

Doctors and Tobacco

Tobacco Control Resource Centre

Youth and Cigarette Smoking

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Introduction

This Factsheet covers only cigarette smoking among children and young people.

In 1996, Peto et al. estimated that unless current trends changed, some 30-40% of the 2.3 billion children and teenagers in the world would become smokers in early adult life (1). Unless action is taken now, about 250 million of these future smokers will be killed by smoking.

In countries where smoking is long established, almost all smokers begin before age 18 years (2). Young people are therefore an important focus for action. Trends in smoking among young people follow those in adults. Men take up smoking first, and boys follow them (3). Women are next, and girls follow them. In the USA, Canada, Australia and Northern Europe, the epidemic is established, and smoking is found among all four groups.

In Africa, Asia, South America and certain areas of Southern Europe, the epidemic is at an earlier stage and smoking may be found predominantly among men (4). Here, social influences and the tobacco industry's promotional strategy must be seriously addressed immediately if the smoking epidemic is to be prevented.

The effects of smoking on young people

Addiction

Many young smokers think they can quit easily, but find that they are already addicted. Young smokers develop withdrawal symptoms when they stop smoking (5). Smokers as young as 12 years may already have made unsuccessful attempts to quit (6). A survey in the UK found that two-thirds of smokers aged 16-19 years had unsuccessfully attempted to stop, most having tried several times (7).

Longterm health risks

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Longterm health risks are increased when regular smoking begins during childhood or adolescence. For example, the earlier regular smoking starts, the greater the risk of lung cancer (8). The highest risk of lung cancer (9) and of heart and circulatory diseases to (10) in adulthood is seen in those who started to smoke regularly before age 15.

Immediate health effects

Many health problems develop very quickly in the young smoker (11): for example, respiratory diseases (12,13,14), heart and circulatory problems (15,16,17,18), and reduced immunity (19). Children who smoke are more often absent from school, as the result both of smoking-related ailments and for truancy and suspension (20). The likelihood of absence increases if their parents also smoke (21). Young smokers are also less fit than their nonsmoking peers (22), because carbon monoxide from tobacco smoke replaces some of the oxygen in their blood (23).

Stages in youth smoking

Young smokers go through a series of stages. Each stage is influenced by different factors: any action developed to prevent youth smoking must address these influences. Note that this is not a oneway process: rather, the stages are fluid and may reverse and restart several times (24).

Precontemplation -the child is not thinking about smoking, but receives messages about it. At this stage, parental and siblings' smoking, advertising, films, television and role models all exert an influence.

Contemplation -received images or peer influence build up to a point where curiosity takes over and the young person considers trying a cigarette. Friends' behaviour is now added to the precontemplation influences.

Initiation -most young people try smoking, but the majority do not become regular smokers. At this stage, friends are usually the strongest influence.

Experimentation -involving repeated attempts to smoke. Young people may become addicted to nicotine after smoking a very small number of cigarettes (2), which may be why many experimenters become regular smokers. At this stage, peer-bonding is still the strongest influence.

Regular smoking -may involve a new set of influences. As well as addiction and habituation, personal factors such as beliefs about the benefits of smoking, self-efficacy, self-perception and coping join earlier influences. Societal factors including price and availability, and interpersonal factors such as school policy, provide a background.

Maintenance -continuation of regular smoking involves all these influences, but addiction is a major force.

Quitting -occurs when the relative importance of influences changes. For example, a new nonsmoking partner, steep increases in the price of cigarettes, decreases in spending money, and beginning work where smoking is not permitted can all trigger a decision to stop.

Why do young people smoke and what can be done to prevent it?

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The onset and maintenance of smoking is clearly complex (25). Here, we discuss selected findings from research in industrialised countries. As these may not apply elsewhere, each country should carry out research to identify areas in which effective action can be developed.

Suggestion for action

- ? Carry out regular surveys with representative samples of young people as a baseline for planning e.g. every two years. WHO can advise on this.

1. Societal influences

These influences are national, countrywide and usually determined by government legislation.

Advertising has been shown to reach youth and to influence their decision to smoke (26). This includes poster or print advertisements, sports and arts sponsorship, brandstretching and the portrayal of cigarette brands and smoking in films and on television. For example, 12 and 13-year-old boys whose favourite television sports included motor racing were twice as likely to become regular smokers as their peers who did not watch it (27). Advertising bans have been very effective in reducing youth smoking in, for example, Norway (28). Young smokers smoke the most heavily advertised brands (29). The packaging of these brands is regarded by young people as important in portraying an image and making a fashion statement (30).

