

# Children & Smoking

Children's addiction to nicotine from cigarette smoking, smokeless tobacco (chew), and cigars is a major public health problem.

The *Facts* about teen smoking:

- Nearly 3 million U.S. teenagers smoke.
- Approximately 3,000 teenagers start smoking every day and one-third of them will die prematurely of a smoking related disease (American Cancer Society).
- High school students who smoke cigarettes are more likely to take risks such as ignoring seat belts, getting into physical fights, carrying weapons, and having sex at an earlier age.
- Tobacco is considered to be a "gateway drug" which may lead to alcohol, marijuana, and other illegal drug use.
- Most adult smokers started smoking before the age of 18.
- Tobacco use continues to be the most common cause of preventable disease and death in the United States.
- Cigarette smoking and tobacco use are associated with many forms of cancer.
- Smoking is the main cause of lung and heart disease.
- Smoking worsens existing medical problems, such as asthma, high blood pressure and diabetes.
- The earlier a person starts smoking, the greater the risk to his or her health and the harder it is to quit.

Children at MOST risk for Tobacco use:

- have parents, siblings, or friends who smoke
- exhibit characteristics such as toughness and acting grown up
- deny the harmful effects of tobacco
- have fewer coping skills and smoke to alleviate stress
- have poor self esteem and depression
- have poor academic performance, especially girls
- are very influenced by advertisements that relate cigarette smoking to being thin and/or suffer from eating disorders

What Parents can do to prevent Tobacco use:

- Parents are role models. If you smoke, quit. If you have not quit, do not smoke in front of your children and tell them you regret that you started.
- Do not allow smoking in your home and strictly enforce your No Smoking rule.
- Ask whether tobacco is discussed in school.
- Ask about tobacco use by friends; compliment children who do not smoke.
- Do not allow your children to handle smoking materials.
- Do not allow your children to play with candy cigarettes. They are symbols of real cigarettes, and young children who use them may be more likely to smoke.
- Support school and community anti-smoking efforts and tell school officials you expect them to enforce no smoking policies.

- Make tobacco less readily available to children and teens—support higher taxes on tobacco, licensing of vendors, and bans on unattended vending machines.
- Discuss with your children the false and misleading images used in advertising and movies which portray smoking as glamorous, healthy, sexy, and mature.
- Emphasize the short-term negative effects such as bad breath, yellowed fingers, smelly clothes, shortness of breath, and decreased performance in sports.
- Emphasize that nicotine is addictive.
- Help children to say "No" to tobacco by role playing situations in which tobacco is offered by peers.

If your child or teen has already begun to use tobacco, the following steps can help him or her to stop:

- Advise him/her to stop. Be non-confrontational, supportive, and respectful.
- Assist his/her efforts to quit and express your desire to help.
- Provide educational materials.
- Help your youngster identify personally relevant reasons to quit.
- If you smoke, agree to quit with your child and negotiate a quit date.
- Enlist the child's pediatrician or family physician to help the child stop smoking.
- If the child is abusing other drugs and/or alcohol or there are problems with mood or other disorders, evaluation by a child and adolescent psychiatrist or other mental health professional may be indicated.

For more information see *Facts for Families* #2 "Teenagers with Eating Disorders," #3 "Teens: Alcohol and Other Drugs," #4 "The Depressed Child," #6 "Children Who Can't Pay Attention," #33 "Conduct Disorders," and #66 "Managing Stress."

### **For more information about “Your Child”**

*The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 6,900 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult) and child and adolescent psychiatry.*

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