

Not Big, and Not Clever!

Youth Smoking Prevention Explored

A REVIEW OF YOUTH SMOKING PREVENTION INITIATIVES AND STRATEGIES

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Summary

Almost 90% of regular smokers begin at or before the age of 18. There has been huge investment in youth smoking prevention projects using a variety of application models, yet there is little evidence to show that they have been successful in reducing either uptake of smoking or smoking prevalence among young people.

There is little value in trying to change the attitudes of young people to smoking without effecting that change in the adult population. In order to make a significant impact on the number of young people smoking, measures to reduce population-wide smoking rates need to be adopted. Young people aspire to be more adult, and freedom is a key feature of being an adult. Messages about smoking targeted at youth through youth specific channels of communication will have minimal impact if the adult environment is one where smoking is viewed as an expression of personal freedom and choice. Lifestyle messages about safe sex, drug use and others are continuous throughout all age groups, yet messages on not starting to smoke end with adulthood where they become replaced with messages about why you shouldn't smoke and how to stop. With few exceptions, youth prevention programmes have achieved little more than delay the onset of smoking, and where there has been success it has been in programmes supported by comprehensive community-wide strategies that facilitate population-wide shifts in behaviour and attitudes. In order to achieve sustainable and realistic reductions in young people taking up smoking, preventive strategies must be part of wider multi-layered societal approaches to smoking rather than operated in isolation.

Summary points

- Unless part of holistic community wide programmes and policies, youth smoking prevention policies are largely ineffectual
- Youth smoking prevention programmes achieve little more than delaying the uptake of smoking rather than preventing it.
- Smoking must be seen as a societal problem rather than a youth problem. Any educational messages should be framed within this context, aiming to educate society rather than isolating certain groups.
- Young people are at a stage of major transition in life and attitudes. Taught attitudinal changes towards smoking cannot be expected to have any longevity, as environmental and societal influences will constantly challenge lifestyle messages.
- Small-scale local interventions have negligible effect.
- The outcome and effectiveness of the majority of youth smoking prevention activity is inadequately measured, if at all, leaving little conclusive evidence in favour of youth prevention.
- There is no evidence to support tobacco industry youth smoking prevention initiatives. Indeed, such campaigns are likely to do more harm than good.

Introduction

Young people are a key market for tobacco campaigns both from the perspectives of health educators

aiming to reduce youth smoking and from the tobacco industry identifying potential new recruits. Almost 90% of all regular smokers begin at or before the age of 18, and hardly anyone tries their first cigarette outside of childhood¹. Young people are a major focus for tobacco information campaigns, and represent a key age at which behaviour can be shaped and influenced. They are very impressionable to lifestyle messages from all sectors.

Overall, smoking rates among 11-15 year olds in Britain have not changed significantly over the past twenty years. Smoking peaked in the mid 1990s and since then has fallen back to levels similar to those experienced in the 1980s. By the age of 15, 22% of young people smoke and only 33% will have never tried a cigarette². The Government white paper 'Smoking Kills' identified young people as a priority, setting targets to reduce smoking among 11-15 year olds from 13% in 1996 to 9% or less by 2010, with a fall to 11% by 2005³. Most smokers begin smoking at school: 57% say they first smoked with school friends⁴.

Year	1982	1984	1986	1988	1990	1992	1994	1996	1998	1999	2000	2001
Boys	24	28	18	17	25	21	26	28	19	21	21	19
Girls	25	28	27	22	25	25	30	33	29	25	26	25
Total	25	28	22	20	25	23	28	30	24	23	23	22

Percentage of 15-year old regular smokers, England

Most children will have experimented with tobacco by the age of 16, and the early teens are the key age for initiation into smoking. Thus programmes have been devised to try to counter this trend and the majority of youth smoking programmes concentrate on prevention of uptake. The uptake of smoking is a complex process and will rarely be a single distinct event⁵. Many factors influence young peoples' smoking behaviour ranging from an individual desire to experiment through to external social and environmental pressures. The complexity of these factors is reflected in the range of activities aimed at reducing youth tobacco use.

There is huge variety in youth based smoking prevention programmes, and their value in reducing smoking prevalence is open to much scrutiny. Adolescence is a period of physiological and psychological change, and of transition to adulthood. It could be argued that any messages about behaviour at this time are continually subject to re-interpretation and change and do not, therefore have the longevity required to last into adulthood.

