

# FCD UPDATE

FCD Educational Services, Inc.

A Nonprofit Organization

Alcohol, Tobacco, and Other Drug Education

Winter 2000

## QUIT IT:

## Teens and Tobacco

**T**hey know it's addictive. They know it makes their breath stink. They know it can kill them. Yet, every day, more than 6,000 teenagers and pre-teenagers try cigarettes — with 3,000 going on to become regular smokers. With all of the information available about the hazards of tobacco, smoking remains the leading cause of preventable death in the United States. Despite massive public health campaigns, millions of dollars poured into counter-advertising, and readily available smoking cessation programs, kids still smoke.

This is not to say that we should abandon anti-smoking efforts. Adult smoking rates have been declining for years, with thousands of Americans quitting — and, in so doing, becoming new role models for teens. The most recent “Monitoring the Future Study” indicates a slight drop in the number of new adolescent smokers, yet the rate of teenage smoking continues to far outpace that of adults. Smoking among high school seniors reached a 19-year high of 36.6 percent in 1997 and is currently at 35.1 percent, compared to 25 percent of adults.<sup>1</sup>

Currently, tobacco initiation for young people occurs, on average, around 6th grade. More than 90% of smokers start before they are 18.<sup>2</sup> Even though most middle schoolers have been inundated with anti-smoking education, adolescents tend to downplay tobacco's health conse-



quences, particularly when comparing nicotine to other drugs. In reality, more teens will be adversely affected by tobacco than by any other drug. Tobacco is directly responsible for over 435,000 deaths per year, more than alcohol, car accidents, AIDS, suicide, homicide, fires, cocaine/crack, and heroin combined. Nearly 1,200 Americans die each day because of a decision they made as a child or teenager.

The Centers for Disease Control, the American Lung Association, the American Cancer Society, and others in the forefront of the battle against teenage smoking suggest a multi-pronged approach. Their recommendations include:

- Increasing parental support and involvement
- Making available effective smoking cessation programs
- Supporting smoke-free environments
- Decreasing tobacco use by parents and teachers
- Reducing access to tobacco products and increasing tobacco prices

- Conducting school- and community-based prevention programs

With these guidelines in mind, here are some ideas schools and parents can use to help keep kids tobacco free.

### Increase parental involvement

“Choosing not to smoke is tough,” an eighth-grade girl told us recently. “It’s not a one-time decision. I get offered cigarettes all the time and it can be hard to stick to my guns.”

Many of our students are hungry for guidance from the adults in their lives. Here are some tips for talking to young people about smoking:

- Use specific facts rather than generalizations. Telling kids that cigarettes contain over 4,000 chemicals and more than 40 known carcinogens has more impact than just saying “Smoking is bad for you.”
- Use tobacco advertisements to launch

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### Some of What's Inside...

#### Holy Smoke!

Despite massive public health campaigns and millions of dollars poured into counter-advertising, kids are still picking up that first cigarette. In our feature article, we focus on things parents and teachers can do to help young people realize you gotta be wacko to take up tobacco.

#### If at First You Don't Quit

It's never too late to benefit from quitting smoking. Discover how quickly the body recoups.

#### Did You Know...

...that the cigarette industry targets African Americans for its most toxic products? Learn more about this and other recent tobacco-related research.

#### Spit Tobacco: Just Say Ptoeey

Many teens believe that chewing is a safe alternative to smoking. Nothing could be further from the truth. “Chew” and “snuff” are addictive, cancer-causing substances. Get the facts on this foul habit.

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| <b>Amanda Lincoln</b>     | <b>Trip Wheeler</b>                    |
| <b>Albert Melo</b>        | <b>Tricia White</b>                    |

### General Correspondence:

For information about FCD's programs and services, or to schedule an FCD visit to your school or community, please contact us at:

FCD Educational Services, Inc.