Suggestions for action

- ? Work with government to introduce a total ban on advertising: it will need evidence and must be convinced that money will not be lost as a result
- ? Encourage plain generic packaging with large easy-to-understand health warnings

Price is a major factor in adult smoking (31). Research in Canada (32) and the USA (33) shows that a decrease in youth smoking also follows an increase in the real price of cigarettes.

Suggestion for action

- ? Inform government that tax increases on cigarettes are to its benefit, and lobby for regular tax increases

Availability is often assumed to be very important in youth smoking; however, it is probably not the strongest influence. Nevertheless, it is morally wrong to sell drugs to children and legislation to prevent sale of cigarettes to minors is essential. In the UK, a national parents' group lobbied for tighter legislation governing prevention of cigarette sales to minors and for increased penalties for those who broke the law (34).

Suggestions for action

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- ? Ensure legislation is in place to prevent sales to minors e.g. under age 18 years
- ? Educate retailers about the legislation and why they should comply with it to protect child health

2. Interpersonal influences

These are influences closer to the young person, relating to home, school, friends and social interests.

Parents are the first influence and are particularly important for younger children. Children whose parents smoke are twice as likely to become smokers as those whose parents do not (35). Perceived parental opinion is also a major factor. If children believe their parents disapprove of smoking, they are less likely to become smokers (36). A programme for 9- year-olds involving school, parents and children was very successful both in delaying onset of smoking among children and in initiating cessation among parents (37). **Siblings'** smoking is also strongly related to young people' s smoking behaviour (38).

Suggestions for action

- ? Develop programmes for families as a whole
- ? Involve and mobilise groups of parents in actions to reduce youth smoking
- ? Concentrate on reducing adult smoking prevalence: youth smoking follows

Friends are the greatest influence in youth smoking. However, it is not necessarily peerpressure, but peerbonding, that is acting. Young people may smoke because they want to belong to a particular group (39). Others may lack the skills to refuse a cigarette offered by a friend or someone they would like to be their friend (40).

Suggestions for action

- ? Run focus group discussions with specific atrisk groups to identify their needs, beliefs and influences and develop relevant programmes based on the findings
- ? Use socialreinforcement methods -for example, increasing young people' s selfefficacy -if schoolbased, youthcentred approaches are implemented
- ? Provide young people with help to stop smoking, not just information

Rolemodels such as film stars, pop stars and fashion models make smoking seem attractive (41).

Suggestions for action

- ? Approach television and film producers and ask them to omit smoking from their programmes

Teachers who smoke make smoking seem safe and acceptable (42). School policy must address both teachers' and students' smoking. Colleges with no smoking policy for both staff and students have been shown to have the lowest smoking prevalence and their students smoke fewest cigarettes (43).

Suggestions for action

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- ? Create smokefree schools: guidelines are available (44)
- ? Provide smoking cessation help for teachers
- ? Create smokefree areas in workplaces, public transport, restaurants, and cinemas to make nonsmoking the norm

3. Personal influences

These are very close to the young person, and include beliefs about what smoking will do for them: for example, control weight, calm nerves, give confidence, look adult and cool, or be fun, enjoyable and sociable (45). Young people with low perceptions of their academic achievement and behaviour are at increased risk of becoming smokers, and girls who are unhappy about their appearance often take up smoking because they believe it makes them more attractive (46). Some young people smoke because they think it helps them cope with stress, boredom, unhappiness, fear, anxiety and other trauma (47). Images in films, television and advertising reinforce these beliefs (48). Knowledge of health risks counts for little in the face of these strong social influences (49).

Suggestions for action

- ? Use sociallybased rather than informationbased programmes (50)
- ? Address the specific needs of particular youth cultures which cause young people to smoke
- ? Take action on societal, interpersonal and personal influences in a comprehensive national and community strategy

Conclusion and further reading

There is no single way to prevent youth smoking. A holistic approach is needed (55). Each country must identify its own issues and develop relevant action. However, a valuable starting point is *New Directions for Tobacco Control in Canada: A National Strategy* (56), which describes an excellent programme and is full of practical information.

This Factsheet provides only brief suggestions for action. For further details, refer to UICC Factsheet No. 11 [Youth and Tobacco](#) [LINK] (51), which contains practical suggestions for specific action. Other UICC publications that tackle aspects of youth tobacco use include *Children and Tobacco: the wider view* (52), an action manual, which includes the issue of oral tobacco use and examples of action in developing countries. *Community Involvement in Cancer Prevention* (53) covers ways in which communities can develop appropriate programmes. *Smoking and Youth in China* (54) outlines a specific situation and how it is being tackled.

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