at home (15%). The percentage of students who reported getting injured on the street or road decreased from 9% to 6% between 2003 and 2008. Females were more likely than males to get injured at home (18% vs. 12%), and males were more likely than females to get injured at a sports facility or field (41% vs. 36%) or in a park or recreational area (7% vs. 5%).

Injuries in past year that required medical attention



Injury Prevention

Many injuries are preventable. The use of motor vehicle seat belts and bicycle helmets are two key ways in which youth injuries can be reduced. The good news is that there was an increase in the number of students who always wore a seat belt when riding in a vehicle (66% in 2008 vs. 54% in 2003). However, the number of students who never wore a seatbelt did not change from 2003 (2%). Males were slightly more likely than females to never wear a seatbelt (3% vs. 2%).

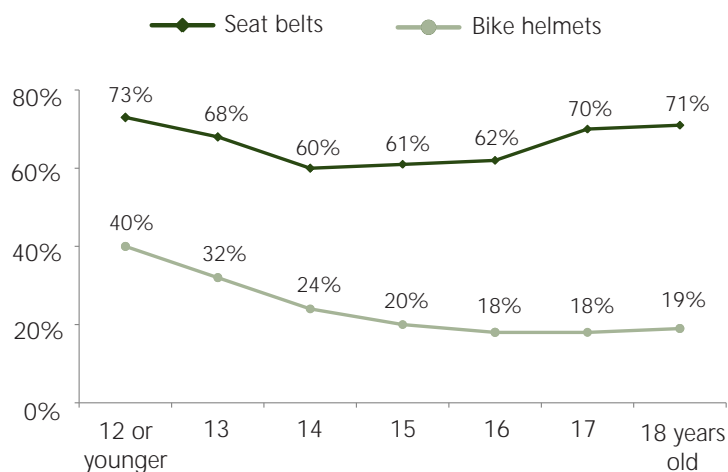
Among students who cycled in the past year, only 24% always wore a helmet. This was consistent with 2003 but marked a decrease from the 30% seen in 1998, following the introduction of legislation mandating the use of bike helmets.

Cyclists on Vancouver Island were significantly more likely to always wear a helmet (31%) than in any other region of the province.

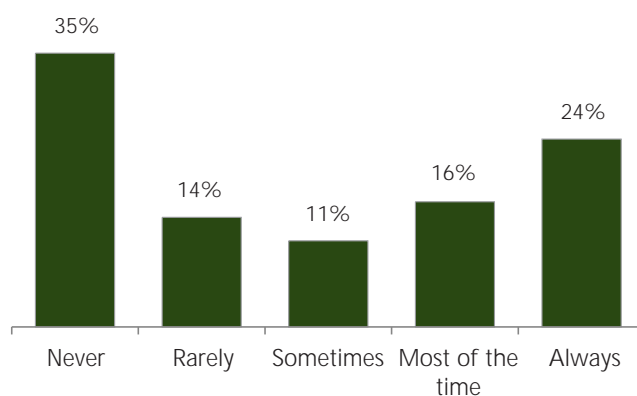
The percentage of students who wore a bike helmet decreased with age, with students aged 12 and under the most likely to wear one, and 15- to 18-year-olds the least likely.



Always wore a seat belt or bicycle helmet



Helmet use among youth who cycled in the past year



Driving and Substance Use

Motor vehicle accidents are the leading cause of death among BC youth. There has been no change since 2003 in the number of students who have driven while under the influence of either alcohol or marijuana. Six percent drove after smoking marijuana, and 7% drove after drinking alcohol. Males were more likely than females to have driven a vehicle after using alcohol or marijuana (11% vs. 8%).

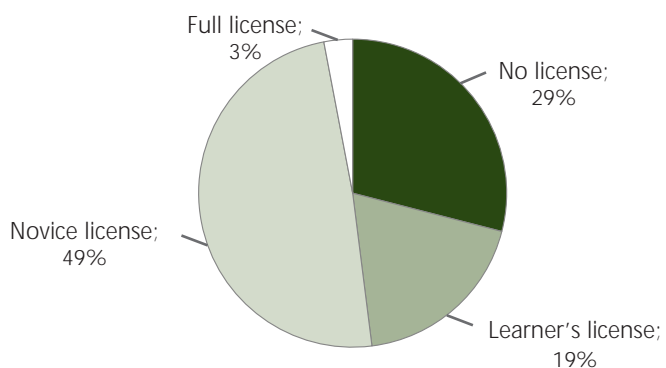
Compared to 2003, there was an overall decrease in the number of students who drove in the previous month after drinking alcohol (5% vs. 4%). However, the number of students who were regular drunk drivers (4 or more times in the past month) has not decreased, and remained at 1%.

In the past month, male youth were more likely than females to drive after drinking (5% vs. 3%), and females were more likely to be passengers with a driver who had been drinking (21% vs. 16%).

Youth in the Fraser and Vancouver Coastal Regions were the least likely to have ever driven after using alcohol or marijuana.

Among students who drove after drinking in the past month, 29% did not have a driver's license, which was comparable to the percentage in 2003.

Type of license held, among students who drove after drinking in the past month



Nutrition

“*The food that the school sells is greatly unhealthy. The healthier ones besides from having a smaller variety, is more expensive than the junk food.*”

Increased awareness about the importance of consuming fruit daily, coupled with the increased availability of healthier foods in schools, appears to have had a positive influence on youth eating habits over the past ten years. More youth reported eating fruit on a given day in 2008 compared to a decade earlier (81% vs. 72% in 1998). However, 8% of students ate no fruit or vegetables on the day before completing the survey and 20% had only one serving. In fact, at least half of BC youth fell short of the recommended five daily portions of fruits and vegetables.

The majority of youth reported consuming water, dairy, sweets, fruit and vegetables yesterday. Males were more likely than females to have had pop (15% vs. 6%), dairy (59% vs. 47%), energy drinks (5% vs. 2%), and fast food such as pizza, hot dogs, chips and fries (14% vs. 7%) twice or more yesterday.



Fifty-three percent of youth reported always eating breakfast (a slight increase from 2003) while 15% never ate breakfast on school days. Males were more likely than females to always eat breakfast (57% vs. 49%).

Youth who reported that they went to bed hungry because there was not enough food

at home were more likely than their peers to miss breakfast every day and less likely to have had water, fruit, vegetables or dairy yesterday. Those who went to bed hungry were also more likely to have drunk pop, energy drinks and coffee, and to have eaten junk food such as pizza and hot dogs yesterday.

Students in the Northern Region were less likely than peers in the Vancouver Coastal Region to always eat breakfast (48% vs. 55%).

What youth ate and drank yesterday

| | No | Yes, once | Yes, twice or more |
|---|-----|-----------|--------------------|
| Fruit | 19% | 41% | 41% |
| Green salad or vegetables | 23% | 46% | 32% |
| Milk, cheese, yogurt | 11% | 37% | 53% |
| Cookies, cake, donuts, chocolate bars | 36% | 48% | 16% |
| Pizza, hot dogs, potato chips, French fries | 51% | 38% | 10% |
| Water | 6% | 21% | 73% |
| Pop/soda | 57% | 32% | 10% |
| Energy drinks | 89% | 8% | 3% |
| Hot or cold coffee or coffee-based drinks | 73% | 19% | 8% |

Note: Percentages do not always total 100% due to rounding.

Weight & body image

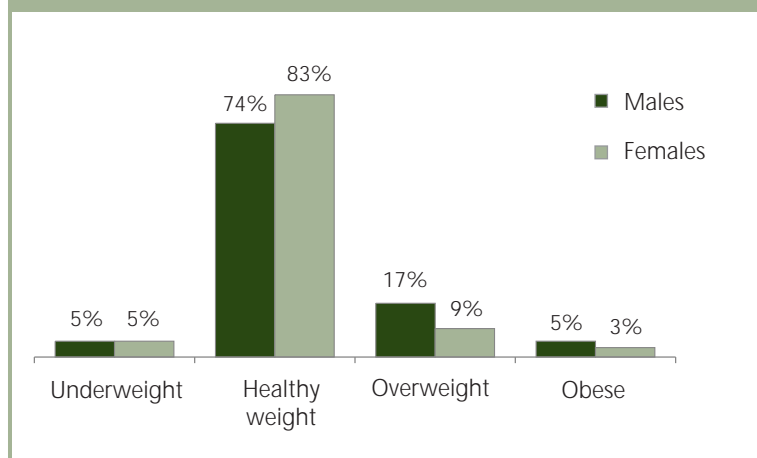
Weight

Although it has been criticized for not measuring body fat or fitness levels, and is not the ideal measure for all ethnic groups, youths' body mass index (BMI) still helps track rates of obesity. The BMI was calculated from the height and weight measurements youth provided on the survey. Based on this measure, 78% of youth were considered to be a healthy weight for their age and gender, while 5% were underweight, 13% overweight and 4% obese. Males were more likely than females to be overweight or obese.

The percentage of female students in each BMI weight category has not changed since 1992. However, the proportion of underweight males increased slightly from 2003 to 2008, and although the proportion of overweight and obese males increased from 1992 to 2003, it did not change between 2003

and 2008. The Northern Region had the highest proportion of overweight and obese youth (22%) and the Vancouver Coastal Region had the lowest (12%).

Students in each weight category (2008)

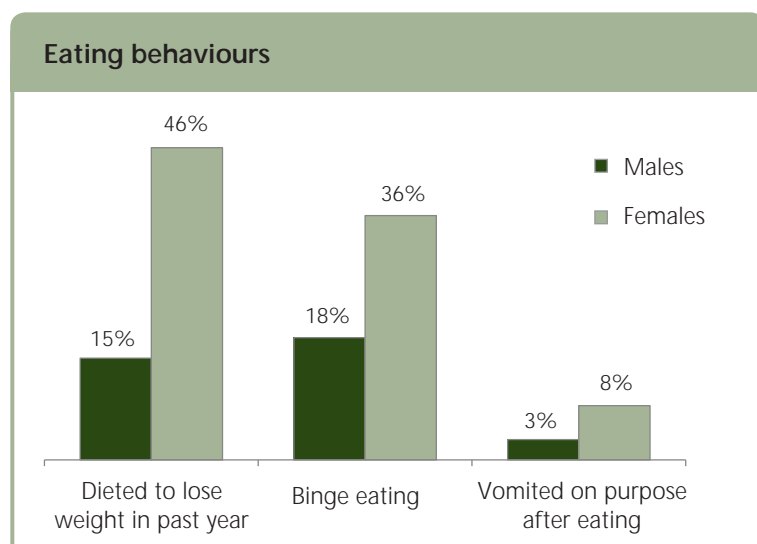
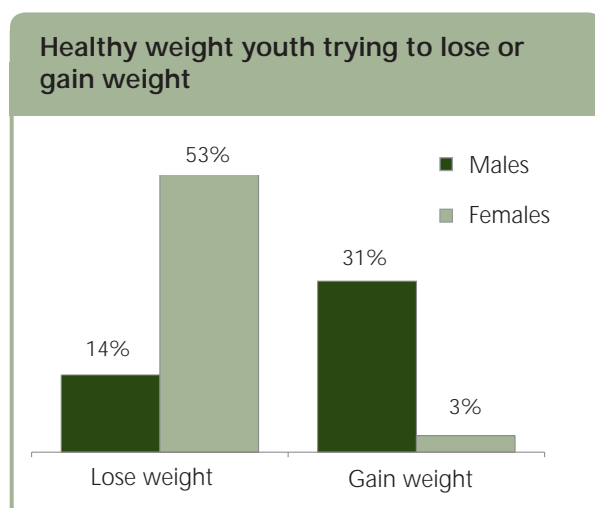


Trends in BMI weight categories

| | Underweight | Healthy weight | Overweight | Obese |
|----------------|-------------|----------------|------------|-------|
| Males | | | | |
| 1992 | 5% | 78% | 15% | 3% |
| 2003 | 4% | 73% | 18% | 5% |
| 2008 | 5% | 74% | 17% | 5% |
| Females | | | | |
| 1992 | 4% | 85% | 9% | 2% |
| 2003 | 4% | 84% | 9% | 2% |
| 2008 | 5% | 83% | 9% | 3% |

Note: Height and weight data were not obtained in 1998.

“ I get addicted to chocolate and junk food when I’m terribly upset or under a lot of stress. ”



Obesity is linked to health challenges at all ages. Students whose BMI indicated they were obese were the least likely to rate their health as excellent.

Obese youth were the most likely to have spent four or more hours on an average school day watching television (20% of obese youth vs. 10% of healthy weight youth) or playing video games (18% of obese youth vs. 7% of healthy weight youth).

Body Image

Almost one in five males (19%) rated themselves as very satisfied with their body image, compared to only 10% of females. This was an increase from 2003 where 14% of males and 8% of females rated themselves as very satisfied.

Females were more likely than males to report dieting to lose weight in the past year, as well as binge eating and vomiting on purpose after eating. Dieting among females dropped from 49% in 2003 to 46% in 2008.

The proportion of youth reporting binge eating decreased from 1998 to 2003 (from 23% to 18% for males and from 41% to 36% for females) but in 2008 remained much the same as 2003. A similar trend was seen for males reporting vomiting on purpose after eating (dropping from 5% in 1998 to 3% in 2003 and 2008). Rates of vomiting on purpose after eating did not change among females.

