

## Utah Health Status Update:

# Tobacco and Alcohol Use Among Utah Youth—2015

September 2016

In addition to immediate negative health outcomes, early initiation of tobacco and alcohol use are strong predictors of alcohol and nicotine dependence and other drug use disorders in adulthood.<sup>1,2</sup> The Utah SHARP (Student Health and Risk Prevention) survey assesses experimentation and current use of alcohol and tobacco products. The SHARP survey, which is conducted in Utah public schools in the spring of odd-numbered years, also asks questions about physical and mental health, substance abuse, anti-social behaviors, and the risk and protective factors that predict these behaviors. The SHARP survey project is overseen by the Division of Substance Abuse and Mental Health (DSAMH) at the Utah Department of Human Services (DHS), the

Utah Department of Health (UDOH), and the Utah State Office of Education (USOE).

The data presented here focus on youth use of alcohol, cigarettes, and electronic cigarettes or vape products. Electronic cigarettes are battery-powered devices that deliver nicotine and/or other substances to the user in an aerosol. Unregulated marketing and the availability of fruit and candy-like flavors have contributed to their increasing popularity among youth.<sup>3</sup>

2015 SHARP survey results show that Utah students in grades 8, 10, and 12 were significantly more likely to report ever trying alcohol (23.4%) and e-cigarettes (22.9%) than conventional cigarettes (13.1%). More than 10% of students reported current e-cigarettes use, followed by alcohol use (8.6%), and cigarette smoking (3.4%) (Figure 1).

Use of all three products varied by local area. The highest cigarette smoking rates were reported by youth in the Southeast Utah Health District (8.2%), followed by TriCounty (5.2%), Tooele County (4.4%), and Weber-Morgan (4.3%) health districts. The highest use of electronic cigarettes or vape products was reported by youth in Southeast Utah (15.1%) and Weber-Morgan (15.0%) health districts followed by TriCounty (14.5%) and Tooele County (13.4%) health districts. Alcohol use was highest in the Summit County Health District (17.8%) followed by Southeast Utah (15.2%), TriCounty (13.1%), and Salt Lake County (11.5%) health districts (Figure 2).

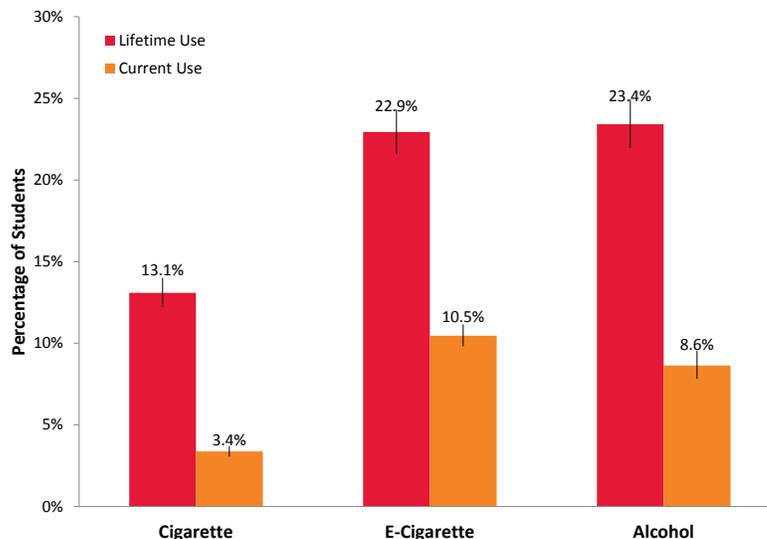
Co-occurrence of alcohol and tobacco use is high among Utah youth. About one fourth of Utah youth who drank alcohol in the past 30 days reported that they also smoked conventional cigarettes. In comparison, more than half of youth who drank alcohol (55.5%) were using electronic cigarettes or vape products. More than two thirds of students who

