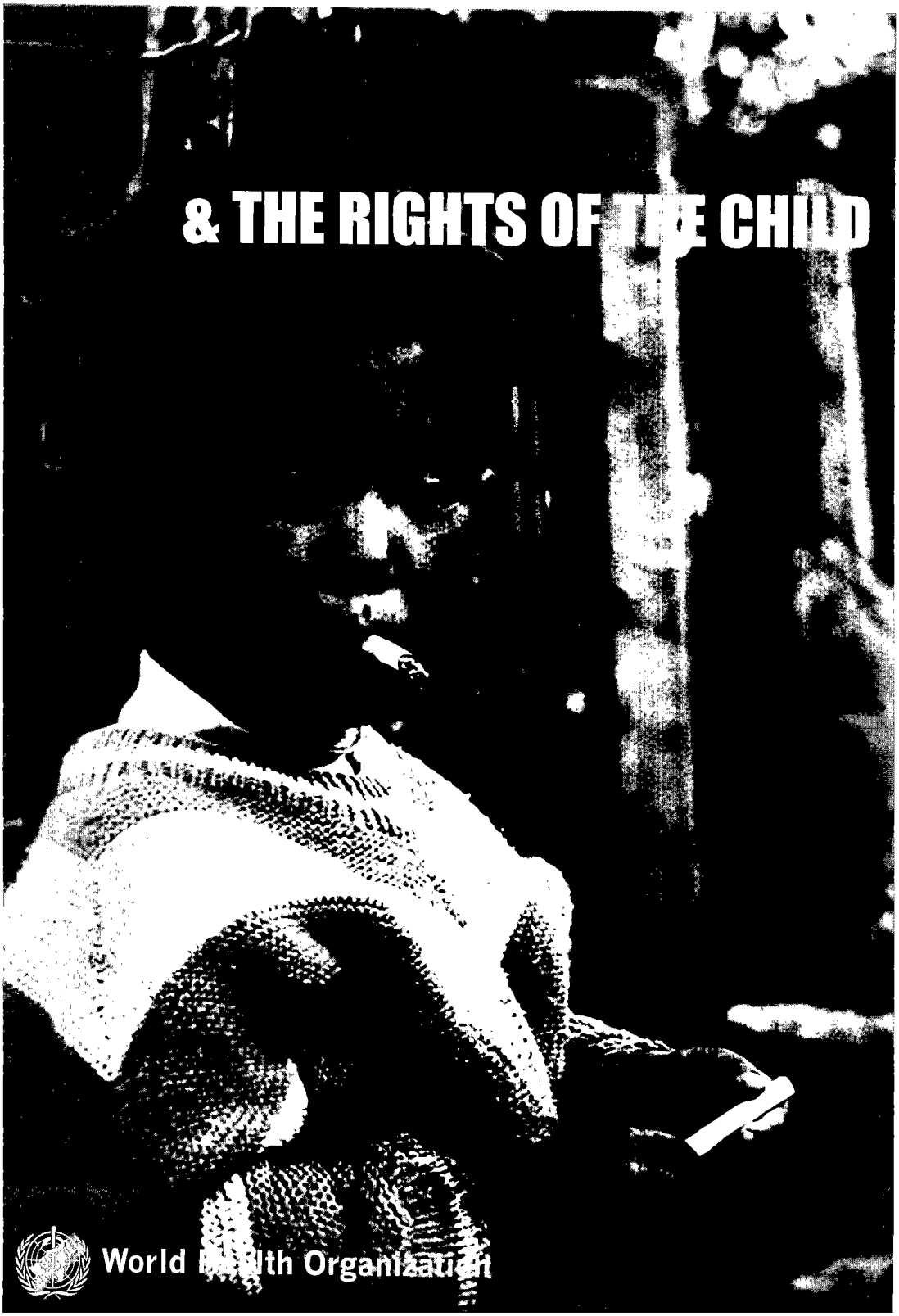

& THE RIGHTS OF THE CHILD
World Health Organization

WHO/NMH/TFI/01.3 Rev. 1
Original: English
Distr.: General

ACKNOWLEDGEMENTS

This paper was drafted by Safir Syed. It was revised by Ross Hammond following a two-day consultation at UNICEF Headquarters in July 1999. UNICEF and WHO would like to thank the following people for their comments and input: Bertrand Bainvel, Douglas Bettcher, Bruce Dick, Rana Flowers, Alec Fyfe, Amaya Gillespie, Emmanuel Guindon, Matthew Hodge, Catherine Langevin-Falcon, Judith Mackay, Garrett Mehl, Marjorie Newman-Williams, Francisco Quesney, Marta Santos Pais, Sadig Rasheed, Leanne Riley, Lucinda Wykle-Rosenberg, Derek Yach and Barbara Zolty. They would also like to thank the World Bank for providing the charts, and Cindy Ho for photography and cover design. This paper is part of a project being executed by WHO and UNICEF with the support of the United Nations Foundation (UNF) and the International Development Research Centre (IDRC). The financial assistance of the UNF in making this publication possible is gratefully acknowledged.

Cover photo of a child smoking is by Cindy Ho.

