

Young People: A Generation in Jeopardy

Young people today face many attractive choices and challenges in both the industrialized and developing worlds. They are exposed to, and frequently influenced by, powerfully persuasive messages through the ever-growing media—messages that often compete with traditional family values and may exert more influence over lifestyle choices. This barrage of information and constant shift in fads is very compelling and can be overwhelming to young people who are trying to make choices.

In most societies, the family and the school remain the key emotional supports needed for youths' healthy development. But the psychosocial pressure caused by rapid cultural change and competing messages may lead young people to distance themselves from traditional protective influences. Experts theorize that these traditional mechanisms for passing on values and life skills may no longer adequately balance the power of other—often negative— influences to which young people are exposed (WHO, 1997b).

It is important to create opportunities where young people can acquire the skills and knowledge necessary to sort through this onslaught of information and the growing challenges encountered as they approach adulthood. In order to keep young people tobacco- and drug-free, youth development also must involve all who are in a position

to influence them—family, media professionals, educators, counselors and teenagers themselves.

ADDICTED BY CHOICE?

WHO reports that three out of five young people who experiment with tobacco will become addicted, daily smokers into adulthood, half of whom will die prematurely (WHO, 1998 April), and the majority of whom will suffer needlessly as a result of their nicotine addiction. Unfortunately, young people who choose to smoke and use other tobacco products may not understand the nature of addiction

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or appreciate the long-term consequences of their behavior. What begins as experimentation more often than not evolves into a daily dependence on tobacco products to satisfy the craving for nicotine.

Furthermore, research has shown that young people who choose not to smoke before the age of 20 are not

likely to start smoking as adults (WHO, 1998b). This means that the prevention of the onset of smoking at an early age in effect reduces smoking at all ages.

Despite 30 years of decline in overall smoking prevalence, many young people are beginning to smoke and become addicted every day. Clearly, then, preventing smoking among young people is critical to stemming the epidemic of tobacco use. In 1994, the United States Surgeon General's report on smoking and health focused, for the first time, on young people.

The six major conclusions from that report can be summarized as follows:

- Between 75% and 90% of adult smokers started smoking before turning 18, which means that adolescence is a crucial stage for the prevention of tobacco use and tobacco-related deaths (DHHS, 1994). While the age of smoking initiation is increasing slightly in the U.S., the rate of increase is extremely gradual, roughly one month per year (SAMHSA, 1999) (see Table 3).
- The promotion of tobacco consumption in the mass media is linked to greater consumption among youth (DHHS, 1994). There has been a continuous shift from advertising to promotion, largely because of banning cigarette ads from the broadcast media.
- A growing number of adolescent smokers are already addicted to nicotine and describe withdrawal symptoms when they attempt to quit smoking. Once they become daily smokers, successful cessation is very difficult (WHO, 1998; DHHS, 1994).

- Cigarette smoking often leads to the use of other heavier drugs and is associated with distinct health problems among teens—mainly respiratory diseases. Various studies demonstrate that adolescent smokers have diminished lung capacity and contract a greater number of respiratory diseases than their non-smoking peers (Woolcock, 1984).
- Combined efforts, especially those that give adolescents the skills necessary for rejecting tobacco, can effectively reduce smoking onset (DHHS, 1994).
- Risk factors have been identified that are associated with increased likelihood of tobacco use by young people.

PSYCHOSOCIAL DETERMINANTS OF SMOKING

Over the decades, social scientists have tried to understand why some adolescents experiment with smoking and others don't. Current research on the etiology of smoking has largely focused on the identification of psychosocial predictors of the onset of smoking. Researchers have identified several domains of predictors, including social bonding variables, social learning variables, and intrapersonal variables such as refusal skills, knowledge, attitudes, and intentions. In a meta-analysis of nearly 30 studies that included prospective data on the beginning of tobacco use, a combination of social and personal factors were found to be related to smoking onset (Conrad, Flay, and Hill, 1992):

Table 3. Average age of first use by adolescents aged 12 to 17, U.S.A.

	1988 (baseline)	1990	1991	1992	1993	1994	1995	2000
Cigarettes	11.6	11.5	11.5	11.7	11.7	12.2	12.3	12.6

- having parents or best friends who smoke,
- having poor self-esteem,
- performing poorly in school or having dropped out of school,
- having positive attitudes regarding tobacco use,
- engaging in other risk-taking attitudes,
- not having necessary refusal skills, and
- feeling anxious or depressed.

The problem is that, although researchers are now aware of most of the determinants that contribute to experimental substance use, they do not know yet how they all interact. Over the years, various theories have focused on different determinants, with subsequent implications for prevention strategies.