When asked to rate how satisfied they were with their body, on a scale from 1 to 5, with 1 being not at all satisfied and 5 being very satisfied, male youth scored an average 3.7 and females 3.3.

Mental & emotional health

“ I am generally a happy healthy person. ”

Adolescence is an important time for mental and emotional development. As they mature, youth have increased abilities to think about abstract ideas and are more aware of their emotions. However, the teen years can also be a time when mental health problems first appear. When such problems are recognized early, youth can get help sooner and can benefit from interventions which improve and maintain mental health.

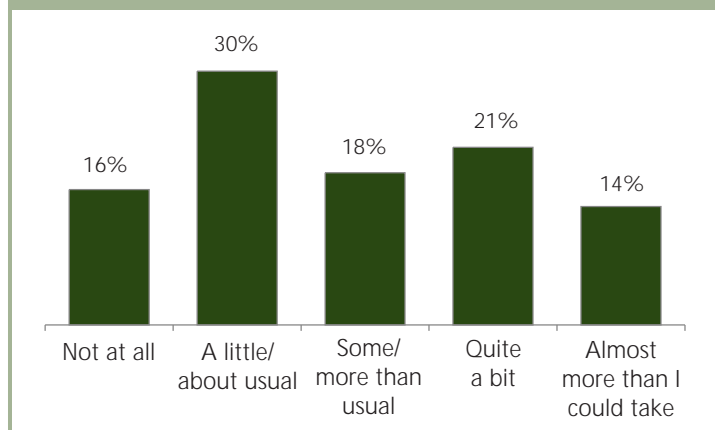
Self-Esteem

Measuring self-esteem can tell us about how youth view themselves. The majority of youth reported high self-esteem; they felt good about themselves (87%) and their abilities (92%), they had much to be proud of (78%) and felt that their life was useful (86%). Over half of youth (58%) agreed or mostly agreed to all seven of the self-esteem questions on the survey.

Stress

Most youth reported feeling some stress or pressure in the past 30 days (84%). As in 1998 and 2003, a total of 14% of students indicated that the stress in their lives was almost more than they could take.

During the past 30 days, have you felt you were under any strain, stress or pressure?



As in previous AHS surveys, females were more likely than males to report extreme levels of stress in the past month (18% vs. 10%) to the point that they could not work or function effectively. This gender difference was found at every age after 12 years old. Older youth were more likely to report extreme levels of stress than younger youth.

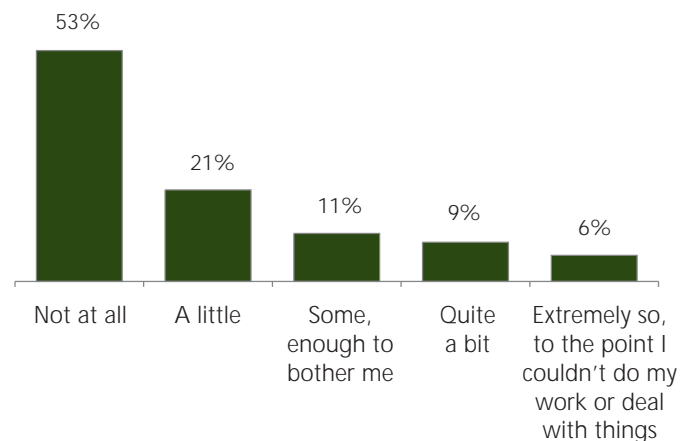


“ I feel overwhelmed like I have so much on my mind, I can’t take it. ”

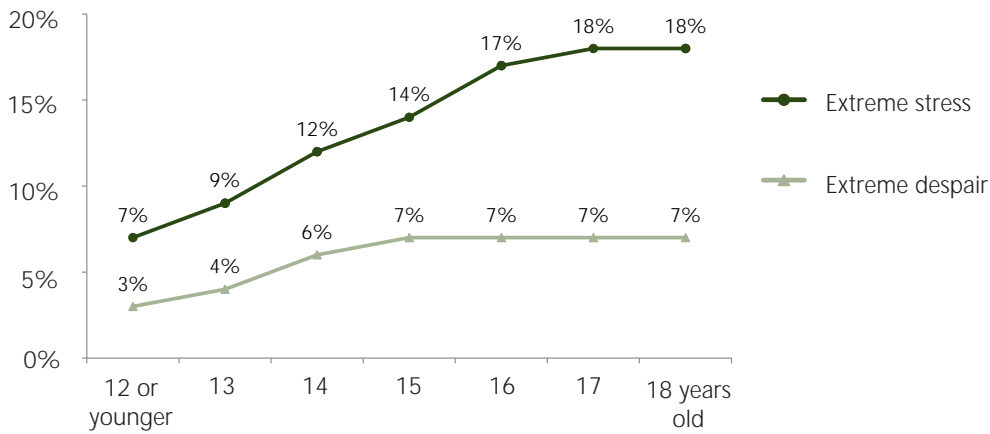
Six percent of youth (a slight decline from 7% in 1998 and 2003) indicated feeling so much despair (feeling sad, discouraged or hopeless) that they wondered if anything was worthwhile and had difficulty functioning properly. Females were twice as likely as males to report this level of extreme despair in the past month (8% vs. 4%). Older students were also more likely to report extreme despair, compared to younger students, which was similar to previous AHS findings.

The increase in extreme levels of stress as youth get older is likely linked to the greater responsibilities, demands and expectations that come with the transition to adulthood. Feelings of despair are less common, but extreme levels of despair can affect quality of life and health outcomes and can also be a sign of depression.

During the past 30 days, have you felt so sad, discouraged, hopeless or had so many problems that you wondered if anything was worthwhile?



Extreme stress and despair by age

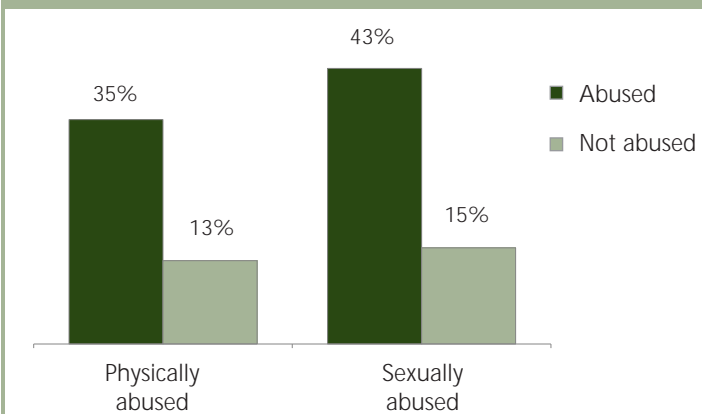


Self Harm

Sometimes youth will hurt themselves as a way of coping with stress and pain in their lives. A total of 17% of youth (22% of females and 12% of males) indicated cutting or injuring themselves on purpose without trying to kill themselves at some point in their lifetime, with 11% doing so once or twice and 6% doing so three or more times.

Students who had been physically abused or sexually abused were more likely to self-harm than students with no abuse history. Also, youth who had ever used alcohol, marijuana or hard drugs were more likely to self-harm compared to youth who never used these substances.

Intentional self harm among students who had been abused and not abused



“ I have considered suicide, because of all the bullying some people do to me. ”

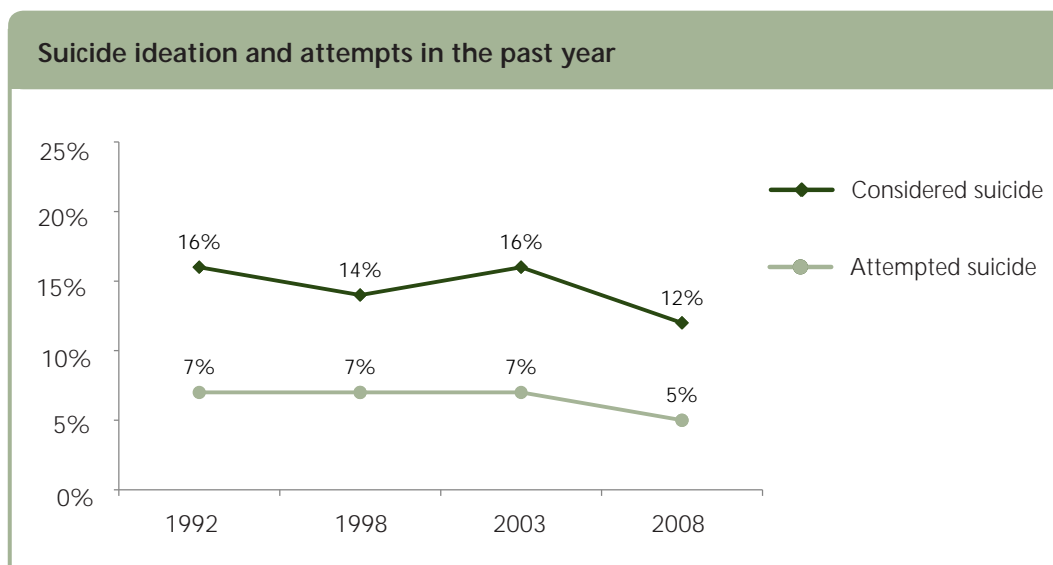
Suicide

Suicide is the second leading cause of death among youth aged 12-18 in British Columbia. Between 1992 and 2003 the AHS showed little improvement in the numbers of youth seriously considering or actually attempting suicide. However, 2008 brought a decrease in the percentage of students who seriously considered suicide (12%) and attempted suicide (5%) in the past year.

As in previous AHS surveys, females were twice as likely as males to have attempted suicide (7% vs. 3%). However, it should be noted that males generally have higher rates of suicide completion. Among youth who attempted suicide in the past year, 26% reported that their attempt was serious enough to require treatment by a doctor or nurse.

Risk Factors for Suicide

The decreases in suicidal thoughts and attempts are encouraging, but there are still some youth who are at greater risk than others. One of the known risk factors for attempting suicide is having a family history of suicidal behaviour. Fifteen percent of youth reported that a family member had tried to commit suicide, with 4% doing so in the past year. Also, 22% of youth had a close friend who attempted suicide (12% in the past year). Students with a family member or close friend who had attempted or committed suicide in the past year were six times more likely to attempt suicide themselves, compared to students without these risk factors (18% vs. 3%).



“It’s hard for young people to find people to speak to about their problems.”

Some groups of youth were also at greater risk of suicide: these include Aboriginal youth (11% vs. 4% non-Aboriginal youth), lesbian, gay and bisexual youth (28% vs. 4% heterosexual youth), obese youth (10% vs. 4% healthy weight youth) and youth with a health condition or disability (16% vs. 4% of youth without a disability).

Compared to students who had never been abused, suicide attempts in the past year were about five times more likely among students who had been physically abused (15% vs. 3%) or sexually abused (22% vs. 4%).

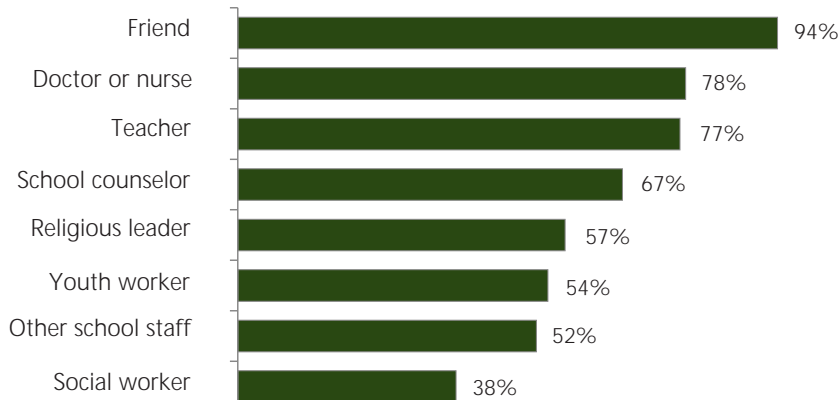
Youth who had ever used alcohol or marijuana, compared to those who did not, were over twice as likely to attempt suicide, and students who had ever used other drugs had an even greater likelihood of attempting suicide.

Help Seeking

The majority of students felt they could seek support from adults in their family (75%) or from adults outside their family (56%) if they were faced with a serious problem. Although this is positive, these percentages reflect a decrease from 2003, when 78% of youth felt they could talk about their problems with adults in their family, and 59% felt they could talk with an adult outside their family.

Students reported approaching a variety of professionals for help in the past year, including teachers (44%), doctors or nurses (29%), school counselors (28%), other school staff (20%), religious leaders (17%), youth workers (16%) and social workers (13%). In addition to turning to adults for help, most students (81%) asked their friends for assistance. Students who sought support in the past year generally reported finding the assistance of both friends and professionals helpful.

