

Children, Youth & Family

background

Report # 27

Youth Smoking: Risks & Influences

November 1999



First Time = Lifetime

Most adult smokers first lit up in adolescence

or decades, medical research has warned of the health risks linked to smoking tobacco. Yet, the number of adolescents who smoke is on the rise.

They succumb to a number of potent influences, peer pressure and attitudes and tobacco advertising among them. And they find buying cigarettes remarkably easy, despite laws prohibiting sales to minors.

After lighting up for the first time, many graduate to smoking daily and continue to do so as adults. More than 91% of adult smokers tried their first cigarette and 77% were regular smokers before age 20.1

Tobacco use is a learned behavior and once learned, it is one of the most addictive of habits. It is the single leading preventable cause of death and disability in the U.S. Tobacco-related illnesses claim 400,000 American lives a year – more than the combined death tolls of AIDS, homicide, automobile accidents, illegal drug use, and fires. And the direct medical costs of treating tobacco-related illness in the U.S. is equally staggering – an estimated \$50 billion a year, according to the Centers for Disease Control.

Youth At Risk

Young people who smoke are at significant risk of experiencing serious health problems in childhood, adolescence, and adulthood. Smoking, for example, appears to reduce the rate of lung growth and lung function, increases the risk of respiratory problems during adolescence, and is a primary risk factor for coronary heart

disease, arteriosclerotic peripheral vascular disease, and stroke.

For better than three decades, research warning that smokers are at much greater risk of developing heart disease, cancer, and other serious disorders has been widely reported in the scientific and popular press.

But from the early- to the mid-1990s, current smoking among high school students – that is, having smoked in the past 30 days – increased from 27.8% to 34%, and from 15.5% to 21% among eighth-grade students.²

Studies suggest that the earlier adolescents begin using tobacco, the more heavily they use it as adults and the longer they are likely to use it. And both the duration and the amount of tobacco use are related to eventual chronic health problems.

Tobacco use among children and adolescents develops in stages, from the forming of attitudes and beliefs about

related reports

Curbing Youth Smoking

Cracking down on the sale of cigarettes to young people and teaching them how to say no to tobacco show promise as prevention strategies.

See Report 28.

cigarettes, through experimenting with and regularly using tobacco, to addiction.

Several social and psychological factors influence this development, including the attitudes of peers and the child's level of maturity. The economic status of a child's family is also a factor, with children of low-income families being statistically more likely to become regular tobacco users. Other influences include tobacco industry advertising and the availability of tobacco products.

Access To Tobacco

The ease with which young people are able to can obtain tobacco products is a critical factor. By law, the sale of tobacco products to minors is prohibited. But in most parts of the United States, minors are able to buy cigarettes from retail stores virtually at will. In one study, 76% of 8th graders and 90% of 10th graders reported they found it "fairly easy" or

(Continued on back)

(Continued from front)

"very easy" to buy tobacco.3

Peers & Family

Children's peers are very influential during the early stages of tobacco use. When adolescents try their first cigarettes, it is usually done in the company of peers, who may directly encourage smoking or set expectations that smoking is necessary to win acceptance.

At home, the use of tobacco among a child's parents is a factor, but it does not appear to be as influential as the use of tobacco by the child's peers.

And how adolescents perceive their social environment may be a stronger influence than the actual environment itself. Many adolescents, for example, overestimate the number of people who smoke, and those who think "everyone is doing it" are more likely to become smokers.

Behavioral Factors

Behavioral factors play a role in the initiation of smoking or other tobacco use. Their influence is perhaps the strongest during adolescence, a period when children are moving rapidly toward physical maturity, a coherent sense of self, and emotional independence.

Adolescents, in particular, are vulnerable to the notion that using tobacco will help them navigate these difficult changes. Those who perceive tobacco use as a positive factor in establishing friendships, becoming independent and mature, and developing their social image are at higher risk of becoming regular smokers.

Adolescents who smoke also tend to have lower self-esteem and lower selfimages than those who don't smoke, suggesting that tobacco may serve as a self-enhancement mechanism. The lack of confidence to resist a peer's offer of tobacco is another factor that may contribute to an adolescent's first use of cigarettes.

Industry Advertising

The evidence that many adolescents attribute smoking in a positive way to peer bonding, maturity, and self image has not been lost on the tobacco industry. These perceptions are advanced in most cigarette advertising.

Cigarette advertisements have been banned from the broadcast media for nearly three decades. However, the industry continues to spend considerable sums on print advertising, promotional activities, outdoor billboards, and store displays.

Research suggests cigarette advertising increases young people's risk of smoking. For example, cigarette ads in the print media often use human models or cartoon characters to present images of youthful activities, independence, healthfulness, and adventure-seeking. Adolescents who

have low self-images are particularly vulnerable to the messages. The ads also tend to influence an adolescent's perceptions of the popularity of smoking and the image of smokers.

Addiction

Once a smoker, adolescents and adults alike find quitting very difficult. A leading reason for this is nicotine, a highly addictive substance.

Adolescents who use tobacco regularly often exhibit symptoms of addiction: 82% of regular tobacco users aged 10-18 years old report experiencing a strong urge to smoke or chew, 77% report feeling irritable, and 63% report feeling restless when trying to quit.

Many adolescents may not fully understand the risks of tobacco use, including nicotine addiction. Among students who were high school seniors during 1976-86, 44% of those who smoked daily said they believed they would not be smoking in five years.

But five years later, 73% were still daily smokers.⁴

references

This report was based on the following publication:

Jason, L.A., Biglan, A., & Katz, R. (1998). Implications of the tobacco settlement for the prevention of teenage smoking. *Children's Services: Social Policy, Research, and Practice, I(2)*, 63-82.

- ¹ U.S. Department of Health and Human Services. (1994). *Preventing Tobacco Use Among Young People: A Report of the Surgeon General* (U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health). Washington, D.C.: U.S. Government Printing Office.
- ² Johnson, L.D. (1996). Cigarette smoking continues to rise among American teenagers in 1996. Ann Arbor: The University of Michigan Press.
- ³ Strouse, R., & Hall, J. (1994). Robert Wood Johnson Foundation youth access survey: Results of a national household survey to assess public attitudes about policy alternatives for limiting minor's access to tobacco products (Rep. No. 26023). Mathematical Policy Research, Inc.
- ⁴ Preventing Tobacco Use Among Young People: A Report of the Surgeon General.

Children, Youth & Family background is published by the University of Pittsburgh Office of Child Development, a program of the University Center for Social and Urban Research. These reports are based on available research and are provided as overviews of topics related to children and families

Co-Directors: Christina J. Groark, PhD.; Robert B. McCall, PhD. **Associate Director**: Carl N. Johnson, PhD. **background Editor**: Robert B. McCall, PhD.; **Writer**: Jeffery Fraser (412) 731-6641, e-mail: Fraser53@msn.com

Office of Child Development, University of Pittsburgh, University Center for Social and Urban Research, 121 University Place, Pittsburgh, PA 15260; (412) 624-7426; fax: (412) 624-4551. Visit the Office of Child Development Web Site at www.pitt.edu/~ocdweb/