

TEEN & TOBACCO

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When we consider this country's teenage drug crisis--from the 14-year-old speed addicts and 13-year-old crack dealers, to the twisted wreckage of cars driven by drunken teens--most of us would probably consider teenage cigarette use nothing more than a very minor problem. Teenage smoking, in fact, is either ignored altogether, allowed freely at home or high school, or forbidden in word but not dealt with in any meaningful way.

These attitudes result mainly from what we know about adult smokers. After all, compared to "harder drugs," tobacco does seem relatively harmless. Cigarettes don't wreck relationships, lead to bankruptcy, seem to cause highway deaths, disrupt families, or incite violence. Of course everyone knows about cigarettes' long-term health problems. But we see no reason to rush into a quick solution. Getting kids off cigarettes is usually not part of our immediate, critical goals.

But, when those of us who work with young drug addicts take a hard look at behavior, we often see that teens who willingly, even cheerfully, enter treatment to kick a host of drugs start to rant, rage, or quake with fear when they are told, "No smoking allowed." And when we take a thorough drug history we are forced to admit that nicotine--not alcohol or cannabis--is the drug of entry for most young people. The Surgeon General's report identifying nicotine as addictive as cocaine or heroin is only one of several recent studies that are compelling us to take a closer look at the effect of cigarettes on youth.

If tobacco addiction is a disease, most smokers caught it in childhood: sixty percent of all current smokers were addicted by age 16.¹ Each year, 1.3 million youngsters take up the tobacco habit, that's over 3,000 a day; more than half of them are young girls.²

Eighteen percent of high school seniors smoke regularly.³ Nearly a quarter of them started by the sixth grade; half were lighting up by the eighth grade. Currently, one out of five adolescents--20 percent--are regular smokers, up from only one out of 25 in 1975. Today, girls under ten are the largest new group of smokers.⁴

A 1984 long-term study in New York State found that teenagers who smoke cigarettes have a much greater chance of taking up pot than those who did not. One of the ways serious drug problems could be prevented, the report stated, was by

discouraging tobacco use by adolescents.⁵ Compared to non-smokers, twelve-to-seventeen-year olds who do smoke are twice as likely to drink, nearly ten times as likely to take uppers and downers or smoke pot, and fourteen times as likely to use coke or heroin.⁶

A 1985 National Survey on Drug Abuse found that among 12 to 17-year-olds, nearly 75 percent of current smokers were also current alcohol drinkers. Among non-smokers in this age group, less than a quarter were current alcohol drinkers.⁷

Another recent longitudinal study vividly described the damage that various street drugs inflict on young lives and concluded--surprisingly--that "the combination of cigarettes and hard drugs was the most damaging."⁸

Even when nicotine addiction doesn't lead to harder drugs, its effects on youth can still be significant. The National Institute on Drug Abuse found that smoking habits seem to be related to a student's level of accomplishment in school: slightly more than half of all high school students with an A average have never smoked, compared with only about an eighth of those with a D average. About one in seven students with an A average are current daily smokers, compared to about half of all D students. And, while less than 2 percent of A students smoke a pack a day, more than 23 percent of D students smoke at least a pack a day.⁹

Of course, none of these statistics proves that tobacco causes drug problems or school dysfunctions. But the data is disturbing enough to give us pause. And no matter what tobacco may lead to, one fact is beyond controversy: left untreated, nicotine addiction doesn't just fall away. For every four kids who try tobacco, one will still be hooked 20 years later.¹⁰ As Surgeon General Antonia Novello has observed, five million of the children who smoke today will die of tobacco-caused diseases later in their lives.¹¹

For the tobacco industry, the America teen--child, really--is the last great hope of a prosperous present and a golden future. Older smokers die, and young adults are quitting. "Children," Rep. Tom Luken of Ohio says "have to replenish the market for tobacco companies."¹² And replenish it they do. More than 3,000 teenagers a day become regular smokers. Possession of cigarettes by minors is outlawed in more than a dozen states, yet children under the age of 18 buy nearly a billion packs of cigarettes a year or 3 percent of cigarette sold.¹³ The yearly profits add up to more than \$220 million; the taxes collected by the federal government are more than \$170 million. As one surgeon general report put it, every 9 days children pay enough federal cigarette taxes to fund the Office of Smoking and Health for a full year.¹⁴