**People youth found helpful
(among those who asked for help in the past year)**



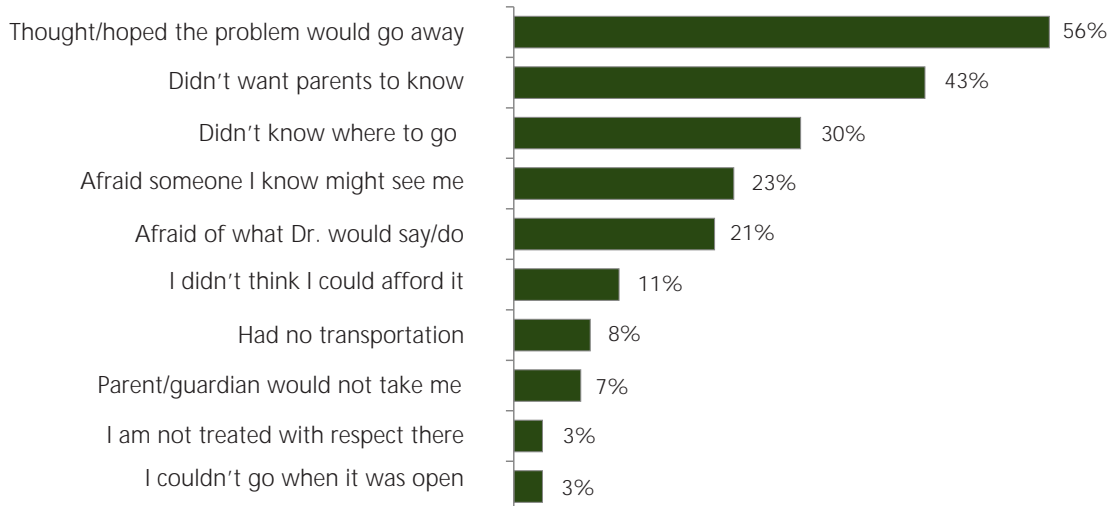
“ I know it sounds corny, but truly, no one will understand. ”



Accessing Mental Health Services

When asked specifically about accessing mental health services in the past year, 18% of female students and 7% of male students across the province reported that they had not accessed services when they felt they needed them. The most common reasons for not accessing mental health services included hoping that the problem would go away (56%), students not wanting their parents to know (43%) and not knowing where to go (30%).

Reasons for not accessing mental health services (among youth who felt they needed them)



Smoking

“ I am having repetitive coughing as a result from smoking cigarettes and marijuana. ”

The number of students who tried cigarette smoking has decreased over the past decade. In 2008, 26% of students had ever tried smoking, down from 56% in 1998, and 22% had smoked a whole cigarette, down from 27% in 2003 and 45% in 1998.

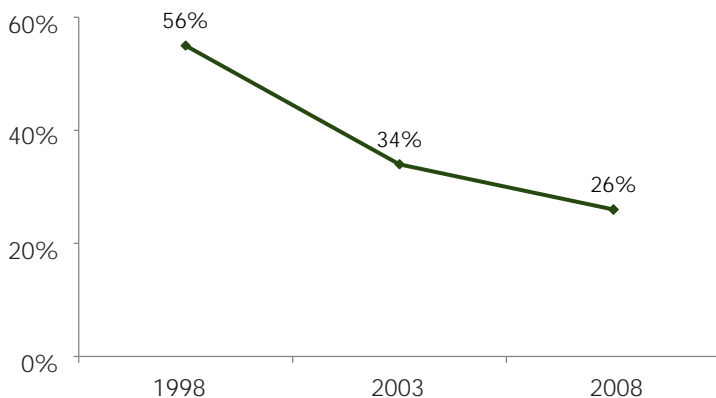
Unlike in 2003, when females were more likely to have smoked a cigarette, this time males and females were equally likely to have smoked. Males were more likely than females to have used chewing tobacco in the past month (6% vs. 2%).

There were regional differences in smoking behaviours. Students in the Vancouver



Coastal Region were the least likely to have tried smoking (19%) and students in the Northern (34%) and Interior (32%) Regions were the most likely.

Students who tried cigarette smoking

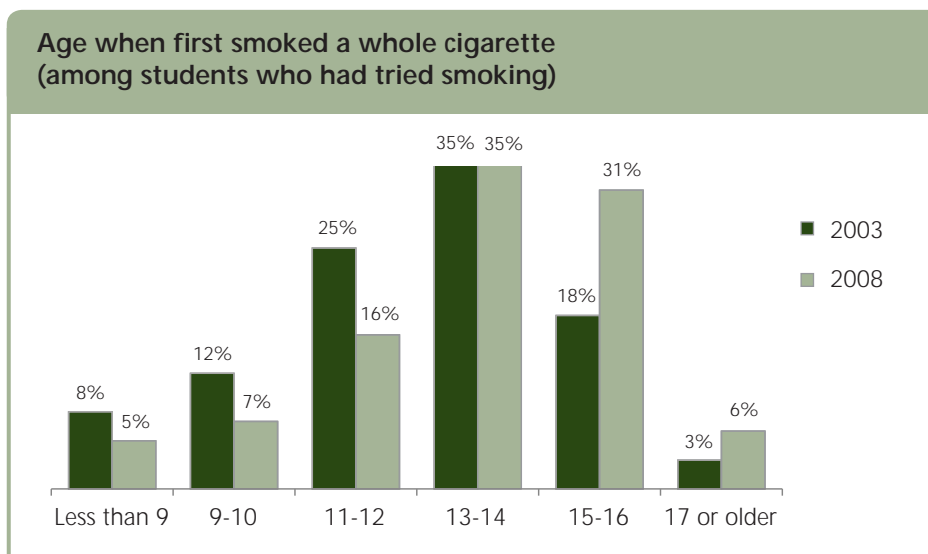


In addition to fewer students smoking, youth also waited longer to start smoking. Among students who smoked, the percentage who had smoked a whole cigarette before they were 9 years old decreased from 8% in 2003 to 5% in 2008. In contrast, the proportion of students who smoked their first whole cigarette when they were 15 or 16 years old rose from 18% to 31%.

Despite these improvements, students who had ever tried smoking were more likely to have smoked in the past 30 days than students in 2003 (45% vs. 38%).

Second-Hand Smoke

The number of youth who were exposed to tobacco smoke inside their home or family vehicle decreased slightly from 29% in 2003 to 28% in 2008, although 10% were still being exposed to this type of smoke on a daily or almost daily basis (down from 13% in 2003). In addition to the known health effects of second-hand smoke, youth who were exposed to smoke on a daily or almost daily basis were more likely to try smoking themselves than those who were not exposed (53% vs. 20%). Furthermore, these youth were also more likely to indicate that they had tried alcohol (78% vs. 49%) and marijuana (56% vs. 24%).



Substance use

“ I used alcohol a bit because of curiosity. ”

Alcohol and marijuana use among BC youth decreased from 1998 to 2003, and this positive trend continued in 2008. Decreases were also seen in the use of some other drugs such as cocaine, amphetamines and mushrooms. However, there was a rise in the use of hallucinogens, prescription pills without a doctor's consent, steroids and a small rise in heroin use. There was also a slight rise in the percentage of youth who had ever injected an illegal drug.

Alcohol

In 2008, fewer young people in BC had ever tried alcohol, and those who did waited longer before their first drink. As in 2003, males and females were equally likely to have tried alcohol. Just over half (54%) had ever had a drink of alcohol other than a few sips, compared to 58% in 2003.

Starting to drink alcohol at a young age can influence cognitive development and can be associated with risky alcohol use later in life. Among BC students who had tried alcohol, the percentage that had done so by the age of 10 years decreased from 15% in 2003 to 13% in 2008 (16% of males and 10% of females). Conversely, the percentage of these youth

who first drank when they were 15 or 16 years old rose from 18% to 23%.

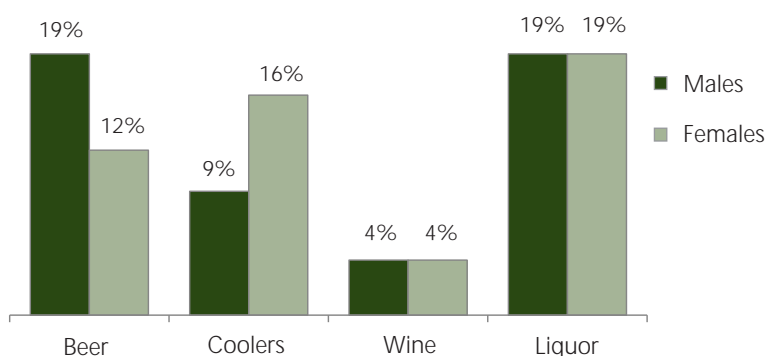
Among students who indicated they had drunk alcohol in the past 12 months, 13% had taken just a sip, 36% had drunk no more than once a month and 33% had not drunk at all in the past month. Those who did drink in the previous month drank on fewer days than did their peers in 2003, with 34% drinking on one or two days (a rise from 31% in 2003), and 26% drinking on three to nine days (a decrease from 29%). Males were more likely than females to have drunk no alcohol in the past 12 months (7% vs. 5%) but were also more likely to have been drinking every day (2% vs. 1%).

Youth in the Vancouver Coastal Region were less likely to have tried alcohol compared to youth in the other regions.

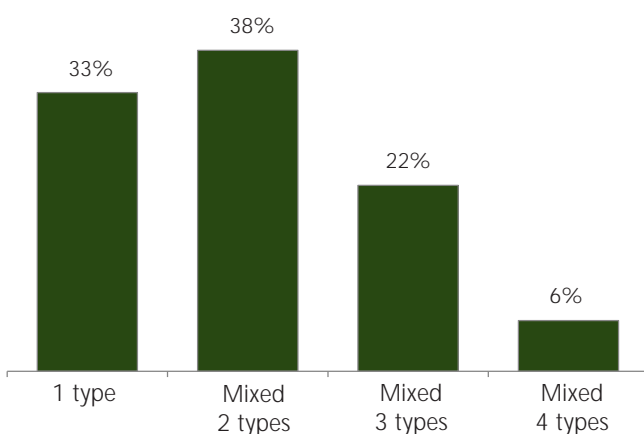
Students who ever drank alcohol (other than a few sips)

| Age | 2003 | 2008 |
|--------------|------|------|
| 13-year-olds | 34% | 29% |
| 15-year-olds | 64% | 58% |
| 17-year-olds | 79% | 78% |

Types of alcohol youth drank last Saturday



Mixing alcoholic drinks (beer, wine, coolers, liquor) among students who drank last Saturday



Note: Percentages do not equal 100% due to rounding

Last Saturday Use

For the first time, the AHS asked students specific questions about their alcohol and marijuana use on the Saturday before they completed the survey. Just over one in four (26%) BC students drank alcohol last Saturday and 12% used marijuana.

Male and female students were equally likely to drink wine and shots of liquor last Saturday, but females were more likely than males to have drunk coolers last Saturday, and males were more likely to have drunk beer.

Mixing alcoholic drinks can intensify the negative effects of drinking. Among males and females who drank alcohol last Saturday, the majority (67%) mixed at least two different types of alcohol (beer, wine, liquor, coolers) rather than drinking one type.

Binge Drinking

Binge drinking is defined in the AHS as having five or more drinks of alcohol within a couple of hours. It can lead to short and long term social, psychological and physical problems. Of youth who had tried alcohol, 44% reported binge drinking in the past month, a rate that has remained consistent since 1998.

Male and female students were equally likely to binge drink. Males were slightly more likely to binge drink on 20 or more days in the previous month, but the percentage doing so was less than 1%.

“ I would just like to share that I have smoked marijuana before but don't anymore. ”

Marijuana

The number of students who have ever tried marijuana has decreased from 37% in 2003 to 30% in 2008, with similar rates for both genders.

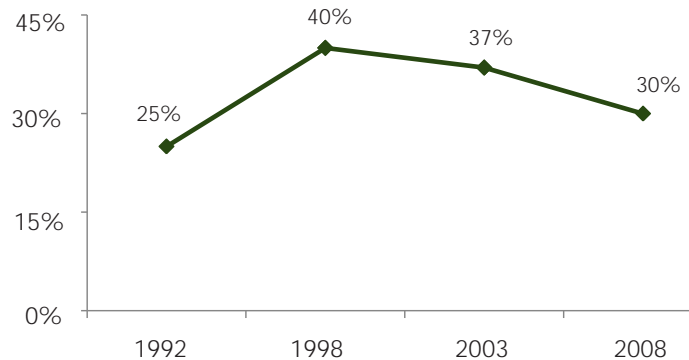
Among students who used marijuana, they most commonly started using at 13 or 14 years old, which is consistent with findings from 2003. However, there was an increase in the percentage of students who had first tried marijuana before the age of nine, from 1% in 2003 to 3% in 2008. This increase was mainly seen among males, where those trying marijuana before the age of nine doubled, from 2% in 2003 to 4% in 2008.

Regional differences showed more youth trying marijuana in the Northern, Interior and Vancouver Island Regions (38%-39%) compared to the Fraser (25%) and Vancouver Coastal (21%) Regions.

