

The Youth Prevention Survey

Understanding Youth Perceptions of Alcohol, Drugs, and Sex

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RESEARCH



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OVERVIEW

This report presents a summary of findings from the Youth Prevention Survey completed by 391 junior and senior high students from seven south central Alberta schools. Each of these schools is involved in the Wellness Resiliency and Partnership (WRaP) project; data collection was facilitated through partnership between the WRaP project and the University of Alberta. The findings are focused on Alberta youths' knowledge, attitudes, and beliefs regarding sex, drugs, and alcohol. Programming recommendations are offered as a conclusion to the report with the aim of informing future developments of prevention and intervention initiatives with youth related to these topics.

BACKGROUND AND CONTEXT

The following section provides background information about the context of the Youth Prevention Survey, both within Canada and within the province of Alberta. Completed research about youth attitudes, beliefs and usage/activity around sex, alcohol and drug use will be explored and connections made to the Alberta Curriculum addressing these areas. Finally, the relevance of the Youth Prevention Survey as part of the WRaP Project will be discussed. A rationale for the Youth Protection survey is embedded throughout and is further explored in the next section. The Alberta Centre for Child, Family, and Community Research facilitated this study with funding provided by the Government of Alberta.

Canadian Context

Two Canada-wide surveys have been administered in the past ten years with the aim of investigating Canadian youth trends in sex, alcohol and illicit drug use. Boyce, and colleagues (2006) explored the sexual health of Canadian teens through the use of a Canada-wide survey with 10,000 youth in grades 7, 9 and 11. Leatherdale & Burkhalter (2012) reported the results of another Canada-wide survey completed by 2.5 million youth in grades 7 to 12 between 2002 and 2003 focused on alcohol, tobacco, marijuana, and other illicit drug use. The key findings of these two surveys are reviewed in the following section.

Boyce and colleagues (2006) discovered an *increased trend in sexual activity in older high school aged students*; 23% of grade 9 males and 19% of grade 9 females reported being sexually active compared with 40% of grade 11 males and 46% of grade 11 females. Of the grade 9 males who

reported having sex, slightly more than half reported having more than one partner. Similarly, of the grade 9 females who reported having sex, approximately half reported having more than one partner. Finally, of the grade 11 males and grade 11 females who reported having sex, around half reported sexual interactions with more than one partners, with males reporting slightly more likelihood to have multiple partners than females.

Moreover, few youth who reported being sexually active in this study also reported using birth control; 10% of grade 9 males and 8% of grade 9 females reported not using any form of birth control (including condoms) during their last sexual encounter while 5% of grade 11 males, and 6% of grade 11 females reported not using any form of birth control (including condoms) during their last sexual encounter. These findings illuminate that many Canadian teens are sexually active and that they are sexually active at a relatively young age. The importance of these findings lie in the strong potential for choices the youth make about their sexual behaviour during adolescence to impact the occurrence of sexually transmitted infections and unplanned pregnancy (Boyce et al., 2006).

Leatherdale & Burkhalter (2012) found concerning trends in alcohol, marijuana and illicit drug use in high school students; overall, 27% of high school aged students reported current alcohol use, 19% reported current marijuana use, and 8% reported current illicit drug use. In addition, alcohol, tobacco, marijuana or illicit drug use increased significantly by grade with only 36% of grade 12 students reporting that they were not using alcohol, tobacco, marijuana or illicit drugs at the time of the study. Additionally, alcohol use (defined as “binge drinking”) was almost always found to be happening in conjunction with illicit drug use (e.g. marijuana, cocaine, or some type of combination). The researchers comment that this usage data “[presents] a bleak picture of the substance use profile of Canadian youth” (Leatherdale & Burkhalter, 2012, p.320). As the authors noted, the findings are relevant because of the increased likelihood that youth who engage in substance abuse would continue to abuse substances as adults. Moreover, substance abuse can have detrimental effects on a young person’s future because of potential consequences that may be associated with substance abuse such as school dropout, incarceration, addictions, high-risk sexual behaviours, and prenatal alcohol exposure as a result of unplanned pregnancies.

Four recommendations were generated from these Canada-wide surveys: the need for sexual health interventions that address knowledge, attitudes, and behaviour (Boyce et al., 2006); understanding the contexts in which youth engage in sexual activities and the belief systems that their

behaviours stem from (Boyce et al., 2006); prevention of alcohol and drug use behaviours being a “public health priority” (Leatherdale & Burkhalter, 2012); and an ongoing analysis of initiatives to identify how and if current programming is having an impact (Leatherdale & Burkhalter, 2012). Overall, these surveys provide important information about the Canadian context related to youth sex, drug and alcohol use/activity.

Alberta Context

In Alberta, the document responsible for outlining mandatory content within health programming initiatives in schools is the Alberta Program of Studies. The Alberta Program of Studies lists the curricular objectives to be taught in health and life skills for kindergarten to grade 9 and health/career and life management for students in grades 10 to 12, and in particular those related to sexual activity and substance (drug and alcohol) use.

Sexual Activity Curriculum: The junior high curriculum specifies teaching about specific topics such as examining abstinence and postponing sexual activity, identifying and describing basic types of birth control, and developing strategies to prevent or reduce sexual risk (Health and Life Skills, p. 12). The senior high curriculum is focused on teaching such topics as examining aspects of healthy sexuality and responsible sexual behaviour, the relationship between commitment and intimacy at all levels, and evaluating choices and combinations of choices that can create barriers to achieving and maintaining health (p. 8).

