Aboriginal Youxs aven's

McCreary Centre Society

#### **About the cover**

Raven is depicted as the bringer of health to youth in the form of the medicine wheel's philosophy. The four aspects of physical, mental, emotional and spiritual encompass what needs to be looked at in terms of being a healthy person. In the stories, Raven brought the first peoples what they needed to survive, and now brings what is needed to be healthy. Raven and the medicine wheel come together to teach the people that health is not confined to the physical, but relates to all aspects of life.

Ginger Gosnell Nisga'a/Kwakiulth

# Raven's Children II: Aboriginal Youth Health in B.C.

© McCreary Centre Society, 2005 ISBN 1-895438-73-X

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The McCreary Centre Society is a non-government, non-profit organization committed to improving the health of B.C. youth through research, education and community-based projects. Founded in 1977, the Society sponsors and promotes a wide range of activities and research to address unmet health needs of young people.

#### Areas of interest include:

- Health promotion
- · Health risk behaviours
- Youth participation and leadership skills development

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#### **Acknowledgements**

There are many people we would like to acknowledge and thank. Most importantly, we would like to thank all the Aboriginal youth who participated in the Adolescent Health Survey.

Thank you to the Aboriginal youth who participated in the discussion group. We were honoured that you so willingly shared your personal experiences, along with insights about the research results. We are also grateful to Willy Blackwater of the Broadway Youth Resource Centre for supporting the youths' involvement.

Thank you to the youth whose photos appear in this report; they have helped put a human face on Aboriginal youth health. We appreciate John Crosby's contribution in taking photos.

Many thanks to the members of the advisory committee. Your feedback helped to shape the messages about Aboriginal youth health in this report.

Funding for the Raven's Children II project was provided by the BC Ministry of Children and Family Development.

The views expressed herein do not necessarily represent the official policy of the Province of British Columbia.

#### **Suggested Citation:**

van der Woerd, K. A., Dixon, B. L., McDiarmid, T., Chittenden, M., Murphy, A. & The McCreary Centre Society (2005). *Raven's Children II: Aboriginal Youth Health in BC.* Vancouver, BC. The McCreary Centre Society.

Raven's Children II: Aboriginal Youth Health in BC was written by Lisa May and designed by Alison Liebel. The cover design was created by Ginger Gosnell for Raven's Children I in 2000.

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# Introducing Raven's Children |



#### How this report came about

The McCreary Centre Society (MCS) is a non-profit organization committed to improving the health of B.C. youth through research, information and community-based participation projects.

In 1992, MCS conducted the first Adolescent Health Survey (AHS) with close to 16,000 youth in schools throughout B.C. Of these youth, almost 700 students identified themselves as Aboriginal. MCS approached members of the Aboriginal community to determine if there was an interest in producing a report on these Aboriginal youth in school. At the time, it appeared as though developing this report was not a priority. As a result, MCS chose not to release any of the data on Aboriginal youth.

However, the 1992 AHS data on Aboriginal youth was analyzed by an Ojibway doctoral student, Ruth Turner. Dr. Turner's dissertation was entitled Risk and protective factors for propensity for suicide among British Columbia First Nations adolescents, using the Adolescent Health Survey.

In 1998, MCS conducted the second AHS with approximately 26,000 students, of which 1,710 youth identified themselves as Aboriginal. MCS approached Aboriginal community members, and found there was an interest in producing a report on these youth. MCS took the following steps to ensure the process of developing this report was culturally sensitive:

- An advisory committee was formed with Aboriginal people from a variety of Aboriginal organizations and agencies.
- MCS hired me, a member of the Namgis First Nation, as the Research Assistant to conduct the data analysis for the report.
- Consistent with MCS philosophy, the emphasis did not focus on youth "deficits," but instead highlighted the positive.
- The advisory committee reviewed the results and provided feedback.
- Results were also reviewed by Aboriginal youth to see how the information resonated with them.
- The report, Raven's Children, was presented to the Aboriginal community at the Vancouver Friendship Centre, prior to being released to the general public.

# We encourage you to read this report and consider how the results fit with your community or organization

 MCS was committed to sharing the results with Aboriginal communities by developing Next Step workshops to present the report and discuss community priorities.

Two Aboriginal youth leaders, Ginger Gosnell and Sienna MacMillan, facilitated *Next Step* youth workshops in communities across B.C. to present data on Aboriginal youth health and gather feedback on priority health needs for youth. (Their reports are included in our reference list on page 53.)

MCS was interested in disseminating the results to the academic community as well, and Dr. Turner and I presented this data at conferences for the Canadian Psychology Association, Society for Community Research and Action, the National Aboriginal Health Organization, Child and Youth Health Third World Congress and Exposition, the International Association of Forensic Mental Health, the European Association of Psychology and Law, Society for Adolescent Medicine, and the American Psychology Law Society.

In 2003, MCS conducted the third AHS with over 30,500 youth, and 2,478 students identified themselves as Aboriginal. This report, *Raven's Children II*, combines the data from responses of more than 4,800 Aboriginal students who took part in province-wide youth health surveys in 1992, 1998 and 2003. The same steps have been taken in developing this report as the first one. While MCS is not an "Aboriginal" organization, they do have valuable and unique information on our Aboriginal youth. We encourage you to read this report and consider how these results fit with your community or organization.

All my relations,

Kim van der Woerd Namgis First Nation Ph.D. Candidate, Department of Psychology, Simon Fraser University

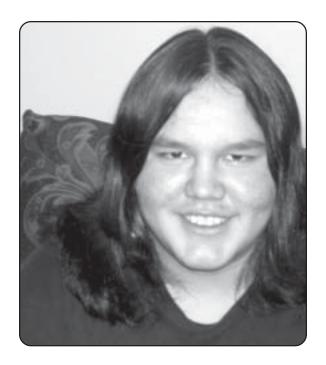


We are native people and are here to live life on earth just like everyone else; we bleed just like others. So don't judge us for who we are, but look at us as

22-year-old male, Carrier First Nation

equal or the same."

# Aboriginal Youth Feedback



I helped organize a discussion group that gave Aboriginal youth an opportunity to hear about the *Raven's Children II* results, and talk about the important issues in their communities and lives. Ten Aboriginal youth between the ages of 14 and 24 engaged in the discussion. Some of the issues we discussed included school and education, physical health, volunteering, recreational activities, sexual behaviour, and tobacco, alcohol and drugs. The youth shared their thoughts about these issues and whether the preliminary results of the *Raven's Children II* report reflected their life experiences.

you sure this is for Aboriginal youth?" "Where did you get this information from?" They seemed surprised that Aboriginal students in B.C. are doing quite well, and in many cases do not differ much from the rest of the youth population. They also seemed encouraged and inspired to hear positive statistics about Aboriginal youth.

As a conclusion to the discussion group, youth participants wrote personal comments in response to the question "What do you want to tell people about Aboriginal youth?" Their answers were heartfelt and inspiring. Some youth mentioned the importance

# Aboriginal youth no longer want to hear about being at risk or in trouble. They need positive role models to encourage them.

What resonated with me was the negative perception the Aboriginal youth in this discussion group have of Aboriginal youth in B.C. today. We used a trivia game to engage the youth in responding to the research results. In most cases, the youth chose the most negative response category and when told the correct answer, they seemed to question the survey's accuracy. They would ask questions like, "Are

of their culture, ceremonies and languages. Others mentioned a concern for their futures, and their desire to have more Aboriginal youth involved in activities such as the discussion group. One youth in particular mentioned that people need to have more faith and support for Aboriginal youth, which will lead to their success. You will read their comments throughout this report.

#### **Education**

The youth participating in this group believed grade eight is a difficult time, because Aboriginal youth get picked on. In grade nine or 10, friends are more established and youth have more support or back up. Some youth mentioned that most Aboriginal youth don't go on to post secondary education because so many have personal issues that prevent them from graduating from high school. To help Aboriginal youth with their problems, the discussion group participants suggested there needs to be more support for Aboriginal youth in school, and more Aboriginal teachers and youth leaders. The youth participants felt that Aboriginal teachers understand where they are coming from, and would prefer to hear about their history from an Aboriginal person rather than a non-Aboriginal person. However, one youth commented that there are many places Aboriginal youth can go for support, but most don't use or seek out these resources.

The youth believed a lot of Aboriginal youth are involved in volunteer activities, which may be related to schools requiring volunteering as part of the curriculum.

#### Physical health

The youth discussed the media's influence on girls, especially relating to weight issues. They were very surprised to find out that Aboriginal students rated their health highly, because their perception is that most Aboriginal youth have poor eating habits, partly because of the high price of fruits and vegetables and other healthy foods.

#### Sexual health

The Aboriginal youth were surprised by an increase in condom use and a decrease in sexual activity, because they believe there is still a problem with teen pregnancy in their communities. They attribute the increase in condom use to the availability of condoms now for youth.

#### Substance use

Learning that the percentage of Aboriginal youth who have tried smoking has decreased was attributed to the rising prices of cigarettes. The decrease in driving after using alcohol or drugs among Aboriginal youth was attributed to the media telling stories of youth dying in car accidents, after drinking and driving, or being hit by a drunk driver.

#### **Adult support**

Learning that most Aboriginal students have an adult in their family they would feel okay talking to about a serious problem surprised some youth and didn't surprise others. Some felt this is because Aboriginal people usually have large families. Other youth were surprised because this statistic did not reflect their situation or their peers'.

#### **Identifying issues**

After the discussion, we asked the group of youth to identify what they believe are the most important issues facing Aboriginal youth. Some issues the group viewed as very important were school and education, leadership, depression, racism, family troubles, the long term effects of the residential school system, and the need for healing. One youth commented that in several of her university courses a negative approach was taken by professors when discussing Aboriginal youth.

#### I think we can start a new cycle for Aboriginal youth through mentorship and encouragement.

To me, their comments speak to the need to deemphasize the deficit approach in researching Aboriginal youth. I felt it was inspiring for this group of youth to learn about the positive statistics we have found. They no longer want to hear about being at risk or in trouble. They need positive role models to encourage them and show that they too can become a positive example for other Aboriginal youth. I think we can start a new cycle for Aboriginal youth through mentorship and encouragement. If one youth encourages another to succeed, and that cycle continues, anything is possible. Aboriginal youth are moving forward in their lives, and are prepared to support one another. And each and every one of them wants to be their own success story.

Brittany Dixon Sechelt Nation

# Aboriginal Youth Health in British Columbia

#### Why Raven's Children II was produced

Many publications and media reports point out that Aboriginal Canadians are less healthy than other Canadians. And it is true that too many Aboriginal youth are homeless and in B.C.'s custody centres, and these youth have much higher rates of drug and alcohol use, suicide attempts, histories of abuse, and other health problems.

But *Raven's Children II* shows that Aboriginal youth attending school in B.C. are similar in many ways to non-Aboriginal youth. These youth are tired of hearing dire statistics about themselves, and want to see more positive news reflecting their progress into adulthood.

And this report has some good news and promising trends to announce. Based on the largest youth health survey ever conducted in the province, *Raven's Children II* shows most Aboriginal youth feel connected to their families and school, most report good or excellent health, and smoking has dramatically declined among Aboriginal students.

However, the report does not minimize real issues, and identifies areas with room for improvement, such as the continuing concern over higher suicide rates among Aboriginal youth, where programs and services could be targeted to improve their health and well being.

The data in this report was obtained from the responses of more than 4,800 Aboriginal students who took part in province-wide youth health surveys in 1992, 1998 and 2003. The survey was conducted by The McCreary Centre Society, a non-profit B.C. organization with extensive experience in youth issues. McCreary produced this report in collaboration with an Aboriginal Youth Health Project Advisory Committee.

#### **Promoting healthy youth development**

Current research suggests building on the strengths of youth and their communities is more effective than focusing on youth as problems. To support young people in making a healthy transition through adolescence, prevention and intervention strategies must occur early and provide opportunities for positive growth.

#### Intervene early

Early adolescence, from the onset of puberty into the early teen years, is a critical period of transition. This phase of development is characterized by rapid physical and emotional changes, and by changes in social relationships. Experimentation with adult lifestyles may begin in early adolescence, especially for young people growing up in adverse conditions. The beginning of adolescence offers a window of opportunity for prevention and early intervention, rather than waiting until the middle or late teen years when problems have already developed and patterns of behaviour have become more firmly entrenched.

#### Provide opportunities for healthy youth development

All adolescents need opportunities to develop skills and competencies, have relationships with caring and supportive adults, and build a sense of optimism for the future. Healthy youth development approaches go beyond focusing on risks and problems, to nurturing strengths, skills and positive relationships.

# Key Findings

## Most Aboriginal students feel strongly connected to their families and school

#### **Most Aboriginal students are healthy**

- Most Aboriginal students rate their health as good or excellent.
- Most Aboriginal students feel strongly connected to their families and school.
- Over three-quarters have an adult they could talk to if they were having a serious problem.
- Nearly two-thirds want to continue their education beyond high school.
- Almost three-quarters regularly participate in organized extracurricular activities.
- Most youth volunteer in their schools or communities.

#### **Positive trends**

- Smoking has dramatically decreased among Aboriginal students.
- Fewer Aboriginal youth are drinking alcohol.
- Drinking and driving among Aboriginal students has decreased since 1998.
- Sexual and physical abuse of Aboriginal youth has declined over the past decade.
- Aboriginal students are waiting longer to have sex.