There are two components to getting kids hooked. The first is availability, the second is glamorization. Availability is the easy part. Although cigarette sales are banned to minors in 44 states, enforcement of the legislation in most is incredibly lax. Health and Human Services Secretary Louis W. Sullivan notes that in Utah 4,500 violations a year are issued for sales to minors. Violations in the remaining 43 states put together totaled only 32, *out of an estimated one billion packs sold to minors.*¹⁵ Local government and merchants, have, in effect legalized the sale of tobacco to minors. And Iowa is the only state where it is illegal for a minor to be caught smoking.

And even if a child can't get a store owner to sell him or her a pack, all s/he have to do is find a vending machine since tobacco has the distinction of being the only

addictive and lethal drug that you can get by pulling on a knob. Cigarette vending machines are cleverly designed for even the smallest tot to be able to reach, and with good reason. While they account for only 3 percent of cigarette sales overall, they account for more than 15 percent of cigarette sales to minors. Health and Human Services Secretary Louis W. Sullivan, as well as the California Medical Association, has asked state legislature to ban cigarette vending machines.

Cigarette manufacturers are keenly aware of young people's preoccupation with image. For high school girls, the majority of whom are on some sort of weight-control diet, cigarettes are long, lean, trim, thin and slim. The association of cigarettes with fashionable living is irresistible. In 1985, Glamour magazine ran more than \$6 million in tobacco ads. One fourth of Glamour readers are girls under 18.¹⁶

For young boys, who are struggling to define their masculinity, the ads are filled with feats of daring, courage, and good clean sports. In 1985, Sports Illustrated ran \$30 million dollars in tobacco ads. One third of Sports Illustrated readers are boys under 18.¹⁷ R.J. Reynolds Tobacco--the folks who give us Winston--is a leading sponsor--and advertiser--of motorcycle and stock-car races, events that attract the attention of millions of boys. They sponsor 2,500 sporting events a year.¹⁸

Reynolds is also the sole advertiser of Moviegoer, a magazine distributed free in movie theaters across the country. Nearly half of all moviegoers are under 21. And TV Guide, which is the number one magazine for cigarette ads, boasts that each week it reaches 8.8 million teenagers.¹⁹

Phillip Morris and Marlboro pay \$43,500 and \$30,000 respectively to have their brands co-star in Superman II and Supergirl, films aimed at younger lungs, they obviously know what they're doing.²⁰ According to Gallup Youth Survey, 11 percent of 13- to 15-year-olds smoke, up from 7 percent in 1988.²¹

Advertisers continue to spend big bucks for one reason: the ads work. Each year, 1.3 million youngsters take up the tobacco habit. Eighteen percent of high school seniors smoke regularly.²² Nearly a quarter of them started by the sixth grade; half were lighting up by the eighth grade. Overall, 60 percent of all current smokers were addicted by age 16.²³ Currently, one out of five adolescents--20 percent--are regular smokers, up from only 4 percent in 1975.

Despite the obvious effort to lure kids to take their first cigarette, tobacco companies piously assert they try to appeal only adults. "For decades we have taken aggressive actions to keep cigarettes out of the hands of kids," is a typical Tobacco Institute comment.²⁴ But the truth is far less malignant. According to The Wall Street Journal, internal memos from RJR Nabisco ask sales representatives to target those stores "in close proximity...to high schools."²⁵ And as Assistant Secretary for Health put it, "Anyone who thinks cigarette makers aren't after the youth market in America and worldwide must live in a cave."²⁶ As two researchers noted, "Each child who becomes addicted can be considered an 'investment' that will pay dividends in the future."²⁷

