Special Feature

WORLD HEALTH DAY, 1985
HEALTHY YOUTH—OUR BEST RESOURCE

Each year the World Health Organization chooses a special theme to commemorate World Health Day, 7 April, the day in 1948 when the WHO Constitution came into force. This year's theme, "Healthy Youth—Our Best Resource," directs attention to the world's healthiest age group and to the major occurrences—including adolescent sexual relations, drug abuse, and traffic accidents—that commonly endanger young people's healthy lives.

TAPPING THE POTENTIAL OF YOUTH

Halfdan Mahler, Director-General of the World Health Organization

Kicking up dust on a makeshift soccer field in a Brazilian village, running races through the Kenya bush, wrestling in a Bangkok tournament, or breaking world records in the Olympic games, young people by their sporting achievements attest that theirs is the age of peak physical fitness.

In 1985, International Youth Year, the world will harvest not only its biggest, but also perhaps its best crop of young people in history. Today's young people are the healthiest age group and are better educated than ever before. Having survived the vulnerability of childhood years, they are intrinsically healthy; and over the last two decades school enrollment has nearly doubled in the developing world, even though there are still mainly boys on the school benches.

With better access to the world's store of knowledge, young people are able to grasp and use new ideas. In many countries there are young faces that are staring at the flickering green computer screens, young fingers that are moving like lightning over the keyboards, or creating new circuitry that will itself create new computers.

The potential of youth, if it is to be properly tapped, requires understanding and support. Youth is a very special time with special challenges. This is the period when the body changes from that of a child to that of an adult. It is an age characterized by impatience as well as curiosity, and by a strong desire to leave childhood behind and play an independent role.

More than three-quarters of those between 15 and 24 live in the developing world, and that proportion will probably reach 84% by the year 2000. Thus, the challenge is greatest there. A major trend is for youngsters to leave the countryside and migrate to the city in hope of a better life. This erodes the traditional structure of the rural family and replaces it with the stressful lifestyle of marginal populations living in urban slums. Young migrants are forced to face the challenges of city life without the training or skills that they need. The unemployed in many parts of the world include a very high percentage of young people—many of them illiterate, most of them unskilled and inexperienced. The dice are already heavily loaded against them.

If age is characterized by caution, youth is

characterized by a love of risk-taking. Such impulses can be guided to take positive forms—sport, outdoor adventure, social experiments—rather than towards the negative habits of cigarette smoking, abuse of alcohol, or dependence on other drugs. Society must also take into account the elements inherent in the spirit of youth, including the urge to seek self-identity and to find an outlet for one's love for others.

The young have a large role to play in health care. They themselves are most aware of their own health problems; and they maintain an open mind and represent the group best able to appreciate the basic tenets of primary health care, beginning with the responsibility of caring for themselves.

Studies have shown that a majority of youngsters want to help others and want to assume responsibility. A good place to start may be with national community programs that demonstrate how to keep fit and achieve a healthy lifestyle.

On World Health Day 1985, in the drive towards health for all, every community should take stock of its youthful resource and nurture it for all its promise. The joyous and explosive energy of youth and its natural curiosity are there to be exploited to build a better world.

A HEALTHIER WORLD IS IN THE HANDS OF OUR YOUTH

Carlyle Guerra de Macedo, Director of the Pan American Health Organization

This year, on 7 April 1985, health authorities and persons interested in health around the world will celebrate World Health Day by emphasizing the theme "Healthy Youth—Our Best Resource."

This subject has special importance for us in the Americas. Ours is still a youthful population. As we continue to reduce death rates for infants and very young children, the age group which includes adolescents and young adults takes on still greater significance.

These young people of today are the leaders of tomorrow. As we look toward the year 2000, only 15 years away, we recognize that the health and well-being of the future will be in their hands.

For most of us, youth is the healthiest period of our lives. Yet our data tell us very clearly that serious threats exist to the health of our young people. They show also that these threats are generally similar for developed and developing countries alike.