- Condom use has increased among sexually active Aboriginal students.
- Violence has not increased among Aboriginal youth.

#### **Room for improvement**

- More Aboriginal boys are overweight compared to a decade ago.
- Too many Aboriginal youth think about or attempt suicide and rates have not improved in the past decade.
- Too many Aboriginal students, especially girls, continue to experience sexual and physical abuse.
- Internet safety is a concern, especially among girls.
- Fewer youth reported feeling safe at school in 2003 than in 1998.
- One in five Aboriginal students experienced racial discrimination.
- Marijuana use among Aboriginal students has increased.
- Among youth who drink alcohol, binge drinking has not decreased over the past decade.



# Aboriginal Youth In B.C.



About 4.5% of B.C.'s population identified themselves as Aboriginal in the 2001 census, and 73% did not live on a reserve. A somewhat larger proportion of B.C. youth are Aboriginal: 8.4% of all public school students in the 2003/04 school year, according to the B.C. Ministry of Education. About half of B.C.'s Aboriginal population is under the age of 25.

Over the years, statistics have consistently shown troubling suicide rates among Aboriginal youth. The BC Children's Commission 1999 Annual Report noted the suicide rate for Aboriginal males aged 10 to 19 is over eight times higher than for non-Aboriginals; for Aboriginal females, the rate is 20 times higher. While the overall suicide rate among Aboriginal youth has not improved in the past decade, other research shows that:

Suicide rates are lower for First Nations bands that have made progress toward self-government and land claims, have cultural facilities, and have control over local services such as health care, education, police and fire. The more "protective factors" in a community, the lower its suicide rate. Aboriginal individuals and communities are healthier when they are empowered and have a sense of control over their lives and their destinies.

Provincial Health Officer's Annual Report 2001: The Health and Well-being of Aboriginal People in British Columbia

The results of the 2003 Adolescent Health Survey also show a need for more effective ways to prevent suicide attempts and physical and sexual abuse among Aboriginal youth, and to decrease risky behaviours such as smoking, marijuana and alcohol use, and early sex.

Aboriginal youth in school are coping well with the transition through adolescence

However, the survey shows marked improvements in many of these areas, and suggests Aboriginal youth who are in school are coping well with the transition through adolescence. Most Aboriginal students report good or excellent health, and are physically active. Smoking is on the decline. Fewer Aboriginal students are sexually active, and of those who are, more are waiting longer to have sex. Most Aboriginal students have strong connections to their families and schools, and two-thirds want to complete post secondary education.

Still, we need to do more to promote health among Aboriginal youth, ensure they feel safe at school and in the community, have optimistic aspirations for the future, and have the skills, resilience and confidence to achieve these goals.

The McCreary Centre Society and the Aboriginal Youth Health Project Advisory Committee hope that Aboriginal communities can use the survey results to build on their strengths and resources, enhance capacity, and design health promotion strategies for youth.



### "Native Indians

are no different than others; we like the same things most people have an interest in. I have given myself goals and have succeeded, such as graduating from high school and landing a good job in sales. So when everyone says we are good for nothing, you can tell them to look me up!"

21-year-old Aboriginal male

# About the Survey



#### What is the Adolescent Health Survey?

The Adolescent Health Survey (AHS) is the largest study of the physical and emotional health of B.C. youth, and of factors that influence health during adolescence and throughout life.

The McCreary Centre Society, a non-government, non-profit research organization, conducted the first Adolescent Health Survey in 1992, with close to 16,000 students in grades seven to 12, in most regions of B.C. Nearly 26,000 students participated in the 1998 survey, and more than 30,500 students completed the 2003 AHS. In total, over 70,000 students completed surveys over a decade, providing information about trends among B.C.'s youth.

The fourth provincial Adolescent Health Survey is planned for 2008.

#### What does the survey ask?

The 2003 survey asked students 140 questions about health problems, practices that promote good health, and risky behaviours, such as drug and tobacco use, unprotected sexual activity, or drinking and driving. Students filled out the questionnaire in school classrooms during one class period. Participation was voluntary and anonymous. No one could tell how any individual student answered the questions. Each school district arranged for parental or guardian consent to allow students to participate.

Responses were analyzed using current statistical techniques. Government agencies, health professionals, schools and community organizations use the survey information in planning programs, policies and services for youth. And survey results have been published in a number of provincial, regional and special interest reports and fact sheets (see page 53 for a list).

Raven's Children II is based on answers from 4,800 Aboriginal students who answered the AHS surveys

# Who is the Raven's Children II report about?

Raven's Children II is based on answers from approximately 4,800 students who identified themselves as Aboriginal in the AHS surveys in 1992, 1998 and 2003. The survey was not designed specifically for Aboriginal students, and the questionnaire did not include language or content unique to Aboriginal culture, or any other particular cultural group.

Overall, students chosen to participate in the survey were selected to be representative of all B.C. youth in grades seven to 12. Public schools in both urban and rural areas participated in the survey. The final study results are based on the responses of students actually in school on the day the survey was given.

Aboriginal students continue to leave school at a younger age than other students in B.C. For this reason, the Aboriginal students who participated in the Adolescent Health Survey may be different in some ways from Aboriginal youth in the same age group who are no longer in school.

Additional surveys of Aboriginal youth—including those who have left school—are needed to create a more complete profile of all Aboriginal young people. McCreary conducted a survey of youth in custody in 2004, and plans to survey street youth in 2006. Because these two groups include a large proportion of Aboriginal youth, data from the new surveys will provide valuable information about Aboriginal youth who did not participate in the school-based survey.

#### **Defining Aboriginal**

A question in the Adolescent Health Survey asks students to identify their ethnic identity, using a list of choices. In 2003, 2,478 students checked a box on the questionnaire identifying themselves as being "Aboriginal/First Nations," or a box marked "other," and wrote a specific Aboriginal group. The survey allowed more than one response for ethnic identity; students could check more than one category if they identified themselves as having mixed ancestry. The questionnaire did not ask for information about whether students were status, non-status or Metis.

In 1998, 1,699 students identified themselves as "Aboriginal/First Nations," and 672 students marked the category "North American Indian," in the 1992 survey. (The wording of the ethnicity question was different on each AHS.)

In 1992, about 4% of students who responded to the AHS were Aboriginal. In both 1998 and 2003, Aboriginal students represented 8% of the overall sample. (According to the B.C. Ministry of Education, 8.4% of all public school students in kindergarden to grade 12 were of Aboriginal origin in the 2003/04 school year.)

Forty-six percent of the Aboriginal students who filled out the 2003 survey were male; 54% were female. Aboriginal students participating in the survey were not evenly distributed across grades and ages, unlike non-Aboriginal students. Instead, the pro-



portion of Aboriginal students decreases as age or grade increases; 21% of Aboriginal students were in grade seven, 18% in grade eight, 18% in grade nine, 15% in grade 10, 14% in grade 11, and 14% in grade 12.

# Family Connections

#### Sample question on family background

How much have you learned about Aboriginal culture and heritage from your family, school or community?

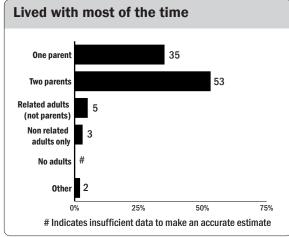


Youth who feel more connected to their families have better health and take fewer risks

#### **Family background**

More than half (53%) of Aboriginal youth in school who responded to the Adolescent Health Survey III said their heritage was solely Aboriginal, while 47% said they were of combined Aboriginal and other heritage. Almost all Aboriginal students (97%) were born in Canada, and 94% have lived in Canada all their lives.

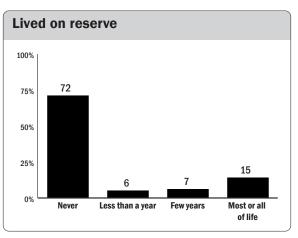
More than half of Aboriginal youth in school (53%) live with two parents most of the time, and 35%



live with one parent. Overall, 17% reported living with both parents, but at different times.

Seventeen percent of Aboriginal youth said they currently live on a reserve, while 28% have lived on a reserve at some point in their life. (Page 44 compares health data for youth living on and off reserve.)





The survey asked Aboriginal students how much they learned about Aboriginal culture and heritage—such as songs, dances, traditional places, stories, history and food—from their family, school and community. Overall, almost half (48%) of Aboriginal youth learned "quite a bit" or "a lot":

- 32% learned "quite a bit" or "a lot" about Aboriginal culture from their family.
- 21% learned "quite a bit" or "a lot" about Aboriginal culture from their school.
- And 18% learned "quite a bit" or "a lot" about Aboriginal culture from their community.

Over half of Aboriginal students consider themselves religious or spiritual: 11% are "very" religious or spiritual, and 45% are "somewhat" spiritual. More females are spiritual than males. And Aboriginal youth become more spiritual as they get older.

#### **Protective factors**

Research indicates that protective factors foster healthy youth development. Youth need caring relationships with adults, safe environments, positive expectations for their growth, and opportunities to develop competencies in school and community life.

The Adolescent Health Survey asked students about their connections to family, school and the community to assess the impact of connectedness on youth health and risk taking. The results show that youth who feel connected and safe have better health, are less likely to engage in risky behaviours, and have higher educational aspirations.

#### **Family connectedness counts**

The survey asked youth several questions about their relationships with family and parents, such as "How close do you feel to your mother?" "How much do you think your father cares about you?" "How much do you feel that people in your family understand you?"

#### Family connectedness scores

Eleven questions were combined to give a family connectedness score between zero and one. A higher score is associated with a high degree of connection, while a lower score is associated with less connection.

The average family connectedness score for Aboriginal students is .75, only slightly lower than the average for non-Aboriginal youth, which is .78. Aboriginal males have a higher family connectedness score, compared to females (.78 versus .72). Younger Aboriginal youth are more connected to their families than older youth: with a score of .83 at 12 or younger, compared to .71 for 16-year-olds.

Youth who feel more connected to their families have better health and take fewer risks:

- Aboriginal students who report good or excellent physical health have stronger family connections (.77), than youth who report being in poor health (.50).
- Aboriginal students who achieve mostly A's and B's at school have higher family connectedness compared to youth who get mostly D's and F's (.78 versus .59).

# Average family connectedness score<sup>†</sup> and substance use in the past month

Binge drinking  Never had a drink of alcohol	.81
0 days	.74
1+ days	.70
Marijuana	
Never tried	.80
0 times	.74
1+ times	.68
to	

<sup>†</sup>Based on a 0 to 1 scale, where 1 refers to higher family connectedness

### Average family connectedness score<sup>†</sup> and mental health

# Emotional Distress Severe distress in past month .56 Low-moderate distress in past month .77 Sexual Abuse History of abuse .67 No history of abuse .76 Suicide Attempted in past year .61 Did not attempt in past year .77

 $<sup>^{\</sup>dagger}$ Based on a 0 to 1 scale, where 1 refers to higher family connectedness

#### "We are

getting stronger and stronger. The generations are getting our culture and ceremonies back. I hope in the future there will be many more Aboriginal youth involved in what is said about them."

24-year-old Aboriginal female

- Substance use is associated with lower family connectedness. For example, current smokers have lower family connectedness (.67), compared to non-smokers (.78).
- Likewise, binge drinkers and marijuana users have lower family connectedness scores.
- Aboriginal youth who've had sexual intercourse also had a lower connectedness score (.70), than those who did not have sex (.78).

Three-quarters of Aboriginal youth (75%) said one of their parents was at home when they woke up in the morning on all five school days; 41% said one of their parents was there when they came home from school on all five school days; and 21% never had a parent at home when they got home from school on all five school days.

More than half of Aboriginal students (55%) said one of their parents was in the room while they ate their evening meal on all five school days, while 12% never had a parent in the room when they ate dinner. The majority (80%) of Aboriginal youth said one of their parents was home when they went to bed on all five school days.

#### **Risk factors**

More than a third (37%) of Aboriginal students moved from one home to another in the past year: 18% moved once, 9% moved twice, and 10% moved three or more times.

Thirteen percent of Aboriginal students ran away from home in the previous year, compared to 8% of non-Aboriginal youth: 3% of Aboriginal youth ran away three or more times in the past year, and 10% ran away once or twice.

In addition, 6% of Aboriginal students had lived in a foster or group home in the past year, compared to just 1% of non-Aboriginal youth.

The data indicates that a minority of Aboriginal students may be especially vulnerable, as moving frequently, running away from home, and/or being in government care are generally associated with being at higher risk. For example:

 20% of youth who moved three or more times worry a lot about their family having enough food or money compared to 12% of nonmovers.

- 36% of those who lived in government care have been physically abused, versus 19% of youth not in care.
- And Aboriginal youth who ran away from home in the past year had a family connectedness score of .58, compared to .77 for non-runners.

# In the past year, youth who... Ran away from home 13% Moved 3+ times 10% Lived in foster or group home (in government care) 6%

# Education

Sample question on education When do you expect to finish your education?

#### **Educational aspirations**

Almost two-thirds of Aboriginal students (64%) expect to complete their education when they graduate from a post-secondary institution, such as a technical institute, college or university, compared to three-quarters (76%) of non-Aboriginal students. The proportion of Aboriginal youth who expect to finish post-secondary education has remained fairly stable over the past decade: 64% in 2003, 63% in 1998, and 65% in 1992.

