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**Editor's Note:** The following research will be released at the Society for Prevention Research ([www.preventionresearch.org](http://www.preventionresearch.org)) 2004 annual meeting, May 26-28, 2004.

## **IS CANADA DOING ENOUGH TO REDUCE YOUTH ACCESS TO TOBACCO**

### ***Studies present new data on tobacco use by youth and tobacco retailers' behavior***

- Youth access to tobacco has received a lot of attention, but is the problem solved?
- What are some of the emerging patterns of tobacco use in Canada?
- Are retailers helping to restrict youth access to tobacco?
- Do some approaches work better than others to restrict youth access?

Recent years have seen a great deal of discussion on how best to restrict youth access to tobacco. Proponents of such restrictions have presented a great deal of evidence in support of school-based prevention programs, higher prices for tobacco, retailer education, prohibition of possession, and outright bans on smoking. Although all of these activities have achieved some success, no one activity has solved the problem.

So how successful has Canada been in restricting youth access to tobacco? According to data for 2002, the smoking rate among 15 to 19 year old Canadians was 22 percent. Of this group, 84 percent had their first cigarette by age 15. Studies of retailer behavior show that when retailers ask for identification less than half the time that young-looking purchasers try to buy cigarettes, the ability to buy cigarettes doubles for underage males and quadruples for underage females.

Two research papers that are being presented at the annual meeting of the Society for Prevention Research in Quebec City, Canada, will bring together experts in these areas to give an overview of the latest findings on youth access to tobacco in Canada. Data will be presented from the Canadian Tobacco Use Monitoring Survey (CTUMS) and from the AC Nielsen survey of retailer behavior. Another paper on the social sources of supply of tobacco to minors will also be included in the session.

*Sources: Alan Diener, Ph.D., Health Canada—Tobacco Control Programme; Steve Manske, Ed.D., University of Waterloo, Ontario; Robert Rippin, B.Sc., EDHR, Kamloops, British Columbia.*