Types of Intervention to prevent tobacco use

Young people have been a key target for tobacco control programmes for many years. Many different strategies have emerged throughout this time aiming to educate and alter the behaviour patterns of young people taking up smoking. Youth prevention programmes exist in a variety of forms. Lantz et al⁶ place them into seven types. (1) School based education and interventions; (2) community interventions; (3) mass media/public education; (4) tobacco advertising restrictions; (5) youth access restrictions; (6) tobacco excise taxes; (7) direct restrictions on smoking. Whilst many interventions can be fitted into these categories, most are not exclusive to a single one. Whether intentional or not, youth prevention efforts operate on a variety of levels and side by side. Those programmes that have reported the greatest levels of success in reducing youth tobacco use have tended to operate in the context of population-based community, policy and media campaigns.

School Based Education and Interventions

The school environment is central to the health education of children and young people. Many programmes, both curricular and non-curricular are used to discuss tobacco issues with school children. The U.S Centres for Disease Control (CDC) describes how “school based programmes to prevent tobacco use can make substantial contributions to the health of the next generation”⁷.

Prior to the 1970’s, school programmes were based on a model of shock tactics, assuming that young people were not familiar with the health effects of smoking. From the mid 1970’s the trend has been to move away from this type of activity as programmes that only discuss tobacco’s harmful effects or attempt to instil fear rarely prevent tobacco use^{5 6 7 8 9 10}. Summary reviews from 1978 showed that youth education methods from this era had very little, if any, effect on youth smoking behaviour⁹. Nevertheless, some programmes still adopt this approach. A 2001 review of several strategies of youth smoking prevention continued to find that that information orientated programmes were not only ineffective but “frequently responsible for misinforming young people about the harmful effects of tobacco”¹⁰.

More recent school based messages about smoking have moved towards addressing social factors considered to influence smoking. One approach has been what is commonly known as the ‘effective education model’⁶. Programmes that adopt this model aim to change the beliefs, attitudes and norms related to tobacco use. They aim to strengthen young peoples’ self esteem and encourage decision-making skills and goal setting. Evaluations of these types of intervention have generally suggested little impact^{5 10}.

An approach that is more frequently used is the ‘social influence’⁶ of young peoples’ attitudes towards tobacco. Emphasis is on recognising the social environment and its influence on smoking behaviour. These may include friends, family, media and cultural factors. This type of intervention aims to teach young people to recognise these influences and learn the skills to resist and say no to tobacco. Programmes of this type have been used widely across the USA, Australia and Europe over the last 2 decades and have been subject to much evaluation. Evidence from such programmes has generally shown positive results in reducing the immediate uptake and use of tobacco. A Comparative study by Bruvold in 1993 on types of school based programme suggested that ‘social influence’ is the most effective intervention in achieving positive outcomes¹¹. The Cochrane review of school based smoking interventions¹² also recognised that, of interventions available, social influence is be the most effective, although the largest and most rigorous test of a social influences model, the Hutchinson Smoking Prevention Project¹³, found no evidence of a sustained effect on smoking prevalence.

Case Study – Hutchinson Smoking Prevention Project

The Hutchinson Smoking Prevention Project in Washington State took place from 1984 until 1999 and provided well-supported and comprehensive training to teachers and pupils. The programme operated over a period of 15 years in over 40 schools. Evaluation of the programme has comprehensively shown that there was no difference in smoking initiation or prevalence between the groups exposed to the programme, and those who were not. The analysts of the evaluation even felt this evidence was strong enough to suggest that social influence models in schools have completely failed over the last 25 years, and contrary to the beliefs of tobacco control educators ‘just doesn’t work’.

Other large scale, long term, big budget school based interventions have had mixed success. Founded in 1983, the US nationwide DARE (Drug Abuse Resistance Programme) has spread to around 80% of schools in the US¹⁴. The programme is implemented by community police officers in schools and treats tobacco as part of wider substance issues. DARE operates by teaching young people to resist temptation and say ‘no’ and has been constantly evaluated over that last 15 years. Latest evidence is now showing that the effect on smoking initiation among young people has been small, and graduates of the programme are actually more likely to smoke¹⁵. By treating tobacco as part of the wider issues it is likely that it was not regarded as a priority when discussed in the context of illegal drugs, especially when presented by the police and therefore messages were lost within

other issues.

Whilst schools provide a closed environment for teaching young people, the value of this environment in presenting lifestyle messages is questionable. Professor Anne Charlton, an expert in child health behaviour, explains why students learn remarkably little from lessons, particularly health education.