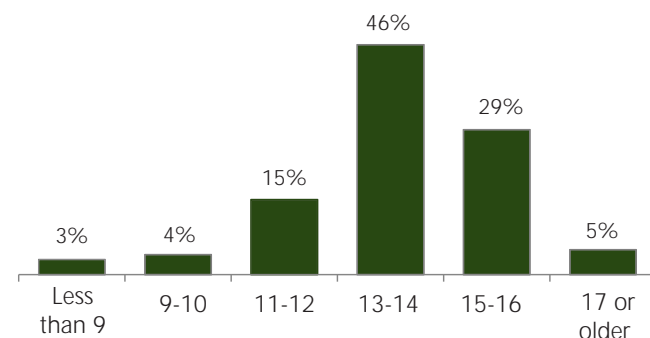
Among students who had tried marijuana, 58% had used it in the past month. Males were more likely than females to have used marijuana in the past month (62% vs. 53%). As with binge drinking, males were more likely to report the highest levels of consumption, with 16% using on 20 or more days, compared to 8% of females.

Marijuana use has been linked to school disengagement. Compared to students who had never tried marijuana, students who had were over three times more likely to have skipped school in the past month (53% vs. 17%), were less likely to feel that the activities they were involved in meant a lot to them (32% vs. 37%) and reported lower levels of school connectedness.

Ever used marijuana



Age when first tried marijuana
(among youth who had ever used)





Other Drugs

The percentage of students who had ever used mushrooms, cocaine and amphetamines (including crystal meth) all decreased between 1998 and 2003 and this decrease continued from 2003 to 2008. However there were rises in the use of hallucinogens (including ecstasy), steroids and prescription pills without a doctor's consent between 2003 and 2008. There were also small but significant increases in the percentages of students who had ever tried heroin and injected drugs.

For the first time, the survey asked students separately about their ecstasy and crystal meth use; 7% reported they had used ecstasy and 2% had used crystal meth.

Ever used other drugs

| | 2003 | 2008 | Change |
|--------------------------|------|------|--------|
| Prescription pills | 9% | 15% | ↑ |
| Hallucinogens | 7% | 9% | ↑ |
| Mushrooms | 13% | 8% | ↓ |
| Cocaine | 5% | 4% | ↓ |
| Inhalants | 4% | 4% | -- |
| Amphetamines | 4% | 2% | ↓ |
| Steroids | 1% | 2% | ↑ |
| Heroin | <1% | 1% | ↑ |
| Injected an illegal drug | <1% | 1% | ↑ |

Note: ↑ indicates a statistically significant increase, and ↓ indicates a decrease from 2003.

Consequences of Substance Use

Youth who reported using drugs or alcohol in the previous year experienced a range of negative consequences. For example, 41% became so intoxicated that they could not remember what they had done, and 31% had passed out. Other consequences included family and relationship problems, violence, injury and unwanted sexual intercourse.

Drug and Alcohol Treatment

A small percentage of students who had tried alcohol felt they needed help for their drinking in the past year. Females were twice as

likely as males to think that they needed help (4% vs. 2%). Among students who reported binge drinking, 6% of females and 3% of males thought they needed help.

Almost 5% of males and females who used drugs felt they needed help for their drug use in the past year. Nearly half (47%) of students who felt they needed help for their alcohol use also felt they needed help for their drug use.

Consequences of drinking or using drugs
(among youth who drank or used drugs in the past year)

| | Males | Females |
|---|-------|---------|
| Was told that I did something that I couldn't remember | 35% | 46%* |
| Passed out | 29% | 34%* |
| Damaged property | 15% | 8%* |
| Argued with family members | 13% | 22%* |
| Got in trouble with police | 13% | 8%* |
| School work, marks, or behaviour at school changed | 12% | 15%* |
| Got into a physical fight | 12% | 7%* |
| Got injured | 11% | 13%* |
| Lost friends or broke up with girlfriend or boyfriend | 6% | 11%* |
| Had sex when I didn't want to | 6% | 8% |
| I overdosed | 3% | 3% |
| Got into a car accident | 2% | 1% |
| Had to get treatment for alcohol or drug abuse | 2% | 1% |
| I used alcohol or drugs but none of these things happened | 47% | 42%* |

* Indicates statistically significant gender difference.

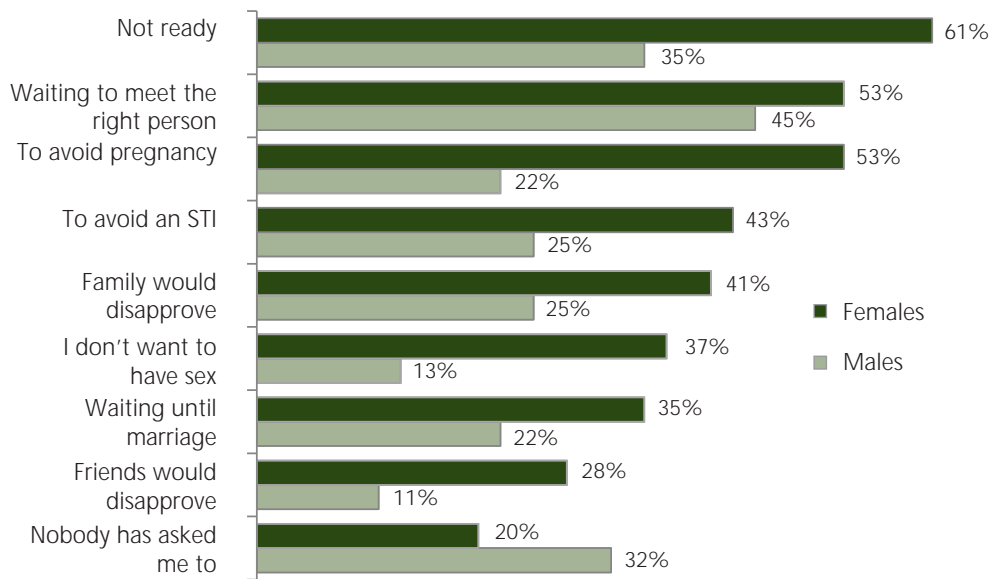
Sexual behaviour

The majority of youth reported never having had sexual intercourse (78%), which was comparable to the 2003 and 1998 figures. These students provided a number of reasons for not having sex. The most common reasons were wanting to wait until they met the right person (50%), not being ready to have sex (49%) and not wanting to get pregnant or cause a pregnancy (39%). Female students were more likely than males to endorse most reasons, except males were more likely to indicate that they had not had sex because nobody had asked them to (32% vs. 20%).

The percentage of youth that reported having had sexual intercourse was identical for males and females (22%) and increased with age, which is consistent with previous AHS findings. Regionally, rates of youth who ever had sex were lowest in the Vancouver Coastal Region (16%) and highest in the Northern, Interior, and Vancouver Island Regions (27% - 30%). The rate for youth in the Fraser Region was 19%.

Among sexually active youth, the most common age for first having sex was 15. Nineteen percent reported first having had sex before age 14. This percentage is consistent with 2003 (20%), but reflects a significant decline from 1998 (29%) and 1992 (37%).

Some reasons for not having sex (among youth who never had sex)



Note: Youth could choose more than one response

Youth who first had sex before age 14 reported lower connectedness to their mother and father figures than youth who did not have these experiences.

Among youth who had ever had sexual intercourse, 8% of males and 10% of females reported having had sex with a same-sex partner.

“ I’ve had sexual intercourse once, and since then my boyfriend and I have taken a step back. We have both decided we are not ready for that step entirely. ”

Oral Sex

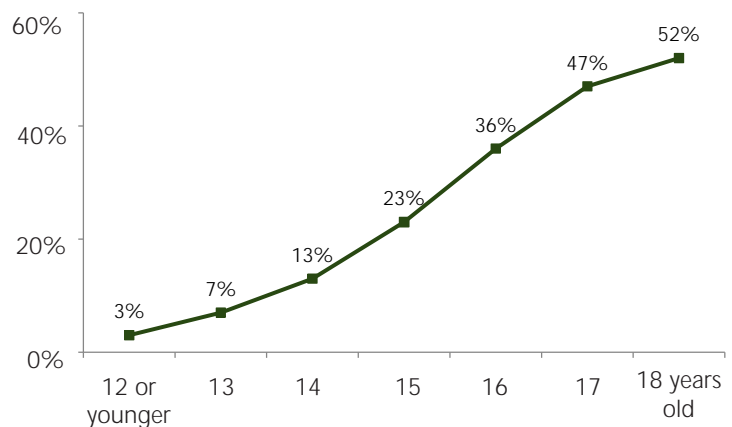
Around 26% of students reported ever having oral sex, and the percentages were comparable for males and females. Regionally, the same pattern emerged as for sexual intercourse, in that the Vancouver Coastal Regions had the lowest rate (19%) while the Northern, Interior and Vancouver Island Regions had the highest percentages (31% - 32%). The rate in the Fraser Region was 23%.

Sexually Transmitted Infections

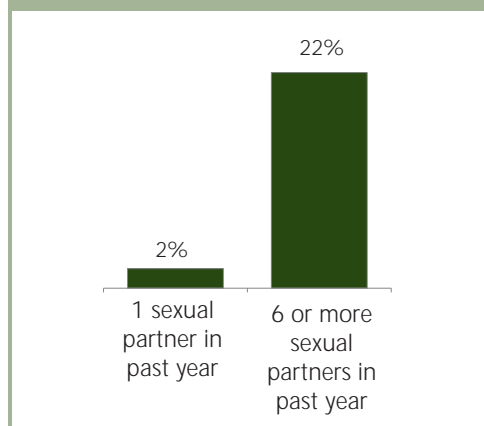
Overall, 1% of students reported they had been told by a doctor or nurse that they had a sexually transmitted infection (STI). The rate was 4% among sexually active students, similar to that in 1998 and 2003.

Having multiple sex partners increases the risk of sexually transmitted infections. Among sexually active students, around half (47% males and 55% females) reported having had sexual intercourse with one person in the past year. Thirteen percent of males and 5% of females indicated having had sex with six or more people in the past 12 months. Those with six or more partners in the past year were more likely to have been told by a doctor or nurse that they had an STI, compared to students with fewer sex partners.

Students who had oral sex



Rates of STI's
(among youth who ever had sex)



“I think it’s too difficult to get STD testing and free birth control. Also, forms of birth control are not well understood.”

Birth Control and Pregnancy

Sixty-six percent of youth (72% of males and 61% of females) reported using a condom the last time they had sex, and 64% indicated that they had done so to prevent pregnancy. The percentage who used a condom to prevent pregnancy was the same as in 2003, and increased from 51% in 1998.

Use of the pill to prevent pregnancy increased with age and was highest for 17-year-olds (56% among students who ever had sex). Use of birth control pills increased to 46% among sexually active youth, up from 42% in 2003 and 33% in 1998.

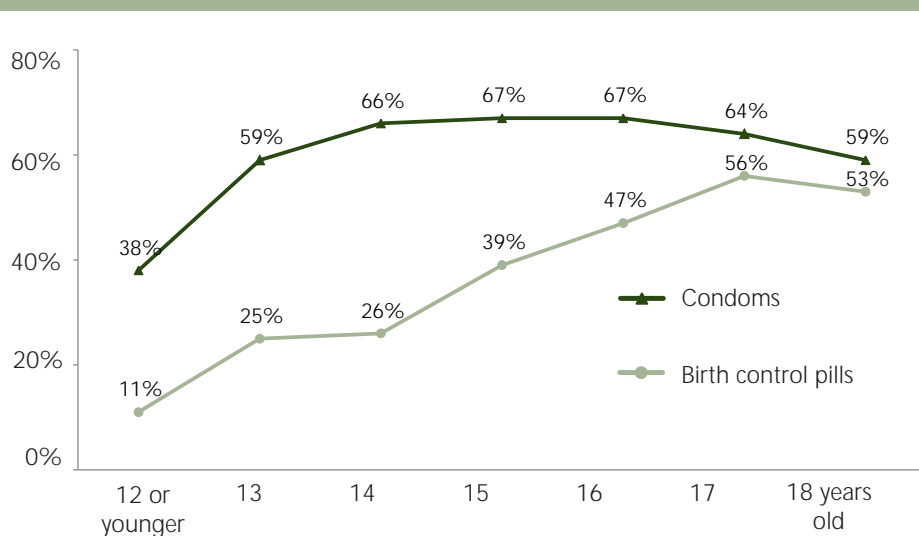
Almost one in four sexually active youth (23%) reported using withdrawal as a method to prevent pregnancy the last time they had sex, which is an unreliable method of contraception. This was an increase from 16% in 2003. Six percent used only withdrawal (a rise from 5% in 2003 and 1998). Comparable to 2003, 5% of sexually active youth used emergency contraception (“morning after pill”).

Overall, fewer than 2% of students reported ever being pregnant or causing a pregnancy. Among sexually active students, 7% had been involved in a pregnancy (8% of males and 6% of females), which was not a significant change from 2003 (6%) or 1998 (8%).

Among students who have had sexual intercourse, almost a third (32%) reported that they drank alcohol or used drugs before having sex the last time.

Four percent of sexually active youth who reported only opposite gender partners, did not use any method to prevent pregnancy the last time they had sex.

