



A Hard Habit to Break

FINDINGS ON TEEN SMOKING & TOBACCO USE

From the March 2007 Youth Risk Behavior Survey
Arlington, Virginia

The choices that young people make today have a big impact on their health and well-being, now and in the future.

The Youth Risk Behavior Survey (YRBS) asks young people about those behaviors and habits with the strongest links to their health.

This brochure looks at data on smoking and other forms of tobacco use from Arlington's March 2007 survey of middle and high school students.

WHY WORRY?

Cigarette smoking is a serious health issue for our youth because smoking is both harmful and extremely addictive. The health risks of cigarette smoking are serious, significant, and well-established (see box below.) Studies have found that nicotine addiction can begin in a matter of weeks.

(T)he base of our business is the high school student.

Cigarette company executive,
Source: Campaign for Tobacco-Free Kids

The good news is that young people who don't smoke by the age of 18 are extremely unlikely to become smokers. However, this fact is well known to tobacco companies. Studies have found that 86 percent of kids who smoke prefer one of the three most heavily advertised brands. While laws prohibit tobacco companies from targeting youth, their advertising clearly has an impact on the behavior of youth.

WHO IS SMOKING?

Overall, 28 percent of youth who participated in the survey reported they had tried smoking at least once in their lifetime ("lifetime use"). About half that group (13 percent of all youth) reported that they had smoked in the past 30 days ("current use").

Few students reported heavy smoking; that is smoking a half pack a day or more (2 percent). However, 9 percent of youth reported they had first tried smoking before age 13. The younger an individual is when he or she starts smoking, the more likely that person is to become addicted.

HEALTH RISKS OF SMOKING

- ✓ Increases risks of cancer (including cancer of the larynx, lungs, esophagus, pancreas, and bladder)
- ✓ Increases risk of heart disease, stroke, and emphysema.
- ✓ For women, increases risk of fertility problems, premature births and low birth weight infants.
- ✓ In the short term, leads to shortness of breath, burns, increased upper respiratory infections and decreased physical fitness and lung function.

OTHER TOBACCO USE

Fewer high school youth reported using other forms of tobacco. 11 percent reported smoking cigars and 5 percent reported using some form of smokeless tobacco (chewing tobacco, snuff, or dip). Taken together, 22 percent of 10th grade and 31 percent of 12th grade students reported use of some form of tobacco.

TRENDS IN SMOKING

Fewer youth reported smoking in 2007 than in 2004, when the YRBS was last administered in Arlington. The percentage who reported that they had tried smoking fell from 17 to 13 percent. The percentage who reported that they currently smoke fell from 17 to 13 percent. These changes are consistent with nationwide trends.

Declines in smoking have been especially dramatic for middle school youth. The percent of 6th graders who had tried smoking fell from 24 percent in 2001 to 3 percent in 2007. The percent of 8th graders who currently smoke fell from 15 percent in 2001 to 6 percent in 2007.

WHO'S AT RISK?

Smoking clearly increases with age: Only 2 percent of youth in 6th grade currently smoke compared to 25 percent of youth in 12th grade.

In Arlington, about the same percentage of adolescent boys and girls reported that they had *tried* smoking but *boys* were more likely to report *currently* smoking. In the national YRBS, boys and girls were equally likely to report both lifetime and current smoking.

TRYING TO QUIT

Quitting smoking is notoriously difficult – according to experts, nicotine addiction can be as powerful as heroin or cocaine addiction. So most smokers require repeated attempts. About half of Arlington young people who reported that they currently smoke also reported that they had tried but could not stop smoking in the past year. This percentage is largely unchanged since 2001 and points to the need to help motivate more youth to quit smoking and help them to succeed.

ESPECIALLY FOR PARENTS

Believe it or not, your opinions and ideas matter a lot to your kids. What parents think and say about smoking and the rules they enforce about tobacco use have a huge influence on whether a child becomes a regular user of tobacco products

Here are some suggestions for helping your child avoid smoking and other tobacco products:

1. Avoid tobacco yourself. If you smoke, try to quit - the sooner the better. Let them see how hard it is.
2. Make sure your child knows that most teens don't smoke –and for good reasons.
3. Help your kids to be media-savvy. Encourage them to think about the implicit messages in cigarette ads and challenge those messages!
4. Encourage your child to play sports or participate in other fitness activities that they enjoy. Make clear – especially for girls – that healthy eating and regular exercise are the keys to weight control.
5. Don't take experimentation lightly. Nicotine is highly addictive and an extremely hard habit to break.
6. Discuss ways to respond to peer pressure to smoke or use tobacco. Help your child practice using those responses.

TO LEARN MORE

To find out more about keeping youth tobacco-free, try these sites:

How Parents Can Protect Their Kids from Becoming Addicted Smokers (Campaign for Tobacco-Free Kids) www.tobaccofreekids.org/research/factsheets/pdf/0152.pdf

Useful Resources to Quit Smoking, (Centers for Disease Control, and Prevention) at www.cdc.gov/tobacco/how2quit.htm

Talking to Your Child about Smoking and Smokeless Tobacco (Nemours Foundation) at <http://kidshealth.org/parent/positive/talk/smoking.html>

Child and Teen Tobacco Use (American Cancer Society) at www.cancer.org/docroot/PED/content/PED_10_2X_Child_and_Teen_Tobacco_Use.asp?sitearea=PED

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HOW WE DID THE SURVEY

These findings are based on a survey of about 2500 students enrolled in grades six, eight, ten and twelve in Arlington's public secondary schools. Participation was voluntary and anonymous. Parents had an opportunity to opt out their child. Only two percent did. Eighty-six percent of students in the classes chosen for the survey filled out a questionnaire. Most of those who did not were absent from school.