Substance Use Curriculum: The junior high curriculum specifies teaching about topics such as analyzing social factors that influence avoidance or use of substances, the possible negative consequences of substance use and abuse, and stages and kinds of addictions (p. 8). Following this, the senior high curriculum specifies teaching about specific outcomes such as “how to evaluate choices and combinations of choices that can create barriers to achieving and maintaining health”, “how to assess the effects of substances use and abuse on health”, “how to evaluate the impact of situations of risk and risks in combination” (Career and Life Management p. 8), and how to identify actions to improve health (CALM, p. 7).

Although there are no explicit requirements in the Program of Studies to address content regarding substance use and sexuality, teachers are encouraged, especially at the senior high level, to involve community-based agencies and partnerships to facilitate co-ordinated planning and

implementation of programs that support student learning (Career and Life Management, p. 2). One such program, embedded in schools, is the WRaP Project.

Wellness, Resiliency and Partnership (WRaP) Project Context

The WRaP program works in partnership with 33 schools within 13 Alberta school districts to provide support for junior and senior high school students who are living with or suspected of living with FASD. The program embeds a success coach in schools to implement a variety of direct support services for these students, along with environmental supports for their teachers, caregivers, family members, and community. As examples, the WRaP success coaches provide mentoring to students impacted by FASD and help them navigate their school and extra-curricular activities, assist teachers with implementing strategies to adapt programming, and help foster supportive relationships between support providers to help these students function at their best in their community. The WRaP program also provides coaches with the unique opportunity to support schools in addressing high-risk activities (i.e. drug and alcohol use, sexual activity), which are activities that many youth engage with at some point in their secondary school career. To this end, WRaP coaches have expressed a desire to better understand the perspectives of all of the youth in the schools in which they work so that programming can have a broader impact and be reflective of the perspectives of the youth. In this way, WRaP coaches hope to engage students rather than direct them.

PURPOSE OF THE STUDY

The objective of the Youth Prevention Survey is to examine the *knowledge, attitudes, and beliefs* of Alberta youth concerning sexual activity, drug use, and alcohol use in order to create a comprehensive picture of the current state of high-risk behaviours. Information from the survey can then provide insight into meaningful ways in which information might be communicated to youth to promote healthy choices (i.e. through the WRaP Project).

Accessing the *knowledge, attitudes, and beliefs* of Alberta youth about sex, drugs, and alcohol can assist educators and WRaP coaches in providing valuable educational experiences that are aligned with youth's own self reported understandings. Recommendations generated from this study are intended to support development of effective programs to teach youth about making safe, healthy

decisions about sexuality and preventing high-risk behaviours. With this in mind, the project aimed to answer the following key research questions:

1. To what extent do Alberta youth report accurate *knowledge* about alcohol use, sexual activity, and sexual behaviour?
 - a. What is the relationship between youth knowledge about alcohol use and their social interactions?
 - b. Are there differences in their knowledge between genders and/or ages?
2. To what extent do youth *attitudes* about sexual activity, alcohol, or drug use influence their social interactions?
 - a. Are there differences in their attitudes between genders and/or ages?
3. What do youth *believe* about the knowledge and attitudes of their peers regarding sexual activity, alcohol use, and drug use?
 - a. Are there differences in their beliefs between genders and/or ages?

METHODOLOGY

Survey Development

The Youth Prevention Survey is primarily a quantitative survey; a small section of qualitative questions were included for future in-depth analysis. There are 50 grade 5 reading level questions in total: 1 consent to participate question; 3 demographic questions; 31 Likert-type questions from 1 to 9 (1=always, strongly agree, or always true; and 9= never, strongly disagree, or never true) depending on the question; 2 multi-select questions; 8 single-select questions; and 5 qualitative questions.

The Youth Prevention Survey team developed survey questions based on content from the Alberta Education Program of Studies in Health and Life Skills and Career and Life Management and in conjunction with existing research about sexual activity and drug and alcohol use among Canadian Youth.

The 20 *knowledge* items on the survey were worded in such a way to access what youth say they know about sexuality, drugs, and alcohol abuse; 15 *attitude* items intended to assess the youth's ideas about these topics, that are believed to impact their behaviour choices; and the 15 *beliefs* items sought to gain youth's reported perspectives about the current state of sexual activity, drugs, and

alcohol abuse among their peers in addition to youth's perspectives about how such issues should be addressed.

Survey Sample and Procedure

A convenience sample of participants ($n=418$) from schools that participate in WRaP from Pembina Hills, Grand Yellowhead, Elk Island, and Edmonton Public School districts completed the survey. WRaP success coaches then connected with individual junior and senior schools within their corresponding districts to inquire into which schools would be participating in the survey. Subsequently, WRaP success coaches made arrangements with individual teachers in participating schools to assist in handing out information letters about the survey and permission forms. Pembina Hills, Grand Yellowhead, and Edmonton Public Schools received consent forms for student participation in the survey; Elk Island school district received assent forms. There were 3012 forms sent out and 418 surveys were completed for a response rate of 14%.

