
A Review of Policies to Prevent Children From Smoking

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Today, most people try their first cigarette and become regular smokers as children. In Wisconsin, 83 percent of young adults (25 to 34 years) tried their first cigarette and 62 percent became regular smokers before they were 18 years old (Table 1). The percentage who begin smoking as children has increased dramatically over the last 50 years. This explains why smoking is now considered a “pediatric disease.”

Table 1. Percent of adults who began smoking as children,* Wisconsin, 1995

Current age	Percent who tried first cigarette as a child			Percent who became a regular smoker as a child		
	Men	Women	Both	Men	Women	Both
25–34	83	84	83	61	63	62
35–44	79	66	72	51	44	47
45–64	67	57	62	45	24	35
65+	68	39	54	26	12	19

Note. From the 1995 Behavioral Risk Factor Survey, Wisconsin Division of Health.

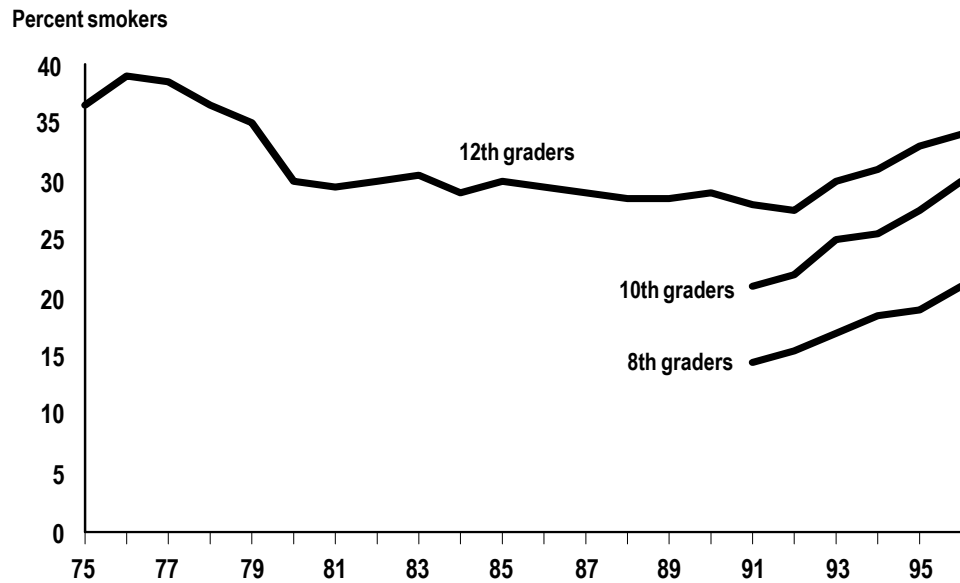
*Children 17 years of age and younger.

Given all we have learned about the health risks of smoking, why do two-thirds of children try cigarettes—and about one-third become regular smokers, eventually addicted to nicotine? The answer is simple. Cigarettes are cheap, accessible, and one of the most heavily advertised products in America. The fact that cigarettes are dangerous and for “adults only” merely increases the appeal to adolescents.

Over the past 30 years, most efforts to prevent children from smoking have been directed at children in school. These health education classes discourage children from smoking by pointing out that smoking is dangerous—it can cause lung cancer, emphysema, or heart attacks. As a result, smoking rates among youth declined sharply during the late 1970s. But by 1980, smoking rates leveled off, and they began to increase in 1993. The rate among high school seniors in 1996 (34 percent) is the highest since the 1970s (Figure 1). Data from surveys of children in ninth through twelfth grade in Wisconsin show a similar recent increase in the rate of smoking (Table 2).

As a result of the increasing smoking rates among children, considerable public debate has been focused on what can be done to reverse this trend. The purpose of this paper is to review current policies that may prevent children from smoking—mass media, community programs, increased price, and restricted sales to minors.

Figure 1. Trends in smoking among school-aged children



Note. From *Monitoring the Future Study*, University of Michigan, 1997

Table 2. Trends in the percent of high school aged children who smoke,* Wisconsin and the U.S., 1991–95

Year	Wisconsin	U.S.
1991	23%	27%
1993	25%	30%
1995**	37%	35%

*Percent of high school students who smoked cigarettes in the last 30 days, grades 9–12, Youth Behavioral Risk Factor Surveys.

**Data from 1995 for Wisconsin are based on responses from only 19 school districts statewide.

Mass media

Young people are exposed to cigarette messages through print media and promotional activities such as offers for free jackets and lighters in exchange for cigarette carton tops. Cigarette advertising has been shown to affect young people's perceptions of the pervasiveness, image, and function of smoking. Advertising also increases young people's risk for smoking. The expenditure of \$6 billion annually for advertising and promotion by the tobacco industry is practical proof of its effectiveness.

Although mass media have been used in the U.S. to convey messages urging youth not to smoke, these efforts have been meager when compared with the highly coordinated and well-funded campaigns of tobacco advertisers. Nevertheless, research suggests that mass media campaigns will be effective in reducing the demand for cigarettes if they are carefully designed and targeted to youth.

Community-based programs

Studies have shown that community-wide programs are effective in reducing smoking among youth. For example, community-based coalitions that promote local clean air ordinances, such as the smoking ban in Madison's restaurants, change the environment in which children live. With smoking banned in almost all places that children frequent, children of non-smoking parents may seldom see an adult smoke. One study suggested that if smoking were banned in all private work sites, smoking rates among youth would decline by 41 percent.