The rise of rampant tobacco use among teenagers mirrors the rise of alcohol and other illicit drug use, especially among young females. By the end of the 70's, 30% of 13- to 17-year-old females were admitting to smoking; almost half said they smoked at least a pack a day. Among this year's crop of high school seniors, 10 percent of the males will be smokers, compared to 20 percent of the females.²⁸ Among high school

drop-outs, the figures are even more lopsided: 40 percent of white females smoke. Each day 1,600 young girls smoke their first cigarette.²⁹ The largest new group of smokers are girls under the age of ten.³⁰

The tobacco industry's push for the lucrative young female market has put the print media in a captive position, which may explain why so little is written about America's number one killer. According to a study in *Health Education Quarterly*, proportionately more cigarette ads--which portray cigarette smoking as healthy and sexy--appear in youth and female-oriented magazines than magazines aimed at other segments of population.³¹ The health consequences in the young are less obvious than in the older population, and far less dramatic than with other drugs. After all, no one die of a cigarette overdose. But the typical coughing and poorer health of young smokers are portents of future problems. According to a study in *Journal of the American Medical Association*, even those young people who smoke only moderately, may suffer vascular damage "that is difficult to reverse."³²

And those youngsters who get their nicotine fix through moist snuff--a smokeless form of tobacco--are also suffering health consequences. Snuff is a cured, finely ground tobacco product. When a pinch of it is placed between the upper lips and gums, the user gets a nicotine rush that lasts for about a half hour. The snuff market is an \$800 million dollar a year industry, and growing. Children under 18 buy more than \$32 million of smokeless tobacco a year.³³ In 1989, 42,000 pounds of moist snuff were sold, the highest level in recent history, and about 5,000 pounds more than in 1987.³⁴ Who buys all this snuff? According to one southern tobacco distributor, "snuff appears mainly to younger and athletic kids, 14 or 15 years old."³⁵ A 1986 report by the Surgeon General estimates that 1.7 million boys between the ages of 12 and 17 had used smokeless tobacco "within the past year."³⁶ It's these young users who are showing an alarming increase of mouth and throat malignant and premalignant conditions.³⁷ Snuff is a major factor in oral cancer.³⁸

Why do kids start smoking? While peer pressure undoubtedly plays a role in taking that first puff, the fact is that for a sizeable majority of youths, the acceptability of smoking is learned at home: 75 percent of young smokers have at least one parent who smokes. And, for teens as in the adult population, smoking is becoming more entrenched among the less educated. According to a 1988 study by the federal Centers for Disease Control, 45 percent of school dropouts were habitual smokers, 35 percent of high school graduates smoked, but only 20 percent of college-educated had the habit.

What To Do. In private practice as well as inpatient settings, it's tempting for clinicians to ignore the problem of tobacco. After all, young people come for help with seemingly far more pressing problems. But, while the health consequences in the young are less obvious than in the older population, the occasional cough or lingering flu are portents of future problems. According to a study in the *Journal of the American Medical Association*, even those young people who smoke only moderately may suffer vascular damage "that is difficult to reverse."³⁹ In the long run, today's seemingly healthy younger smoker is tomorrow's middle-age wreck. As surgeon general Dr. Antonia

Novello pointed, 5 million children alive today will eventually die of a smoking-related illness.⁴⁰

Just as with cocaine, which did not officially become addictive until a few years ago, tobacco's late appearance on the growing list of hard-to-kick drugs has put us in a catch-up position. Reeducation is a far more formidable job than mere education. A recent RAND Corporation study, involving 4,000 junior high school students, found that education can prevent kids from starting smoking, and can get the majority of "experimenters" to quit, but had no positive effect on tobacco addicts. In fact, the smokers actually increased their nicotine intake by 20-30 percent.⁴¹ It's just plain hard for a young tobacco addict to be serious about a drug that's available in vending machines and candy stores.

According to Dr. John Slade of the University of Medicine and Dentistry of New Jersey, two-thirds of secondary school students who smoke say they want to quit.⁴² But actually getting kids off tobacco is a difficult task. And a delicate one. Telling kids who are already hooked to Just Say No makes about as much sense as telling alcoholics or heroin abusers to just go cold turkey. And going for the short term solution with tobacco substitutes or Nicorette gum just sets the stage for a different kind of problem.