The survey was completed online using web-based software (i.e., SurveyMonkey®). Students were provided with a link to the survey and were given the option to anonymously accept or refuse to participate. The participants completed the survey anonymously at their school's computer labs during instructional time. When possible, the survey was tied into health class because the topics correlated with Health and Life Skills curriculum content. Coaches and/or teachers were available to students in the labs to address any questions.

Data Analysis

The quantitative questions were explored in its entirety split by gender, and by junior versus senior high school. Data cleaning consisted of deleting respondents with inappropriate answers (i.e. foul language, lying about age, blank surveys etc.) leaving 393 respondents, and the Likert-type scale questions were reverse coded to be congruent with traditional Likert-type scales. The 9-point scale was collapsed into a 5-point scale to compensate for minimal to non-existent differences between scale points at each end of the scale. Therefore, options 9 and 8 are combined to represent strongly agree, always, and always true; option 7 represents agree, almost always, and almost always true; options 6, 5, and 4 represent don't know or unsure; option 3 represents disagree, almost never, and almost never true, while 2 and 1 represent strongly disagree, never, and never true. Descriptive and inferential

statistics were used to answer the research questions. Percentages were calculated and t-tests were used to determine if there were meaningful differences between genders or age groups

The qualitative content was reviewed for themes and significant input to provide deeper insight into the quantitative data collected, as well as to identify the solutions or suggestions proposed by the youth. The advantage of using qualitative data to do this is that the youth are free to respond as they choose – and are not bound by questions of our choosing. In this way we are truly engaging the youth and providing an opportunity for them to contribute to the next steps in providing education that will help to support healthy decision-making. Themes were chosen by reading through the qualitative input and looking for input that came up repeatedly in response to each of the questions. Consistently stated ideas were then organized into the shared theme behind those ideas, in order to emphasize those key ideas.

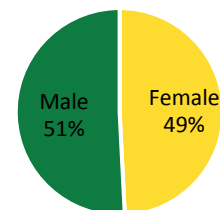
FINDINGS

Findings are divided into four sections. The first section presents the demographics of the participants in the study. The next section presents data regarding their *knowledge, attitudes, and beliefs* about the relationships between alcohol, pregnancy and drugs while the section following this presents data about their *knowledge, attitudes, and beliefs* about sexual activity. The final section provides an analysis of the qualitative data from the survey.

Demographics

The study's sample has an almost equal distribution of gender overall and per grade level (Figure 1). Overall 49.5% of the participants are female and 50.5% of the participants are male; 68.4% of the students are junior high school students (grade 7 to 9) and 38.6% are senior high school students (grade 10 to 12).

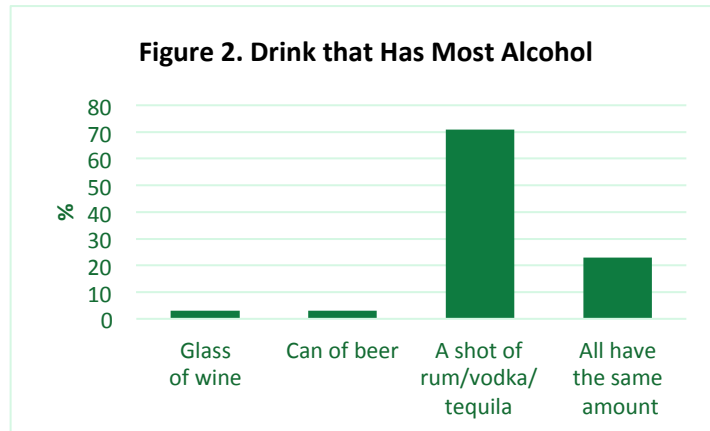
Figure 1. Gender Distribution



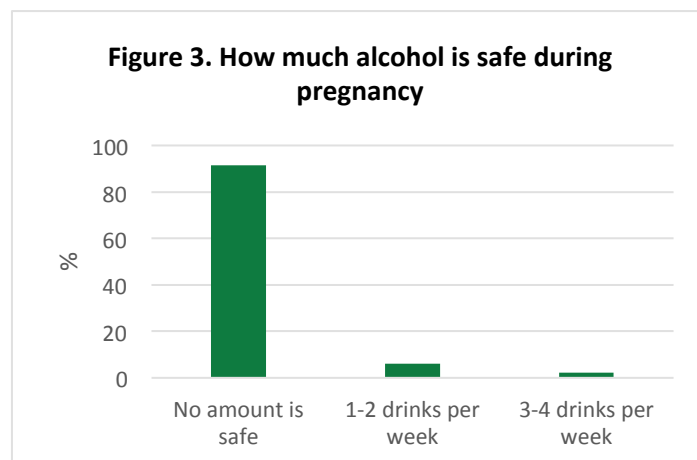
Alcohol, Pregnancy, and Drugs

Knowledge

The majority of youth do not demonstrate accurate knowledge about differences among types of alcohol. When asked to identify which type of alcoholic beverage contained the most alcohol, 70.9% of youth chose the incorrect answer 'shot of rum/vodka/tequila' (Figure 2). The correct answer is that all of these drinks contain the same amounts of alcohol (Hanson, 2013). This demonstrates that youth may need further educational opportunities to learn about alcohol consumption.