“In reviewing exam results from random examination boards across the UK only 3.6% scored A in Human Physiology and Health, 13% did not score highly enough to be awarded a grade. Those who scored highest are most likely to be academically inclined and least likely to smoke. Smokers are most likely to place little value on academic achievement – and therefore unlikely to respond to health messages at school”¹⁶.

School Smoking Policies

Young people spend a high proportion of their time at school interacting with their peers and staff, and it is a key influence upon their social development. Aside from smoking education, the school environment is also a highly influential factor upon the smoking behaviour of pupils and teachers¹⁷. For pupils it is a primary environmental influence on social development, for teachers it is their workplace. Many schools operate staff smoking policies to protect the health of staff and pupil policies to control underage tobacco use. For example, if young people are allowed to smoke on or near the school premises then this behaviour is likely to reinforce one of smoking as a social norm for young people. Likewise, teachers are key role models for young people in school and if they smoke, they may encourage children to copy them.

Smoking policies clearly reduce the exposure of pupils to tobacco smoke and smoking role models within school. However a side effect is that teachers and pupils may take their smoking outside the school premises where pupils are still exposed to their smoking. Whilst research suggests that smoking prevalence among pupils smoking *in* school is reduced, the proportion of those smoking *outside* school increases¹⁷. The problem is merely a relocation of exposure rather than its removal.

Incentives/competitions

There are a number of incentive programmes for young people not to smoke. Examples of these include the international ‘Quit and Win – Do Not Start and Win’¹⁸ competition which offers prizes to young people for either quitting smoking, or not taking up smoking in the first place. Another is the ‘Smokefree Class’ competition¹⁹ – a European wide programme of school based smoking prevention. Both work by setting goals for young people stopping smoking, or not to start. Interest has been very high in such programmes and both have attracted much participation from a number of European countries. Where there has been evaluation of success, it has been done on country wide basis and early evidence suggests that the tobacco use of participating pupils is reduced for the duration and immediate aftermath of competitions. However there has not yet been sufficient time to conduct longer term evaluation of tobacco use of participants to determine whether there is a lasting effect on smoking behaviour.

Community Based Interventions

Community based strategies for tackling tobacco use among young people aim to change the social environment in which young people take up smoking. They often involve organisations such as schools, youth centres, police as well as parents and others. These strategies are operated on many levels, tackling issues such as social attitudes to smoking, access to tobacco products, media campaigns and the role of parents. Often community programmes are seen to enhance school-based programmes as part of a wider tobacco prevention scheme. Community interventions are very diverse

with the common element being to alter the social environment to make it supportive of non-smoking or cessation.

Evaluation of the effectiveness of community based interventions has shown mixed results^{4,7}, especially as there are few community programmes that have been structured enough to offer comprehensive studies of outcomes. Frequently they are made up of various elements implemented by a number of agencies with the common goal of reducing tobacco use, but little cohesion between them. However, as community programmes do consist of this variety of components, they are likely to be more effective than single component activities, particularly when the elements of the programme are linked²⁰.

Evidence has also suggested that the best results are found when programmes are supported by media campaigns that magnify the effects of community programmes. The Texas tobacco prevention pilot initiative²¹ used a variety of components, ranging from basic school based messages to comprehensive media supported community programmes. The immediate outcomes concluded that the prevention effect was significantly enhanced where school and multiple programmes were provided. Single component strategies were far less effective particularly in the long term.

The most comprehensive findings for multi-faceted community interventions have come from the fully evaluated, highly structured programmes, generally operating on large budgets. Smaller scale community programmes are often more likely to be a result of several types of individual interventions that target the same youth audience, yet are largely operated independently of each other. This can make it relatively difficult to evaluate effectiveness. Analysis of small-scale community programmes in the UK has shown fairly mixed results. In a comparison of UK based community programmes versus groups with no intervention, the results ranged from a clear reduction in prevalence among young people in the intervention group, to a marked increase. All those reviewed were carried out on budgets under £20,000. There seemed to be no major methodological differences in the approaches used, thus creating difficulties in identifying the most effective methods.

