



The Children's Rights of New York, Inc.

# HOTLINE

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## Despite Serious Consequences, Teens Still Start Smoking

By Jeanne Marie Schnupp

When Amanda first got curious enough about smoking to light up a cigarette, she was only 9. It was just a passing fancy; most of her friends didn't smoke, so she didn't pursue it. But when she was 12, the Hauppauge, NY, girl was depressed and looking for stress relief. She found it in a pack of cigarettes. Now at 15, dragging hard on a Newport, Amanda says she's an addict.

She is one of more than 3 million 12- to 17-year olds who smoke in the United States, despite massive advertising campaigns about the risks involved. And those risks are clearly serious: 400,000 deaths a year – one in every five deaths in this country – are directly attributable to smoking.

### Risks – What Risks?

“When you start smoking, you really don't think about it; you're just curious,” Amanda's 15-year-old friend Ronnie explains. For this Hauppauge native, one cigarette a day quickly turned into daily smoking.

“The more you hear about it, the more you want to take a chance,” adds Amanda. “You want to take a risk.”

Now that they realize doing without cigarettes isn't easy, the teens admit some concern about the health risks involved. “When we think about quitting, we say, ‘You know, these are death sticks.’ We always think about it, but it's never enough to stop,” Amanda says with a shrug.

Even the high cost of smoking, more

than \$5 a pack in this area, is not enough incentive – the girls explain that since all their friends smoke, they take turns buying packs or just bumming them off friends who have a few extra to share.

In 2001, a Centers for Disease Control study found that nearly 30% of high school students reported smoking one or more cigarettes a month.


“If current patterns of smoking persist, over 5 million people currently younger than 18 will die prematurely from a tobacco-related disease,” reports The Office on Smoking and Health (OSH), a division within the National Center for Chronic Disease Prevention and Health Promotion in the Atlanta, GA-based CDC.

Given that 90-percent of smokers start at or before age 18 – every day 5,000 youngsters light up their first cigarette – age is a critical factor. An estimated 2,000 young people become daily smokers. As a result, nearly 33-percent of them will die prematurely.

In New York State, the National Center for Tobacco-Free Kids reports a roughly 30-percent youth smoking rate.

### Youth Become Addicted Quickly

While smoking just one cigarette a month may not seem particularly threatening, this is a case when appearances are clearly deceptive, fatally so. Within two months of starting to smoke occasionally,



40-percent of adolescent smokers in a study admitted to some symptoms of addiction. The study, conducted by a team of University of Massachusetts researchers led by Dr. J. R. DiFranza, and released in the international journal *Tobacco Control* in August 2002, queried 679 seventh-grade students (age 12–13 years); 332 of whom acknowledged some tobacco use. “Symptoms of tobacco dependence commonly develop rapidly after the onset of intermittent smoking,” the team concludes.

Symptoms considered signs of addiction include difficulty quitting and cravings.

“This study shows that, far from being a harmless rite of passage for teens, cigarette smoking can be highly addictive at a very early stage and lead to a lifetime of health problems and premature death,” said William V. Corr, Executive Vice President of the Campaign for Tobacco-Free Kids, which is based in Washington, DC.

## Lasting Effects of Early Smoking

“Individuals who begin smoking during adolescence are more likely to become dependent, to progress to daily smoking, to continue to smoke into adulthood, to smoke for a greater number of years, and to smoke more heavily as adults,” DiFranza, et al report. “The very first dose of nicotine can leave its mark in the brain for a long time.”

A key finding is that adolescents are more vulnerable to nicotine dependence because their brains are still developing. As a result, there is a “more serious disruption of neurological functioning” in younger smokers than mature ones. An additional consideration is psychological addiction. Like Amanda, many of the youngsters questioned by DiFranza said they started smoking as a coping mechanism to relieve stress, which leads quickly to a psychological dependence.

And quitting is not an easy option for this age set: “Proven smoking cessation approaches have had disappointing results with adolescent smokers,” DiFranza’s group learned.

## Gender Plays Role

Particularly at risk are females. Signs of addiction become noticeable after only 21 days for young girls; but don’t

until almost six months for boys. When symptoms first become evident, the average teen is smoking just two cigarettes, only one day a week.

“There does not appear to be a minimum nicotine dose or duration of use as a prerequisite for symptoms to appear,” the DiFranza team notes, adding, “The development of a single symptom strongly predicted continued use, supporting the theory that the loss of autonomy over tobacco use begins with the first symptom of dependence.”

The question of why girls are more susceptible earlier than boys is the focus of a new study, being sponsored by the National Institute on Drug Abuse in Bethesda, MD.

## Hollywood/Parents Have Heavy Influence

Watching their favorite movie stars light up is having a significant impact on young people. So says a team of researchers led by Dr. James D. Sargent, a pediatrician at Dartmouth-Hitchcock Medical Center in New Hampshire. The group studied 5,000 middle school students (ages 9 – 15) in the northeast and determined that nearly a third who had seen movies incorporating cigarette smoking had tried smoking themselves, compared to only 5-percent of those who saw movies with low cigarette exposure.

“This is the first population-based survey to measure teen exposure to smoking in movies. For better or worse, adolescents watch a lot of movies — so many that they might see more smoking in films than in the real world,” said Dr. Sargent, a pediatrician with the DHMC’s Norris Cotton Cancer Center. “These results might seem obvious to some, but until now we only had anecdotal information about how movies influence adolescent behavior. With this survey, we’ve shown that what teens see in the movies is statistically linked with what they do.” Such exposure is associated with trying smoking, which supports the hypothesis that films have a role in the initiation of smoking, he concludes.

A wide range of films were considered in the study. The research team counted cigarette smoking activity in 601 popular films released in the U.S. from 1988 to 1999, and they found an average of five occurrences of tobacco use per movie. Todd Heatherton, Professor of Psychological and Brain Sciences at Dartmouth and an author on the study, adds, “Our findings were surprisingly strong, and this may be due to the way Hollywood portrays smoking.”

Additional studies have shown that children of parents who smoke are also at higher risk of becoming addicts themselves. “If you smoke, it’s hard to expect your teenager not to smoke,” warns the American Academy of Pediatrics, based in Elk Grove Village, Illinois. “In fact, children from families who smoke are twice as likely to become smokers.”

One reason may be that it provides easy access. Both Amanda and Ronnie say their first cigarettes came from home. “I started taking them from my Mom,” Amanda admits. “She didn’t realize it.”

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## Advertising Still Attracts Adolescents to Smoking

Despite the highly publicized 1998 tobacco settlement in which the tobacco industry promised not to deliberately target youths through advertising, some agencies contend they are doing just that. "The evidence shows that if Big Tobacco has changed at all, it's for the worse," notes the National Center for Tobacco-Free Kids. Citing Federal Trade Commission findings, the group reports a whopping increase of nearly two-thirds in tobacco marketing outlay, most of which involves retail store marketing proven to be highly effective at reaching youngsters.

In addition, the group notes, an increase in tobacco product advertising in youth-oriented magazines yielded a fine against R. J. Reynolds for \$20 million. "While the tobacco industry claims its marketing is intended only to influence brand preferences of current smokers and does not play any role in kids' decisions to start smoking, several recent studies show otherwise," the Center contends, adding that the federal government's National Household Survey on Drug Abuse found that 87 percent of youth smokers smoke the three most heavily advertised brands – Philip Morris' Marlboro, Lorillard's Newport, and R.J. Reynolds' Camel (55 percent of youth smokers prefer Marlboro) – compared to less than half of adult smokers who prefer these brands. A March 2002 study conducted by the Center determined that young people are twice as likely as adults to remember tobacco advertising.

With an estimated 65 percent of American children under age 17 accessing the Internet, the influence of the World Wide Web is the focus of several studies affecting children. Tobacco-Free Kids report more than 200 U.S. websites sell tobacco products, which is largely unregulated in terms of ensuring youngsters are not the buyers. Not only does this make it easy for kids to buy cigarettes, but also cheap because many sites do not charge tax. The group is calling on federal officials to beef up regulations and enforcement efforts to limit sales of tobacco to minors.

## Other Steps to Stop Smoking

Believing that one person can make a difference, a Delaware teenager is behind an international anti-tobacco campaign. Meghan Pasrich earned a 2003 Tobacco-Free Kids International Advocate Award for her efforts. Among the 17-year-old's many credits, Meghan is president and council member of Delaware's Kick Butts Generation, as well as founder and president of the Sanford School's Anti-Tobacco Action Club. She organized and conducted training sessions for Indian Youth Leaders during a recent trip to India, which led to over 1,500 youth there learning about the dangers of tobacco. She has set her sights on Mexico now (Meghan is multi-lingual: English, Hindi and Spanish), and plans to launch a Kick Butts Generation chapter there. She is also working on an international anti-tobacco effort via the Internet.