26 Cross Street

Needham, MA 02494

Tel: (781) 444-6969

Fax: (781) 444-0920

Email: [fcdonline@fcd.org](mailto:fcdonline@fcd.org)

[www.fcd.org](http://www.fcd.org)

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## From the President

Feeling invincible is a hallmark of adolescence. Not surprisingly, teens believe that they will escape the harmful effects of smoking — even while acknowledging the risks. “It won’t affect me until I’m much older”; “I’ll quit before I get addicted”; “My grandfather smokes two packs a day and he’s 92.” These are just a few of the rationalizations we hear to justify smoking. There are, however, immediate health consequences to teenage smoking:



Alex J. Packer

- Teenage smokers are three times more likely than non-smokers to experience shortness of breath. “We have something called the Run Club, which helps us demonstrate to kids the physical disadvantages of being a smoker,” explains Lindsey Gilbert, assistant head of school at Wasatch Academy in Utah. “Every Sunday, around noontime, ‘convicted smokers’ are escorted on a two-lap run around the campus. We’re not doing it in any kind of militaristic or hard-core way, it’s just a way of saying, again, that we take this seriously. Kids come back realizing, ‘This really does affect my wind.’”
- Teenage smokers produce phlegm more than twice as often as teens who don’t smoke.
- Teens who smoke are more likely to report emotional or psychological complaints.
- The risks of lung cancer are greater for people who start smoking at an early age, and the risk rises the longer a person continues to smoke.
- Early signs of heart disease and stroke can be found in adolescents who smoke.
- Teens who smoke have a lower level of lung function than their non-smoking peers.
- Younger smokers are more likely to become addicted to nicotine.
- High school seniors who begin smoking by ninth grade are 2.4 times more likely than non-smokers to report poorer overall health.

The tobacco industry recognizes that a teenager’s decision to smoke is an emotional rather than intellectual one. Seductive images of happy, glamorous smokers promote ideas of acceptance and “coolness” that can override health-based information the teen has received. By associating tobacco products with symbols of freedom, maturity, sexual conquest, and even weight control, advertisers pander to adolescents’ hopes and insecurities.

Fortunately, teens don’t like to feel manipulated, and programs that expose the cynical, calculated exploitation of adolescents by the tobacco industry send powerful prevention messages.

In a 1999 “Kick Butts Day” survey of 12- to 17-year olds, teens suggest the best ways to dissuade them from smoking:

- Show us diseased lungs, and pictures of hearts and mouths of smokers
- Describe how smoking affects athletic performance
- End tobacco advertising directed at kids
- Expose tobacco industry marketing techniques

What did teens rank as the *least* effective way to keep them smoke-free? Telling them that smoking is an “adult” rather than a “kid” choice.

Even though “scare tactics” are generally ineffective, kids do respond to gory pictures, speakers who have been affected negatively by smoking, and live demonstrations of what happens to a smoker’s lungs. Teens seem to be saying to adults: “Keep telling us how bad smoking is.” And we will. Because we can only imagine how much worse the problem would be if we were to slacken our efforts.

Alex J. Packer, Ph.D.

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- conversations. Ask kids what they think about the happy, beautiful, carefree people in the ads, or how they feel about profit-making companies trying to get them hooked on a dangerous product.
- Use news stories, anti-smoking commercials, smokers huddled outside of buildings, and current events as catalysts for discussion.
  - Come right out and say, “I don’t want you to smoke.” Kids want to hear these limits.
  - Role-play with younger children and teens ways to say no if they are ever offered tobacco (“Thank you, but I’d prefer not to smell like an ashtray”).
  - Congratulate kids on their ongoing effort to avoid smoking. Let them know that you notice and appreciate the pressures they face and their daily commitment to a smoke-free life.

### **Sponsor or provide access to smoking cessation programs**

Teenagers routinely underestimate the power of cigarettes and overestimate their ability to quit. Most teens believe that they will be able to quit within five years,

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**Thinking of picking up a cigarette?  
Trying to come up with reasons to quit?  
Well, feast your eyes on this menu of...**

#### **TASTY INGREDIENTS IN CIGARETTE SMOKE!**

- **Acetone** (nail polish remover)
- **Acetic Acid** (vinegar)
- **Ammonia** (floor and toilet cleaner)
- **Arsenic** (poison)
- **Butane** (cigarette lighter fluid)
- **Cadmium** (rechargeable batteries)
- **Carbon Monoxide** (car exhaust fumes)
- **DDT** (insecticide)
- **Ethanol** (alcohol)
- **Formaldehyde** (preserver for bodies and tissues)
- **Hexamine** (barbecue lighter)
- **Hydrogen Cyanide** (gas chamber poison)
- **Methane** (swamp gas)
- **Methanol** (rocket fuel)
- **Napthalene** (mothballs)
- **Nitrobenzene** (gasoline additive)
- **Nitrous Oxide Phenols** (disinfectant)
- **Stearic Acid** (candle wax)
- **Toluene** (industrial solvent)

or before cigarettes hurt them. In fact, teenagers who become addicted are hooked an average of 16-20 years.<sup>3</sup>

