



HOW PARENTS CAN PROTECT THEIR KIDS FROM BECOMING ADDICTED SMOKERS

The vast majority of parents do not want their kids to smoke, for obvious reasons. Smoking causes a wide range of serious health problems—including lung cancer, heart disease and stroke—and frequently results in premature disability and death. To make matters worse, kids can start becoming seriously addicted to smoking very quickly, just weeks or even days after first “experimenting” with cigarettes.¹ What’s more, smoking can harm kids well before they reach adulthood by causing a number of immediate, sometimes irreversible, health risks and problems.² Right now, one in ten high school students smoke, although experimentation can start much earlier.³ Each day, about 2,500 kids in the United States try their first cigarette; and another 400 additional kids under 18 years of age become new regular, daily smokers.⁴ That’s more than 150,000 new underage daily smokers in this country each year—and roughly one-third of them will eventually die prematurely from smoking-caused disease.⁵

Fortunately, parents can take a number of effective actions to protect their kids from starting to smoke or becoming another one of the tobacco industry’s addicted customers and victims. Being good parents and role models is important, but it takes much more to prevent kids from smoking. Parents must also work against pro-smoking influences outside the home, including efforts to ensure that schools are doing their best to prevent and reduce youth smoking and to reduce tobacco-company marketing that reaches and influences kids. The U.S. tobacco companies spend nearly \$25 million per day marketing their products, and they rely on youth smokers to replace their adult customers who quit or die.⁶ As one cigarette company executive put it, “the base of our business is the high school student.”⁷

Parents as Anti-Smoking Role Models (Whether They Smoke or Not)

What parents say, how they act, and the values they communicate through their words and deeds has an enormous influence on children; and that applies to tobacco use, as well. Studies have found that parental actions, attitudes, and opinions about smoking have a great deal of influence on whether or not kids smoke.⁸ A 2004 study found that parental antismoking actions such as having restrictions about smoking in the home in place or sitting in non-smoking sections of restaurants are associated with reductions in children’s smoking.⁹ Specifically, parents can take the following actions to help ensure that their children remain (or become) tobacco-free:

- **If you don’t smoke, don’t start! If you do smoke, quit!** Research shows that children who have a parent who smokes are more likely to smoke and to be heavier smokers at young ages.¹⁰ When parents quit smoking, their children become less likely to start smoking and more likely to quit if they already smoke.¹¹
- **If you smoke, share your struggles to quit with your children.** Kids greatly underestimate how difficult it is to quit smoking.¹² Showing how hard it is to quit (and making sure quitting doesn’t look easy) can help eliminate this misperception.¹³ Continuing to try to quit, despite the difficulties, also sends a strong anti-smoking message.
- **Maintain a smoke-free home.** A smoke-free home makes children less likely to smoke, even if their parents smoke.¹⁴ By not allowing anyone to smoke in their homes, parents not only make smoking less convenient for their kids but also make a powerful statement that they believe smoking is undesirable.
- **Tell your kids that you don’t want them to smoke and will be disappointed if they do.** Parental attitudes, opinions, and feelings about their kids’ smoking status greatly influence whether or not kids will smoke, even when the parents smoke.¹⁵

* For help quitting, go to http://www.tobaccofreekids.org/facts_issues/more_resources/quitting.

- **Make sure your kids have the facts they need.** By making sure that their kids know how harmful smoking is, parents can help their kids to develop a firm, negative perception or attitude about smoking practices and their consequences, and kids with such negative perceptions or attitudes are less likely to smoke.¹⁶
- **Emphasize the immediate health effects.** Most teenagers wrongly believe that smoking will have no direct effect on their health until they reach middle age.¹⁷ But smoking causes many immediate or near-term effects on health, including persistent coughs, respiratory problems, a greater susceptibility to illness, and decreased physical performance.¹⁸
- **Emphasize the effects of smoking on physical appearance.** Cigarette ads create the image that smoking is sexy and attractive; and kids identify improving self-image as a reason for smoking.¹⁹ But smoking actually causes yellow teeth, bad breath, smelly clothes, and more severe and early facial wrinkles.²⁰
- **Destroy the myth that everybody smokes.** Many kids overestimate the rate of smoking among their peers, and such overestimation is one of the strongest predictors of smoking initiation.²¹ For example, a 1999–2000 survey found that teens believed 67 percent of adults and 54 percent of teens were current smokers; in reality, less than 25 percent of adults and 17 percent of all teens were current smokers at that time.²²