In the U.S., Meghan has been to Washington, DC, to talk to elected officials about giving the Food and Drug Administration regulatory powers over tobacco products.

"You could say I'm very passionate about this," says Meghan.

Another program aimed directly at teens is N-O-T, Not on Tobacco, an initiative from the American Lung Association, headquartered in New York, NY. Adult coaches cheer on youngsters trying to quit. The teens meet weekly in their school, during the school day, to learn the best tips and strategies for stopping. "You'd do some neat things together that'll help everyone to smoke less, deal with their friends and parents who still smoke, and keep healthy. If you want to quit, this could be your best chance," program coordinators say.

Schools interested in hosting N-O-T programs can call their local American Lung Association at 1-800-LUNG-USA.

Getting the word out to smokers while they are still young is important, according to the American Academy of Pediatrics. Just as pivotal is how the message is presented. Focus on the short-term consequences of smoking when talking to young people, the experts recommend. These include stained teeth and fingers, bad breath, smelly clothes and cigarette burns. Smokers also have more colds, more sinus and ear infections, persistent coughing and shortness of breath, and decreased performance in athletics, singing and playing wind instruments. In addition, smoking has been connected with poor school performance and depression. Tossing in the high cost of smoking in terms of dollars and cents (in some areas a pack costs up to \$7) is a good idea, too.

The CDC also has suggestions for helping young people to stop smoking. "Got a Minute? Give It to Your Kid" is a parent-education program that encourages parents to become more involved with their preteens and early teenagers. The program includes clear messages and practical strategies for preventing tobacco use.

On a simple and very practical front, Dr. Steven E. Shive of California State University says adults must shoulder some responsibility and not become enablers for teen smoking. After conducting a study, Dr. Shive learned that most young people circumvent restrictions banning them from buying tobacco products by asking an older friend, family member or even stranger to buy the goods for them.

"If we can get these people to realize the harm they are causing to these minors, then we might have less of a problem with it," Dr. Shive recently told Reuters Health, the New York-based healthcare news division of Reuters news agency.

## More Information Available

Visit these websites for more information:

American Academy of Pediatrics: <http://www.aap.org/>

American Lung Association: <http://www.lungusa.org>

Centers for Disease Control: <http://www.cdc.gov>

National Institute on Drug Abuse:

<http://www.drugabuse.gov>

Tobacco-Free Kids: <http://www.tobaccofreekids.org/>



| <b>Hooked On Nicotine Checklist</b>  |   |
|--|---|
| Have you ever tried to quit, but couldn't?   |   |
| Do you smoke now because it is really hard to quit?                                      |   |
| Have you ever felt like you were addicted to tobacco?                                    |   |
| Do you ever have strong cravings to smoke?   |   |
| Have you ever felt like you really needed a cigarette?                                   |   |
| Is it hard to keep from smoking in places where you are not supposed to, like school?    |   |
| When you tried to stop smoking . . .(or, when you haven't used tobacco for a while ...): |   |
|  | <ul style="list-style-type: none"> <li>• did you find it hard to concentrate because you couldn't smoke?</li> <li>• did you feel more irritable because you couldn't smoke?</li> <li>• did you feel a strong need or urge to smoke?</li> <li>• did you feel nervous, restless or anxious because you couldn't smoke?</li> </ul> |

Development and Assessment of Nicotine Dependence in Youth (DANDY); answering yes to any of these questions indicates signs of addiction. For the full study by DiFranza et al, visit <http://www.tobaccofreekids.org/pressoffice/latency.pdf>.

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## **National Cancer Institute (NCI): Tobacco Use A Pediatric Epidemic**

## **Every day, more than 3,000 American children begin smoking.**

I only smoke at parties, or when I'm stressed out. I could quit any time.

--15-year-old girl

Humans are by nature optimistic; they tend to underestimate many of the common health risks to which they are exposed. People vary in how they understand and use expressions of risk, and the way information is framed may affect health-related behaviors. These realities pose thorny problems in communicating effectively about cancer risk.

In no population are these problems more pronounced than in children and teenagers, whose life experience is limited and who typically view themselves as invulnerable and immortal.

Tobacco use is a pediatric epidemic, a continuing tragedy whose magnitude is once again growing. While still lower than the peak rates of the 1970s, smoking rates are again increasing among the Nation's youth, even among African American teenagers, whose smoking rates have been significantly lower than those of other youth populations.

The percentage of teens who believe smoking is a great risk to health is declining. Smokeless tobacco use, which causes disfiguring and deadly oral cancers, is also rising steadily, mostly among white adolescent males.

Research has shown without question that tobacco use causes lung cancer and in fact is responsible for 30 percent of all cancer deaths. In addition, tobacco contributes to other cancers and a host of chronic, debilitating, and fatal heart and lung diseases.

Moreover, even exposure to environmental tobacco smoke has been shown to cause specific



genetic changes in children--changes that may put them on an early road to cancer.

**We know that if children do not begin smoking before their twenties, the chance of tobacco addiction is small.**

NCI research is now focusing on understanding why some youth populations have been more successful in resisting peer pressure, media glamorization of smoking, and seductive tobacco company marketing, and what strategies will enable other children to avoid smoking.

For example, a 10-year national demonstration project—called ASSIST—is testing tobacco use interventions to determine what mix of education, community involvement, media messages, smoking cessation help, and policy change will best keep our children and other high-risk populations from smoking. Success in these research and intervention efforts is critical to safeguard our most precious national resources—our children.

I'm not hooked on it. Anyway, I'm definitely not going to die of lung cancer.

--16-year-old boy

For more information contact:  
National Cancer Institute (NCI)  
NCI Public Inquiries Office  
6116 Executive Boulevard  
Room 3036A  
Bethesda, MD 20892-8322  
Phone: 1-800-422-6237 (1-800-4-CANCER)

For Freedom of Information Requests contact:  
NCI Freedom of Information Act Office  
Building 31, Room 10A34  
31 Center Drive, MSC 2580  
Bethesda, MD 20892-2580  
Phone: 1-301-496-2999

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## **A Note for Parents on Smoking Around Children**

# **Second-Hand Tobacco Smoke and Its Effects on Children**

A message from:

Michigan Academy of Family Physicians  
Michigan Chapter of the American Academy of Pediatrics  
Michigan Department of Public Health  
Michigan 4C Association, Community Coordinated Child Care

**DID YOU KNOW THAT CHILDREN EXPOSED TO TOBACCO SMOKE SUFFER?**

Tobacco smoke contributes to 150,000 to 300,000 respiratory infections in babies causing 7,500 to 15,000 hospitalizations.

It makes childhood asthma worse, and it actually causes up to 26,000 new cases of asthma every year.

It causes up to 80% more wheezing, coughing, and production of sputum than normal.

It causes a higher rate of throat infections.

It may cause a permanent decrease in lung function.

It leads to a higher rate of repeated ear infections.

**IF SMOKING IS ALLOWED IN YOUR HOME OR WHERE YOUR CHILD IS IN CARE, READ THIS.**

## **SECOND-HAND TOBACCO SMOKE**

It is well known that smoking is dangerous to health. It causes death from cancer, heart disease, and emphysema. And it is becoming well known that second-hand smoke is harmful to everyone.

Second-hand smoke has two phases and is a combination of a smoker's exhaled smoke and smoke from the burning end of a cigarette. The first phase of second-hand smoke is a blue-gray cloud made up of many harmful chemicals such as arsenic, cyanide, tar,

formaldehyde, carbon monoxide, and nicotine.

The second phase of second-hand smoke is invisible and lingers in the air long after the first phase disappears. Both phases contain chemicals that are very harmful to everyone — especially children.

## IF YOU SMOKE....

If you smoke in your home or car, with every breath your child takes, he or she is breathing in your second-hand smoke. Nicotine from that smoke can be measured in your child's urine.

It is no wonder then that children exposed to smoking in their homes have noticeably more upper respiratory infections, bronchitis, pneumonia, wheezing and even more ear infections.

Your child's lungs undergo important growth and development during the first two years of life. It has now been shown that if an infant regularly breathes second-hand smoke it may stunt lung growth and may cause a permanent decrease in lung function.