Large scale, centrally coordinated community programmes with structured measures of outcome have shown more consistent results, both in terms of attitudinal changes of young people towards tobacco and in behavioural change. In Finland, the North Karelia Youth Project took place over 15 years beginning in 1978. The project adopted a social influence approach in schools teaching young people skills to resist pressures to smoke and about the health risks associated with tobacco use. The project was backed up with parent and teacher programmes alongside mass communication and community organisation among adults. Follow up studies showed that immediately after the project as many as one third fewer students smoked following 2 years exposed to the project than those who were not part of it. After eight years, pupils who had been through it still had lower smoking rates. By fifteen years, the difference between the groups was no longer significant, suggesting that while the programme had achieved a level of success in reducing uptake of smoking, for a number of participants it had only the effect of delaying it²².

Comparative studies of similar programmes have also shown that the immediate results are to reduce the levels of tobacco use in young people although there is little evidence of the sustainability of this reduction. Evidence has shown, however, that long term programmes are more effective than short term exposure. This may also suggest that such interventions merely delay the onset of smoking rather than eliminate it among certain young people. Many programmes also tackle tobacco as part of wider drug and alcohol issues, in which context smoking may not be viewed by recipients as being the most serious issue. Where programmes are operated outside the curriculum, young people who volunteer to participate are likely to be those who are at low risk of starting smoking, and therefore not representative of the target 'at risk' groups. whilst children who smoke, or who are at most risk of smoking are the least likely to voluntarily attend programmes.

Mass Media

Mass media prevention programmes are by far the most expensive form of intervention but they also have the greatest potential to reach the widest audience base. Television campaigns are particularly strong tools for delivering messages to young people. In the UK, young people under 20 watch an average of nearly 20 hours of television per week. Television is a major output for influencing young peoples' perceptions of the real world and acceptable social behaviour. Mass media also has the advantage of reaching lower socio economic groups who are at highest risk of tobacco use.

Most youth media campaigns, particularly those using television, are operated on grand scales with large budgets. The biggest examples are from the US where there have been comprehensively evaluated media campaigns in a number of states. There has been little of this type of activity in the UK. Television campaigns have been aimed at young people in Scotland and Wales, although research into the effectiveness is limited.

In the US there have been major media led prevention campaigns in California, Massachusetts and Florida. All three have been operated on large budgets, subsidised by tobacco taxation or settlements. The programme that has been most explicitly targeted at youth prevention is the Florida 'Truth' campaign²³.

Case Study, Florida Truth Campaign

One of the most comprehensive media campaigns is the Florida Truth campaign. Launched in 1998, the campaign adopted an industry manipulation approach, attacking the integrity of the tobacco industry rather than reinforcing already known messages about tobacco's health effects. Using established methods of youth marketing, the campaign offered young people an alternative form of rebellion than smoking. This was in the form of anti-industry activities. The campaign was also heavily branded throughout with stylishly designed 'Truth' logos. In the first two years of the campaign, awareness of the TV ads among young people under 16 was as high as 90%. Preliminary evaluations have suggested that the campaign has contributed to a decline in youth smoking in Florida compared to national US smoking prevalence, largely attributed to a change in attitudes towards the industry. However the greatest impact was among young people aged 15 and under, while prevalence rates were unaffected in young people over 16²⁴. As a relatively new campaign, it is too soon to measure long-term sustainability of attitudes in young people as a consequence of the campaign.

The media campaigns conducted in California and Massachusetts were both run in response to public voting in favour of increased tobacco tax being used to fund state programmes^{25 26}. Both were supported by community interventions and had goals of reducing youth smoking prevalence as part of the media strategy. Initial results indicated that young people had very high awareness levels of the television campaigns. Neither campaign achieved a long-term reduction in youth smoking although the uptake of smoking was lower than the national average throughout the duration and immediate aftermath of the television campaigns.

The California campaign has also been credited with having a widespread influence on community interventions. The campaign began in 1989 and since its inception the attitude of the general population towards tobacco issues has swung in favour of increased restrictions on sales and greater restrictions on smoking in public places and in schools²⁵. Evaluation of the Massachusetts campaign has linked the television campaign to a reduced uptake of smoking among 12-13 year olds but not among 14-15 year olds. The campaign did manage to increase young peoples' awareness of the number of young people who smoked.

The measures of success for media campaigns are varied. Some only measure public awareness of the campaign, a measure that does not provide any evidence of changes in youth behaviour. The highest rates of awareness come from the campaigns that have the greatest budgets and therefore can afford to purchase the greatest quantities of media space. By comparing the impact of media

campaigns in changing youth smoking behaviour from a number of countries, evidence has shown that the most effective were those that had the greatest levels of television exposure. Those interventions that operated on limited budgets and, therefore, limited exposure, showed less effect on smoking behaviour. The big budget campaigns also hold the biggest evaluation budgets, and therefore have the capacity for more in-depth measures of effectiveness among young people.

