

(Person, place, and time descriptive epidemiological clues are highlighted in yellow, red, and blue. Hypotheses are highlighted in green.)

Bullying Common Among Teens

By Amy Malick, ABCNEWS.com

Almost a third of teens either were bullies or were bullied, a new study of 16,000 students found.

But whether these bullying behaviors contribute to more aggressive and violent acts in the future is debatable, experts say.

The research found 30 percent of 6th through 10th graders are involved in bullying at school, according to researchers at the National Institute of Child Health and Human Development.

The frequency of bullying was found to be higher among 6-8th graders compared to 9-10th graders, and was more prominent among boys compared to girls.

The study, led by Dr. Tonja Nansel, analyzed surveys of almost 16,000 students throughout the United States and appears in the April 25 *Journal of the American Medical Association*.

Bullying as defined as when a teen's behavior is purposefully meant to harm or disturb another child, when it occurs repeatedly over time, and when there is an imbalance of power between the kids involved.

Types of bullying behaviors cited in the study included verbal belittling regarding religion, race, looks, or speech; hitting, pushing or slapping; rumors; and sexual comments or gestures.

The study also found that both the perpetrators and the victims are lonelier than most kids and do not have very good relationships with their peers.

"Bullying and being bullied appear to be important indicators that something is wrong, and children who experience either or both need help," stated child psychology experts Dr. Howard Spivak of the New England Medical Center, in Boston, and Dr. Deborah Prothrow-Stith of the Harvard School of Public Health, commenting on the research.

In light of recent school shootings, parents and educators have become concerned about whether bullying behavior or being the victim of one may contribute to more serious acts of aggression.

But experts disagree about predicting future violent behavior from earlier bullying tendencies.

Dr. Robert Findling, director of child and adolescent psychiatry at the University Hospital of Cleveland believes "aggression is a very stable trait that is long-lasting."

Dr. Carl Bell, director of child and adolescent psychiatry at the University of Illinois, in Chicago, adds, "there is some link between bullying behavior and later violence, but we are just not certain how strong it is."

One commonly cited British study reported that individuals with a history of bullying had a four-fold increase in criminal behavior by the age of 24. The British study, however, examined only violent

behaviors - such as beating someone up after school, and not the more benign behaviors like name-calling or giving someone the cold shoulder.

But **some see bullying as part of the more normal aspect of children's behavior**, not leading to excessive violence later on.

Dr. Eugene Beresin, director of child and adolescent psychological training at McLean and Massachusetts General Hospitals says, "school shootings are an anomaly, over-rated, exaggerated, and extremely rare ... Bullying, however, is very common and has definite serious social effects ... we should be much more concerned with bullying and self-inflicted violence."

In fact, when the Secret Service recently attempted to figure out the "profile," of a child that acts out with gun violence, it found a student's tendency to become a "school shooter" cannot be predicted based on involvement in bullying activities.

Poor academic performance and psychological disorders also were not indicators of potential violent behavior. The Secret Service concluded, " the use of profiles is ineffective and inefficient."

Cluster of Illness Suggest That Most Infections Came From Two Mailings

By NICHOLAS WADE

The known cases of anthrax fall into a pattern suggesting that most, perhaps all, result from two mailings, one on or around **September 18** and the other on **October 9**, according to data issued yesterday by the Centers for Disease Control and Prevention.

The Centers' compilation, presented in the latest issue of its *Morbidity and Mortality Weekly Report*, shows two different clusters of anthrax cases, of which the report said there were 16 confirmed and 5 suspected. The Centers added a sixth suspected case after the report was released.

The first cluster, with onset of the first case on September 22 and onset of the last on October 1, includes seven cases of cutaneous anthrax and two inhalation cases. The second cluster, from October 13 to 25, has a reverse pattern of disease: eight inhalation cases and four cutaneous cases.

Only three anthrax-tainted letters have been found; officials do not know if there are others. Of the three known letters, two were sent to **New York news organizations** and were postmarked September 18; the third, postmarked October 9, was sent to **Senator Tom Daschle**.