For example, accidents of various kinds are a leading cause of death and disability among young people in nearly every country. Problems of alcohol and drug abuse among youth are growing in importance throughout the world. Young persons everywhere are forming health and nutritional habits during their adolescent years that will determine to a large extent their likelihood of contracting heart disease, cancer, and other chronic illnesses in later life. They will also decide what kind of environment they will live in, and will set the population patterns of the future.

Education and communication are among our most important instruments for preventing or minimizing these hazards of youth and assuring a better world. For this reason, public health authorities need to work in close partnership with school systems, communications media, and youth organizations to prepare young people to make wise decisions concerning their health.

At the same time, it is important that we develop programs that will attract the brightest and best of our young people into careers that contribute to the global process of development

and health. In many countries and communities, youth are already providing leadership in health and development activities. We should actively promote opportunities for them to apply their energy and enthusiasm to the causes of better health, justice, and peace.

Therefore, I urge everyone to take advantage of the annual observance of World Health Day to celebrate and encourage healthy youth. They are truly our best resource. Our future success in achieving a better world and Health for All will depend on them and on what we do now for them and for everyone.

HEALTH PROBLEMS OF YOUTH AROUND THE WORLD

Health and Risk-Taking

Risk-taking is a natural and necessary part of growing up. Nevertheless, recent alarming increases in self-destructive risk-taking among young people are good cause for concern.

The world's healthiest age group—people between 10 and 24 years old—having survived the vulnerable years of early childhood, is being maimed and killed at an increasing rate in many countries by accidents and suicides.

Accidents, particularly traffic accidents, are a serious "epidemic" threat to the youth of industrialized countries and a major problem for the youth of all countries. The world's public health services have eradicated smallpox and are gaining ground against diseases like poliomyelitis. But these gains have been almost cancelled out by the increasing numbers of young people rushed into hospital emergency rooms around the world—many of them dead on arrival from drunken driving smashups, other vehicular accidents, and drug or alcohol overdoses.

In countries like the United States and Japan, accidents cause over a third of all deaths among those 10 to 24 years old. Even more striking, in Venezuela they cause 45% of all deaths in this age group. And even in poorer countries, with fast-growing cities and land increasingly crisscrossed with pavement, accidents are beginning to rival infectious and parasitic diseases in the toll they take of young lives.

Furthermore, in developing countries with few ambulances and even fewer emergency rooms, accident victims are far more likely to die than in countries where such facilities are common. An accident victim in Kenya is nine times as likely to die as an accident victim in the United States; and an accident victim in India is up to 15 times as likely to die as one in the United Kingdom. Nor is that the only threat, because according to WHO estimates some three victims are left permanently disabled for every one that dies.

Suicide takes fewer lives, but in many countries suicide rates are increasing; and in Europe, where rates of attempted suicide are already very high, the number of suicide attempts has been exhibiting a sharp upward climb.

Nevertheless, it is important to remember that the group of youngsters contributing to these grim statistics is a minority. That is, part of the reason accident and suicide rates appear so alarming is that young people are generally resistant to other causes of death. And even when accidents and suicides are taken into account, young people still have the lowest mortality rates of the general population.

In the years between the ages of 10 and 24, young people have to transform themselves from children into parents—from dependent youngsters to independent youth, and from protected adolescents to protective adults. That takes a lot of learning and experimenting; of trying, failing, and trying again. And every time a young person tries something new there is a risk involved. So for every teenager risking his or her life behind the wheel of a car, there are thousands more

taking other kinds of risks—less dangerous, perhaps, but no less important.

Jean Piaget, the famous Swiss psychologist, maintained that adolescence was the age at which human beings first develop "an awareness of how things might be." For many young people, that awareness gives them faith in the future and courage to tackle the problems they confront.

But in many countries, opportunities for creative and physically unthreatening risk-taking are hard to find. Schools tend to be rigid, impractical, and irrelevant; jobs may be few and far between; farm-work often seems tedious and unrewarding; and governments and societies are numbingly resistant to change and slow to reward the talents and energy of youth.

