

HEALTH RISKS AND HEALTH RISK BEHAVIORS

Many risk factors for disease are behavioral in nature and can be modified. The health risks and health risk behaviors discussed in this chapter include tobacco, alcohol, and drug use; sexual risk behaviors; nutrition and fitness; and injury risk behavior.

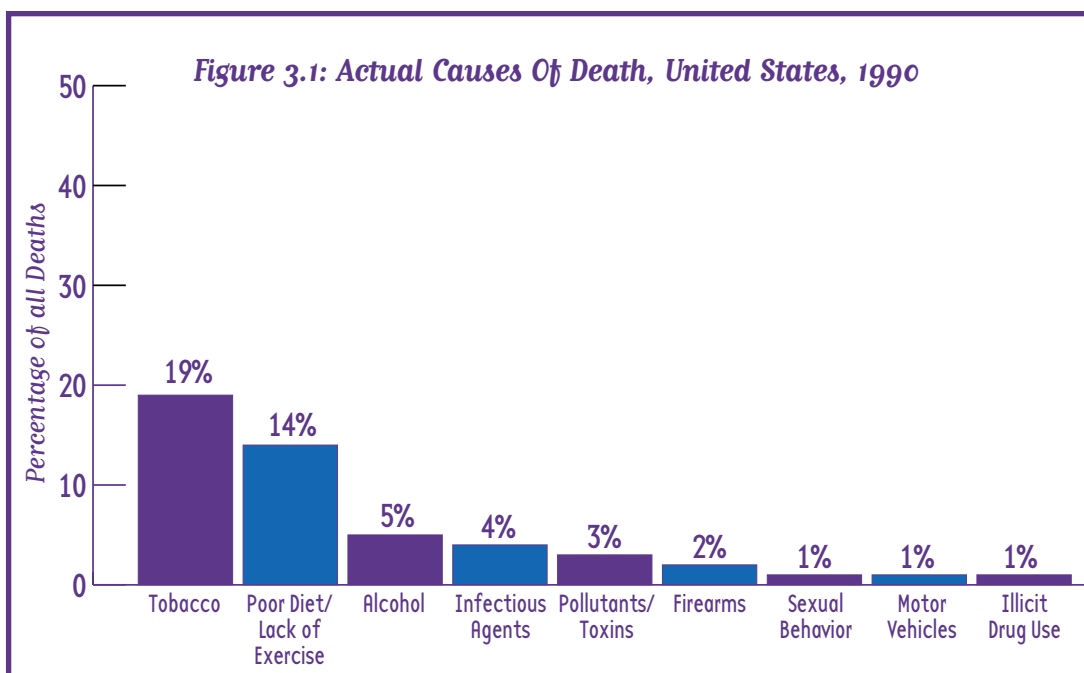
Tobacco use, diet and physical activity patterns, alcohol and drug use, violence and injury are major contributors to the leading causes of death in the United States (see Figure 3.1). Promoting behavioral changes and the adoption of healthier practices and lifestyles is crucial to making lasting improvements in the health status of the population.

Tobacco, Alcohol and Drug Use

As shown in Figure 3.1, it is estimated that alcohol, tobacco, and drug use and abuse account for approximately one quarter of all deaths in the United States each year.¹ Health behaviors related to alcohol, tobacco, and drug use in Los Angeles County and in California are shown in Table 3.1.

Tobacco

Tobacco use is the leading cause of preventable death and illness in the United States, resulting in an estimated 430,000 deaths and more than \$50 billion in direct health care expenditures each year.² In Los Angeles County, there were an estimated \$3.1 billion in smoking-attributable medical expenditures for 1993.³ Tobacco use is a major risk factor for cardiovascular disease, respiratory disease, cancers of the lung, esophagus, pancreas, bladder, and can lead to other illnesses such as respiratory infections and stomach ulcers.⁴



Source: McGinnis, JM, Foegen, WH. Actual causes of death in the United States, JAMA 1993;270:2207-12.

