The Alaska Nurse

The Official Publication of the Alaska Nurses Association
Vol. 70, Issue 5 October / November 2019

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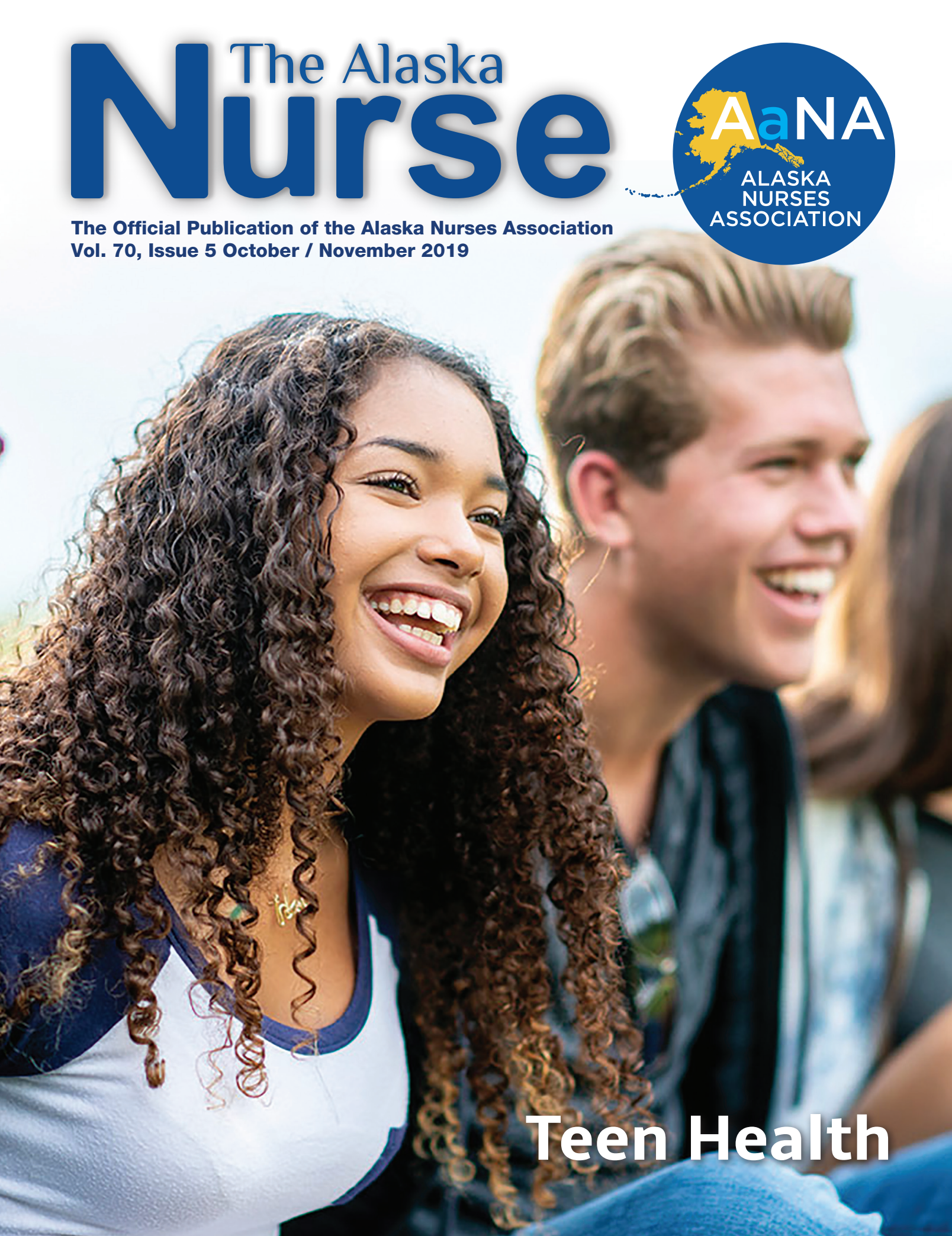
ALASKA NURSES ASSOCIATION



Teen Health

AaNA

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The Alaska Nurse is produced in Anchorage, Alaska and published six times a year by

ALASKA LIFE PUBLISHING LLC

PO Box 221344
Anchorage, AK 99522
Phone: 907.868.9050
Email: info@alaskalifepublishing.com

Visit us online at
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From our President

I'm looking out the window to a gray day. The birch trees have all lost their leaves, the spruce trees are dying from the beetle, and my garden is done for the season. Autumn has arrived once again – a short-lived season of swift transformation. It seems appropriate for this issue to be focused on teen health – a "season" of life that brings about radical change.

I'm thinking back to when my daughter and son were teenagers. Sometimes I miss those days – almost. I tried so hard to make sure they made good decisions about food, clothes, friends, and sex. I used the breakfast table and the dinner table to start the conversation. I would ask questions about school that usually fell flat, receiving the one-word answer most parents are immensely familiar with: "Fine." Next, I would ask about the friends I knew about… which took about two minutes to cover. I would then tell them about my day, trying to get them interested in connecting for at least another two minutes.

Following our riveting and thorough five-minute conversation, it would be time to rush off to hockey practice in the winter or baseball and softball in the spring and summer. The car rides were the best! I had a captive audience, and cell phones had yet to invade. Now, when I ask my kids if they remember those days, I get an eye roll, a playful grin, and a "Yes, Mom!" and I love it.

For all the parents out there who have yet to experience the teen years: they remember what you talk to them about! So don't be silent, make the effort to connect, and talk to them about everything (no matter how stilted the conversation)! Even if you don't think they are listening, they are. Set firm and clear boundaries. Make sure your No is no, your Yes is well thought out, and don't cave to the please-please-please, everybody-will-be-there, I'll-be-the-only-one-not-there, all-my-friends-will-be-there cries of "I want my way." I survived and so will you. I never withheld my love either, no matter how mad I was, or what they had done.

I'm a big advocate of vaccines also. They keep your children safe from outbreaks of very deadly diseases with little to no side effects. It's so important to make sure your teen gets the CDC recommended HPV vaccinations for both boys and girls at age 11 or 12 before they get exposed to the virus. This vaccine helps to protect girls against certain HPV-related cervical cancer, vulvar and vaginal cancers, anal cancers, and genital warts. For boys it helps prevent against certain HPV-related anal cancers and genital warts.

Finally, talk to your children about sex. It can be soooo uncomfortable for both of you but it is soooo important for both of you also. There is a lot of info out there in the form of books, google, Planned Parenthood and your doctor that can assist you in doing your parental duty. Please don't leave it to others to educate your teen. Get to them before this happens. You want them to come to you with their questions, not to their potentially uniformed friends or — worse yet — their boyfriend or girlfriend.

I look forward to hearing from all of you about what you did with your teens and any pearls of wisdom that I can share in our next edition! Please email me at jane@aknurse.org with your thoughts, ideas, opinions, and pearls.

Jane Erickson

Jane Erickson, ADN, RN, CCRN
President, Alaska Nurses Association

In This Issue

AUTHOR GUIDELINES FOR THE ALASKA NURSE: The Editorial Committee welcomes original articles for publication. Preference is given to nursing and health-related topics in Alaska. Authors are not required to be members of the AaNA. There is no limit on article length. Include names and applicable credentials of all authors. Articles should be Microsoft Word documents. Photos are encouraged and should be high resolution. Please include captions and photo credits at time of submission. All content submitted to The Alaska Nurse becomes property of the Alaska Nurses Association. Submit all content by email to Andrea@aknurse.org.

CLIMATE, CHEMICALS AND PLASTICS

THE HEALTH CONNECTION

BY PAMELA MILLER, EXECUTIVE DIRECTOR, ALASKA COMMUNITY ACTION ON TOXICS

This past summer in Alaska, we have witnessed record-breaking heat, wildfires and smoke, drought, salmon dying of heat stress in our rivers, and extensive seabird and marine mammal die-offs. Here are a few statistics:

- **Wildfires have burned more that 2.5 million acres in 2019, resulting in evacuations, loss of homes, school and road closures, and health advisories due to unhealthy air.**
- **July 2019 stands as Alaska's hottest month on record and the 12th consecutive month in which average temperatures were above normal every day.**
- **This past August had the lowest levels of arctic sea ice ever, according to the National Snow and Ice Data Center.**
- **This is the fifth consecutive year of large seabird die-offs. There have been 32 dead gray whales found in Alaska waters this year and at least 137 dead ice seals were found on Bering Strait area beaches.**

The conditions that we are witnessing are part of a larger and disturbing trend. Alaska is warming faster than any other state in the U.S. and at least twice as fast as the rest of the planet as a whole. The science is conclusive that human activity is the dominant cause of rising global temperatures over the past 50 years and without immediate action irreversible damage is likely. The combustion of fossil fuels and the clearing of forests have resulted in elevated levels of greenhouse gases in the atmosphere, leading to a trapping of heat and rising of the world's temperature. Human-induced warming is destabilizing systems on a global scale, resulting in rising sea levels, dramatic declines in sea ice thickness and extent, shrinking glaciers, melting permafrost, increasing ocean acidity, shifts in animal and plant distributions, and community displacement.