The letters postmarked September 18 contained material that was brown and granular, while the October 9 letter to Senator Daschle held a fine white powder that the authorities say contained more finely milled anthrax spores.

The difference might help to explain why the cases in the first cluster were mostly cutaneous while those in the second cluster were mostly of the inhalation variety. The smaller the spores, the more likely they will lodge deep in the lungs.

In the first cluster, the first cases of anthrax occurred **four days after** the New York letters were postmarked. A similar pattern appears in the second cluster, with illnesses developing **four days after** the Daschle letter was postmarked.

The two known mailings cannot yet be connected with some anthrax cases, including that of Kathy T. Nguyen, a stockroom worker at the Manhattan Eye, Ear and Throat Hospital who died of inhalation anthrax on Wednesday. A Centers official, Dr. Julie Geberding, said today that the agency was reviewing the routes by which mail might have reached Ms. Nguyen or her hospital's mailroom but had found no clues so far to indicate that mail was the source.

Some experts said that no conclusions could yet be drawn from the clusters of cases. But others said they feared that **a series of experiments was unfolding along an escalating scale of infection**.

Dr. Jerome M. Hauer, former director of New York City's Office of Emergency Management and with the Science Applications International Corporation, said he was not yet convinced that there were differences between the two attacks; that it was too early to draw conclusions. The material in the first mailing might have been lumpy because the envelope got wet, he said.

But Dr. Matthew Meselson, a bioterrorism expert at Harvard University, said it was possible that **the designers of the attack had made spores, maybe in one or more batches, and were using the public as their laboratory**. "That is the chilling part, because if they have no limit to their intent, the first step is to see if you can infect people, the second is to make the spores readily aerosolizable, and the third would be to release a heck of a lot of it somewhere," he said. "This isn't just a duty cycle with no end point, it may be a series of experiments that are escalating."

Dr. Henry Niman, a molecular biologist at NetCog, an online financial newsletter, wrote in an article on Wednesday that the existing anthrax cases fell into two clusters following the September 18 and October 9 mailings.

Dr. Niman said it appeared that the mailings were conducted like experiments that had been modified in the light of experience. After official warnings against letters with no return address, like those of the September 18 mailings, a return address was put on the Daschle letter, Dr. Niman noted.

Dr. Niman said he expected that in another attack a different location would be used if the attack were by mail, or a different method of dispersion.

Dr. Meselson, too, expected innovation, saying, "It would be wise for the authorities to be one step ahead, as I assume they are."

Fewer Black Teens Light Up

By Carol Ann Campbell, *Newark Star-Ledger*

A dozen African-American teenage girls discussing a black model in a Virginia Slims advertisement were sure about one thing - that she didn't smoke.

"She had brown skin," recalled 16-year-old Asia Davis. "And Light jeans. She looked pretty. But you can tell in real life she doesn't smoke." The girls were all certain of this. An attractive young black woman just doesn't put a foul-smelling cigarette into her mouth, they explained.

The anti-smoking views of the girls at Central High School in Newark mirror what researchers are finding nationwide: African-American teenagers smoke significantly less than their white counterparts.

Researchers are now trying to fathom the forces behind these low smoking rates - and how they might be duplicated with other teens.

"Somehow, somewhere, smoking became something that African-American teenagers were just not going to do," said Gary Giovino, a tobacco epidemiologist at Roswell Park Cancer Institute in Buffalo. "We wish we could find out what it is, package it, and then market it to other groups."

The racial cigarette gap, especially striking among teenage girls, was noted by David Satcher, the U.S. Surgeon General who released a report this month on women and smoking. The report, which said women now account for 39 percent of all smoking deaths, decried a rise in smoking among teen girls, but noted the lone exception of African-Americans.

"We wish we knew why," Satcher told reporters.

The numbers that best tell the story came from the 2000 National Youth Tobacco survey, sponsored by the American Legacy Foundation. The Washington-based foundation is funded by money from the 1998 tobacco settlement between the states and tobacco companies. Its survey found that nearly 32 percent of white teen girls said they had smoked one or more days in the month preceding the survey. Fifteen percent of black girls did.