Hence, this pent-up energy needs an outlet. And some young people—particularly ones living in societies undergoing rapid change and development—turn to dangerous pursuits. They begin to take self-destructive risks—smoking and drinking too much, driving too fast, gambling with their lives. But the majority keep reaching out in a positive direction—running faster, studying harder, working harder, and hoping that their societies will meet the challenge of putting their creative energies to work.

Health and Sex

Coping with sex has always been a problem for young people, but it is especially difficult in our times—because today's teenagers are faced with an ever-widening gap between the age at which they are physiologically ready to have sex and the age at which it is culturally acceptable for them to do so. On the one hand, they are reaching puberty earlier. For example, girls in industrialized countries can typically expect their first period before their thirteenth birthday—one year earlier than their mothers and two years earlier than their grandmothers. And the trend is similar in many developing countries, since earlier sexual maturity seems to be related to improved social and economic conditions.

At the same time, women in most parts of the world are beginning to marry later and stay at school longer. Though brides of 14 and 15 are still common in some developing countries—nearly half of all Liberian teenagers and almost two-thirds of all teenagers in Nepal are married—in general, marriage is being delayed until the business of education and job-finding is over. This means that many young people may have to put their sexuality "on ice" for at least three years—particularly in societies where a good education is highly prized.

But youthful sexual impulses are not easily restrained. In industrialized and developing countries alike, the age of first intercourse appears to be dropping. Accurate reports are notoriously elusive—what people say may not accurately reflect what they actually do—but a number of surveys suggest a global shift toward earlier sexual activity.

In the United States, for instance, the percentage of fifteen-year-olds claiming to be sexually active rose from 27% to 35% between 1971 and 1976. In European countries the pattern is similar, with nine countries reporting to the World Health Organization (WHO) that the age of first intercourse was falling. In other parts of the world the situation is less clear, but the available data indicate a similar trend, with sexual activity starting earlier in places as far removed from one another as the USSR, Chile, and the Philippines.

Perhaps it would be surprising if there had not been an increase in early teenage sex, given the increased media pressures encouraging sexual activity. Unfortunately, however, youngsters are often confronted by a near-obsessive preoccupation with sex in some media and a veritable wall of silence from other sources of information on the subject.

In some societies, parents do give their sons and daughters information about sex. But in many others, sex is taboo and parents have great difficulty discussing it with their children. As a result, among youth an ignorance of basic facts about sexuality, conception, and contraception commonly is the norm.

Indeed, in many traditional societies sex edu-

cation is prohibited. In others, where sex education is allowed, it is all too often of the "nuts and bolts" variety: reproductive mechanics meted out as an uncomfortable offshoot of textbook biology rather than instruction that can be expected to help with personal relationships. Meanwhile, those same children who are being denied effective orientation are commonly being bombarded with powerful advertising and other media messages filled with sexual intrigue and innuendo.

Critics of sex education argue that talking about sex to young people will awaken sexual stirrings that would otherwise remain latent. However, the World Health Organization has found no evidence that sexual education leads to promiscuity. On the contrary, sound information about sexuality seems to encourage postponement of sexual intercourse.

The truth is that the adverse consequences of teenage sexuality—unwanted pregnancy, birth complications, abortion, and sexually transmitted diseases—tend to stem from ignorance rather than from permissiveness, and from lack of prenatal, contraceptive, and other services rather than from their easy availability.

Consider sexually transmitted diseases, for example. WHO reports that diseases such as gonorrhea and syphilis are important problems among young people—especially in urban areas where social change is rapid, marriage tends to be delayed, and traditional restraints on premarital intercourse are reduced. In developed countries more than two-thirds of all reported cases of gonorrhea occur among people below the age of 25, and available data from the developing countries indicate that the infection rates there are at least as high as those in the developed countries.

Nevertheless, many cases remain untreated, either because treatment services are not available or because the sufferers do not know they are ill. As a result, the vast majority of cases in developing countries go untreated, and many are likely to develop complications.