Katie Huffling, Executive Director of Alliance of Nurses for Healthy Environments notes: "Climate change is profoundly impacting the health of the public and the environments in which we live, from exposures to toxic air pollution that threatens cardiac and respiratory health to threats to our food and water supplies. Across the country, we are already seeing increases in the frequency and severity of droughts, threats of vector-borne disease outbreaks, and mental health impacts from community displacement and social disruption."

There are less visible but insidious effects of climate change of particular concern to the health of Alaskans. The Arctic has become a hemispheric sink for persistent industrial chemicals that are transported on atmospheric and oceanic currents from distant sources and accumulate in the bodies of fish, wildlife, and people. Climate warming is exacerbating the mobilization and transport of chemical contaminants in our northern environments. Scientists observe that accelerated melting of polar snow, ice, and permafrost mobilizes sequestered contaminants and enhances air-to-sea exchange, rendering greater bioavailability of contaminants within arctic food webs, threatening our food security and health. The preamble of the United Nations Stockholm Convention on Persistent Pollutants states, "Arctic ecosystems and indigenous communities are particularly at risk because of the biomagnification of persistent organic pollutants" and "contamination of their traditional foods is a public health issue." The Arctic contains some of the most highly contaminated animals and people in the world.

Arctic sea ice is also a major global sink for microplastic particles. A recent study found that the Arctic Ocean contains more plastic waste than any other ocean. "Thousands of particles of microplastic were in nearly every sample from the Arctic; a single liter of snow contained 14,000 grains of the stuff." We are all too familiar with the images of fish, marine mammals and seabirds choked, tangled and mangled by the vast quantities of plastics in our oceans, however the less visible effects also pose profound threats to the health of marine organisms and people. We release about 8 million metric tons of plastics into our oceans each year. The plastics disintegrate into tiny particles called microplastics that can be ingested by fish and other marine animals. All plastics contain highly toxic additives that are endocrine disrupting, such as phthalates and bisphenols; and these plastics also absorb persistent and toxic chemicals at sea such as PCBs and PBDEs (flame retardant chemicals). Plastics leach toxic additives as well as concentrate chemicals that are already in the environment, making them a source of human exposure and harm to health. Endocrine disrupting chemicals affect reproduction, learning and behavior, and can cause cancers.

A recent report published by the Center for International Environmental Law highlighted that "plastic is polluting oceans, freshwater lakes and rivers, food and us—but it is also a major contributor to global climate change. Each step in the life of a piece of plastic – production, transportation and managing waste – uses fossil fuels and emits greenhouse gases and, as petrochemical and plastic production continues to ramp up, these impacts must be considered."

The report found that in 2019, the production and incineration of plastic will emit an estimated 850 million metric tons of greenhouse gases, the equivalent of 189 coal-fired power plants and by 2050, the annual greenhouse gas emissions from plastics will reach an estimated 2.8 gigatons per year – the equivalent of about 614 coal plants. The report also presents evidence that plastics may emit greenhouse gases throughout their lifecycle and could inhibit the capacity of the oceans to sequester carbon dioxide. Research presented in the report also suggests that the toxicity of microplastics can interfere with the ability of phytoplankton to harness carbon dioxide from the atmosphere, transform it into the food that is the basis for our food web, and produce oxygen.

Plastics are ultimately based on petrochemicals—99% of plastics come from fossil fuels. From 2010 to 2050, global plastics production is expected to increase by 500%. "Contrary to common belief, only a small fraction of plastic waste is economically or technically viable to recycle. Between 1950 and 2015, approximately 4,900 million tons or 60 percent of all plastic ever produced had been discarded and was accumulating in landfills or in the natural environment. Of that waste, 60 percent entered the environment (either via landfill or marine and terrestrial litter) 12 percent was incinerated, and only 9 percent was recovered for recycling."

Although the interconnected problems of climate, chemicals, and plastics are complex, there are solutions and steps that each of us can take individually and collectively. As Katie Huffling of Alliance of Nurses for Healthy Environment states: "The health impacts of climate change demand bold and immediate action. As trusted health professionals, nurses are urgently needed to act and advocate for solutions. In fact, nurses have a moral and professional responsibility to ensure that health concerns, such as climate change, are addressed to prevent harm."

What We Can Do:

- **Increase the awareness of peers and policymakers (including Senators Murkowski and Sullivan, Congressman Don Young, and state legislators) about how climate change harms health. Nurses have a significant leadership role in bringing health-focused discussion to national climate change policy, regulations and initiatives.**
- **Advocate for health-protective climate, chemicals, and energy policies.**
- **Support climate-friendly practices in healthcare and academic institutions.**
- **Stop the use of single use plastics and eliminate unnecessary uses of plastics in our homes and in healthcare.**
- **Move our healthcare facilities and communities to zero waste.**
- **Demand ambitious greenhouse gas reduction that takes plastics into account.**
- **Force plastics producers to accept responsibility for environmental and health impacts.**
- **Prevent the development of new and harmful oil, gas and petrochemical infrastructure.**

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Continued from page 5

TAKE ACTION

YOUR VOICE AS A TRUSTED HEALTHCARE PROFESSIONAL MAKES A DIFFERENCE!

Please call or write Senators Lisa Murkowski and Dan Sullivan and Representative Don Young today. Healthcare professionals know from personal experience that these issues are urgent. Please insist that your elected officials speak boldly about the public health consequences of climate change, including the immediate harm to the health of Alaskans from toxic and microplastics contamination exacerbated by climate change.

Research indicates that a wide range of persistent chemicals are being remobilized into the Arctic atmosphere over the past two decades as a result of climate change, confirming that Arctic warming could undermine global efforts to reduce environmental and human exposure to these toxic chemicals. You have a pivotal role in environmental and health justice. Alaska and the Arctic are warming twice as fast as the rest of the world. We are the canaries in the coal mine. We need action now and your voice matters. Let our elected officials know that Alaska nurses should have a seat at the table to find solutions to address climate change and protect public health.

Senator Lisa Murkowski

Email address:
email@murkowski.senate.gov

Washington DC Phone:
(202)-224-6665

Alaska office phone numbers available at www.murkowski.senate.gov

Senator Dan Sullivan

Email address:
senator_sullivan@sullivan.senate.gov

Washington D.C. Phone:
(202) 224-3004

Alaska office phone numbers available at www.sullivan.senate.gov

Rep. Don Young

Send a letter:
donyoung.house.gov/forms/writeyourrep/

Washington D.C. Phone:
(202) 225-5765

Alaska office phone numbers available at www.donyoung.house.gov

Resources:

- **Alliance of Nurses for Healthy Environments: https://envirn.org/climate-change/**
- **Center for International Environmental Law reports:**
  - **Plastics and Climate: The Hidden Costs of a Plastics Planet. A Report by the Center for International Environmental Law. May 2019. https://www.ciel.org/plasticandclimate/.**
  - **Plastics and Health: The Hidden Costs of a Plastic Planet. A Report by the Center for International Environmental Law. February 2019. https:// www.ciel.org/news/plasticandhealth/.**
- **Alaska Community Action on Toxics: www.akaction.org**
- **Alaska Native Tribal Health Consortium Center for Climate and Health: https://anthc.org/what-we-do/community-environment-and-health/center-for-climate-and-health/**
- **State of Alaska Epidemiology Bulletin: State Assessment of the Potential Health Impacts of Climate Change in Alaska. 2018. http://www.epi.alaska.gov/bulletins/docs/rr2018_01.pdf**

References available in online edition

License Renewal 2020

WHAT'S THE SAME: 30 CONTINUING EDUCATION HOURS
WHAT'S DIFFERENT: 60 VOLUNTEER HOURS

By Beth Farnstrom, RN, AaNA Professional Practice Chair
At-Large Director, AaNA Board of Directors

The Board of Nursing and the Alaska Nurses Association have been receiving many calls from RNs and LPNs inquiring as to the number of continuing education hours and the number of volunteering hours needed to renew in 2020. The 30 contact hours for continuing education remains the same as in the past.