Tobacco experts are beginning to explore the forces behind this dramatic decline. In the late 1970's more than 30 percent of black teenagers smoked. Adult smoking rates among blacks and whites are similar. Some say that black teenagers are especially skeptical of tobacco advertising, particularly of ads they believe are aimed at them. Surveys have shown that many blacks feel exploited by tobacco companies, several researchers said.

Anger at tobacco companies was evident among the girls gathering at Central high School.

"The girl in the cigarette ads, they're all skinny and cute, but we know smoking's not good for anybody," said 15-year-old Lamonica McIver.

"They want to ruin our lives to make money," added Davis.

Tom Ryan a spokesman for Philip Morris USA, makers of Virginia Slims and Marlboro, said company advertisements don't target any racial or ethnic group.

"We see our Virginia Slims advertisements as broad-based," he said.

Surveys have shown that African-American parents deliver strong anti-smoking messages to their children.

"In white parents, we see more fatalistic attitudes. Sort of, kids will try cigarettes no matter what. At least it's not drugs," said Corinne Husten, medical officer at the U.S. Centers for Disease Control in Atlanta.

The racial differences emerged more than a decade ago, but incredulous researchers, caught off guard, said they thought statistical anomalies were at work. Did black teenage smokers simply drop out of school, skewing school-based surveys? Not according to household surveys that included high school dropouts.

Some epidemiologists suggested that African-Americans were more likely to lie on the surveys, but surveys that included blood tests for nicotine showed the same racial disparities.

"This is real," Giovino said. "Now we have to ask, 'What's going on?'"

Public health expert John Slade, at the UMDNJ School of Public Health, said income plays little role.

"There's been a lot of analysis and head scratching trying to figure this out," he said. "But no firm conclusions."

The researchers could talk to McIver. She said smoking is not considered attractive by her or her friends. They consider smoking tomboyish.

"White girls think cigarettes are cool," she said. "And they want to be cool. We want to be our own person."

Several of the girls made clear decisions not to smoke.

"Let's say you want to do something good with your life," said Priscilla Amponsah, who is 16. "You don't want something to set you back."

Research has shown that white girls are more likely to see cigarette smoking as empowering, while black girls are not. The CDC's Husten said white girls are more likely to link cigarettes to some other goal such as being part of a group or losing weight.

"To African-Americans, a cigarette is just a cigarette," she said.

The black girls at Central High said white girls are too obsessed with being thin.

"White girls want to be skinny," said Naja Childs, who is 15. "They want to be size zero or size two, I'm fine the way I am ... If you want to lose weight, you should go on a diet."

The rap stars and actresses they admire, such as Lil' Kim and Halle Berry, don't smoke - or at least not in public.

In contrast, Cheryl Heaton president of the American Legacy Foundation, said many white actors smoke on screen, including Leonardo DiCaprio, Julia Roberts, Brad Pitt, Cameron Diaz, and Drew Barrymore.

The Newark teenagers also said they don't like the smell of smoke and they would not sit next to someone smoking. Among African-Americans, smoking would separate a teenager from the crowd, not help them fit in.

Seventeen-year-old Erica Swindell said she has a strong foundation at home.

"We don't have to smoke to follow the crowd," said Swindell, although, she acknowledged, the crowd isn't smoking anyway.

Hospital Deaths Rise Over Weekends

By Suzanne Rostler

Lower levels of hospital staffing on weekends may increase the risk of death among patients with some life-threatening disorders, a new report suggests.

The study of nearly 3.8 million emergency hospitalizations in Canada found that patients with certain medical conditions were more likely to die if they were admitted on a Saturday or Sunday compared with patients admitted from Monday through Friday.

For instance, patients with a ruptured abdominal aortic aneurysm—a tearing in the artery wall that causes potentially fatal bleeding—were 28% more likely to die when they were admitted on a weekend, the investigators found.

Also, patients with pulmonary embolism, in which an artery in the lung is blocked with a clot or other material, or acute epiglottitis, an infection that causes severe swelling of the structure that closes the windpipe when a person swallows, were also at increased risk of death if they were brought to the hospital on a weekend.