According to a 1997 Surgeon General’s report, nearly half of high school seniors surveyed say they’d like to quit smoking, with about 40 percent saying they have tried to quit and couldn’t. *Seventy percent of adolescent smokers wish they had never started smoking in the first place.*

Teenagers are just as likely as adults to experience withdrawal symptoms, and to need tools and support if they are to succeed in quitting. Research shows that adolescents respond well to one-on-one counseling. Having a school nurse or counselor trained in teen-specific smoking cessation techniques gives smokers someone to turn to for encouragement and guidance in quitting.

### **Strive for a smoke-free community**

“We make it hard for our students to smoke,” says Lindsey Gilbert, Assistant Head of School at Wasatch Academy in Mt. Pleasant, Utah. “It’s harder and harder to be an adult smoker in the real world. There are few places where adults can smoke comfortably. We recreate that here at school. It used to be that we’d provide smoking areas for kids and teachers. It was almost like inviting them to smoke because, often, smoking would become the social center, the thing to do.

“We’ve gotten together as a community and said that we don’t want students to smoke, and here are the consequences if you do. By not making it easy for them, we’re sending a clear message.”

Marginalizing smoking helps both the smoker and the non-smoker. Smokers tend to reduce the number of cigarettes they smoke and are more inclined to quit when faced with the inconvenience of having to go outdoors to smoke. And non-smokers obviously benefit from breathing clean air.

Although the tobacco industry has tried to downplay the effects of second-hand smoke, the evidence of its harm is irrefutable:

- More than 50,000 people a year die from the effects of second-hand smoke,

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## **BE A QUITTER**

If you’re a smoker, it’s never too late to quit and reap the benefits:

### **Within 20 minutes of your last cigarette ...**

- ... blood pressure drops to normal
- ... pulse returns to normal
- ... body temperature of extremities increases to normal

### **8 hours ...**

- ... carbon monoxide level drops to normal
- ... oxygen level in blood increases to normal

### **24 hours ...**

- ... chance of heart attack decreases

### **48 hours ...**

- ... nerve endings start regrowing
- ... ability to smell and taste is enhanced

### **2 weeks to 3 months ...**

- ... circulation improves
- ... lung function increases up to 30%

### **1 to 9 months ...**

- ... overall energy level increases
- ... coughing, sinus congestion, fatigue, and shortness of breath decrease
- ... cilia regrow in lungs, increasing the body’s ability to reduce infection and clean the lungs

### **1 year ...**

- ... risk of coronary heart disease drops to half that of a smoker

### **5 years ...**

- ... lung cancer rate for the average smoker (one pack per day) decreases by half
- ... risk of stroke is reduced to that of a non-smoker
- ... risk of mouth, throat, and esophagus cancer is reduced by 50%

### **10 years ...**

- ... lung cancer rate for the average smoker drops to 2 deaths per 100,000 — almost the rate for non-smokers
- ... pre-cancerous cells are replaced by healthy cells

### **15 years ...**

- ... risk of coronary heart disease is that of a non-smoker.

Sources: The National Clearinghouse for Alcohol and Drug Information; MedicineNet.com

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far more deaths than those caused by any other pollutant.

- Tobacco smoke contains over forty cancer-causing chemicals including cyanide, carbon monoxide, and formaldehyde.
- People who are exposed to Environmental Tobacco Smoke (ETS) absorb chemicals from tobacco smoke into their bodies in sufficient amounts to cause damage.
- Among children, links have been established between second-hand smoke and asthma, bronchitis, middle ear problems, and SIDS.
- Intellectual development may be delayed in children regularly exposed to ETS. A study reported by Dr. John Slade in the *Nicotine Challenger* found lower achievement test scores among teens who live in smoke filled homes.<sup>4</sup>

### Enlist non-smoking parents and teachers as role models

“I’ve been impressed with both parents and students. They seem pretty clear on what they think about smoking,” says Vinny Dotoli, director of co-curriculum programs at Buckingham, Browne & Nichols Middle School in Cambridge, Massachusetts. “It’s just not a cool thing to do. In fact, it’s pretty stupid.”

