



Health Risks

Tobacco Use Among Teens

Definition and Significance

The most recent information on cigarette smoking among Alaska teenagers is from the 1995 Youth Risk Behavior Survey, a joint project of the Alaska Departments of Health and Social Services and Education. That survey will be updated in 1999.

It's been known for decades that smoking cigarettes is potentially lethal, and tobacco-related illnesses are the leading cause of premature death in the United States.¹

Cigarette smoking has declined significantly among adults in the U.S. in recent years, but not among young people. And the earlier children experiment with smoking, the more likely they are to smoke as adults. The Alaska Division of Public Health has reported that nearly 85 percent of Alaskans who smoke began smoking between the ages of 10 and 20.²

The table below shows that Alaska high school students in general and Native

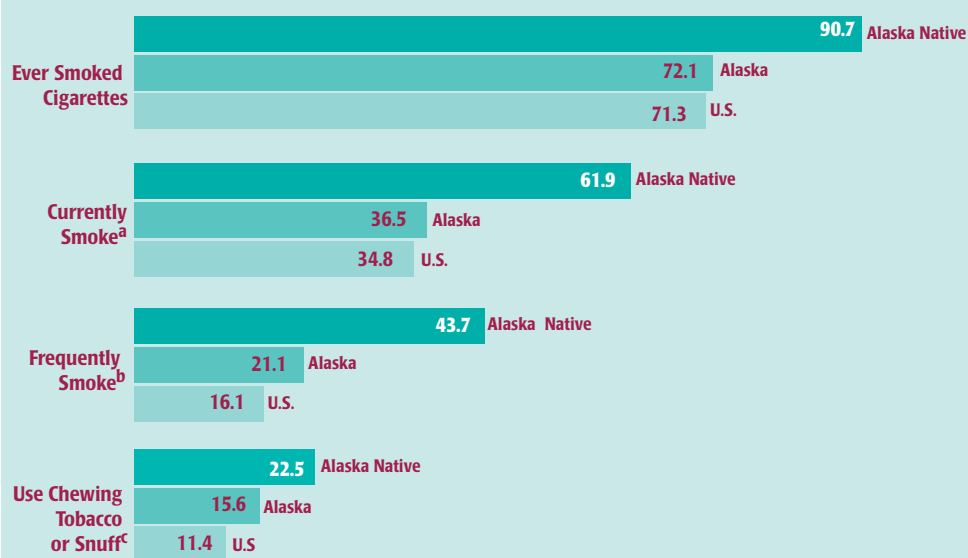
students in particular smoke more than the average nationwide: 21 percent of students statewide and nearly 44 percent of Native students identified themselves as “frequent smokers” (smoked at least 20 of the previous 30 days) in 1995. About 16 percent of students nationwide called themselves frequent smokers.

Among teenagers who had smoked at least once in the previous month, rates among Alaska teens and other U.S. teens were close (about 35 percent) but much higher (over 60 percent) among Native students.

Many steps have been either proposed or adopted to stop young people from smoking. Those include more education about the dangers of tobacco, higher tobacco taxation, strict enforcement of laws regarding sales to minors, and regulation of tobacco advertising—in particular advertisements targeting young people. Most effective would be changes in the social norms and acceptability of smoking among teenagers and adults.

Alaska has recently stepped up the fight against cigarette use among young people, as described on the next page.

**Tobacco Use Among High School Students, Alaska and U.S., 1995
(Percent of Students)**



Source: Youth Risk Behavior Survey, 1995, Alaska Departments of Health and Social Services and Education, February 1996

- ^a Smoked at least once in past month
- ^b Smoked 20 or more cigarettes in past month
- ^c Used smokeless tobacco at least once in past month

Tobacco Use Among Teens (continued)



Spotlight on Prevention: The Fight Against Teen Smoking

John Petraitis, associate professor of psychology at the University of Alaska Anchorage, provided information for this section.

Alaskans have recently taken two major steps to control tobacco use among young people: increased enforcement of laws against selling cigarettes to minors, and higher taxes on cigarettes.