Thirteen percent of Aboriginal youth expect to finish their education before or when they graduate from high school, and about one-fifth (21%) don't know when they will finish their education. The findings suggest schools could do more to bolster the longer-term educational aspirations of more Aboriginal students.

Aboriginal girls (48%) are more likely than boys (38%) to plan on graduating from university, and males (24%) are more likely to plan on graduating from a community college or technical institution than females (18%).

Half of Aboriginal youth (50%) attain mostly A's and B's in school, compared to 72% of non-

Aboriginal youth. And Aboriginal females attain higher grades than males: 56% of girls have mostly A's and B's, compared to 43% of boys.

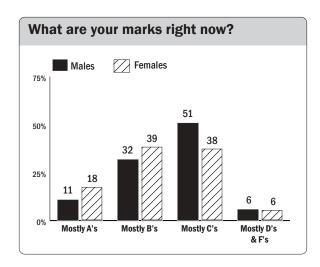
About three-quarters of Aboriginal students (76%) like school "some" or "very much," compared to 80% of non-Aboriginal youth. About a quarter of Aboriginal youth do not like school (26% of males and 23% of females). The highest percentage of students who liked school "very much" was in grade seven (22%), compared to 12% in grade eight, 11% in grade nine, 9% in grade 10, 10% in grade 11, and 13% in grade 12.

# When do you expect to finish your education?

	Males	Females
Before graduate from high school	#	#
When graduate from high school	13%	10%
When graduate from community college/technical institution	24%	18%
When graduate from university	38%	48%
Don't know	22%	20%

# Indicates insufficient data to make an accurate estimate

#### Two-thirds of Aboriginal students expect to graduate from a postsecondary institution





# "Our language is very effective, but youth need to learn it, because it's disappearing quickly."

20-year-old Aboriginal male, Nuxalk Nation

#### **School connectedness**

The survey asked youth about their feelings towards school and their relationships with teachers and peers; for example, "How much do you feel your teachers care about you?" "Since school started this year, how often have you had trouble getting along with other students?"

#### School connectedness scores

Seven questions were combined to give a school connectedness score between zero and one. A higher score is associated with a high degree of connection, while a lower score is associated with less connection.

The average school connectedness score for Aboriginal students was .63, fairly similar to .67 for non-Aboriginal students. Levels of feeling connected to school have not varied much among Aboriginal youth since 1998, when the score was .64. Male and female Aboriginal youth have a similar level of school connectedness (.64 versus .63). Scores for school connectedness are highest among students in grades seven and 12.

Aboriginal youth who are highly connected to school have better mental health, are less likely to report being victimized, and engage in fewer risky behaviours, compared to youth who feel less connected. For example:

Aboriginal students who did not experience racial discrimination in the year before the survey had a higher school connectedness score than youth who did experience racism (.65 versus .58).

#### Average school connectedness score†

## **Grade 7 Grade 8 Grade 9 Grade 10 Grade 11 Grade 12**.67 .60 .60 .61 .64 .67

†Based on a 0 to 1 scale where 1 refers to higher school connectedness

## Average school connectedness score<sup>†</sup> among youth who ...

# Racism Experienced racism in past year .58 Did not experience racism in past year .65 Emotional Distress Severe distress in past month .49 Low-moderate distress in past month .65 Marijuana use Used marijuana 3+ times in past month .57

 $^\dagger$ Based on a 0 to 1 scale, where 1 refers to higher school connectedness

.67

Never used marijuana

- Likewise, youth who were emotionally distressed had a lower school connectedness score, compared to youth who were not distressed (.49 versus .65).
- And Aboriginal youth who had never used marijuana had an average school connectedness score of .67, versus .57 for youth who had used marijuana three or more times in the month prior to the survey.

A quarter of Aboriginal students (25%) thought their teachers cared about them "quite a bit" or "very much," 40% thought they care "somewhat," and 35% thought their teachers care "very little" or "not at all."

As well, 28% of Aboriginal youth never had trouble getting along with other students at school, while 11% had trouble getting along with other students almost everyday or everyday.

#### **Skipping school**

Fifty-nine percent of Aboriginal youth never skipped or cut classes in the month before the survey, 26% skipped once or twice, 12% skipped three to 10 times, and 3% skipped 11 times or more. There was no difference between males and females with skipping school.

Skipping school increases by grade: from 4% of Aboriginal youth in grade seven who skipped three times or more in the previous month, to 16% in grade eight, 13% in grade nine, 14% in grade 10, 22% in grade 11, and 32% in grade 12.

As the frequency of skipping school increases, performance at school declines. Among Aboriginal youth who did not skip school, 60% attained mostly A's and B's, compared to 28% of youth who skipped three times or more. School connectedness also declines, from .66 among students who never skipped school, to .54 among those who skipped three times or more.

# "All Aboriginal youth

are not what you think. They need to be listened to and given a chance to speak their minds. Aboriginal youth need healing within their families and themselves, and a place to go within schools to get extra help with schoolwork and support. Doing volunteer work and being a part of the school made me feel good about myself. More volunteer activities are needed within schools."

19-year-old female, Heiltsuk Nation

#### Why school counts

The AHS confirms that B.C. must find better ways to encourage Aboriginal students to finish high school, and continue with post secondary education.

Staying in school is important, because of the connection between education and success in later life. Students who finish high school, especially those who go on to college or university, nearly always have a better chance for a more secure, healthier future. Dropping out of school can lead to unemployment or low-paying jobs, poor housing and limited opportunities—factors that help determine physical and emotional health.

Yet Aboriginal youth are less likely than other adolescents to finish high school, or to go on to higher levels of training or education. According to the BC Ministry of Education, in 2002/03, just 46% of Aboriginal students completed grade 12 within six years of grade eight, compared to 82% of non-Aboriginal students.

Among Aboriginal students who do complete grade 12, not enough write the provincial exams. For example, 5% of Aboriginal students wrote and passed the Mathematics 12 provincial exam, versus 27% of non-Aboriginal students, and 31% of Aboriginal students wrote English 12, compared to 65% of non-Aboriginal students. Without passing the provincial exams, Aboriginal students have greater difficulty getting into post-secondary education and training.

However, there are some encouraging trends. The number of Aboriginal students receiving a Dogwood Diploma (an adult grade 12 graduation diploma) continues to increase. The six-year Dogwood completion rate for Aboriginals increased about 9%, from 37% to 46%, between 1998/99 and 2002/03, almost twice the increase for non-Aboriginals (76% to 81%).

# Community Involvement

Sample question on community involvement

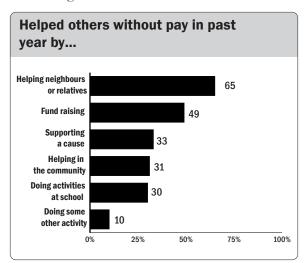
In the past 12 months, did you help others without pay?

# "We are awesome and it is good to be us."

14-year-old Aboriginal male

#### **Community participation**

Most Aboriginal students (82%) volunteered in the community in the year before the 2003 survey, the same as in 1998 (83%). And more Aboriginal girls (88%) volunteered than boys (76%). Most youth volunteered by helping friends or relatives or fundraising.



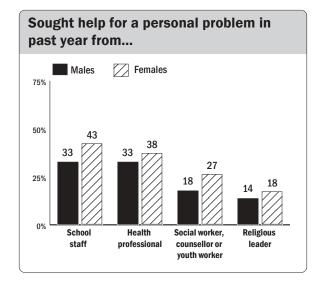
#### **Adult support**

Most Aboriginal youth (88%) have an adult they would "feel okay talking to" if they were having a serious problem. About three-quarters (78%) have an adult in their family who they could talk to. And 60% have an adult they could talk to who is not in their family (55% of males versus 65% of females).

More than half of Aboriginal students (55%) sought professional help for a personal problem in the past year:

- 38% sought help from a teacher, counsellor or other school staff person, 36% from a doctor, nurse or other health professional, 23% from a social worker, counsellor or youth worker, and 16% from a religious leader.
- Females were more likely than males to approach professionals for help.
- Among Aboriginal youth who sought help from school staff, 28% found them "very helpful," and 22% found them "not at all helpful."

- Among youth who sought help from a health professional, 32% found them "very helpful," and 15% found them "not at all helpful."
- Among youth who sought help from a social worker, counsellor or youth worker, 30% found them "very helpful," and 26% found them "not at all helpful."
- And among Aboriginal youth who sought help from a religious leader, 36% found them "very helpful," and 24% "not at all helpful."



#### **Extracurricular activities**

Many Aboriginal youth also participate in extracurricular activities:

- 70% take part in organized activities once or more a week, such as sports teams, dance or aerobic classes, art, drama or music classes, or community groups.
- 51% of females and 55% of males participated in organized sports once or more a week.
- In addition, 72% of Aboriginal youth participated in physical activities *without* a coach or instructor, such as biking, skateboarding, or road hockey, at least weekly, and 41% did four or more times a week.
- Aboriginal males (82%) were more active in physical activities without a coach than females (64%) each week.
- Aboriginal females (44%) were more likely to take part in dance and aerobic classes than males (17%), in the past year.
- The majority of Aboriginal youth do not take part in art, drama or music: 12% took lessons less than once a week in the past year, 15% took lessons one to three times, and 11% took lessons four or more times.
- Aboriginal females (44%) participated in art, drama or music lessons more often than males (29%).

# More Aboriginal youth are volunteering in the community

- As well, more Aboriginal females (31%) participated in community, church or religious groups than males (20%), in the past year.
- And females (75%) participated in hobbies and crafts more often than males (66%) in the past year.

## Participation in extracurricular activities in the past year

	Never	Less than once tim a week v	1+ es per veek
Sports with a coach	35%	12% 5	53%
Dance or aerobic classes	69%	12% 2	20%
Art/drama/music lessons	63%	12% 2	26%
Community or church groups	74%	10%	L6%
Physical activity without a coach	10%	18%	72%
Hobby or craft	29%	24%	17%

#### **Peers**

Youth were asked if their friends would be upset with them if they were arrested, beat someone up, carried a weapon for protection, got pregnant or caused a pregnancy, dropped out of school, got drunk, or used marijuana:

- 79% of Aboriginal students said their friends would be upset if they dropped out of school.
- 66% said their friends would be upset if they got pregnant or got someone pregnant.
- 46% said their friends would be upset if they got arrested.
- 40% said their friends would be upset if they carried a weapon for protection.
- 38% said their friends would be upset if they used marijuana.
- 37% said their friends would be upset if they beat someone up.
- 26% said their friends would be upset if they got drunk.

#### My friends would be upset with me if I $\dots$

	Males	Females
Got arrested	36%	55%
Beat someone up	28%	44%
Carried a weapon for protection	35%	45%
Got pregnant or got someone pregnant	55%	75%
Dropped out of school	69%	87%
Got drunk	24%	28%
Used marijuana	37%	39%

#### **Employment and spending money**

More than a third of Aboriginal students (37%) work at a part-time job during the school year:

- 15% work less than five hours a week.
- 18% work five to nineteen hours a week.
- 5% work twenty or more hours a week.

The percentage of Aboriginal youth who work increases with age. Among 17 year olds, 44% have a part-time job.

Fourteen percent of Aboriginal youth have no money from jobs or allowances to spend on themselves, 42% of youth spend less than \$25 on themselves a week, 28% spend \$25 to \$50 a week, 8% spend between \$51 and \$100, and 8% spend more than \$100 a week. Not surprisingly, older Aboriginal students have more spending money than younger youth.

#### **Screen time**

More than a third of Aboriginal youth (35%) watch television, or use a computer for recreational purposes, for five or more hours on school days. Only 2% of Aboriginal youth do not watch TV or use a computer.

Twenty-seven percent of Aboriginal youth watch up to two hours of TV on an average school day, 25% watch two hours, and 42% watch three or more hours. Six percent of Aboriginal youth do not watch TV on school days. Aboriginal males watch more TV on school days than females.

Over three-quarters of Aboriginal students (82%) use a computer for recreational purposes, such as emailing, chatting and surfing the Internet, on a school day: 23% use a computer for three or more hours, and 18% do not use a computer.

#### **Gambling**

More than half of Aboriginal youth (55%) gambled in the year before the survey. The most common types of gambling activities were playing cards for money (36%), buying lottery tickets (28%), and betting on sports pools (25%). More males (63%) gambled in the previous year than females (49%).

Gambling in the past year		
	A few times	1+ times a month
Played cards for money	24%	12%
Played bingo for money	8%	4%
Bet money on sports pools	15%	10%
Bought sports lottery tickets	5%	4%
Bought lottery tickets	19%	9%
Bet money on gambling machines	6%	4%
Bet money at a casino in B.C.	2%	2%



Sample question on tobacco use

During the past 30 days, on how many days did you smoke cigarettes?

The most positive change among Aboriginal students was a dramatic decrease in smoking, from 28% who were current smokers in 1998, to 12% in 2003. This change reflects an overall decrease in smoking among both youth and adults in B.C., which has the lowest smoking rates in Canada, and is very positive, because smoking is highly addictive and increases risk for cancer, chronic lung disease, heart disease and other conditions.