## SMOKING, CHILD CARE & THE LAW

In choosing child care, there is much to consider. One concern is whether your child will be exposed to tobacco smoke. Parents who use regulated child care should know that smoking is not permitted in licensed centers or registered family and group day care homes.

Children who attend licensed child care centers are protected by the Michigan Clean Indoor Air Act from exposure to tobacco smoke and the possibility of seeing adults smoke--adults who may be their role models. The Michigan Clean Indoor Air Act prohibits smoking on the grounds of child care centers, inside the centers, and in all related buildings.

Children who attend family or group day care homes are given some protection by a new law which prohibits smoking when children are present. (Providers must notify parents if they smoke in their homes when children are not present.)

## UNREGULATED HOMES

However, your child may be cared for in an unregulated home. It is up to YOU to find out if smoking occurs at the home where your child is in care, since acquiring a healthful environment is your responsibility and your right.

"The children of parents who smoke compared with children of nonsmoking parents have an increased frequency of respiratory infections, increased respiratory symptoms, and slightly smaller rate of increase in lung function as the lung matures." C. Everett Koop, M.D., Former Surgeon General


## WHAT YOU CAN DO AT HOME

Protect your children from exposure to tobacco smoke at all times.

If you smoke, quit! You will feel better and so will your children.

Until you quit, do not smoke within the airspace of children, not in your home or in your car. Smoke out of doors and away from your children.

Until you quit, do not smoke where children can



see you. If children see you smoke, they may come to believe that smoking is a healthy behavior.

Even though quitting can be difficult, don't quit quitting!

## WHAT YOU CAN DO ABOUT CHILD CARE

Choose child care carefully so that your children will not suffer from the harmful effects of environmental tobacco smoke.

Find out if smoking is allowed where your child is in care.

If smoking is allowed, make sure that smoking occurs only out of doors when children are NOT in care.

REMEMBER: Children exposed to tobacco smoke are at risk of illness.

THEREFORE: Protecting children from exposure to tobacco smoke is good preventative medicine. Your child's health depends on it.

For more information, contact the following:  
Your family or child's physician

Michigan Department of Public Health  
Center for Health Promotion & Chronic Disease  
Prevention/Tobacco Section  
PO Box 30195  
Lansing, MI 48909  
517/335-8376

Michigan 4C Association  
Community Coordinated Child Care  
839 Centennial Way  
Lansing, Michigan 48917  
517/351-4171

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### American Heart Association (AHA):

## Cigarette Smoking by Children and Teenagers in the United States is a Major Public Health Problem

If not controlled, later in life it will become a major risk factor for coronary heart disease, which leads to heart attack. Among young men and women who are otherwise at very low risk of developing coronary heart disease cigarette smoking may cause as many as 75 percent of the cases of coronary heart disease. The longer a person smokes, the higher the risk of coronary heart disease.

**More than 90,000 people die each year from coronary heart diseases caused by smoking.**

Most adult smokers started when they were pre-teens or teenagers.

Smoking habits in youth seem to determine lifetime cigarette consumption. There's also evidence that those who begin smoking before they're 20 have the highest incidence and earliest onset of coronary heart disease and high blood pressure. Autopsy studies of smokers have raised questions about the effects of

smoking in childhood and adolescence on the development of fatty buildups in arteries in adulthood.

### **What about passive or secondhand smoking?**

About 43 percent of American children ages 2-11 are exposed to secondhand smoke at home.

Studies have shown that children (especially infants) of parents who smoke have more lung illnesses, such as bronchitis and pneumonia, and can develop asthma. And because smoking parents are more likely to cough and spread germs, their children are more likely to develop chest illnesses. Exposure to tobacco smoke also increases the risk of heart disease.

There are many AHA publications related to smoking. Among them are:

- ♦ A Message to Parents...safeguard your children from smoking (also in Spanish)



- ◆ The Effects of Smoking (also in Spanish)
- ◆ There's No Filter For The Truth...Smoking and The Risk of Stroke
- ◆ Quit Smoking for Good
- ◆ How To Avoid Weight Gain When Quitting Smoking
- ◆ "How Can I Quit Smoking?" in Answers By Heart kit (also in Spanish kit)
- ◆ "How Can I Handle the Stress of Not Smoking?" and "How Can I Avoid Weight Gain When I Stop Smoking?" in Answers By Heart kit

The American Heart Association offers brochures and packets of information on the smoking habit and how to overcome it.

Titles include---

Quit Smoking for Good, How to Avoid Weight Gain When Quitting Smoking and Calling it Quits.

In addition, the offices provide self-help and educational videos that talk about smoking and how it affects the heart.

Single copies of brochures are free; videos are available for short-term loan.

The AHA has field offices throughout the state of Iowa. To find out about its programs or to request educational resources, call:

1-800-AHA-USA1 or visit <http://www.americanheart.org/>

Other AHA Scientific Statements include:

- ◆ Active and Passive Tobacco Exposure: A Serious Pediatric Health Problem
- ◆ Cigarette Smoking CVD and Stroke
- ◆ Cigarette Smoking and CV Diseases
- ◆ Cigarette Smoking Statistics
- ◆ Clean Indoor Air Laws
- ◆ Environmental Tobacco Smoke
- ◆ Federal Regulation of Tobacco
- ◆ Federal Support for Tobacco
- ◆ National Center for Tobacco-Free Kids
- ◆ Nicotine Addiction
- ◆ Nicotine Substitutes / Nicotine Replacement Therapy
- ◆ Smokeless Tobacco
- ◆ Smoking Cessation
- ◆ Tobacco Advertising
- ◆ Tobacco Excise Taxes
- ◆ Tobacco Industry's Targeting on Youth, Minorities and Women

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## UNC Study

# Parents Who Smoke Can Socialize Their Children Against Smoking

By Wendy Tanson — School of Public Health

CHAPEL HILL -- Parents who smoke and participated in a home-based program to socialize their children against smoking showed success when using at least three of the program's core educational lessons, said researchers from the University of North Carolina (UNC) at Chapel Hill School of Public Health recently.

Lead author Dr. Christine Jackson, associate professor of health behavior and health education at UNC's School of Public Health, and her colleague Denise Dickinson, a social research associate in the department, conducted a randomized trial to evaluate the effectiveness of "Smoke-free Kids," a voluntary program for smoking parents of 7- and 8-year-old children.

## 671 Parents And Their Children Studied

Jackson and Dickinson studied 671 parents and their children during a two-year period. About half of the parents received treatment; the others received fact sheets about youth smoking. Treatment included five core education modules, which gradually increased parents' skill and comfort levels in communicating with their children about their personal smoking history, addiction and expectations regarding abstinence.

The intervention also included a telephone call from a health educator to provide support and motivation, a toll-free support line for parents, newsletters for parents and children, incentives and a booster educational program delivered to parents after completing the first year of the study.

"Anti-smoking socialization is substantially more than telling children that they should not smoke," said Jackson. "For children, anti-smoking socialization involves internalizing norms in attitude and behavior against smoking initiation, accepting parental monitoring of smoking, and expecting negative consequences

for trying smoking and positive consequences for not smoking."

## Successful Parents

Jackson and Dickinson found that those parents who used at least three of the five core educational modules had significantly greater success in eight of nine categories of anti-smoking socialization than the control group, three months after receiving the treatment components.

In addition, after two years, children of treated parents scored significantly higher than controls on attributes that reduce susceptibility to smoking. They also scored significantly lower than controls on attributes that raise susceptibility to smoking. Children in the control group were 85 percent more likely to intend to smoke in adolescence and twice as likely to have a best friend who had started smoking.

"Given adequate exposure to "Smoke-free Kids," beneficial effects were observed in households where parents smoke cigarettes," Jackson said. "Parents who had adequate treatment were significantly more likely than controls to believe they could prevent smoking, discuss their smoking history and addiction experience with children, express their negative attitude about childrens' involvement with smoking, and communicate with children regarding consequences."

## Motivating Children

These parents were also more likely to monitor the smoking activity of children and friends and establish social contracts against smoking with their children shown to be a strong motivational factor for children.

"Particularly noteworthy was the significant increase in parental confidence to prevent their children from smoking," said Jackson. "This result suggests that

the program reduced the perceived hypocrisy that occurs when adult smokers contemplate socializing their children against smoking."

Also key, said Jackson, was the sustained impact of the program. "After two years, the program continued to have beneficial effects on childrens' susceptibility to smoking," she said. "This provides evidence that children exposed to the program had greater access than controls to a parent who remained motivated to prevent smoking."

## Parents Must Participate In Anti-Smoking Programs

The researchers added, however, that results of the study could only be generalized to adult smokers who are receptive to participating in the program, since enrollment in the study was voluntary.