Newsweek recently published an article about the growing number of Nicorette abusers.⁴³ One adolescent in a hospital program put it us this way: "All week long I'd chew my gum, but all the while I was thinking about the cigarettes I'd smoke on my weekend pass. Because when I took that first puff, I knew I'd be flying!" Furthermore, according to a 1989 study of 300 smokers, unless nicotine gum is used in conjunction with a behavioral modification program, its benefits are "either small or nonexistent."⁴⁴

Despite nicotine's addictive nature, and advertising's seductive appeal, kids who have only "experimented" with tobacco who haven't yet tried it are amenable to education about tobacco. In a study of 4,000 youths in 30 junior high schools in California and Oregon, education was found to be highly effective in preventing teenagers from trying cigarettes and in getting casual users to stop: 50 to 60 percent of those who had tried cigarettes completely stopped smoking within a year. Among regular users, however, cigarette smoking actually increased.⁴⁵

We are only beginning to come to grips with the true cost of tobacco. But no matter how formidable setting up a quit-smoking program may seem, we don't have to feel like pioneers in unknown territory. We have years of treating other dependencies, and we know what works and what doesn't. It makes sense that, as with alcohol or heroin, detoxing from nicotine should be gradual and withdrawal symptoms--anger, anxiety, insomnia--should get lots of understanding and support. It's clear that kids hooked on nicotine have to be educated about their problem--what nicotine does to their bodies, minds and emotions. And, because cigarette smokers reinforce their addiction more frequently--and in more social situations--than any other addicts, it's critical that they learn to replace their habits with healthy behaviors.

In 1989, the National Cancer Advisory Board prepared a report for the federal government's National Cancer Institute which spoke about the "eradication of tobacco use," and recommended that tobacco be regulated as a drug.⁴⁶ If and when that happens, the entire mechanism of collective denial about nicotine will have to be dismantled. The time to prepare for that is now. In short, we now need to put as much

thought and expertise into getting kids off cigarettes as we do with any other drug. Tobacco's road is definitely all downhill.

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SIDEBAR MATERIAL: SMOOTH OPERATOR

Smooth Joe has everything a guy could want. He's rich, sexy, fun-loving, gets his pictures in all the best magazines, towers over Times Square, and can smoke without coughing. If you don't know who he is, ask any kid. According to a study in the Journal for the American Medical Association, ninety percent of six-year-olds recognize Old Joe. And, while less than 60 percent of adults can link Joe with his product, among high school students, 90 percent can identify him as the smiling cartoon spokescamel for Camel cigarettes. Joe is a sales department's dream, and a health advocates nightmare. He does his job so well, he has single-handedly reversed the decade-long decline in Camel's sales. He's the glittering centerpiece of R.J. Reynolds \$100 million-a-year promotional blitz. But doesn't Joe's high recognition among youths indicate that kids are being urged to save their allowances for a pack of his ciggies, as health advocates claim? Isn't kids who are going to most attracted to collecting coupons--free with every pack of Camels--that are redeemable for T-shirts and baseball caps with pictures of Joe on them? Shouldn't the Federal Trade Commission ban all ads that target kids, the last demographic group "who don't believe that smoking kills," according to California Representative Henry A. Waxman? Reynolds claims that there is no intention to get kids to smoke. But as the percentage of adults who smokes continues to decline, the last great hope for tobacco companies' bottom lines is with youths. Anyway, the only people paying attention to the adventures of Joe Camel seem to be kids. Camels are ten time more popular among kids than among adults. In one survey of more than 5,000 young people, 22 percent of girls and 25 percent of boys smoked Camels. Reynolds claims that minor's account for only 2 percent of Camel sales are pooh-poohed by experts. Camel has cornered one-third of the kiddie market--up from less than 1 percent in the pre-Joe days. That's nearly \$500 million dollars in sales per year.⁴⁷ Even for a camel as rich as Joe, that's a lot of hay.⁴⁸

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