### KEY FINDINGS

- 2015 SHARP survey results show that Utah students in grades 8, 10, and 12 were significantly more likely to report ever trying alcohol (23.4%) and e-cigarettes (22.9%) than conventional cigarettes (13.1%).
- More than 10% of students reported current e-cigarettes use, followed by alcohol use (8.6%), and cigarette smoking (3.4%).
- Southeast Utah and TriCounty health districts had higher use rates of all three products.
- More than half of youth who drank alcohol (55.5%) were using electronic cigarettes or vape products. More than two thirds of students who smoked cigarettes reported that they drank alcohol.
- Increased collaboration between substance abuse and public health programs and additional research to determine reasons for initiating alcohol and tobacco use are needed to address youth vulnerability to alcohol and nicotine addiction and associated negative health outcomes.

### Alcohol and Tobacco Use by Product Type

Figure 1. Percentage of Utah students in grades 8, 10, and 12 who tried tobacco or alcohol or used tobacco or alcohol in the past 30 days by type of product, 2015



Source: 2015 Student Health and Risk Prevention (SHARP) survey

smoked cigarettes reported that they drank alcohol. Alcohol use among e-cigarette users was slightly less common at 46.3% (Figure 3).

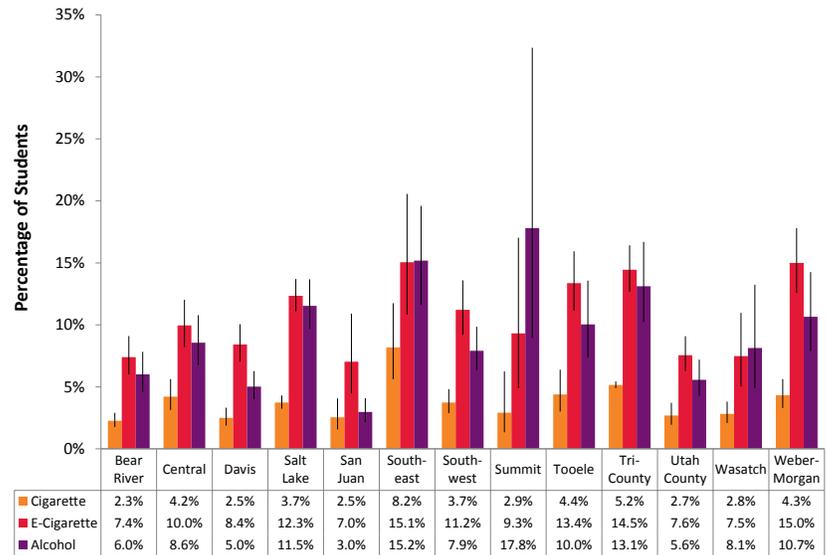
Research indicates that both nicotine and alcohol can affect the development of the brain. Nicotine is highly addictive and most adult smokers become dependent before the age of 19, making use of tobacco products among adolescents a concern. Alcohol use is illegal in Utah for persons aged less than 21. Problems can result from underage alcohol consumption such as impaired performance at school, interpersonal problems with others, and impaired driving. Using nicotine or alcohol before the brain is fully developed can re-wire the brain, leaving an adolescent at greater risk for mental health disorders and prone to addiction to these and other substances in their adult life.<sup>4,5</sup> Increased collaboration between substance abuse and public health programs and additional research to determine reasons for initiating alcohol and tobacco use are needed to address youth vulnerability to alcohol and nicotine addiction and associated negative health outcomes.

1. Breslau N, Peterson EL. Smoking cessation in young adults: Age at initiation of cigarette smoking and other suspected influences. *Am J Public Health*. 1996;86(2):214–220.
2. DeWit DJ, Adlaf EM, Offord DR, Ogborne AC. Age at first alcohol use: A risk factor for the development of alcohol disorders. *Am J Psychiatry*. 2000;157(5):745–750.
3. Singh T, Agaku IT, Arrazola RA et al. Exposure to Advertisements and Electronic Cigarette Use Among US Middle and High School Students. *Pediatrics*. May 2016; 137(5):e20154155.
4. Goriounova N., Mansvelder H. Nicotine Exposure During Adolescence Alters the Rules for Prefrontal Cortical Synaptic Plasticity During Adulthood. 2012. *Frontiers in Synaptic Neuroscience*.
5. National Research Council (U.S.). Committee on Developing a Strategy to Reduce and Prevent Underage Drinking., Bonnie, R. J., O’Connell, M. E., & National Research Council (U.S.). Board on Children, Y. (2004). *Reducing underage drinking: A collective responsibility*. Washington, DC: National Academies Press.

