

Preventing Tobacco Use Among Youth and Young Adults

A Report of the Surgeon General

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Message from Kathleen Sebelius

Secretary of Health and Human Services

Tobacco is the leading cause of preventable and premature death, killing an estimated 443,000 Americans each year. Cigarette smoking costs the nation \$96 billion in direct medical costs and \$97 billion in lost productivity annually. In addition to the billions in medical costs and lost productivity, tobacco is enacting a heavy toll on young people.

Each day in the United States, over 3,800 young people under 18 years of age smoke their first cigarette, and over 1,000 youth under age 18 become daily cigarette smokers. The vast majority of Americans who begin daily smoking during adolescence are addicted to nicotine by young adulthood. Despite the well-known health risks, youth and adult smoking rates that had been dropping for many years have stalled. When this Administration took office, we decided that if these numbers were not changing, we had to do something. We accelerated our efforts to fight tobacco by helping Americans stop smoking and protecting young people from starting to smoke.

The first step was the historic Family Smoking Prevention and Tobacco Control Act which gives the U.S. Food and Drug Administration the authority to regulate tobacco products to prevent use by minors and reduce the impact on public health. The law includes many vital provisions, including a ban on cigarettes with certain characterizing flavorings such as candy and fruit, restrictions on the sale of single cigarettes and the prohibition of marketing practices aimed at children. The Family Smoking Prevention and Tobacco Control Act also provides for graphic warning labels that make the danger of smoking abundantly clear.

Second, as part of the Recovery Act, the Department of Health and Human Services (HHS) invested \$225 million to support tobacco prevention and control efforts in states. These investments were made in communities that have used evidence-based tobacco interventions and will eventually become models for the rest of the country.

The third step was the Affordable Care Act, which provides a new opportunity to transform how our nation addresses tobacco use through the Prevention and Public Health Fund. The law expands access to recommended treatment programs, such as tobacco use cessation, often at no additional cost. For the first time, Medicare and Medicaid will cover tobacco use cessation for all beneficiaries. The health care law also provides support for state 1-800 quitlines and implementation of innovative social media initiatives including text messaging and smart phone applications.

We are using the many tools at our disposal, from regulatory power to state and local investments, to end the tobacco epidemic. In November 2010, HHS announced the Department's first ever comprehensive tobacco control strategic action plan, titled Ending the Tobacco Epidemic, which will help us bring all of these strategies together to achieve our goals. An important component of our HHS plan focuses on preventing the initiation of tobacco use among young people, through hard-hitting mass media campaigns that will discourage our country's youth from starting to use tobacco products and motivate current tobacco users to quit. This key strategic action, combined with others in the plan, signify HHS's commitment to provide a clear roadmap for the future of tobacco prevention and control.

We have come a long way since the days of smoking on airplanes and in college classrooms, but we have a long way to go. We have the responsibility to act and do something to prevent our youth from smoking. The prosperity and health of our nation depend on it.

Message from Howard Koh

Assistant Secretary for Health

Tobacco use imposes enormous public health and financial costs on this nation—costs that are completely avoidable. Until we end tobacco use, more young people will become addicted, more people will become sick, and more families will be devastated by the loss of loved ones.

The simple fact is that we cannot end the tobacco epidemic without focusing our efforts on young people. Nearly 100% of adults who smoke every day started smoking when they were 26 or younger, so prevention is the key. The tobacco industry spends almost \$10 billion a year to market its products, half of all movies for children under 13 contain scenes of tobacco use, and images and messages normalize tobacco use in magazines, on the Internet, and at retail stores frequented by youth. With a quarter of all high school seniors and a third of all young adults smoking, and with progress in reducing prevalence slowing dramatically, the time for action is now.

This Surgeon General's Report is an important addition to our base of knowledge on the prevalence, causes, effects, and implications of tobacco use by young people. It elucidates in powerful detail the factors that lead youth and young adults to initiate tobacco use, and the devastating health and economic impact of that decision on our nation as well as on individuals, their families, and their communities. This report also identifies proven, effective strategies that hold the potential of dramatically reducing tobacco use.

The Department's overall tobacco control strategy is to strengthen and fully implement these proven, effective strategies as part of a comprehensive approach that combines educational, clinical, regulatory, economic, and social initiatives. In November 2010, the Department released *Ending the Tobacco Epidemic: A Tobacco Control Strategic Action Plan for the U.S. Department of Health and Human Services* which provides a framework for coordinating this approach. The plan sets forth specific actions which HHS can implement to build on recent legislative milestones, respond to the changing market for tobacco products, and promote robust tobacco control programs at the federal, state, and community levels.