"Further research is now under way to evaluate the program's potential to lower childrens' risk of smoking," said Jackson. "In addition, more work is needed to understand variation by ethnicity in the acceptability and utility of this home-based, self-help approach to smoking prevention."

A report on this study, funded by the National In-

stitute for Child Health and Human Development, appeared in the March, 2003, issue of the journal Tobacco Control.

For more information, contact:

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210 Pittsboro Street, Campus Box 6210  
Chapel Hill, NC 27599-6210  
(919) 962-2091 FAX: (919) 962-2279  
[www.unc.edu/news/newsserv](http://www.unc.edu/news/newsserv)

Note: Jackson can be reached at (919) 966-7546 or [chris\\_jackson@unc.edu](mailto:chris_jackson@unc.edu).

Contact Dickinson at (919) 966-6236 or [dmd@email.unc.edu](mailto:dmd@email.unc.edu).

UNC School of Public Health contact: Lisa Katz (919) 966-7467 or [lisa\\_katz@unc.edu](mailto:lisa_katz@unc.edu)

UNC News Services contact: Deb Saine (919) 962-8415

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## Virtual Children's Hospital

# Pediatrics Common Questions, Quick Answers About Children, Smoking, and Tobacco

### Common Questions, Quick Answers

1. What should I know about kids and smoking?
2. What are the effects of smoking?
3. What are some reasons kids start smoking?
4. What are some signs that my child could be smoking?
5. What should I do if my child is smoking?
6. What if I smoke?
7. How can I prevent my child from smoking?
8. When should I call the doctor?

### What should I know about kids and smoking?


Each day, at least 3,000 kids become regular smokers. Most smokers begin smoking as young as ages 12 to 14.

Both cigarettes and smokeless tobacco are harmful to your child's health.

### What are the effects of smoking?

Smoking damages the lungs, causing shortness of breath and decreased physical fitness.

Smoking often leads to other drug use.



Smokers usually have a higher resting heart rate than non-smokers. This means that while resting, smokers' hearts have to work harder than non-smokers' hearts.

Smoking leads to increased coughing and greater chance of getting a respiratory illness.

Smoking can lead to nicotine addiction, making it hard to quit.

Smoking often causes cancer or heart disease, both of which can lead to death.

For those with asthma, smoking can make asthmatic symptoms worse.

Smoking causes wrinkles and bad breath and stains the teeth. It also makes clothes smell like smoke.

Smokers get more cavities than non-smokers and are more likely to get sick.

### **What are some reasons kids start smoking?**

Kids might start smoking because they think it makes them look more grown up.

Kids might smoke to rebel against their parents or teachers.

Kids might smoke to relieve stress.

Kids might smoke because of peer pressure. If their friends smoke, they might start smoking, too.

Kids might smoke because they think it helps them lose weight. They may think that trying to quit will make them gain weight.

### **What are some signs that my child could be smoking?**

Signs that your child might be smoking include: coughing, throat irritation, hoarseness, bad breath, decreased fitness, stained teeth, shortness of breath, and he or she will be more likely to be affected by colds.

If your child smells like smoke, ask him or her about the smell before you accuse him or her of smoking. It could be that your child was in a smoky place or with friends that smoke, but is not a smoker himself or herself.

### **What should I do if my child is smoking?**

Ask your child why he or she likes to smoke. Have a conversation about smoking without criticizing children.

Remind them of the short-term effects of smoking (yellowing teeth, bad breath, cost, etc.). Focus on the present. Children often do not realize how their current actions can affect their futures.

Do not let your child smoke in front of you. Smoking under your supervision is not safer. Instead, it teaches children to think that it is somewhat acceptable.

Don't get angry or force your child to quit. Encourage your child to make his or her own decisions.

If your child says that he or she can quit, ask them to show you by not smoking for a week.

Offer to help your children quit. Give them support. Nicotine substitutes might be helpful.

Have them write the reason they are trying to quit on the pack. It will help remind them to cut down or stop.

If your child is trying to quit, reward him or her for trying and for each small success. If he or she smokes 1/2 pack per day, even decreasing this by 1 cigarette is a 10% decrease.

Praise children, give them more freedom, or let them choose an appropriate reward to work toward.

Remind your child of the good things that will result in his or her quitting (better fitness, improved appearance, saving money, etc.)


If your child is afraid of gaining weight from trying to quit, help him or her find healthy treats to snack on and keep your child busy. Some people try to ease the craving for a cigarette by replacing it with food.

### **What if I smoke?**

If you smoke and you ask your child not to smoke or ask him or her to quit smoking, they may think you are being unfair.

Parents' attitudes about smoking greatly affect their child's attitudes about smoking.

If you ask your child not to smoke, explain why you think it was mistake to start smoking yourself.



If you ask your children to quit smoking, quit with them. Keep trying. If you give up, you make it easier for your child to find an excuse to give up, too.

### **How can I prevent my child from smoking?**

Talk to kids about smoking beginning when they are young.

Keep communication open. Invite your child to come to you if he or she has questions.

If you smoke, try to quit smoking before your child starts. Talk to your own doctor for help.

Discuss smoking ads with your children. The people in the ads look healthy and strong. What information about smoking do the ads leave out?

### **When should I call the doctor?**

Call the doctor for suggestions on how to quit smoking.

Call the doctor, a support group, or a smoking cessation (quitting) program for support, information, or resources.

Call the doctor if you have questions or concerns about your child's health.

### **Quick Answers**

Most smokers begin smoking as young as ages 12 to 14.

Smoking causes damage to the heart and lungs, leading to illness, disease, and decreased physical fitness.

Kids might start smoking because of peer pressure, to relieve stress, or to rebel against their parents.

If you notice signs that your child might be smoking, ask if he or she smokes. Do not accuse.

If your child smokes, have a conversation with him or her about smoking without criticizing.

If you smoke and you ask your children not to smoke or ask them to quit smoking, they may think you are being unfair. Try quitting with him or her.

Keep communication about smoking open. Invite your child to come to you if he or she has questions.

Call the doctor, a support group, or a smoking cessation (quitting) program for support, information, or resources.

### **References, and for more information contact:**

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<http://www.vh.org/pediatric/patient/pediatrics/cqqa/smoking.html>

**HOTLINE**

# Something for People Concerned About Smoking & Nonsmokers' Rights from Action on Smoking and Health (ASH)

## CHILDREN AND SMOKING Major Links on ASH's Web Site

Below are some links to the major news and other items of information on ASH's web site related to this general topic. Please visit ASH's website to scroll down the list and select any items which seem to be of interest.

Website---<http://ash.org>

In addition, please also consider using ASH's search engine which can help narrow searches by using key words, find items which may not be indexed, and locate very recent items.

Smokeless Tobacco Accused of Advertising to Children [06/05/02]

Tobacco Smoke is Extremely Harmful to Children [05/09/02]

Just a Little Bit of Smoke Affects Children [05/08/02]

Machines to Detect Smokers in Schools [04/29/02]

Kids Are Easily Addicted to Cigarettes [04/17/02]

Mom's Smoking Damages Child [03/29/02]

Smoking Ban in Play Grounds [01/18/01]

New Laws to Protect California's Children from Tobacco [12/31/01]

Tobacco Pulls Cartoon Advertisement [12/18/01]

Smoking in Movies Influences Kids to Smoke [12/17/01]

Study Looks Into Risks of ETS for Children [11/07/01]

Kids Exposed to Smokers Could Develop Asthma

[11/06/01]

EPA's Campaign to Protect Children from ETS [10/26/01]

Adults Buy Cigarettes for Kids [10/25/01]

Child Labor and Tobacco [10/17/01]

## Threats To Children

ETS Poses a Serious Threat to Children [10/15/01]

Paternal Smoking Linked to Children's Lung Deficit [10/10/01]

Tobacco Accused of Targeting Children [08/29/01]

Tobacco Advertising Still Targets Children [08/16/01]

No Smoking Allowed in California Playgrounds [08/14/01]

Children Buy Herbal Cigarettes Legally [08/06/01]

Judge Prohibits Smoking Around 1yr Old Child [08/01/01]

Children Can Find Ways to Buy Cigarettes Online [07/27/01]

Kids Embalming Cigarettes for Kicks [07/27/01]

Kids Compete in Antismoking Poster Contest [07/18/01]

Nicotine Monitors Used to Clear the Air for Children [07/10/01]

Smoking Parents Put Kids at Risk [07/09/01]