Use of condoms or pills to prevent pregnancy the last time students had sex (among youth who ever had sex)



Note: The percentage of 12 year olds using a condom should be interpreted with caution due to small sample size

Abuse & violence

“ Every day I come home and get physically abused. ”

Physical and Sexual Abuse

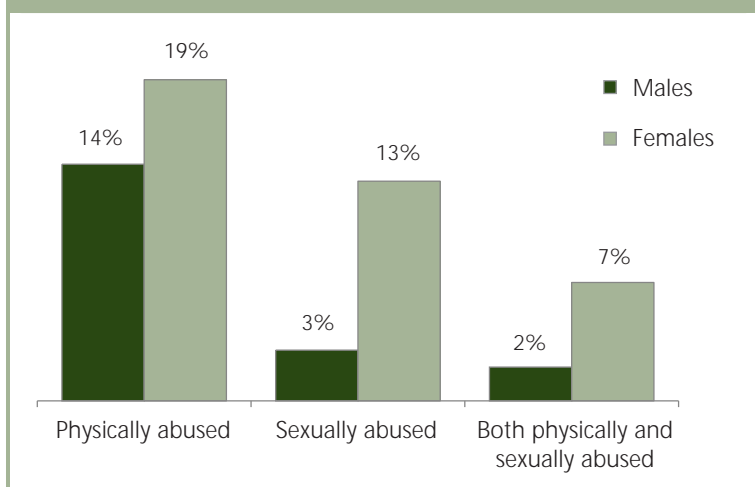
Physical and sexual abuse can affect youth emotionally, behaviourally and physically, and these effects can be compounded when youth are the victims of both types of abuse. Too many young people in BC continue to experience abuse.

The percentage of students who had been physically abused or mistreated returned to the 1998 level of 17%, after dipping to 15% in 2003. Similar to 2003, females were more likely to have been physically abused than males (19% vs. 14%). Meanwhile, the percentage of students who had been sexually abused remained comparable to 2003 at 13% for female youth and 3% for males. This means that the previous decrease in rates of sexual abuse seen from 1992 to 2003 has not continued. In fact, there was a rise in the per-

centage of youth reporting sexual abuse in school districts that used the same type of parental consent procedures in 2003 and 2008 (See p. 10 for details of consent procedure changes).

There was no improvement in the percentage of youth experiencing both physical and sexual abuse. Seven percent of females reported being both physically and sexually abused, as did 2% of males.

Males and females who were abused



Experiencing either physical or sexual abuse was strongly related to negative health outcomes. For example, compared to youth who had not been abused, those who had been physically abused were nearly twice as likely to report poor or fair health (as opposed to good or excellent health). Youth who reported physical or sexual abuse were nearly three times more likely to have considered suicide, compared to those who had not been abused.

When youth experienced both forms of abuse they were even more likely than youth who were not abused to report poor or fair health. Youth who had been both physically and sexually abused were also 8 times more likely to skip school on 11 or more occasions

in the past month (8% vs. 1%) and 4 times more likely to carry a weapon to school (12% vs. 3%). Youth with a history of both types of abuse were also less likely to think they would graduate from college or university (48% vs. 60%).

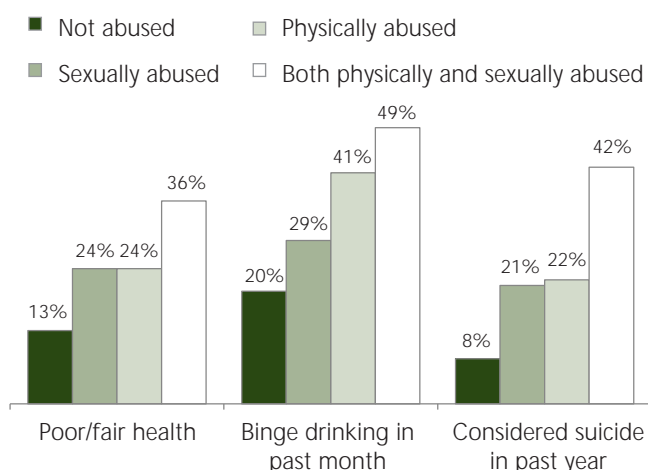
Youth with a disability are particularly vulnerable to abuse. Students who reported having a limiting health condition or disability were more than twice as likely as their peers to report being physically abused (31% vs. 15%) or sexually abused (19% vs. 7%). These students were also three times more likely to report having experienced both physical and sexual abuse than students who did not have such a disability or health condition (12% vs. 4%).

Among disabled students, those whose disability or debilitating health condition was visible to others were more likely to report physical abuse and sexual abuse, and were twice as likely to report being both physically and sexually abused (15% vs. 7%).

Sexual Harassment

Since 2003 there has been an increase in the number of students who experienced verbal sexual harassment (up from 44% to 47%) while the number who were physically sexually harassed remained consistent (27%). Females were more likely than males to be verbally sexually harassed (55% vs. 38%) and physically harassed in the past year (37% vs. 17%).

Health by abuse history



“ I feel extremely safe in my environment and with those around me! ”

Internet Safety

Internet safety emerged as a concern for youth in the 2003 AHS. In 2008, fewer students had been in contact with someone on the Internet who made them feel unsafe (13% in 2008, 15% in 2003). Females were three times more likely than males to have had contact with someone on the Internet who made them feel unsafe (18% vs. 6%).

In total, 17% of young people had been bullied or picked on through the Internet in the past year, and for 7% this experience had happened more than once. Females were more likely than males to be the victims of cyber bullying. Students who were cyber bullied in the past year were more likely to have felt extremely sad, discouraged or hopeless,

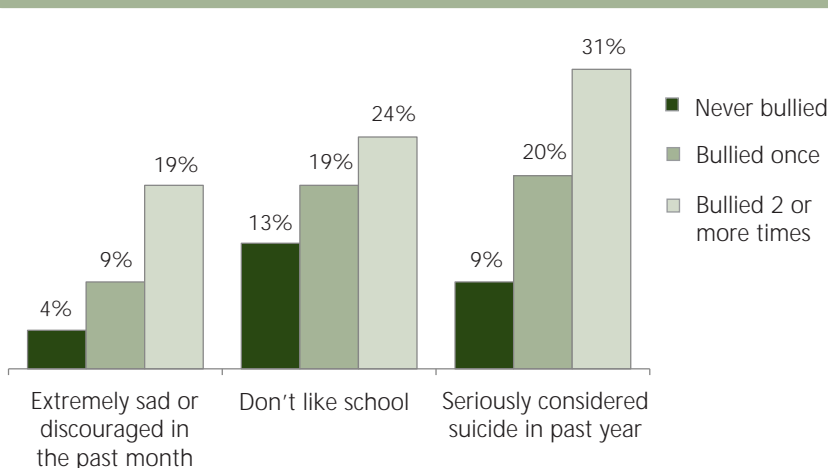
and to have seriously considered killing themselves; they were also more likely to dislike school compared to students who were not cyber bullied.

Physical Fights

Between 2003 and 2008, involvement in a physical fight in the past year decreased by 3% for both males and females. Male youth were more than twice as likely as females to have been in a fight (33% vs. 15%).

Despite the decline in physical fights, there was no change in the number of students who required medical attention as a result of a fight (4% of males and 2% of females).

Health by frequency of cyber bullying



In the past 12 months, 1 in 10 youth gave personal information such as their address, phone number, or last name to someone they met on the Internet.

“ *When I got pregnant, I told my ex-boyfriend and he beat me up.* ”

Relationship Violence

Dating violence can occur when youth lack the knowledge, skills, attitudes and resources to recognize and address it. Similar to 2003, 9% of BC male students and 6% of females who had a relationship in the previous year were deliberately hit, slapped or physically hurt by their boyfriend or girlfriend.

Among these students, gay, lesbian and bisexual youth were over three times more likely than their heterosexual peers to be the victims of relationship violence. Youth with disabilities and those who had been sexually abused were also more than twice as likely to be physically assaulted by a boyfriend or girlfriend in the past 12 months.

Twenty-five percent of overweight youth and 43% of obese youth had been discriminated against in the past year because of their physical appearance.

Discrimination

Since 2003, there has been no change in the percentage of youth experiencing discrimination because of their race or skin colour (12%). There was a decrease in youth experiencing discrimination based on their physical appearance (from 20% to 18%) but an increase in those who were discriminated against because of their sexual orientation (from 4% to 5%).

Male youth were more likely than females to experience racial discrimination (13% vs. 10%) and discrimination because of their sexual orientation (5% vs. 4%) but females were more likely to report discrimination based on their physical appearance (19% vs. 16%).

Discrimination can affect young people's lives in many ways and has been linked to emotional distress. Students who experienced discrimination were more likely to report feeling extremely sad, discouraged or hopeless in the past 30 days, to not like school and to have seriously considered suicide in the past 12 months.

“ *I am hearing impaired, but some people think of me as a handicap and that ticks me off a lot.* ”

School & work

School Connectedness

Feeling connected to school is linked to better physical and emotional health and to reduced risk taking. The majority of students reported liking school somewhat (65%). Females were more likely than males to like school very much (23% vs. 17%) and to report a greater sense of belonging and connectedness to school and with their teachers.

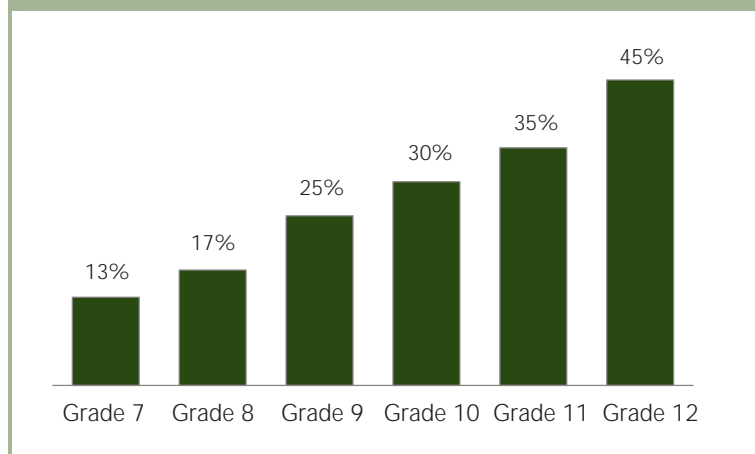
As in 2003, students in Grade 7 were more likely to report liking school very much, and to demonstrate higher school connectedness, compared to students in later grades. Students in Grades 9 through 11 felt the least connected to school.

A total of 28% of students skipped at least one full day of school in the past month. Students in higher grades were more likely than students in younger grades to skip school.

Youth who skipped school in the past month felt less connected to school and had more trouble getting along with teachers and peers compared to students who did not skip school.



Skipped full days of school in the past month



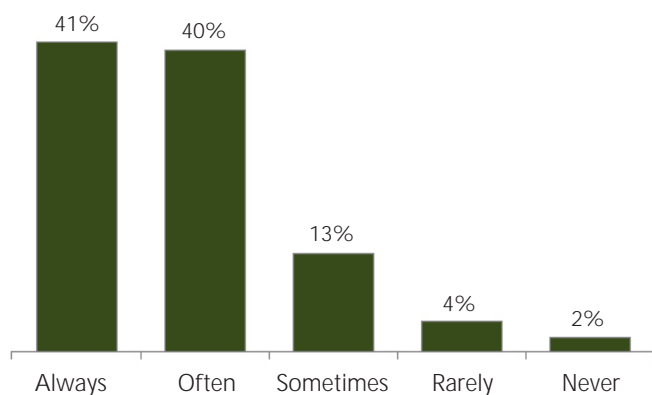
“ I believe school should be more safe, so kids feel comfortable in school, cause I know I don’t. ”

Feeling Safe at School

Overall, 41% of students reported always feeling safe at school (43% of males, 40% of females), which was similar to the 2003 figure of 40%. Feelings of safety were highest among students in Grade 12 (50% always felt safe) and Grade 7 (47%), and lowest among students in Grades 8 through 10 (36%-37%). These figures were consistent with findings from 2003, although in 2008 the percentage of students in Grade 8 who reported always feeling safe at school rose from 30% to 36%.

Students most commonly reported always or usually feeling safe in the library (85%), classroom (83%) and cafeteria (71%). Fewer youth reported always or usually feeling safe in less supervised locations, including hallways (66%), washrooms (63%) and outside on school property during school hours (56%).

How often youth felt safe at school



Around 9% of students had been physically attacked or assaulted while at school or travelling to or from school in the past year, which was a decrease from 10% in 2003.

Males were twice as likely to be physically attacked compared to females (12% vs. 6%), but females were more likely to be verbally harassed (37% vs. 28%) and to be victims of relational aggression at school (i.e., excluded from social groups or ignored; 37% vs. 24%).

Students who reported victimization at school or on the way to/from school in the past year (teasing, exclusion or physical assault) were more likely than non-victimized students to say their current health was fair or poor, compared to good or excellent, and to have considered and/or attempted suicide in the past year.

Weapon Carrying

A total of 6% of students carried a weapon to school in the past month (10% of males and 3% of females), which was down slightly from 2003. However, in school districts that used the same parental consent procedures in both 2003 and 2008, there was no decrease (see p. 10 for details).

Students who carried a weapon to school felt less safe at school compared to students who did not carry a weapon. This suggests that students tend to carry a weapon to protect themselves against perceived threats. In fact, students who had been physically attacked at school were over five times more likely to

Among those who carried a weapon, the majority (73%) carried a knife or razor. The next most common weapons were a club, stick, bat or pipe (9%).

carry a weapon to school compared to students who had not been physically attacked (26% vs. 5%). Similarly, youth who were verbally harassed or excluded from social groups while at school were more likely to carry a weapon to school, than those who did not experience these forms of aggression.