Most youth demonstrate accurate knowledge of the relationships between alcohol use, sexual activity, and pregnancy. For example, 83.4% of youth agree that a woman can get pregnant while having sex when she is drunk. Additionally, 94% of youth understand that any amount of alcohol during pregnancy may hurt a baby; 79% report that it is not ok to drink a little bit while pregnant, and 78.2% of youth disagree



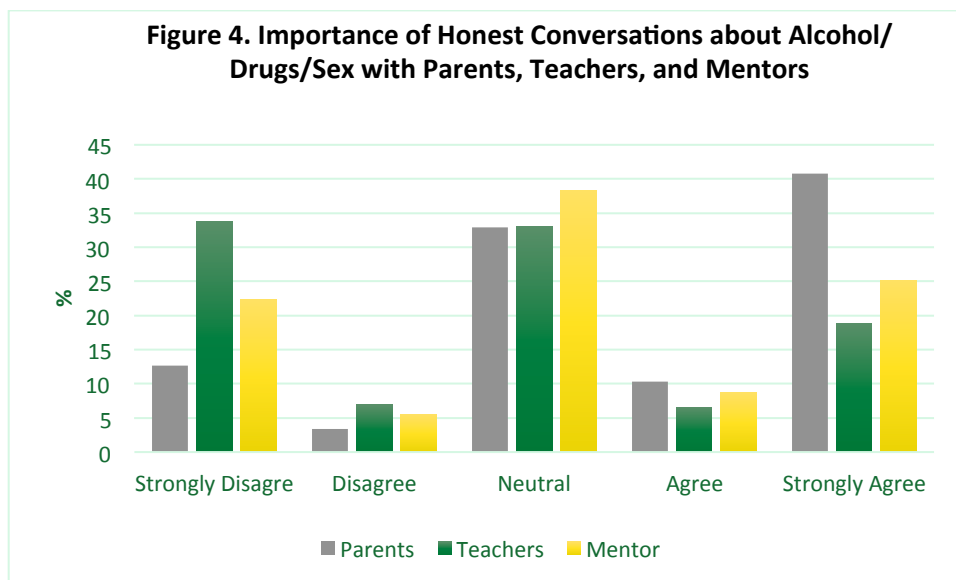
to strongly disagree that binge drinking is the only type of drinking that can hurt a baby during pregnancy. Moreover, 91.2% youth indicate that no amount of alcohol is safe during pregnancy (Figure 3). This paints an optimistic picture of youth knowledge about alcohol use, sexual activity and pregnancy; they tend to know what is important (i.e. there's no safe amount of alcohol to drink while pregnant). However, knowledge does not necessarily translate to behaviour, which is an area for future exploration.

Attitudes

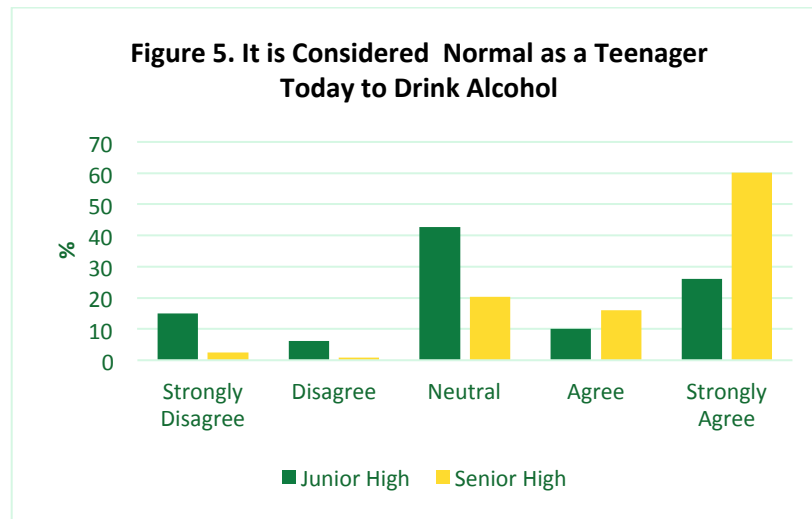
Some youth report avoiding situations where alcohol will be present. For example, 51.5% of youth said they always or almost always avoid situations where there will be alcohol while 28.3% said they never or almost never avoid situations where there will be alcohol.

Beliefs

Many youth demonstrate beliefs that are consistent with open communication. For example, 51.1 % of youth reported that it would be easier to make safe decisions about sex, drugs, and/or alcohol if they could have open and honest conversations with their parents. When they were asked the same question about their teachers and mentors, 26.8% reported it being easier with the former and 34.6% of them reported that it would be easier with the latter Youth seem to acknowledge a stronger need to have these open and honest conversations with their parents, as opposed to teachers or mentors (see Figure 4). Additionally, results were consistent across gender and grade level.



Youth were presented with the statement that it is considered more normal today to drink alcohol than not to not drink alcohol. There were statistically significant differences between junior high and senior high beliefs regarding this statement. Senior high school students report that it is more normal to drink alcohol today than not to in comparison to the normality of alcohol consumption reported by their junior high peers (see Figure 5). These results suggest that as students get older, the use of alcohol normalizes among their peer group.