Dotoli attributes this change in attitude, in part, to the decreasing number of adults, coaches, parents, and teachers who smoke around kids. “Thirty years ago, teachers were smoking in front of kids. Fifteen years ago, some were still smoking, but hiding it — often unsuccessfully — from their students.

“I think this is crucial. It’s not seen as an ‘adult’ thing to do if adults aren’t doing it. The message is coming from the top down, from parents and faculty. I also think the FCD message is very sensible and instructional and helps kids to develop their own street smarts about avoiding tobacco use.

“I’m not saying it’s not out there. We still have a lot of work to do. It’s just not like it used to be. We are seeing progress.”

## Smoke Stats

**12.8** percent of middle school students use tobacco in some form.

**34.8** percent of high school students use tobacco in some form.

**9.2** percent of 11- to 13-year-olds have smoked cigarettes in the past 30 days.

**6.1** percent of 11- to 13-year-olds have smoked cigars in the past 30 days.

### Reduce access to tobacco products

“Stores located close to schools have a greater number of cigarette advertisements covering their windows, more ads located next to candy, and more ads placed under the height of three feet luring young people to smoke,” according to a Federal Trade Commission Report to Congress in 1995. The tobacco industry spends almost 80% of its multi-billion dollar advertising budget on store advertising and promotions. The 1999 “Monitoring the Future” study found that the vast majority of young teens felt that they could get cigarettes “fairly easily” or “very easily.”

The FDA has established strict guidelines on displaying and dispensing tobacco products. Parents and educators can work with community leaders to see that these regulations are enforced and that underage purchase of tobacco products is prohibited.

### Conduct school- and community-based prevention programs

According to a 1999 survey by the Partnership for a Drug-Free America, kids listen to drug warnings by adults. Of the more than 6,500 teens questioned, 40% felt that “really cool” teens did not use drugs at all. In the 1999 Kick Butts Day Survey, kids thought “a big reason” that their peers smoked was to “fit in” (70%) or to “look cool” (66%), yet only 31 percent thought using tobacco helped teens to gain acceptance, and only 20 percent thought it made teens look cool.

All-school educational programs can support non-smokers and encourage

smokers to quit by emphasizing that most people do not think smoking or other drug use is cool. Non-smoking peer leaders can be a powerful anti-tobacco voice in a school community.

**O**f the more than 3,000 children who become smokers everyday, about 1,000 of these, or 1 out of 3, will die prematurely because of a decision they made as a teenager.<sup>5</sup> If current trends continue, five million American children alive today will die as a result of tobacco use.<sup>6</sup> There are also indications that teenagers who smoke are more likely to go on to use other drugs. The National Institute on Drug Abuse found that 12- to 17-year olds who smoke are 14 times more likely than non-smokers to abuse alcohol, 100 times more likely to smoke marijuana, and 32 times more likely to use cocaine.<sup>7</sup>

There are no easy solutions to teenage smoking. But we are more likely to make progress if we view the problem as one that affects communities, and not just individuals. By combining forces with local merchants to ensure that minors are not able to purchase cigarettes; working on local boards of health to help create smoke-free communities; setting a good example by being non-smokers ourselves; and by making smoking cessation and prevention efforts a priority in our schools and communities, we may reclaim the tobacco industry’s influence over our children.

1. Source: *Monitoring the Future Study*, University of Michigan, 1998.
2. “Preventing Tobacco Use Among Young People: A Report of the Surgeon General,” U.S. Department of Health and Human Services, 1994.
3. Centers for Disease Control Tobacco Information and Prevention Source, 1999.
4. *The Nicotine Challenger*, Vol. 1, No. 2, Winter 1992.
5. Centers for Disease Control, “Projected Smoking-Related Deaths Among Youth – United States,” *Mortality and Morbidity Weekly Report*, 8 November 1996, Vol. 45, No. 44.
6. Campaign for Tobacco-Free Kids Report, 1999.
7. Centers for Disease Control Tobacco Information and Prevention Source, 1999.

# If at First You Don't Succeed . . . Quit, Quit, Again

**M**ost people who smoke or chew tobacco wish they had never started. Quitting is not something you do on a whim. You have to *really* want to stop. But if you're serious about freeing yourself from nicotine addiction, the following guide can help you to succeed.

## 1. Make Your Decision

Quitting is a *process*, not an event. You can't just say, "I think I'll quit today." You have to prepare mentally, emotionally, and physically.