What has changed is the increase from 30 to 60 hours for the professional activities volunteering requirement. Regulation 12 AAC 44.620 has the details as to how to document the professional activity to fulfill this option. Please be aware of the regulation 44.620(c) pertaining to taking care of immediate family members; it does not count toward the professional activity requirement. When in doubt, it is always best to contact the Alaska Board of Nursing to obtain written approval for your volunteer activity prior to engaging in the activity.

Please remember that there are three methods available to meet the renewal requirements for continuing competency, and you must complete at least two of the three methods: (1) 30 contact hours of continuing education, (2) 60 hours of participation in uncompensated professional activities, and (3) 320 hours of nursing employment.

The Alaska Nurses Association would like to assist our members who are looking for volunteer opportunities. Anyone who has a need for nurses to volunteer for an upcoming health fair, school health activity, or any other volunteer opportunity that meets the regulation requirement, please share your volunteer opportunities with me. If you're an AaNA member looking for a volunteer opportunity, I'd love to assist you as well. Get in touch with me at beth@aknurse.org.

The Alaska Board of Nursing would like to invite all nurses to join the free email listserv to receive notifications of upcoming Board of Nursing meetings as well as position statements and notices of regulation changes. Here's where you can sign up: http://list.state.ak.us/mailman/listinfo/commerce-nur

AM I SAFE?

The Impact of School Shootings on Student Mental Health

By Andrea Nutty

Columbine. Sandy Hook. Marjory Stoneman Douglas. Virginia Tech. Umpqua Community College.

American schools today can be anxious places for students who are well aware of past school tragedies. Though from a statistical standpoint school shootings remain rare, accounting for a small proportion of the gun violence epidemic, the mass tragedies have become more and more frequent during recent years and create waves of fear experienced by students across the country.

"When the Columbine shootings occurred twenty years ago, we understood it to be an uncommon tragedy. We now know that this is not the case," Paul Gionfriddo, President and CEO of Mental Health America relates. "As these shootings have multiplied, tragedy and trauma have spread throughout all parts of the country, and the effects are lasting."

What to do if a 'Dangerous Someone' is in your School

"You can teach children about school security without scaring them," claims the ALICE Training Institute, which provides widely-used active shooter trainings to schools, churches, businesses, and hospitals. In an attempt to make active shooter drills more age-appropriate for elementary school students, the company created an illustrated children's book: I'm Not Scared… I'm Prepared! "The teacher at the Ant Hill School wants her students to be prepared – for everything! One day, she teaches her students what to do if a 'dangerous someone' is in their school," the book description reads on ALICE's website.

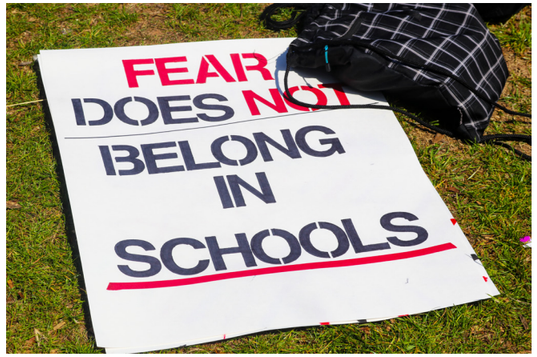
Starting in kindergarten, students across the country, including in Alaska, must pretend that their school has become the latest mass casualty site while they practice surviving an imaginary gunman. For many years, schools mainly practiced what they called lockdown drills, during which classroom doors are locked, lights are turned off, and children are still and silent. This type of procedure has been criticized by some, who fear that lockdowns merely turn students into sitting ducks and don't do enough to protect educators and children when the unthinkable happens. Now, many school administrators are preparing more aggressively for active shooter scenarios.

Run, Hide, or Fight

"There are three basic options: run, hide, or fight." This comes from the latest edition of the federal government's Guide for Developing High-Quality School Emergency Operations Plans, which expands guidance for active shooter response to include multiple options that go beyond lockdowns. "You can run away from the shooter, seek a secure place where you can hide and/or deny the shooter access, or incapacitate the shooter to survive and protect others from harm."

"Active resistance is fighting back with any objects of opportunity, such as chairs, desk, and books."

- Guide for Preventing and Responding to School Violence



"Staff and students should utilize methods to distract the shooter's ability to accurately shoot or cause harm, such as loud noises or aiming and throwing objects at the shooter's face or person."

- Ohio School Safety Task Force Report

Run. Hide. Fight. Many of us are familiar with the "hide" objective – that's in-line with a traditional lockdown strategy. "To run" means to evacuate to a safe place, which is a more familiar tactic as well, as students frequently participate in fire drills and practice other emergency response protocols. What is most novel and controversial in today's active shooter response trainings is the directive to "fight."

Proponents of these more active, "multi-option" drills believe that they increase the odds that students and staff will survive an attack at school. Some call the trainings empowering, while others say they feel a little less vulnerable. "We're so desperate to feel like we can do something… in the face of something so terrifying and so tragic, and given that gun-reform legislation feels so out of reach, these trainings are maybe stepping into that role a little bit," Missouri teacher Linda Gilbert told Education Week.

Still, the trainings have their share of critics. Some have called them security theater, pointing out that teachers and students armed with books and binders are no match for someone with an automatic weapon and nothing to lose. Others, like school safety expert Ken Trump, say the methods are reckless, unproven, and have the potential to make a horrific situation even more dangerous. Reports of physical and psychological injury resulting from these training exercises are not uncommon, with insurance payouts and lawsuits happening across the country.

A Traumatized Generation

School shootings have a significant negative impact on the mental health of surviving students. Survivors of school shootings frequently develop post-traumatic stress disorder in the aftermath, and research indicates that experiencing a mass shooting is associated with several more mental health difficulties. As the number of school shootings grows, so does the number of survivors – almost all of them younger Americans, who have sometimes been referred to as "the post-Columbine generation," "the mass shooting generation," or "generation lockdown." A 2018 study by The Washington Post found that more than 187,000 students have experienced a school shooting during the past twenty years.

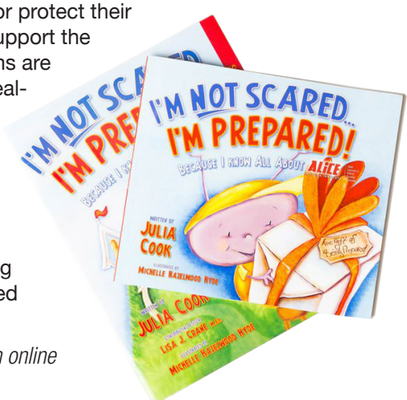
But the trauma of school shootings extends far beyond just those who directly experience these massacres. "The threat of mass shootings throughout schools is also damaging to mental health; safety and security are always paramount to a child's healthy psychological development, and this constant anxiety and sense of danger will disrupt that sense of security, and put all children at risk of developing anxiety and mood disorders," explains Jean Kim, MD, a clinical assistant professor of psychiatry at George Washington University and medical officer at the FDA.

Mental health professionals across the country echo Dr. Kim's concerns. According to the National Association of School Psychologists, high profile school shootings can indirectly affect children and teens, who may feel in danger and worry that their loved-ones are at risk. This fear commonly manifests with changed behaviors and emotional symptoms such as resistance to attending school, difficulty sleeping, changed eating habits, nightmares, intrusive thoughts, and a decline in academic performance. For younger children, behaviors like bed-wetting and a fear of sleeping alone can intensify or reappear, according to Mental Health America. Teens may put on a brave face outwardly, but often become argumentative and withdrawn. Hyper-vigilance, uneasiness, feelings of helplessness, depression, and grief can also manifest.

Students Call for Change

The bottom line: Many students no longer feel safe at school. "My greatest worry at school isn't getting picked on or failing a math test. It's whether I'll make it out alive if an attacker comes into my school with an AR-15," East Anchorage High School student Ariana O'Harra wrote in the Anchorage Daily News last year where she described the quarterly active shooter drills at her school, during which police officers fire blank rounds in school hallways so that students get used to the sound of gunfire.