That is sometimes tragic, for the consequences of untreated sexually transmitted diseases can be very serious. It has been estimated, for example, that 12 to 20% of the females with untreated gonorrhea will eventually develop salpingitis, which can lead to serious complications including ectopic pregnancy, tubo-ovarian abscesses, and sterility.

Sexually transmitted diseases, however, are only one set of problems associated with teenage sex. Another set of problems arises from conception and concerns the unusual dangers posed for young mothers by pregnancy and childbirth. In Japan and the Dominican Republic, for example, a teenage mother between 15 and 19 is more than twice as likely to die in childbirth than a mother in her twenties. And a baby born to a mother under 20 in Bangladesh, Malaysia, or Thailand runs a 50% greater risk of dying in infancy than one born to a mother in her twenties.

In traditional societies where mothers marry young, there is family support for the young parents, even though the medical risks remain high. But in today's transitional societies the support is gone, and those most in need of help are least likely to seek or find it. They may be ashamed to ask for help with contraception or procurement of prenatal care services, and this may lead to a self-induced or illegal abortion and its dangerous consequences.

In this vein, it appears that many abortions could be prevented if contraceptive services were more available. (It is estimated that less than half of today's young people in the developing world have any access to family planning services.)

What young people want and need is not permissiveness but understanding, together with health services that are sensitive to their needs. Everyone in society should be able to face the facts, so that young people do not have to cope with the difficult questions of sexuality unguided, uninformed, and alone.

Health and Drug Abuse

The worry caused by young people's experimentation with illegal drugs is understandable,

but may be out of proportion to the actual size of the problem. Though illegal drugs can be very dangerous, such common drugs as tobacco and alcohol also have far-reaching health consequences; yet these tend to arouse less concern because they are so widely used in many societies by adults, and because they are legally available. So it is important to remember that legally available drugs may be the most expensive in terms of social cost.

In this regard, an Australian survey has estimated that in 1980 drugs were responsible for nearly 19% of all recorded deaths. Of these drug-related deaths, 79% were caused by tobacco, 18% by alcohol, and only 3% by all other drugs combined (including prescribed medicines).

Smoking is one of the greatest health hazards of modern times and a major cause of avoidable death. As the World Health Organization has pointed out, the risk of developing lung cancer and other life-threatening diseases increases the earlier a person begins to smoke. Someone who starts smoking before age 14 is 15 times more likely to develop lung cancer than a nonsmoker, while a person beginning at age 24 is only three times more likely to develop lung cancer. Similarly, those who start smoking in their teens run a greater risk of developing heart disease, emphysema, and chronic bronchitis. These damaging facts have not yet been brought home effectively to most of the young people in developing countries.

Also, there are still far too many adolescents who smoke in the developed countries. For example, 43% of all French teenagers and 38% of all Canadian teenagers are smokers. Nevertheless, the problem is growing fastest in the developing countries. Between 1976 and 1980 the amount of tobacco consumed increased by 5% in Indonesia, 3% in Brazil, and 6% in Turkey, while over the same period tobacco consumption declined in some industrialized countries. Indeed, it actually dropped by 7% in France and by 2% in the United States.

So tobacco use can be lessened. A campaign against smoking in Norway provides a good example of how giving the public the facts, improving legislation, and encouraging active participation by health professionals can bring about significant changes. Smoking among young people has begun to decline sharply and clearly in Norway, and that country seems well on the way to achieving its goal of a nonsmoking generation by the year 2000.

Young people's drinking habits are also cause for justifiable concern. Over the past 30 to 40 years, the percentages of children and adolescents starting to drink alcohol have increased, the quantity and frequency of consumption have increased, and the average age at which drinking starts has declined. In Finland, for example, surveys have indicated that the number of eighteen-year-olds who drank alcohol at least five times in the month preceding the survey rose by 50% between 1960 and 1973; and in the United Kingdom, recent surveys have found that 64% of the boys and 51% of the girls in study populations had their first alcoholic drink before their thirteenth birthday.