Sixty-one percent of Aboriginal students are nonsmokers (they have never smoked a cigarette), 25% are experimental smokers (they have smoked fewer than 100 cigarettes), 12% are current smokers (they have smoked 100 or more cigarettes, and smoked in the past month), and 2% are former smokers.

Rates of smoking among Aboriginal youth are higher than for non-Aboriginal youth: 74% of non-Aboriginal youth are non-smokers, 18% are experimental smokers, 6% are current smokers, and 1% are former smokers.

#### **Smoking definitions**

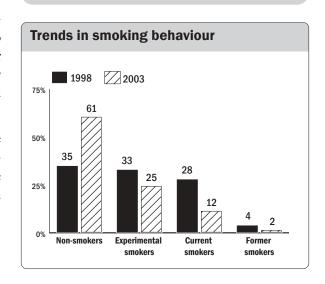
Non-smoker – has never smoked a cigarette

Experimental smoker – has smoked fewer than
100 cigarettes

**Current smoker** – has smoked 100 or more cigarettes, and smoked in the past month

Former smoker – used to smoke, but has quit

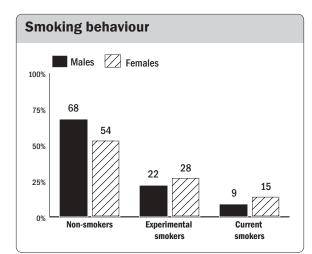
# Smoking has declined dramatically among Aboriginal youth



# "Put faith and support

in us and we will be a success. Don't give up hope on us."

17-year-old female, Nu-Chah-Nulth and Cowichan



# Exposure to tobacco smoke at home among<sup>†</sup>...

	Never	Sometimes	Almost everyday or everyday
Non-smokers	58%	23%	19%
Experimental smokers	48%	22%	31%
Current smokers	34%	25%	41%

 $<sup>\</sup>ensuremath{^{\dagger}}$  For smokers, may include their own smoke as well as other people's smoke

Fifteen percent of Aboriginal girls are current smokers, compared to 9% of males. And more Aboriginal males (68%) are non-smokers than females (54%).

Aboriginal youth identified friends as the most common source for obtaining cigarettes: friends either give (41%), or sell (26%) them cigarettes. Some Aboriginal students get cigarettes from their parents: 11% sneak cigarettes from their parents, and 8% have parents who give them cigarettes. As well, 17% purchase cigarettes at a convenience store, 13% from a gas station and 6% buy them in a supermarket.

In the previous six months, 65% of current smokers tried to quit: 20% tried to quit once, 18% tried to quit twice, and 27% tried to quit three times or more.

#### **Exposure to second hand smoke**

Slightly more than half of Aboriginal youth (52%) are never exposed to tobacco smoke inside their home, 23% are exposed sometimes, and a quarter (25%) is exposed almost everyday or everyday. Second hand smoke also has a negative impact on health, including respiratory infections and asthma.

Not surprisingly, non-smokers were the least likely to live in a household with second-hand smoke, and current smokers were the most likely to be exposed to smoke inside their home.

# Physical Health

Sample question on physical health

In general, how would you describe your health?

The percentage of Aboriginal students who rate their health as good or excellent remains high: 83% in 2003, compared to 84% in 1998 and 80% in 1992, which is slightly lower than the rate for non-Aboriginal youth (86%). More males (38%) than females (20%) consider their health excellent.

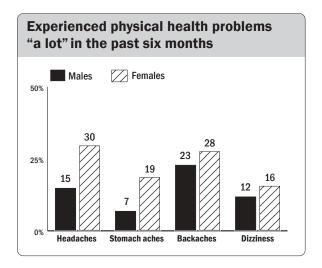
Despite reporting overall good health, 45% of Aboriginal youth experienced one or more physical health complaints "a lot" in the past six months, including headache, backache, stomach ache or dizziness. More girls (52%) than boys (36%) reported one or more physical health complaints "a lot."

Sixteen percent of Aboriginal youth said they have a health condition or disability that keeps them "from doing some things other kids your age do, such as school activities, sports, or getting together with friends," almost the same as 17% in 1998 (and compared to 11% of non-Aboriginal youth):

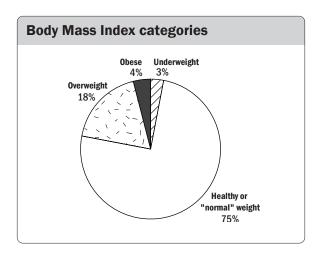
- 7% of Aboriginal students reported a long-term illness, 2% had a physical disability, 4% had a mental or emotional condition, and 4% said they were limited by being overweight or underweight.
- Among youth with a chronic health condition or disability, 61% said other people can tell they have a condition or disability sometimes or all the time, and 22% took daily medication.

# Health Status Males Females 51 59 50% 25% 20 11 22 11 76 Excellent Good Fair/Poor

# Most Aboriginal students continue to rate their health as good or excellent



#### Three-quarters of Aboriginal students are a healthy weight



Trends in Body Mass Index					
	Healthy or "normal" weight	Overweight/ Obese			
1992					
Males	76%	22%			
Females	77%	21%			
2003					
Males	67%	30%			
Females	81%	15%			

#### Weight and appearance

The survey asked youth to report their height and weight. This information was combined with their age and gender to calculate Body Mass Index (BMI), a standard measure for assessing healthy or "normal" weight, underweight, overweight and obesity. Obesity is associated with increased cardiovascular risk and other health problems over the long term. The average BMI for Aboriginal students was 21.55, similar to 1992, when it was 21.74.

Using the BMI measure:

- Three-quarters of Aboriginal youth had a healthy or "normal" weight, 18% were overweight, 4% were obese, and 3% were underweight.
- Among non-Aboriginal students, 80% were a healthy weight, 14% were overweight, 3% were obese, and 4% were underweight.
- The overall rate of overweight and obese Aboriginal youth has remained the same since 1992.
   The percentage of overweight and obese males has increased, and the percentage of overweight and obese females has not changed significantly.

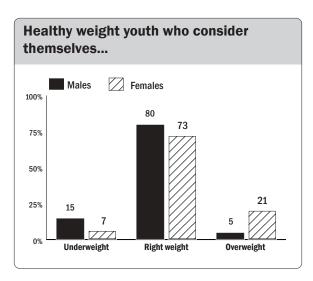
- 67% of males were a healthy weight, compared to 81% of females.
- 30% of males were overweight or obese, versus 15% of females.

Among healthy weight females, 73% thought they were about the right weight, 21% thought they were overweight, and 7% considered themselves underweight. Eighty percent of healthy weight males thought they were about the right weight, 15% thought they were underweight, and 5% thought they were overweight.

Even though the majority of Aboriginal students are a healthy weight, 44% were trying to lose weight, and 13% were trying to gain weight. Just over a quarter (27%) was not doing anything about their weight. Aboriginal girls were more likely to want to lose weight, while boys were more likely to want to gain weight:

- 57% of females were trying to lose weight, compared to 28% of males.
- 23% of males were trying to gain weight, compared to 4% of females.

Almost two-thirds (64%) of Aboriginal youth in school never dieted to lose weight in the past year, but a small number, 4%, reported "always dieting." Among females, 35% dieted one to four times in the past year, 9% dieted five or more times, and 6% were "always dieting."



Almost half of Aboriginal students (47%) were "satisfied" or "very satisfied" with the way their body looks: 34% were "satisfied" and 13% "very satisfied." A smaller number (7%) were "not at all satisfied" with their appearance:

- More females than males were "not at all satisfied": 10% compared to 4%.
- Being dissatisfied with physical appearance is associated with emotional distress: 25% of Aboriginal youth who were not satisfied with their appearance were also severely distressed in the past month, compared to just 5% of those who were satisfied with how their body looks.

#### **Problem eating behaviours**

Problem eating behaviours among Aboriginal students have not increased over the past decade:

- Binge eating decreased from 38% of Aboriginal youth in 1992 who reported ever binge eating or gorging to 30% in 2003:
  - 37% of females ever binge ate or gorged in 2003, compared to 21% of males.
  - 18% had binge eaten or gorged once a month or less, 6% two to three times per month, and 6% once a week or more.
- Purging on purpose after eating was 7% in 1992,
  8% in 1998, and 6% in 2003:
  - 5% of males and 8% of females vomited on purpose after eating.
  - 2% vomited on purpose after eating once a week or more often.

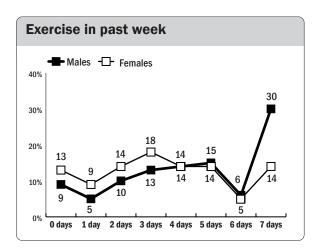
Forty-four percent of Aboriginal youth always eat breakfast on school days, compared to 50% of non-Aboriginal youth. More Aboriginal boys (51%) than girls (38%) always eat breakfast. Younger Aboriginal youth are more likely to always eat breakfast: 47% of 13-year-olds, compared to 45% of 15-year-olds, and 37% of 17-year-olds. And 19% of Aboriginal youth never eat breakfast on school days, similar to 17% of non-Aboriginal youth.

Eating behaviour		
	Males	Females
Always eat breakfast on school days	51%	38%
Dieted in the past year	19%	50%
Ever binge eat	21%	37%
Ever vomit on purpose after eating	5%	8%

#### **Physical activity**

Exercise rates among Aboriginal students have not significantly changed over the decade with 46% participating "in physical activities for at least 20 minutes that made you sweat and breathe hard" on five or more days in 1992, to 38% in 1998, and 41% in 2003. This number is the same for non-Aboriginal youth (41%).

Eleven percent of Aboriginal youth said they did not exercise in the previous week, 19% did so on one to two days, 29% on three to four days, and 41% on five or more days.



# Emotional Health

#### Sample question on emotional health

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

Physical and sexual abuse of Aboriginal students has steadily declined during the past decade, a very positive development that bodes well for the ongoing emotional health of Aboriginal youth. However, the rate of abuse is still higher for Aboriginal than non-Aboriginal youth, and abuse is linked to risky behaviours among young people.

Too many Aboriginal youth continue to experience racial discrimination, resulting in greater emotional distress among these students. And suicide rates have remained consistent. The percentage of youth who consider or attempt suicide as a response to distressing circumstances has not declined.

# Youth who face discrimination experience more emotional distress than those who don't

Consequently, more protective factors that enhance young people's resilience and build community capacity are needed to ensure Aboriginal youth have the skills to cope with the challenges and stress of adolescence and the transition to adulthood.

The survey asks youth if they think they will live to be 25 years old. This question is a marker for high risk when youth answer no. The good news is almost all Aboriginal youth (95%) believe they will live to be at least this old. However, a small number feel they have no hope for the future: 5% of Aboriginal youth do not expect to live to 25, and need special attention to help them build resilience and optimism.

#### **Emotional distress has increased**

Five survey questions ask youth about their emotional health, and a response of "all the time" to two or more questions is seen as an indicator of serious emotional distress.

Unfortunately, emotional distress among Aboriginal students has increased over the past decade. Ten percent of Aboriginal youth were severely distressed in the month before the 2003 survey, compared to 6% in 1992. Emotional distress also increased slightly among non-Aboriginal youth, from 6% in 1992 to 8% in 2003.

In general, youth who face discrimination in any form are more emotionally distressed than those who don't. For example, 16% of Aboriginal youth who experienced racial discrimination in the previous year were severely emotionally distressed, compared to 8% of youth who did not.

A higher proportion of females (14%) are severely distressed compared to males (5%). And emotional distress peaks in middle adolescence, among 14 to 16-year-olds.

Aboriginal youth were also asked about a list of possible concerns, and their main worries include:

- About half worry "a lot" or "some" about their family having enough food or money, or a parent dving.
- About a quarter worry "a lot" or "some" about drinking or drug use by someone at home, violence at home, or not having someone to take care of them.

# Emotional distress in past month 25% 20% 15% 10% 6 5% 0% 1992 1998 2003

#### **Abuse and discrimination**

Rates of both physical and sexual abuse have decreased since 1992. In 2003, 20% of Aboriginal youth reported being physically abused, down from 30% in 1992, and 24% in 1998. However, this figure is still higher than for non-Aboriginal students (15%). And the rate is higher for Aboriginal females (26%) than males (14%).

Thirteen percent of Aboriginal youth reported sexual abuse, which has also declined from 21% in 1992, and 18% in 1998. Again, the rate is higher for female Aboriginal youth (20%) than males (4%), and higher than non-Aboriginal students (7%).

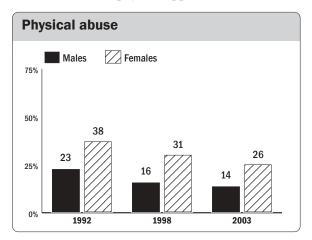
Seven percent of Aboriginal students have been forced or coerced to have sex:

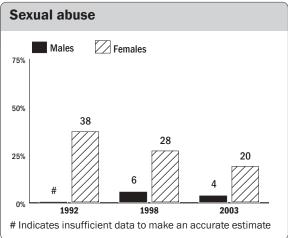
- 5% were forced to have sex by another youth, and 2% by an adult.
- 11% of Aboriginal females and 3% of males have been forced to have sex.