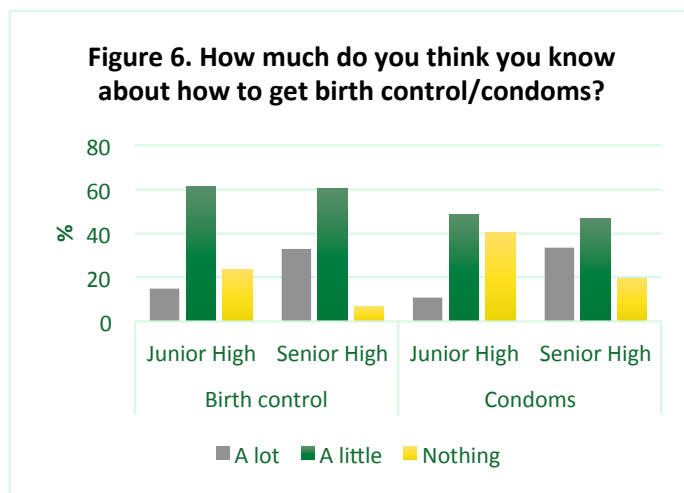
Youth were next asked about their agreement with the statement “alcohol affects your ability to make safe decisions.” 79.6% of junior school students agreed with statement while 69.2% of senior high students agreed with this statement. Participants were then asked about their agreement with the statement “you can still be in control of yourself when you are drunk.” 15.5% of junior high school students agreed with this statement while 26.4% of senior high students agreed with this statement. We see here a trend towards a growing belief that one is in control when drinking alcohol as students get older, which is worrying as this belief is inaccurate; alcohol does impact your ability to make safe decisions and one is less in control when one is drunk. This may indicate an area for future intervention.

With regards to their beliefs about marijuana use youth were asked their level of agreement with the statement “marijuana affects your ability to make safe decisions.” 78.1% of junior school students agreed with this statement and 58.7% of senior high students agreed with this statement. Student participants were then asked about their agreement with the statement “you can still be in control of yourself when you are high” 20.1% of junior high school students agreed with this statement and 51.3% of senior high students agreed. Again, this trend towards a belief as students get older that one is in control while high is noteworthy as it is also inaccurate. Again, this is an area where future intervention could be targeted.

Sexual Activity

Knowledge

Overall, the majority of students, irrespective of age, seem to know something about how to access birth control. Youth were asked how much they think they know about how to get birth control. High school students seem to think that they know the most about how to get birth control, which makes intuitive sense as more high school students than junior high students are sexually active. However, the majority of high school and junior high school students think they know a little bit about how to get birth control. Finally, a larger percentage of junior high students than high school students say that they know nothing about how to access birth control (see Figure 6).



In a closer examination of birth control use, youth were asked how much they think they know about how to get condoms. Junior high students were roughly equally likely to say that they know a lot about how to get condoms, a little about how to get condoms or nothing about how to get condoms. In contrast, about two-thirds of high school students know a lot about how to get condoms, with a quarter knowing a little about how to get condoms and 6% knowing nothing about how to get condoms (see Figure 6). Interestingly, the percentages for knowing how to access birth control and how to access condoms are not the same, suggesting that perhaps students don't necessarily think of

Attitudes

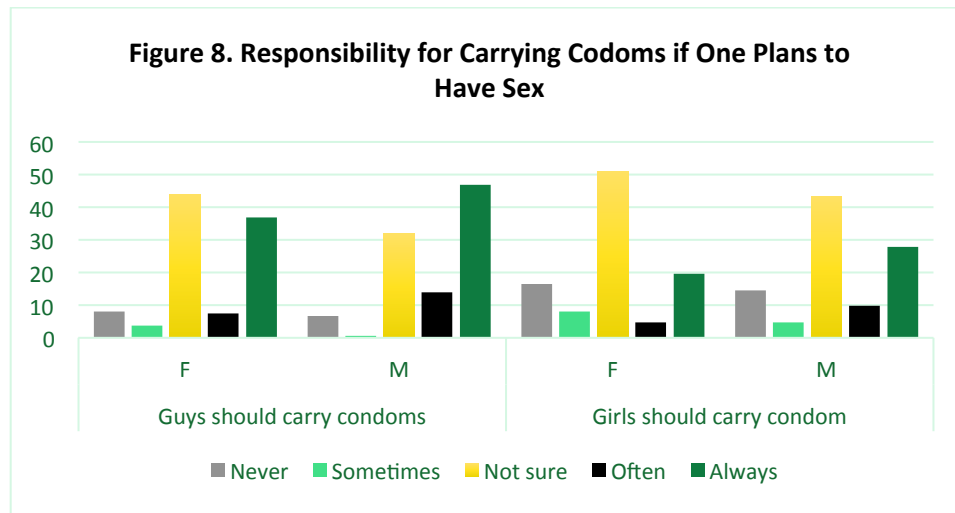
Youth were asked if they thought abstinence from sex is realistic. About a third of youth believe abstinence is always or almost always realistic, a third don't know or are unsure about how realistic abstinence is, and a third believe that abstinence from sex is never or almost never realistic (Figure 7). When this data was split into junior and senior high groups there is a statistically significant difference between the beliefs in the two groups: 30.4% of junior high students believe abstinence is never or almost never realistic, compared to 43.4% of senior high students. 37.7% of junior high school students don't know or are unsure about it, compared to 29.5% of senior high students, and finally,

31.9% of junior high students believe abstinence is always or almost always realistic and 27% of senior high students believe the same. We seem to see a shift towards believing that abstinence is never or almost never realistic as students get older; however, these students seem to shift from the junior high group of being unsure about it as opposed to the junior high group of believing that it is realistic – indicating that it is the undecided group that tend to move towards feeling it is unrealistic with age. Percentages of students who believe that abstinence is always realistic are fairly consistent across junior high and high school.