Children Who Smell of Smoke Face School Suspension [07/06/01]

Cigars Gain Favor Among Kids [06/27/01]

Cigar Smoking is Up Among Children [06/21/01]

Tobacco Targets Children Around the World [06/21/01]

Children Are Highly Affected By Tobacco Advertising [06/14/01]

Tobacco Ads Impact Youth, Study Says [06/12/01]

Parents Unaware of Smoking Risks [05/31/01]

Boy Sues Smoking Father [05/29/01]

## Should Parents Go To Jail?

Could Smoking Moms Be Jailed For Homicide? [05/29/01]

Devices Catch Student Smokers [05/25/01]

Smoke Exposure Increases Kids' Lead Poisoning [05/22/01]

College Bans Outdoor Smoking on Campus [05/17/01]

States Don't Enforce No-Minors-Sale Laws [05/17/01]

Bill Would Ban Outdoor Smoking in Parks [05/04/01]

Smoking and Breast Feeding Linked to SIDS [04/24/01]

Anti Smoking Groups Criticize Tobacco Youth Campaigns [04/19/01]

Teens Targets of New Ohio Smoking Law [04/18/01]

Young Native Americans Against Smoking [04/16/01]

Early Smoking Prevention Works Best [04/13/01]

Smoking Linked to Teenage Depression [04/11/01]

Kids Across America Kick Butts [04/05/01]

Smoking on College Campus [03/26/01]

## Ads Target Children

Tobacco Industry Targets College Population [03/23/01]

Child Labor Used By Tobacco Companies [03/21/01]

Young Smokers End Up with Gum Disease [03/21/01]

Read Comprehensive New Report on Substance Abuse [03/10/01]

Enforcing a Cigarette Ban to Minors Is Inexpensive [03/02/01]

Dieting Teens More Likely To Smoke [03/01/01]

Sad But True: Youngest Smoker Record [02/28/01]

Movie Stars Can Influence Young Smokers [02/27/01]

US Teens Fight Tobacco at Global Level [02/26/01]

Survey: Teens Take Health Risks [02/21/01]

Maternal Smoking Causes Child Asthma [02/16/01]

African American Teens Have Higher Risk of Tobacco Addiction [01/31/01]

Why Do Kids Smoke? [01/25/01]

Baby Sitters and Second Hand Smoke [01/01/01]

Texas Sues Online Vendor For Selling To Minors [12/28/00]

## Programs To Stop Children From Smoking

School Based Programs Not Enough To Help Teens Quit [12/21/00]

Tobacco Use by School Age Students. Monitoring the Future Survey, University of Michigan [12/15/00]

Smoking by Kids Linked to Movies [11/13/00]

Smoking Causes Anxiety [11/09/00]

Philip Morris Book Covers Rejected [10/12/00]

Young Smokers Crucial to Big Tobacco [10/04/00]

Teen Smoking Causes Depression [10/03/00]

States May be Addicted to Teen Sales [09/26/00]

Book Covers Contain Hidden Tobacco Ads [09/25/00]

Nicotine Testing Helps Cut Teen Smoking [09/25/00]

Early Antismoking Education May be Ineffective [09/22/00]

Teens Are Easily Addicted [09/13/00]

New Report on Teen Tobacco Use [09/01/00]

Smoker's Family Faces Increased Stroke Risk [08/31/00]

## Is Teen Smoking Rising Or Declining?

Teen Smoking May Be Dipping [08/25/00]

More Dorms Go Smoke-free [08/24/00]

Smoking a Major Cause of SIDS [08/24/00]

Adult Smoking Gives Kids Meningitis [08/18/00]

Teen Addiction Hard to Measure [08/11/00]


Almost 50% of College Students Use Tobacco [08/09/00]

MDs Should Report Smoke-Exposure Child Abuse [08/09/00]

Exposing Kids to Smoke and Addiction [08/07/00]

Industry Used Candy Cigarettes to Entice Kids [08/04/00]

Antismoking Efforts Should Target Adults Too [08/04/00]



College Students Can't Get Cigs With Card [07/27/00]  
Smoking Can Give Babies/Passive Smokers Meningitis [07/24/00]  
US Kids Not So Healthy [07/14/00]  
Smoking Linked to Risky Teen Habits [07/13/00]

## **Tips To Stop Teen Smoking**

How Mass. Slashes Kid Smoking [06/29/00]  
Home Smoking Rules Affect Kid Smoking [06/26/00]  
High School Smoking Up [06/09/00]  
Retailers Sued Over Kid Sales [05/26/00]  
Big Tobacco is Still Targeting Kids [05/24/00]  
Secondhand Smoke Hurts Infants [05/17/00]  
Smoking Moms Have Smoking Kids [05/09/00]  
The Truth Campaign On Line for Kids [05/04/00]  
Smoking Moms Give Kids Cancer [05/01/00]  
RJR Against Shareholder Proposals That Curb Youth Smoking [03/17/00]  
Antismoking Ads Working on Teens [03/16/00]  
Kansas May Back Children's Bond with Settlement Money [03/15/00]  
BIDI's Continue to Be a Scourge Among Teens [03/14/00]  
Tobacco Paraphernalia Promotes Teen Smoking [03/14/00]  
Smoking and Teens [03/10/00]  
FL Accomplishing the Impossible with Kids Smoking [03/07/00]  
Canadian Senator Wants Smokers to Pay to Reduce Teen Smoking [02/29/00]

## **How The U.S. Rates With Other Countries**

Teen Smoking Rates Around the World [02/15/00]  
New FDA Website Lists Merchants Caught Illegally Selling Cigs to Minors [02/14/00]  
Children's Valentine's Day Poems Straight from the Heart - Quit Smoking [02/14/00]

Clerks in Canada have No Problem Selling to Minors [02/11/00]  
Not All Youth Smokers Getting Smokes from Stores [02/08/00]  
New Study on Health Behaviors of Children [02/02/00]  
One in Eight Middle Schoolers Lighting Up [01/31/00]  
CDC Report Shows Teen Smoking Still at Epidemic Rate [01/28/00]  
Truth Campaign Hitting Kids [01/24/00]  
Herbal Cigarettes No Safe Alternative; Targeting Kids? [01/18/00]  
Secondhand Smoke Definitely Hurts Kids [01/15/00]  
Kids Deliver 7,000 Postcards to Fl. Gov.: Spend Money on Anti-tobacco [01/14/00]  
B&W Accused of Surreptitiously Marketing to Kids [01/13/00]  
Mixed Reaction to NJ Youth Anti-tobacco Law [01/12/00]  
Kids Working Hard to Make Difference [01/03/00]

## **Discussing Smoking With Youngsters**

Talk About Smoking with Your Kids: Helpful Suggestions [01/03/00]  
Girl Scouts Take the Lead Against Tobacco [12/17/99]  
Sting Ops Catch VA Clerks Selling Bidis to Minors [12/15/99]  
Teens Say Proposed Canadian Fines Won't Stop Them From Smoking [12/02/99]  
Smoking to Forget Childhood Mental Stresses [12/01/99]  
If you Quit Now You May Prevent Your Child from Starting [12/01/99]  
The Truth About Tobacco Advertising - Teens the Target [11/30/99]  
Canadian Tobacco Industry Targets Kids Says Documents [11/23/99]  
Anti-Nicotine Vaccines - Helps Smokers Stop, Stops Kids from Starting [11/16/99]

PM: MSA Provides Unprecedented Opportunity to Reduce Youth Smoking [11/15/99]

Not To be Outdone by PM Lorillard Launches Youth Anti-tobacco Ads [11/12/99]

Sweeteners Added to Attract Kid Smokers [11/11/99]

TATU's Dedicated Teen Volunteers Making a Difference in IL [11/11/99]

Canadians Using a Hands on Approach to Reach Kids [11/10/99]

## **How Some Children Become Addicted**

70% of Children Who Try Tobacco Become Addicted [11/10/99]

Canada Raises Cig Taxes & Redoubles Effort to Keep Kids Smoke free [11/08/99]

On Halloween, Smoking Parents Killing Children [10/28/99 ]

This Halloween, Tell Children About REAL Monsters [10/27/99]

Study Focused on the Problem of Pre-teen Smoking [10/20/99]

Loopholes & Under Enforcement: States Failing to Cut Teen Smoking I [10/14/99]

Loopholes & Under Enforcement: States Failing to Cut Teen Smoking II [10/14/99]

The Appalling Rate of Teen Smokers [10/13/99]

3000 New Teen Smokers Per Day Smoking 3 Most Heavily Advertised Brands [10/12/99]

New Study Estimates 3,000 New Teen Smokers A Day [10/12/99]