Parents can also help to keep their kids from smoking by following basic good-parenting practices. For example, kids who do well in school and participate in structured, extra-curricular activities are less likely to be susceptible to smoking; and parents can encourage and support their kids to do both.²³ As an added bonus, by setting and consistently enforcing realistic rules, talking to their children, paying attention to the kinds of friends their kids are associating with and generally staying interested and involved in their children's lives, parents can not only reduce the risk that their children will smoke but also reduce the chances that they will become involved in other risky behaviors, such as alcohol and other drug use and early sexual involvement.²⁴

Good Parenting is Not Enough!

While parents can play an important role in youth smoking prevention, kids are subject to other powerful influences outside their homes that can play a critical role in whether they smoke or not. Most notably, the tobacco companies spend nearly \$9.5 billion per year to market and promote their products.²⁵ Most of these marketing efforts reach kids. In fact, research studies have found that kids are three times as sensitive to tobacco advertising than adults, are more likely to be influenced to smoke by cigarette marketing than by peer pressure, and that one third of underage experimentation with smoking is attributable to tobacco company advertising and promotion.²⁶

More generally, the big tobacco companies have been trying to shift attention and support away from establishing effective new laws or policies to prevent and reduce tobacco use among kids by promoting the idea that the problem should be left to parents. But placing the entire burden on parents will not reduce the availability of tobacco products to underage buyers, stop tobacco marketing that reaches kids, establish tobacco-free schools or reduce youth exposure to tobacco marketing and tobacco use outside of the home. To address these powerful factors that influence kids to smoke, parents can take the following actions:

- **Show your kids how tobacco ads and images are designed to manipulate them.** Parents can reduce the powerful impact of all the tobacco ads and positive-smoking images that confront kids every day by talking with their children about the ads' false ideas of glamour, maturity, coolness and beauty, as well as about how the tobacco companies try to manipulate kids into becoming their future addicted consumers.
- **Make your kids' schools tobacco-free.** By getting more involved in their children's schools, parents can try to make sure that the schools follow effective anti-tobacco policies developed by the U.S. Centers for Disease Control and Prevention and others, such as:

- Prohibiting all smoking on school property or at school events.
 - Not accepting any funding, curricula or other materials from the tobacco industry.
 - Educating students about the short- and long-term negative consequences of tobacco use, and providing peer-pressure refusal skills.
 - Providing prevention education in kindergarten through 12th grade, with intensive education in junior high or middle school and reinforcement in high school.
 - Providing tobacco-prevention training for teachers.
 - Encouraging parental support of school-based tobacco-prevention programs.
 - Offering assistance to both staff and student smokers who wish to quit.²⁷
- **Support other local tobacco-prevention efforts**, such as new state or local laws to make restaurants and other public areas smoke-free or new initiatives to enforce the existing laws that prohibit tobacco sales to kids.²⁸
 - **Support new state and federal laws to restrict tobacco marketing that reaches kids**, such as state laws requiring that all tobacco products be kept behind the counter or the federal law that gives the U.S. Food and Drug Administration (FDA) authority over tobacco products and their marketing (this law parallels the FDA's existing authority over other food and drug products).²⁹
 - **Support new state and federal programs to prevent and reduce tobacco use among kids**, such as increases to federal or state cigarette taxes (which reduce smoking rates, especially among kids) or new state investments of tobacco-settlement funds in programs to prevent and reduce youth smoking.³⁰

There are many ways to take action to influence local, state and federal laws and programs to prevent and reduce tobacco use among kids. Working with locally-based tobacco prevention coalitions is one great option. Another way to take action and stay informed is to visit the Action Center on the Campaign for Tobacco-Free Kids' website. The Campaign's website is at www.tobaccofreekids.org and the Action Center is at www.tobaccofreekids.org/take_action.

