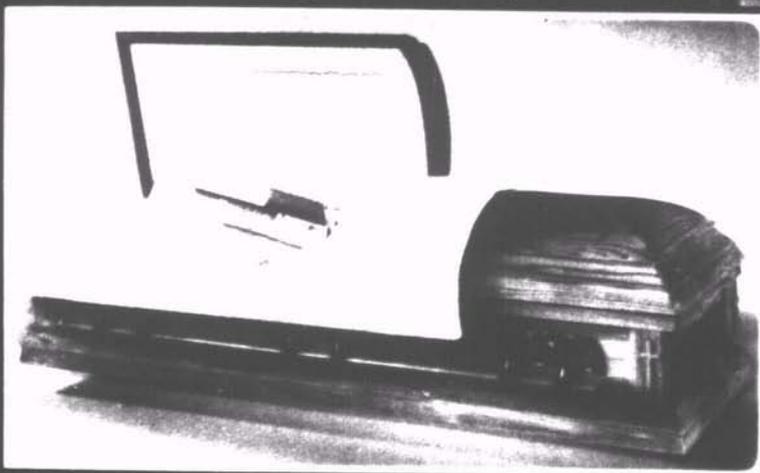


The Myriad Dangers of Tobacco Use: Ignorance Is Anything But Bliss

New
crush-proof box.



MERIT
A world of flavor in a low tar.

Warning: The Surgeon General Has Determined
That Cigarette Smoking is Dangerous to Your Health.

The Crush-Proof Box is one of 63 collages by Bonnie Viertelner in a traveling exhibition entitled "The Joy of Smoking ... A Spoof on Cigarette Advertising." For information, contact The Advertising Institute, P.O. Box 643, Deer Isle, ME 04627, (207) 348-9978.

In 1986 the American Medical Association called the use of tobacco products "the greatest current health problem of our society."¹ This situation, while perhaps not as pressing as the AIDS epidemic, constitutes not only a serious health issue but a key educational concern as well. Further, health and education are inextricably bound because ignorance on the one hand can result in grievous harm or death on the other. Inherent in these concerns are innumerable issues regarding the use of tobacco products, which I will examine here.

Health Consequences

Among the major findings of medical researchers about the health consequences of smoking are the following.

- About 320,000 Americans will die this year of diseases linked to smoking.²

- Lung cancer is primarily caused by smoking (researchers estimate that 84 percent of the deaths from lung cancer could be avoided if individuals never started smoking); smoking has been implicated in causing cancers of the bladder, esophagus, pharynx, pancreas, mouth, and lip; and smoking causes emphysema and bronchitis.³

- Cigarette smoking is the major cause of laryngeal cancer in the United States; cigar and pipe smokers experience a risk similar to that of cigarette smokers.⁴

Passive (Involuntary) Smoking

The dangers of tobacco use do not end with the smoker, nor are they limited to tobaccos that are smoked. Over the past decade researchers have found that the inhalation of someone else's tobacco fumes can be detrimental to the health of nonsmokers. Indeed, Repace and Lowery found that passive smoking may cause up to 5,000 lung cancer deaths each year in the United States.⁵ The American Cancer Society has indicated that "this is equivalent to 5 percent of all annual lung cancer deaths and 30 percent of all nonsmoker annual lung cancer deaths. These estimates may represent only the tip of the iceberg, however. Another investi-

gator has projected that passive smoking exposure of nonsmokers may be responsible for between 10,000 and 50,000 deaths annually."⁶

Even more disconcerting are the debilitating or fatal effects of passive smoking on children. For instance, Chandler states that

nicotine, numerous toxic chemicals, and radioactive polonium may all interfere with fetal development, and the fetus can receive these substances through the mother's blood whether she smokes or chews tobacco.... Nicotine may also be the culprit in spontaneous abortions among women who smoke. Epidemiologist R. T. Ravenholt estimates that smoking causes 50,000 miscarriages in the United States each year....⁷