Like many Americans, O'Harra also lamented officials' lack of action in response to escalating gun violence, saying that while she supports people having the right to own weapons to hunt or protect their families, she doesn't support the ease with which firearms are obtained. "That's the reality American children are faced with: a world where we, the students, must mitigate the tragedies, when they should have been stopped long before they ever reached our doors."



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A Union of Professionals

AFT Nurses and Health Professionals News Roundup

ABOUT AFT

AFT is a union of 1.7 million professionals that champions fairness, democracy, economic opportunity, and high-quality public education, healthcare and public services for our students, our families and our communities. AFT is the national affiliate of the Alaska Nurses Association.

Unions Hit New High in Approval Ratings

A new Gallup Poll shows approval of labor unions has reached a 16-year high, with 64 percent of Americans indicating that they approve of unions. That's a strong majority, up 16 percentage points since the beginning of the recession. And the approval rating is higher than it's been in nearly 50 years. The upward trend is a testament to the AFT's efforts in building membership and the crucial work our members do in schools, hospitals, other public workplaces and communities throughout the country.

Here's something to celebrate: https://news.gallup.com/poll/265916/labor-day-turns-125-union-approval-near-year-high.aspx

Nurses' Contract Pushes Hospital to Raise the Bar

Long before the registered nurses at Ohio State University's Wexner Medical Center in Columbus began negotiating for a new contract, members laid the groundwork for their plan to achieve a landmark agreement. On July 11, the nearly 4,000-member Ohio State University Nurses Organization/Ohio Nurses Association ratified a three-year agreement that includes wage increases between 15 and 18 percent for most members, safe minimum nurse-to-patient ratios, and a phase-out of mandatory overtime. "Our nurses pushed the medical center to join us in raising the bar for our patients, and through months of collective action among our members, we were able to secure a monumental contract that benefits everyone," says OSUNO President Rick Lucas.

Learn why this contract is special for OSU's nurses: www.aft.org/news/newly-ratified-contract-raises-bar-nurses-osu

Welcome to the Union! Unity Center Nurses Vote to Unionize

Registered nurses at the Unity Center for Behavioral Health in Portland, Ore., voted overwhelmingly on June 19 to join the Oregon Nurses Association.

Unity Center is a 24-hour psychiatric emergency room and behavioral health center that is run by Legacy Health. The 200 nurses at the center have been working to organize with the ONA to improve community healthcare, create a safe environment for patients and staff, gain a real voice in decision-making, and ensure fair representation for workers and compassionate treatment for patients. Jeff Ferrier, a registered nurse who works in Unity's patient emergency services department, says the vote was a strong statement for what the nurses want: a bigger say in patient care.

Here's why the nurses decided to unionize: www.aft.org/news/unity-center-nurses-vote-unionize

AFT Defends Public Service Loan Forgiveness

The AFT filed a lawsuit July 11 against Education Secretary Betsy DeVos and the Department of Education for gross mismanagement and out-and-out sabotage of the federal Public Service Loan Forgiveness program. PSLF, designed to help teachers and other public employees who live with the crushing burden of student debt, is so broken that just 1 percent of applicants have had their loans forgiven. The suit blames DeVos and her department for failing to monitor loan servicers, allowing them to mislead and abuse borrowers who then wind up with higher interest, rather than debt relief.

Tell Betsy DeVos to Keep the Promise of Public Service Loan Forgiveness: www.actionnetwork.org/petitions/keep-the-promise-of-public-service-loan-forgiveness/

AFT Volunteers Return to U.S. Virgin Islands a Year and a Half After Devastating Hurricanes

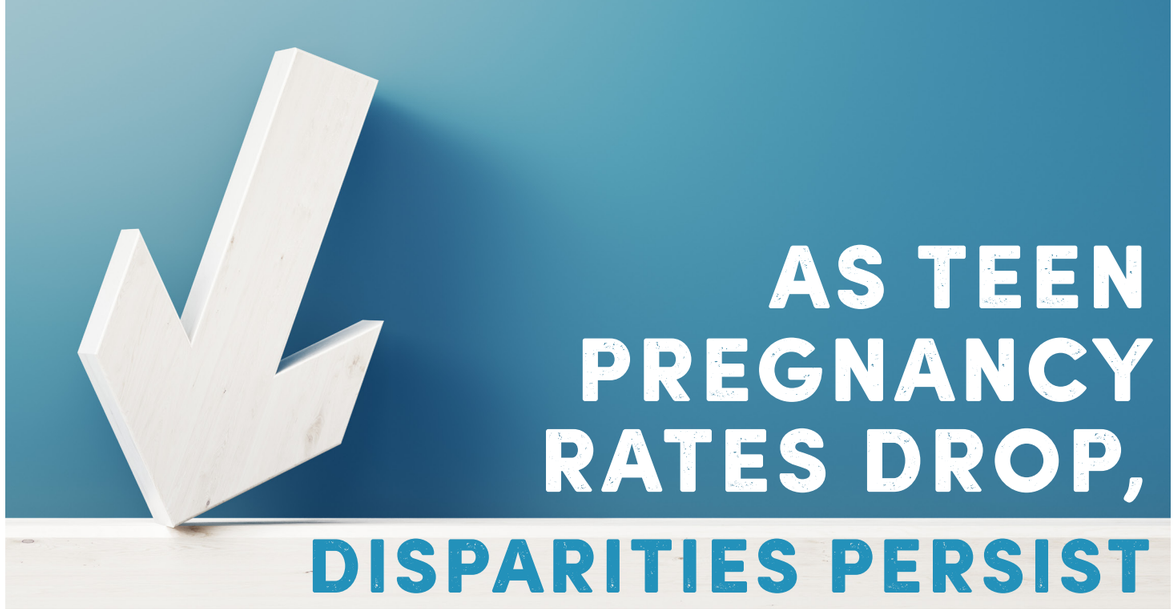
It's been more than a year since volunteers from AFT Nurses and Health Professionals traveled to the U.S. Virgin Islands of St. Croix and St. Thomas to conduct needed hearing and vision screenings for all public school students there. In May, 40 nurses and other healthcare workers—including respiratory therapists, radiology techs, and speech and language pathologists—returned to the islands and completed more than 8,000 student screenings.

See what members have to say about their recent visit: www.aft.org/news/aft-volunteers-return-us-virgin-islands-year-and-half-after-devastating-hurricanes

Together, We Fight for a Better Life

Americans want a better future for our families and communities and a better life for ourselves, writes AFT President Randi Weingarten in AFT Voices. To be specific, she says: good jobs, high-quality and affordable healthcare, a secure retirement, affordable college, great public schools, a healthy democracy and justice for all. These are the bedrock values of the American dream, and now is a good time to reflect on our progress toward that future.

Read President Weingarten's Labor Day message: www.aftvoices.org/its-our-movement-the-labor-movement-that-fights-for-the-better-life-4fbc21ba7200



AS TEEN PREGNANCY RATES DROP, DISPARITIES PERSIST

By Andrea Nutty

The United States has made incredible progress in reducing teen pregnancy over the past three decades, with teen pregnancy, childbearing, and abortion rates now at a record low (Boonstra, 2014). In 2017, there were 18.8 births for every 1,000 females aged 15-19 (Centers for Disease Control and Prevention, 2019). This is down 70 percent from 1991's record high teen birth rate of 61.8 (U.S. Department of Health & Human Services, 2019).

The decline can be attributed almost entirely to one factor: teens today have better contraceptive use (Boonstra, 2014). Teens' usage of barrier methods (such as condoms), oral contraceptives, dual methods, and long-acting reversible contraceptives (such as IUDs and implants) have all continued to increase in recent years. Additionally, the proportion of teens not using any contraceptive method has decreased during the same time period. By offering low-cost contraceptive services to all who want and need them, publicly funded family planning services help to prevent 400,000 unintended teen pregnancies each year (Healthy People 2020, 2019). For every $1 spent on these services, nearly $4 in Medicaid expenditures for pregnancy-related care is saved.