- **Ask yourself: "Am I ready to quit?"**

Look deep into your head and heart. Are you just toying with the idea? While a certain amount of ambivalence is natural, you're most likely to succeed if you *really* want to stop.

- **Know your reasons.** The clearer you are on why you want to stop, the more motivation and determination you'll have. Here are some of the reasons teens give for quitting:

- ✓ I don't want to get cancer or emphysema
- ✓ I hate having to lie and sneak around
- ✓ It's disgusting
- ✓ It's expensive and I could do many other things with the money
- ✓ I don't want a substance to control me
- ✓ It makes me cough a lot
- ✓ I don't have as much endurance as I used to
- ✓ If I get caught I'll be in trouble
- ✓ My girlfriend/boyfriend hates it
- ✓ I want to set a better example for my younger brother/sister
- ✓ I hate disappointing my parents
- ✓ My doctor/dentist has told me it's causing health problems
- ✓ I want to feel in charge of my life

- **Write down your reasons.** Carry them on a card. They will help you to maintain your resolve.

## 2. Plan Ahead

Preparation is key to success. Think of your addiction as being "alive." It doesn't want to "die." It will be doing everything it can — using every sneaky trick in the book — to maintain its hold over you. Your best bet for conquering this enemy is "battle readiness."

- **Pick a date to quit and mark it on your calendar.** Try to find a low-stress day, or a day when you won't be doing things or seeing people you associate with smoking. You may want to choose a day with symbolic meaning (e.g., your birthday, the day a relative died of cancer, Independence Day).

- **Do your research.** There are many methods for quitting: "cold turkey," tapering, smoking cessation groups, counseling, nicotine replacement therapy (gum, the patch), 12-step support groups, etc. You may decide to use several methods in combination. Go on-line (see the resources section on page 6) and find the information you'll need to make a plan.

- **Practice being a non-smoker.** Cutting back prior to your quit date can make stopping easier. Leave your tobacco at home. Carry substitutes (gum, sunflower seeds, hard candies). Identify your "triggers" and avoid those activities you associate with smoking. Think of it as dress rehearsal for the big day.

- **Build your support team and strategies.** Let friends and family members know you're planning to quit. Ask for their encouragement and patience (especially if they find that you're not your usual cheery self for a while). Join a support group. If you know people who have quit, ask them for tips.

- **Empty your stash.** Right before the big day, get rid of all your tobacco products and paraphernalia. Make sure you empty your locker, car, purse, pockets, backpack, etc. Replace the tobacco with substitutes (toothpicks, gum, etc.). Carry objects to keep your hands occupied (a pen, hand exercisers, "stress-reducing" squeezables).

## 3. The Big Day!

This could be one of the most important days of your life. Make it special!

- **Change your routines.** Alter or break patterns that serve as environmental or behavioral triggers of your tobacco use. Eat a different breakfast. Don't linger at the table after meals. Drink tea instead of coffee. Walk to school with a non-smoking friend. Exercise in the morning instead of the afternoon. Go to bed earlier or later than normal.

- **Practice the four D's:**

- ✓ Deep breathe to reduce tension and help you relax.
- ✓ Drink plenty of water to flush out toxins.
- ✓ Distract yourself with people and activities to get your mind off of smoking.
- ✓ Delay, delay, delay. If you have the urge to smoke, don't succumb. It will pass.

- **Reward yourself.** Plan a very special treat to reward yourself at the end of the day.

## 4. Going the Distance

Quitting successfully means making not smoking your top priority. Expect temptation and be prepared with strategies and support structures you can count on.

- **Take it day by day.** Don't worry about how you're going to avoid smoking next weekend. Or when you're at college. Or for the rest of your life. Just focus on not smoking *today*. With hard work and determination, those "todays" will add up and you'll be a non-smoker.

- **Remember the most dangerous thought: "I'll just have one."** Don't let addiction sweet talk its way back into your life. Be prepared for temptation. Know how you will respond. Keep your defenses strong by exercising and eating well.

- **Keep your card handy.** Whenever you feel tempted to smoke, look at your list of reasons for deciding to quit.

- **Recognize progress.** Within hours and days of quitting, good things happen to your body. (See page 3.) Notice them.

- **Talk about your feelings.** Don't quit in isolation. Share your emotions and struggles with people you trust and/or others who have quit.