Media campaigns that have demonstrated most success in changing perceptions of youth smoking behaviour have been those that are most aggressive and focus on tobacco industry manipulation²⁷. It was found that these messages worked best as they moved away from blaming smokers for choosing to smoke and moved emphasis onto the tobacco industry for using underhand tactics to recruit smokers. Strategies that used messages about the health effects of smoking were far less effective, as reflected in evaluations of the traditional information based programmes of school based tobacco education^{6 8 9 10}. Evaluations of media based approaches indicate that they are highly effective in changing young peoples' attitudes towards tobacco, especially in increasing negative attitudes. There is evidence that they do reduce use although this is not nearly as strong as the shift in attitudes .

Advertising restrictions

Tobacco companies claim that their advertising is not targeted at young people. British American Tobacco has a worldwide company policy not to market to anyone under 18²⁸, while Phillip Morris, Japan Tobacco and others take a very similar position. However tobacco marketing is still accessible to young people. Billboards are very public and are inevitably seen by all sectors of society. Even though the marketing messages are supposed to be aimed at adults, they present an aspirational, cool image of smoking to young people. The long standing Joe Camel, or Marlboro Man campaigns are prime examples of this. A 1991 study of brand recognition among children aged 3-6 showed that 91% recognized Joe Camel, the same percentage as those who recognized Mickey Mouse²⁹. A review of sales of Camel cigarettes since the inception of the Joe Camel campaign in 1987 showed that the share of the under 18 market leapt from 0.5% to 33% in just 3 years.³⁰

One of the most explicit ways of giving young people a product identity from a very young age is tobacco sponsorship of sport. Motor sport is perhaps the most world renowned example of this. Formula One receives millions in tobacco sponsorship and when teams have names like 'Mercedes McClaren West' and drivers wear overalls emblazoned with tobacco product logos it is no wonder that young people recognize brands and associate them with 'cool' from a very young age. Under the terms of the Tobacco Advertising and Promotion Act 2002 in the UK tobacco sponsorship will be phased out by July 2005. The Department of Health estimates that the ban on tobacco advertising will reduce smoking in the UK by approximately 2.5%, corresponding to a saving of around 3,000 lives a year³¹.

Tobacco advertising bans have been implemented in many countries and studies have shown that they can reduce tobacco consumption if the legislation is comprehensive. In those countries that have implemented tobacco advertising bans, the reduction in population wide smoking levels has ranged between 4 % to 9%³².

Access restrictions

Controlling the access of young people to tobacco products has been a long established strategy to restrict youth smoking. Access restrictions come in variety of forms including age restrictions, licensing provisions, enforcement provisions, proof of age cards accompanied by bans on uncontrolled access, compliance checks and the removal of 'kiddie packs' (cigarettes packs with less than 20) from the market.

Age restrictions are one of the longest standing access restrictions but the situation varies widely between countries. In the UK, the current age limit for purchasing cigarettes is 16; the World Health Organisation recommends a minimum age of 18; and a number of countries do not have any

restrictions³³. Laws prohibiting the sale of tobacco to minors require enforcement and there is significant evidence that without this young people are able to purchase cigarettes with relative ease. A survey of 11-15 year English schoolchildren found that 80% bought cigarettes from shops and even among children aged 11-12 years, 18% were able to buy cigarettes from shops while 12% said they bought them from vending machines.³⁴ The same survey showed that 19% of all secondary school children had attempted to buy cigarettes from the shops in the previous year with only 5% of those having been refused. Reviews of age restrictions have demonstrated that those that are not backed by enforcement have little effect of reducing young people's access to tobacco³⁵. Better enforcement of age restricted sales in the UK has led to an increase in the number of young people being refused cigarettes, and the number purchasing tobacco from shops has decreased. Stronger levels of enforcement over retailers do achieve the best results in terms of reducing underage sales from shops³⁶. However, the proportion of young people who purchase tobacco from alternative and illegitimate sources has nearly trebled in the last 10 years suggesting that young people will find other ways of accessing tobacco.