Aboriginal youth worry about... Worry Worry "some" "a lot" Your family having enough food or 36% money 14% A parent dying 31% 17% Drinking or drug use by someone in your home 19% 10% Violence in your home 16% 6% Not having someone to take care 15% 7% of you

As well, 6% of Aboriginal youth in school reported a boyfriend or girlfriend hitting, slapping or physically hurting them on purpose, in the previous year. This number is the same for males and females.

One in five Aboriginal students (20%) was discriminated against because of race or skin colour in the year before the 2003 survey, compared to 17% in 1998. Five percent reported discrimination because of sexual orientation, and 25% reported discrimination because of physical appearance.

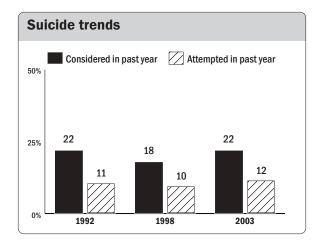




"Aboriginal youth express much concern about their past, present and future, about how they have and will live or "survive." I think some negativity dominates, and hurt should never be forgotten, but with help to move on, even through history, Aboriginal youth may feel better about how they and their descendants will end up."

17-year-old female, Gwi'itchin and Inuvaliut

Suicide		
	Males	Females
Family member has attempted	19%	32%
Considered in past year	14%	29%
Planned in past year	11%	22%
Attempted in past year	6%	16%
Injured in an attempt in past year	2%	4%



#### **Suicide trends**

Suicide is still a tragic issue affecting too many Aboriginal students in B.C. Unfortunately the AHS shows that suicide attempts among Aboriginal youth have not improved in the past decade, and remain higher than those of their non-Aboriginal peers. In the year before the 2003 survey:

- 22% of Aboriginal youth seriously considered suicide, compared to 15% of non-Aboriginal students. This rate was the same in 1992.
- Twice as many Aboriginal girls (29%) as boys (14%) seriously considered suicide.
- 17% of Aboriginal youth planned how they would attempt suicide, compared to 11% of non-Aboriginal students. In 1992, 20% of Aboriginal youth planned suicide; 14% did in 1998.
- More females (22%) than males (11%) made a suicide plan.
- 12% of Aboriginal youth attempted suicide, compared to 6% of non-Aboriginal youth: 6% attempted suicide once, 4% attempted two or three times, and 2% attempted suicide four or more times.

- The rate of attempted suicide is much higher among Aboriginal girls than boys: 16% of Aboriginal females attempted suicide once or more, compared to 6% of Aboriginal males.
- 3% of Aboriginal students suffered an injury from a suicide attempt, compared to 1% of non-Aboriginal students.

In addition, a quarter (26%) of Aboriginal students had a family member try to commit suicide, compared to 13% of non-Aboriginal youth.

While the AHS shows that more girls think about and attempt suicide, data on suicide deaths show that more boys actually die of suicide.

#### Risk and protective factors for suicide

Understanding risk and protective factors can help improve the lives of youth by identifying where and how to intervene.

Protective factors promote healthy youth development and reduce the risk of attempted suicide or other harmful behaviours. Youth need strong connections with family and school, because research shows that youth who feel connected and safe at home, at school and in the community have better health, take fewer risks, and have higher educational aspirations.

**Risk factors** are associated with an increased likelihood of attempting suicide or other behaviours harmful to youth health and development.

# What risks increase the likelihood of Aboriginal boys attempting suicide?<sup>†</sup>

- Sexual abuse: Boys who have been sexually abused are 9.9 times more likely to attempt suicide than boys who have not been abused.
- Being victimized: Boys who have experienced discrimination, been harassed, purposely excluded and assaulted by peers at school are 7.5 times more likely to attempt suicide than boys who have not been victimized.
- Emotional distress: Boys who are emotionally distressed are 7.1 times more likely to attempt suicide than boys who are not distressed.
- Physical abuse: Boys who have been physically abused are 5.0 times more likely to attempt suicide than boys who have not been abused.
- Feeling unsafe at school:
   Boys who feel unsafe at school are 4.1 times more likely to attempt suicide than boys who feel safe.

- Substance use that causes problems: Boys whose substance use has caused problems at home, school or in the community are 3.2 times more likely to attempt suicide than boys without these problems.
- Ever lived on reserve: Boys
   who have lived on a reserve
   are 2.6 times more likely to
   attempt suicide than boys who
   have not lived on reserve.
- Family member has attempted suicide: Boys with a family member who has attempted suicide are 2.5 times more likely to attempt suicide than boys who do not.
- Racism: Boys who have experienced racial discrimination are 1.8 times more likely to attempt suicide than boys who have not experienced racism.
- Binge drinking: Boys who binge drink 3+ times a month are 1.3 times more likely to attempt suicide than boys who don't.

# What risks increase the likelihood of Aboriginal girls attempting suicide?<sup>†</sup>

- Being victimized: Girls who have experienced discrimination, been harassed, purposely excluded and assaulted by peers at school are 7.5 times more likely to attempt suicide than girls who have not been victimized.
- Emotional distress: Girls who are emotionally distressed are 6.3 times more likely to attempt suicide than girls who are not distressed.
- Feeling unsafe at school: Girls
  who feel unsafe at school are
  4.1 times more likely to
  attempt suicide than girls who
  feel safe.
- Substance use that causes
   problems: Girls whose
   substance use has caused
   problems at home, school or
   in the community are 3.3
   times more likely to attempt
   suicide than girls without
   these problems.
- Sexual abuse: Girls who have been sexually abused are 3.0

- times more likely to attempt suicide than girls who have not been abused.
- Daily marijuana use: Girls who use marijuana daily are 3.0 times more likely to attempt suicide than girls who do not.
- Physical abuse: Girls who have been physically abused are 2.9 times more likely to attempt suicide than girls who have not been abused.
- Binge drinking: Girls who binge drink 3+ times in a month are 2.5 times more likely to attempt suicide than girls who do not.
- Racism: Girls who have experienced racial discrimination are 2.1 times more likely to attempt suicide than girls who have not experienced racism.
- Ever lived on reserve: Girls
   who have lived on a reserve
   are 2.0 times more likely to
   attempt suicide than girls who
   have not lived on reserve.

<sup>†</sup>Each risk factor was individually compared to whether or not a youth had attempted suicide

<sup>†</sup>Each risk factor was individually compared to whether or not a youth had attempted suicide

# What protective factors decrease the likelihood of suicide attempts?

- · Feeling connected to family
- Feeling connected to school

#### **Connectedness counts**

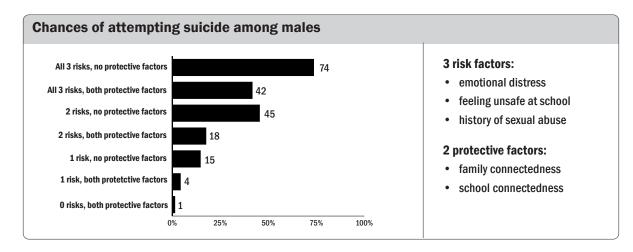
Most young people have a combination of risks and protective factors in their lives, a mix of vulnerabilities and strengths.

When all risk factors are examined together, the top three risks most predictive of suicide attempts for boys are high levels of emotional distress, feeling unsafe in school, and a history of sexual abuse. For girls, the three most predictive risk factors are similar: high levels of emotional distress, feeling unsafe in school, and having a family member who attempted suicide.

Protective factors can reduce suicide risk. When the most potent risk factors are combined with strong family and school connectedness, the likelihood of suicide attempts in the previous year can change dramatically.

With no risk factors and high family and school connectedness, the probability of a suicide attempt was low: 1% for boys and 4% for girls. With one risk factor and no protective factors, the chance of a suicide attempt increases five-fold for girls, and ten-fold for boys. But add in both protective factors, and that likelihood drops by half or more.

Two risk factors with no protective factors increase the chance of an Aboriginal teen's suicide attempt to about 50%, but add both protective factors and the probability drops by half or more. Even with all three main risk factors, being highly connected to school and family lowered the odds of a suicide attempt by more than a third.



# All 3 risks, no protective factors All 3 risks, both protective factors 2 risks, no protective factors 1 risk, no protective factors 1 risk, both protective factors

#### 3 risk factors:

- · emotional distress
- feeling unsafe at school
- history of sexual abuse

#### 2 protective factors:

- · family connectedness
- · school connectedness

The implications of these findings suggest the following measures, associated with much lower risk of suicide attempts among Aboriginal youth, be supported:

- Creating safe school environments, where students are free of harassment, discrimination and violence
- · Reducing sexual violence and victimization
- Supporting strong and nurturing families
- Promoting positive connections to school

# Sexual Behaviour

Sample question on sexual behaviour

Have you ever had sexual intercourse ("gone all the way")?

The Adolescent Health Survey instructs youth who have not had sex to skip the questions on sexual behaviour. Among sexually active Aboriginal students who responded, the survey results show improvements in sexual health:

- Fewer Aboriginal students are having sex.
- More youth are waiting longer to have sex.
- And more sexually active Aboriginal youth are practicing safe sex.

Sexual activity among Aboriginal students has declined significantly over the past decade, from more than half (52%) of Aboriginal youth who reported having sexual intercourse in 1992, to 36% in 2003. This percentage was the same for Aboriginal females and males (36%), versus 23% of non-Aboriginal students.

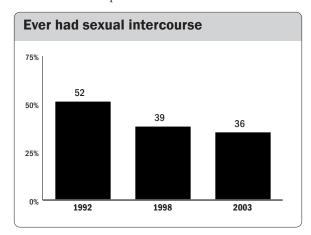
# More Aboriginal youth are waiting longer to have sex

Fewer sexually active Aboriginal students had sex for the first time before the age of 14: from 44% in 1992, to 29% in 2003, but still higher than 19% of non-Aboriginal youth. This decline in early sexual activity, associated with sexually transmitted infec-

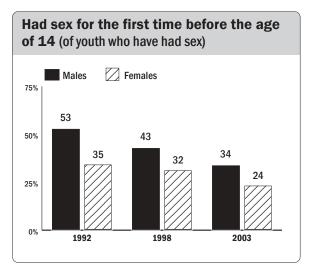
tions (STIs) and unwanted pregnancy, is encouraging, because early sexual intercourse can be physically and emotionally harmful to young teens.

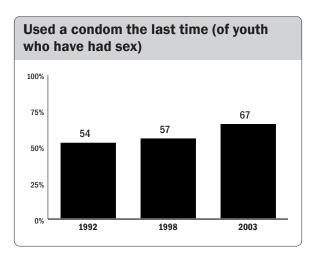
Having multiple sexual partners also increases the risk of STIs. Among sexually active Aboriginal students:

- 41% had sex with one person in their lifetime, 18% had sex with two people, 26% with three to five people, and 16% with six or more people.
- Forty-four percent of sexually active Aboriginal females had sex with just one person in their lifetime compared to 37% of males.



# Fewer Aboriginal students are having sex





#### Birth control used the last time had sex (of youth who have had sex)† 9% No method Birth control pills 37% Depo Provera 6% 64% Condoms Withdrawal 18% **Emergency contraception** 4% Not sure 4% † Students could choose more than one response

- In the three months before the survey, 54% of sexually active Aboriginal youth had sex with one person, 9% had sex with two people, and 7% had sex with three or more people.
- 59% of sexually active Aboriginal females had sex with one person in the previous three months, compared to 49% of Aboriginal males.

About a third of sexually active Aboriginal youth (34%) used alcohol or drugs before having sex the last time. Males and females were equally likely to use alcohol and/or drugs before sex.

#### Safe sex practices increased

The percentage of sexually active Aboriginal students who practice safe sex increased significantly in the past decade. In 2003, about two-thirds of sexually active Aboriginal youth (67%) used a condom the last time they had sex, up from 54% in 1992, and the same as 68% of sexually active non-Aboriginal youth.

Condom use decreases with age among sexually active Aboriginal youth: 87% of sexually active 14-year-olds used condoms the last time they had sex, compared to 56% of sexually active 17-year-olds. And more sexually active Aboriginal males (78%) than females (59%) used condoms the last time they had sex.

Four percent of sexually active Aboriginal youth have ever had a sexually transmitted infection, the same as non-Aboriginal youth.

#### **Birth control use**

Overall, more sexually active Aboriginal students are using birth control to prevent pregnancy:

- Almost two-thirds of Aboriginal youth (64%) used a condom to prevent pregnancy the last time they had sex, up from 52% in 1998.
- 37% used birth control pills, not statistically different from 31% in 1998.
- Sexually active Aboriginal youth are more likely to use birth control pills to prevent pregnancy as they get older: 35% of sexually active 15year-olds used the pill, compared to 49% of 17-year-olds.

However, 18% of sexually active Aboriginal students used withdrawal, which is not a reliable method of preventing pregnancy, and 9% used "no method." Eleven percent of sexually active Aboriginal females and 8% of males reported using no method of birth control.

The pregnancy rate has also declined: 8% of sexually active Aboriginal students said they had been pregnant or caused a pregnancy in 2003, down from 11% in 1998.

#### **Sexual identity**

The majority of Aboriginal youth (80%) identified themselves as 100% heterosexual, 7% were mostly heterosexual, 5% were bisexual, mostly homosexual or 100% homosexual, and 9% were unsure about their sexual orientation. More Aboriginal males (85%) were 100% heterosexual than females (76%).