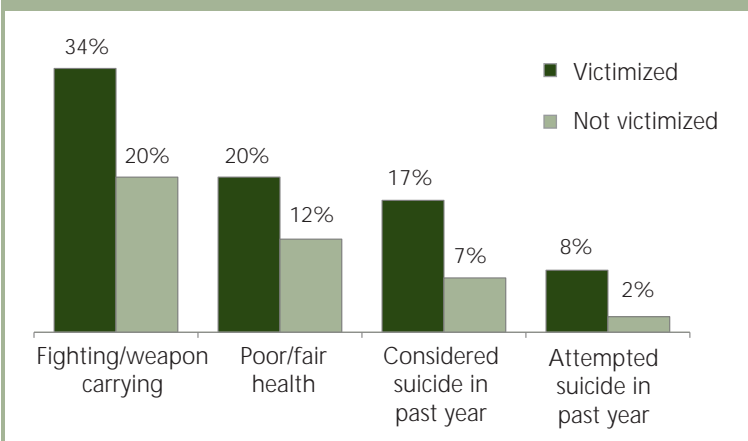
Academic Aspirations

Almost all students (99%) expected to graduate from high school; only 1% anticipated finishing their education before then. A total of 60% expected to complete their education when they graduate from university, medical school, or law school; 18% when they graduate from community college or a technical institute; 7% once they complete high school; and 14% were not sure when they would complete their education.

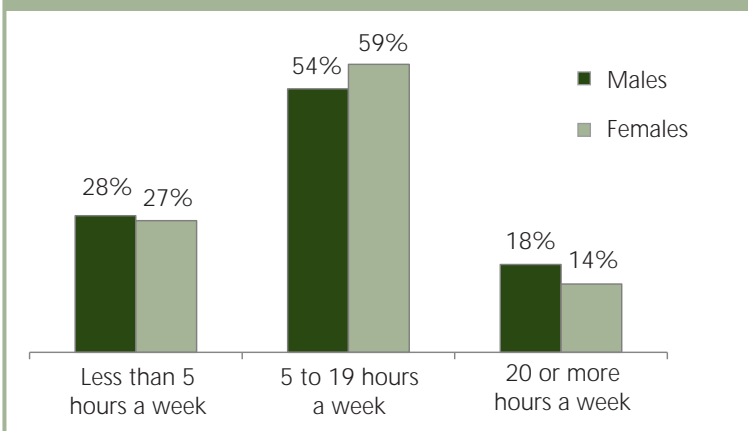
Work

A total of 41% of male and female students worked at a paid job during the school year, which was up from 37% in 2003. Females were more likely than males to work 5 to 19 hours a week, and males were more likely than females to work 20 or more hours a week.

Health by school victimization



Hours spent working at a paid job (among youth who worked)



Sport & leisure activities

“ I am a very active person and enjoy exercising very much. ”



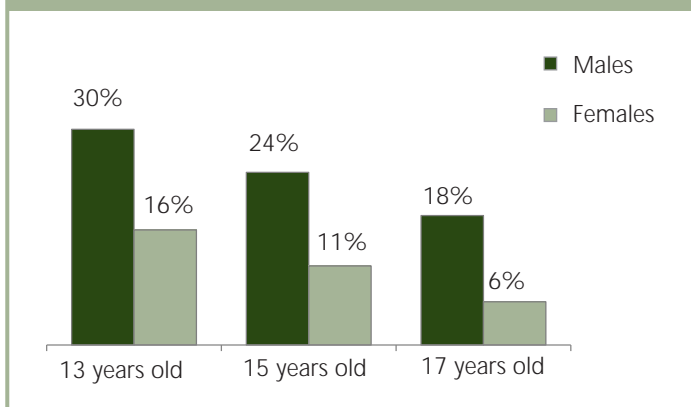
Physical Activity

Health Canada recommends that youth participate in a minimum of 90 minutes physical activity every day yet, as in 2003, only 25% of males and 11% of females exercised daily in the past week, while 7% of males and 10% of females did not exercise at all. Youth were less likely to exercise as they got older; 23% of 13-year-olds exercised daily in the past week compared to 12% of 17-year-olds.

Fifty-nine percent of youth took part in weekly sports activities with a coach (e.g., school teams, swimming lessons) and 69%

“ The 2010 Olympics have not affected me, but now I am more active doing volleyball and playing/training. ”

Participation in at least 20 minutes of daily physical activity in the past week



2010 Winter Olympics

When asked about the effect of the upcoming 2010 Olympics in BC, 44% of youth said they had not thought about it, 46% said it had not affected them, 9% said they had become more physically active, 6% reported they had more sports opportunities and 6% felt they had more job prospects.

“ I love volunteering because I feel proud to give back anything towards the community. ”

participated weekly in physical activities without a coach (e.g., biking, road hockey). Males were more likely than females to participate in both of these types of activities four or more times a week in the past year. Weekly participation in physical activities with a coach decreased with age, from 68% of 13-year-olds, to 52% of 17-year-olds.

The percentage of students who cycled in the past year decreased from 80% in 1998 to 74% in 2003 and again to 71% in 2008. There was also a decrease in the percentage of students who participated in sports without a coach from 71% in 2003 to 69% in 2008. However, the numbers of youth that participated in sports with a coach rose by 4%.

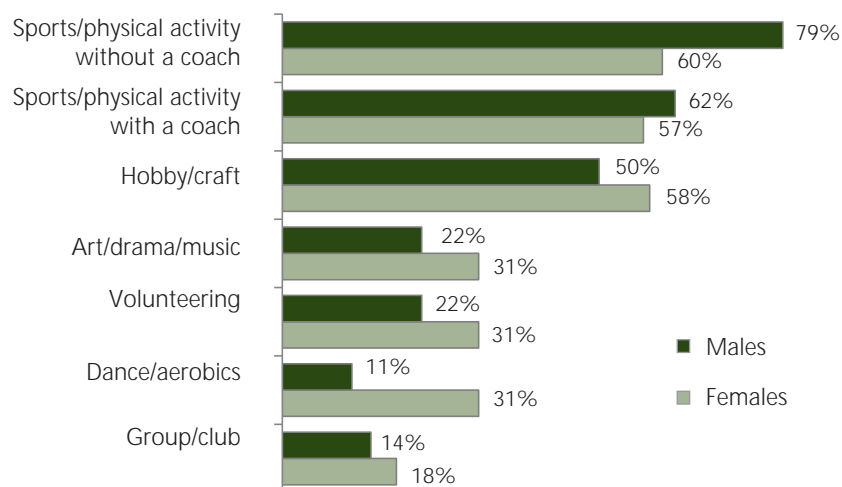
In addition to participating in sports activities, BC youth engaged in a range of other activities outside of school hours. For example,

in the past 12 months, 62% of BC youth did some form of volunteer work such as babysitting or helping a charity and 27% did this once a week or more.

On an average school day, 90% of BC youth watched TV, 88% spent time on the Internet (excluding doing homework), 75% spent time on the phone or texting and 60% played video games. On a typical school day, more than a quarter of youth spent upwards of three hours watching TV and/or playing on the Internet, 20% phoned or texted and 15% played video games for more than three hours.

Males were more likely than females to watch TV (12% vs. 10%) or play video games (14% vs. 3%) for four or more hours a day, but were less likely than females to spend four or more hours texting or talking on the phone (9% vs. 19%).

Weekly participation in activities in the past year



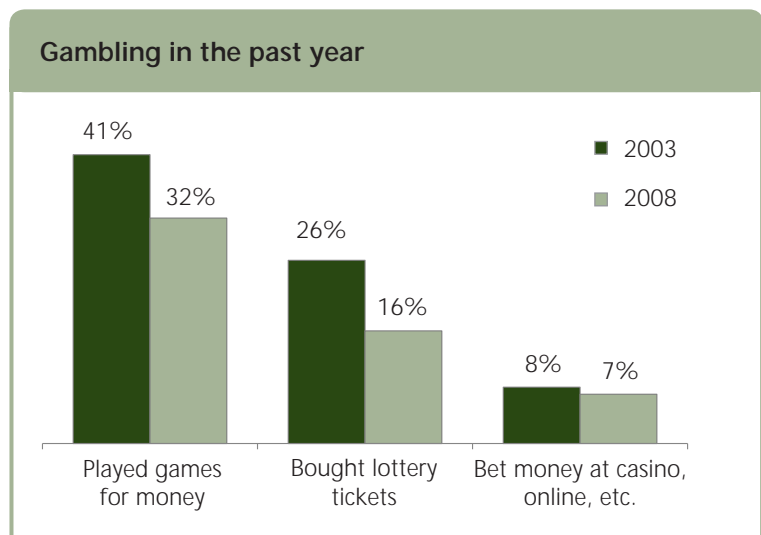


As in 2003, males were more likely than females to have gambled (51% vs. 29%).

Gambling

Although it is often seen as a fun activity, gambling in BC is illegal for youth under 19 years of age. Some young people turn to gambling as a way to escape from their problems, and it is often linked to risky behaviours such as alcohol use and smoking. Gambling at an early age also increases the risk of developing an adult gambling problem.

Results of the survey showed a drop in the overall percentage of BC students who gambled in the past year, from 51% in 2003 to 39% in 2008. This trend was seen in all forms of gambling. Youth who gambled in the past year were more likely than their peers who had not gambled to have tried alcohol (69% vs. 45%) or smoking (35% vs. 20%). The more forms of gambling youth engaged in (e.g., playing cards for money, buying lottery tickets, betting online), the greater the likelihood that they had ever smoked or drank alcohol.



Protective factors

This report has shown the negative effect that risk factors such as an unstable home, hunger, abuse and victimization can have on youth. However, the AHS also clearly shows that having protective factors in their lives can promote health and reduce the negative effect of some health risk behaviours.

The survey included a number of questions that have been shown to reflect protective factors for youth. By looking at these protective factors we can point to areas of health promotion, education and awareness which can improve the lives of all youth, including the most vulnerable.

The table below shows the value of promoting protective factors as a way to address issues such as alcohol use, smoking and

aggressive behaviour. The presence of each protective factor was linked to lower rates of alcohol use, smoking and fighting compared to the overall provincial rates.

An even more compelling picture showing the effects of protective factors emerges when looking at a few examples in more detail. For each of the protective factors discussed below, we looked at their relationships with six health risk behaviours: poor/fair health, binge drinking, suicidal thoughts, suicide attempts, carrying a weapon to school and getting into fights. In general the presence of protective factors reduced the likelihood of reporting these behaviours. Some specific findings are highlighted below.

Protective factors and reduction of risk behaviours

| Protective Factor | Ever had alcohol | Ever tried smoking | Got into a fight in the past year |
|---|------------------|--------------------|-----------------------------------|
| Like school very much | 40% | 15% | 15% |
| Expect to graduate from university | 50% | 21% | 19% |
| Have an adult in family to talk to | 51% | 23% | 21% |
| Friends would disapprove if beat someone up | 46% | 19% | 14% |
| Feel that family understands them a lot | 44% | 18% | 18% |
| *Overall Provincial Rate | 54% | 26% | 24% |

Even a small improvement in a protective factor, such as school or family connectedness, will improve outcomes for youth in many areas.



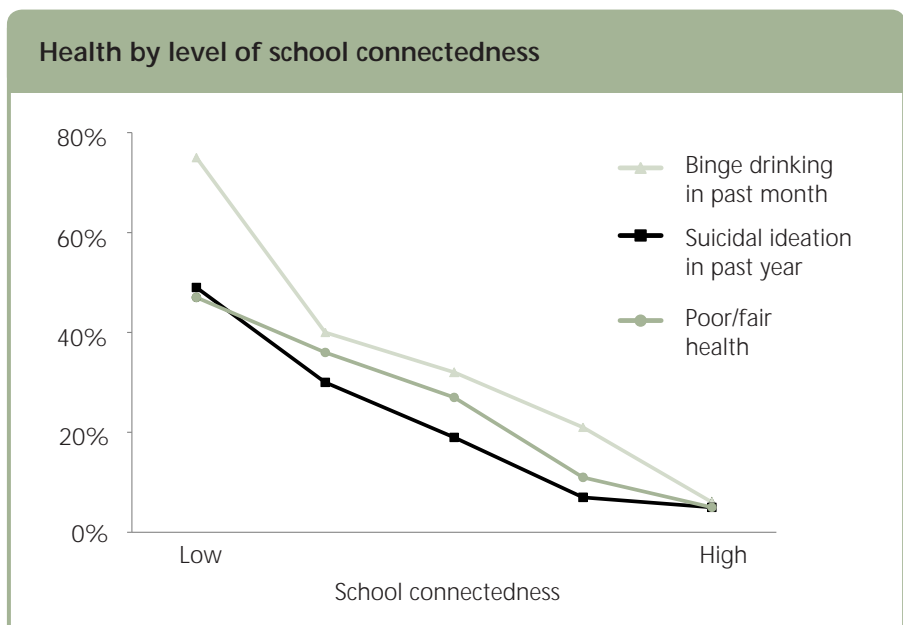
Family and School Connectedness

As in previous years, the AHS showed the importance of having strong connections to family and school. Family connectedness involves relationships with parents and family. School connectedness includes relationships with teachers and students' sense of belonging at school. The more highly connected youth were to their family or school, the less likely they were to report poor or fair health, suicidal thoughts, suicide attempts or binge drinking.