Australian Government Takes A Stand Against ETS [10/11/99]

Health Dept. in PA County Proposes New Fine for Cig Sales to Minors [10/11/99]

Disturbing Evidence: Kids Smoking to Lose Weight [10/05/99]

Field Trip Shows Students the Danger of Smoking and Industry Deceit [10/05/99]

## **Parental Advice**

Advice for the Parents of Smoking Kids [10/04/99]

States May Lose Funds Due to Insufficient Decrease in Teen Smoking [09/21/99]

Prenatal Exposure to Testosterone Increases Risk of Future Smoking [09/15/99]

ALF Brings Teens to the Table to Combat Youth Smoking [09/14/99]

Damning Industry Documents-Nicotine Lollipops and Addiction [09/13/99]

PRIDE Survey Shows Smoking Among School Age Youth Down [09/09/99]

PRIDE To Release 1998-99 Student Drug Use Report Today [09/08/99]

Boston Teens Take Action [08/27/99]

ETS Is Harming Our Children [08/26/99]

Community Teams Up to Provide Drug Free Nightlife for Kids [08/25/99]

Protecting Kids from Internet Tobacco Act in the Works [08/24/99]

TFK Statement on the 1998 National Household Survey on Drug Abuse [08/19/99]

More On New Survey and Smoking Teens [08/19/99]

Drug Use Down Among Teens, But Smoking Rates Remain Unchanged [08/19/99]

New SAMHSA Report on Teen Tobacco Use [08/18/99]

The Scourge of Bidis on the Young [08/18/99]

Bidis: What the Kids Are Saying and the Doctors [08/10/99]

Cig Sales to Minors May Cost MO Millions [08/09/99]

## **New Report On Teen Smoking**

New Report on Teen Smoking and Its Effects [08/02/99]

New Study on Youth Responses to Smoking in the Movies [07/30/99]

Denver Targets Underage Smoking - Teens Say Plan Has Holes [07/29/99]

Disturbing Report on Seattle Teens - Drugs, Alcohol and Tobacco [07/28/99]

Editorial: Warning, Lifestyle May Be Hazardous to Your Children [07/27/99]

The State of Children - ASH's Scheg Quoted [07/12/99]

Aust. Introduces Tough Penalties for Retailers Who Sell to Minors [06/30/99]

Rothman's Dangerously Close to the Line of Pursuing Underage Smokers [06/28/99]

Kids Depict the Artful Truth About Smoking [06/21/99]

WHO Report: Smoke Endangers 1.2 World's Kids [06/16/99]

TX - Underage Smoking Nets About \$39M a Year [06/14/99]

PA: Using Billboards to Get the Message to Youth [06/09/99]

Youth Anti-tobacco Activists Take Spitation to the Field [06/07/99]

Behavior In Grade School Effects Emotional Problems in High School [04/12/99]

New Study on Parental Smoking and Respiratory Affects on Children [06/01/99]

Minority Children at Risk for Molecular & Genetic Damage from ETS [06/01/99]

Smoking Moms or ETS Thought to Cause Children's Teeth to Rot [06/01/99]

Lockout Machines Are Vending Machines [05/21-6]

Smoking at Home Triggers Asthma Attacks [05/21/99]

ENGLE: Retired PM Exec Denies Marketing to Kids [05/19/99]

## **Money To Cut Tobacco Use By Under-Age Smokers**

NV Poll Shows 78% Want Settlement \$'s to Go to Cut Teen Smoking [05/18/99]

MA Kids Rally Against Tobacco [05/10/99]

MN Children Demonstrate at the Tobacco Memorial Wall [05/10/99]

Teen Magazines Discuss Tobacco [05/06/99]

ME Bill Would Prohibit Use of Minors in Stings

[05/05/99]

Children Likely to Do as Their Parents Do [04/20/99]

High School Student in MA Drafts Bill that Restricts Smoking [04/15/99]

Students Design Anti-tobacco Billboards in Maryland [04/15/99]

Teen Cigarette Brand Preferences [04/14/99]

New Study: Parental ETS and Respiratory Disease in Children [04/12/99]

Behavior In Grade School Affects Emotional Problems in High School [04/12/99]

CBS Reports on Targeting Kids - Monday [04/10/99]

Spotlight on the Kids for National 'Kick Butts' Day [04/09/99]

Key to Decreasing Youth Smoking Is to Decrease Smoking in General [04/09/99]

NC Ready to Enforce Its Youth Anti-tobacco Laws [04/08/99]

Report on DNA Ramifications for Smoking Youth Alarms Maine [04/08/99]

## **Smoking and Children Of Tender Years**

Genetic Damage from Smoking More Pronounced in Youth [04/07/99]

Prenatal Smoking Linked to SIDS [04/05/99]

Statistical Breakdown of FL. Teen Tobacco Use [04/02/99]

President's Statement on FL's Youth Anti-Smoking Campaign [04/02/99]

VA DMV Takes New Approach to Identifying Minors [03/31/99]

Momentum Picking Up for Rating Toons with Bad Behavior [03/26/99]

Students Want A Smoke-free Statehouse: Like The Sign Outside Says [03/25/99]

DE Legislation Would Make Purchasing and Possession by Minors Illegal [03/25/99]

Teens Fight Absurd Tobacco Laws in IL [03/25/99]

Kids Defiant of No Smoking Laws [03/24/99]

Arizona May Ban All Smoking at Schools [03/24/99]  
Smoking in the Toons: What Kids Are Seeing [03/23/99]  
Police Commend Retailers That Don't Sell to Minors [03/23/99]  
Debate in Texas Over Penalties for Underage Smokers [03/23/99]  
Butts May Be Toxic to Pets and Children [03/22/99]  
Smoking Mothers Risk Criminal Children [03/22/99]  
New Study: Pollutants, Including Tobacco Smoke, Harm Children [03/19/99]

## **Kids and Marketing Programs**

Reinventing the Zippo — Target Market, Kids [03/19/99]  
New Study: Smoking Moms, Criminal Sons [03/15/99]  
Teacher Sues Over Smoking in the Boys Room [03/15/99]  
Teens and Missed Chances [03/09/99]  
New Evidence: Prenatal Smoking and Anti-Social Children [03/09/99]  
International Policy Conference on Children and Tobacco [03/04/99]  
Cigarette Vending Machines Don't ID [02/26/99]  
LA Co. Launches New Campaign Against Sales to Minors [02/18/99]  
Henley Wants \$50M Punitive Damages to Go to Kids [02/12/99]  
Teen Smoking: It's Easy for Minors to Buy in IN [02/11/99]  
Money Earmarked for the FDA Teen Smoking Prevention Program [02/09/99]  
Students Get Politcos' Settlement Plans on Video [01/29/99]  
CONTEST: Kids/Teens — Visit MTV and More [01/13/99]  
Smoking Among Kids Keeps Rising [01/08/99]  
New Laws in 1999 - Tobacco Free Kids Are One Aim [1/05/99 ]  
Proactive Solutions to Curb Teen Smoking [12/29/98]

A New Approach To Teen Anti-Tobacco [12/23/98]

## **More Surveys About Tobacco Use**

Teen Smoking Rate Declines Finally [12/23/98]  
Teen Smoking Up - TI Ads To Blame [12/15/98]  
AG DEAL: Experts Say It Won't Curb Teen Smoking [11/30-9]  
Questions Abound Over the Rise in Teen Smoking [11/30/98]  
Study Says: When Parents Smoke, Kids Will Too [11/10/98]  
Teaching Kids About Tobacco Through Theater  
Teen-Smoking on Democrats Agenda  
New Approaches To Keeping Kids Smoke Free  
Expert Says Teens Can't Quit  
Youth Tobacco Cessation Supplement Published  
Teens Ticketed for Lighting Up  
ASH Responds to Teen Smoking Study  
Teen Lessons in HH  
AG TALKS: Tobacco Free Kids Seeks Openness [10/09/98]  
CDC says More Teens Smoking and Underestimating Addictiveness [10/09-4]

## **Dangers From Secondhand Smoke**

LA City Atty Protects Children Victimized by Second-hand Smoke  
CA Making Tobacco Foot the Bill for Education  
Storefront Cigarette Ads Target Kids [09/11/98]  
New Survey on Kids & Drugs, Including Nicotine [09/02/98]  
Prenatal Smoking Linked to Hyperactivity [08/02/98]  
How Parents Can Stop Teen Smoking [7/29/98]  
CNN Report on Teen Smoking Cites ASH [07/21/98]  
CNN on Teen Smoking, With Quote From ASH [07/19/98]  
Maternal Smoking Affects Kid's Behavior [07/16/98]  
Teen Smoking Down a Bit [06/19/98]