From 1997 to 2004 youth smoking fell rapidly. Since that time smoking among high school seniors has continued to fall, but slowly from 24.4% in 2003 to 18.7% in 2010 (daily smoking among youth has fallen from 16.8% in 1999 to 7.3% in 2009). Since 2003 prevalence among adults has fallen from 21.6 to 19.3% in 2010. The current problem is not that the evidence-based tools that drove the progress from 1997 to 2004 stopped working; it is that they have not been applied with sufficient effort or nationwide. That these tools still work is reflected in the fact that many states have seen significant reductions since 2005. Between 2005 and 2010 twenty states had declines of 20% or more.

Even with decades of progress and recent tobacco control initiatives, however, we must do more. We have ample evidence that comprehensive, multi-component interventions are effective at reducing tobacco use. But knowledge is not enough. We must also have commitment—the commitment to sustain comprehensive programs, to give our young people another perspective on tobacco, to create an environment that makes it harder for youth to smoke, to make cessation services accessible and affordable. It is within our grasp to make the next generation tobacco-free if we have the will to do so.

Foreword

Preventing smoking and smokeless tobacco use among young people is critical to ending the epidemic of tobacco use. Since the first Surgeon General's report on youth in 1994, the basis for concern about smoking during adolescence and young adulthood has expanded beyond the immediate health consequences for the young smoker to a deeper understanding of the implications for health across the life span from early use of tobacco. Cigarette smoking remains the leading cause of preventable death in the United States, accounting for approximately 443,000 deaths, or about 1 of every 5 deaths, in the United States each year.

Since 1994, there have been many legal and scientific developments that have curtailed somewhat the tobacco companies' ability to market to young people. The 1998 Master Settlement Agreement eliminated most cigarette billboard and transit advertising, print advertising directed to underage youth, and limited brand sponsorship. In addition, the Master Settlement Agreement resulted in the release of internal tobacco industry documents that have been analyzed by scientists. Furthermore, during this time, the prices of cigarettes and smokeless tobacco products also increased. These significant developments, among others, resulted in a sharp decrease in tobacco use among adults and youth. However, this progress has stalled in recent years.

More than 80% of adult smokers begin smoking by 18 years of age with 99% of first use by 26 years of age. In addition, adolescent smokeless tobacco users are more likely than nonusers to become adult cigarette smokers. Adolescents and young adults are uniquely susceptible to social and environmental influences to use tobacco, and tobacco companies spend billions of dollars on cigarette and smokeless tobacco marketing. The findings in this report provide evidence that coordinated, high-impact interventions including mass media campaigns, price increases, and community-level changes protecting people from secondhand smoke and norms are effective in reducing the initiation and prevalence of smoking among youth. However, many of these comprehensive tobacco control programs remain underfunded. Now more than ever, it is imperative that we continue investing in tobacco prevention and control. An increase in spending on sustained comprehensive tobacco control programs will result in reductions in youth and adult smoking rates and, ultimately, in health care costs.

Reducing tobacco use is a winnable battle. We have the science and, with additional effort and support for evidence-based, cost-effective strategies that we can implement now, we will improve on our nation's health and our children's future.

Thomas R. Frieden, M.D., M.P.H.
Director
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Preface
from the Surgeon General,
U.S. Department of Health and Human Services

Nearly all tobacco use begins during youth and young adulthood. These young individuals progress from smoking occasionally to smoking every day. Each day across the United States over 3,800 youth under 18 years of age start smoking. Although much progress has been made to reduce the prevalence of smoking since the first Surgeon General's report in 1964, today nearly one in four high school seniors and one in three young adults under age 26 smoke.

Of every three young smokers, only one will quit, and one of those remaining smokers will die from tobacco-related causes. Most of these young people never considered the long-term health consequences associated with tobacco use when they started smoking; and nicotine, a highly addictive drug, causes many to continue smoking well into adulthood, often with deadly consequences.

This Surgeon General's report examines in detail the epidemiology, health effects, and causes of tobacco use among youth ages 12 through 17 and young adults ages 18 through 25. For the first time tobacco data on young adults as a discrete population has been explored. This is because nearly all tobacco use begins in youth and young adulthood, and because young adults are a prime target for tobacco advertising and marketing activities. This report also highlights the efficacy of strategies to prevent young people from using tobacco.

After years of steady decrease following the Tobacco Master Settlement Agreement of 1998, declines in youth tobacco use have slowed for cigarette smoking and stalled for use of smokeless tobacco. The latest research shows that concurrent use of multiple tobacco products is common among young people, and suggest that smokeless tobacco use is increasing among White males.

An important element of this Surgeon General's report is the review of the health consequences of tobacco use by young people. Cigarette smoking by youth and young adults is proven to cause serious and potentially deadly health effects immediately and into adulthood. One of the most significant health effects is addiction to nicotine that keeps young people smoking longer, causing increased physical damage. Early abdominal aortic atherosclerosis has been found in young smokers which affects the flow of blood to vital organs such as the lungs. This leads to reduced lung growth that can increase the risk of chronic obstructive pulmonary disease later in life, and reduced lung function.