According to *cognitive-affective theories*, the roots of experimental substance use are found in adolescents' attitudes and beliefs about substances. The theory of planned behavior posits that self-efficacy directly affects intentions and behavior (Ajzen, I and Fishbein, M., 1980). Refusal self-efficacy represents adolescents' beliefs in their abilities to resist social pressure to begin using substances. According to this approach, prevention relies on persuasive messages that:

- increase adolescents' expectations regarding the adverse consequences of experimental substance use and decrease their expectations about its potential benefits,
- emphasize the cost rather than the benefits,
- challenge adolescents' perceptions concerning the normative nature of substance use, and
- provide information and skills that directly promote feelings of refusal self-efficacy.

Social learning theories assume that experimental substance use originates in the substance-specific attitudes and behaviors of people who serve as adolescent's role models, especially family and close friends. This theory suggests that a key to prevention lies in making substance-using role models less salient and substance-abstaining role models more salient. An additional key to prevention lies in teaching refusal skills and enhancing refusal self-efficacy (Bandura, 1969).

Conventional commitment and social attachment theories (Elliott, Hawkins and Weis, 1985) are based on classic sociological theories of control that argue that deviant impulses presumably shared by all persons often are controlled by strong bonds to conventional society, family, and school. When adolescents have weak bonds to conventional society, they feel they have little to lose through attachment to deviant peers. These theories imply that the prevention of substance use requires the nurturing of interpersonal and academic skills among children long before they form substance-specific beliefs as adolescents and become involved with substance-using peers.

Several theories try to explain substance use by the existence of intrapersonal characteristics such as stress, low self-esteem, or emotional distress, but longitudinal studies suggest that these intrapersonal characteristics are poor predictors of substance use.

The *problem behavior theory* (Jessor and Jessor, 1977) assumes that susceptibility to problem behavior results from the interaction of the person and the environment and tries to integrate the other theories. It implies that adolescents are at risk for substance use if they are unattached to their parents and are more influenced by their peers than by their parents. It also holds that adolescents who are prone to one problem behavior also are prone to others. Since tobacco use usually begins in adolescence and is associated with other risky behaviors, understanding the psy-



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The tobacco industry has targeted most of its promotional campaigns to young people. By portraying smoking as attractive and feeding on young people's desire to feel grown up and free, tobacco marketers attract youth and keep them hooked.

chology of adolescent “risk-takers” is an important step in understanding how to prevent tobacco and other substance use. These risk-takers often desire independence and autonomy, want to assume the adult role, give importance to the peer group in decision-making, need to act in accordance with peer group rules, and feel “invulnerable.”

The *domain model* by Huba and Bentler, a more comprehensive model, is an attempt to catalogue most of the causes of substance use. It includes more than 50 potential causes categorized into four domains:

- biological influences—genetic influences, physiologic reaction to substances, general health;
- intrapersonal influences—beliefs, personal values, sensation seeking, impulsiveness, sociability, extraversion, anxiety, and low self-esteem;
- interpersonal influences—characteristics of the people in close contact with the teen;
- sociocultural influences—media, market availability, social sanctions.

The emphasis on adolescents’ rebelliousness and sensation seeking and the recognition that substance use is related to easy access to substances are important features of this theory that incorporates the concept that legal measures must be added to the prevention efforts.

Just as certain conditions or qualities have been associated with increased risk of substance use, specific characteristics are associated with decreased consumption. These *protective factors* range from behavioral characteristics such as harm avoidance and coping abilities, to positive life experiences and events.

Risk and protective factors that are modifiable are more appropriate variables to target with prevention programs. Factors more sensitive to change include attitudes (e.g., negative view of tobacco use), beliefs, and behavioral competencies (Pandina, 1996). Research has shown that, in general, the

greater the number of risk factors encountered, the greater the number of protective factors are needed to counteract that risk (PAHO, Nov. 1998).

Neither risk factors nor protective conditions, however, function in a consistent, predictable pattern. They are dynamic and affect individuals differently. Most of these factors or characteristics constantly interact with environmental influences, affecting and modifying each other. For instance, individual characteristics interact with social and environmental conditions such as publicity, family behaviors, and perceived social norms, and subsequently either increase or diminish the individual’s likelihood of using substances.

UNPROTECTED TARGETS

Tobacco industry documents that recently have been made public reveal how the industry has targeted its tobacco promotion campaigns to adolescents. In an attempt to keep product demand high, adolescent consumers are frequently targeted to replace the large number of adult consumers who die each year from tobacco-related diseases. For example, Philip Morris, in a 1981 internal document cited in the 1998 Campaign for Tobacco-Free Kids, stated, “Today’s teenager is tomorrow’s potential regular customer, and the overwhelming majority of smokers first begin to smoke while still in their teens... The smoking patterns of teenagers are particularly important to Philip Morris (cited in Campaign for Tobacco-Free Kids, 1998). R.J. Reynolds attempted to encroach on Philip Morris’s young clientele with its own Camel campaign. A 1975 memo recommends that the national expansion of the “successfully tested ‘Meet the Turk’ ad campaign and new Marlboro-type blend is another step to meet our marketing objective: to increase our young adult franchise. To ensure increase and longer-term growth for

Camel Filter the new brand must increase its share of penetration among the 14–24 age group which have a new set of more liberal values and which represents tomorrow's cigarette business" (Multinational Monitor July/August 1998).

