

Everyday, some 80,000-100,000 young people around the world become addicted to tobacco.¹ If current trends continue, 250 million children alive today will die from tobacco-related disease.² Tobacco is the single most preventable cause of death in the world today.³ Unless urgent action is taken to stop a new generation of smokers, there will be more than 8 million deaths every year by 2030.

Global Tobacco Use among Youth

Tobacco use among adolescents is a major public health problem around the world.

- More than 17% of youth aged 13-15 years use some form of tobacco product.⁴
- 9.5% of students currently smoke cigarettes and one in 10 students currently use tobacco products other than cigarettes (e.g., pipes, smokeless tobacco, bidis).⁵
- Cigarette use among students is the highest in the European Region (19.2%), while use of other forms of tobacco products is highest in the Eastern Mediterranean Region (12%).⁶

Global Youth Exposure to Secondhand Smoke (SHS)

Even for youth who do not smoke, exposure to secondhand smoke is high.

- 42.5% of students (13-15 years) are exposed to secondhand smoke in the home.⁷
- More than half (55.1%) of students are exposed to SHS in public places.⁸
- 78.3% of students in all regions think smoking should be banned in all public places.⁹

Harms At or Around Birth

The health of pregnant women and their unborn child are constantly put at risk by exposure to SHS. Studies show that around 20-50 percent of pregnant women smoke or are exposed to passive smoking.¹⁰

- Smoking and exposure to SHS among pregnant women causes spontaneous abortions, ectopic pregnancies, still-born births, low-birth-weight babies, and other pregnancy and delivery complications needing neonatal intensive care.^{11,12,13}
- After birth, the effects of exposure 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.¹⁴

Harms to Youth from Smoking by Family Members

Parental or other household smoking after birth also increases the chances that exposed children will suffer from smoking related coughing and wheezing, bronchitis, asthma, pneumonia, potentially fatal lower respiratory tract infections, eye and ear problems, or injury or death from cigarette-caused fires.^{15,16,17}

Harms to Youth from Their Own Smoking

Short-term Effects

Most people focus on long term risks and believe that harms from smoking do not appear for many years. But many health consequences can occur quite quickly.

- Smoking causes mild airway obstruction, reduced lung function, and slowed growth of lung function among adolescents.^{18,19}
- 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 youth who smoke.²⁰

Long-term Effects

Lifetime addiction to tobacco usually begins before the age of 18.²¹ Long-term tobacco use causes numerous cancers and chronic diseases including lung cancer, stomach cancer, stroke, and coronary heart disease.²² Half of all long-term smokers will die of tobacco-related diseases.²³

Actions to Reduce Tobacco's Deadly Toll

- Monitor tobacco use and assess the impact of tobacco prevention policies.
- Protect people from secondhand smoke.
- Offer help to every tobacco user to quit.
- Warn and effectively educate every person about the dangers of tobacco use through strong, graphic pictorial health warnings and hard hitting, sustained mass media public education campaigns.
- Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship and the use of misleading terms, such as “light” or “low tar.”
- Raise the price of all tobacco products by increasing tobacco taxes.

(1)The World Bank. Curbing the Epidemic: Governments and the Economics of Tobacco Control. Washington, DC: World Bank Publications; 1999. Available from: <http://www1.worldbank.org/tobacco/book/html/cover2a.html>. (2)The World Bank, 1999. (3)World Health Organization (WHO) Report on the Global Tobacco Epidemic 2008: The mpower package. Geneva: World Health Organization, 2008. p 8. (4)Warren CW, Jones NR, Eriksen MP, Asma S. Patterns of global tobacco use in young people and implications for future chronic disease burden in adults. *Lancet*. 2006; 367:749-753; Mochizuki-Kobayashi Y, Fishburn B, Baptiste J, El-Awa F, Nikogosian H, Peruga A, et al. Use of Cigarettes and Other tobacco Products Among Students Aged 13-15 Years — Worldwide, 1999-2005. *CDC Morbidity and Mortality Weekly Report*. 2006;55(20):553-556. (5)Warren CW, Jones NR, Peruga A, Chauvin J, Baptiste JP, et al. Global Youth Tobacco Surveillance, 2000-2007. *CDC Morbidity and Mortality Weekly Report*. 2008;57(SS-1). (6)Warren, 2008. (7)Warren, 2008. (8)Warren, 2008. (9)Warren, 2008. (10)Jauniaux E, Greenough A. Short and long term outcomes of smoking during pregnancy. *Early Human Development*. 2007;83(11):697-698. (11)Andres RL, Day MC. Perinatal Complications Associated with Maternal Tobacco Use. *Seminars in Neonatology*. 2000;5(3):231-41. (12)Wiborg K, et al. Smoking During Pregnancy and Pre-term Birth. *British Journal of Obstetrics and Gynaecology* 1996;103(8):800-05. (13)For more cites to the relevant research literature, see Campaign for Tobacco-Free Kids (CTFK) fact sheet, Harm Caused By Pregnant Women Smoking or Being Exposed to Secondhand Smoke, www.tobaccofreekids.org. (14)U.S. Department of Health and Human Services (DHHS). The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta, GA: Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; Washington, D.C.: 2006. (15)DHHS, 2006. (16)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*. 1999;27(1): 5-13. (17)Leistikow BN, Martin DC, Milano CE. Fire Injuries, Disasters, and Costs from Cigarettes and Cigarette Lights: A Global Overview. *Preventive Medicine*. 2000;31:91-99. (18)Gold DR, et al. Effects of Cigarette Smoking on Lung Function in Adolescent Boys and Girls. *New England Journal of Medicine*. 1996;335(13): 931-37. (19)U.S. Department of Health and Human Services (DHHS). Preventing Tobacco Use Among Young People — A Report of the Surgeon General. Washington, DC: Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 1994. (20)DHHS, 1994. (21)WHO Tobacco Free Initiative, 2008 [page on the internet]. Geneva; WHO: 2008. World No Tobacco Day, 31 May 2008: The Focus. Available from: <http://www.who.int/tobacco/wntd/2008/focus/en/index.html>. (22)WHO, 2008. (23) WHO EMRO Tobacco Free Initiative [page on the internet]. Cairo; WHO: 2008. Facts and FAQs. [cited on 2008 May 15]. Available from: <http://www.emro.who.int/TFI/Facts.htm>