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## Alcohol and Tobacco Use by Local Health District

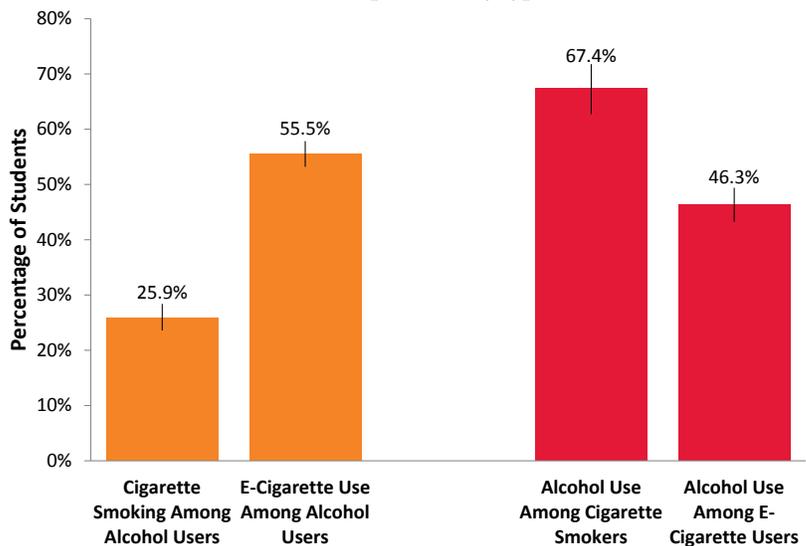
Figure 2. Percentage of Utah students in grades 8, 10, and 12 who reported current use of tobacco or alcohol by type of product and local health district, 2015



Source: 2015 Student Health and Risk Prevention (SHARP) survey

## Current Use by Type of Use

Figure 3. Percentage of Utah students in grades 8, 10, and 12 who reported current use of tobacco and alcohol products by type of use, 2015



Source: 2015 Student Health and Risk Prevention (SHARP) survey

### UDOH ANNOUNCEMENT:

Community Health Workers (CHWs), serve as a liaison between health services and the community to facilitate access to services and improve the quality of service delivery. With coordination by the Utah Department of Health, a group of stakeholders have come together to form the Utah CHW Coalition with the purpose of developing and implementing strategies to support and promote the work of CHWs statewide. For more information, visit: <http://choosehealth.utah.gov/healthcare/term-based-care/community-health-workers.php>.

## Breaking News, September 2016

### Healthcare Facility Assessments of Capacity to Prevent Transmission of Infections

Since transmission of Ebola Virus Disease (EVD) was detected in the United States in September 2014, healthcare facilities across the country have recognized their individual vulnerabilities and challenges preventing spread of infection within their facilities. The Utah Department of Health (UDOH) has provided guidance for facilities in Utah to be better prepared to respond to persons presenting to their facility with suspect EVD. This guidance, *Ebola Virus Disease Guidance for Utah Frontline Hospitals* ([http://health.utah.gov/epi/diseases/ebola/Utah\\_Ebola\\_Frontline\\_Guidance.pdf](http://health.utah.gov/epi/diseases/ebola/Utah_Ebola_Frontline_Guidance.pdf)), can also help facilities, public health, and other partners to safely respond to other highly infectious diseases, such as Middle Eastern Respiratory Syndrome (MERS CoV), Avian influenza, and extremely multi-drug resistant organisms.

