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Kudos to Health Minister David Dingwall, his fellow parliamentarians and the Canadian Senate for putting the health of Canadians ahead of the financial interests of the tobacco industry. On Apr. 16 the Senate passed Bill C-71, the Tobacco Act, by a vote of 75-1 without amendment. The legislation prohibits most advertising and restricts self-promotion of tobacco companies at sports and cultural events; it also gives the federal government the power to regulate the content of tobacco products and requires purchasers to produce a photo ID on request. However, it is not yet time to rest. The rascals will be back with legal appeals and intricate lobbying aimed at cutting back-room deals with the health minister. The skirmish has turned in favour of the good, but the evil is still there.

In this issue we look at the impact of tobacco and other substances on young Canadians. Christiane Poulin and David Elliott surveyed over 3000 junior and senior high school students in Nova Scotia in 1991 and 1996 and found that the use of cigarettes, hallucinogens and stimulants had increased markedly (page 1387). Over half the students had used alcohol, a third had smoked cigarettes and a third had used cannabis in the 12 months before the 1996 survey. Students also reported using LSD (12%) and other hard drugs in that period, and over a fifth had used all of alcohol, tobacco and cannabis.

For Poulin and Elliott the real significance of these findings is where they place the respondents on a continuum of risk. For example, only a small percentage of the students who drank experienced multiple problems

as a result. Different approaches to drug education are needed to respond to different categories of risk.

Although alcohol, tobacco and cannabis are widely used in our society, in educating young people about the risks of drug use we present abstinence as the norm. Little wonder that our messages are often met with derision and disbelief. Indeed, as Patricia Erickson points out (page 1397), education programs aimed solely at preventing use may serve only to stigmatize users and deter them from seeking help.

Harm-reduction programs have been used effectively with injection-drug users. Such programs replace the abstinence message with concrete help in the form of needle exchange, vaccination against hepatitis B, early detection of HIV infection and so on. They also bring users into contact with physicians and nurses so that rehabilitation can begin. As Poulin, Elliott and Erickson suggest, it is time to apply the principles of harm reduction to drug education in the schools. When dealing with adolescents our cardinal virtue must be honesty and our overriding goal to provide real assistance. Lecturing just doesn't work.

Even though the provision of health care is largely a provincial responsibility, this topic will be front and centre during the upcoming federal election. Charlotte Gray (page 1433) reports on the health care hoops our federal parties will be jumping through. Physicians need to be involved in this debate, and Gray does a nice job defining the issues. — JH