**Table 3.1: Health Behaviors: Alcohol, Tobacco, And Drug Use,
Los Angeles County, California, Year 2000 Objectives**

	L.A. City	L.A. County	California	HP 2000
Adult cigarette smoking prevalence¹				
Male	*	22%	21%	15%
Female	*	14%	15%	15%
White	*	20%	20%	*
Latino	*	16%	14%	15%
African-American	*	20%	25%	18%
Asian/Pacific Islander	*	16%	15%	*
Adolescent (ages 12–17) cigarette smoking prevalence^{2,3}				
White	*	10%	14%	*
Latino	*	12%	10%	*
African-American	*	6%	3%	*
Asian/Pacific Islander	*	6%	9%	*
Daily adult alcohol consumption				
Nondrinker ^{1,5}	*	42%	*	*
Light drinker (0<drinks/day<.42) ^{1,5}	*	37%	*	*
Moderate drinker (.42<drinks/day<2) ^{1,5}	*	14%	*	*
Heavy drinker (>2 drinks/day) ^{1,5}	*	5%	*	*
High school students who drank alcohol⁴				
Lifetime alcohol use ^{4,6}	78%	*	75%	*
Current alcohol use ^{4,7}	47%	*	47%	13%
Episodic heavy drinking ^{4,8}	26%	*	27%	28%
High school students who have injected illegal drugs in a lifetime^{4,9}				
Total	2%	*	2%	*
Male	3%	*	2%	*
Female	2%	*	1%	*
High school students who used marijuana⁴				
Lifetime marijuana use ^{4,10}	46%	*	47%	*
Current marijuana use ^{4,11}	25%	*	26%	3%
High school students who used cocaine⁴				
Lifetime cocaine use ^{4,12}	12%	*	11%	*
Current cocaine use ^{4,13}	4%	*	4%	1%

1. 1997 Los Angeles County Health Survey (1997 LACHS), Los Angeles County Department of Health Services.

2. California Department of Health Services, Tobacco Control Section, California Tobacco surveys, Behavioral Factor Survey/California Adult and Youth Tobacco Surveys, 1996.

3. Cigarette smoking prevalence defined as having smoked at least once in the last 30 days.

4. Adolescents 12 to 17 years of age from Los Angeles Unified School District (LAUSD), Youth Risk Behavior Surveillance, United States 1997.

5. Based on National Institute on Alcohol Abuse and Alcoholism guidelines: a drink is considered one can or bottle of beer, one glass of wine or cocktail or shot of liquor.

6. Ever had at least one drink of alcohol.

7. Drank alcohol on >1 of the 30 days preceding the survey.

8. Drank five or more drinks of alcohol on at least one occasion on >1 of the 30 days preceding the survey.

9. Respondents were classified as injecting-drug users only if they reported injecting illegal drugs not prescribed by a physician.