The most commonly used tactic in the UK to reduce the illegal sale of cigarettes to minors has been test purchasing whereby minors are intentionally sent into shops to try and buy cigarettes. If retailers are found to violate the law, they are usually cautioned and subsequently fined for repeated offences. Basic retailer education has shown to have little effect, and it has been these enforcement approaches that have been most effective on retailer behaviour, although there is little evidence of the relative deterrent effects of different penalties³⁷. While these programmes do make it difficult for teens to purchase cigarettes, on the whole they do not affect teen smoking prevalence³⁸. Young people merely find alternative sources for their tobacco.

Access restrictions, particularly retailer education programmes, have been deployed in the USA and have received strong support from the tobacco industry with programmes such as Philip Morris's 'It's the Law'³⁹. These campaigns reinforce the industry's key marketing message that "smoking is for adults", which presents the message that smoking is an aspirational adult activity making it even more attractive to teens⁴⁰. Such programmes have been shown to have very limited effect on sales to minors

Access interventions can be effective in reducing the sales of tobacco to minors in those places where legislative restrictions do apply. However there is little evidence that this leads to a reduction in tobacco use. Furthermore, surveys suggest that shops are not the primary source of cigarettes for young teenagers, and that where strong restrictions apply, alternative sources are being found⁴¹.

Penalising retailers is one way of enforcing age restrictions. A more direct approach is to enforce possession laws on minors who have tobacco products, rather than the person who supplied it to underage users. However, evidence that youth possession laws reduce the consumption of tobacco is weak. The town of Woodridge, Illinois introduced a comprehensive school and community programme supported by enforced laws on supply and possession of tobacco products by minors⁴². The programme did significantly reduce illegal sales and youth smoking rates. However it was impossible to identify the specific role of enforced possession laws on these reductions. Woodridge was also a very small community of only 26,000 and therefore any programmes to reduce tobacco use were easily regulated and enforced. The programme has been replicated in other US communities, but the outcomes have rarely been similar.

In reviewing youth tobacco possession laws, the Canadian Cancer Society found that *"while a proportion of young people may see the criminalisation of possession as a deterrent it is highly unlikely to alter their perception of tobacco or its accessibility"*⁴³. Self reporting of tobacco use by minors in communities that enforce possession laws are likely to be lower than those without as underage smoking will become more covert and illicit rather than less prolific.

Like other access restrictions, possession laws also have the support of the tobacco industry. A critique of possession laws showed that making underage possession illegal reinforces the image of

smoking as an adult activity and an activity that is socially acceptable once the legal age for use is reached⁴⁴. The tobacco industry readily promotes its self-regulatory marketing practices not to market to under 18s but once the age of 18 is reached young people are adults and the tobacco industry can market 'free choice' to them about whether or not to smoke and what brand. By 18, most smokers will already have been smoking for a number of years and already be loyal to a brand so it's quite clear that it's not the alleged over 18 target audience that is responding to this 'responsible' marketing. Access restrictions are a perfect promotional tool for smoking as an expression of freedom, and when there are so many age specific restrictions on young people's freedom, smoking is a very accessible way of rebelling against these.

Part of the smoking experience for young people is also the participation in an activity that is an illicit pleasure, part of the adolescent experience of rebellion against establishment values. Making possession illegal may serve to enhance the social experience of this rebellion. The young people who do not smoke, or are unlikely to smoke because of possession laws, are most likely to be those who were at low risk of experimenting with tobacco anyway⁴⁵.

Excise duties

Tobacco products in the UK are subject to high rates of excise tax. Raising the price of tobacco products through increased taxation is a proven means of reducing consumption and helps smokers' resolve in quitting smoking.

. Although excise duties are not explicitly formulated as part of a youth smoking prevention strategy, it is certainly the case that the high price of tobacco will deter some young people from taking up smoking.

A twenty year study by Townsend et al of smoking behaviour related to the price of cigarettes in England showed a strong correlation between raising prices and reduced consumption. The greatest impact was with smokers from the lowest socio-economic groups. However there was little or no evidence to suggest that rises in price had any effect on smoking prevalence among young people. Despite having the lowest incomes, they worried far less about the future and had the largest proportion of disposable income⁴⁶.

The evidence is fairly mixed on the impact of taxation on youth smoking prevalence although there is general consensus that higher prices result in lower consumption by young people. However the proportion of young people under 16 who purchase cigarettes from shops has been falling whilst the proportion who source their tobacco from family and friends has been increasing^{Error! Bookmark not defined.}. Evidence that price rises are an effective deterrent to young people taking up or trying smoking is mixed, although it can be an effective component of a multi strategy approach.