In response to the possibility that healthcare facilities might treat persons with highly infectious diseases, the Centers for Disease Control and Prevention (CDC) has required that public health departments assess facilities' capacities to control and prevent transmission of infections. The UDOH Healthcare Associated Infection and Antimicrobial Resistance (HAI/AR) Program has partnered with local health departments to assist and assess Utah facilities' infection prevention programs. As of August 25, 2016, 42 acute care hospitals, four long-term acute care hospitals, and 13 long-term care facilities have been assessed using assessment tools provided by the CDC. These assessment tools are designed to assess optimal expectations of facilities to prevent healthcare associated infections, especially in acute, long-term, outpatient, and dialysis patient care settings. Assessment findings are only shared with the participating facility, and are not shared with regulatory or licensing agencies. Aggregate findings are shared with the CDC to better inform future guidance and resource needs.

Participating facilities have expressed appreciation for these assessments, as reflected by one infection preventionist's evaluation, "The assessment was a big help to our facility to show areas that need to be improved." Furthermore, some participants have already recognized benefit from their assessment, "Our healthcare-associated *Clostridium difficile* infections have decreased since implementing the new processes discussed during our facility's assessment."

## Community Health Indicators Spotlight, September 2016

### Safe Haven

The Utah Newborn Safe Haven Law (Utah Code Ann. Sec. § 62A-4a-802) allows a birth parent or their representative to anonymously give-up custody of a newborn without facing legal consequences. The Utah Newborn Safe Haven Law (UNSHL) saves newborns from injury and death. Representative Patrice Arent sponsored the UNSHL, which is similar to legislation in other states. When a newborn is left at a hospital, the Utah Division of Child and Family Services (DCFS) assumes custody and places the child for adoption. The law requires a check of the paternity registry and contact with law enforcement to ensure the baby wasn't kidnapped. Laws relating to child abuse remain and no one who abuses a child is able to escape prosecution. For the past 15 years, newborns have been relinquished at hospitals throughout Utah. Hospitals receiving babies are never identified due to confidentiality concerns. The Utah Department of Health Emergency Medical Services (EMS) Program staffs a 24/7 hotline (866-458-0058) and the MotherToBaby Utah Program oversees activities and works with the Newborn Safe Haven Advisory Committee to develop outreach initiatives. More information can be found at <http://www.utahsafehaven.org>.

**Don't abandon a newborn.**

Safely leave at any hospital.

**NO QUESTIONS, NAMES, POLICE OR JUDGMENT.**



**UTAH NEWBORN**  
Safe Haven

**866-458-0058**

# Monthly Health Indicators Report

(Data Through July 2016)

Monthly Report of Notifiable Diseases, July 2016	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis ( <i>Campylobacter</i> )	51	61	275	290	0.9
Shiga toxin-producing <i>Escherichia coli</i> ( <i>E. coli</i> )	7	21	34	47	0.7
Hepatitis A (infectious hepatitis)	2	1	7	5	1.3
Hepatitis B, acute infections (serum hepatitis)	0	1	1	6	0.2
Meningococcal Disease	0	0	2	4	0.5
Pertussis (Whooping Cough)	3	101	99	623	0.2
Salmonellosis ( <i>Salmonella</i> )	30	37	205	196	1.0
Shigellosis ( <i>Shigella</i> )	3	3	42	19	2.2
Varicella (Chickenpox)	4	7	146	164	0.9
West Nile (Human cases)	0	1	0	1	0.0

Quarterly Report of Notifiable Diseases, 2nd Qtr 2016	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV/AIDS†	26	27	63	57	1.1
Chlamydia	2,277	1,871	4,750	3,853	1.2
Gonorrhea	474	197	990	394	2.5
Syphilis	15	12	36	23	1.5
Tuberculosis	4	10	8	17	0.5

