Tobacco use: a pediatric epidemic

The focus of tobacco control efforts has shifted markedly since 1964, the year of the US Surgeon General's first report on smoking and health. At that time the long-term health effects of smoking were first presented as a government document, and warnings to adults to stop smoking were issued. Thirty years of subsequent studies have substantiated that smoking and smokeless tobacco use have dire health consequences. Cigarette smoking is now recognized as the chief preventable cause of premature morbidity and mortality in the US. The professional literature has also documented that nicotine in tobacco products is highly addictive and that most cessation attempts are unsuccessful. Consequently, the public health focus has shifted from convincing adults to stop smoking to persuading young people never to start.

The Surgeon General's latest report on smoking and health is Preventing tobacco use among young people, the first such report to focus on youth and to examine the processes of initiation and prevention. The report presents the findings of an extensive body of research on the health consequences of tobacco use during adolescence, on current patterns of tobacco use among young people in the US, on reasons why young people begin to use tobacco, on the role of cigarette advertising and promotional activities, and on programmes and policies that deter the onset of smoking and smokeless tobacco use (see pp 176–84). Both current and planned tobacco control efforts should take into consideration the report's major findings. First, the report provides convincing evidence that tobacco use is a pediatric epidemic. The use of tobacco is prevalent among US adolescents of both sexes and of all racial and ethnic groups; one out of three high school seniors is currently a regular (past month) smoker or smokeless tobacco user. Although smoking has declined notably among African-American adolescents, the overall rate of smoking and smokeless tobacco use among white adolescents and male adolescents has not declined in the last several years. Second, tobacco use is in most cases a behaviour begun in adolescence. In the 1991 National Household Survey on Drug Abuse it was found that nearly 90% of people who have ever tried a cigarette do so by age 18. Further, the average age of first trying a cigarette is 14.5 years old and of becoming a daily smoker is 17.7 years old. Since it is illegal to sell cigarettes to people under age 18, the initiation of smoking is facilitated by adults who condone tobacco use or make tobacco products available to minors. Third, adolescent smokers are addicted to nicotine in the same manner as adult smokers. Adolescent smokers report increasing tolerance to nicotine, needing to smoke progressively more cigarettes, and being unable to stop. Smoking in adolescence is therefore not a short-term, capricious, passing fad, like wearing ripped jeans. Adolescent smokers become adult smokers due to the addictive properties of nicotine.

Fourth, cigarette smoking among young people is associated with other problem behaviours that are of grave concern to the American public. Cigarette smoking is highly correlated with alcohol, marijuana and other drug use. It is often the first drug used by adolescents among those who eventually go on to illicit drug use. In the Youth Risk Behaviour Survey conducted by the US Centers for Disease Control and Prevention's Division of Adolescent and School Health in 1991, it was determined that, among adolescents, cigarette smoking is also associated with fighting, carrying weapons, making suicide attempts, having sexual intercourse, and engaging in high-risk sexual behaviour. This set of behaviours forms a constellation of problems uppermost in the concerns of adults in the US. What is notable is that cigarette smoking is early in the sequence of these behaviours and thus may be an early warning signal for intervention.

Finally, during the past decade, the tobacco industry has changed priorities in how it spends its advertising and promotional dollars. In 1980, 36% of the industry's advertising and promotional budget was spent on promotional activities, such as sponsoring sporting and other entertainment events, distributing free samples, and giving away items bearing product images and logos. By 1990, this grew to 78% (approximately $3 billion) of tobacco companies' advertising and promotional dollars. Intentionally or not, these activities are reaching many young people: a 1992 survey indicated that about half of US adolescent smokers had received a promotional item from tobacco companies. Together with advertisements in magazines and billboards, these promotional strategies project misleading images of product-associated traits such as lifestyles, independence, and physical attractiveness—traits that are particularly desired in, and pertinent to, the adolescent stage of life. Since these images are pervasive, young people may be receiving the overriding message that tobacco use is a normative and appealing behaviour in our society. Finally, nearly 20 years of research suggests that programmes and policies exist that are effective in preventing or delaying the onset of tobacco use. The efficacy of increasing tobacco taxes, further restricting access to tobacco products, and intervening with school-based and community-wide programmes has been demonstrated. Still, dissemination of these policies and programmes has not been uniform or widespread.

Professionals involved in tobacco control activities can use these major conclusions of the Surgeon General's report as a springboard for increased action. Since most tobacco use develops prior to age 18, it is the responsibility of all adults to prevent adolescent access to tobacco products by supporting stricter access legislation, by carefully monitoring or eliminating adult use of tobacco around adolescents, and by intervening when an adolescent is using any tobacco product. Since adolescent tobacco users are highly likely to become adult users, adolescents who use tobacco should be encouraged, persuaded, supported, and assisted to stop. Community- and school-based programmes in which adolescents learn skills to resist influences to use tobacco, as well as learn that tobacco use is not a normative behaviour, should be given sufficient funding to be widely implemented. Since tobacco use covaries with multiple problem behaviours of adolescents, tobacco control activities might become part of the extensive nationwide efforts to promote comprehensive school health education, which promote personal and social responsibility, reduce violence, and precocious sexual behaviour. This approach has already begun with the Synar Amendment, which links enforcement of the age-of-sale laws for tobacco with funding for substance abuse grants. The joining of these
activities stresses the seriousness of the problem of tobacco use and may provide additional opportunities and funding for programmes to prevent tobacco use. Given the evidence that cigarette advertising increases the risk of the onset of smoking, further restrictions on tobacco advertising and promotional activities are warranted. The federal government has the obligation to limit, if not prohibit, the stimulation of demand for dangerous products, particularly if the stimulation is misleading and if those using the product are minors. There is ample evidence that advertising creates demand for cigarettes among adolescents by making smoking appear normative, functional, image-enhancing, and attractive. Clearly this level of stimulation for an addictive product is unacceptable.

Finally, since school-based and community-wide efforts appear to be efficacious with youth, greater attention should be given to augmenting or funding programmes such as the American Stop Smoking Intervention Study (ASSIST),13 or those sponsored by the Centers for Disease Control and Prevention’s Initiatives to Mobilize for the Prevention and Control of Tobacco Use (IMPACT) programme, or the Robert Wood Johnson Foundation’s SMOKELESS STATES14 to ensure that effective interventions for young people are being implemented widely. These activities should occur in a context of increased real tobacco prices and curtailed tobacco promotion.

The 1994 Surgeon General’s report follows the tradition of 30 years of such reports by compiling data on the epidemiology, aetiology, and prevention of tobacco use. This report should provide fundamental support for public policy and political action. It is the first Surgeon General’s report to examine an age group that legally should not be using any tobacco product. The conclusions of the report are therefore more striking. Tobacco use among young people is pervasive. The prevalence of use among whites and males has not declined in the last several years. Progress that was made until the mid-1980s has slowed substantially. Still, there are known risk factors for onset. There are identified programmes and policies that appear to be effective for prevention. By framing the problem of tobacco use as a pediatric epidemic, we hope the report will inspire more widespread action for tobacco control.

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