However, patients who suffered a brain hemorrhage, heart attack, or hip fracture were not more likely to die if they went to the hospital on the weekend, according to the report in the August 30th issue of *The New England Journal of Medicine*.

“I suggest that people in charge of hospitals should try to run them so that Saturday and Sunday are more like every other day of the week,” Dr. Donald A. Redelmeier, a study co-author, told Reuters Health.

He added that individuals who are feeling sick should not delay making phone calls or seeking care until the weekend.

“A clear implication of our study is that high-quality medical care can save a patient’s life,” Redelmeier said.

The findings support the results of previous studies. The rate of death among infants born on a Saturday or Sunday is slightly higher than the death rate among babies born during the week, for instance, while patients who overdose on drugs may fare worse on the weekends.

To investigate whether death rates among hospital patients with life-threatening disorders vary according to the day of the week they are admitted, the researchers analyzed records from hospitals in Ontario, Canada, over a 10-year period. Just over 26% of patients were admitted on a weekend. The average age of all patients was 51 years, about 10% were children and roughly half were female.

Among the 100 conditions that caused the greatest number of deaths, weekend admissions were associated with an increased risk of death for 23 causes. There was no correlation between weekend admissions and lower death rates among any of these causes of death.

Redelmeier and Dr. Chaim M. Bell from the University of Toronto note that working on the weekend is unpopular and that people who work on a Saturday or Sunday may have less experience than those who work during the week. However, maintaining higher levels of staff on the weekends may be economical, they argue.

“Some businesses are more profitable if they run 7 days a week rather than 5 days a week, even if staff are paid double for weekend duties. This occurs because there is less idle time in equipment ... Doing so might also reduce waiting times for major procedures such as orthopedic surgery, CAT scans and radiation therapy,” Redelmeier said.

Number of New Teen Smokers Falls

By Laura Meckler, Associated Press

Higher cigarette prices and a cultural shift away from smoking are contributing to a dramatic drop in the number of teen-agers who pick up the habit, experts say.

In just two years, the number of new teen smokers fell by a third, the government reported Thursday. Still, there were 783,000 new smokers ages 12 to 17 in 1999, meaning that 2,145 teens began smoking on the average day, according to the National Household Survey on Drug Abuse, an annual benchmark for drug, alcohol and tobacco use.

That's down from more than 3,000 new teen smokers a day in 1997, a record high that has been widely cited in the effort to stem tobacco use by young people.

The survey found teen drug and alcohol use holding steady in 2000, a finding consistent with other government research.

On tobacco, the survey found that the number of new smokers of all ages dropped in 1998 and 1999. Teens still made up the majority of new smokers - 57 percent in 1999. Another 36 percent of new smokers were ages 18 to 25 when they started.

Overall, the average new smoker was 17.7 years old, a number that has changed only minimally over time.

"Youth smoking remains at unacceptably high levels and the tobacco companies continue to lure more kids to their deadly products every day," said Matthew Myers, president of the Campaign for Tobacco-Free Kids. "If we do not redouble our efforts to address the problem, we will not only see no further declines; we may well see youth smoking rise again."

The dramatic decline in new teen smokers came after an equally sharp rise. In 1992, there were fewer than 2,000 new teen smokers each day, a number that climbed by 50 percent in just three years.

Experts were hard-pressed to fully explain the recent drop, and they suggested that a third year of data may be needed to confirm the scope of the trend.

Still, they said, this and other surveys make it clear that teen smoking is on the decline.

The drop took place during tough years and bad press for cigarette makers. In 1998, tobacco companies agreed to pay \$246 billion to settle lawsuits from state governments and went along with unprecedented new restrictions on advertising and marketing.

That contributed to higher prices. The average price of a pack of cigarettes went from \$1.85 in the beginning of 1997 to \$2.92 at the end of 1999. Several studies have found that teens are particularly sensitive to the cost of cigarettes.

At the same time, states were stepping up anti-smoking ad campaigns and, beginning in 1999, a few of them were using their money from the settlement to discourage tobacco use. Restaurants were going smoke-free, and local governments were approving anti-smoking laws.