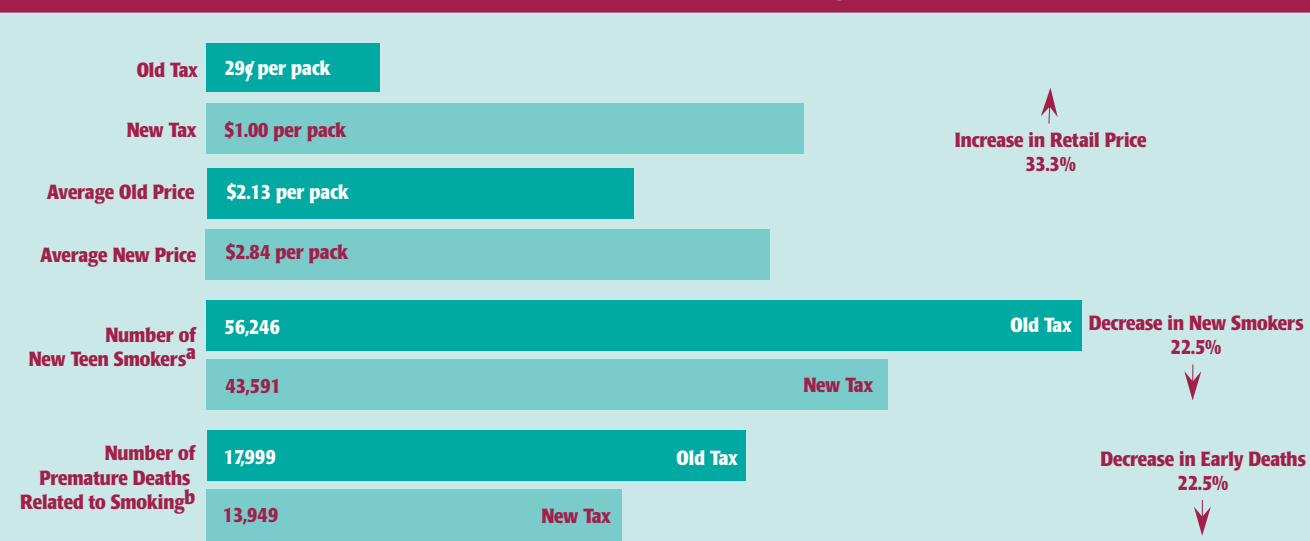
In recent experiments, the Division of Alcoholism and Drug Abuse of the Alaska Department of Health and Social Services sent teenagers to a random sample of tobacco outlets to try to buy cigarettes. The division found that even though a substantial share of outlets—34 percent in 1996 and 24 percent in 1997—sold cigarettes to minors, no merchants were ticketed or fined.³ However, in the summer of 1997, police in Anchorage began issuing tickets to merchants who sold cigarettes to minors and revoking their tobacco sales licenses for up to 90 days.

The most widely publicized effort to cut smoking in Alaska has been the increase in tobacco taxes that went into effect in October 1997. In the largest single increase ever in cigarette taxes, the Alaska Legislature increased state taxes on a pack of cigarettes 71 cents—from 29 cents to \$1.00 per pack. The theory behind the increase is that the higher the price, the more difficult it will be for young people in particular (but also for Alaskans in general) to afford cigarettes.

The change is too new for us to report any results yet, but the adjacent figure shows the Alaska Department of Health and Social Services' projections of how the increase will translate into reduced smoking and fewer premature deaths.

Based on a recent national study of how teenagers react to changes in the price of cigarettes, the department estimates that the 71-cent tax increase will cut both teenage smoking and premature smoking-related deaths by 23 percent.⁴

Projected Effects of 1997 Increase in Cigarette Taxes



^a Assumes a given percent of Alaskans 17 and under would begin smoking at old price, and that each 10 percent price increase reduces smoking among teenagers by 6.75 percent

^b Assumes 32 percent of those who begin smoking in their teens will die prematurely of diseases related to smoking

Source: Based on assumptions in "Tobacco Use Among Alaskan Youth," Alaska Department of Health and Social Services, Section of Epidemiology, Bulletin #5, January 1997.

Teens Using Alcohol and Drugs

Definition and Significance

The most recent information on drug and alcohol use among teenagers in Alaska is from the 1995 Youth Risk Behavior Survey, a joint project of the Alaska Departments of Health and Social Services and Education. The survey will be updated in 1999.

Drugs and alcohol play some role in a big share of suicides, car crashes, and homicides—the leading causes of death among teens in Alaska. Adolescent alcohol and drug use have serious consequences for mental, physical, and social development.

In 1995, nearly half of all Alaska high school students reported they had drunk alcohol within the past month, nearly one-third said they had used marijuana within the past month, 20 percent had used inhalants at some time, and about 8 percent had used cocaine at some time. Those percentages were similar to drug and alcohol use reported among U.S. high school students in general. But unlike cigarette smoking—which is more common among Alaska Native students—Native students are no more likely (and in some cases, less likely) to use drugs or alcohol than other high school students.

Students who use alcohol or marijuana are also much more likely to do other things that risk their health—including fighting, smoking, having sexual intercourse, and considering suicide.

The table below shows that both boys and girls are twice as likely to get in fights and three times more likely to smoke cigarettes if they are drinking or using marijuana.

Alcohol and marijuana use also at least doubles the likelihood that boys and girls will have sexual intercourse, and causes both to be much more likely to consider suicide.

Alcohol and Drug Use Among Alaska and U.S. High School Students: 1995			
	(Percent of Students)		
	Alaska	Alaska Natives	U.S.
Episodic Heavy Drinking ^a	31	31	33
Current Alcohol Use ^b	48	44	52
Current Marijuana Use ^b	29	29	25
Ever Used Cocaine	8	7	7
Current Cocaine Use ^b	3	2	3
Ever used Inhalants	22	19	20
Ever used Crack	5	5	5
Ever used Steroids	4	3	4
Ever injected Drugs	2	1	2

^a 5 or more drinks on one occasion at least once in past 30 days
^b Used in the last 30 days
Source: State of Alaska Epidemiology Bulletin No. 8, February 26, 1997

