



TOBACCO HARM TO KIDS

More than 3.5 million middle and high school students still smoke.¹ Nationwide, more than one in seven high school students (grades 9-12) are current smokers,² and 4.5 percent of eighth graders currently smoke.³ In addition, U.S. high school boys now smoke cigars at the same rate as cigarettes (16.5% for cigars and 16.4% for cigarettes, nationally), and cigar smoking by high school boys equals or surpasses cigarette smoking in more than 20 states.^{4,5} 14.7 percent of U.S. high school boys (and 2.9% of high school girls) are current smokeless or spit tobacco users.⁶ In some states, spit tobacco and cigar use among high school males is much higher than the national rate. For example, in West Virginia, 27.4 percent of high school boys use spit tobacco. In Arkansas, Alabama and Kentucky, 24.2 percent, 23.1 percent, and 22.3 percent of high school boys use spit tobacco, respectively.⁷

Ninety percent of smokers begin at or before the age of 18.⁸ Among high school seniors who have ever used smokeless tobacco, almost three-fourths began by the ninth grade.⁹ There are more than 250,000 new underage daily smokers in this country each year—and roughly one-third of them will eventually die prematurely from smoking-caused disease.¹⁰ According to the U.S. Surgeon General, 5.6 million kids under the age of 18 who are alive today will ultimately die from smoking-related disease.¹¹

To make matters worse, more than one out of every three kids still is exposed to secondhand smoke.¹² In addition, more than ten percent of all pregnant women smoke, and many non-smoking pregnant women exposed to secondhand smoke – causing enormous harms to newborn babies.¹³

Tobacco Use Harms At or Around Birth. Smoking and exposure to secondhand smoke among pregnant women causes spontaneous abortions, ectopic pregnancies, still-born births, low-birth-weight babies, and other pregnancy and delivery complications requiring neonatal intensive care. Exposure to nicotine during fetal development, which is a critical time for brain development, also can have lasting negative consequences on brain development.¹⁴ After birth, the effects of tobacco use still linger, increasing the chances of sudden infant death syndrome, respiratory disorders, ear and eye problems, growth and mental retardation, attention deficit disorder, other learning and developmental problems and even long-term behavioral problems, violent tendencies, and criminality. Each year in the United States, more than 400,000 live-born infants are exposed in utero to tobacco from pregnant women smoking.¹⁵ Smoking causes more than 1,000 deaths due to perinatal conditions annually, including 400 from sudden infant death syndrome (SIDS).¹⁶

Harm to Kids from Smoking by Family Members. Parental or other household smoking after birth also increases the chances that exposed children will suffer from smoke-caused coughs and wheezing, bronchitis, asthma, pneumonia, potentially fatal lower respiratory tract infections, eye and ear problems or injury or death from cigarette-caused fires. Each year, 280 children die from respiratory illness caused by secondhand smoke; and another 300 kids suffer from injuries caused by smoking-caused fires.¹⁷ Secondhand smoke aggravates asthma symptoms in 400,000 to 1 million children, is responsible for between 150,000 and 300,000 new cases of bronchitis and pneumonia and 7,500 to 15,000 hospitalizations among kids (aged 18 months or younger), and causes 790,000 cases of otitis media (an acute or chronic inflammation of the middle ear) that result in office visits each year.¹⁸ Moreover, in 2012, there were more than 7,000 reports of potentially toxic exposure to tobacco and nicotine products among children five years old or younger, caused primarily by young children ingesting cigarettes.¹⁹

Harm to Youth from Their Own Smoking. Most people focus on the increased risk of heart disease, lung cancer and other cancers from smoking and believe that the harms to kids from their own smoking or other tobacco use do not appear for many years. In fact, many health consequences can occur quite quickly. For example:

- Beyond smoke- or nicotine-stained teeth, smokers are also more likely to suffer from periodontal disease and to have more serious periodontal disease, including tooth loss.²⁰

- Chronic coughing, increased phlegm, emphysema and bronchitis have been well-established products of smoking for decades. Smokers are also more susceptible to influenza and are more likely to experience severe symptoms when they get the flu.²¹
- Smoking causes mild airway obstruction, reduced lung function and slowed growth of lung function among adolescents.²²
- Teenage smokers suffer from shortness of breath almost three times more often as teens that don't smoke and produce phlegm more than twice as often as teens who don't smoke. Not surprisingly, smoking also hurts young people's physical fitness in terms of both performance and endurance—even among young people trained in competitive running.²³
- The resting heart rates of young adult smokers are two to three beats per minute faster than nonsmokers, and studies have shown that early signs of heart disease and stroke can be found in adolescents who smoke.²⁴
- Smoking is also associated with hearing loss, vision problems and increased headaches.²⁵
- While many smokers believe that smoking relieves stress, it is actually a major cause. Smoking only appears to reduce stress because it lessens the irritability and tension caused by the underlying nicotine addiction.²⁶
- High school seniors who are regular smokers and began smoking by the ninth grade are more than twice as likely than their nonsmoking peers to report poorer overall health; are roughly two and a half times more likely to report cough with phlegm or blood, shortness of breath when not exercising and wheezing or gasping; and are three times more likely to have seen a doctor or other health professional for an emotional or psychological complaint.²⁷
- Smoking causes bad breath and makes smokers' homes and clothes stink; and, perhaps fortunately for smokers, it also reduces their sense of smell.²⁸

Campaign for Tobacco-Free Kids, September 24, 2014 / Lorna Schmidt

**More information on tobacco use and kids is available at
http://www.tobaccofreekids.org/facts_issues/fact_sheets/toll/tobacco_kids/.**

¹ U.S. Department of Health and Human Services (HHS), *The Health Consequences of Smoking—50 Years of Progress, A Report of the Surgeon General*, 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>.