Tobacco Industry Prevention Programmes

In recent years, the tobacco industry has become increasingly active in developing and implementing youth smoking prevention programmes. This is part of a massive PR offensive, designed to portray the industry as reformed, following revelations of past deceit and dis-information campaigns which came to light through litigation in the USA.^{47 48} The big tobacco firms: Philip Morris, BAT, Japan Tobacco, all have clear corporate statements on underage smoking and state that their products are only for adults, and 'responsibly' marketed with this clear objective in mind. In support of this position a number of tobacco companies publish objectives to reduce smoking among young people and are stakeholders in a number of industry backed initiatives involved in youth smoking prevention. For example, Philip Morris publicly states:

"As the manufacturer of a product intended for adults who smoke that has serious health effects, Philip Morris USA believes that it has a responsibility to help prevent kids from smoking...Philip Morris USA has a dedicated Youth Smoking Prevention department (YSP)

*that supports youth programmes...and conducts ongoing research to help prevent youth smoking."*⁴⁹

However, an internal memo produced by a Philip Morris consultant points to a very different purpose for PM/Altria's youth anti-smoking and access programmes:

"...By focusing on this [youth] approach, one can draw attention to the real reasons kids want to smoke, thereby robbing the other side of the ability to focus this issue on the wrong solutions..."

and

*"...the real objective here, as nearly all the presentations [of youth anti-smoking programmes] point out, is to rob the other side of their ability to use this issue as a generalized club which would hurt us."*⁵⁰

The tobacco companies claim that their adverts are aimed at adults only, using messages that will not appeal to the younger smoker. This approach relies on the premise that it is possible to define what appeals to specific age groups. It assumes, for example, that a message appealing to 18-24 year olds will not appeal to younger teenagers. In reality this prevention tactic is highly ineffective. It is impossible to define what will appeal to one small age band and not another and the claim that it is possible to do so lacks any evidence. On the contrary, evidence is very strong that advertising described as 'adult' appeals to young people and underage smokers. For example, RJ Reynolds famous 'Joe Camel' campaign used a cartoon camel to promote the brand over a period of twenty years. Camel's market share of smoking youngsters increased significantly throughout this time with little growth in the adult market. Tobacco sponsorship of sport is also a marketing area whereby there is very little control over messages to young people. Formula One is dominated by tobacco sponsorship and is one of the most glamorous sports, watched by millions of teenagers worldwide.

The tobacco industry has been a strong public advocate of youth targeted programmes but only of very specific types of programmes. The main stance is that tobacco is a product for adults who are in a position to make an informed choice about whether or not to smoke. There is no consensus throughout the industry about who constitutes an adult and when a consumer is old enough to make an informed choice. The age from which a young person becomes an adult consumer is defined by age restrictions in countries where tobacco companies market products. British American Tobacco⁵¹ defines its worldwide policy as not to market to under 18s. However, this age is purely representative of an approximate average legal age to smoke across market countries that have age restrictions. Across Europe the legal age to purchase tobacco is anywhere between 14 and 18, and this rises to as high as 21 in certain parts of the US. A large number of countries that are subjected to BAT marketing activities do not even have age restrictions on tobacco and the self defined age of 18 for responsible marketing represents an arbitrary figure with very little realistic impact on the effects of 'adult' marketing activity on minors.

Where the industry has been involved in directly targeted anti-smoking campaigns towards children, the models used are seldom based on any evidence of effectiveness. Examples include telling parents and teachers to simply talk to children about the dangers of smoking. Whilst the 'socially responsible' arm of the industry is encouraging these preached messages from figures of authority, the marketing arm is making sure the products are highly visibly promoted by glamorous Formula One drivers. Boring anti-smoking message, or cool brand or an even cooler celebrity? Companies use far more persuasive brands and roles models to promote smoking than they do to promote prevention.

A final common strand of industry youth smoking prevention is the support of Youth Access restrictions. Evidence suggests that youth access programmes do not work in isolation, and where success is achieved it is as a component of a far wider reaching comprehensive tobacco control programme. These wider programmes are supported by elements such as advertising legislation, high

taxation and anti-industry messages. These policies are opposed by the industry⁵².