PLEASE Record Effective Teen Antismoking Program [05/30/98]

More Teen Experimentors Getting Hooked [05/22/98]

McCain Bill May Not Discourage Teen Smoking [05/06/98]

Smokers Risking Their Children [05/06-3]

How Kids Are Fighting Smoking [04/20/98]

Regulate Tobacco Aiming Directly at Kids [04/18/98]

Higher Taxes Definitely Cut Teen Smoking [04/09/98]

## Why Kids Begin To Smoke

Why Teenagers Smoke, and Quit [04/06/98]

Smoking By Kids Up - Again! [04/3/98]

Tax Increase Can Save Kids' Lives [04/01-2]

Passive Smoking Kills Babies and Others [03/13/98]

Teens Easily Able to Buy Cigarettes [02/28/98]

Citizens Can Sue Over Sales to Minors [02/24/98]

Tobacco Company Considered Lacing Cigarettes With Marijuana [02/23/98]

Cigarette Makers Manipulated Nicotine - NY Times [02/23/98]

Two Studies Show: Ads Get Kids to Smoke [02/17/98]

Cutting Teen Smoking Isn't Easy [01/21/98]

Natl Academy of Sciences Backs Cig Tax - Read Report [01/14/98]

Boys' and Girls' Smoking are Different [12/30/97]

Texas Tough on Teen Smokers [12/28/97]

Teen Smoking Dips Slightly [12/22/97]

Students Are Walking Cigarette Ads [12/16/97]

Black Girls Smoke Less [12/12/97]

Only Kids Focus is Ineffective [11/27/97]

## Web Site For Teens

New Web Site For Teens

No Right to Smoke Around Child

How to Keep Kids From Smoking

Preventing Earaches in Kids

New Study of Teen Smoking

Action on Smoking and Health (ASH)

CHILD ABUSE OR ENDANGERMENT?

Smokers May Lose Custody of Children as a Result of New Study

ASH HONORED AT WHITE HOUSE CEREMONY

Statement of Congressman Henry Waxman (D-CA)

[Congressional Record: July 25, 1995 (House)]

Additional "Secret Documents" Read by Waxman

Raising Smoking in Custody Disputes

Smoking in Apartments and Condos

File Complaints Against Smoking

Toxins in Tobacco Smoke

Dangers of Secondhand Smoke

Govt. Report on Secondhand Smoke

Tobacco Class-Action Law Suits

Sue-Big-Tobacco List of Lawyers

Tobacco Settlement, Multi-state

ASH's New International Site

Smoking Facts & Statistics

Children and Smoking

Action on Smoking and Health is a national legal-action anti-smoking organization entirely supported by tax-deductible contributions

For more information, contact:

Action on Smoking and Health (ASH),

2013 H Street, N.W.,

Wash., DC 20006, USA

Phone: (202) 659-4310.

ASH's web address: <http://ash.org>

ASH is a 35-year-old national legal-action antismoking and nonsmokers' rights organization which is entirely supported by tax-deductible contributions.

**HOTLINE**

# Suggested Reading

By Margaret Genovese

## Sex Offender Treatment: Biopsychosocial Perspectives

*Sexual Offender Treatment: Biopsychosocial Perspectives*, edited by Michael H. Miner, PhD and Eli Coleman, PhD, includes recent research in the field of sexual offender treatment presented at the 5th International Conference of the Treatment of Sexual Offenders, which occurred in Caracas, Venezuela in March, 1998. The selected works included in this volume aim to promote effective measures for sexual offender treatment and guide clinicians to develop “state of the art treatment for sexual offenders based upon good theoretical conceptualization and outcome evaluation research.”

Through magnetic resonance tomography, the team of Reinhard Eher, Martin Aigner, Stefan Fruehwald, Patrick Frottier, and Christine Gruenhut (*Social Information Processed Self-Perceived Aggression in Relation to Brain Abnormalities in a Sample of Incarcerated Sexual Offenders*) were able to detect brain abnormalities in those with the most violent histories compared with those with less violent histories. Those with brain abnormalities were found to exhibit differences in processing social cues and emotions. These abnormalities, they argue, might be a consequence of multisite brain deficits which should “have important implications suggesting more vigilance in assessing for these deficits and developing treatment which might assist those afflicted from overcoming these deficits.”

Dorothy W. Walker’s paper, *The Treatment of Adult Male Child Molesters Through Group Family Intervention*, discusses developments in psychological treatment. She states that most often sexual offender treatment occurs in a vacuum, not involving family members directly in the process. Following


her belief that family members should be involved, she presents an outcome evaluation study of a treatment program which combines the use of relapse prevention and cognitive behavior therapy techniques in conjunction with appropriate therapies involving partners or preschool aged children. Because of the small sample size, no significant results were found, yet she did discover that family involvement was clearly linked to individuals remaining in treatment.

This text discusses the progress in sexual offender treatment and analysis. The authors of *Sexual Offender Treatment: Biopsychosocial Perspectives* give a detailed treatise of current theory and research in an effort to create a greater understanding of sexual offenders and, ultimately, to promote improved treatment for sexual offenders around the world.

## Sex Offender Treatment: Accomplishments, Challenges, And Future Directions

*Sex Offender Treatment: Accomplishments, Challenges, and Future Directions*, edited by Michael H. Miner, PhD and Eli Coleman, PhD, includes selected texts from the 6th International Conference of the Treatment of Sexual Offenders, which occurred in Toronto in May, 2001. This conference brought together treatment providers, researchers, and supervision personnel from around the world and this volume is part of a series of works that have borne as a result.

One of the important goals of this conference is to advocate for humane, dignified, comprehensive, ethical and effective treatment of sexual offenders.



To achieve this end, the editors have highlighted three areas of service provision and research that include advances made through the last decade, as well as the needs for the coming one. For instance, in *Multisystemic Treatment of Juvenile Sexual Offenders: A Progress Report*, Charles M. Borduin and Cindy M. Schaeffer, PhDs, describe multisystemic therapy and treatment, a model the authors present for use with juvenile sex offenders. In their article, they argue that empirical evidence does not support current codes of cognitive-behavioral treatment, and as a result propose a model that involves empowering parents with the skills and resources needed to address the difficulties in raising adolescents, and empowering the youths to cope with familial and extrafamilial problems. They have found that such measures led to decreased antisocial behaviors, as well as lower incidence of serious juvenile offending.

In *Circles of Support: A Restorative Justice Initiative*, Robin J. Wilson PhD, and Michelle Prinzo, MA, describe a restorative justice approach to sex offender reintegration into the community. The paper addresses the increasing difficulties faced in community-based management of sexual offenders, specifically in Canada. They posit that many high-risk offenders are released from custody, often without the benefit of adequate supervision or treatment. To combat this inherent problem, Wilson and Prinzo have created the "Circles of Support" which aims at assembling community resources to aid the released offender in his adjustment, rather than branding him a danger to the community at large. It focuses on the need to engage the community in the offender reintegration process, in contrast to such legislative measures as community notification.

This controversial text both examines the status quo and presents major advances in sexual offender treatment. The authors of *Sex Offender Treatment: Accomplishments, Challenges, and Future Directions* deliver an in-depth look at new and innovative ways of treating and administering to sexual offenders.

## Social Work in Mental Health

*Social Work in Mental Health* is a journal of behavior and psychiatric social work edited by Gary Rosenberg and Andrew Weissman, PhDs. It is a new journal aimed at publishing quality articles on clinical education, research, collaborative relationships, mental health policy, and the delivery of mental health care services. Its focus is social work theory, practice, and administration in a wide variety of mental health settings. More importantly, however, is its mission which is to examine and spread ideas that may improve social work practice and affect the lives of people with mental disabilities and those at risk as a result of experiencing these problems.

One article, entitled *The Evolution of Mental Health Care Policy and the Implications for Social Work*, written by Cassandra Bransford and Tim Bakken, discusses the evolution of mental health care policy in the United States from the eighteenth century to the present. It delves into the ways current social workers have reflected, interpreted, and forged mental health care initiatives and reforms, as well as discusses how the cycles of mental health reform have influenced the actual practices of social workers in their field.