High Risk Behaviors Associated with Alcohol and Drug Use Among Alaska High School Students					
		Alcohol Use in past 30 days		Marijuana Use in past 30 days	
		Yes (%)	No (%)	Yes (%)	No (%)
Physical Fighting ^a	Boys	57	31	61	37
	Girls	35	17	42	20
Current Cigarette Smokers ^b	Boys	56	14	72	19
	Girls	57	19	78	23
Sexual Intercourse ^c	Boys	63	30	53	18
	Girls	63	34	52	23
Seriously Considered Suicide ^d	Boys	21	11	30	9
	Girls	41	26	44	29

^a One or more times in past 12 months
^b At least once in past 30 days
^c In past 3 months
^d Within past 12 months
Source: State of Alaska Epidemiology Bulletin No.8, February 26, 1997



Sexually Transmitted Diseases and HIV



Definition and Significance

Every year, 2.5 million teens in the U.S. contract sexually transmitted diseases (STDs).⁵ Those include a number of diseases of differing severity and symptoms that are transmitted entirely or primarily through sexual contact.

The most virulent is AIDS (acquired immune deficiency syndrome), which is caused by HIV (human immunodeficiency virus) and is today almost universally fatal. Of the estimated 3,000 women infected with HIV worldwide each day, 70 percent are between the ages of 15 and 25.⁶

Other STDs include syphilis, gonorrhea, and chlamydia. STDs can lead to pelvic inflammatory disease, infertility, and sterility, among other things. Both gonorrhea and HIV infection can be spread from mother to infant during childbirth. HIV can also be transmitted during pregnancy and breast-feeding.

What About Alaska?

The Section of Epidemiology of the Alaska Department of Health and Social Services tracks STDs.

In 1995, about 30 percent of Alaska's high-school students and 37.5 percent of students nationwide reported having sexual intercourse during the previous three months.⁷

The most common STD reported among Alaska teenagers is chlamydia, which in 1996 was reported at a rate of 1,333 per 100,000 teenagers (15 to 19); most victims are girls. The 1996 rate of gonorrhea infection among Alaskan teens (ages 15 to 19) was 286 per 100,000; gonorrhea strikes teenage girls about twice as often as boys.⁸ In the mid-1990s, the national rate of gonorrhea infection among those 15 to 19 was more than three times higher than Alaska's rate.⁹ Syphilis is relatively rare in Alaska.

The table below shows HIV testing and AIDS cases among children and young adults in Alaska from May 1985 through 1996. Because AIDS can take years to develop, it's likely many of those in their 20s with AIDS were infected in their teens. Of the roughly 50,000 Alaskans age 29 and under tested during that period, less than one percent tested positive for HIV; 84 AIDS cases were reported; and 45 Alaskans under age 29 (mostly 20 to 29) died of AIDS.

AIDS Prevention: RARE-T Program

Sharon Vaissiere of the Anchorage School District provided information about this program.

In the early 1990s the Anchorage School District started the RARE-T (Reduce AIDS Risk Effectively) Program, which annually trains roughly 100 high-school students to teach their peers about HIV infection and AIDS and about preventing HIV infection. Students who become peer educators go through a two-day training session and then make classroom presentations. Those presentations are primarily to high-school students, but RARE-T presenters have also been asked to make presentations to elementary and middle-school students as well as to adults.

Over 35,000 students attended RARE-T presentations in the 1997 winter quarter. During the past two years, the Alaska Department of Health and Social Services has also funded the Anchorage School District to do RARE-T training in other districts and communities.

HIV Testing , Aids Cases, And Deaths Among the Young

Age Group	(May 1, 1985 through December 31, 1996)			
	Number Tested	Positive (%)	AIDS Cases	Known Deaths
0-9	742	3 (0.4%)	4	
10-19	12,842	27 (0.2%)	3	2
20-29	36,451	253 (0.7%)	76	43

Source: State of Alaska Epidemiology Bulletin, No. 6, February 5, 1997



¹ *Youth Risk Behavior Survey: Alaska report 1995*, Alaska Department of Health and Social Services and Alaska Department of Education, February 1996, p. 5.

² Alaska Department of Health and Social Services, Section of Epidemiology, *Bulletin* No. 5, January 21, 1997.

³ Personal communication from Division of Alcoholism and Drug Abuse.

⁴ Based on work by FJ. Chaloupka and M. Grossman, "Price, tobacco control policies, and youth smoking" (unpublished data). Report in Alaska Section of Epidemiology, *Bulletin* No. 5, January 21, 1997.

⁵ F. C. Leeming, W. O. Dwyer, and D. P. Oliver, *Issues in adolescent sexuality*, Boston: Allyn and Bacon, 1996, p. 13.

⁶ *Ibid.*, p.144.

⁷ *Youth Risk Behavior Survey: Alaska report 1995*, Alaska Department of Health and Social Services and Alaska Department of Education, February 1996. p.13-14.

⁸ Alaska Department of Health and Social Services, Section of Epidemiology, *Bulletin* No. 9, February 27, 1997.

⁹ National Center for STD, HIV, and TB Prevention, Center for Disease Control Surveillance Branch, 1995; fax, 1996.