# Safety and Violence

Sample question on safety

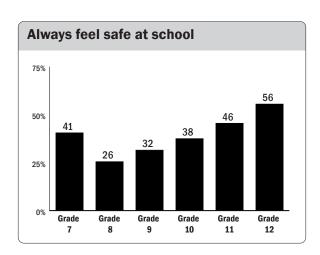
How often do you feel safe at school?

#### Feeling safe at school

Aboriginal (39%) and non-Aboriginal (40%) youth are equally likely to always feel safe at school. But fewer Aboriginal youth felt safe at school in 2003 (39%), than in 1998, when 52% always felt safe.

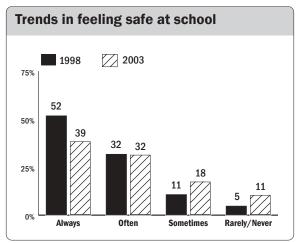
Feelings of safety at school were similar for Aboriginal boys and girls: 41% of males always felt safe, compared to 38% of females.

And grade eight students were the least likely to always feel safe at school (26%), compared to 56% in grade twelve.

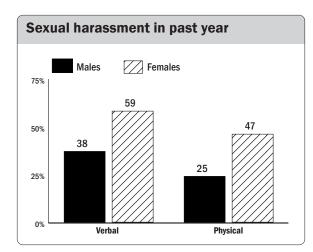


Fewer Aboriginal youth who are severely distressed (23%) always felt safe at school compared to youth with little or no stress (41%).

Always/usually feel safe at school in		
Library	80%	
Classroom	75%	
Cafeteria	66%	
Hallways	60%	
Washrooms	59%	
Outside on school property	53%	



Aboriginal and non-Aboriginal youth are equally likely to always feel safe at school



# Too many Aboriginal students face verbal and physical sexual harassment

#### **Sexual harassment**

Too many Aboriginal students face verbal and physical sexual harassment. Half of Aboriginal youth (50%) had unwanted verbal sexual harassment directed at them in the year before the 2003 survey, similar to 1998, when the figure was 47%. In 2003:

- 31% were verbally sexually harassed once or twice, and 19% were harassed three or more times.
- Aboriginal girls (59%) were more likely than boys (38%) to be verbally sexually harassed: 36% of females were harassed once or twice, and 24% were three or more times; 25% of Aboriginal males were harassed once or twice, and 14% were three or more times.
- Verbal sexual harassment peaks at age 16, when 61% of youth were harassed.
- 44% of non-Aboriginal youth were verbally sexually harassed in the previous year.

Aboriginal students were also asked if another person touched, grabbed, pinched or brushed against them in a sexual way, knowing they would probably object. In 2003, 37% of Aboriginal youth had been physically sexually harassed in the past year, compared to 35% in 1998, and 27% of non-Aboriginal youth. Twenty-four percent were harassed once or twice, and 13% had been harassed three or more times. Youth 14 years and under were less likely to be physically sexually harassed than youth 15 years and older.

Aboriginal girls (47%) were also more likely to have physical sexual harassment directed at them than males (25%):

- 32% of females were harassed once or twice, and 15% were harassed three or more times.
- 14% of males were harassed once or twice, and 10% were harassed three or more times.

#### **Internet safety**

Almost a fifth of Aboriginal students (19%) had contact with a stranger on the Internet that made them feel unsafe, compared to 15% of non-Aboriginal students. The proportion of youth who were in contact with an unsafe stranger peaks at age 15.

Aboriginal girls were three times more likely than boys to have this type of encounter (28% compared to 9%). Other factors associated with having encounters with unsafe strangers on the Internet are:

Girls who look older than their peers (33%) were more likely to have contact with someone on the Internet who made them feel unsafe, compared to 24% of girls who look the same age as their peers.

Been in contact with a stranger on the Internet who made you feel unsafe		
Males	9%	
Females	28%	

- 41% of girls who are severely distressed met a stranger on the Internet who made them feel unsafe, compared to 26% of girls who are not emotionally distressed.
- 36% of girls who rarely or never feel safe at school had contact with a stranger on the Internet who made them feel unsafe, compared to 21% of girls who always feel safe at school.

#### **Victimization at school**

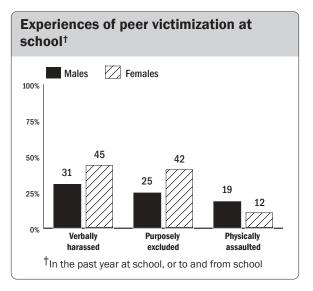
The Adolescent Health Survey asked if youth were verbally harassed at school, or on the way to and from school, by another youth saying something personal that made them feel extremely uncomfortable. In 2003, 39% of Aboriginal youth had been verbally harassed at school in the previous year: 20% were harassed once, and 18% were harassed twice or more. More Aboriginal girls than boys were verbally harassed at school.

The survey also asked if youth were purposely ignored or excluded by another youth from a group of friends at school. About a third (34%) of Aboriginal students was purposely excluded at school in the previous year: 19% were excluded once, and 15% were excluded two or more times. Again, Aboriginal girls were more likely to be purposely excluded by their peers than boys.

Youth were also asked if they were physically attacked or assaulted by another youth at school, or on the way to and from school: 16% of Aboriginal students were physically assaulted at school in the previous year; 11% were assaulted once, and 5% were assaulted twice or more. Aboriginal males were more likely to be assaulted than females.

Aboriginal students were more likely to report being excluded, assaulted or verbally harassed than non-aboriginal youth.

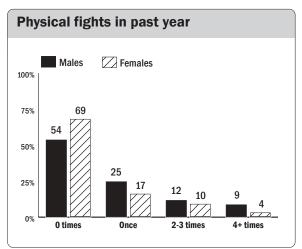
- Excluded (34% Aboriginal versus 31% non-Aboriginal)
- Assaulted (16% Aboriginal versus 9% non-Aboriginal).
- Verbally harassed (39% Aboriginal versus 34% non-Aboriginal)



#### **Physical fights**

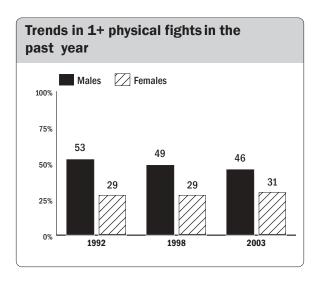
Over the past decade, physical fighting among Aboriginal youth has not increased:

- 46% of Aboriginal boys were in a fight in the year before the 2003 survey, compared to 53% in 1992.
- In 2003, 31% of Aboriginal girls were in a fight in the previous year, versus 29% in 1992.
- Overall, 38% of Aboriginal youth were in a physical fight in the previous year (compared to 26% of non-Aboriginal youth): 21% were in one fight, 11% were in two to three fights, and 6% were in four or more fights.



#### Sample question on violence

During the past 12 months, how many times were you in a physical fight?



Violence among aboriginal youth has not increased in the past decade

Fighting decreases with age, from 44% of 13-year-olds involved in a fight in the previous year, to 28% of 17-year-olds. And 5% of Aboriginal youth were injured in a physical fight in the past year, compared to 5% in 1998, and 7% in 1992.

Feelings of safety at school are associated with fighting. The more safe youth feel at school, the less likely they are to be involved in fights: 30% of Aboriginal youth who always feel safe at school were in a physical fight in the previous year, compared to 60% of youth who never feel safe at school. Consequently, efforts to improve Aboriginal students' feelings of safety at school should contribute to a reduction of fighting among youth.

#### **Carrying weapons at school**

Eleven percent of Aboriginal youth carried a weapon to school in the month before the 2003 survey: 4% on one day, and 7% on two or more days:

- A knife or razor was the most common weapon carried by Aboriginal youth (8%).
- 17% of Aboriginal males and 6% of Aboriginal females carried a weapon to school in the past month.
- Aboriginal youth who never feel safe at school were much more likely to carry a weapon to school (34%), than Aboriginal youth who always feel safe at school (6%).



#### Sample question on injuries

In the past 12 months, how many times were you injured seriously enough that you required medical attention?

### The injury rate among Aboriginal students has not changed much in the past decade

#### **Injury rates unchanged**

The injury rate among Aboriginal students has not changed much in the past decade. In 2003, 42% of Aboriginal youth reported an injury serious enough to require medical attention in the previous year, similar to 43% in 1998 (and higher than the 33% of non-Aboriginal youth who were injured).

In 2003, 23% of Aboriginal youth had one injury, 10% had two, and 9% had three or more injuries in the past year. Males are still more likely to be injured than females: 47% of males and 38% of females were injured in 2003, compared to 51% of males and 37% of females in 1998.

Sports activities are the leading cause of injuries. Among injured youth, 30% were injured at a sports facility or in a park, 20% were injured in their own or someone else's home, 18% were injured at school, 10% were injured on a street or roadway, and 22% were injured in "other" places. Most youth were injured while playing or training for a sports or recreational activity, biking, roller blading or skateboarding.

Among those injured, Aboriginal females and males were equally likely to be injured playing sports or recreational activities (47% versus 46%), but males were more likely to be injured while bike riding, roller blading or skateboarding (23% versus 9%).

#### **Injury prevention trends**

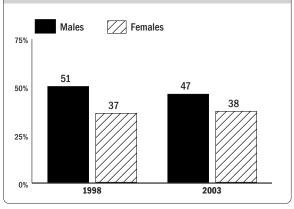
One in five Aboriginal students (21%) has a driver's license: 10% have a learner's license, and 11% have a novice license, very few aboriginal students had a full privilege license. (Graduated licensing was introduced between 1998 and 2003. The "learner" and "novice" stages are restricted to zero blood-alcohol content. The survey defined a licensed driver as youth with learner, novice and full licenses.)

Fewer of these students are drinking and driving: the percentage of Aboriginal youth with licenses who reported ever driving after using alcohol or drugs has declined significantly, from a high of 49% in 1998, to 35% in 2003. Still, this percentage is higher than the rate of 26% for non-Aboriginal youth. Licensed Aboriginal males are more likely to drive after using alcohol or drugs than females: 43% versus 29%.

### How youth were injured in the past year (of youth injured)

Motor vehicle	6%
Bike riding, roller blading or skateboarding	16%
Playing or training for sports or recreational activity	46%
Fighting	7%
Other	24%

### Had an injury that required medical attention in the past year



Drinking and driving				
	1992	1998	2003	
Ever driven after alcohol or drugs†	46%	49%	35%	
Driven after using alcohol in past month <sup>†</sup>	26%	25%	15%	
Rode with a drinking driver in past month	31%	31%	27%	
†of licensed drivers				

Injury prevention behaviour			
	Male	Female	
Never drink and drive <sup>†</sup>	57%	71%	
Did not ride with a drinking driver in past month	76%	70%	
Always wear a seatbelt	49%	46%	
Always wear a bike helmet††	17%	19%	
†of licensed drivers ††of youth who rode a bike in the past year			

Fifteen percent of youth with a driver's license drove after drinking in the past month, also down, from 25% in 1998. And 17% of licensed Aboriginal male drivers had been drinking and driving in the past month, compared to 13% of females. Among Aboriginal youth without a license, 8% had ever driven after using alcohol or drugs.

In addition, 27% of Aboriginal students rode with a drinking driver in the past month, compared to 20% of non-Aboriginal youth: 13% once, 9% two or three times, and 5% four or more times. Fewer males (24%) rode with a drinking driver in the past month than females (31%).

Seatbelt use has not changed over the past decade: 47% of Aboriginal youth always wore a seatbelt as a passenger in 1992, 44% did in 1998, and 47% always did in 2003. Also in 2003:

- 31% of Aboriginal youth wore a seatbelt most of the time, 11% did sometimes, and 11% wore a seatbelt rarely or never.
- Younger youth were more likely to wear a seatbelt: 54% of those 13 and younger always wore a seatbelt as a passenger, compared to 42% of youth between 15 and 16.

#### **Bike safety**

In the 2003 survey, three-quarters (76%) of Aboriginal students said they rode a bike in the previous year.

Bike helmet use has increased in the past decade: very few Aboriginal cyclists always wore a bike helmet in 1992 (the number of youth is too small to report), 19% in 1998, and 18% in 2003 (17% of males and 19% of females). Fourteen percent of Aboriginal cyclists wore a bike helmet most of the time in 2003, 10% did sometimes, 14% rarely, and 44% never wore a bike helmet.

While the increase in helmet use is a positive development, helmet use is mandatory in B.C. to prevent head injuries, and close to half of Aboriginal cyclists never wear one.

#### Fewer Aboriginal students are drinking and driving

# Substance Use

#### Sample question on alcohol

Have you ever had a drink of alcohol, other than a few sips? (A drink of alcohol is equal to one bottle/can of beer, four ounces of wine, or one ounce of hard liquor.)

#### **Drinking alcohol**

The percentage of Aboriginal youth who have tried alcohol has steadily declined, from 80% in 1992, to 73% in 1998, and 67% in 2003. Still, more Aboriginal students (67%) have ever tried alcohol than non-Aboriginal youth (57%). The percentage of Aboriginal youth who use alcohol increases with age. Sixty-nine percent of Aboriginal females have tried alcohol compared to 64% of males.