Another treatise, *DSM-IV and Social Work Professionals: A Continuing Education Evaluation*, by Sophia F. Dziegielewski, Alan J. Johnson, and Erin Webb, investigates a six-hour group training session designed to gather information in regard to the role of social workers using the Diagnostic and Statistical Manual for Mental Health Disorders (DSM-IV). The intention of this group session was to explore both the knowledge and comfort of social workers currently using DSM-IV, as well as to assess the continuing education experience regarding diagnostic usage. The results of this study support that initiating a group training session increased the comfort and knowledge of social workers in regard to DSM-IV and an overwhelming percentage (98%) agreed that training in this area should be mandatory for all social work professionals.

Overall, *Social Work in Mental Health* is a must read for practitioners, administrators and students involved in the field of social work, offering professional knowledge of specific health care topics, as

well as ways of improving and enriching clinical practice.

## **Trauma and Sexuality: The Effects of Childhood Sexual, Physical, and Emotional Abuse on Sexual Identity and Behavior**

Sexuality is one of the major areas of human life affected by childhood trauma. In the book, *Trauma and Sexuality: The Effects of Childhood Sexual, Physical, and Emotional Abuse on Sexual Identity and Behavior*, editors James A. Chu, MD, and Elizabeth S. Bowman, MD, explore recent findings about childhood maltreatment and neglect as well as the impact of sexual trauma on sexuality and gender. It provides a nonjudgemental look at the profound effects of early abuse on the sexual identities, orientation, and behaviors of trauma survivors.

The article, *Some Considerations About Sexual Abuse and Children with Sexual Behavior Problems*, by Toni Cavanagh Johnson addresses three groups of children who engage in inappropriate sexual behavior, only one of which is molesting other children. She discusses the diversity of reasons for the development of problematic sexual behavior, and refutes the persistent belief that those who have been abused will, in fact, become abusers. Her paper and outcome statistics are paramount in the tearing down of this destructive myth.

Cheryl Gore-Felton and Cheryl Koopman address the relationship between trauma history, trauma-related symptoms, and sexual risk behavior in their dissertation, *Traumatic Experiences: Harbinger of Risk Behavior Among HIV-Positive Adults*. In their investigation of whether early abuse is linked to later sexual risk behavior, they have found that moderate to severe trauma symptoms are significantly correlated with unprotected sexual intercourse. Further, "Intrusive trauma symptoms correlate significantly with having multiple partners, and intrusive and avoidant symptoms [are] associated with unprotected sex." The authors propose that reducing trauma symptoms among affected adults might be a notably effective HIV-prevention inter-

vention.

The authors of *Trauma and Sexuality: The Effects of Childhood Sexual, Physical, and Emotional Abuse on Sexual Identity and Behavior* assist the clinician in a critically important way, by providing a look at the little published field of the effects of sexual abuse and other childhood maltreatment, as well as offering discussion of gender issues to help the professional become better equipped to help all clients deal with sexual problems and develop sexual intimacy.

## **Secret Survivors: Uncovering Incest and its Aftereffects in Women**

Current statistics estimate that 38% of all adult women have been sexually molested in childhood. While a frightening statistic, E. Sue Blume challenges its accuracy in her book, *Secret Survivors: Uncovering Incest and its Aftereffects in Women*. According to Ms. Blume, the statistic is not a true representation of the abuse population due to the fact that many women do not remember their abuse and, as a result, do not report it. Therefore, since fewer than half the women who do experience trauma later remember or identify it as abuse, she posits that more than half of all women are potential survivors. With her book, Blume seeks to reach out to the survivor population in an effort to help women overcome the effects of such horrendous victimization.

Empathetic and easy to comprehend, *Secret Survivors* serves as a self-help manual, intended to help survivors recognize themselves, identify self-destructive behaviors, explore alternative, healthy ways of survival, and ultimately discover new ways of living. It offers an array of guidance, from checklists to help determine the possibility of abuse, to comprehensive chapters, such as "Hope, Healing, and Beyond," which describes both the advantages and disadvantages of various therapies offered to victims in an effort to assist in the healing process.

In an effort to further define the subject, Blume also dedicates chapters to the themes of sexuality, relationships, and power. "In Somebody Else's Hands," for example, she discusses the aftereffects

of abuse, particularly a lack of balance, a “life of emotional, behavioral, and attitudinal extremes.” To encourage a regaining of power, she offers clear, powerful examples to demonstrate how to recover control by recognizing patterns as well as the availability of choices in life. By understanding there are choices, women can thus become empowered, and free themselves from the confines of sexual abuse.

*Secret Survivors* is a well-written chronicle that deals with a difficult, yet important, subject. Blume’s work is a critical resource and a powerful discourse on the ways to overcome and heal from incest. Anyone who has been touched by abuse will find her insights invaluable and thought-provoking.

## Children’s Rights: Policy and Practice

*Children’s Rights: Policy and Practice*, by John T. Pardeck, PhD, LCW, is written for all children’s advocates and those who teach or provide social services for this population. It offers an in-depth discussion of issues, comprising the causes of abuse and neglect, help for families at risk, techniques for case and cause advocacy, as well as children’s rights in schools and daycare and the role and function of child protection services. This book serves as an invaluable resource for those involved in the protection and nurture of children and offers advocacy tools to both families and professionals in order to provide fair treatment of children.

The first chapter details the children’s rights movement that largely emerged in the 1960s. It introduces the reader to notable court rulings, such as *In re Gault* (1967) and *Kent v. United States* (1966), which redefined the juvenile justice system. It further explores national legislation since enacted to protect children from abuse and neglect, as well as laws which have been aimed at improving services for children placed in foster care and adoption.


Chapter three’s focus is on the rights of children in schools. Much of this chapter focuses on the new-found rights of special needs children, and offers a detailed discussion on the Individuals with Disabilities Educational Act (IDEA) and the Americans with Disabilities Act (ADA) of 1990. A full disclosure of

these acts is covered and clarifies issues including freedom of expression and speech, censorship and school safety versus privacy.

One of the most informative chapters is chapter six, which explores the role and function of protective services in the child welfare system, which offers guidance for families at risk and is largely aimed at children who have been abused and neglected. It also covers a number of theories attempting to explain the causes of abuse and neglect, and each is discussed in detail. Emphasis is also placed on the need for more rigorous research in the area of child mistreatment in order to provide the best and most comprehensive strategies for the advocacy of children’s rights.

*Children’s Rights: Policy and Practice* stresses practical advice, essential issues such as family and individual therapy, and effective social policy aimed at protecting and caring for children, without intrusive technical jargon. It is a comprehensive, well-written treatise on the rights of children and is an essential read for parents, child care workers, and social workers alike.

HOTLINE



### Sacred Hearts

John Edward Gill

“The Papa Joe look-alike contests in Key West come to mind when reading *Sacred Hearts*. It is not that Gill looks much like Ernest Hemingway on the book-jacket picture but that his writing style resembles Hemingway so much.

Bill Townsend and Nicole Berman, the two main characters in the book, are lovers. Bill has a congenital heart condition, while Nicole has a nearly fatal automobile accident during the course of the story.

The action alternates between Paris and Long Island... the physical settings are described in exquisite detail.”

—ForeWordreviews.com

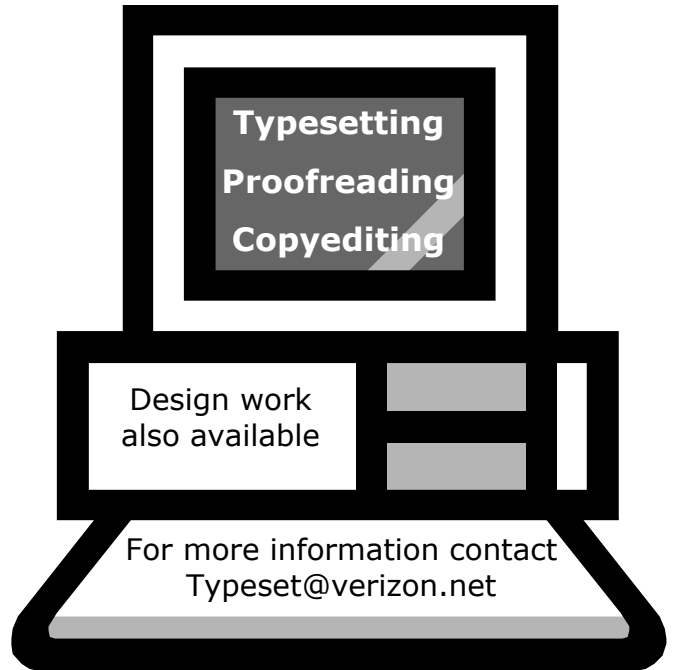
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