The Tobacco Institute: Helping Youth Say "Yes" to Tobacco

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"Tobacco: Helping Youth Say No" is a superbly executed glossy booklet, in color, with heartwarming pictures of teenagers and parents interacting.[1] Governors, school boards, and community groups are being solicited to support the use of this program in homes and schools. Advertisements are planned for newspapers, billboards, and television. "Tobacco: Helping Youth Say No" is produced by the Tobacco Institute (the tobacco industry's public relations and lobbying organization headquartered in Washington, DC) because they "don't want kids to smoke."[2] After nearly two decades of research, however, there are considerable data about what are and what are not effective smoking prevention strategies.[3] We believe that the tobacco industry has used these data to create a program that will turn teachers and parents into unwitting accomplices in addicting another generation of children to nicotine.

Smoking Prevention Programs

Over the past two decades, two different theoretical approaches to adolescent smoking prevention have developed: the "social influences" approach and the "affective" approach. Social influences programs are based on the theory that factors external to the individual, such as the marketing efforts of the tobacco industry, are important causes of adolescent tobacco use.[3] The affective approach contends that internal factors such as low self-esteem, faulty decision making, and difficulty coping with stress are of primary importance in the onset of tobacco use.[4]

The social influences approach has been tested extensively, and the weight of the evidence indicates that this approach can be quite effective in preventing the onset of tobacco use.[3]

On the other hand, several evaluations of the affective approach to substance abuse prevention have found that not only have these programs been ineffective in preventing substance abuse, they have frequently resulted in *increased* use of tobacco, alcohol, and marijuana among students exposed to the programs when compared with control groups.[4,5] Unfortunately, by the time health researchers realized that affective programs may actually increase substance abuse, these programs were in widespread use in schools throughout the United States.

The Tobacco Institute has also invested in its own affective "smoking prevention" programs. These efforts increased dramatically when it was revealed that cigarette advertisements effectively promote smoking to children.[6,7] "Tobacco: Helping Youth Say No" is just the latest in a series of affective programs distributed by the Tobacco Institute since 1984. Unlike the affective smoking prevention programs tested by well-intentioned prevention researchers, the Tobacco Institute's program is clearly designed to encourage tobacco use.

Feelings vs Facts

"Tobacco: Helping Youth Say No" in its earliest form was entitled "Helping Youth Decide."[8] Like other affective programs, it emphasized helping youth get in touch with their feelings and values: "this approach is designed to help youth explore and develop their own values and morals, to be honest with themselves about how they really feel."[8] Once they are in touch with themselves, they can decide whether tobacco use is right for them. According to "Helping Youth Decide," "Young people need opportunities to examine the potential consequences of choices, to choose and to accept the responsibility for the choices they make."[8]

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Dr Jerrold Greenberg, an early proponent of this approach, has written that "health educators must not be concerned with the particular behavior of their clients, but rather with the process used by their clients to arrive at that behavior. For example, if a client (student in a school, adult in a nursing home program, etc) chooses to smoke cigarettes but has made that decision freely, the health educator has been successful. . . ."[9] To the advocates of affective programs, one decision about smoking is as good as another.

The emphasis that affective health education programs place on inner process issues rather than on factual material can be dangerous. "Teaching styles which rely only on 'process' modes, ie, without a factual focus, bear the risk not only of destabilizing use and not restraining spread, but also of facilitating that spread."[5]

Responsible Decision Making

The success the affective programs have shown in increasing tobacco use may be due to their lack of factual content in conjunction with their emphasis on decision making. The tobacco industry repeats the word "decision" like a mantra. One of the goals of "Helping Youth Decide" is to help "our young teenagers learn to make more of their own decisions."[8] "Adults who suggest and help, rather than direct and decide, are more likely to instill the confidence adolescents need to make more and more independent decisions."[8] Children who might never have considered tobacco use to be an option are taught that they must make a decision about using tobacco. Not surprisingly, some decide to try it.

The very premise that smoking is something youths should be deciding about must be condemned. Each day, approximately 3000 American adolescents become regular smokers.[10] Of these, about 30 will eventually die in traffic accidents, 20 will be murdered, and nearly 750 will be killed by tobacco.[11] Who would tell a child that he must "decide" whether or not to run in front of a car or pack a gun to school? We certainly should not be telling children they must decide about smoking.

Children see that with important matters they are told what they must do. We do not ask children to decide about attending school or receiving childhood immunizations. When tobacco use is presented as something children *can* and should decide about, it suggests that it is not important to adults what decision they actually make.

Forbidden Fruit

"Project 16" was a tobacco industry research project that interviewed children to "learn everything there was to learn about how smoking begins."[12] Project 16 identified "the forbidden fruit" appeal as an important factor in adolescent experimentation with smoking. Presenting smoking as a forbidden fruit appears to be the Tobacco Institute's primary goal in "Tobacco: Helping Youth Say No": "The decision to smoke, like many other personal lifestyle choices, should only be made by adults."[8] "Children cannot and should not do many of the things adults choose to do."[8] What could make smoking more appealing to a teenager than to portray it as a rite of passage into adulthood?