When asked if youth would tell their friends if they are worried they are not practicing safe sex, 28.2% said they would and 46.4% said they would not, the rest were unsure. When asked if youth would tell their friends if they are worried they are abusing drugs or alcohol, 76.9% said they would and 24.6% said they would not. Students seem to be more likely to share worries about alcohol or drug use with their peers than worries about safe sexual activity.

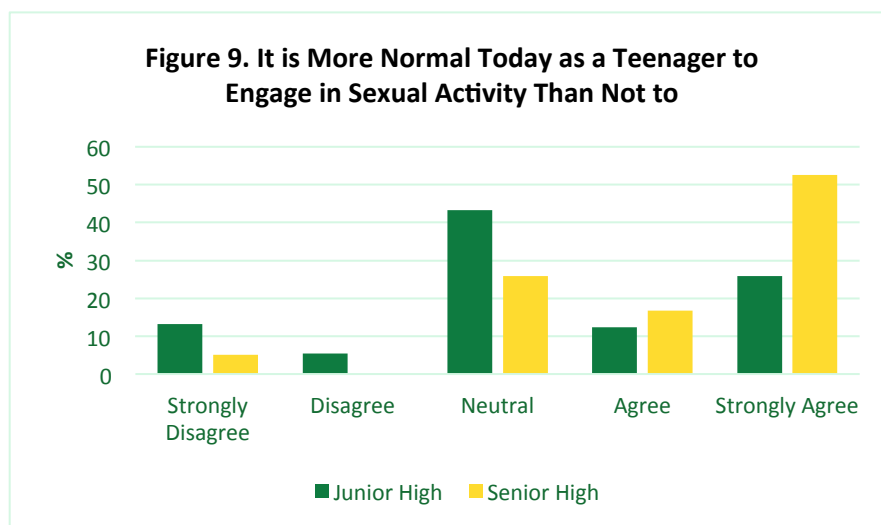
Beliefs

A common way to prevent pregnancy is the use of condoms. As a result, youth were asked if guys and/or girls are responsible for wearing condoms if they plan on having sex (see Figure 8). 44.4% of females believe guys are responsible for carrying a condom if they plan on having sex, while 43.9% of females didn't know or were unsure. In contrast, 60.9% of males believe that guys are responsible for carrying a condom if they plan on having sex, while 31.9% of males didn't know or were unsure. 24.5% of females believe girls are responsible for carrying a condom if they plan on having sex, while 51.0% of females didn't know or were unsure. Finally, 37.7% of males believe that girls are responsible for carrying a condom if they plan on having sex, while 43.3% of males didn't know or were unsure. Generally, both males and females seem to believe that males are more responsible for carrying condoms when planning to have sex.

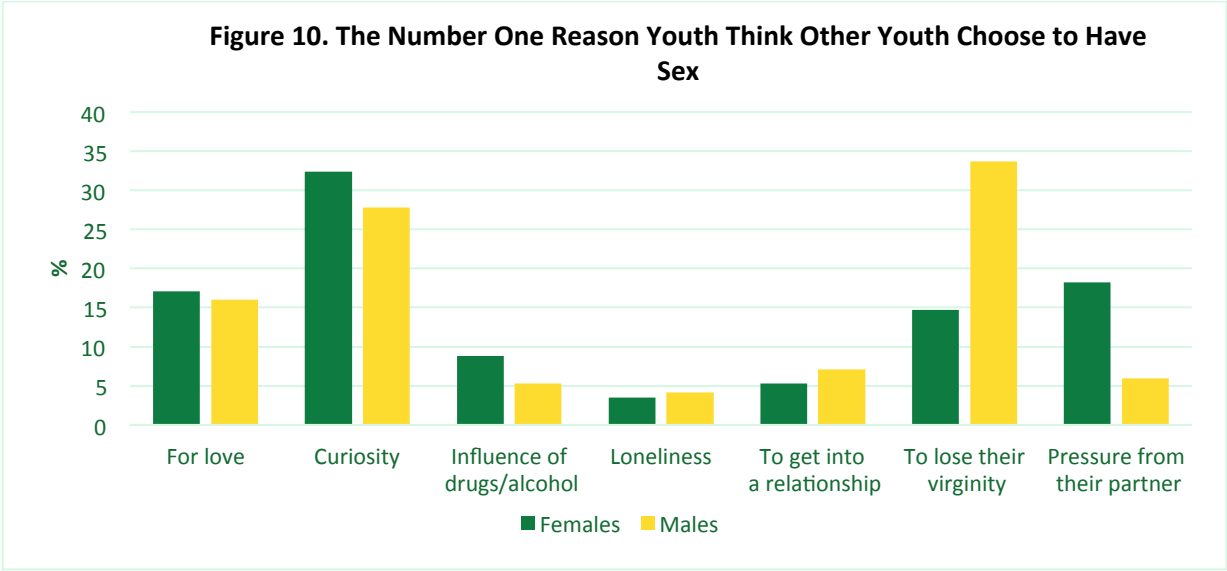


Another common way to prevent pregnancy is the use of birth control (i.e. the pill) by women. When youth were asked if girls are responsible for being on the pill if they plan on having sex, 53% of females answered always or almost always, while 35.9% did not know or were unsure. 46.9% of males answered always or almost always, while 40.2% didn't know or were unsure. Generally, it seems that both sexes report that females are responsible for being on the pill if they plan on having sex.