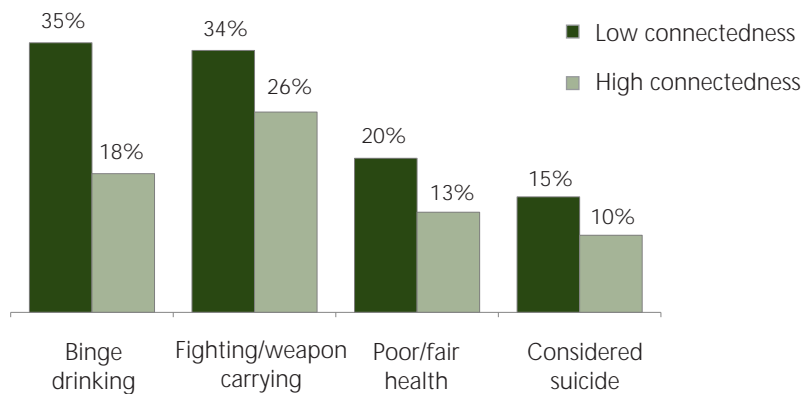
Youth who reported the highest levels of family connectedness were much less likely than youth who reported the lowest levels of family connectedness to get into a physical fight or carry a weapon (16% vs. 43%). School connectedness was even more protective. Youth who reported the highest levels of school connectedness were about 4 times less likely to carry a weapon or get into a physical fight than youth who had low school connectedness (13% vs. 51%).

Cultural Connectedness

The 2008 AHS included items on ethnic or cultural connectedness which measured the extent to which youth made efforts to learn about their ethnic/cultural group and how strongly they belonged to or felt attached to their group. Youth who were the most highly connected to their culture were the least likely to report poor/fair health.



Health by level of ethnic/cultural connectedness



Youth Engagement

In addition to being asked about their involvement in extracurricular activities, youth were asked to rate how meaningful their activities were to them and how much they felt their ideas were listened to and acted upon in these activities. Youth who were the most engaged in their activities were less likely to have seriously considered or attempted suicide in the past year, compared to those who were involved in activities that were not meaningful or those where they felt they had little or no input.

Positive Peer Relationships

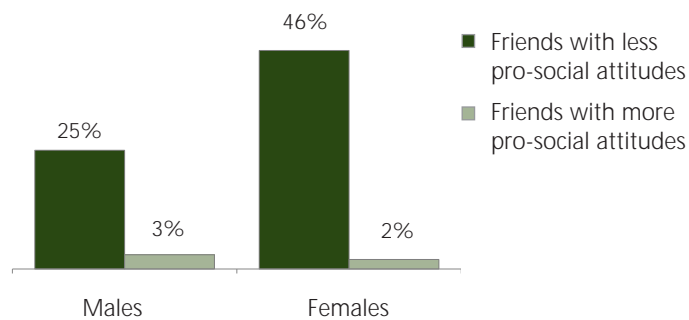
Youth were asked whether their friends would be upset if they engaged in a number of behaviours including getting arrested, beating someone up, carrying a weapon, getting pregnant or getting someone pregnant, dropping out of school, getting drunk and using marijuana. Youth with friends who would disapprove of these behaviours were less likely to binge drink than students whose friends had fewer pro-social attitudes. Having peers with healthy attitudes about risky behaviours was the strongest protective factor for binge drinking and was even more apparent for females than it was for males.

Protective Factors and Building Resilience in Vulnerable Youth

Protective factors such as family and school connectedness can reduce the likelihood of experiencing negative health outcomes for even the most vulnerable youth, such as those from unstable homes, students who go hungry or youth who have been abused.

Another example of vulnerable youth are students who have been victimized. Seventeen percent of youth who had been victimized or bullied at school reported that they had seriously considered suicide in the past year. For these youth, being connected to family and school was associated with lowered risk of suicidal ideation. Cultural connectedness and pro-social peer attitudes were also protective for victimized or bullied females (but not males).

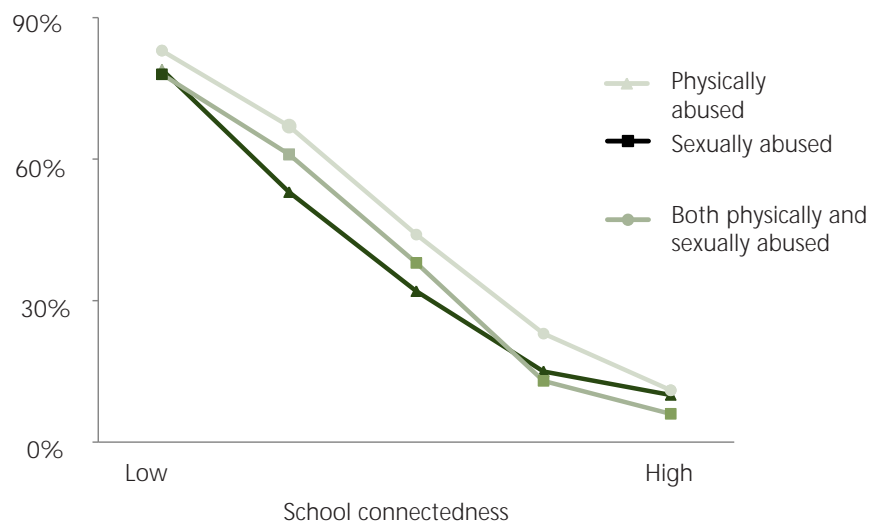
Binge drinking in the past month



Among victimized youth, those who felt they had input into their extracurricular activities and felt that their involvement in these activities was meaningful were much less likely than their peers to have considered suicide in the past year.

These findings show us that building protective factors can assist even the most vulnerable youth to overcome negative experiences, can help young people to make healthier choices and can contribute to more positive health outcomes for all youth in BC.

Suicidal ideation and school connectedness among abused students



Next Steps & beyond

As with previous McCreary Adolescent Health Surveys, the results of the 2008 survey will be used by government agencies, schools and communities to plan and assess youth programs and services.

The survey provides decision makers and others interested in youth health with up to date and comprehensive information on the health picture of young people in BC, as well as essential information about health trends, and about risk and protective factors that can influence young people's healthy transition to adulthood.

Additional Reports

Data for the AHS IV was collected from schools in 15 Health Service Delivery Areas. Specific reports will be prepared for 14 areas (Fraser South and Fraser East areas have been combined as there was insufficient school district participation in Fraser East to allow for the production of a separate report). These reports will supplement this provincial report with information specific to each area.

A series of fact sheets will also be published which will provide in-depth analysis on a range of key topics, in greater detail than can be produced in a highlights report such as this one.

Special Surveys and Reports

A series of special reports will be produced following additional in-depth analyses of the AHS IV. The first of these will be produced in the fall of 2009 and will offer an extensive picture of the health risk and protective factors for youth who are substance users.

The AHS IV provides a comprehensive picture of the health of BC students in mainstream public schools. To ensure the health picture of all BC youth is captured, McCreary will also continue to conduct surveys with youth who are not in such school settings, including youth in custody and youth who are street-involved.

Next Steps Workshops

McCreary is committed to ensuring that youth who participated in the survey get the opportunity to learn about the results, comment on them and use them to improve young people's health in their community.

A *Next Steps* workshop curriculum has been developed, which can be adapted with youth of all ages and experiences. The workshop curriculum will be updated with results of the 2008 survey and will be available for use by teachers, youth workers, Public Health Nurses and community leaders. McCreary's youth participation staff are also available to conduct workshops in school and community settings to engage young people in the AHS IV results.

For details of current and past Next Steps workshops see www.mcs.bc.ca.

Acknowledgements

The AHS IV represents a province wide collaboration between government agencies, the health authorities, school districts and service providers. McCreary is indebted to all the school principals and teachers who made it possible for the AHS to be administered in their schools and to the following experts and practitioners in youth health.

AHS IV Inter-Ministerial Advisory Committee

Kelly Acker
Policy Advisor, Ministry of Community Services

Jayne Barker
Ministry of Children and Family Development (MCFD)

Jennifer Donison
Delegated Agency Practise Consultant, MCFD

Ron Duffell
Executive Director, Act Now BC

Les Foster
University of Victoria/
Contractor Ministry of Health

John Green
Youth Services Consultant, MCFD

Jamie Lipp
Community Justice, Ministry of Public Safety and Solicitor General

Alex Mann
Policy and Research Analyst, Ministry of Education

Steve Morgan
Child and Youth Mental Health Consultant, MCFD

Paul Mulholland
Youth Services Consultant, MCFD

Wayne Mitic
A/Manager, Chronic Disease Prevention, Ministry of Health

Phil Schwartz
Director, MCFD

Wayne Wei
Performance Management Analyst, MCFD

Michelle Wong
Contractor, MCFD

AHS IV Institute

Kelly Acker
Senior's and Women's Partnerships, Ministry of Community Services

Tim Agg
McCreary Centre Society Board/PLEA

Marika Albert
McCreary Centre Society

Tanya Bemis
Healthy Living/Chronic Disease Prevention, Ministry of Health

Dr. William Boyce
Faculties of Education and Health Science, Queen's University

Jennifer Cameron
McCreary Centre Society

Anne Carten
Children and Youth Health, Vancouver Coastal Health

Kathy Cassels
Directorate of Agencies for School Health BC

Dr. Susan Clark
Educational Psychology, UBC

Dr. David Cox
McCreary Centre Society Board/
Department of Psychology, SFU

Sarah Day
McCreary Centre Society

Jennifer Donison
Aboriginal Regional Support Services Team, Province of BC

Dulcie Fernandes
Child and Youth Officer for BC, Ministry of Attorney General

Annette Glover
BC School Trustees Association

Dr. Rita Green
Statistics Canada

Elaine Jones
Division of STI/HIV Prevention and Control, BC Centre for Disease Control

Pamela Joshi
BC Injury Research and Prevention Unit, Children's and Women's Health Centre of BC

Sherry Kelly
Interior Health

Dr. Marvin Krank
Graduate Studies – UBC Okanagan

Alison Liebel
McCreary Centre Society

Jamie Lipp
Victim Services and Community Programs Division, Ministry of Public Safety and Solicitor General

Dr. Nadine Loewen
Fraser Health

Dr. Laura McKay
McCreary Centre Society Board/SFU

Dr. Roey Melleson
Division of Adolescent Health, Children's and Women's Health Centre of BC

Sydney Massey
BC Dairy Foundation

Lauranne Matheson
Division of Childhood and Adolescence, Public Health Agency of Canada

Pat Mauch
McCreary Centre Society Board

Megan McLarnon
Department of Psychology, UBC

Bruce Mills
Healthy Schools Network, Ministry of Education

Steven Morgan
Child and Youth Mental Health

Team, MCFD

Paul Mulholland
Youth Services Policy Team, MCFD

Melissa Northcott
McCreary Centre Society

Dr. Colleen Poon
McCreary Centre Society

Kathy Powelson
McCreary Centre Society

Maureen Rowlands
Health Promotion, Heart and Stroke Foundation of BC and Yukon

David Sadler
McCreary Centre Society

Dr. Elizabeth Saewyc
McCreary Centre Society/UBC

Annie Smith
McCreary Centre Society

Cathy Still
McCreary Centre Society Board

Dr. Tim Stockwell
Centre for Addictions Research of BC, UVic

Dr. Roger Tonkin
McCreary Centre Society Founder

Wayne Wei
Accountability and Project Management Branch, MCFD

Cathy Whitehead
Vancouver Island Health Authority

Karen Wonders
Northern Interior Health Unit

Regional Coordinators & Administrators

Region 1 North West

Terri-Lynne Huddlestone

Cory Neufeld

Leanna Loy
Maya Peled
Kathy Powelson
Pam Sagert
Sherry Simon
Annie Smith
Duncan Stewart

Region 3 Northern Interior

Karen Wonders

Tiffany Boyes
Lara Child
Kristina den Otter
Georgina Green
Mary Groeneveld
Sharon Kennedy
Claire Madill
Shellie O'Brien
Kristin Reid
Cary Savarella
Monique Svehla
Lynne Wilson
Cheryl Work

Region 4 Thompson-Cariboo

Donna Wright

Sharn Basra
Wendy Morgan

Region 5 Okanagan

Sherry Kelly

Kim Bucek
Minda Chittenden
Marijean Day
Lori Lee
Wendy Morgan

Region 6 Kootenay-Boundary

Heather Allen

Sherry Kelly

Linda Rollins

Region 7 East Kootenay

Sherry Kelly

Heather McDonald

Region 8 North Vancouver Island

Linda Carlson

Marilyn Graham

Jan Adams
Peter Carter
Amber Frederick
Denise Galbraith
Kate Green
Margaret Griffith-Cochrane
Erin Hackett
Jan Harder
Carmen Jensen
Shirley Kirk
Crystal Mann
Rebecca Olesen
Pam Rardon
Sarah Russell
Hiroko Sakai
Lynette Smith
Monica Swanson
Cheryl Viel

