indicate that females participate in worship more frequently than do males, and that the experience is more salient for female students.

Only one of the four parental employment and educational variables had a meaningful effect on students multiple drug use. The mothers’ employment on a full or part-time basis was positively related to the dependent variable for both groups.

Parental levels of education had no meaningful direct effect on the dependent variable, but may affect the multiple drug index indirectly. These two variables indicative of the family’s socio-economic status were, for example, positively related to the frequency at which the students reported receiving good grades which was inversely related to multiple drug use.

A number of the predictor variables in the present analysis are not amenable to policy and other types of intervention to reduce adolescent drug use. The results do indicate it is a complex phenomenon resulting from familial, school, religious, peers and individual attributes, and therefore educational and other anti-drug initiatives are not the sole responsibility of family, school, church or any other organization. Programs should involve all groups to potentially increase their effectiveness.

ACKNOWLEDGEMENTS

The author wishes to acknowledge Eloise Opheim, Executive Director, PRIDE CANADA for permission to use the PRIDE survey results for the analysis. The interpretations and views expressed in the article are those of the author and do not necessarily reflect those of Eloise Opheim or PRIDE CANADA. Gratitude is also extended to Dr. Bob Russell and two anonymous reviewers for their constructive criticisms and suggested revisions to an earlier draft of the article.

REFERENCES


Received: January 18, 1999
Accepted: May 4, 1999

LETTER/CORRESPONDANCE

On the Right Track


Dear Editor:

The editorial by Wigle and Mowat on health surveillance was an exceedingly important one. Historically, the societal value of public health has related to its ability to effectively respond to the major health problems of the day. In simpler times past, when plagues were limited to only a few at a time, it was easier to understand what the most important problems were. In the current world, with everyone clamouring that their issue is the most important one, surveillance becomes crucial if we are to avoid diluting our efforts over the myriad issues presented daily.

While the reportability of events is only one component of surveillance, it is a key one. It is therefore unfortunate that while communicable diseases in Canada now play a significantly lesser role in our health status than other conditions, the reportability of events continues to focus predominantly, if not exclusively, on infectious diseases. For example, in Ontario, of 68 reportable diseases, only 5 may involve a non-infectious cause.

While “what gets measured may get done,” what isn’t counted, doesn’t count.

A. Hukowich, MD, CCFP, DPH
Medical Officer of Health
Haliburton, Kawartha, Pine Ridge District Health Unit
Port Hope, ON