

reduction in smoking which began several decades ago.

With the provision of detailed national and regional estimates of mortality attributable to smoking, those responsible for public health policy now have the information required to support the implementation or strengthening of comprehensive tobacco control policies.

- 1 Peto R, Lopez, AD, Boreham J, Thun M, Heath C Jr. Mortality from tobacco in developed countries: indirect estimation from national vital statistics. *Lancet* 1992; 339: 1268–78.
- 2 Peto R, Lopez AD, Boreham J, Thun M, Heath C Jr. *Mortality from smoking in developed countries 1950–2000: indirect estimates from national vital statistics*. Oxford: Oxford University Press, 1994: 553.

From the International Union Against Cancer



Children and Tobacco

Anne Charlton

Peto and Lopez¹ have made the urgent and well-founded statement that “among those who start smoking cigarettes regularly in their *teenage* years: if they keep on smoking steadily then about *half* will eventually be killed by tobacco (about one-quarter in old age plus one-quarter in middle age).” Most people who start smoking do so before they are 18 or 19 years of age, so this warning is extremely relevant and action must be taken now to save their lives.

Cigarette smoking has reached different stages in different countries. What appears to happen is that men are the first people to take up the habit, followed by boys, women, and then girls. In most Western countries, men’s and boys’ smoking prevalence has reached a peak and is now falling steadily. Women’s smoking started to fall later and is not decreasing so quickly. Girls’ smoking prevalence is still at its peak and, in some countries, may still be increasing. Taking England as an example, there are more girls than boys smoking from the mid-teen years and, at the age of 15 years, 25 % of girls and 21 % of boys were smoking regularly in 1992.

In most developing countries, however, the development of cigarette smoking is at an earlier stage, with many men and boys, but few women and girls, smoking regularly. The tobacco industry is very aware of the falling sales in the Western world and the potential new market in developing countries, especially among women and girls.

Therefore there are, at present, two different scenarios with regard to young people and smoking. In westernised countries, most young people are very familiar with the health risks messages and take little notice of them. Peer pressure, rebelliousness, low self esteem, low self efficacy, family smoking and many other influences are far stronger than the possibility of a serious disease at the age of 40. In developing countries, in general, the messages of health risks are not so familiar to the young people, and education that focuses on these is sometimes successful. It is almost certain,

however, that this situation will change as it has done over the years in the Western world.

One of the main reasons for the rejection of anti-smoking education given in schools is the social reinforcement of the behaviour. Advertising of cigarettes can be attractive and give positive messages to young people about the behaviour. Adults smoking, especially that of parents, teachers, and other authority figures gives apparent authorisation to the behaviour. Availability of cigarettes from shops, machines, and as rewards or gifts also adds to the risk of a child becoming a smoker. Cheap cigarettes which can be afforded by children also make them more accessible.

The UICC is seriously concerned about the problem of children’s smoking and has convened three workshops of experts to review the situation and to consider what action might be taken. The first workshop was held in Toronto, Canada, and focused on the Western world. The outcome was a publication entitled *A manual on tobacco and young people for the industrialised world*.² Intended for policy-makers, health professionals, educators, and others who work with young people, it takes as its main themes, the key elements of a successful comprehensive tobacco reduction programme for young people, social change, and the conceptual model of the child, the family, and the community. Thus it covers the psychological, developmental, and physical factors influencing the child, and the wider social issues including the tobacco industry, smoking control legislation, and the need to be responsive to changes when planning and implementing programmes.

Clearly the issues dealt with in this publication were not necessarily relevant to all countries, and a second workshop of experts from developing countries was held at the Tata Memorial Hospital, Bombay, India. The publication from this workshop is in the form of a “how to do it” manual.³ It is, in fact, a wider view than the manual for industrialised countries because it also covers the issues of other smoked tobacco and oral tobacco. This manual



For further information contact: Mrs Isabel Mortara, Head, Education Department, UICC, 3 rue du Conseil-Général, 1205 Geneva, Switzerland. (Tel +41 320 1811; fax +41 22 320 1810.)

Anne Charlton is Chairman of the UICC Prevention and Early Detection Education Committee, Cancer Research Campaign Education and Child Studies Research Group, School of Epidemiology and Health Sciences, Stopford Building, University of Manchester, Oxford Road, Manchester, M13 9PT, UK

takes a wider view also of taking action. Intended for activists and groups involved in the general health and welfare of children, as well as teachers and health professionals, it has chapters in "recipe book" style on identifying tobacco problems, getting allies and building networks, planning and seeking funding, influencing governments, planning and implementing mass information campaigns, community-based programmes, and school-based programmes.

One country has been repeatedly singled out for attention, both because of its size and because of the tobacco smoking problem among its men: China. A workshop of Chinese experts was convened in Beijing in conjunction with a National Symposium on Smoking and Youth organised by the Chinese Association on Smoking and Health. This workshop set a blueprint for planning action in any country. The report reviewed the smoking prevalence among young people in China.⁴ Then under the headings of the family, the community, education, and tobacco-related policy, it covers the ways in which children are influenced and

action can be taken. The report ends with a set of recommendations developed by the Chinese experts as a result of the discussions.

In view of the fact that the World Health Organisation estimated that, if tobacco use continues at its present level, 30 million of today's European children and 50 million Chinese children will be killed by tobacco-related diseases later in life, and that tobacco consumption is already causing 2.5 million premature deaths per year, it is imperative to take action now. These three books together cover personal, school, family, community, and governmental involvement in protecting our children from the hazards of tobacco smoking.

- 1 Peto R, Lopez AD, Boreham J, Thun M, Heath C Jr. *Mortality from smoking in developed countries 1950-2000: indirect estimates from national vital statistics*. Oxford: Oxford University Press, 1994.
- 2 Charlton A, Melia P, Moyer C, eds. *A manual on tobacco and young people for the industrialised world*. Geneva: UICC, 1989.
- 3 Charlton A, Moyer C, eds. *Children and tobacco: the wider view*. Geneva: UICC, 1991.
- 4 Charlton A, Mackay J, Moyer C *et al*, eds. *Smoking youth in China, 1992*. Geneva: UICC, 1993.