The American Cancer Society adds that "an infant's risk of 'sudden infant death syndrome' [SIDS] is also increased by maternal smoking during pregnancy."⁸ In addition, a major conclusion of the Surgeon General's 1986 report was that "the children of parents who smoke compared with the children of nonsmoking parents have an increased frequency of respiratory infections... and slightly smaller rates of increase in lung functions as the lungs mature."⁹

Finally, and this should be of special interest to educators, "Parents who smoke may also reduce the intellectual development of their children.... In the United States, the learning ability of 11-year-olds whose mothers smoke has been shown to lag by six months."¹⁰

Smokeless Tobacco

Smokeless tobacco, like cigarettes, is habit-forming. The nicotine in it "lifts you up first... then lets you down. That high-low effect on the nervous system sets the user up for continued need."¹¹

In 1986 *The Journal of the American Dental Association* reported that the use of snuff and chewing tobacco had increased by 11 percent a year since 1974, and a University of Iowa study estimated that 13 percent of children between the ages of 9 and 14 are regular users.¹²

**BEST TIP
YET:**



**DON'T
START!**

**AMERICAN
CANCER
SOCIETY**

The American Cancer Society promotes a healthy lifestyle through booklets, posters, and brochures.

The dramatic increase in usage among young people is due to both peer pressure and the power of advertising. In regard to the former, Louis Bantle, Chairman of the Board of U.S. Tobacco, once boasted to a reporter: "In Texas today, a kid wouldn't dare go to school, even if he doesn't use the product, without a can [of smokeless tobacco] in his Levis."¹³

As for advertising, in early 1986 Gregory Connolly, a major crusader against the use of smokeless tobacco, claimed that "anything that moves in sports, U.S. Tobacco has either put a logo on it, paid it to appear in an ad, given it a scholarship, or sponsored it. [As a result,] kids have been led to believe that smokeless tobacco and sport are synonymous."¹⁴ Part of that problem was rectified in 1986, when Congress banned all broadcast advertising of smokeless tobacco products. Nevertheless, young people are still purchasing and using chewing tobacco and snuff in ever-higher numbers.

The American Cancer Society has noted that users of smokeless tobacco could face these problems:

- receding gums, repeated bleeding in the mouth, greater wear and tear on tooth enamel, and more tooth decay;
- leukoplakia, leathery white patches inside the mouth that are the result of direct contact with, and continued irritation by, tobacco juice; approximately 5 percent of diagnosed cases develop into oral cancer.¹⁵

Controversial Tobacco Advertising

According to health researcher Ronald M. Davis, "Whether adolescents are the target of, or at least exposed to, cigarette advertisements is an important question, since most smokers acquire the habit as minors."¹⁶ Both the power and the purpose of cigarette advertising have become a major focus of study for health researchers, anti-smoking activists, and certain legislators.

Although Congress banned broadcast advertising of cigarettes in 1971, the number of cigarette advertisements placed in periodicals since that time has soared. Tobacco companies

"Researchers estimate that 84 percent of the deaths from lung cancer could be avoided if individuals never started smoking."

also continue to advertise on billboards and on the exteriors and interiors of buses and subways. Further, they promote their products by sponsoring events such as the Virginia Slims Tennis Tournament and the Kool Jazz Festival. Finally, tobacco companies have partially circumvented the ban on broadcast advertising by strategically placing their advertisements at nationally televised sports events. It is no wonder that a recent Federal Trade Commission report on cigarette advertising concluded that "cigarettes are the most heavily advertised product in America."¹⁷

The tobacco companies are adamant in asserting that they are not advertising to induce people to begin smoking, but simply "to promote brand loyalty and brand switching."¹⁸ Critics, though, contend that such a claim is disingenuous if not patently false.