But these indications of increased drinking by the young have been paralleled by massive increases in the amount drunk by the adult population as a whole. Between 1960 and 1981 the rate at which Britons over 14 consumed wine rose 500% and the rate at which they consumed hard liquor rose 250%. Third World figures can be just as spectacular. There was an elevenfold increase in beer drinking in Gabon between 1960 and 1981, for example, and a sixfold rise in Hong Kong, while the consumption of spirits in the Republic of Korea went up by nearly 800%.

In its 1971 report, an Australian Senate Select Committee observed that alcohol and tobacco are the most widely abused drugs in that country, and that the incidence of drug abuse is greater in the over-35 age group than in the younger generation. (Drug abuse includes dependence on tranquilizers and other prescription drugs, which is far more widespread among older people than among the young.) Nor are young people usually the heaviest drinkers. In Canada, for instance, it is people in their thirties and forties who drink most heavily, while in Australia it is males 25 to 44 years old.

Illegal drugs clearly threaten young people's health. But this illegal drug abuse may be preceded by drinking alcohol and may be associated with experimental use of both legal and illegal drugs. In this regard, an important distinction has to be made between experimental use and dependence. Of those young people who experiment with drugs, including heroin, only a minority become dependent or form a lifelong habit. Most drugs, including tobacco and heroin, are usually unpleasant at first, and it takes an apprenticeship of use before the habit is firmly established. The United States Office of Drug Abuse Policy suggested in 1978 that only one in 10 of those who try heroin become dependent, a percentage close to the percentage of alcohol users who become alcohol-dependent.

Heroin use involves the risk of death by poisoning (since the illegal users do not know what they are shooting into their veins), death by overdose, and death through general neglect of personal health. Moreover, the risks involved in the whole self-destructive way of life should not be underestimated. And young heroin users may also suffer because of social attitudes that criminalize them and overdramatize the situation. At the same time, the media all too often make the whole habit of "hard drug-taking" almost glamorous and perpetuate the myth that those who try a drug must become addicted and lose any hope of breaking the habit.

A valid approach to the problem of youthful drug abuse would be to seek greater understanding about why young people in some societies take drugs, rather than to seek indiscriminate punishment for those who do. Young people who become dependent are a minority who need special understanding and treatment. This is so whether they are dependent on heroin, alcohol, or barbiturates.

In the case of illegal drugs, efforts have to be directed toward early detection and treatment of the users; clear legislation about illicit production and sales of such drugs should be enacted and rigorously enforced.

Right now there are hopeful signs of progress against youthful drug abuse. Fitness and health are becoming popular. Also, it is becoming generally understood that not all young people succumb to the allure of drugs, and that in fact the overwhelming majority of young people are healthy. All in all, it seems clear that the drug abuse threat can be overcome. In this connection, the mounting desire for physical fitness and a positive view of health among the world's young people may ultimately provide the most powerful motives for reducing drug abuse and giving youth a chance.

HEALTH FACTS ABOUT ADOLESCENCE IN THE UNITED STATES

Elena O. Nightingale[1]

Adolescence is a part of the life cycle characterized by both biological and socioeconomic transitions. The biological changes of puberty mark the beginning of adolescence, while its end is indicated by the young person's assumption of adult social roles and responsibilities. In our culture, which has become more and more complex and technologically oriented, the period of adolescence has been stretched out at both ends. Because of better nutrition and reduction of infectious diseases, the biological changes of puberty now occur earlier. Because of the complexities of the culture, economics, and population dynamics, the time when adult roles are assumed has been increasingly delayed.

[1]Georgetown University Medical Center, Washington, D.C., U.S.A.

Thus, adolescence in the United States may now cover the span of years from age 10 through age 20 or even later. It has been shown that with better nutrition and overall health status the age of menarche has been lowered by approximately three months per decade. Therefore, although the average age of menarche is now about 12 years, it occurs with some frequency in girls as young as 10 or even 9. It has also been found that in some developing nations, under conditions of poor health and poor nutrition, menarche may not occur until 16 years of age.