However, for all the progress made in reducing teen pregnancy as a whole, substantial disparities exist in teen birth rates across racial groups (Centers for Disease Control and Prevention, 2019). The childbearing rates of black teens (27.5) and Hispanic teens (28.9) in 2017 were more than twice as high as the rate for white teens (13.2). Alaska Native and American Indian teens (32.9) have the highest birth rate among all races and ethnicities. Asian teens (3.3) have the lowest.

Socioeconomic factors in communities and families have been shown to influence teen birth rates (Centers for Disease Control and Prevention, 2019). Income inequality, racial segregation, deteriorated neighborhoods, and low family educational attainment and income levels have all been linked to high teen birth rates. Teens of color are more likely to experience these less favorable socioeconomic conditions and other social determinants negatively affecting health.

Another population vulnerable to teen pregnancy is young women living in foster care, who are more than twice as likely to vbecome pregnant than those not in foster care (Brooks, 2019). Even worse, repeat pregnancies are frequent: 46 percent of foster youth who had ever been pregnant had experienced more than one pregnancy by age 19 (Courtney, et al., 2v005).

A number of factors contribute to the high rates of pregnancy seen among teens in foster care. The circumstances that cause them to be part of the child welfare system are often also risk factors for teenage pregnancy: physical or sexual abuse, living in poverty, mental or behavioral health problems, substance abuse, having been born to a teen mother themselves, and a lack of a parent-adolescent bond and close family connections. Foster teens also experience frequent life interruptions – new caseworkers, new schools, new living arrangements, new foster parents, etc. These life interruptions reduce foster teens' access to school-based sex education programs and primary care and reproductive healthcare services, as well as inhibit the formation of trusting relationships with stable adults who can assist the teens in accessing the sexual health information and care that they need (Brooks, 2019).

"The picture painted by these numbers shows that teens in some communities have access to the tools, opportunities, and support of delay pregnancy, while [others] are markedly limited in their ability to do so," explains Maggie Jo Buchanan with Center for American Progress.

Teenage pregnancy continues to be on a downward trend. That's a good thing, and we should sustain our evidence-based efforts that already work to reduce pregnancy among all teens. But we must also face the troubling truth highlighted by recent reports – that significant racial and socioeconomic health disparities affect pregnant teens and teens at-risk of pregnancy – and our public health investments should be targeted for new and proven pregnancy prevention efforts for teens of color, teens living in poverty, and teens in the child welfare system. That is where we can do the most good.

References available in online edition

THE JUNEAU SCOOP

AaNA's Legislative Roundup for Nurses

By Jeremy Hoffman

This past session of the Alaska Legislature has been one filled with much drama and many twists and turns. With unprecedented public engagement, nurses attended rallies, testified at legislative town halls, and called their legislators to demand that the state continue to provide essential healthcare services.

On a fundamental level the state is engaged in an existential debate about the role of government in the lives of Alaskans and what qualifies as essential state services. Is the state government simply a structure through which oil revenue gets handed out to Alaskans in the form of annual dividend checks and provides few services beyond minimum road maintenance, or does the state have a responsibility to provide essential services such as healthcare and education and – if so – to what extent?

The backdrop to much of the legislative session was the size of the Permanent Fund Dividend checks. Governor Dunleavy ran on a campaign promise of $6,700 dividends (this year's "full" dividend, and the amount by which dividends were reduced from their traditional formula in the preceding two years), and since taking office has been adamant that each Alaskan receive a check of $3,000 in 2019. Given the state's declining oil revenues, a $3,000 PFD would have to be financed by historic cuts to Medicaid, education, and countless other services.

The majority of the state's population and the Legislature have rejected that proposal and instead have coalesced around a roughly $1,600 PFD in exchange for maintaining a basic, albeit, reduced level of essential state services. The Governor approved the $1,600 dividend on August 19 but stated he will continue to push for a larger amount and plans to call the Legislature to a third special session to discuss the PFD.

After failing to come to an agreement with the Governor on a budget during the regular session, the Legislature was called back into two special sessions. After many votes, vetoes, dueling simultaneous special sessions in two different parts of the state, failed overrides, a supplemental appropriation bill, more votes, and more vetoes, a state operating budget was (finally) finalized.

After failing to override the governor's line item budget vetoes (with a three-quarters required threshold to override a veto the Alaska has the highest threshold in the country), the Legislature passed a supplemental appropriations bill that restored some of the Governor's cuts. The Governor then vetoed more than $200 million from that bill.

The final result? $130 million was cut from Medicaid services this year. In addition, Medicaid dental coverage was entirely eliminated for adults. Many healthcare providers have spoken out and noted that they are already seeing the effects of this funding decline, and that the huge cuts hurt their ability to care for low-income families and disabled Alaskans who rely on Medicaid, which currently covers half of all children in our state and nearly one-third of Alaskans overall.

Other healthcare-related bills that passed during the legislative session included:

- SB 36: "An Act extending the termination date of the Board of Nursing." The Alaska Board of Nursing provides essential support and regulatory infrastructure for Alaska's CNAs, LPNs, RNs, and APRNs. The bill continues the operation of the Board of Nursing for six more years, at which point the Board will undergo another "sunset audit" to make sure its existence is still necessary and another bill will be passed to keep the Board of Nursing operating. This is a routine process for all state boards and commissions.

- SB 37: "An Act relating to the statewide immunization program." This bill leverages the state's purchasing power by using fees collected from healthcare payers to buy vaccines in bulk. The state is then able to distribute vaccines to providers who administer them at no charge. By doing so, the state improves health and wellbeing while lowering overall vaccine cost by 20-30%. Quite simply, it's a sensible, cost effective program.

- SB 93: "An Act relating to a workforce engagement program for healthcare professionals employed in the state." This bill creates the SHARP III program, a loan repayment and direct monetary incentive program that helps reduce shortages by filling vacant healthcare worker positions in some of the most underserved areas of the state. SHARP III does not require any state general funds because user fees cover the cost of program administration.

Want to get involved with AaNA's Legislative Committee? Email andrea@aknurse.org.

The Working Teenager

By Stacey Sever, BSN, RN, CCDS
AaNA Health & Safety Taskforce Chair

One of the rites of passage for a teenager, besides obtaining a driver's license, is having a job. By possessing a means of income, the teen takes a step towards the independence of young adulthood. Additional benefits from employment include time management skills, responsibility and discipline while building self-esteem and self-confidence.

As teenagers enter the workforce, parents and healthcare providers should understand the occupational hazards and governing regulations surrounding those that are 18 years or younger. Similar to their adult counterparts, teenagers can also be faced with a variety of health and safety issues that can lead to illness or injury on the job (Rubenstein, 1999). Unfortunately, hundreds of thousands of working 14-17 year olds experience job related injuries every year with tens of thousands of those requiring emergency department treatment. Nearly 100 adolescents die in work related incidents each year.

According to Rubenstein, et al, "The federal Occupational Safety and Health Act and equivalent state statutes guarantee workers of all ages the right to a safe and healthy workplace by regulating specific hazards and requiring employers to provide information and training to avoid workplace dangers." For workers that are under the age of 18, the Fair Labor Standards Act (FLSA) provisions were developed to protect minors by limiting the types of jobs they can be employed for as well as the number of hours they may be allowed to work. FLSA provisions are less rigorous for agriculture employment and will allow children of farmers to perform any job at any age on the family farm.

Some examples of jobs that are prohibited for those less than 18 include:

- Driving a motor vehicle or operate a forklift as a regular part of the job
- Working in wrecking, demolition, excavation, or roofing
- Mining, logging, or working in sawmills
- Meatpacking or slaughterhouses
- Exposure to radiation
- Explosives manufacturing or storage

For those that are 14-15 years of age:

- No power-driven machines, except those that pose little hazard
- No ladder or scaffolding work
- No construction, building, or manufacturing work
- No working in warehouses

Those teenagers that are 16 years or older have no restriction on work hours. Guidance for workers aged 14-15 include:

- Time of day (outside of school hours)
  - Labor Day to June 1: 7 AM to 7 PM
  - June 1 to Labor Day: 7 AM to 9 PM
- Allowable hours worked
  - Up to 3 hours on a school day and up to 18 hours in a school week
  - Up to 8 hours on a non-school day and up to 40 hours on a non-school week

https://www.dol.gov/whd/regs/compliance/childlabor101.htm

Rubenstein notes that a study of high school students "working 20 hours or more a week during the school year is associated with higher levels of emotional distress, more substance abuse and earlier onset of sexual activity than are experienced by students working less than 20 hours a week or not at all" (1999).