A third of Aboriginal youth (33%) have never used alcohol in their lifetime, 23% used alcohol on one to nine days, 19% used alcohol on 10 to 39 days, 13% used alcohol on 40 to 99 days, and 12% used alcohol on 100 or more days.

Nineteen percent of Aboriginal students who have tried alcohol were 10 years old or younger the first time, down from 23% in 1998. Twenty-nine percent first tried alcohol at 11 or 12 years of age, 38% first drank alcohol at 13 or 14, and 15% first drank at 15 years or older.

Among Aboriginal youth who have drank alcohol, 31% had not had a drink in the previous month, 30% drank on one or two days, 18% drank alcohol on three to five days, and 21% drank on six or more

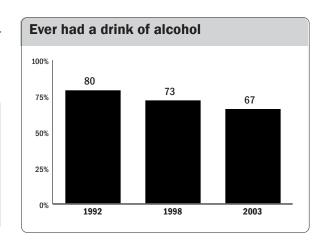
days. Males and females were equally likely to have had a drink in the previous month (69%).

About half of Aboriginal youth who drank alcohol (51%) did not binge drink in the previous month (considered five or more drinks within a couple of

### The proportion of Aboriginal youth trying alcohol has declined in the past decade

hours). Fifteen percent binge drank on one day in the previous month, 12% on two days, 11% on three to five days, and 11% on six or more days. The same number of Aboriginal males and females binge drank (49%), compared to 44% of non-Aboriginal youth. Among youth who use alcohol, patterns of binge drinking have not changed over the past decade.

Binge drinking in past month (of youth who have tried alcohol)			
	1992	1998	2003
0 days	57%	51%	51%
1-2 days	23%	26%	27%
3+ days	20%	23%	22%

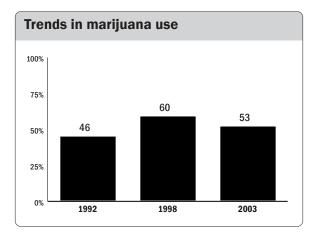


#### Marijuana use

Overall marijuana use among Aboriginal students has increased in the past decade: marijuana use increased dramatically between 1992 and 1998, from 46% to 60%, and then decreased to 53% in 2003. Marijuana use greatly increased among non-Aboriginal students as well. This increase is of concern, because research in the U.S. and Canada shows regular marijuana use causes respiratory problems, interferes with memory, ability to learn and academic performance, and increases the risk of injury.

### Overall marijuana use among Aboriginal students has increased in the past decade

More Aboriginal youth (53%) had ever used marijuana than non-Aboriginal students (36%). And more Aboriginal females (55%) used marijuana than males (51%). The percentage of youth who used marijuana increases with age.



Most Aboriginal youth who have tried marijuana were 13 or 14 years old the first time (46%), and 36% were 12 or younger the first time.

In their lifetime, 47% of Aboriginal youth never used marijuana, 20% used marijuana one to nine times, 18% used it 10 to 99 times, and 15% used marijuana 100 or more times (up from 8% in 1992).

Among Aboriginal youth who have tried marijuana, 40% did not use the drug in the previous month, 22% used once or twice, 14% used marijuana three to nine times, 7% used 10 to 19 times, 8% used 20 to 39 times, and 10% used marijuana 40 or more times in the previous month. More males (24%) than females (13%) used marijuana 20 or more times in the previous month.

Patterns of use are similar among Aboriginal and non-Aboriginal youth:

- Of non-Aboriginal youth who tried marijuana, 56% used it in the previous month, compared to 61% of Aboriginal youth.
- And 34% of non-Aboriginal youth used the drug three or more times, versus 38% of Aboriginal youth.

Marijuana use in past month (among youth who have tried marijuana)			
	1992	1998	2003
0 times	51%	49%	40%
1-2 times	23%	21%	22%
3-9 times	11%	12%	14%
10+ times	15%	18%	25%

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#### **Other Drugs**

Overall illegal drug use, not including marijuana, declined from 1998 among Aboriginal students:

- 32% of Aboriginal youth reported ever using any of the following illegal drugs: mushrooms, hallucinogens, prescription pills without a doctor's consent, cocaine, inhalants, amphetamines, heroin or steroids, compared to 39% in 1998.
- Use of hallucinogens, cocaine, inhalants and heroin declined significantly since 1998.
- Drug use was similar for Aboriginal males and females, with the exception of prescription pills: 14% of females versus 8% of males had used prescription drugs without a doctor's consent.

**Sample question on marijuana use** *Have you ever used marijuana (pot, grass)?* 

Ever used illegal drugs			
	1998	2003	
Mushrooms	24%	21%	
Hallucinogens	19%	10%	
Prescription pills without a doctor's consent	13%	11%	
Cocaine	11%	7%	
Inhalants	8%	5%	
Amphetamines	8%	6%	
Heroin	3%	1%	
Steroids	#	2%	
Injected an illegal drug	#	#	
# Indicates insufficient data to make a	n accurate	estimate	

During the past year, the following happened because you were drinking or using drugs

Passed out	21%
Argued with family members	14%
Got in trouble at school or poor marks	14%
Got into a physical fight	11%
Damaged property or got in trouble with police	13%
Got injured	8%

### Consequences of alcohol and drug use

Twenty-nine percent of Aboriginal students reported using alcohol or drugs in the previous year with no negative consequences: 26% of males and 31% of females. Passing out and getting into arguments with family members were the most common negative consequences resulting from alcohol or drug use.

#### Addressing substance use

Evaluating the effectiveness of youth programs has indicated the following measures work best to prevent substance use:

- Focusing on competencies
- Training youth to develop coping and problemsolving skills
- Paying attention to risk factors
- Involving parents in prevention activities
- Helping youth connect with family and school
- And implementing intervention programs at school

# Aboriginal Youth Living On and Off Reserve

Seventeen percent of Aboriginal students who responded to the survey currently live on a reserve, and 83% do not live on a reserve. The tables in this section compare information on similarities and differences in the health and behaviours of Aboriginal students living on a reserve and those who live elsewhere. Despite stereotypes, many behaviours are similar for youth living on and off reserve. But some behaviours are not, indicating a need to pay more attention to the needs of young people living on reserves in British Columbia.

Similar health and behaviours between youth living			
	On Reserve	Off Reserve	
Injured in past year	42%	44%	
Emotional distress in past month	10%	10%	
History of physical abuse	18%	21%	
History of sexual abuse	13%	13%	
Considered suicide in past year	23%	23%	
Rode with driver who had been drinking in the past month	30%	27%	
Have been in contact with a stranger on the Internet who made you feel unsafe	20%	20%	
Always feel safe at school	41%	38%	
Verbally harassed by youth at school in past year	38%	39%	
Physically assaulted by youth at school in past year	15%	16%	
Carried a weapon to school in past month	11%	10%	
Average school connectedness score <sup>†</sup>	.63	.63	
Average family connectedness score <sup>†</sup>	.76	.75	
Eats dinner with a parent on all five school days	55%	55%	
Participated in 1+ organized physical activities in the past week	57%	60%	
Volunteered in past year	83%	82%	
Tried alcohol	68%	68%	
Used marijuana 1+ times in past month <sup>††</sup>	59%	61%	
$^{\dagger}$ Based on a 0 to 1 scale where 1 refers to higher connectedness $^{\dagger\dagger}$ Of youth who use	d marijuana		

### Seventeen percent of Aboriginal students surveyed live on a reserve; 83% do not

	On Reserve	Off Reserve
Ran away from home in past year	18%	13%
Excellent or good self-rated health status	78%	84%
Always eat breakfast on school days	36%	45%
Discriminated against due to race in past year	40%	18%
Worry "a lot" about family issues (e.g., having enough money, parent dying)	41%	31%
Someone in family has tried to kill themselves	37%	25%
Attempted suicide in past year	18%	11%
Have had sexual intercourse	43%	36%
Used a condom last time had sex <sup>†</sup>	60%	69%
Used birth control pill last time had sex†	23%	39%
Driven after using alcohol or drugs (of licensed drivers)	47%	35%
Always wear a seatbelt as a passenger	35%	49%
1+ physical fights in past year	43%	38%
Marks at school are mostly A's and B's	37%	51%
Plan to complete post-secondary education	56%	66%
5+ hours of TV and/or recreational computer use on school days	44%	34%
Gambled in past year	60%	55%
Have a part-time job	23%	39%
Non-smoker	45%	62%
Binge drank on 3+ days in past month (of youth who used alcohol)  †Of sexually active youth	28%	21%

# Out of School Aboriginal Youth

Just 8.4% of B.C. youth are Aboriginal. Sadly, the proportion of Aboriginal youth in the most vulnerable populations in the province—street youth, youth in custody, and youth in government care—dramatically exceeds the proportion in the general population.

Aboriginal children accounted for 43% of children and youth in government care in 2002. In addition, the McCreary Centre Society has conducted Adolescent Health Surveys among young people in B.C.'s custody centres and street youth, who are generally not in school. In our 2004 survey of youth in custody centres, 47% of youth identified themselves as Aboriginal, and in our 2000 street youth survey, 34% identified as Aboriginal. (McCreary will be conducting a new survey of B.C. street youth in 2006.)

As the following tables show, Aboriginal youth on the street and youth in custody have very different life experiences than Aboriginal youth who attend school in B.C. Aboriginal street youth and youth in custody have much higher rates of risky behaviours and abuse than Aboriginal students:

- Almost all have used marijuana and alcohol.
- Most have had sex, many when they were 12 or younger.
- About two-thirds have been physically abused.
- And suicide rates are even higher among Aboriginal street youth and youth in custody than Aboriginal students.

### Health of Aboriginal youth on the street versus Aboriginal youth in school

	Aboriginal Youth on the street (2000)†	Aboriginal Students (2003)
Rate health as excellent or go	od 61%	83%
Ever used marijuana	92%	53%
12 years or younger when first tried marijuana	55%	19%
Used marijuana 100+ times in lifetime	64%	15%
Used marijuana 40+ times in past month	38%	5%
Ever used amphetamines	45%	6%
Ever used alcohol	91%	67%
12 years or younger when first tried alcohol	62%	32%
Binge drinking 6+ days in past month	22%	8%
Ever had sex	82%	36%
12 years or younger when first had sex	31%	5%
6+ partners in lifetime	41%	6%
Used condom last time had se (of sexually active)	59%	67%
Attempted suicide in past year	r 33%	12%
History of physical abuse	65%	20%
History of sexual abuse	45%	13%
Have a disability	32%	16%
±		

<sup>&</sup>lt;sup>†</sup>178 Aboriginal youth were surveyed (89 males, 87 females, and 2 transgender youth)

#### Aboriginal youth in custody and youth on the street have higher rates of risk taking and abuse than Aboriginal students

Health of Aboriginal males in custody versus m	ales in school	
	Aboriginal Males in Custody (2004)†	Aboriginal Male Students (2003)
Rate health as excellent or good	86%	89%
Ever used marijuana	100%	51%
12 years or younger when first tried marijuana	74%	19%
Used marijuana 40+ times in past month	53%	7%
Ever used amphetamines	56%	6%
Ever used alcohol	100%	64%
12 years or younger when first tried alcohol	73%	31%
Binge drinking 6+ days in past month	48%	7%
Ever had sex	95%	36%
12 years or younger when first had sex	53%	6%
6+ partners in lifetime	59%	6%
Used condom last time had sex (of sexually active)	54%	78%
Had family member attempt suicide	51%	19%
Attempted suicide in past year	18%	6%
History of physical abuse	67%	14%
Have a disability	19%	13%
<sup>†</sup> 58 Aboriginal males were surveyed		

Note: Only Aboriginal males were compared because the number of Aboriginal females in custody in 2004 was too small to make an accurate comparison.

