

## **A Discussion on the Paper entitled “The Contact Circle and Smoking among the Filipino Youth: Event History Analysis”**

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A pleasant good afternoon to everyone!

In behalf of the National Tobacco Control Team of the Department of Health, Manila, we thank the organizers of this convention for giving us this opportunity to be discussant on the paper entitled “The Contact Circle and Smoking among the Filipino Youth: Event History Analysis”.

We congratulate Dr. Josefina Cabigon for coming up with this very timely topic on tobacco use among youth.

We have wished to take up in the discussion on the methods and policy implications of the study, but due to modest time allotted, we would just like to focus it on the latter, and reserve personal discussion on the methods with the author.

The prevalence of tobacco use among adults has significantly declined over the past 15 years, but the prevalence among youth is significantly rising particularly among girls (1). For the tobacco industry to survive and business to be alive, there must be recruitment of children and youth to be new entrants to replace adult quitters or those that have died (2). Everyday, worldwide, there are about a hundred thousand young people starting to smoke and risking rapid addiction to nicotine, three fourths of which are from developing countries including the Philippines (3).

Tobacco is a unique threat to health because it is so widely available, it kills when used as intended. Those who manufacture and market tobacco have systematically worked to undermine sincere efforts of governments and tobacco advocates to curb the carnage and death toll from tobacco (4).

In that context, protecting youth from tobacco is doubly important. Roughly 90% of adult smokers were established smokers before the age of 18 years, and adults who are very heavy smokers are more likely to have begun at younger ages than adults who smoke less, meaning that any success postponing the age of smoking translates into potentially less health burden, even for those who become addicted to nicotine and smoke through adulthood (5).

Interestingly, the results of your survey approximate findings from our 2<sup>nd</sup> Youth Tobacco Survey in 2003, a component of the Global Youth Tobacco Surveillance (GYTS) Project of the World Health Organization and the US Centers for Disease Control and Prevention. We have estimated that 42% of the students' ages 13-15 years old have ever tried cigarette smoking; 20% of the students were current cigarette smokers; 15% of those who ever tried cigarette smoking admitted to have first tried cigarette smoking before the age of 10 years. *Environmental Tobacco exposure (ETS) is very high*, over half (56%) of parents smoke at home; and six (6) of ten students are around others who smoke in their presence outside of their homes. The usual place where minors smoke are in their friends' home, at their very own homes, and in schools (6).

It is significant to note that Dr. Cabigon's findings validate studies conducted worldwide on why do young people take up smoking. Several factors have been associated with the onset of tobacco use, and these are environmental factors, behavioral predictors, personal risk factors, and belief (6) (Figure 1).

In those studies, the environmental factors include availability of cigarettes, the perception that tobacco use is the norm, peer and sibling attitudes and lack of parental support during adolescence; behavioral predictors include low academic achievement, rebelliousness, alienation from school, and lack of skills to resist offers of cigarettes; personal risk factors include low self-esteem, and the belief that smoking confers future advantages in social life; societal reasons are related to different experiences of adolescence, such as different rates of participation in sports; and belief that smoking promotes weight loss.

Practically, these are well-established findings worldwide. They are actually what tobacco experts say a very much welcome findings for the tobacco industry. These findings paved the way for their defense; they claim that these factors are the sole culprit for smoking uptake in youth and of nicotine addiction in later life.

*The tobacco industry would be most happy to note in Dr. Cabigon's study that media contact, among other factors, did not exert positive influence on the susceptibility to smoke at an early age. The media is a venue of advertisements and promotions.*

A longitudinal study of teenagers published in the Journal of the American Medical Association showed that the tobacco industry promotional activities influenced previously non-susceptible to become susceptible or experiment with smoking. Cigarette advertising appears to increase children's awareness of smoking at a generic level and encourages them to take up the behavior, beginning with any cigarettes which are available and affordable. Advertising encourages consumption as well as brand switching among current smokers, and may assist in recruiting young people to the habit. The balance of evidence thus supports the conclusion that advertising does have a positive effect on consumption. In each case, the banning of advertising was followed by a fall in smoking on a scale which cannot be reasonably attributed to other factors (7).

Tobacco control experts warned that we must not be led into thinking that tobacco control and much more, prevention of initiation to tobacco use is just about educating young people. **Effective interventions that comprise comprehensive tobacco control should be focused on those related to increasing prices, banning advertising and creating smoke-free public places which are essential in preventing smoking among young people** .

If we limit our attention to school or community education efforts and reducing youth access, we will commit *two grave errors* : First, **we will have failed to use the most effective tools in the battle for a tobacco-free generation**, and second, **we would have walked into a trap laid by the tobacco industry**.

For our part, as the lead agency for health promotion and protection, we advocate on the implementation of the Tobacco Regulatory Act of 2003 or Republic Act 9211 and these cover the following:

1.) Mass media education campaigns featuring long-term, high intensity counter-advertising are recommended for reducing tobacco use initiation, particularly when combined with other interventions including tobacco price increases and community- or school based education programs. We had our “YOSI KADIRI” campaign in the 90’s, however, this proved to be a very expensive strategy as we were not able to sustain counter-advertising nor match the tobacco industry’s money, therefore, a **total ban on cigarette advertising and promotions** should be enforced eventually.

**2.) Increasing the unit price of tobacco products** is strongly recommended as effective in reducing both initiation and the consumption of tobacco by adolescents and youth (7).

“The 1982-83 round of price increases caused two million adults to quit smoking and prevented 600,000 teenagers from starting to smoke... we were hit disproportionately hard. We don't need to have that happen again.” PM, 1987

**What the evidence from the World Bank (WB) shows:**

“... the most effective way to deter children from taking up smoking is to **increase taxes on tobacco**.” WB, 1999

3.) Reducing Environmental Tobacco Smoke Exposure will reduce secondhand smoke-related illnesses and deaths among non-smokers. Implementing smoke-free workplaces, public places, vehicles and homes.

4.) Educating young people on nicotine addiction and risks of tobacco use

5.) Addressing smoking cessation among all smokers, young and adult.

The Philippines is signatory to the Framework Convention on Tobacco Control (FCTC), a binding international treaty promulgated by WHO. We are working hard on its ratification. We ask your help to convince the Senate to ratify it and so we can have a Tobacco-Free Philippines.

Thank you very much!

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