Many teenagers embark on obtaining gainful employment but may lack the knowledge and judgment to determine if the job is right for them. By understanding the federal regulations and labor laws surrounding adolescent worker protections, healthcare providers and parents can assist teenagers to make the right decision about the type of employment they want to pursue. This younger working group needs to be aware of the hazards than are inherent to certain occupations, ensure that they receive proper safety training, and that working can have the potential for interference with their academic performance.

References available in online edition

STORIES SOUGHT FROM ALASKA NATIVE RNS

"Providing culturally relevant healthcare is not a matter of political correctness; it is often a matter of life and death. When cultural competency is missing from healthcare, important information is not communicated, symptoms of illness are overlooked or misinterpreted, and patient outcomes suffer." (Tina DeLapp, founder of Native Student Recruitment Program at UAA).

Alaska Native Registered Nurses are asked to share their stories of becoming and practicing as nurses in a study by nurses associated with the UAA School of Nursing. Tina DeLapp and Kathy Stephenson, both of the UAA School of Nursing, and Sandra Haldane, former Chief Nurse of the U. S. Indian Health Service and former President of the National Association of the Alaska Native American Indian Nurses Association (NANAINA), are gathering stories from Alaska Natives who have become Registered Nurses – either in Alaska or elsewhere. They believe having Alaska Native nurses can lead to better health outcomes for Alaska Natives. They also believe Alaska Native RNs can provide information that nursing programs can use to improve recruitment and student retention efforts.

If you are want more information, you can contact the investigators directly by sending an e-mail message to ANRNstudy@gmail.com. Interested persons may also contact the AaNA office (907-274-0827) which will forward your interest and contact information to the researchers.

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The Alaska Nurses Association is an approved provider of continuing nursing education by the Montana Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Fetal Alcohol Spectrum Disorders

WHAT ALASKAN NURSES CAN DO

By Marilyn Pierce-Bulger, MN, FNP-BC, CNM

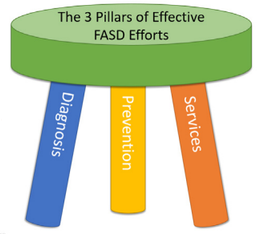
Every year on September 9 we recognize International Fetal Alcohol Spectrum Disorders Awareness Day. As I consider Alaska's history of work in this field, we have made many efforts over the past 30-40 years but have much more to do to address the 'three legs' of the FASD stool: Prevention, Diagnosis, and Services.

Current U.S. estimates are that 1 in 20 school age children has an FASD. In contrast, current estimates for Autism are 1 in 59. We do not have FASD prevalence data for Alaska. Alaska's most recent (2007-2013) prevalence of Fetal Alcohol Syndrome (FAS) is 1.7/1,000. Given that we have about 10,000 births/year in Alaska, this means that we have ~170 children/year born with this preventable disability. We know that FAS is an infrequent diagnosis along the spectrum (4-5% of those seen by state funded FASD diagnostic teams) so most of the individuals who have FASD fall in the 'hidden disability' group. These individuals can present with delayed developmental milestones and/or attention, behavior, learning, social, and independent living skills deficits. Misdiagnosis is common (they are often given behavioral health diagnoses) but if the underlying etiology is a brain-based disorder, typical interventions may not be effective (i.e. Cognitive Behavioral Therapy assumes certain brain function skills that individuals with an FASD may not have).

Know the Basic Facts

Nurses are the most trusted healthcare profession (per Gallup Poll 2019) so let's make sure that we have the correct information. First, know the basic facts and share them widely with your patients, family and friends:

- Alcohol is a powerful teratogen that has the ability to kill and alter developing cells in a fetus at any time in the pregnancy
- Alcohol can be in multiple sources – not just beverages (i.e. medications-Nyquil, cough products)
- The developing brain is the main target and is vulnerable the entire nine months
- FAS is the least common condition on the spectrum
- Facial features of FAS (small eye openings, thin upper lip, flat vertical groove under the nose) are impacted only during the 3rd week of gestation –no alcohol then, no face
- We do not have a crystal ball to predict which mother/baby pair may have impact from the alcohol exposure
- Roughly half of women get pregnant when they do not intend to do so
- More women today are drinking in a 'high dose' pattern (i.e. >3 drinks/occasion)
- The placenta is a 'sieve' and does not protect a developing fetus from alcohol
- Fetal blood alcohol content is the same (or higher) than the mothers'
- Per CDC, women continuing to drink during pregnancy today in the U.S. tend to be white, working, college-educated women in their 30s (both married and unmarried)
- Stigma persists for women who drink 'heavily' (i.e women who have an addiction) but many children with an FASD are born to women who do not drink daily or meet criteria for addiction
- Epigenetic research indicates that if her partner is drinking heavily around the time of conception there is an increased risk of FASD-like symptoms in his offspring even if she did not drink (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4913293/)
- As a result of all of the above, there is no safe time, type or amount of alcohol during pregnancy



Nurses in Primary Care, Women's Health & Obstetric Settings

Current recommended best practice for FASD prevention is the routine use of Alcohol Screening and Brief Intervention (aSBI), which is being promoted by the Centers for Disease Control and US Preventive Services Task Force. They recommend the use of a standardized tool such as the AUDIT-US for screening individuals (valid age 12 up) for their alcohol use pattern. This tool provides a 'score' that gives a nurse the opportunity to have a brief conversation about how the person is using alcohol and make suggestions for ways to reduce their risk (of both an alcohol-exposed pregnancy and health or safety risks). Alaska Public Health Clinics are already using this tool in their settings. Free online trainings are available at nccd.cdc.gov/FASD/ and resources specific to nurses are at www.nursing.pitt.edu/continuing-education/.

When counseling a woman who has already had an unintended exposure, help her to understand that stopping drinking at any time during the pregnancy is important and that the long term impact from the exposure is unknown but may be revealed over time as her child ages. For those who are not pregnant, harm/risk reduction is the goal.

Diagnosis is hampered if the alcohol story is not available to those pondering the differential diagnoses when children are demonstrating signs of possible impact from prenatal alcohol exposure (PAE). Most women stop drinking when they realize they are pregnant, but that exposure may be dismissed or forgotten. Getting a clear history about possible alcohol exposure in early pregnancy is important. Transferring that information from obstetric to pediatric records at the time of birth would be a huge step forward toward early recognition and more effective interventions. The Audit tool noted above can be one way to capture the alcohol 'story'. ICD 10 Codes exist for use on prenatal records to flag the chart for information transfer to the newborn record. The American College of Obstetricians and Gynecologists has guides for this available on their website (search for "FASD coding" at www.acog.org).

Nurses in Pediatric Settings

The opioid epidemic has directed our attention to substances other than alcohol but it is very common for women to use multiple substances (and the legal ones are more accessible when the illegal ones are in short supply). Neonatal nurses can help by encouraging their hospital facilities to consider including alcohol screening processes (cord tissue testing) to panels when substance abuse is a concern. Commonly used urine and meconium panels do not assess for prenatal alcohol exposure.

Pediatric providers are being encouraged by the CDC to include prenatal exposure conversations at the intake process of all their new patients. In addition, they are also encouraged to consider alcohol exposure as part of a differential diagnosis for any child who develops signs of developmental delay, attention, learning, behavior, or social skills problems. Keep in mind that symptoms of FASD can overlap with ASD (Autism Spectrum Disorder) but FASD is the more common condition. A multidisciplinary evaluation process can tease out the variables that influence the child's presentation and help to guide appropriate interventions. Find Alaska teams here: dhss.alaska.gov/osmap/Pages/fasd-team.aspx. There are multiple resources available at the American Academy of Pediatrics website (search "FASD toolkit" at www.aap.org).

Nurses in Educational Settings

Educators are on the front lines of the increasing numbers of children in their classroom who have behavioral and learning difficulties. School nurses may be involved with medication delivery, IEP meetings, and other processes that support children with brain-based differences such as an FASD. Learn the age-related signs associated with prenatal alcohol exposure: www.fasdxservices.com/uploads/1/1/2/2/112221415/recognizing_fasd_flyer_-_email_version.pdf and be aware that children with attention/hyperactivity problems may actually have a sensory processing component to their difficulties (that may then be remedied by sensory tools, not necessarily medications). Visit brainhighways.com.