Youth were presented with the statement that is considered more normal today to engage in sexual activity than not to engage in sexual activity. There were statistically significant differences between junior high and senior high beliefs regarding this statement. In the junior high group 38.2% agree, 43.2% are unsure/don't know, and 18.5% disagree with the statement. In the senior high group 69.2% agree, 25.8% are unsure/don't know, and 5% disagree with this statement (see Figure 9). Generally, we see that older students believe that it is more normal to engage in sexual activity than do younger students.



Youth were asked to choose why they think teens have sex (see Figure 10). Curiosity and pressure from their partner were the top two reasons for females whereas curiosity and desire to lose virginity were the top two reasons for males (Figure 10). We can thus see that youth think that there are many and different reasons for losing their virginity and that these reasons vary quite a bit between males and females.



The Youth Speak: Qualitative Input

When examining youth perspectives, it is important to include an opportunity for youth to have their voice heard and be able to report back to research hers in their own words about their experiences. Therefore, included in the survey were open ended questions providing youth an opportunity to share their perspectives about: (a) important issues pertaining to sex, pregnancy, drugs, and alcohol; (b) the areas that they want to learn more about so that they feel better informed; and, (c) who they think should be educating them on these topics. Three themes were identified: (1) youth are aware that there are issues surrounding these topics that affect them; (2) youth want to know the truth about the impact these issues can have; and (3) who they receive this information from is important to them.

Theme 1 – “We know about the issues.”

Respondents were asked what they think are the most important issues regarding sex, pregnancy, drugs, and alcohol for youth today. There were several answers that clearly communicated that youth are aware of the consequences that sex, pregnancy, and drugs can have.

For example, as one respondent pointed out, *“Teen pregnancy, drug addiction. The effect drugs have on your ability to perform efficiently at sports, and also the effect it has on your schoolwork.”* This statement addresses the issues of teen pregnancy and drug addiction along with the social impact of these situations. This is valuable input because it demonstrates that youth are aware of the primary problem as well as the ripple effects that these issues have on other areas of their lives. Other statements draw more attention specifically to the negative consequences of unsafe sexual activity such as *“getting sexually transmitted diseases, getting pregnant before you are ready, and just not being told what the affects of these things can have on your life.”* This respondent also gives some insight into why they think these consequences are occurring.

The two statements taken together, in conjunction with many other respondents’ answers, which were consistent, show that youth do see there are issues regarding sex, pregnancy, drugs, and alcohol. They also see that there are causes as well as consequences related to these issues that they want to see addressed by the adults responsible for educating them.

Theme 2 – “Tell us the whole Truth”

Youth want to know the truth: this was repeatedly communicated in several of their written responses. Moreover, they want information that has a real world context and that makes sense to them in their model of the world. As one youth put it *“It seems like sometimes the health classes have advice that teens wouldn't use because it sounds pretty lame when you say it talking to someone. A good idea would be to actually have a teenager or someone who's gone through the consequences to speak to a health class learning about sexual health etc.”*

They have strong ideas about what they think they need to learn more about regarding sexual health and drug/alcohol abuse. Almost all of the answers to this question highlighted the need for more thorough information such as *“[...] they should show us how it can really ruin your life like show us people and like tv shows about abuse of drugs or alcohol to scare us out of it or show us real life events that have happened to people. Make us watch like teen mom & intervention, we'll actually learn that way.”* Along with other insights such as *“I think sexual health has been covered pretty well. We just don't hear a lot about the effects of drugs/alcohol permanently on your brain and health...”*, the responses demonstrate that youth have thoughtful opinions on what they want to learn and that they are ready to learn about these topics. These youth believe that being exposed to those who have been negatively impacted by the effects of high risk sexual activity and drug/alcohol abuse, as opposed to being spoken to about it, will have a more profound influence on their understanding of these topics.

Theme 3 – “We want to learn from someone we trust”

Respondents made clear in the qualitative portion of the survey that they know what the issues are, and they shared some concise thoughts on what they want to learn more about in order to educate youth on dealing with these issues. Similarly, when they were given the opportunity to identify who they think should teach them about sexual health and drug/alcohol abuse there was one consistent theme that emerged: trust. Although they identified 3 key people: parents, teachers, and people with experience who could provide this teaching, they additionally stated that it was less the role of the person and more the core characteristic of trust as characterized by a close relationship, high comfort level, and confidence in their knowledge base. For instance, that the parents who could teach this material to their children are, *“Parents that are close with their children [...]”*. The kinds of teachers and people with experience they believe should be those who are, *“[...] teachers who are comfortable with kids in general but also willing to answer questions that teens want to know about*

sex and don't know where to get the answers. But if there were other teens who have gone through the consequences of drugs/alcohol/unprotected sex and talked in front of the class it would be better to understand that your not invincible.” Another youth added, “... I think we should be taught by a teacher chosen by the students, cause they will feel more comfortable”

In summary, the youth used the opportunity to share their perspectives in the open-ended responses. This indicates a desire to contribute to their educational experiences in sexual health and drugs/alcohol abuse. This sends the message that they have put thought into their own development, understand the importance of being well educated on these matters, and have made clear that they do want to learn more.

