

Tobacco Use by Children and Adolescents

*Cigarette smoking is the chief single avoidable cause of death in our society and the most important health issue of our time.*¹

Despite increased public awareness of the long-term morbidity associated with the initiation of cigarette smoking during childhood and adolescence, the 1979 US Surgeon General's report on the health consequences of smoking estimated that 6 million teenagers smoke, and there are another 100,000 youngsters less than 13 years of age who smoke.² In 1979, the National Institute of Education reported a fivefold increase in the number of smokers between junior high school- and senior high school-aged students.³ In 1983, Johnston et al⁴ found that 21% of high school seniors were regular daily smokers. Although there has been a general decline of cigarette smoking among male adolescents, there has been no parallel decline in the rate of cigarette smoking among young women, particularly those 17 and 18 years of age (J. A. Califano, Jr, unpublished remarks, 1968, 1974, 1979). Young women who use oral contraceptives are at higher risk of cardiovascular complications if they smoke. Among women who smoke during pregnancy, there is increased risk of poor fetal growth, spontaneous abortion, fetal death, and neonatal death.^{5,6}

In addition to the use of cigarettes, the use of "smokeless tobacco," eg, chewing tobacco and snuff, is becoming more common among young people, particularly rural youth. It is estimated that between 10% and 20% of high school students use smokeless tobacco.⁷ Its use has been associated with leukoplakia, oral cancer, tooth abrasion, and loss of teeth.⁸ There is also a possible association of smoking of clove cigarettes and the occurrence of several illnesses.⁹

Socioeconomic factors are strongly associated with the initiation of cigarette smoking in young people. Young people who are of low socioeconomic status are more likely to commence smoking in high school than are young people of high socioeconomic

status.¹⁰ Young people whose parents smoke are almost twice as likely to smoke cigarettes as those whose parents do not smoke (J. A. Califano, Jr, unpublished remarks, 1968, 1974, 1979). The lowest level of cigarette smoking is found among teenagers whose families do not smoke. Peer pressure to initiate smoking can also affect the decision to smoke.¹¹ Many cigarette-advertising campaigns incorporate youthful symbols and role models, and there is some evidence that cigarette advertising and promotion does, in fact, influence young people to smoke.^{12,13}

ROLE OF THE PEDIATRICIAN

The pediatrician can assume a leadership role in both primary and secondary prevention of smoking. Primary prevention assists children and adolescents in resisting the temptation to commence cigarette smoking. Secondary prevention emphasizes the reasons to stop smoking and encourages young people to actually stop.

Approaches that focus on the maintenance of health and on physical competence are more effective than those that address long-term risks which may occur many years hence. Most children and adolescents do not think ahead until well into their adolescence, and even then, if they understand the long-term morbidity of smoking, they may deny the risks of smoking during their adolescence. Institutional and social support for nonsmoking is also critical for the maintenance of nonsmoking among our young people.

The major settings in which the primary and secondary prevention of smoking can be practiced by the pediatrician are (1) the office/clinic, (2) the school/community, (3) the home, and (4) the media.

Office/Clinic

The environment of the office can provide the opportunity for the pediatrician to communicate attitudes about smoking. By *not* smoking, the pediatrician can serve as a role model for others to emulate. Smoking by the staff, the adolescents, or the parents should not be allowed in the pediatric offices or waiting areas. Nonsmoking signs and

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ample literature about the problems associated with smoking can be displayed.

Pediatricians should routinely take a history of smoking and other tobacco use from children and adolescents. If the young person has initiated smoking, a discussion about the maintenance of optimal health should be undertaken. Exploration of the adolescent's knowledge concerning the effects of smoking on health could be developed. These discussions should be directed toward the adolescent's cognitive level. Because normal adolescents are concerned about their body and its appearance, the issues of tooth staining, mouth odor, and decreased stamina from smoking can be emphasized. In addition, adolescents should be assisted with developing the skills to resist smoking pressure and/or stop smoking.

Counseling the parents about their own smoking habits and those of their children also allows another avenue for discussion. All families, especially those in which there is a strong history of lung and/or cardiovascular conditions, should be made fully aware of the particular hazards of cigarette smoking. Referrals to support groups or other community organizations for smoking cessation should be made.

School/Community

Schools, churches, and recreation facilities are ideal settings in which to integrate smoking education and health education. There is ample literature available indicating that educational programs in the schools such as didactic sessions and counseling,¹⁴ *skills intervention*,¹⁵ and awareness of the health problems associated with smoking all have short-term effects in preventing smoking. Because most young people will have their initial experience with smoking prior to high school, educational endeavors need to be initiated at early grade levels.

The pediatrician should act as an advocate for such programs and, if possible, participate in their development and/or teaching. Assistance can be given to help nonsmoking teenagers speak up for their rights to a smoke-free environment and toward a total ban on tobacco use in schools. The pediatrician could work closely with health education teachers, physical education teachers, trainers, and science teachers in the preparation of such programs. The pediatrician has many opportunities to influence local school boards and governing bodies in their policy decisions affecting cigarette smoking among adolescents and adults. Leadership is needed to support restriction of the sale of tobacco products to young people through retail outlets and vending machines and through the elimi-

nation of local advertising campaigns that seem likely to influence young people to start smoking.

Home

Every effort should be made to encourage smoking parents to relinquish their habit, not only for their own sake but for the health of their children, because of the known effects of passive smoking¹⁶ and because of their role modeling as well. This intervention should be considered throughout the pediatrician-family relationship as the pediatrician is the advocate for healthy families as well as healthy children.

Media

The prevention of children's smoking is a constant goal of the pediatrician. With the initiation of tobacco use currently in late childhood and early adolescence, pediatricians should support efforts to prevent advertising of all tobacco products. The pediatrician can play a leading role in the elimination of advertising campaigns that seem likely to influence young people to start smoking. At times, cigarette advertisements attempt to allay anxieties about the hazards of smoking. Some advertisements associate smoking with good health, athletic vigor, social and professional success, and other attractive ideas. "The cigarette is portrayed as an integral part of youth, happiness, attractiveness, personal success and an active, vigorous, strenuous lifestyle."¹³

During the past decade, some progress has been made in reducing the numbers of persons who smoke cigarettes. Pediatricians should be at the forefront of encouraging optimal child and adolescent health by becoming leaders in discouraging cigarette smoking in these vulnerable groups. The American Academy of Pediatrics continues to support the efforts of pediatricians to decrease tobacco use among young people—a major health issue of our time.

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