A wonderful resource produced by the Anchorage School District in collaboration with FASD education expert Deb Evenson is Eight Magic Keys, a 19 minute cartoon that describes eight scenarios as told from the perspective of a teen boy with FASD. The strategies demonstrated in this little video are helpful for school personnel and families. Visit www.fasdxservices.com/intervention.html

Nurses in Behavioral Health Settings

As noted previously, children and adults with FASD may have been given many behavioral health diagnoses for multiple reasons including: behavioral presentation of their symptoms, lack of alcohol exposure story for the differential, uninformed health professionals providing their care, and increased risk for some of these conditions. Anxiety and depression are not uncommon conditions for individuals with an FASD and their uneven 'frontal lobe' functioning may be misinterpreted as something else. Frontal lobe executive functions

Continued on page 21

TEEN VAPING
WHAT YOU NEED TO KNOW

After seeing years of decline in smoking rates in the U.S., with young people increasingly making the choice to abstain from tobacco use, a troubling trend has emerged: e-cigarette use ("vaping") is skyrocketing among teens.

WHAT IS VAPING?

Vaping (also commonly called JUULing) is the act of inhaling and exhaling the vapor produced by the heated liquid (often called "juice") of an electronic cigarette (e-cigarette). The juice contains varying amounts of nicotine, flavorings, and other chemicals. In most e-cigarettes, puffing activates the battery-powered heating device, which vaporizes the liquid in the cartridge. The person then inhales the resulting aerosol or vapor.

Some common nicknames for e-cigarettes are e-cigs, JUULs (the most common brand of e-cigarettes), vapes, vape pens, personal vaporizers, tank systems or tanks, and mods (customizable, more powerful vaporizers). E-cigarettes can resemble traditional tobacco cigarettes, cigars, or pipes, or even everyday items like pens or USB memory sticks. Other devices, such as those with refillable tanks or those that use disposable pods, often have appealing sleek, colorful, and modern designs. Regardless of their design and appearance, these devices generally operate in a similar manner and are made of similar components. More than 460 different e-cigarette brands are currently on the market.

THE RISE OF E-CIGARETTES

E-cigarettes first began to emerge in the United States approximately 15 years ago, and their popularity has exploded in recent years as new types of vaping products have come into the market. Though e-cigarettes were originally marketed toward smokers, touted as a smoking cessation aid and as a safer alternative to regular cigarettes, many nonsmokers have now started to use e-cigarettes – including, most notably, teens.

Part of the proliferative rise of e-cigarette use in the United States could be attributed to their historical lack of regulation – only in 2016 did the FDA win a decade-long battle and gain the authority to oversee the products. E-cigarettes are now subject to government regulation as tobacco products, including the requirement that both in-store and online purchasers be at least 18 years of age. But the FDA hasn't enacted many rules so far – and critics like Sven Jordt, an e-cigarette researcher at Duke, say that "there's basically currently no serious regulation."

SOME VAPING PRODUCTS CONTAIN THC

Vaping devices are not just being used for nicotine – they are also being used to vaporize THC, the chemical responsible for most of marijuana's mind-altering effects, often through cannabis-infused oils in place of e-liquids. There is limited research available on just how many young people are using vaping devices to ingest THC. One study of high school students in Connecticut found that 18 percent of e-cigarette users who took the study's survey had vaped marijuana, as did more than one in four students who had used both e-cigarettes and marijuana in their lifetime. Students in this study were most likely to report vaporizing marijuana in its dried leaf form rather than as hash oil or THC-infused wax. A national survey of teens found that about 6 percent of those who had ever vaped reported vaping marijuana. Vaping THC does not produce the telltale smell that emerges when smoking marijuana through a joint, blunt, or pipe, so teens can use marijuana without being detected.

"PATENTLY YOUTH-ORIENTED" MARKETING METHODS

E-cigarettes are now the most commonly used form of tobacco among youth in the United States. The CDC estimates that one in five high schoolers now use e-cigarettes. Their easy availability, alluring advertisements, various e-liquid flavors (most of which are candy- and fruit-flavored), and the belief that they're safer than cigarettes have helped make them appealing to this age group.

In fact, some e-cigarette companies have recently come under fire for marketing practices specifically geared towards teens. E-cigarettes are marketed by promoting flavors and using a wide variety of media channels. They don't face the same advertising restrictions as conventional cigarettes. Most notably, e-cigarette companies are turning to digital marketing methods like targeted email and website advertisements, and to social media platforms like Instagram, Snapchat, and YouTube to market their products. A Stanford white paper published earlier this year found that the marketing done by JUUL "was patently youth-oriented." The extensive marketing and advocacy through various channels also broadens exposure to e-cigarettes, and experts believe this may encourage nonsmokers, particularly youth and young adults, to perceive e-cigarette use as socially normative.

Think it can't get any worse? Think again. In July, news broke following a Congressional hearing that JUUL, which controls over 75 percent of the e-cigarette market share, was allowed into schools to give presentations directly to kids. Concerned and angry parents and teens testified that a JUUL representative gave deceptive presentations to kids in school, claiming that JUUL products were "totally safe", showed off a vaping device and called it "the iPhone of vapes" and demonstrated to the students how it worked. JUUL paid tens of thousands of dollars to give presentations to students under the guise of "youth smoking-prevention and education programs." The e-cigarette giant is also accused of holding programs at camps for children and recruiting teens as "JUUL influencers."

WHY PARENTS SHOULD BE CONCERNED

E-cigarette use by teens is skyrocketing. Use among high school students grew by 38% in just one year (2017 to 2018). According to data from the National Youth Tobacco Survey, in 2011 the prevalence of current e-cigarette use (defined as use during at least one day in the past 30 days) among high school students was 1.5%. In 2017, 11.7% of high school students used e-cigarettes. One year later, that number climbed to 20.8%. Another cause for concern is the rate at which teens who have tried vaping become converted to regular users: 43% of high school seniors admit to having tried vaping at least once, while 27% (nearly two-thirds of those who have tried it) are regular users. Early evidence suggests that teens who smoke e-cigarettes are up to seven times more likely to smoke traditional cigarettes in the future.

A SAFER ALTERNATIVE?

Vaping is perceived by many to be a safer alternative to other tobacco products. Some mistakenly view it as 100% safe. When you look at e-cigarette companies' marketing methods and unproven safety claims, this widely-held public perception is no surprise. But there's no data to back it up. Because vaping is relatively new, there is no long-term research on its safety.

Unlike conventional cigarettes, e-cigarettes do not contain tar – but they can contain other harmful substances. Most e-cigarettes contain nicotine. In fact, e-cigarettes often contain way more nicotine than traditional cigarettes. Some e-cigarettes are manufactured so that just one contains as much nicotine as an entire pack of regular cigarettes. Nicotine is highly addictive and can actually harm adolescent brain development. Youth and young adults are also uniquely at risk for long-term, long-lasting effects of exposing their developing brains to nicotine. These risks include nicotine addiction, mood disorders, and permanent lowering of impulse control. Nicotine also changes the way synapses are formed, which can harm the parts of the brain that control attention and learning. Earlier this year, the FDA began receiving reports of teen e-cigarette users who had experienced seizures due to nicotine toxicity.

Studies have also linked e-cigarettes to a host of illnesses including stroke, COPD, myocardial infarction, and acute lung injury. Additionally, there

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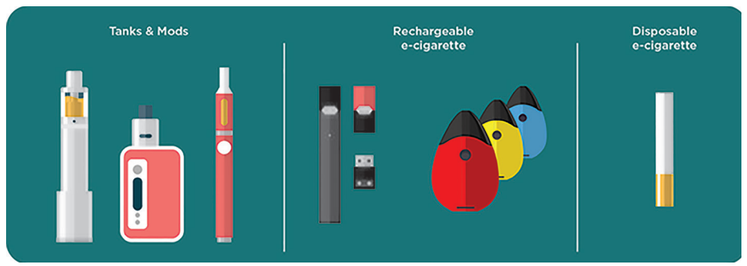

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include: impulse control, emotional control, initiation, ability to shift/be cognitively flexible, poor working memory, self-monitoring, and poor planning/organizing skills. As a result of the poor executive functions, they are very likely to have poor adaptive living function (i.e. may not behave in a manner or have the skills of someone else their age). Communication disorders are a common finding for those with an FASD (especially social language skills) and their 'younger than their typically developing peers' skills makes them vulnerable to those who might want to influence them.

