



Women's, Children's, & Family Health



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Youth Risk Behaviors in Alaska Tobacco Use, Alcohol Use, Drug Use

Seriousness

Healthy People 2010 Targets and National Data

Indicator	Alaska 2007 ¹	Nation 2007 ¹	Healthy People 2010 Goal ²
Tobacco Use			
Percent of students* who smoked cigarettes on one or more of the past 30 days	17.8%	20.0%	16%
Percent of students who ever smoked cigarettes daily	13.8%	12.4%	-
Percent of students who used tobacco products in the past 30 days	24.1%	25.7%	21%
Percent of students who currently smoke and have ever tried to quit smoking cigarettes during the past 12 months	61.3%	54.6%	84%
Alcohol Use			
Percent of students who had at least one drink of alcohol on one or more of the past 30 days	39.7%	44.7%	11%
Percent of students who had 5 or more drinks in a row, on one or more of the past 30 days	25.8%	26.0%	2%
Drug Use			
Percent of students who used marijuana one or more times during the past 30 days	20.5%	19.7%	0.7%
Percent of students who sniffed glue, breathed aerosol spray cans or inhaled paints or sprays to get high one or more times during their life	14.4%	13.3%	0.7%
Percent of students who used methamphetamines one or more times during their life	4.6%	4.4%	-

*Students are children in grades 9—12.

- The percent of Alaskan high school students that used any tobacco and the percent that smoked cigarettes products in the past month are both slightly lower

compared to high school students in the Nation, however, Alaska is still above the Healthy People 2010 (HP 2010) goals for both.

- Among Alaskan high school students that smoke, 6 in 10 have tried to quit – however, this still did not achieve the HP 2010 goal.
- Binge drinking among Alaska students in grades 9 - 12 is about the same as that among national adolescents of the same age group and significantly higher than the HP 2010 goal.
- Use of marijuana, inhalants and methamphetamines among Alaska high school students is at about the same level as among high school students nationally, and far above the HP 2010 goal.

Severity

According to the Surgeon General, smoking by children and adolescents is related to impaired lung growth, chronic coughing, and wheezing. It also hastens the onset of lung function decline during late adolescence and early adulthood. Children and adolescents who smoke are less physically fit and have more respiratory illnesses than their nonsmoking peers. The risk for cancer increases with the number of cigarettes smoked and the number of years smoking.¹

Use of smokeless tobacco, which is a significant health risk and is not a safe substitute for smoking cigarettes, can lead to nicotine addiction and dependence.² Adolescents who use smokeless tobacco are more likely to become cigarette smokers.³ Cigars contain the same toxic and carcinogenic compounds found in cigarettes and are not a safe alternative to cigarettes.⁴

Heavy drinking and drug abuse among youth have been shown to be associated with violence, risky sexual behavior that can lead to unintended pregnancy and sexually transmitted diseases, and school failure. According to the Surgeon General, 40% of children who begin using alcohol before age 13 will eventually become alcoholics.¹ According to the Alaska Youth Risk Behavior Survey, nearly 1 in 5 (20%) Alaskan high school students (grades 9-12) had their first drink of alcohol before age 13.

Impaired driving remains a serious issue. Twenty-four percent of Alaskan high school students rode in a vehicle driven by someone who had been drinking, and of high school seniors who drive, 16.5% drove when they had been drinking alcohol.[†]

Urgency

Data from the 2007 Alaska YRBS showed that most behaviors related to tobacco, alcohol, and drug use were significantly lower compared to 1995 but not significantly lower compared to 2003. One exception is the percentage of high school students using inhalants to get high - 10.2% in 2003 compared to 14.4% in 2007.

Tobacco

- The prevalence of abstaining from cigarette smoking (ever tried smoking, even one or two puffs) was 47.3% in 2007 compared to 27.9% in 1995 and 43.9% in 2003 - an increase of 70% over 1995.
- The percentage of high school students that reported smoking cigarettes regularly (at least 1 cigarette every day for 30 days) was 13.6% in 2003 and 13.8% in 2007, while the percentage of students smoking cigar products rose from 7.8% in 2003 to 10.1% in 2007.

Alcohol

- The percentage of students that reported having had their first drink of alcohol before age 13 decreased from 36.7% in 1995 to 23.2% in 2003, to 20.4% in 2007— an overall decrease of 44%.
- Among Alaskan high school students in 2007, the prevalence of current drinkers (i.e., at least one drink of alcohol on one or more of the past 30 days) did not change from 2003 (39.7% compared to 38.7%). However, the prevalence decreased 16% from that documented during 1995 (47.5%).

Drugs

- Since 1995, there has been no significant change in the percentage of high school students who used marijuana one or more times during their life: 44.7% in 2007 compared to 48.4% in 1995 and 47.5% in 2003.
- The percentage of students who were offered, sold, or given an illegal drug on school property by someone during the past 12 months declined slightly from 28.4% during 2003 to 25.1% during 2007 (not statistically significant).
- There was no change in lifetime use of heroin, methamphetamines, steroid pills, cocaine (including powder, crack, and freebase) or ecstasy between 2003 and 2007 among Alaskan high school students.