This report examines the social, environmental, advertising, and marketing influences that encourage youth and young adults to initiate and sustain tobacco use. Tobacco products are among the most heavily marketed consumer goods in the U.S. Much of the nearly \$10 billion spent on marketing cigarettes each year goes to programs that reduce prices and make cigarettes more affordable; smokeless tobacco products are similarly promoted. Peer influences; imagery and messages that portray tobacco use as a desirable activity; and environmental cues, including those in both traditional and emerging media platforms, all encourage young people to use tobacco. These influences help attract youth to tobacco use and reinforce the perception that smoking and various forms of tobacco use are a social norm—a particularly strong message during adolescence and young adulthood.

Many initiatives have been put into place to help counter the influences that encourage young people to begin tobacco use. The Tobacco Master Settlement Agreement in 1998 curtailed much of the advertising that was particularly appealing to young people. With the passage of the 2009 legislation giving the U.S. Food and Drug Administration the authority to regulate tobacco products and tobacco advertising, we now have another important means of helping decrease the appeal of tobacco use to this population. Coordinated, multi-component interventions that include mass media campaigns, comprehensive community programs, comprehensive statewide tobacco control programs, price increases, and school-based policies have also proven effective in preventing onset and use of tobacco use among youth and young adults.

We know what works to prevent tobacco use among young people. The science contained in this and other Surgeon General's reports provides us with the information we need to prevent the needless suffering of premature disease caused by tobacco use, as well as save millions of lives. By strengthening and continuing to build upon effective policies and programs, we can help make our next generation tobacco free.

Regina Benjamin, M.D., M.B.A.
Surgeon General

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Preventing Tobacco Use Among Youth and Young Adults

Chapter 1. Introduction, Summary, and Conclusions 1

Introduction	3
Focus of the Report	6
Organization of the Report	6
Preparation of the Report	7
Evaluation of the Evidence	7
Major Conclusions	8
Chapter Conclusions	9
References	11

Chapter 2. The Health Consequences of Tobacco Use Among Young People 13

Introduction	15
Smoking During Adolescence and Young Adulthood: A Critical Period for Health	21
Nicotine Addiction	23
Smoking and Body Weight	30
Pulmonary Function and Respiratory Symptoms and Diseases	79
Cardiovascular Effects of Tobacco Use	94
Evidence Summary	110
Conclusions	111
References	112

Chapter 3. The Epidemiology of Tobacco Use Among Young People in the United States and Worldwide 129

Introduction	131
Key Epidemiologic Findings	134
Other Epidemiologic Findings	157
Evidence Summary	164
Conclusions	165
References	166

Chapter 3 Appendices 169

Appendix 3.1 Additional Analyses	173
Cigarette Smoking Among Young People in the United States	173
The Use of Other Tobacco Products Among Young People in the United States	199
Tobacco Use Among Young People Worldwide	209
Appendix 3.2 Sources of Data	210
Appendix 3.3 Measures of Tobacco Use	215
References	218

Chapter 4. Social, Environmental, Cognitive, and Genetic Influences on the Use of Tobacco Among Youth 425

Introduction 427
Large Social and Physical Environments 431
Small Social Groups 439
Cognitive and Affective Processes 445
Genetic Factors and Neurobiological and Neurodevelopmental Processes 451
Evidence Summary 458
Conclusions 460
References 461

Chapter 5. The Tobacco Industry's Influences on the Use of Tobacco Among Youth 483

Introduction 487
Marketing Expenditures of the Tobacco Companies 488
Advertising and Other Promotional Activities Used by the Tobacco Companies to Promote Tobacco Use Among Young People 508
The Tobacco Industry's Pricing Practices and Use of Tobacco Among Young People 522
Influences of the Tobacco Industry on Tobacco Use Among Youth: The Packaging of Tobacco Products 530
The Influence of the Design of Tobacco Products on the Use of Tobacco by Young People 535
Tobacco Product Marketing at the Point of Sale 541
Digital Tobacco Marketing 546
Other Tobacco Company Activities and Tobacco Use Among Youth 552
Images of Smoking in the Entertainment Media and the Development of Identity 564
Images of Smoking in Movies and Adolescent Smoking 565
Evidence Summary 598
Conclusions 601
References 603

Chapter 6. Efforts to Prevent and Reduce Tobacco Use Among Young People 629

Introduction 631
Evidence for Prevention and Reduction of Youth Tobacco Use 635
Evidence Summary 809
Conclusions 812
References 813

Chapter 7. A Vision for Ending the Tobacco Epidemic 847

History of Tobacco Control Among Young People in the United States 849
Tobacco Control Among Youth and Young Adults: The Recent Disappointing Trends 850
Tobacco Control Among Youth and Young Adults: How to Make Progress 853
Final Call to Action 856
References 858

List of Abbreviations 861

List of Tables and Figures 863

Index 875