Medicaid Expenditures (in Millions) for the Month of July 2016	Current Month	Expected/Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	\$ 3.1	\$ 3.0	\$ 175.8	\$ 176.4	\$ (0.6)
Inpatient Hospital	\$ 7.1	\$ 6.6	\$ 122.7	\$ 124.3	\$ (1.6)
Outpatient Hospital	\$ 2.4	\$ 2.5	\$ 46.6	\$ 47.5	\$ (0.9)
Long Term Care	\$ 14.3	\$ 14.5	\$ 208.4	\$ 208.9	\$ (0.5)
Pharmacy	\$ (9.2)	\$ (9.1)	\$ 92.8	\$ 93.3	\$ (0.5)
Physician/Osteo Services	\$ 2.6	\$ 4.0	\$ 45.0	\$ 53.3	\$ (8.3)
TOTAL MEDICAID	\$ (16.1)	\$ (20.9)	\$ 2,424.8	\$ 2,427.2	\$ (2.4)

Program Enrollment for the Month of July 2016	Current Month	Previous Month	% Change* From Previous Month	1 Year Ago	% Change* From 1 Year Ago
Medicaid	292,220	293,058	-0.3%	289,486	+0.9%
PCN (Primary Care Network)	16,604	17,162	-3.3%	12,214	+35.9%
CHIP (Children's Health Ins. Plan)	18,199	18,034	+0.9%	16,276	+11.8%

Health Care System Measures	Annual Visits			Annual Charges	
	Number of Events	Rate per 100 Population	% Change* From Previous Year	Total Charges in Millions	% Change* From Previous Year
Overall Hospitalizations (2014)	281,302	8.9%	-0.8%	\$ 7,281.6	+11.8%
Non-maternity Hospitalizations (2014)	177,881	5.5%	-1.1%	\$ 6,200.8	+11.6%
Emergency Department Encounters (2014)	710,266	22.9%	+2.6%	\$ 1,760.5	+13.2%
Outpatient Surgery (2013)	404,303	13.1%	+7.3%	\$ 2,167.9	+11.5%

Annual Community Health Measures	Current Data Year	Number Affected	Percent/Rate	% Change* From Previous Year	State Rank§ (1 is best)
Obesity (Adults 18+)	2014	524,000	25.7%	+6.5%	8 (2014)
Cigarette Smoking (Adults 18+)	2014	197,800	9.7%	-6.1%	1 (2014)
Influenza Immunization (Adults 65+)	2014	171,300	58.0%	+1.0%	36 (2014)
Health Insurance Coverage (Uninsured)	2014	303,100	10.3%	-11.2%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2014	234	8.0 / 100,000	+20.2%	17 (2014)
Poisoning Deaths	2014	641	21.8 / 100,000	+0.4%	45 (2014)
Suicide Deaths	2014	555	18.9 / 100,000	-4.0%	41 (2014)
Diabetes Prevalence (Adults 18+)	2014	144,800	7.1%	-0.1%	8 (2014)
Poor Mental Health (Adults 18+)	2014	324,200	15.9%	-3.0%	19 (2014)
Coronary Heart Disease Deaths	2014	1,574	53.5 / 100,000	+2.5%	3 (2014)
All Cancer Deaths	2014	3,033	103.1 / 100,000	+1.0%	1 (2014)
Stroke Deaths	2014	854	29.0 / 100,000	+1.4%	31 (2014)
Births to Adolescents (Ages 15-17)	2014	537	7.9 / 1,000	-8.8%	12 (2014)
Early Prenatal Care	2014	39,005	76.2%	-0.2%	n/a
Infant Mortality	2014	251	4.9 / 1,000	-4.7%	13 (2013)
Childhood Immunization (4:3:1:3:3:1)	2014	36,700	74.6%	n/a#	24 (2014)

† Diagnosed HIV infections, regardless of AIDS diagnosis.

\* Relative percent change. Percent change could be due to random variation.

§ State rank based on age-adjusted rates where applicable.

# In 2014, NIS analysis for the complete 4:3:1:3:3:1 series was updated to provide a more accurate assessment of Haemophilus influenzae type B vaccination. Due to this change, the 2014 results for 4:3:1:3:3:1 coverage are not comparable to prior years.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance has ended for influenza until the 2016–2017 season.