DISCUSSION

Overall the findings point to four areas that hold both areas of strength and areas requiring improvement in our educational practices:

Alcohol consumption: Alberta youth have demonstrated knowledge regarding the negative relationship between alcohol use, sexual activity, and pregnancy. For example, they know that alcohol is harmful to an unborn child and that there is no safe amount when it comes to drinking alcohol while pregnant. However, the study findings point to an area of significant concern related to the youth’s general knowledge and beliefs about alcohol and safe alcohol consumption. For example, many respondents did not know there is no difference in actual alcohol content between various types of alcohol. To add to this, youth reported the consumption of alcohol as normal behaviour, only half of youth avoid situations where they know there will be alcohol, and a quarter of senior high students believe they can still be in control of themselves if they are drunk. Taken together, these results illuminate the need for improved education pertaining to the many aspects of alcohol use and abuse. There are no specific objectives in the Alberta Program of studies that highlight mandatory content related to detailed learning about physiological consequences of alcohol and/or drugs. Although it is possible that many educators, especially those involved in the WRaP program, do spend time on this content, the fact that it is not ‘mandatory’ content means that it is entirely possible that many teens are not being exposed to this depth of learning.

Marijuana and illicit drug use: In conjunction with concerns about youth knowledge and beliefs about alcohol are concerns about their knowledge and beliefs about marijuana and drug use. Just over

half of senior high students, (51.3%) believe they can still be in control of themselves when they are high, and only just over half believe that marijuana affects their ability to make safe decisions. To add to this, based on the data from the survey, youth have an erroneous understanding of the impact marijuana has on their functioning; this needs to be clarified in order for them to make safe and healthy decisions. This erroneous understanding is unfortunate but not surprising because there are no specific educational outcomes through the Alberta Program of Studies that address teaching students details about the physiological consequences of marijuana use and abuse. Programming that addresses these misunderstandings is paramount to supporting youth to make healthier decisions based on a strong foundation of knowledge about marijuana use and abuse.

Sexual health: Just over a quarter of junior high students do not believe abstinence is realistic and more than half of senior high students don't think it is realistic either. This indicates that programs promoting abstinence, as is mandatory in the program of studies, may not be resonating with what youth, especially senior high students, say makes sense to them. Even though youth appear to have strong beliefs about what is or isn't realistic, there does seem to be confusion about who is responsible for safe sex practices. There are discrepancies between males and females in who they think should be carrying condoms if they plan on having sex. The alarm here is that a lot of males and females answered that they don't know who should be carrying condoms. As well, 38.9% of junior high students and 25.4% of senior high students say they know a little about how to get condoms, and 48.7% of junior high students and 46.7% of senior high students know a little about how to get birth control. This data taken together with the somewhat aversive response to abstinence leads to questioning how often youth are prepared for practicing safe sex if they aren't sure who is should carry condoms or where to get condoms or birth control. An interesting recurring theme worth noting is that when youth were asked about what they need to learn more about regarding their sexual health and pregnancy several answers included statements regarding how to get free condoms.

Open and honest conversations: A final area of consideration regarding programming for FASD prevention is what youth say about who they would like to have open and honest conversations with to help them make safe decisions about sex, drugs, and/or alcohol. Over half of youth prefer to have these conversations with their parents, just under half would prefer to have these conversations with some type of mentor, and only a quarter of youth say they would prefer to have these conversations with their teachers. This input highlights the need for programming to consider the level of parental

involvement in educating youth in these areas. If youth feel most comfortable talking to their parents then it would be valuable to ensure that these parents are up to date on the most current knowledge about prevention and risks so that they can best support their teens. Moreover, this finding also highlights the need to address the approach to health and life skills and health/career management programming delivery in schools to understand why so few youth feel like they cannot have an honest conversation with their teacher.

RECOMMENDATIONS

Six programming recommendations are extrapolated from the key findings of the Youth Prevention Survey with the aim of fostering safe and healthy choices for youth. Outcomes from healthy choices for youth include avoiding unplanned pregnancy, prevention of drug and/or alcohol abuse and addictions, and FASD prevention.

1. Program initiatives should maintain their attention to the negative effects of alcohol consumption and pregnancy. This should include addressing the importance of preventing unplanned pregnancies if consuming alcohol.
2. Attention should be directed towards teaching youth about how to apply their knowledge about the dangers of alcohol consumption during pregnancy into the choices they make when faced with situations in which these events may occur.
3. The depth and breadth of education regarding alcohol/drug use and abuse should be significantly expanded to include teaching about the short and long term physiological consequences of these substances in further detail. Information such as the impact substance abuse has on the adolescent brain and liver, as well as mental health could be explored. This should include having expert speakers in the field, and those with first-hand experience of the negative consequences of alcohol and drug use/abuse come in and speak with students.
4. Sexual health education should be strengthened in its focus on the steps towards safe sex practices such as taking personal responsibility for safe sex practices and preventing pregnancy, as well as where and how specifically to get condoms and birth control.
5. Opportunities should be developed for parent involvement or a home-school partnership in health and wellness education at the junior high school level (students in this age group indicated greater desire to discuss this issues with parents than did their the senior high peers).

6. In combination with the implementation of all other recommendations, parents/guardians and mentors should be educated in the areas of sex, drugs and alcohol. This would create a safeguard so that whomever youth choose to approach can offer up-to-date information to best support the health and wellbeing of youth.

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