² CDC, "Youth Risk Behavior Surveillance, United States, 2013," *MMWR* 63(No. 4), June 13, 2014, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>. The 2013 YRBS found a 15.7% high school smoking rate (15.0% for girls, 16.4% for boys). Current smoker defined as having smoked in the past month. YRBS is done in odd-numbered years, YTS in even.

³ Johnston, LD, et al., *Monitoring the Future Study*, 2013, <http://www.monitoringthefuture.org/data/13data/13tobtbl1.pdf>. [This school-based study does not survey kids who have dropped out of school, who tend to have higher smoking rates].

⁴ The 21 states are: Arkansas, Georgia, Illinois, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Missouri, Montana, Nebraska, Nevada, New Hampshire, New York, Rhode Island, Tennessee, Texas, Virginia, Wisconsin, and Wyoming. CDC, *MMWR* 63(4), June 12, 2014.

⁵ 2013 Florida Youth Tobacco Survey. <http://www.floridahealth.gov/reports-and-data/survey-data/fl-youth-tobacco-survey/reports/2013-state/index.html>.

⁶ CDC, "Youth Risk Behavior Surveillance, United States, 2013," *MMWR* 63(No. 4), June 13, 2014, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>.

⁷ CDC, "Youth Risk Behavior Surveillance, United States, 2013," *MMWR* 63(No. 4), June 24, 2014, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>.

⁸ Calculated based on data in National Survey on Drug Use and Health, 2012. See also, HHS, *Preventing Tobacco Use Among Youth and Young Adults, A Report of the Surgeon General*, 2012.

⁹ HHS, *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*, 1994, http://www.cdc.gov/tobacco/data_statistics/sgr/1994/index.htm.

¹⁰ Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, *Results from the 2013 National Survey on Drug Use and Health, NSDUH: Summary of National Findings*, 2014. <http://www.samhsa.gov/data/NSDUH/2013SummNatFindDetTables/DetTabs/NSDUH-DetTabsSect4peTabs1to16-2013.htm#tab4.10a>.

- ¹¹ HHS, *The Health Consequences of Smoking—50 Years of Progress, A Report of the Surgeon General*, 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>.
- ¹² Federal Interagency Forum on Child and Family Statistics, "America's Children: Key National Indicators of Well-Being, 2013," Washington, DC: U.S. Government Printing Office. <http://www.childstats.gov/americaschildren/phenviro2.asp>. For data on 4-17 year olds, see: <http://www.childstats.gov/americaschildren/tables/phy2a.asp?popup=true>. In 2009-2010, 39.6 percent of kids ages 4-17 had detectable cotinine levels, an indicator for secondhand smoke exposure.
- ¹³ Martin, J, et al. "Births: Final Data for 2005," *National Vital Statistics Reports*, 56(6), December 5, 2007, http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_06.pdf.
- ¹⁴ HHS, *The Health Consequences of Smoking—50 Years of Progress, A Report of the Surgeon General*, 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>.
- ¹⁵ HHS, *The Health Consequences of Smoking—50 Years of Progress, A Report of the Surgeon General*, 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>.
- ¹⁶ HHS, *The Health Consequences of Smoking—50 Years of Progress, A Report of the Surgeon General*, 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>.
- ¹⁷ See, e.g., Li, JS, et al., "Meta-Analysis on the Association Between Environmental Tobacco Smoke (ETS) Exposure and the Prevalence of Lower Respiratory Tract Infection in Early Childhood," *Pediatric Pulmonology* 27(1):5-13, January 1999; DiFranza, JR & Lew, RA, "Morbidity & Mortality in Children Associated with the Use of Tobacco Products By Other People," *Pediatrics* 97(4):560-68, April 1997; Adair-Bischoff, CE & Sauve, RS, "Environmental Tobacco Smoke and Middle Ear Disease in Preschool-Age Children," *Archives of Pediatric and Adolescent Medicine* 52(2):127-33, February 1999; American Academy of Pediatrics Committee on Environmental Health, "Environmental Tobacco Smoke: A Hazard to Children," *Pediatrics* 99(4):639-42, April 1997; Mannino, DM, et al., "Environmental Tobacco Smoke Exposure and Health Effects in Children," *Tobacco Control* 5(1):13-18, Spring 1996; Anderson HR & Cook, DG, "Passive Smoking and Sudden Infant Death Syndrome: Review of the Epidemiological Evidence," *Thorax* 52(11):1003-09, November 1997; Hall, Jr., JR, *The U.S. Smoking-Material Fire Problem Through 1995*, National Fire Protection Association, September 1997.
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- ²² Gold, DR, et al., "Effects of Cigarette Smoking on Lung Function in Adolescent Boys and Girls," *New England Journal of Medicine* 335(13): 931-37, September 26, 1996; HHS, *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*, 1994.
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