- **Celebrate!** Quitting is one of the hardest things you'll ever do. Reward yourself. Figure out how much you spent on tobacco. With all the money you're now saving, you should notice an immediate improvement in your cash flow. Make a list of things you'd like to buy or spend money on. When you've saved that much by not smoking, treat yourself or others.

# TOBACCO-RELATED RESOURCES

*For an excellent book that offers guidelines for effective communication between parents and children:*

***How to Help Your Kids Choose to be Tobacco-Free: A Guide for Parents of Children Ages 3 through 19***, by Dr. Robert Schwebel (Newmarket Press, 1999).

*For a pamphlet full of pictures of lung cancer, mouth cancer, and an especially gross dead foot (from lack of circulation):*

■ **HEALTH EDCO**  
PO Box 21207  
Waco, TX 76702-1207  
1-800-299-3366, ext. 295  
www.wrsgroup.com

*For terrific, “user-friendly” books, pamphlets, and videos for clinicians, families, school health services, and kids who want to learn about tobacco and/or quit smoking:*

■ **Hazelden Information and Educational Services**  
Hazelden  
Center City, MN 55012-0176  
1-800-257-7800  
www.hazelden.org

■ **Journeyworks Publishing**  
PO Box 8466  
Santa Cruz, CA 95061  
1-800-775-1998  
www.journeyworks.com

*For general information, quitting strategies, and directories of smoking cessation programs:*

■ **American Lung Association**  
1-800-LUNG-USA  
www.lungusa.org

■ **American Cancer Society**  
1-800-ACS-2345  
www.cancer.org

■ **www.TryToStop.org**

■ **www.Quitnet.org**

*To find ways to help your community become smoke free, contact your local board of health.*

*If there is no activity on the local level, call your state Department of Public Health. Another great source of information for supporting smoke-free environments:*

■ **Americans for Nonsmoker’s Rights**  
2530 San Pablo Ave., Suite J  
Berkeley, CA 94702  
(510) 841-3032  
www.no-smoke.org

*To find out what your community is doing to prevent underage access to tobacco products, contact your local police department or board of health. For more ideas on how to promote activism in your community contact:*

■ **STAT (Stop Teenage Addiction to Tobacco)**  
*Founded in 1985, the mission of this national organization is to end childhood and teenage addiction to tobacco through making youth full partners in tobacco prevention and awareness efforts.*  
511 East Columbus Ave.  
Springfield, MA 01105  
(413) 732-STAT  
www.stat.org

■ **Children and Tobacco: Regulations and Information**  
Food and Drug Administration  
www.fda.gov

*To learn about and plan smokeout events:*

■ **American Cancer Society’s Great American Smokeout**  
*On the third Thursday of November, middle and high school students can pledge not to smoke, participate in a school-wide SmokeScream, and/or gain support and encouragement to quit smoking along with thousands of other Americans.*

■ **American Cancer Society**  
1-800-ACS-2345  
www.cancer.org/smokeout

■ **Kick Butts Day**  
*This event is designed to help young people educate their peers about tobacco risks and addiction, and to reduce kids’ access to tobacco products. Wednesday, April 5, 2000.*

■ **Campaign for Tobacco-Free Kids**  
1-800-284-KIDS  
www.tobaccofreekids.org

■ **World No Tobacco Day**  
*First held in 1988, this global event was established to call worldwide attention to the impact of tobacco on public health. May 31 annually.*  
World Health Organization  
www.wntd.com

*The following resources will alert kids to the tobacco industry’s efforts to turn them into smokers:*

■ **“AdSmarts”** is a curriculum and video kit on alcohol and tobacco advertising — great for middle schools. Available from:  
Scott Newman Center  
6255 Sunset Blvd., Suite 1906  
Los Angeles, CA 90028  
(213) 469-2029

*“Redefining Liberation” is a video produced by the NOW Foundation’s Women’s Health Project. The video exposes the links between women, smoking, body image, and advertising. The Women’s Health Project also has some great ideas for anti-tobacco activism.*

■ **NOW Foundation**  
Redefining Liberation Video  
1000 16th Street NW #700  
Washington, DC 20036  
(202) 331-0066  
www.now.org

*For tobacco- and adolescent health-related books, videos, and teaching materials:*

■ **Center for Media Literacy**  
4727 Wilshire Boulevard, Suite 403  
Los Angeles, CA 90010  
(323) 931-4177  
www.medialit.org