Campaign for Tobacco-Free Kids, November 28, 2016 / Laura Bach

¹ DiFranza, J, et al., "Tobacco Acquisition and Cigarette Brand Selection Among Youth," *Tobacco Control* 1994, 3:334-38. See also, Campaign for Tobacco-Free Kids (TFK) factsheet, *The Path to Smoking Addiction Starts at Very Young Ages*. TFK factsheets are available at http://www.tobaccofreekids.org/facts_issues/fact_sheets/.

² See TFK factsheet, *Smoking's Immediate Effects on the Body*, <http://www.tobaccofreekids.org/research/factsheets/pdf/0264.pdf>.

³ Centers for Disease Control and Prevention (CDC), "Youth Risk Behavior Surveillance—United States, 2015," *MMWR*, 65(6), June 10, 2016. http://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506_updated.pdf. The 2013 YRBS found a 15.7% high school smoking rate (15.0% for girls, 16.4% for boys). Current smoker defined as having smoked in the past month. U.S. Department of Health and Human Services (HHS), *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*, 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>.

⁴ Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, *Results from the 2015 National Survey on Drug Use and Health, NSDUH: Detailed Tables*, 2016. <https://www.samhsa.gov/data/sites/default/files/NSDUH-DefTabs-2015/NSDUH-DefTabs-2015/NSDUH-DefTabs-2015.pdf>.

⁵ Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, *Results from the 2015 National Survey on Drug Use and Health, NSDUH: Detailed Tables*, 2016. <http://www.samhsa.gov/data/sites/default/files/NSDUH-DefTabs-2015/NSDUH-DefTabs-2015/NSDUH-DefTabs-2015.pdf>. CDC, "Projected Smoking-Related Deaths Among Youth—United States," *MMWR*, 45(44), November 8, 1996.

⁶ U.S. Federal Trade Commission (FTC). *Cigarette Report for 2014*, 2016, https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2014-federal-trade-commission-smokeless-tobacco-report/ftc_cigarette_report_2014.pdf; FTC, *Smokeless Tobacco Report for 2014*, 2016, https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2014-federal-trade-commission-smokeless-tobacco-report/ftc_smokeless_tobacco_report_2014.pdf [Data for top 5 manufacturers only].

⁷ Lorillard, *Memo from TL Achey to Lorillard President Curtis Judge*, August 30, 1978. Bates No. TINY0003062.

⁸ Newman, I, et al., "The influence of parental attitude and behavior on early adolescent cigarette smoking," *Journal of School Health* 59(4):150-2, April 1989. See also, Distefan, J, et al., "Parental influences predict adolescent smoking in the United States, 1989-1993," *Journal of Adolescent Health* 22:466-74, 1998.

⁹ Andersen, MR, et al., "Antismoking Parenting Practices Are Associated With Reduced Rates of Adolescent Smoking," *Archives of Pediatrics and Adolescent Medicine* 158(4):348-352, April 2004.

¹⁰ Gilman, SE, et al., "Parental Smoking and Adolescent Smoking Initiation: An Intergenerational Perspective on Tobacco Control," *Pediatrics* 123(2): e274-e281, February 2009. Bauman, K, et al., "Effect of parental smoking classification on the association between parental and

adolescent smoking," *Addictive Behaviors* 15(5):413-22, 1990. See also, Osler, M, et al., "Maternal smoking during childhood and increased risk of smoking in young adulthood," *International Journal of Epidemiology* 24(4):710-4, August 1995.

¹¹ Farkas, A, et al., "Does parental smoking cessation discourage adolescent smoking," *Preventive Medicine* 28(3):213-8, March 1999.

¹² Johnston, LD, et al., "Drug Use, Drinking, and Smoking: National Survey Results from High School, College, and Young Adult Populations, 1975-1988," *National Institute on Drug Abuse*, Washington, DC, 1989. See also, Stanton, W, et al., "Adolescents' experiences of smoking cessation," *Drug and Alcohol Dependence* 43:63-70, 1996.