Region 9 Central Vancouver Island

Elizabeth Elliot

Twyla Schon
Joel Bailey
Jonene Bryan
Francesca Chiste
Chris Crabtree

Donna Craigon
Kelly Dowling
Helen Eng
Tricia Fothergill
Carol Hadley
Erin Kenning
Jenna Mueksch
Pat Partridge
Tanya Penner
Stacey Robinson
Myles Schroeder
Joy Stott
Andrea Tourney-Kiwaluk
Christine Urquhart
Melanie Williams
Claire Wilson
Joanne Yates

Region 10 South Vancouver Island

Cheryl Martin

Eve McLeod

Maureen Rowan

Trinda Gajek
Christine Smart
Carly Westwood

Region 11 North Shore/Coast Garibaldi

Margaret Antolovich

Connie Coniglio

Susan Conley

Genevieve Dallimore

Terri Baker
Chris Blackman
Jenn Bridge
Tara Deeth
Jayna deRoos
Patti Diplock
Leah Dube
Kristine Good
Sandra Good

Elizabeth Grant
Tanja Hanson
Catriona Hardwick
Melinda Herceg
Sue King
Nicole Lisle
Carol Longman
Carol McGuire
Geraldine Meade
Kate O'Conner
Judith Pallavicini
Laura Peters
Sonja Prevost
Cayla Politylo
Shereen Russell
Johanna Rzepa
Sandra Squires
Jodi Stultz
Julia Wayatt
Eleanor Weston
Jacki Wilcox
Racquel Wingerter

Region 12 Vancouver

Dorothy Hamilton

Claire Heath

Leslie Mills

Donna Quail

Natalie Slomba

Sharon Tobert

Hannah Varto

Farnaz Abasi
Maryam Ataee
Vanessa Barbosa
Jason Batalha
Carmen Beach
Vicky Bingham
Eva Boberski
Anne Carten
Ali Chalmers
Charles Chua
June Chun
Sara Cinco

Regional Coordinators & Administrators

Christine Cruz
Kam Dhaliwal
Kristine Fera
Margaret Gander
Manav Gill
Marina Glasgow
Michelle Gooding
Smriti Gurung
Alonni Holmes
Suzanne Holynaty
Jessica Howell
Tracy Kereluk
Joyce Lee
Megan Lee
Krista Lees
Heidi Loewn
Leanna Loy
Tara Lum
Gerri MacLean
Kelly Mah
Michele Morand
Dionne Ng
Jessica On
Sasha Peled
Kristienne Pangilinan
James Parcon
Danica Poje
Caroline Reilly
Amanda Rogan
Helen Rogers
Laura Russell
Mariam Salih
Laura Schellenberg
Marie Shibata
Julita Sickiewicz
Liz Sniderman
Pauline Sumel
Noelle von Beckmann
June Wyse
Jie Xu
Jean Yang
Tom Ying
Marina Young

Region 13 Richmond

Chris Salgado
Elena Aroutiounova
Melissa Chiang
Beth Cowie
Brittary Deeter
Elizabeth Donevan
Mike Dowler
Lesla Durrisha
Laverne Fratar
Colleen Hinkkala
Erica Jen
James Kuecks
Stephanie Lee
Susan Lee
Karen Li
Dana Marquis
Lindsay McRae
Sarah Musni
Roanne Pineda
Benedicte Schioetz
Nickie Snyder
Deb Solk
Catherine Ug

Region 14 Fraser North

Ronnie Bahia
Denise Fargey
Lynn Guest
Scott Harrison
Amy Maio
Brenda McIntosh
Alita Reid
Lesley Vervae
Heather Winnichuk
Kate Alexander
Denise August
June Belanger
Gerda Bensch
Julie Bomba
Donna Burton

Tamira Burton
Jacqueline Calapre
Kathy Chilton
Jane Clarke
Ellen D'Auria
Lorna Gibney
Gurdeep Gill
Corrie Groves
Andrea Lamoureux
Janet Lee
Jeanette Leong
Nancy Makela
Elva McArthur
Amelia McDonald
Angela Matson
Colleen McInnes
Diana Mielen
Michelle Murdoch
Jan Olson
Patricia Patton
Rosa Peralta-Rabang
Lisa Pires
Lori Radbourne
Cheryl Sanchez
Margaret Shaw
Sonja Simonsen
Sandra Stafford
Bev Turner
Paula Turner
Sara Thind
Danielle Vojvodic
Carmen Wentland
Kelly Yu

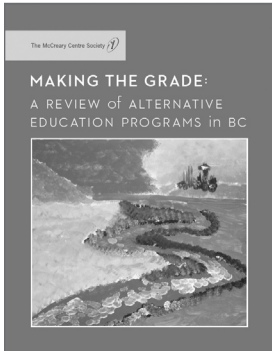
Region 15/16 Fraser South/ Fraser East

Alicia Birch
Carla Kraft
Donna Martyniuk
Pam McIntee
Judi Mussenden
Pauline Pigeau

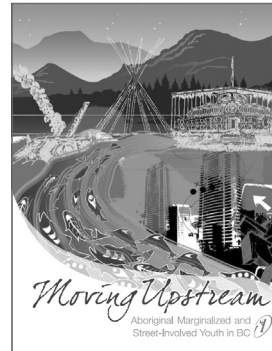
Kim Roberts
Anup Samra
Pat Shelby
Cathy Stewart
Mona Taylor
Loa Vandenberg
Katherine Bartel
Sandra Bordignon
Corina Cecchi
Ed Chow
Amanda Clifford
Beth Clifford
Karin Congo
Jackie Dekens
Linda Foord
Doris Fraczek
Navi Ghuman
Sandeep Grewal
Nan Huth
Sandy Jambhekar
Parm Johal-Thiara
Therese MacDonald
Dania Mehan
Barbara Metcalf
Kerrin Miller
Barbara Moritz
Bobbi Naylor
Vikki Oppel
Sharon Pready
Heidi Ryan
Yvette Sabo
Lisa Samms Maxwell
Caroline Schultz
Karen Scott
Jo-Ann Steed
S. Stockdale
Heather Thur
Maureen Turner
Jennifer Watt
Debbie Wickstrom
Frances White
Sharon Williams
Wendy Wilson

Additional McCreary Resources

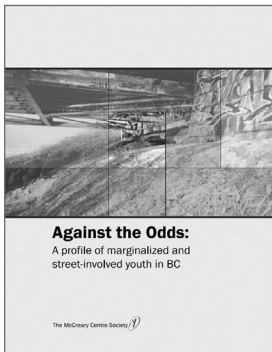
For any of these, or other materials by the McCreary Centre Society, visit our website www.mcs.bc.ca.



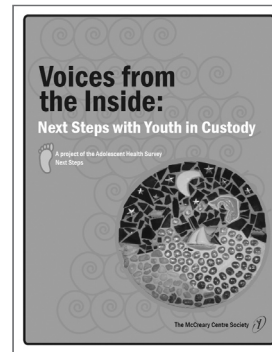
Making the Grade: A review of alternative education programs in BC (2008)
A review of alternative education programs in BC, involving youth attending alternative education programs for "at-risk" and "high risk" youth across the province, and adult stakeholders. The review documents the positive impact of these programs for youth.



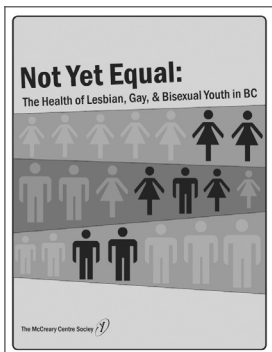
Moving Upstream: Aboriginal marginalized and street-involved youth in BC (2008)
This report analyzes the experiences in nine BC communities of homeless, inadequately housed, street-involved and marginalized Aboriginal youth. The report is a further analysis of McCreary's Marginalized and Street-Involved Youth Survey.



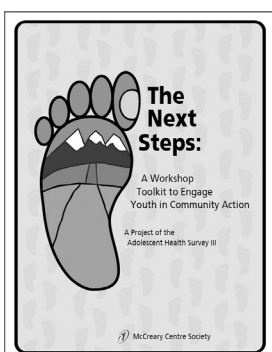
Against the Odds: A profile of marginalized and street-involved youth in BC (2007)
The lives of marginalized and street-involved youth are complex and filled with challenges, dangers and opportunities. This report summarizes the results of surveys with marginalized youth in the North, Interior, Fraser Valley, Vancouver Island and Vancouver.



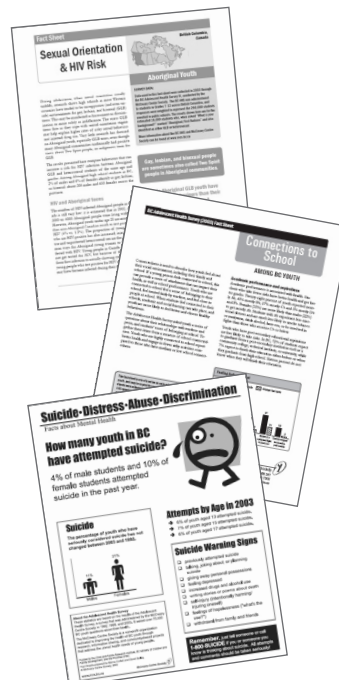
Voices from the Inside: Next Steps with youth in custody (2007)
The Next Steps is an interactive workshop series that gives youth the opportunity to respond to the results of McCreary's youth health research. It was adapted to give youth in custody the opportunity to respond to the results of McCreary's 2004 survey of BC youth in custody.



Not Yet Equal: The health of lesbian, gay & bisexual youth in BC (2007)
This report takes a closer look at the health of LGB youth, their life experiences and risk behaviours across the first three AHS surveys. It reveals both hopeful and worrying trends.



The Next Steps: A workshop toolkit to engage youth in community action (2005)
The Next Steps is a workshop series that provides youth, along with supportive adults, an opportunity to: discuss the results of the Adolescent Health Survey; identify priority issues; and plan projects for improving the health of youth in their communities.



Fact Sheets

Fact Sheets offer research results on a variety of topics using the most recent Adolescent Health Survey data. Fact Sheets include:

- Sexual behaviour & sexuality
- Connections to school
- Safety and violence
- Harassment & discrimination
- Emotional health
- Injuries

Index

About the Survey 8-10

Aboriginal Youth 10, 11, 29
Academic Aspirations 42, 47, 51

Abuse and Violence 41-44

Acknowledgements 8, 56-58

Additional McCreary Resources 59

Alcohol 7, 13, 20, 27, 29, 32, 33-35, 37, 40, 42, 50-54

BC Youth: Their Home and Family 11-15

Body Image 23, 24
Bullying 43, 54
Cultural Connectedness 7, 52, 54
Disability 6, 16, 29, 42, 44
Discrimination 10, 44
Driving 6, 19, 20
Eating Disorders 24
Ethnic Background 11, 44
Family 7, 11, 14, 15, 28, 29, 37, 38, 51, 52, 54
Family Connectedness 6-8, 14, 38, 51, 52, 54

Forward 4, 5

Gambling 50
Help Seeking 17, 29, 30, 37

Index 60

Injuries 6, 18-20, 37

Internet Safety 43

Key Findings 6, 7

Limitations 9

Marijuana 7, 20, 27, 29, 32-35, 53

McCreary Resources 8, 10, 55, 59

Medical Care 6, 12, 16-18, 28, 29, 39, 43

Mental and Emotional Health 6, 25-30

Mental Health Services 6, 29, 30
New Canadians 9, 11

Next Steps and Beyond 10, 55

Nutrition 6, 21, 22

Olympics, 2010 Winter 48
Peer Relationships 8, 38, 45, 51, 54

Physical Abuse 7, 27, 29, 41, 42, 44, 54

Physical Activity 7, 15, 18, 48, 49

Physical Fights 37, 43, 46, 51-53

Physical Health 16, 17

Poverty 15

Pregnancy 7, 38, 40, 43

Protective Factors 7, 51-54

Relationship Violence 7, 44

School 45-47

School and Work 45-47

School Connectedness 6, 7, 13, 35, 42-45, 51-54

School Districts, Participating 8, 10, 41, 55

Self-Esteem 25

Self Harm 7, 27

Sexual Abuse 7, 27, 29, 41, 42, 44, 54

Sexual Behaviour 37, 38-40

Sexual Harassment 42

Sexual Orientation 7, 12, 29, 38, 44

Sexually Transmitted Infections 38, 39

Smoking 7, 31, 32, 50, 51

Spirituality 12

Sport and Leisure Activities 48-50

Stress 25-27, 13

Substance Use 7, 33-37 20, 27, 29, 40

Suicide 7, 13, 15, 27-29, 42-44, 46, 47, 51-54,

Survey, Administration/Analysis 8-10, 41, 46, 57-58

Technology and Media 24, 49

Table of Contents 3

Weapon Carrying 42, 46, 47, 51-53

Weight and Body Image 23, 24, 29, 44

Work 18, 25, 47, 49

Youth Engagement 49, 53-55



McCreary Centre Society

3552 East Hastings St. Vancouver, BC V5K 2A7

www.mcs.bc.ca