10. Ever used marijuana.

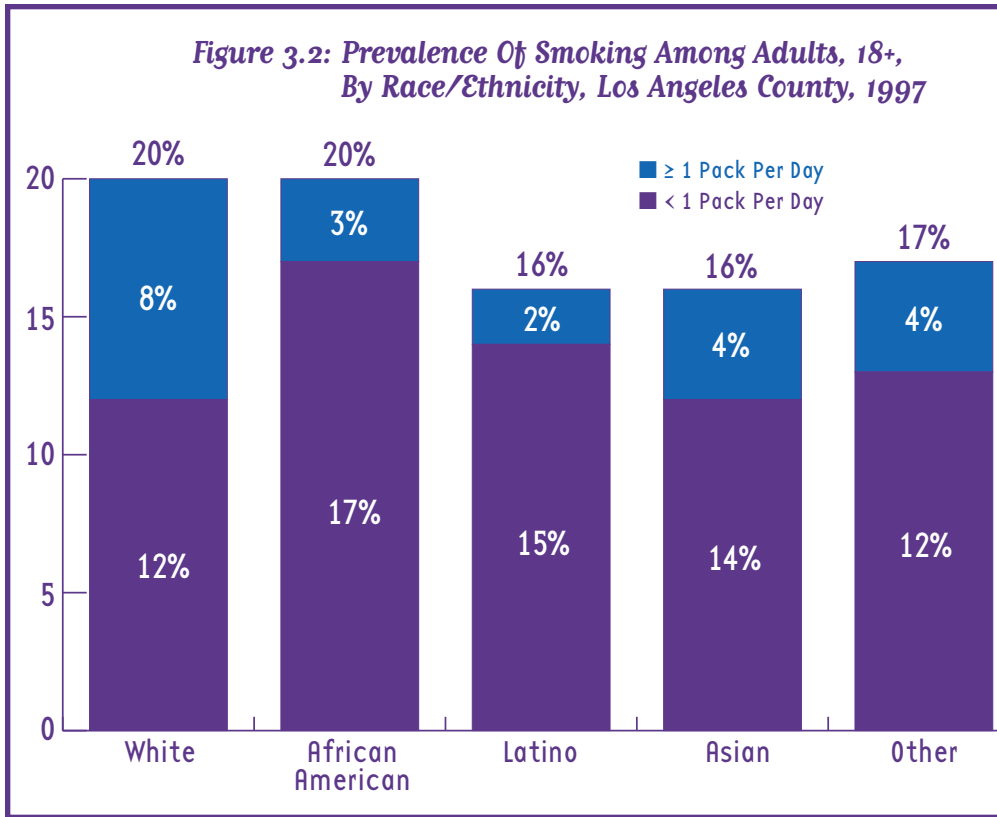
11. Used marijuana one or more times during the 30 days preceding the survey.

12. Ever tried any form of cocaine, including powder, "crack," and "freebase."

13. Used cocaine one or more times, during the 30 days preceding the survey.

* Data not available

Figure 3.2: Prevalence Of Smoking Among Adults, 18+, By Race/Ethnicity, Los Angeles County, 1997



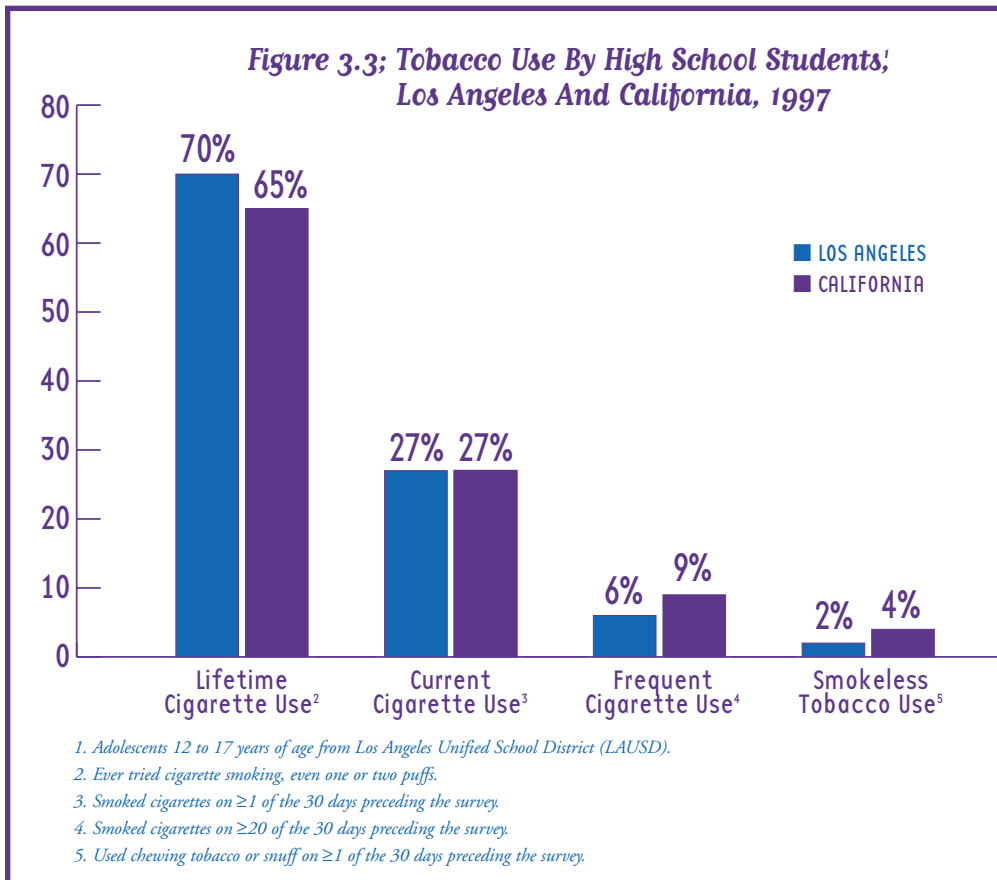
Source: 1997 LACHS.