“What you’re seeing is sort of a cultural swing here and the kids pick up on it,” said Dr. Joseph H. Autry III, acting administrator of the Substance Abuse and Mental Health Services Administration, the branch of the Department of Health and Human Services that conducts the survey.

Autry recalled that years ago it seemed like everyone was smoking. Then, he’d see the smokers on one side of the room and the nonsmokers on the other side. Now, the same room is likely to prohibit smoking altogether, he said.

Pinpointing the moment of change is difficult. “It’s a cumulative effect, the result of a whole bunch of things coming together,” he said.

The survey, released Thursday, also found that in 2000:

- On drugs: 9.7 percent of youth ages 12 to 17 reported using illegal drugs over the preceding 30 days, about the same as in 1999. Overall, 6.3 percent of all Americans over age 12 had used drugs, or about 14 million Americans.
- On alcohol: 27.5 percent of people ages 12 to 17 reported drinking in the past month, about the same as in 1999. Nearly half of all Americans drink, another steady figure. But the number of people of all ages who say they had driven under the influence of alcohol fell from 10.9 percent to 10 percent.

The survey included interviews with more than 71,000 people ages 12 and up. Data on when people began smoking is based on two years data; meaning information on the number of new smokers in 2000 is not yet available.

Researchers Wary of Reported Drop in Underage Tobacco Sales

Although a new report shows a drop in tobacco sales to underage youth, researchers are concerned that the numbers are giving a false impression about actual sales, the *Deseret News* reported December 25.

A report from the U.S. General Accounting Office (GAO), the research arm of the U.S. Congress, noted that states using 14- and 15-year-olds in compliance stings may be corrupting the data.

According to the GAO report, nationwide tobacco sales to underage youth declined from 40 percent in 1997 to 24.2 percent in 1999. But the report cautioned that states using too many undercover youths might have artificially caused the drop in the number of violations because they are easier to spot than 16- and 17-year-olds.

Currently 43 of the 50 U.S. states use youths under age 16 in compliance tests to find out if stores would sell cigarette to minors. According to the GAO, 16 states use 14- and 15-year-olds in more than half of their undercover tests.

As a result of the research, the GAO advised the Substance Abuse and Mental Health Services Administration to revise protocols to ensure a proper mix of ages in undercover tests.

Rise In Homicides Concerns Law-Enforcement Officials

Law-enforcement authorities and crime experts are concerned that a sharp increase in homicides this year **in many large cities** could mean a return to **rising crime rates after a steep decline in the 1990s**, *The New York Times* reported December 21.

According to a survey of **18 major cities**, Boston, Massachusetts, and Phoenix, Arizona, had a 60 percent increase in homicides through December 1 compared with the same period last year.

"I don't think there is any one particular reason for the jump in homicides," said Paul Farrahar, Boston's deputy police commissioner. "Where we know the motivation for the killings, they have been kind of across the board this year. I wish there was one single motive we could see, so we could address it and go back to a lower figure."

Increases also were reported in St. Louis, Missouri (22 percent); Houston, Texas (17.5 percent); San Antonio, Texas (15 percent); Atlanta, Georgia (11.6 percent); Los Angeles, California (9.2 percent); and Chicago, Illinois (5.2 percent).

New York was among several cities that had a drop in homicides. Through December 16, New York had 617 homicides, compared with 651 during the same period last year, a drop of 5.2 percent.

Charles H. Ramsey, Washington, D.C.'s police chief, provided two possible explanations for the increase in homicides this year: **the slumping economy and an increase in domestic-violence killings.**

"More pink slips mean more crimes," Ramsey said. "It doesn't take long before you start seeing that impact at street level."

Police officials also noted that the **growing number of prison inmates being released could be a factor,** as well.

"Prison is basically a place to learn crime," said Sgt. John Pasquarello of the Los Angeles Police Department. **"So when these guys come out, we see many of them getting back into drug operations, and this leads to fights and killings."**

Another factor, said James Alan Fox, professor of criminal justice at Northeastern University, is the cyclical nature of crime. "To some extent, these cities were victims of their own success," he said. **"The levels of homicides that some of these cities had at the turn of the millennium were unusually low and unlikely to be sustained."**

School Killings Higher at Certain Times of Year

According to a study by the Centers for Disease Control and Prevention (CDC), the number of murders committed by students in U.S. schools or on school-sponsored trips increase at the beginning of the academic year and around winter holidays.