Studies show that adolescents are particular susceptible—by some accounts three times as sensitive as adults (Pollay, et al., 1996)—to cigarette advertising schemes. In the U.S., this is manifested by youth loyalty to the three most heavily advertised brands: Marlboro, Camel, and Newport. The United States Centers for Disease Control and Prevention reports that close to 90% of the nation's teen smokers choose these three brands, as opposed to only about one-third of adult smokers (CDC, August 1994).

The tobacco industry has conducted sophisticated marketing studies identifying the psychological and developmental factors that make youthful 'replacement smokers' the most vulnerable to tobacco initiation: namely, their desire to feel "grown up", free, and independent, but also to "fit in" socially. As a result of industry advertising, adolescent smokers often see the cigarette as the essential element needed to achieve popularity and "sex appeal."

Cleverly manipulating these factors, tobacco marketers have managed to portray smoking in a way that attracts youth and keeps them hooked. In fact, the majority of tobacco advertisements show healthy, active young people of both sexes having a good time while smoking in some social situation. Tobacco marketing messages promote myths such as:

- smoking is a 'rite of passage' to the adult world;
- people who are popular and who are achievers smoke;
- cigarettes help to loosen you up when you are in a group;
- cigarettes are healthy and symbolize freedom;
- the whole world smokes.

LATIN AMERICAN YOUTH AT RISK

Many conditions experienced by young people in developing countries in the Americas intensify their risk and may hinder the reversal of adolescent smoking trends in the Region:

Tobacco regulation in the Region tends to be weak and, where it exists at all, it is often not enforced. Multinational tobacco companies and their subsidiaries in the Region are relatively free to publicize and promote tobacco use among young people, and their efforts are both sophisticated and pervasive. They sponsor events popular with youth such as high school sporting and cultural events. At times, the industry will comply with one regulation just until the next loophole is found. For example, it is not uncommon to see tobacco ads jump from the billboard to the T-shirt.

Anti-tobacco messages are often poorly disseminated. The widespread ignorance of the real dangers of tobacco among the general public serves to safeguard the social acceptability of smoking. Even health professionals in many areas lack sufficient knowledge and training in the health risks of tobacco consumption. This results in missed opportunities to promote prevention among young people and cessation among patients who are already tobacco dependent.

Anti-tobacco messages are often poorly developed. Some so-called tobacco prevention messages disseminated in the Region cleverly disregard common adolescent attitudes that value rebellion, risk-taking and adult behavior in their purported prevention messages. Such alleged attempts to reduce youth smoking often only encourage young people to assert their independence and start or continue smoking by crafting messages that emphasize authority and age (Coe, 1999).

Young people constitute a large share of the general population. In

the Region's developing countries, young people represent anywhere from one-third to one-half of the economically active population (Burt, 1996; OAS, 1990). Most young people live in urban areas—by the year 2000, 80% of young people will live in urban areas—where they may experience an erosion of family and social support, poor housing and sanitation, and high levels of violence (PAHO, 1998 November; World Bank/PAHO, 1999 February). These stresses can increase anxiety levels, a major risk factor for substance use among youth.

Young people in Latin America sometimes work in tobacco-related jobs. While not widespread, children and adolescents in many countries in the Region work cultivating tobacco in rural areas and have been observed working for tobacco companies by handing out free product samples; in some urban areas, they even sell cigarettes.

In some countries in the Region, cigarettes are relatively cheap and

easy to purchase. For instance, the purchase of a pack of cigarettes in Argentina would require only eight minutes of labor at the minimum wage, compared to twenty-two minutes in Canada and twenty-three minutes in the United Kingdom (WHO, 1997).

Regional data collection describing youth tobacco consumption and the general demographics of youth is conducted sporadically and is insufficient for monitoring the true magnitude of the problem. Country-level research analyzing the status of tobacco use by youth in discrete areas also is needed in order to target young people most at risk with appropriate prevention programs. Lack of adequate information that describes the magnitude of the tobacco problem—including “the causes, consequences and costs of tobacco use”—may contribute to the reluctance of area policy makers to support tobacco control action (WHO, 1999).

Most tobacco advertisements show active, healthy young people having a great time. If restrictions on tobacco advertisements curtail roadside ads, smoking messages often will leap from the billboard to t-shirts or other marketing objects.