→ 20% of the Los Angeles County adult population use tobacco, 18% smoke cigarettes and 2% use tobacco in the form of cigars, smokeless tobacco, and pipes.

→ More males (22%) than females (14%) smoke cigarettes. More white and African-American (20% each) adults smoke than do Latino and Asian groups (16% each), as shown in Figure 3.2.

→ The number of cigarettes smoked per day varies by race/ethnicity. Among smokers, 40% of whites, 24% of Asians, 14% of African-Americans, and 10% of Latinos smoke one pack or more per day.

Figure 3.3: Tobacco Use By High School Students, Los Angeles And California, 1997



1. Adolescents 12 to 17 years of age from Los Angeles Unified School District (LAUSD).
 2. Ever tried cigarette smoking, even one or two puffs.
 3. Smoked cigarettes on ≥1 of the 30 days preceding the survey.
 4. Smoked cigarettes on ≥20 of the 30 days preceding the survey.
 5. Used chewing tobacco or snuff on ≥1 of the 30 days preceding the survey.

Tobacco use is a significant problem among adolescents. In 1996 an estimated 10% of adolescents (12 to 17 years old) had smoked at least once in the last 30 days as reported by the California Tobacco Survey. This smoking prevalence represents a nearly 3% increase since 1990. Among California's counties and regions, Los Angeles County moved from 17th in adolescent cigarette smoking prevalence in 1990 to 14th in 1996. Never-smoked prevalence fell 3% during this period.