Researchers said the increase might be attributed to stress students feel when they return to school after summer break, and to unresolved conflicts that surfaced during holiday breaks.

"It takes awhile, particularly at the start of the year, for students and teachers to develop a routine and become comfortable with scheduling, class composition, and things like that," said Mark Anderson of the CDC's National Center for Injury Prevention and Control. "It is a bit of a stressful time for kids."

The study further showed that students were more likely to kill themselves during the spring.

As a result of their findings, the study's authors recommended that school officials and administrators adopt programs and policies aimed at helping students adjust to the transition of returning to school in the fall and spring semesters.

The study was based on media reports of school-related deaths between 1992 and 1997, interviews with school administrators and other officials, and a statistical analysis of the data.

The report appears in the August 10 issue of the CDC's *Mortality and Morbidity Weekly Report*.

Suicide Nation: Almost 100 Deaths a Day in Japan

By Jan Chorlton, ABCNEWS.com

Mostly it's the **men** who do it, quietly and almost always **alone**.

And being **Japanese**, they don't allow themselves to talk about it. They'd rather die.

Last year, more than 31,957 people killed themselves in Japan, one of the most affluent and advanced societies in the world.

They didn't die of plague, or starvation or natural catastrophe; **they died because they just couldn't stand to live any longer, and following the stern rules of their culture they didn't ask for help.**

The figures for 2000 reflect a slight decrease of 1,091 from the previous year but still, an average of almost 100 people kill themselves every day. There are higher rates in other countries, but none with such a high level of economic and industrial development.

The United States has about the same number of suicides as Japan annually, but Japan has a total population of 126 million compared to the United States' 275 million.

Almost three-quarters (71 percent) of the suicides last year were **Japanese men**.

This doesn't surprise Dr. Tia Powell, an American psychiatrist trained at Harvard, Yale, and Columbia, who now lives and works in Tokyo. She told ABC News that in her experience in Japan, **suicide is almost always the result of depression, which may or may not be linked to outside events, like losing a job.**

Ironically, with new advances in medicine, depression is now relatively treatable.

But there is a tricky aspect to getting a depressed person in Japan to help that he or she needs. **In Japan, mental illness is still commonly defined not in terms of "chemical imbalance" or "illness" ... but in the much more shameful terms of "weakness."**

And **for Japan's men, admitting such a "weakness" is generally unthinkable.** Rather than ask for help, they hang themselves, or jump in front of trains ... this century's lonely versions of ritual suicide.

Japanese women who want to die sometimes choose death by drowning, or they overdose on medication.

Another factor is **Japan's health system and its prevention of the sale of anti-depressants**, which for years have been routinely prescribed in the West.

Prozac, which is widely used throughout the world, has not been approved for use in Japan. Neither has the popular Zoloft. Paxil was only recently allowed.

Japan's health system provides low-cost treatment to all, but **local clinics used by most people are staffed by doctors lacking training in, or unwilling to diagnose, depression.**

Clinical psychologists are not allowed to examine patients independently of general practitioners.

"Mental-health problems have not been considered as important as physical problems, so the status given to psychology professionals has accordingly been low," Yoshitaka Otsuka of Japan's Certification Board for Clinical Psychologists recently told *Newsweek* magazine.

Powell says the Japanese governments could do a lot more to educate the public about depression and these new and available treatments. She believes the old days of doctors telling troubled and miserable Japanese patients that they should just go home and "forget" about their problems are, if not completely over, at least coming to an end.

There are several telephone "life lines" now available to help the desperate.

And Powell says something new, and considered locally as almost revolutionary, is now gaining ground; Japanese companies offering counseling at work, for employees who want help.

This simple step may not sound like much to Americans, who see no stigma in seeking professional help if they feel they need it.

But in Japan, where "face" is everything and "losing face" is shameful, getting help is a major undertaking only a handful of Japanese are pursuing.