Prolonging the period of adolescence by postponing the attainment of adult roles and responsibilities provides fertile ground for behaviorally related problems and for tensions between generations. In fact, many of the problems surrounding adolescence in developed nations result from behaviors that adults engage in but that are considered dangerous and forbidden to adolescents. Such behaviors include smoking, drinking, and sexual activity. Recently, smoking has come under strong attack because of the incontrovertible evidence of its health-damaging potential, so that smoking in many places is no longer viewed as "normal" adult behavior. Controlled drinking and appropriate sexual activity, however, are normal behaviors for adults. The age, manner, and circumstances in which adolescents undertake these activities—for example, driving motor vehicles under the influence of alcohol—account for a large share of the premature deaths and disabilities afflicting young people.

The gravest health dangers of adolescence involve injuries and violence—in large measure injuries and violence related to drug and alcohol use, and also to early sexual activity leading to pregnancy of schoolage girls. The relationship between drinking and driving, especially among teenagers, has become a matter justifying increased public concern. According to 1983 data, 17,764 (33%) of all drivers in fatal motor vehicle accidents were between the ages of 16 and 24 years, and alcohol was a factor in the case of 38% of these young drivers (compared to 26% of the drivers of other age groups in fatal accidents). In 1983, incidents involving young drivers who had been drinking claimed 7,784 lives—half of these being the lives of the young drivers themselves. Approximately two-thirds of all such deaths occurred on Friday, Saturday, or Sunday, and almost three-quarters occurred between 8 P.M. and 4 A.M.—so that nearly half of such deaths occurred between 8 P.M. and 4 A.M. on weekends.

Drunk driving laws can have an effect in reducing fatality rates, but only when there is a sustained public perception that arrest, conviction, and a severe penalty for drunken driving are a distinct possibility. Other measures for reducing this preventable loss of life include raising the legal age of alcohol consumption and purchase, raising the age of motor vehicle licensure, and instituting a curfew system to restrict night driving. Another development capable of having a marked salutory effect is a recent movement started by young people themselves—a movement of students against drunk driving. This grassroots movement has done more to instill a sense of responsibility about drinking and driving in young people than any of the law enforcement measures just mentioned. It also illustrates a growing awareness by young people about the consequences of risk-taking behaviors in which some young people characteristically indulge.

In this regard, a recent decline in the use of marijuana has been linked to a perception by young people that marijuana use can prove harmful. Recent surveys on drugs and American high-school students indicate that between 1975 and 1978 the proportion reporting daily use of marijuana rose quickly, reaching almost 11% (one of every nine high-school seniors) in 1978. By 1983, however, the daily usage rate had dropped to 5.5% below the rate first observed in 1975. Much of the reversal appears to be due to steadily increasing concern about the possible adverse effects of regular marijuana use and a growing perception that peers would disapprove.

Despite the decline in regular marijuana use, however, the proportion of high-school seniors reporting use of any illicit drug during this time dropped very slightly. An increase in use of cocaine by young people, which has now

reached a prevalence of 11.4%, is of particular concern.

While other drugs are of concern, however, daily alcohol use tops the list of dangerous habits. Alcohol is consumed daily by "only" about 5.5% of high-school seniors, but binge drinking has increased. One survey has indicated that about four out of 10 high-school seniors had consumed five or more drinks in a row during the two-week period prior to the survey.

Also, while a recent decline in daily cigarette use (from 29% in 1976 to 20% in 1981) had seemed encouraging, that decline has since leveled off and indeed seems to have given way to a slight rise. We are especially concerned about increased smoking because it usually signals an increase in use of other chemical substances. While smoking cigarettes does not invariably give rise to use of alcohol and other drugs, habitual drug users usually start out as habitual smokers.

Turning to another matter, there was a sharp rise in adolescent and premarital sexual activity in the United States between 1970 and 1980. More specifically, the median age for the initiation of sexual activity dropped from 18 to 16 years, and the rate of sexual activity among girls under 16 became 10 times higher than it had been 30 years before. This was the result of many forces, including heightened media emphasis on sexuality.