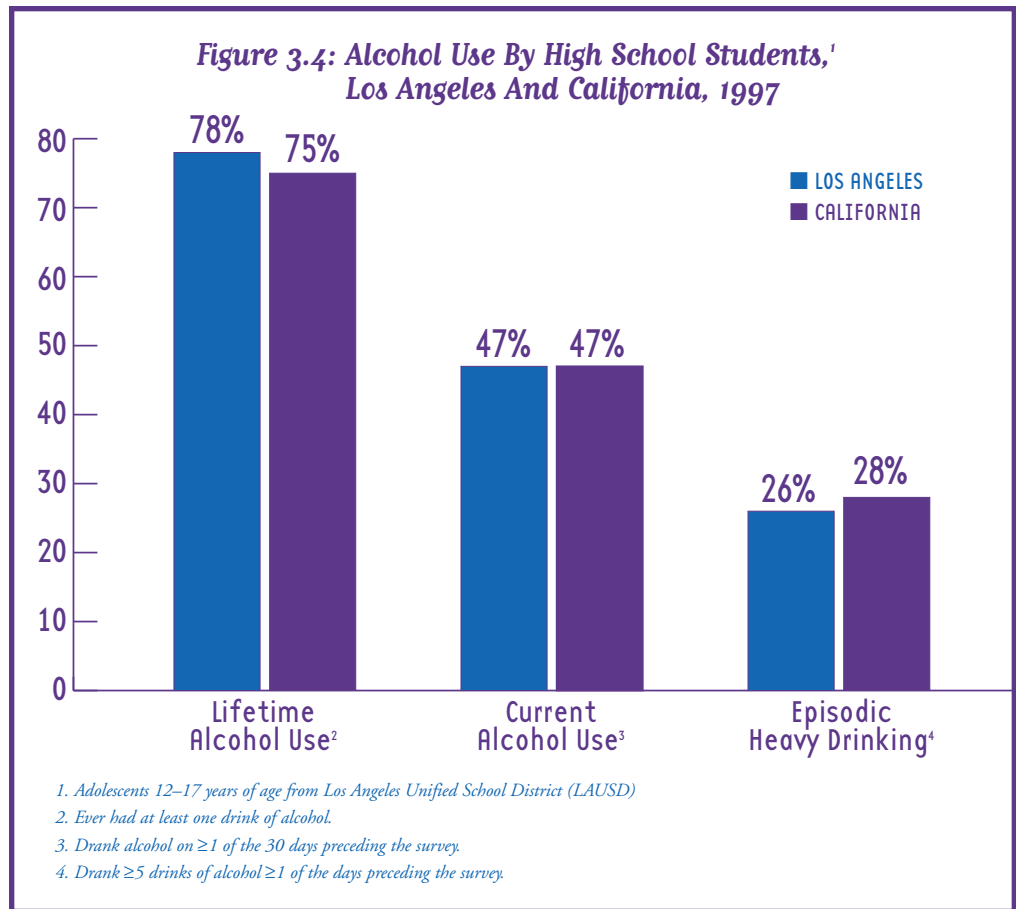
Source: Youth Risk Behavior Surveillance, United States, 1997.

Alcohol

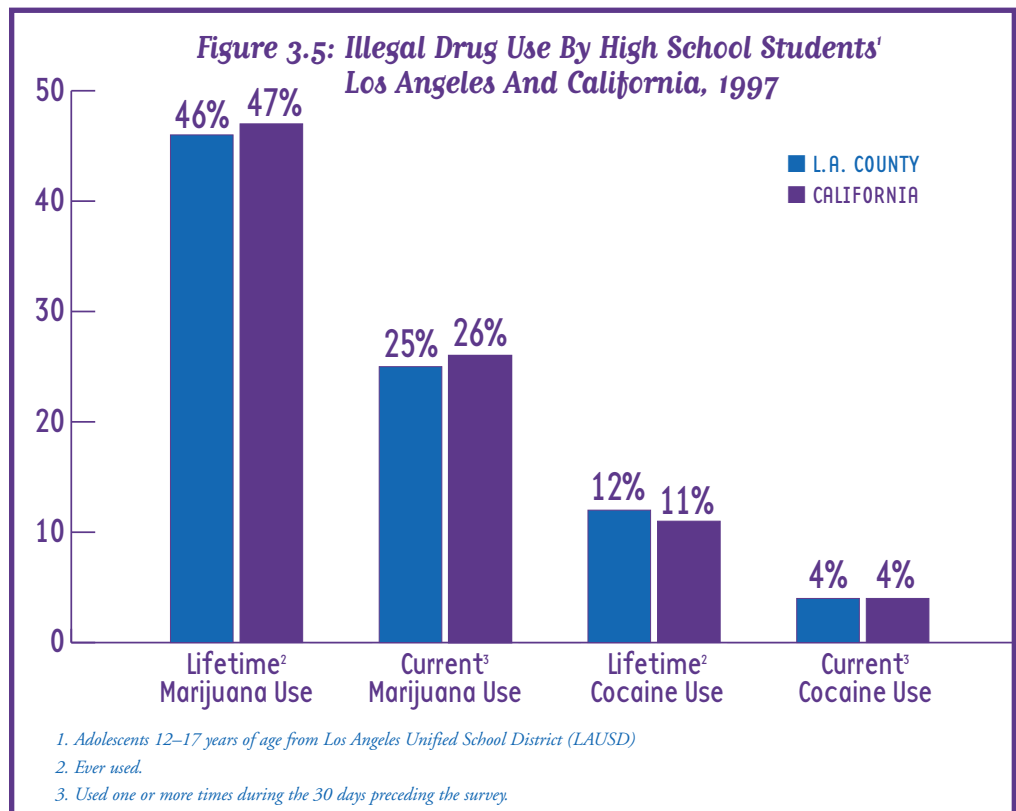
Alcohol use and abuse cause approximately 100,000 deaths in the United States annually by contributions to cirrhosis of the liver, cancers, motor-vehicle crashes, intentional and unintentional injuries at home and work, and drowning. In addition, alcohol abuse is responsible for numerous other mental health, social, and economic ills. Alcohol-related hospital discharges in Los Angeles County averaged 10,000 per year from 1991 to 1995. There were also 81,208 alcohol-related arrests (98% misdemeanor and 2% felony offenses) among adults in Los Angeles County in 1997. Important adverse health outcomes related to alcohol abuse are reported in the mortality and injury sections of Chapter Four.