*For slide shows, workshops and postcards and posters satirizing tobacco ads:*

■ **BADvertising Institute**  
RD 1, Box 83  
Harpersville, NY 13787  
(607) 693-3400  
www.badvertising.org

*For funny, hip, anti-tobacco merchandise (T-shirts, posters, key rings, etc.):*

■ **State of Health Products**  
300 1st Ave. N.  
Minneapolis, MN 55401  
1-888-4BUTTOUT  
www.buttout.com

# Did you know?

## Get Outraged

Cigarettes advertised in African American communities contain more tar and nicotine than those advertised in predominately white neighborhoods. Furthermore, billboards are found in African American communities 4 to 5 times more often than in neighboring white communities. The tobacco industry pushes menthol cigarettes, which have higher amounts of tar and nicotine, to African Americans. Not surprisingly, African Americans have the highest death rate due to lung cancer of any race.<sup>1</sup>

## Teens and Cigars

Teens are the latest victims of the cigar craze. In 1997, 31.2 percent of boys and 10.8 percent of girls in high school reported having smoked a cigar at least once in the past month. Many students believe that cigars are safer than cigarettes when, in fact:

- The rate of lung cancer in cigar smokers is 300% that of non-smokers.
- Smoking one cigar is equal to smoking three to eight cigarettes.
- Cigar smokers are 4-10 times more likely than cigarette smokers to develop cancer of the mouth, larynx, and esophagus.
- Cigars have nicotine and tar, just like cigarettes.
- The tobacco in cigars is mixed with other substances. We have no idea what these are since cigar manufacturers are not required to list ingredients or put health warnings on their packages.<sup>2</sup>

## Weight! Don't Smoke!

Children who are concerned about their weight are more likely to experiment with cigarettes, according to a study reported

in *Pediatrics* (October, 1999). The researchers asked 16,000 children, ages 9 to 14, separate questions regarding weight loss and smoking. According to one of the study's authors, Dr. Alison Field of Harvard Medical School, boys who exercised daily to lose weight were 90 percent more likely than non-exercising boys to have experimented with cigarettes. Girls who were unhappy about their appearance were twice as likely to think about using tobacco. This may have something to do with a 1993 study published in the *Journal of Clinical Investigation* which found that moderate smoking helps the body burn fat. If the lore of this research has filtered down to today's kids, they may see smoking as a means of obtaining the skeletally thin bodies with which our society seems to be obsessed.

## The Power of Advertising

Although most young people believe that they are immune to advertising, teens are influenced. For example:

- Eight-six percent of children who smoke prefer Marlboro, Camel, and Newport — the three most heavily advertised brands. Between 1989 and 1993, when advertising for Joe Camel increased from \$27 million to \$43 million, Camel smoking among teenagers increased by more than 50 percent, while the adult market remained unchanged.<sup>3</sup>
- An article in the 1996 *Journal of Marketing* revealed that teenagers are three times more likely than adults to recall tobacco advertising.
- A 1998 study in the *Journal of the American Medical Association* found that promotional activities (give-aways, sponsored events, etc.) influence non-smokers to become susceptible to experimentation. Approximately 30 percent of kids own at least one tobacco-related promotional item (e.g., coffee mugs, T-shirts, backpacks).
- Advertising executives admit that tobacco marketing targets kids. Fifty-nine percent of executives surveyed believed that the goal of tobacco advertising is to influence teens who do not already smoke.

- The major cigarette companies spend more than \$15 million every day to promote their products — a good indication that advertising works.

## And You Thought Cigarettes Couldn't Get MORE Dangerous

Bidis (also known as beedis or beedies) are small, brown, hand-rolled cigarettes that are tied with a string at one end. Often flavored, bidis are primarily produced in India and then imported into the United States.

Bidis are growing in popularity among young people. Of 642 urban youth surveyed in Massachusetts, 40% reported smoking bidis in their lifetime; 16 percent reported smoking bidis at least once in the past month; and 8 percent said they had smoked 100 or more bidis in their lifetime.

When asked why they used bidis instead of cigarettes, 23 percent of the participants said because of "taste"; 18 percent because bidis are "cheaper"; 13 percent because bidis are "safer"; and 12 percent because bidis are "easier to buy."