A recent report in the *Cancer Letter* suggests that statewide programs also can be effective in reducing tobacco use. The National Cancer Institute's \$20 million American Stop-Smoking Intervention Study (ASSIST) demonstrated that interventions reduced smoking by 10 percent in the 17 intervention states (Wisconsin is included), and that the gap continues to widen. All 17 ASSIST states strengthened clean indoor air regulations, improved enforcement of laws restricting sales of tobacco to youth, and increased tobacco excise taxes. These initiatives have been supported through statewide and local tobacco coalitions. They promote nonsmoking as the social norm.

For every 10-percent increase in cigarette excise taxes, there is a 5-percent decrease in use among adults and a 10- to 15-percent decline among youth.

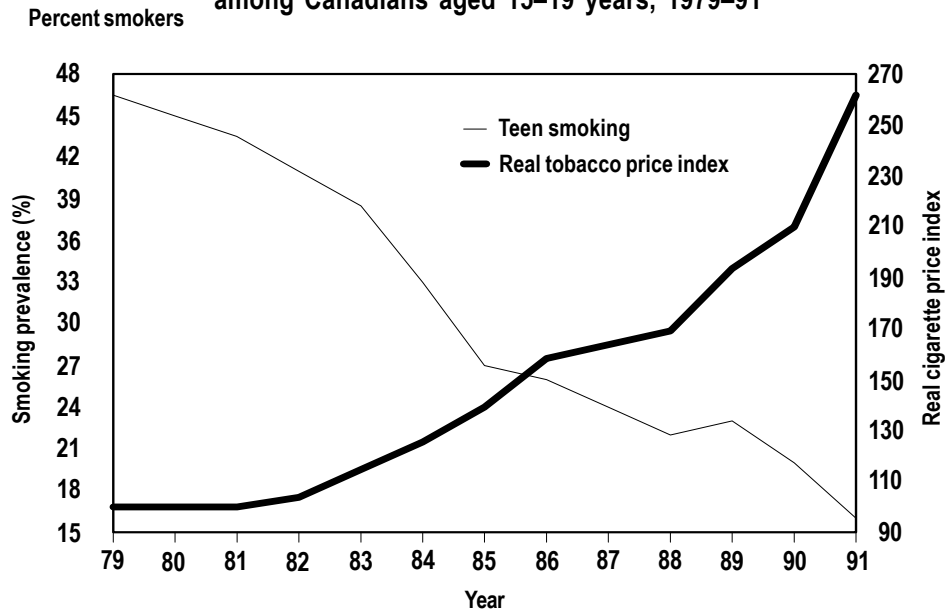
Taxation

One fundamental principle of economics states that when the real price of any commodity rises, consumption of that commodity falls. Many studies have shown that increasing the price of cigarettes—raising the excise tax, for example—leads to a reduction in smoking among young people. For every 10-percent increase in the price, there is a 5-percent decrease in use among adults and a 10- to 15-percent decline among youth.

In Canada increases in the excise tax were associated with sharp declines in youth smoking. In 1991, the average tax on a pack of cigarettes was \$3.72, more than eight times what it was in 1980 and seven times the average in the U.S. These large increases in the tax were associated with a 35-percent decline in

smoking among adults and a 62-percent decline among children (Figure 2). This occurred at a time when smoking rates among youth had been rising.

Figure 2. Real* cigarette prices and cigarette smoking prevalence among Canadians aged 15–19 years, 1979–91



Note. From Health and Welfare Canada (1991); Sweanor (1992).

*The price of cigarettes relative to the price of all goods and services in Canada, adjusted for inflation with 1979–80 being the benchmark years.

Youth access

Restricting the availability of tobacco to minors is important for two reasons. First, it may limit the supply of cigarettes, reducing the likelihood that children who experiment will become regular smokers. Second, adding penalties for the purchase or possession of cigarettes by youth may discourage those who are afraid of breaking the law.

Although nearly every state has passed a law making sales to minors illegal, only two studies have demonstrated that these laws are associated with reduced youth smoking rates. Recent policies by the Department of Health and Human Services (Synar Amendment) and the Food and Drug Administration have called for increased compliance by vendors with state laws.

Summary

Many studies, including the recent evaluation of the ASSIST program, have demonstrated the effectiveness of policy interventions to prevent youth from smoking. These policies act in different and complementary ways. Some reduce the de-

mand for cigarettes among youth. For example, counter advertising reduces the appeal of smoking and clean indoor air ordinances change the social norm to one where smoking is seldom, if ever, viewed by young children. Other policies help reduce the supply of cigarettes for youth who have decided to experiment and smoke. Additional taxes increase the price of cigarettes and directly affect the ability of a child to purchase them. Programs that enforce existing laws prohibiting sale of cigarettes to minors make cigarettes even harder to get.

No single policy will be effective in preventing youth from smoking. States must consider a broad strategy that combines school-based health education with all of the policies described above. Several states, including California, Arizona, Massachusetts, and Michigan, have increased the cigarette excise tax and used some of the revenue to fund school health education and aggressive media and community-based programs targeted toward youth. Recent independent evaluations have shown that these statewide programs are effective in reducing smoking in the general population (Table 3). Progress in preventing youth from smoking will be more challenging, given the tobacco industry’s determination and resources to do just the opposite.

Table 3. Impact and approximate costs of statewide strategies to prevent children from smoking in Wisconsin

Strategy	Reduces	Average annual cost*	Example
Mass media	Demand	\$10–20 million	Counter-advertising
Community-wide programs	Demand	\$5–10 million	Clean indoor air laws
Increased cost	Both	Generates \$4 million per 1 cent increase	Cigarette excise taxes
Restricting sales to minors	Supply	\$300–500,000	Enforcing bans on sales to youth

*Based on per capita budgets and evaluations of statewide programs in Massachusetts and California.

References

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