The Health "Controversy"

Unlike genuine smoking prevention programs, "Tobacco: Helping Youth Say No" never states that there are *any* detrimental health effects related to smoking. Instead they imply that this matter is controversial: "Young people are aware of the *claims* that smoking presents risks to one's health [emphasis added]."[1]

This statement also implies that there is no need for parents to discuss health concerns since "young people are aware." This is simply not true. About one third of high school seniors still do not believe there is great risk in smoking one or more packs of cigarettes per day.[13]

Since the Tobacco Institute maintains that tobacco is harmless, the only reason they give for why children should not smoke is that they are not mature enough. Indeed, their statement that "children shouldn't smoke" implies that smoking is fine for adults. This is certainly not the message that health educators teach.

An Adult Choice

"Tobacco: Helping Youth Say No" advises parents to tell their children that "some adults may choose to smoke." It portrays smoking as an "adult decision" when, for most smokers, it was a childhood (as well as childish) decision. The majority of adult smokers became addicted to tobacco as children and would not smoke now if it were simply a matter of making a "decision."

The tobacco industry does not acknowledge that nicotine is addictive. In their version of reality, all adults smoke out of choice. This is what they are teaching children. Smoking is just another "adult custom."[8] The clear message we, as parents and health educators,[8] should be giving children is that using tobacco is never a wise choice, no matter how old you are.

Do As I Say, Not As I Do

Although the Tobacco Institute frequently cites parental example as a strong factor influencing children to smoke, "Tobacco: Helping Youth Say No" never advises parents to quit smoking in order to be good role models. Indeed, an RJ Reynolds Tobacco Company publication advises parents: "If you smoke because you enjoy smoking—as most smokers do—say so. Your child can usually tell if you are not being truthful, and there is no reason to be ashamed of giving an honest answer to an honest question."[14]

Commitment Not to Smoke

Rather than portray smoking as something that children can decide about, the social influence programs ask children to make a public commitment to never use tobacco. In "Tobacco: Helping Youth Say No" children are not asked to commit to not using tobacco. Even Samuel D. Chilcote, Jr, president of the Tobacco Institute, asserts that the purpose of these programs is not to prevent tobacco use but simply to delay it until children reach their 18th birthday: "If this booklet helps youngsters defer important decisions until they are adults, then it will achieve its purpose."[15]

Conclusions

Given that programs with an emphasis on decision making stimulate tobacco use among children, given that tobacco use is portrayed as a forbidden fruit and badge of maturity, and given that the addictive and lethal properties of tobacco are not honestly presented, we conclude that the Tobacco Institute's "Tobacco: Helping Youth Say No" program will *increase* the likelihood of tobacco use among children who are exposed to it.

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References

1. Tobacco: Helping Youth Say No. Washington, DC: Tobacco Institute, 1987.
2. RJ Reynolds Tobacco Company. Advertisement in Boston Globe, February 7, 1992.
3. Flay BR. Social psychological approaches to smoking prevention: review and recommendations. Adv Health Promotion 1987; 2:121–80.
4. Hansen WB, Johnson CA, Flay BR, et al. Affective and social influences approaches to the prevention of multiple substance abuse among seventh grade students: results from Project SMART. Prev Med 1988; 17:135–54.
5. Blum RH, Garfield EF, Johnstone JL, Magistad JG. Drug education: results and recommendations. J Drug Issues 1978; 8:379–426.
6. DiFranza JR, Richards JW, Paulman P, et al. RJR Nabisco's cartoon camel promotes Camel cigarettes to children. JAMA 1991; 266:3149–53.
7. Fischer PM, Schwartz MP, Richards JW, Goldstein AO, Rojas TH. Brand logo recognition by children aged 3 to 6 years, Mickey Mouse and Old Joe the Camel. JAMA 1991; 266:3145–8.
8. Helping youth decide. Washington, DC: The Tobacco Institute, 1984.
9. Greenberg J. Health education as freeing. Health Education March-April 1978:20–1.
10. Pierce JP, Fiore MC, Novotny PE, Hatziandreu EJ, Davis RM. Trends in cigarette smoking in the United States: projections to the year 2000. JAMA 1989; 261:61–5.
11. Glynn TJ. School programs to prevent smoking: the NCI guide to strategies that succeed. Bethesda, Md: National Institutes of Health, Jan 1990. NIH publication no. 90-500.
12. Project 16. Kwechansky Marketing Research Inc. October 18, 1977, Montreal, Quebec.
13. Johnston LD, O'Malley PM, Bachman JG. Drug use among American high school seniors, college students and young adults, 1975–1990. Rockville, Md: US Department of Health and Human Services, 1991. DHHS publication no. (ADM) 91-1813, p 134.
14. How to talk to your kids about not smoking even if you do. Right decisions/right now. RJ Reynolds Tobacco Company, 1991.
15. Tobacco Institute. Requests for "Helping Youth Decide" pour in from all over the country. Tobacco Observer, December 1984; 9(6):1,7.