Disparities

Tobacco

- Among Alaskan high school students, 15.5% of high school females ever smoked cigarettes daily compared to 12% of high school males. More females than males smoked cigarettes on at least 20 out of the 30 days before the survey (9.1% and 5.6% respectively).
- Compared to females, males were twice as likely to have smoked cigars, cigarillos, or little cigars on one or more of the past 30 days – 13.6% and 6.1%, respectively.

Drugs

- About 35% of students in 9th grade used marijuana one or more times during their life, with an increase to 50% during 10th grade.
- The prevalence of having ever sniffed glue, breathed aerosol spray cans, inhaled paint or sprays to get high during their lifetime was higher among Alaskan high school females (16.7%) than males (12.3%).

Economic Loss

In 2004, tobacco use (among all ages) cost Alaska \$212 million in direct medical expenditures and an additional \$160 million in lost productivity due to tobacco-related deaths.⁵

Interventions & Recommendations

Alaskans have been working to decrease youth tobacco use through increasing the tax on tobacco products, enforcement of laws restricting sales to minors, a statewide ban on self-service tobacco displays, countermarketing campaigns, and partnering with a third party provider to operate a free Tobacco Quit Line.⁶

There is good evidence that screening tools, such as the CRAFFT test, can accurately and reliably detect drug use/misuse among adolescents, however, there is insufficient evidence that screening adolescents is useful in primary care settings.⁷

Research funded by the National Institute for Drug Abuse and other Federal research organizations, such as the National Institute of Mental Health and the Centers for Disease Control and Prevention, shows that early intervention can prevent many adolescent risk behaviors.⁸

Prevention programs should address all forms of drug abuse, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs.⁸

Intervention Effectiveness

The U.S. Preventative Services Task Force found school-based prevention interventions for tobacco use have short-term, but not long-term, effects on adolescents. They found insufficient evidence of the effectiveness of interventions in populations with comorbidities and risk behaviors (e.g., depression, substance and alcohol abuse).⁹

Counseling has been shown to be effective in treatment of adolescent smokers.¹⁰ Tobacco use medications such as nicotine replacement have been shown to be safe in adolescents, but there is little evidence that these medications are effective in promoting long-term smoking abstinence.¹⁰ Young tobacco users have inconsistent patterns of use, therefore, interventions need to address the diversity of smokers and smoking patterns.¹¹

School-based smoking-prevention programs that identify social influences to smoke and teach skills to resist those influences have demonstrated consistent and significant reductions in adolescent smoking prevalence, and program effects have lasted one to three years. Programs to prevent smokeless tobacco use that are based on the same model have also demonstrated modest reductions in the initiation of smokeless tobacco use. Furthermore, the effectiveness of school-based smoking-prevention programs appears to be enhanced and sustained by comprehensive school health education and by communitywide programs that involve parents, mass media, community organizations, or other elements of an adolescent's social environment.¹ Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone.⁸

Economic studies show that, in general, every 10% increase in the price of cigarettes reduces teen smoking by about 7%.¹²

Capacity

Propriety

Supporting initiatives to prevent substance use and abuse among Alaska's youth falls within the overall mission of the Women's Children's and Family Health Section. The Division of Public Health, Chronic Disease Prevention and Health Promotion, administers the youth risk behavior surveillance and youth tobacco prevention programs. Substance abuse prevention programs are coordinated through the Division of Behavioral Health.

Economic Feasibility

Monitoring and assessing youth risk behaviors such as tobacco, alcohol and drug use through data systems that are already in place (YRBS) is feasible. The economic feasibility of other activities to address reducing the prevalence of these behaviors was not evaluated.

Acceptability

Most of the American public strongly favors policies that might prevent tobacco use among young people. These policies include tobacco education in the schools, restrictions on tobacco advertising and promotions, a complete ban on smoking by anyone on school grounds, prohibition of the sale of tobacco products to minors, and earmarked tax increases on tobacco products.¹

Resources

Data Sources: Alaska Youth Risk Behavior Survey can be used to monitor risk behaviors and identify high-risk groups.

Legality

Underage drinking is addressed legally on three different levels. The Alaska Statutes are the primary vehicle for addressing the issue in Alaska. The central state statute addressing underage drinking is Alaska Statute (A.S.) 04.16.050, which prohibits possession or consumption of alcohol by a person younger than 21 years of age. Other sections of A.S. 04.16 address issues such as providing alcohol to minors, minors on licensed premises, and renting rooms for the purpose of consuming alcohol.

Alaska State Law prohibits marijuana and cocaine use. It was not until March 1991 that Alaska made marijuana illegal. Marijuana was made legal for medicinal purposes in 1999 under Alaska Statute 17.37.010.

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Data Sources

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