The Substance Abuse and Mental Health Services Administration has downloadable documents that provide guidance to those in the behavioral health field related to FASD management. Find them at store.samhsa.gov. The DSM-V Appendix page 798 also outlines proposed criteria for the diagnosis of Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure.

In summary, FASD is an international public health problem and we are all dealing with similar challenges related to prevention, diagnosis, and services. Nurses in Alaska can play a key role in moving the conversations forward toward better strategies that work for our varied communities and that can improve the lives of those we serve.

Marilyn is a Family Nurse Practitioner and Certified Nurse Midwife who founded the Anchorage FASD Diagnostic team, is owner/medical manager of FASDx Services, LLC, is a consultant for CDC-related FASD prevention projects, and is Vice President of the Alaska Center for FASD non-profit.

References available in online edition

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are over 8,000 liquid flavorings available on the market today – and many are known to be toxic and harmful to the body. “From the beginning, the e-cigarette industry has been trying to peddle that their products are safe, that they don’t contain the nasty chemicals that you find in cigarettes. The e-cigarette industry has not been truthful about the chemicals that their products do contain,” Erika Sward of the American Lung Association told Healthline News last year.

The flavoring ingredients, when heated by a vaping device, cause the formation of formaldehyde and other carcinogenic chemicals. The chemicals can begin to react and form unknown byproducts when the e-cigarette “juice” is mixed. A new study found that 50 to 80 percent of the byproducts formed do not break down when vaporized – which means they are making their way into the lungs and airways of e-cigarette users. One common e-cigarette ingredient, diacetyl, is linked to serious lung disease. The vapor from e-cigarettes also contain heavy metals such as nickel, tin, and lead. Additionally, e-cigarette liquid can cause poisoning when swallowed or absorbed through the skin and this is directly responsible for at least one death. Unfortunately, since there hasn’t yet been extensive research on e-cigarettes and their flavorings, we don’t know what is actually in many of them. Though ordered in 2016 to turn over ingredient lists to the FDA, many e-cigarette companies have failed to comply.

MYSTERY VAPING-ASSOCIATED LUNG INJURY AND DEATH

This fall, a rash of deaths and serious complications related to vaping have sharpened health concerns over e-cigarette use. As of September 25, there were at least 530 confirmed cases vaping-associated lung disease spanning 38 states. Seven patients have died so far. All reported cases have a history of using vaping products. Most patients have a history of using e-cigarette products containing THC, while many report using both THC and nicotine products. Some have reported vaping products containing only nicotine. The CDC has launched an investigation into the illnesses and is referring to the cases as an outbreak.

Preliminary case reports describe the clinical features of the severe pulmonary illness. The onset of respiratory findings, which might include a nonproductive cough, pleuritic chest pain, or shortness of breath, appears to occur over several days to several weeks before hospitalization. Systemic findings might include tachycardia, fever, chills, or fatigue. Reported gastrointestinal findings, which have preceded respiratory findings in some cases, have included nausea, vomiting, abdominal pain, and diarrhea.

Most identified patients have been hospitalized with hypoxemia, which, in some cases, has progressed to acute or subacute respiratory failure. Their various diagnoses have included acute respiratory distress syndrome, acute eosinophilic pneumonia, and lipoid pneumonia. Patients have required respiratory support therapies ranging from supplemental oxygen to endotracheal intubation and mechanical ventilation. Many patients initially received a diagnosis of infection and were treated empirically with antibiotics without improvement. Many of the patients who were treated with corticosteroids improved. All patients had abnormal radiographic findings.

Based on available information, the CDC believes the disease is likely caused by an unknown chemical exposure; no single product or substance is conclusively linked to the disease at this point. Public health officials are working around the clock to identify what’s behind the pneumonia-like symptoms, but the results so far are inconclusive.

QUITTING RESOURCES

Alaska’s Quit Line is free to Alaskans and offers access to phone, internet, and text based support for those 18 and older to quit e-cigarettes. A typical quit line intervention schedule will be completed within two to six months and includes supportive text messages, helpful emails, a quit guide, coaching calls, and a free starter kit with a two-week supply of patches, gum, or lozenges. However, quit coaches are available to help you establish your new tobacco-free lifestyle and provide you with ongoing support for up to 12 months after you enroll. Visit www.alaskaquitline.com or call 1-800-QUIT-NOW.

Truth Initiative, an anti-tobacco program, has expanded its quit-smoking resources to include a first-of-its kind e-cigarette quit program. This innovative and free text message program was created with input from teens, college students and young adults who have attempted to, or successfully, quit e-cigarettes. The program is tailored by age group to give teens and young adults appropriate recommendations about quitting. The program will also serve as a resource for parents looking to help their children who now vape. Youth and young adults can access the new e-cigarette quit program by texting "DITCHJUUL" to 88709. Parents and other adults looking to help young people quit should text "QUIT" to (202) 899-7550.

Teen.smokefree.gov (a federal program) has a section for teens who want to quit vaping. Teens can sign up for texts, download an app, chat with an expert online, and find all kinds of tools and suggestions for quitting vaping.

References available in online edition

Calendar of Events

AaNA

UPCOMING MEETINGS

AaNA Board of Directors Meeting
4th Wednesday each month — 4:30-6pm

AaNA Labor Council Meeting
4th Wednesday each month — 6-7pm

Providence Registered Nurses
3rd Thursday each month — 4-6pm

RNs United of Central Peninsula Hospital
Contact for times: 907-252-5276

KTN – Ketchikan Registered Nurses (PHKMC)
Contact for times: 907-247-3828

Alaska State Board of Nursing

Anchorage — **November 13-15, 2019**
Anchorage Atwood Bldg, Room 1270
Agenda deadline: October 14, 2019

Meetings of the Alaska Board of Nursing, except for executive sessions, are open to the public. If feasible, executive sessions are scheduled on the second day of the meeting. While we plan ahead, there are, on occasion, last minute changes in the meeting agenda and location. Please call 907.269.8161 to reconfirm if you plan to attend. Audio-conferencing is available.

The Alaska Board of Nursing has a listserv that Is used to send out the latest information about upcoming meetings, agenda items, regulations being considered and other topics of interest to nurses, employers and the public. To sign up for this free service, visit www.nursing.alaska.gov.

Education and Events

35th Annual Alaska Native Diabetes Conference
October 8-10, 2019
Sheraton Anchorage Hotel
www.cvent.com/d/cbqg6f

7th Annual Trending Topics in Nursing Conference
October 10-12, 2019
BP Energy Center – Anchorage
www.aanaconference.org

AaNA General Assembly
October 12, 2019
BP Energy Center – Anchorage
www.aanaconference.org

All Alaska Pediatric Symposium
October 11-12, 2019
Hotel Captain Cook – Anchorage
www.a2p2.org/pediatric-symposium

TUESDAY TALKS
Infection Prevention
Presented by Rebecca Hamel, MHI, RN, CIC
Tuesday, October 15th @ 6 PM
AaNA Office – Anchorage
Attend in-person or online!
FREE CE: Earn 1.25 contact hours
RSVP to chanti@aknurse.org
www.facebook.com/AlaskaNurses

TUESDAY TALKS
Neonatal Abstinence Syndrome
Presented by Chantal Hawk, DNP, APRN
Tuesday, November 19th @ 6 PM
AaNA Office – Anchorage
Attend in-person or online!
FREE CE: Earn 1.25 contact hours
RSVP to chanti@aknurse.org
www.facebook.com/AlaskaNurses

Alaska Comprehensive Forensic Training Academy
In-person training session
December 10-12, 2019
Anchorage, AK
alaskanurse.litmos.com/online-courses

SAVE THE DATE:
AaNA’s Holiday Open House
December 12, 2019
AaNA Office – Anchorage
Come out for festive treats, merrymaking & help wrap gifts to bless the homeless in our community!
More info coming soon!
www.aknurse.org

SAVE THE DATE:
Caring for Victims of Violence with a Multidisciplinary Approach
January 9-10, 2020
Anchorage, AK
More info coming soon!
www.aknurse.org

Remember to visit www.facebook.com/AlaskaNurses for current events and www.aknurse.org/index.cfm/education for frequent updates and information on local nursing continuing education opportunities and conferences

Want to list your event in The Alaska Nurse Calendar of Events and at www.aknurse.org? Send information to andrea@aknurse.org