Pregnancy among school-age girls is a pervasive and doubly hazardous problem that affects not only the health and future life of the adolescent girl but also the health and future life of the new baby. Worldwide, as in the United States, pregnancy among unmarried adolescent girls has not declined recently, and in fact this complex problem requires much study and attention. The urgency of the problem is underlined by the fact that in some countries the complications of pregnancy, childbirth, and the puerperium are the leading causes of death among girls under 18 years of age.

Thus, while concern about adolescent sexual issues has been especially marked in the United States, there has also been considerable and growing concern in developed and developing countries around the globe. This is especially so because the high rates of pregnancies are due not only to increased sexual activity but also to the fact that the youngest adolescents tend to be the least informed about sexual matters and the poorest users of contraceptives. At the same time, sex education and the dispensing of contraceptives to adolescents often encounter governmental, religious, and sociocultural opposition; and so, while there is growing concern about the problem of teenage pregnancy in the United States and elsewhere, universally accepted solutions to the problem have not been forthcoming.

In spite of these problems, however, the health of adolescents in the United States and elsewhere, compared to that of other age groups, is generally good. Even so, the toll of deaths among adolescents and young adults is unacceptable because much of it can be prevented. In the United States, students have taken the initiative in combating some risk-taking behaviors related to motor vehicles and alcohol. In certain other areas of concern, however, education remains the main vehicle for improvement. Among other things, births of babies to school-age girls have been positively linked to low educational status, in this country and in many developing countries as well; and so educational efforts capable of reaching these young people seem to offer the best immediate hope for future progress.

HEALTH PROBLEMS OF YOUTH IN THE UNITED STATES

Smoking

It is believed that if smoking has not become a habit by age 21, the chances are it never will. In the United States, 20% of all high-school seniors smoke cigarettes. Though this is a decrease of 9% from 1977, the peak year of use by seniors, more girls are now smoking. Indeed, in the 17-

24 age group, young women now smoke more than young men. One of the long-range results of this is seen in the increase of lung cancer in women. Another concern for females is that smoking cigarettes in combination with the use of oral contraceptives poses an increased risk of circulatory disorders in later life. Also, smoking during pregnancy increases the likelihood of low birth-weight children who are more vulnerable to serious health problems.

Suicide and Violence

Since the 1960s, the rate of suicide in the 15-24 age group has increased 300% in the United States. It is currently estimated that 7,000 teenagers kill themselves each year, a million think about it, and 400,000 make attempts. At the same time, homicide is estimated to be the second leading cause of death among young men 20-25 years of age and the number one killer of black males 15-39 years old. The number of black homicide victims 15-24 years old declined by over 25% between 1970 and 1980, while the number of white male victims in this age group tripled from 1965 to 1980, reaching 15.5 per 100,000 in the latter year. Despite these trends, however, the prevalence of black homicide victims in this age group remained higher than the prevalence among people of all races.

Drug Abuse

Studies have shown that teenagers who use cigarettes and alcohol are more likely than other teenagers to try marijuana and to move on to other illicit drugs. Those who start in adolescence also tend to develop a more extensive use of drugs later on. Among young people, more nonstudents than students use drugs. The majority are light users, however, while a few are moderate users and very few are heavy or daily users.

Teenage Pregnancy

Babies born to teenagers are frequently born prematurely, may have a low birth-weight, and run a higher risk of serious health problems. Each year about 560,000 births in the United States result from teenage pregnancies.

Accidents

The taking of risks, often viewed as normal behavior for adolescents, makes young people highly prone to accidents, which are a major cause of injury, hospitalization, disability, and death. In fact, automobile accidents are the leading cause of death of young men 20-25 years old, and male teenagers have the worst driving record of any group in the nation. More specifically, teenage drivers cause five times more highway deaths in the U.S. than do drivers in the 35-64 year age group. Also, of the 25,000 alcohol-related deaths occurring on American highways in 1984, 35% of the victims were 16 to 24 years old.