Recently Joe Tye described how tobacco companies "target" young people:

Although the cigarette industry's official position is that no advertising or promotion should be directed at anyone under 21 years of age, many cigarette marketing activities are directed at teenagers. Cigarette company representatives give away free cigarettes to young people attending rock concerts and sponsor a variety of youth-oriented athletic and musical events.¹⁹

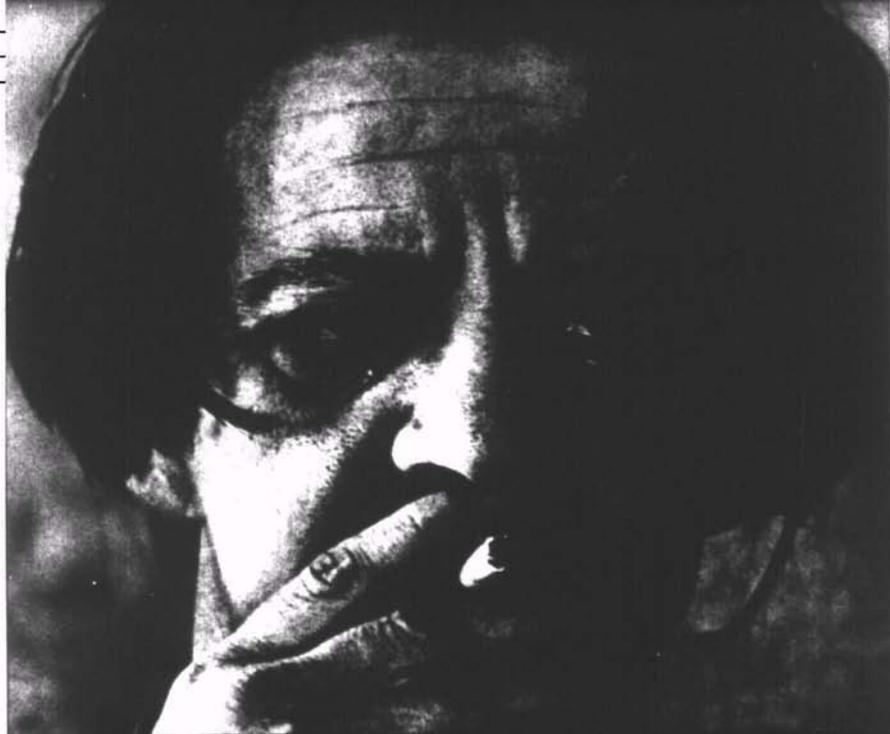
Finally, and this has direct bearing on the above, a recent study at the Medical College of Georgia on "The Influence of Cigarette Advertising on Adolescent Smoking" reports that "teenagers buy the most heavily promoted cigarettes, and 80 percent of all children consider advertising influential in encouraging them to begin to smoke."²⁰

The brouhaha over advertising has exploded into a major political issue of late. On February 18, 1987, 24 Congressmen introduced a bill that would ban all tobacco advertising. Opponents of the bill claim that the ban would deny access to free speech. Arthur Spitzer, the American Civil Liberty Union's Washington legal director, says that "as long as buying and using cigarettes is legal, the ban is a violation of the First Amendment."²¹ Proponents of the bill, however, claim that the First Amendment "does not apply to products or activities that are harmful."²² They also believe that the tobacco industry counts on the over two million teenagers who start smoking each year to replace the two million smokers who die or quit smoking annually.

Tobacco Use at School

A slow but steady movement is growing across the nation to ban student use of tobacco on school campuses. For example, at the beginning of the 1984-85 school year, the Fairfax County (Virginia) School Board banned student use of tobacco in its schools, an action that immediately resulted in the dismantling of designated student smoking areas.

On January 1, 1987, a California law went into effect that banned student use of all tobacco products on all California high school campuses or at any school-sponsored activity under supervision of school district employees. In essence, the law basically repealed the authority of local school boards to adopt regulations permitting smoking and possession of tobacco products on school campuses or during school functions.