# Appendix 1

#### **Geography matters**

The tables in this appendix provide information about Aboriginal students in five regions in B.C., which correspond to the Ministry of Children and Family Development (MCFD) and Ministry of Health regions, and also represent the regional boundaries of the Aboriginal authorities that are at varying stages of assuming responsibility for providing health and social services to youth. At present, each area has a Regional Aboriginal Planning Committee of community-based volunteers working with MCFD to establish the Aboriginal authorities, which will ultimately be responsible for:

- Child and family development services including child protection
- Adoption services
- Services for special needs children and their families
- Early childhood development
- Childcare
- Youth justice services
- Child and youth mental health services
- Community living services

### Students who identified themselves as Aboriginal

Interior	10%
Fraser	5%
Vancouver Coastal	3%
Vancouver Island	9%
Northern	16%

#### **Currently live on and off reserve**

	On Reserve	Off Reserve
Interior	20%	81%
Fraser	#	95%
Vancouver Coastal	29%	71%
Vancouver Island	26%	74%
Northern	15%	85%

# Indicates insufficient data to make an accurate estimate

#### **Body Mass Index categories**

	Healthy or "normal" weight	Overweight/ Obese
Interior	77%	21%
Fraser	75%	#
Vancouver Coastal	68%	28%
Vancouver Island	76%	21%
Northern	72%	26%

# Indicates insufficient data to make an accurate estimate

#### **Body Mass Index categories for males**

	Healthy or "normal" weight	Overweight/ Obese
Interior	69%	28%
Fraser	69%	#
Vancouver Coastal	63%	34%
Vancouver Island	67%	30%
Northern	64%	32%

# Indicates insufficient data to make an accurate estimate

#### **Body Mass Index categories for females**

	Healthy or "normal" weight	Overweight/ Obese
Interior	84%	14%
Fraser	80%	#
Vancouver Coastal	74%	#
Vancouver Island	85%	#
Northern	78%	21%

# Indicates insufficient data to make an accurate estimate

#### **Exercise in past week**

	0-2 days	3-4 days	5+ days
Interior	33%	27%	40%
Fraser	28%	34%	39%
Vancouver Coastal	28%	32%	40%
Vancouver Island	29%	29%	43%
Northern	30%	26%	44%

Exercise 3+ days in p	ast week	
	On Reserve	Off Reserve
Interior	69%	67%
Fraser	#	74%
Vancouver Coastal	70%	73%
Vancouver Island	73%	71%
Northern	60%	73%
# Indicates insufficient data to	make an accura	ate estimate

Had an injury requiring medical attention in the past year by gender		
	Males	Females
Interior	50%	39%
Fraser	50%	39%
Vancouver Coastal	45%	41%
Vancouver Island	43%	34%
Northern	46%	37%

Had an injury requiring medical attention in the past year (on and off reserve)		
	On Reserve	Off Reserve
Interior	41%	45%
Fraser	#	47%
Vancouver Coastal	36%	47%
Vancouver Island	41%	39%
Northern	44%	42%
# Indicates insufficient data	to make an accura	ate estimate

Ever had sexual intercou	rse
Interior	39%
Fraser	35%
Vancouver Coastal	26%
Vancouver Island	37%
Northern	38%

	Physical Abuse	Sexual Abuse
Interior	23%	15%
Fraser	18%	#
Vancouver Coastal	19%	13%
Vancouver Island	19%	14%
Northern	21%	15%

Suicide				
	Seriously considered suicide in past year	Attempted Suicide in past year	Someone in family has attempted suicide	
Interior	24%	12%	29%	
Fraser	24%	#	19%	
Vancouver Coastal	20%	13%	22%	
Vancouver Island	18%	9%	28%	
Northern	23%	13%	31%	
# Indicates insufficient data to make an accurate estimate				

Used a condom the last time (of youth who have had sex)	
Interior	64%
Fraser	69%
Vancouver Coastal	70%
Vancouver Island	65%
Northern	71%

Involved in one or more physical fights in the past year		
	Males	Females
Interior	43%	33%
Fraser	46%	35%
Vancouver Coastal	47%	35%
Vancouver Island	48%	26%
Northern	46%	29%

the past year (on and off reserve)		
	On Reserve	Off Reserve
Interior	42%	38%
Fraser	#	39%
Vancouver Coastal	43%	45%
Vancouver Island	43%	35%
Northern	39%	36%
# Indicates insufficient data to make an accurate estimate		

Involved in one or more physical fights in

Always feel safe at school		
Interior	40%	
Fraser	34%	
Vancouver Coastal	41%	
Vancouver Island	42%	
Northern	41%	

Victimized by youth	at school	in the	past
year			

	Verbally harassed	Purposely excluded	Physically assaulted
Interior	43%	37%	16%
Fraser	38%	36%	18%
Vancouver Coastal	38%	34%	13%
Vancouver Island	35%	28%	15%
Northern	37%	35%	13%

Been in contact with a stranger on the
Internet who made you feel unsafe

Interior	18%
Fraser	18%
Vancouver Coastal	20%
Vancouver Island	17%
Northern	23%

### Rode with a driver who had been drinking alcohol in the past month

Interior	34%
Fraser	24%
Vancouver Coastal	26%
Vancouver Island	24%
Northern	27%

#### Expect to finish post-secondary education<sup>†</sup>

Interior	60%
Fraser	71%
Vancouver Coastal	66%
Vancouver Island	58%
Northern	64%
+	

†Plan to graduate from community college, technical institution or university

### Expect to finish post-secondary education (on and off reserve) $^{\dagger}$

	On Reserve	Off Reserve
Interior	52%	63%
Fraser	#	72%
Vancouver Coastal	56%	68%
Vancouver Island	<b>52</b> %	59%
Northern	66%	63%

<sup>†</sup>Plan to graduate from community college, technical institution or university

# Indicates insufficient data to make an accurate estimate

# In the past year, participated in an organized physical activity<sup>†</sup> 1+ times a week

Interior	Males 54%	Females 58%
Fraser	61%	65%
Vancouver Coastal	56%	66%
Vancouver Island	52%	58%
Northern	57%	59%
†a		

TSports, dance, or aerobics

#### **Gambled in the past year**

Interior	58%	
Fraser	53%	
Vancouver Coastal	57%	
Vancouver Island	54%	
Northern	56%	

### Gambled in the past year (on and off reserve)

	On Reserve	Off Reserve
Interior	72%	56%
Fraser	#	54%
Vancouver Coastal	46%	63%
Vancouver Island	57%	52%
Northern	66%	55%

# Indicates insufficient data to make an accurate estimate

Have a part-time job	
Interior	39%
Fraser	41%
Vancouver Coastal	33%
Vancouver Island	34%
Northern	35%
l .	

Smoking		
	Non- smoker	Current Smoker
Interior	54%	16%
Fraser	69%	#
Vancouver Coastal	66%	#
Vancouver Island	62%	12%
Northern	53%	12%
# Indicates insufficient data	to make an accura	ite estimate

Non-smokers (on and off reserve)		
	On Reserve	Off Reserve
Interior	37%	54%
Fraser	#	70%
Vancouver Coastal	63%	66%
Vancouver Island	51%	64%
Northern	#	54%
# Indicates insufficient data to make an accurate estimate		

Alcohol use		
	Ever had a drink of alcohol	Binge drank on 3+ days in past month <sup>†</sup>
Interior	73%	28%
Fraser	60%	#
Vancouver Coastal	62%	16%
Vancouver Island	66%	25%
Northern	72%	24%
†Of youth who have used alcohol		

Of youth who have used alcohol

#### **Ever used alcohol (on and off reserve)**

	On Reserve	Off Reserve
Interior	73%	72%
Fraser	#	63%
Vancouver Coastal	55%	63%
Vancouver Island	66%	67%
Northern	74%	72%

# Indicates insufficient data to make an accurate estimate

Marijuana use		
	Ever used marijuana	Used marijuana 3+ times in past month <sup>†</sup>
Interior	58%	45%
Fraser	46%	#
Vancouver Coastal	44%	45%
Vancouver Island	57%	32%
Northern	58%	42%
<sup>†</sup> Of youth who have used marijuana		

<sup>#</sup> Indicates insufficient data to make an accurate estimate

#### **Ever used marijuana (on and off reserve)**

	On Reserve	Off Reserve
Interior	72%	56%
Fraser	#	47%
Vancouver Coastal	53%	40%
Vancouver Island	60%	58%
Northern	60%	57%

# Indicates insufficient data to make an accurate estimate

<sup>#</sup> Indicates insufficient data to make an accurate estimate

# Appendix 2

#### **Participating school districts**

In addition, there are important differences among communities and regions in the province, for Aboriginal and non-Aboriginal youth. Questionnaires were completed by a sample of students from each of the province's five regions: Interior, Fraser, Vancouver Coastal, Vancouver Island and Northern. Classrooms in each school district were randomly selected to represent grade levels, rather than characteristics of individual students. Some school districts chose not to participate in the survey, and these regions are not fully represented in the report as a result.

#### Interior

#### Participating school districts:

Southeast Kootenay (SD #5) Rocky Mountain (SD #6)

Kootenay Lake (SD #8)

Arrow Lakes (SD #10)

Revelstoke (SD #19)

Kootenay-Columbia (SD #20)

Vernon (SD #22)

Central Okanagan (SD #23)

Cariboo-Chilcotin (SD #27)

Boundary (SD #51)

Okanagan Similkameen (SD #53)

Nicola-Similkameen (SD #58)

Okanagan Skaha (SD #67)

Kamloops/Thompson (SD #73)

Gold Trail (SD #74)

N. Okanagan-Shuswap (SD #83)

#### Fraser

#### Participating school districts:

Langley (SD #35)

New Westminster (SD #40)

Burnaby (SD #41)

Maple Ridge (SD #42)

Mission (SD #75)

#### Non-participating school districts:

Chilliwack (SD #33)

Abbotsford (SD #34)

Surrey (SD #36)

Delta (SD #37)

Coquitlam (SD #43)

Fraser-Cascade (SD #78)

#### **Vancouver Coastal**

#### Participating school districts:

Richmond (SD #38)

Vancouver (SD #39)

North Vancouver (SD #44)

West Vancouver (SD #45)

Sunshine Coast (SD #46)

Powell River (SD #47)

Howe Sound (SD #48)

#### Non-participating school districts:

Central Coast (SD #49)

#### Vancouver Island

#### Participating school districts:

Greater Victoria (SD #61)

Sooke (SD #62)

Saanich (SD #63)

Gulf Islands (SD #64)

Nanaimo-Ladysmith (SD #68)

Qualicum (SD #69)

Alberni (SD #70)

Campbell River (SD #72)

Cowichan Valley (SD #79)

Vancouver Island West (SD #84)

#### Non-participating school districts:

Comox Valley (SD #71)

Vancouver Island North (SD #85)

#### Northern

#### Participating school districts:

Quesnel (SD #28)

Prince Rupert (SD #52)

Bulkley Valley (SD #54)

Prince George (SD #57)

Coast Mountains (SD #82)

Nechako Lakes (SD #91)

#### Non-participating school districts:

Haida Gwaii/Queen Charlotte (SD #50)

Peace River South (SD #59)

Peace River North (SD #60)

Fort Nelson (SD #81)

Stikine (SD #87)

Nisga'a (SD #92)

# McCreary Centre Society Publications

#### Reports for AHS III

British Columbia Youth Health Trends: A Retrospective, 1992-2003 (2005)

Healthy Youth Development: Highlights from the 2003 Adolescent Health Survey III (2004)

Adolescent Health Survey III Regional Reports for: Northwest; Northern Interior; Thompson Cariboo Shuswap; Okanagan; Coast Garibaldi/North Shore; Kootenay Boundary; East Kootenay; North Vancouver Island; Central Vancouver Island; South Vancouver Island; Vancouver; Richmond; Fraser; and Fraser North.

#### Reports for AHS II

Healthy Connections: Listening to BC Youth (1999)

Adolescent Health Survey II: Regional Reports for: Kootenays Region; Okanagan Region; Thompson/Cariboo Region; Upper Fraser Valley Region; South Fraser Region; Simon Fraser/Burnaby Region; Coast Garibaldi/North Shore Region; Central/Upper Island Region; North Region; Vancouver/Richmond Region; Capital Region; East Kootenay Region; Kootenay Boundary Region; North Okanagan Region; Okanagan Similkameen Region; Thompson Region; Cariboo Region; Coast Garibaldi Region; Central Vancouver Island Region; Upper Island/Central Coast Region; North

West Region; Peace Liard Region

#### Reports for AHS I

Adolescent Health Survey: Province of British Columbia (1993)

Adolescent Health Survey: Regional Reports for: Greater Vancouver Region; Fraser Valley Region; Interior Region; Kootenay Region; Northeast Region; Northwest Region; Upper Island Region; and Capital Region (1993)

### Special group surveys and topic reports

Time Out II: A Profile of BC Youth in Custody (2005)

Healthy Youth Development: The Opportunity of Early Adolescence (2003)

Accenting the Positive: A developmental framework for reducing risk and promoting positive outcomes among BC youth (2002)

Violated Boundaries: A health profile of adolescents who have been abused (2002)

Violence in adolescence: injury, suicide, and criminal violence in the lives of BC youth (2002)

Between the Cracks: homeless youth in Vancouver (2002)

Homeless youth: an annotated bibliography (2002)

Time Out: A profile of BC youth in custody (2001)

The Girls' Report: The Health of Girls in BC (2001)

No Place to Call Home: A Profile of Street Youth in British Columbia (2001)

Making Choices: Sex, Ethnicity, and BC Youth (2000)

Raven's Children: Aboriginal Youth Health in BC (2000)

Lighting Up: Tobacco use among BC youth (2000)

Silk Road to Health: A Journey to Understanding Chinese Youth in BC (2000)

Mirror Images: Weight Issues Among BC Youth (2000)

Being Out-Lesbian, Gay, Bisexual & Transgender Youth in BC: An Adolescent Health Survey (1999)

Our Kids Too-Sexually Exploited Youth in British Columbia: An Adolescent Health Survey (1999)

Adolescent Health Survey: AIDS-Related Risk Behaviour in BC Youth - A Multicultural Perspective (1997)

Adolescent Health Survey: Youth & AIDS in British Columbia (1994)

Adolescent Health Survey: Chronic Illness & Disability Among Youth in BC (1994)

Adolescent Health Survey: Street Youth in Vancouver (1994)

#### **Next Step**

The Next Steps: A Workshop Toolkit to Engage Youth in Community Action. A project of the Adolescent Health Survey III (2005)

The Aboriginal Next Step: Results from Community Youth Health Workshops (2001)

Our Communities – Our Health: Young People Discuss Solutions To Their Health Issues. The Next Step Report (2001)

Adolescent Health Survey: Next Step -Community Health Action By Youth. Results from 1994 Youth Health Seminars in British Columbia (1995)