¹³ Bauman, K, et al., "Effect of parental smoking classification on the association between parental and adolescent smoking," *Addictive Behaviors* 15(5):413-22, 1990. See also, Jackson, C, et al., "Do as I say: parent smoking, antismoking socialization, and smoking onset among children," *Addictive Behaviors* 22(1):107-14, January-February 1997.

¹⁴ Gilpin, E, et al., "Home smoking restrictions: which smokers have them and how they are associated with smoking behavior," *Nicotine and Tobacco Research* 1:153-162, 1999. See also, Proescholdbell, R, et al., "Home smoking restrictions and adolescent smoking," *Nicotine and Tobacco Research* 2(2):159-67, 2000.

¹⁵ Sargent, J, et al., "Strong parental disapproval of smoking prevents adolescents from becoming established smokers," *Pediatric Research* 47(4 supp):11A (abstract 63), 2000. See also, Distefan, J, et al., "Parental influences predict adolescent smoking in the United States, 1989-1993," *Journal of Adolescent Health* 22: 466-74, 1998.

¹⁶ Reimers, T, et al., "Risk factors for adolescent cigarette smoking. The Muscatine study," *American Journal of Diseases of Children* 144(11):1265-72, November 1990. See also, Greenlund, K, et al., "Cigarette smoking attitudes and first use among third- through sixth-grade students: The Bogalusa Heart Study," *American Journal of Public Health* 87(8):1345-8, August 1997.

¹⁷ American Academy of Pediatrics, Child Health Month Report, "The Risks of Tobacco Use: A Message to Parents and Teens," October 1998. See also, Milam, J, "Perceived invulnerability and cigarette smoking among adolescents," *Addictive Behaviors* 25(1):71-80, Jan-Feb 2000.

¹⁸ See TFK factsheet, *Smoking's Immediate Effects on the Body*, <http://www.tobaccofreekids.org/research/factsheets/pdf/0264.pdf>.

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²⁰ See TFK factsheet, *Smoking's Immediate Effects on the Body*, <http://www.tobaccofreekids.org/research/factsheets/pdf/0264.pdf> and *Health Harms from Smoking and Other Tobacco Use*, <http://www.tobaccofreekids.org/research/factsheets/pdf/0194.pdf>.

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²⁶ Pollay, R, et al., "The Last Straw? Cigarette advertising and realized market shares among youths and adults," *Journal of Marketing* 60(2):1-16, April 1996. See also, Pierce, J, et al., "Tobacco industry promotion of cigarettes and adolescent smoking," *Journal of the American Medical Association* 279(7):511-515, February 1998.

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www.cdc.gov/mmwr/PDF/rr/rr4302.pdf; TFK factsheet, *How Schools Can Help Students Stay Tobacco-Free*,

<http://www.tobaccofreekids.org/research/factsheets/pdf/0153.pdf>.

²⁸ See, e.g., TFK factsheets, *Smoke Free Restaurant & Bar Laws Do Not Harm Business*, <http://www.tobaccofreekids.org/research/factsheets/pdf/0144.pdf> and *Enforcing Laws Prohibiting Cigarette Sales to Kids Reduces Youth Smoking*, <http://www.tobaccofreekids.org/research/factsheets/pdf/0049.pdf>.

²⁹ See TFK factsheets on FDA regulation of tobacco products at http://www.tobaccofreekids.org/facts_issues/fact_sheets/policies/fda/.

³⁰ See, e.g., TFK factsheets, *Why the States Should Use Their Tobacco Settlement Money to Support New Statewide Efforts to Prevent and Reduce Tobacco Use*, <http://www.tobaccofreekids.org/research/factsheets/pdf/0086.pdf>, and *Raising Cigarette Taxes Reduces Smoking, Especially Among Kids (and the Cigarette Companies Know It)*, <http://www.tobaccofreekids.org/research/factsheets/pdf/0086.pdf>.