Bidis are not a safe alternative to cigarettes. One bidi produces more than three times the amount of nicotine and carbon monoxide, and more than five times the amount of tar than one cigarette. Bidi users are at increased risk for coronary heart disease and cancers of the lung, mouth, esophagus, liver, and stomach. Bidi smoking during pregnancy can result in perinatal mortality.

The "exotic" nature of bidis plus their physical resemblance to joints may help to explain their attraction. But the last thing we need is a more "attractive" cigarette.

1. Centers for Disease Control, "State Tobacco Control Highlights" as reported by the African American National Smoking Cessation Campaign, 11120 New Hampshire Avenue, Suite 204, Silver Spring, MD 20904.
2. "Tobacco Use among High School Students — United States, 1997." Centers for Disease Control, *Mortality and Morbidity Weekly Report*, 3 April 1998, Vol. 47, No. 12.
3. "Changes in the Cigarette Brand Preference of Adolescent Smokers, U.S., 1989-1993," CDC *Mortality and Morbidity Weekly Report*, 19 August 1994, Vol. 43, No. 32, as reported by the Campaign for Tobacco-Free Kids.

## **SPIT TOBACCO: JUST SAY PTOOEY**

### ***What is chew?***

Chew, along with snuff, is a form of spit tobacco (also known as smokeless tobacco). Chew is leafy and bulky and sold in pouches. As you might guess, it is chewed. Snuff (sometimes called “dip” or “rub”), is finely ground tobacco. It is sold in small tins. Users hold a pinch of it between their cheek and gum.

### ***Is spit tobacco a safe alternative to smoking cigarettes?***

About as safe as bungee jumping without a cord. There are at least 28 known cancer-causing chemicals in spit tobacco that can lead to cancers of the lip, tongue, cheek, throat, gums, roof and floor of the mouth, and larynx (voice box). Surgery for oral cancer often involves removing parts of the face, tongue, cheek, or lip — making it difficult to chew, swallow, talk, breathe — and *kiss*. Furthermore, oral cancer can quickly spread to other parts of the body. Half of all oral cancer patients are dead within five years of being diagnosed.

### ***What else does spit tobacco do?***

Apart from producing slime on the sidewalks, spit tobacco can cause sores, lumps, and white patches in the mouth. These white patches can turn into cancer over time. In addition, smokeless tobacco can

lead to gum recession, an unsightly and usually permanent condition in which the gums pull away from the teeth, increasing tooth sensitivity and vulnerability to decay — especially on the roots. Can you say “root canal”?

### ***Is it possible to get addicted to chew?***

The drug nicotine is in spit tobacco, making chew and snuff highly addictive. Holding an average-size dip in your mouth for 30 minutes introduces as much nicotine into your body as you would get from smoking 2 to 3 cigarettes.

### ***But don't athletes and a lot of cool people use chewing tobacco?***

Sure — if your idea of cool is stained teeth with tobacco leaves stuck in them, bad breath that rivals swamp gas, spit projectiles flying through the air, and yellow saliva drooling from the corners of your mouth.

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FCD welcomes your comments, questions, and ideas. To learn more about anything in the newsletter, to send letters to the editor, or to submit a manuscript or proposal for an article, please contact:

Editor, FCDUPDATE, 26 Cross Street, Needham, MA 02494.  
Editor: Alex J. Packer, Ph.D., Contributors: Alex Packer, Beth Seiser, Robert Sharkey, Will Slotnick, Renee Soulis  
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## **Mission Statement**

Founded in 1976, FCD (Freedom from Chemical Dependency) Educational Services, Inc., is a nonprofit organization that provides alcohol, tobacco, and other drug education and prevention programs for schools throughout the United States and abroad. Using highly trained educators who teach from the recovering perspective, our mission is to:

- Provide up-to-date information on the physiological and psychological effects of alcohol and other drugs;
- Promote awareness of chemical dependency as a primary, progressive, and often fatal disease;
- Empower young people to make healthy, responsible choices regarding alcohol and other drug use;
- Encourage and support the non-use of alcohol and other drugs during the growing years.

## **Services**

With over twenty years of experience, FCD offers a wide range of services including:

- Comprehensive drug education programs for students from kindergarten through college
- intervention training
- prevention planning and policy consultation to schools, colleges, businesses, and health care professionals
- assemblies and workshops for administrators, teachers, parents, students, coaches, proctors, residential advisors, trustees, school boards, health care staff, and community organizations.