SMOKING IS VERY GLAMOROUS

Courtesy of the American Cancer Society



On another front, the National School Boards Association is spearheading a drive to "establish non-smoking in schools as a norm."²³ It is heading up a project called "Tobacco-Free Young America by the Year 2000," and its delegate assembly has adopted a resolution encouraging "local school boards to develop board policies that would prohibit the use of all tobacco products by students on school premises."²⁴

The School's Role

As schools close designated smoking areas and set more stringent penalties for tobacco use on campus, many educators are talking about the need to get to the root of the problem. Fortunately,

over the past decade a quantum leap has taken place in our knowledge about effective school-based programs for substance abuse prevention.

The pedagogical strategies that addressed tobacco use and abuse in the late 1960s and early '70s were usually information-based and predicated on scare tactics. While they may have increased students' knowledge, they were not effective in changing students' attitudes or behaviors. Research now shows that the most effective health programs—ones that can influence not only knowledge and attitudes but also behavior—usually contain the following components: a well-thought-out K-12 curriculum based on sequential skill building (e.g., "Kindergarten

and 1st grade students may learn basic facts about the body; elementary age students expand their knowledge of the body and the importance of social influences in determining choices; and junior high [and up] students practice positive social interaction to resist peer pressure ... to light that cigarette"²⁵); an explicit goal to change behavior; an emphasis on "student-centered learning in which student exploration of feelings, values, and responsibilities for health is central to the curriculum"²⁶; and an emphasis on experiential learning.

Benard and her colleagues further insist that school-based prevention programs need to be guided by "prevention principles [that] ... build life

"The dangers of tobacco use do not end with the smoker, nor are they limited to tobaccos that are smoked."

skills, promote healthy alternatives, influence social policies and cultural norms, and involve and train people who can have an impact on problems. . . . the more comprehensive the program—that is, the more social systems [the family, the peer group, and mass media, etc.] involved—the greater the likelihood of positive behavior acquisition and reinforcement."²⁷

Finally, Walberg and his associates report that although increased knowledge about practices like smoking can result from "as little as 15 hours [of instruction], positive attitude and behavior changes increase dramatically with more allocation [45–50 hours], costlier programs, and a follow-up year of health instruction."²⁸

School-Based Smoking Cessation Programs

Some schools offer their students the opportunity to go through smoking cessation programs. For example, the Davis, California, Unified School Dis-

trict provided two 10-week smoking cessation classes in 1986, which were based on the American Lung Association's "A Lifetime of Freedom from Smoking Program." About 30 students voluntarily attended, and the district offered the classes again during 1987. During the 1987–88 school year, Chris Cipperly, drug abuse program director for the Davis Community Clinic and a co-instructor of the smoking cessation classes, is conducting similar classes in the high schools of surrounding districts.

A Smoke-Free Society

Surgeon General C. Everett Koop, who has called for a smoke-free society by the year 2000, recently said, "When we first started talking about a smoke-free society, half the country smoked. Today only 30 percent smoke and of those, 87 percent want to quit."²⁹

Schools can play a major role in accomplishing that goal. Now that we know how to develop effective prevention programs, we should do everything possible to teach our children to avoid tobacco use and its less than blissful consequences. □

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3. William V. Chandler, *Banishing Tobacco* (Washington, D.C.: Worldwatch Institute, 1986), 16, 18.
4. "General Facts on Smoking and Health—An American Cancer Society Fact Sheet," November 21, 1985, p. 1.
5. Quoted in Chandler, 22–23.
6. American Cancer Society, *Facts and Figures on Smoking: 1976–1986* (New York: American Cancer Society, 1986), 9.
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9. U.S. Department of Health and Human Services, "Introduction, Overview, and Summary Conclusions" in *The Health Consequences of Involuntary Smoking: A Report to the Surgeon General* (Rockville, Md.: U.S. Department of Health and Human Services, 1986), 7.
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11. "Don't Bite Off More Than You Can Chew," an American Cancer Society Brochure, 1981, 3.

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29. Friedrich, 23.

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