Industry backed youth prevention initiatives identify youth smoking as a problem that ceases to exist when age of consensual use is reached. Attention is diverted from the idea that smoking is also a problem for many adults, and that in order to change young people's attitudes towards tobacco use there needs to be a marked change in societal attitude. Promoting the idea that smoking is acceptable for adults perpetuates the concept of smoking being a rite of passage towards becoming an adult. Youth programmes are merely a distraction from what is a population-wide issue. Industry promotes the right of adults to choose to smoke and actively opposes initiatives that aim to create a shift in societal attitudes towards smoking.

Health organisations are increasingly combining forces to oppose tobacco industry initiatives. A joint statement issued by the International Union Against Cancer, International Union Against Tuberculosis and Lung Disease and the World Heart Federation calls on the industry to stop running youth programmes and for Governments to turn their backs on industry programmes.

'Despite its rhetoric and public relations, the tobacco industry is not part of the solution. It supports only those measures known not to work, while vigorously opposing measures – such as raising taxation, complete advertising bans, powerful media campaigns and smoke-free policies – that do not have an impact on both youth and adult smoking. Despite warnings from the public health community the tobacco companies have pressed on regardless with this campaign, and provided no evidence of its effectiveness⁵³'.

The only responsible way of marketing tobacco is not at all. It is impossible to advertise tobacco products without children seeing the ads. Tobacco is always advertised as a lifestyle product to adults, and young people will always aspire to be more grown up than they are.

Conclusions

There has been huge investment in youth smoking prevention projects in a variety of forms, yet reductions in youth smoking as a consequence of these projects have been negligible. Many of the projects reporting success have had the immediate outcome of reducing the uptake of smoking, but the sustainability of this has been poor. "Youth smoking prevention" merely delays the uptake of smoking rather than 'preventing' it.

The most effective programmes are those that have community-wide impact. Like any element of the population, young people respond to social trends. In order to make a significant impact on the number of young people smoking, there needs to be a population-wide reduction in smoking. The Florida Truth campaign is an example of such a campaign. Whilst the messages were developed for young people, with the help of young people, the messages also appealed to adult smokers. Changing population-wide perceptions and attitudes to tobacco use has the effect of influencing youth perceptions.

There is little value in trying to change the attitudes of young people to smoking without effecting that change in the adult population. The messages that are being presented in youth centred environments, or through youth targeted channels of communication will have minimal impact if the adult environment is one where smoking is viewed as an expression of personal choice and freedom. Young people will always aspire to be more adult, and freedom is a key feature of being grown up. The image of smoking that is firmly associated with freedom and adulthood is firmly embraced by, encouraged and promoted by the tobacco industry. Despite knowing the risks of smoking, people take responsibility for themselves and take these risks. To choose to smoke is an empowering decision, to have that power over your life is very aspirational and smoking is a very accessible way of gaining that adult power at a young age.

Youth prevention programmes also represent a very small proportion of the lifestyle lessons young people receive, and in the context of other lifestyle messages such as safe sex, healthy eating, alcohol and drugs the continuity is very poor. Youth smoking campaigns tell young people not to start smoking. As it is only seen as young people who are at highest risk of starting, this message is not continued into adulthood. The messages promoted to adults are mainly presented to smokers, and these are about the benefits of giving up. Lifestyle messages about safe sex, drug use and others are continuous. People are exposed to a lifetime of messages about contraception, or safe drinking, or eating a well balanced diet yet messages on not starting to smoke end with adulthood where they become replaced with messages about why you shouldn't smoke and how to stop.

Messages about smoking presented to young people in schools are not typical, or reflective of the messages they receive in society. School is regarded as a place to learn *facts*: learning *how to live* is acquired from peers, parents and wider societal influences. Preventing young people from starting to smoke must be part of a wider multi-faceted approach to smoking rather than viewed in isolation, or even as the priority. With few exceptions, youth programmes have achieved little more than delaying uptake, and where there has been success it has been in situations where comprehensive community wide programmes have facilitated population-wide shifts in behaviour and attitudes. The Surgeon General's report on reducing tobacco use in the US recognises that evidence of success in reducing youth smoking take up is limited to interventions backed by community wide interventions:

“Educational strategies, conducted in conjunction with community- and media-based activities, can postpone or prevent smoking onset in 20 to 40 percent of adolescents.”

The majority of youth smoking prevention programmes operate on a very small scale in isolation from wider community programmes. Merely presenting messages in this very simple and stand-alone way has very little, if any impact. Re-iterating that smoking is bad for them is no deterrent to young people from starting to smoke. Without these messages being supported beyond the context in which they are presented to young people, their impact is quickly lost.

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