- An estimated 5% of Los Angeles County adults are heavy drinkers. More than 8% of men and 2% of women report heavy drinking (1997 Los Angeles County Health Survey).
- More than 26% of high school students in the Los Angeles Unified School District (LAUSD) reported heavy, or binge (more than five drinks in a row), drinking on at least one occasion in the 30 days preceding the survey.

During the five-year period



Source: Youth Risk Behavior Surveillance, United States, 1997.



Source: Youth Risk Behavior Surveillance, United States, 1997.

between 1991 and 1995, the number of alcohol-involved traffic incidents (fatal and nonfatal) decreased by approximately one-third in Los Angeles County. In addition, the percentage of total fatal traffic incidents involving alcohol declined from 40% in 1991 to 23% in 1995.

Drugs

Drug use and abuse causes approximately 20,000 deaths in the United States annually due to homicide and injuries, overdose, suicide, pneumonia, HIV infection, Hepatitis, and endocarditis. In addition, approximately 60% of all California and Los Angeles County 1996 adult arrestees in 1996 were using at least one illicit drug within a three-day period before their arrest.⁵ In addition to the increased criminal activity and involvement with the criminal justice system among those who use and traffic in drugs, the economic and social losses due to drug use and abuse are immense.

- Of total drug treatment admissions to programs administered by Los Angeles County in the fourth quarter 1996, heroin accounted for 53%, alcohol for 20%, cocaine for 14%, and methamphetamine for 6%; marijuana admissions decreased slightly to 4% during the same period.⁶
- Of the drug-related hospital discharges among Los Angeles County residents in 1996, approximately 26% were related to cocaine, 25% to heroin or opiates, and 6% to marijuana.
- The number of persons who misuse other forms of illicit medication in Los Angeles County is unknown.
- In 1997, the percentage of high school students in Los Angeles who reported ever using marijuana was 49% for males and 43% for females. In addition, 28% of males and 23% of females reported using marijuana on one or more occasions during the 30 days preceding the 1997 YRBS Survey. The prevalence rates of marijuana use were similar among high school students surveyed in California (see Figure 3.5).
- 12% of both males and females reported using cocaine at some point in their lives, while 5% of males and 3% of females reported using cocaine on one or more occasion in the 30 days preceding the survey.

Tobacco, Alcohol and Drug Use—Data Sources

1. Los Angeles County Department of Health Services, Tobacco Control Program

2. California Department of Health Services, Tobacco Control Section

3. Los Angeles County Department of Health Services—Public Health
Office of Health Assessment and Epidemiology
1997 Los Angeles County Health Survey

3. California Department of Health Services
California Behavioral Survey, CATI Unit

4. United States Department of Health Services
Centers for Disease Control and Prevention
Epidemiology Program Office, MMWR Series

5. UCLA Drug Abuse Research Center
Neuropsychiatric Institute

See Appendix for complete references on these and other data resources.