CONTENTS

Page

If current smoking trends continue, about 250 million children living today will eventually be killed by tobacco. It is our task, our calling, to reverse this trend and put an end to the plague of tobacco. I call on people and nations everywhere to join with the United Nations, by acting in ways both small and large to protect the future good health of our children in a tobacco-free world.
—Kofi Annan, UN Secretary-General, 1997.[1]

There is no cause of premature death more preventable than the use of tobacco. That is why UNICEF condemns the calculated shift of the tobacco market from its shrinking consumer base in the industrialized countries to the vast, predominantly young populations of the developing world.
-- Carol Bellamy, UNICEF Executive Director, 1998.[2]

The tobacco pandemic is a communicated disease. It is communicated through advertising, through the example of smokers and through the smoke to which non-smokers – especially children - are exposed. Our job is to immunize people against this pandemic.
—Gro Harlem Brundtland, Director-General, World Health Organization, 1999.[3]

EXECUTIVE SUMMARY

This paper examines the major problems posed by tobacco as they relate to the provisions of the Convention on the Rights of the Child, particularly in relation to civil rights and freedoms, basic health and welfare, and child labour.

The UN Convention on the Rights of the Child was adopted by the UN General Assembly on 20 November 1989 and came into force in September 1990. Interpretation of the articles of the Convention by the Committee on the Rights of the Child and the practice of States demonstrates that tobacco is indeed a human rights issue. As a legally binding international Convention, ratified States are legally bound to ensure that children can enjoy all of the rights guaranteed under the Convention, including protection from tobacco.

According to the World Health Organization (WHO), around 4 million people die prematurely from tobacco-related illness each year, with deaths expected to rise to 10 million annually by the year 2030. Many of tobacco's future victims are today's children. Tobacco use generally begins during adolescence and continues through adulthood, sustained by addiction to the nicotine in tobacco. Although the scientific evidence that tobacco use causes death and disease is overwhelming, tobacco use among young people continues to rise as the tobacco industry aggressively promotes its products to a new generation of potential smokers. If current trends continue, 250 million children alive today will be killed by tobacco.

WHO estimates that nearly 700 million, or almost half of the world's children, breathe air polluted by tobacco smoke, particularly at home. There is no safe level of exposure to ETS due to the adverse health effects associated with even

low levels of exposure. Most have no choice in this matter, and as a consequence of their exposure in homes and public places, suffer serious long term health effects.

Because of the enormous potential harm to children from tobacco use and exposure, States have a duty to take all necessary legislative and regulatory measures to protect children from tobacco and ensure that the interests of children take precedence over those of the tobacco industry. Given the overwhelming scientific evidence attesting to the harmful impact of tobacco use and ETS on child health, implementing comprehensive tobacco control is not only a valid concern falling within the legislative competence of governments, but is a binding obligation under the Convention.

Tobacco imposes substantial direct and indirect economic costs on households as well as countries. Reduced family resources translate into funds not available to meet necessary food, clothing or educational requirements, thereby threatening a child's right to an adequate standard of living. Without an adequate standard of living, as guaranteed in the Convention, the right to survival and development cannot be realized in its fullest sense.

Globally, tobacco companies spend billions of dollars a year advertising their deadly product, using intentionally misleading messages that are critical in shaping children's attitudes towards tobacco use. Through a constant barrage of both direct and indirect advertising, the tobacco industry associates tobacco consumption with powerfully attractive images. Targeted at children, these promotions encourage children to take up a behaviour harmful to their physical, mental and social development. The Convention obligates States to ensure that children have access to information from a diversity of sources, "especially those aimed at the

promotion of his or her social, spiritual and moral well-being and physical and mental health."

Children should be provided with information about tobacco and the tobacco industry. This involves providing them with information about the immediate and long-term health effects of tobacco use, the addictiveness of the product, the way the tobacco industry targets young people and the manner in which tobacco advertising is misleading. The Convention obliges States to provide children with accurate and objective information, and to ensure that the media is encouraged to disseminate information and material of benefit to the child, and to protect children from harmful misinformation through comprehensive restrictions on tobacco advertising.

The employment of child workers in the tobacco industry infringes upon the guarantee of protection from hazardous work and impedes their ability to get an education. For children working in the tobacco industry, the hazards of nicotine poisoning, exposure to highly dangerous agrochemicals and at times oppressive working conditions threatens the child's rights to health, and physical and social development, including education.

The overwhelming evidence of the harm tobacco causes and the continuing efforts of tobacco companies to lure young people into a lifetime of addiction call for comprehensive, multi-level strategies, including strong public policies. Without such policies, the rights of children will continue to be violated, particularly those relating to guarantees of basic health and welfare, and protection from child labour. States therefore, both individually and collectively, must live up to their obligations under the Convention and protect children from tobacco.

CHAPTER 1

TOBACCO & THE CONVENTION ON THE RIGHTS OF THE CHILD

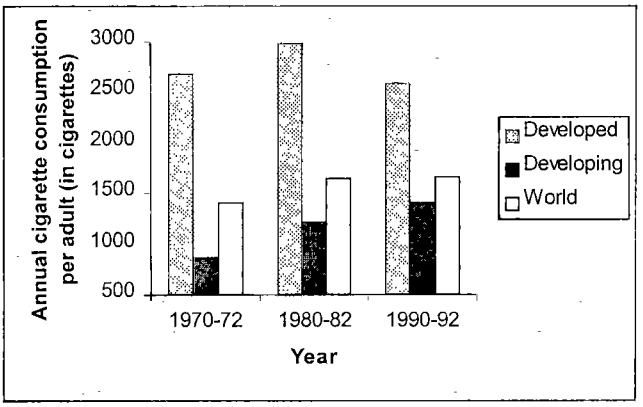
Tobacco's global toll

Tobacco kills. According to the World Health Organization (WHO), around 4 million people die prematurely from tobacco-related illness each year. This number is expected to rise to 10 million annually by the year 2030. Based on current smoking trends, tobacco will soon become the leading cause of death worldwide, causing more deaths than HIV, tuberculosis, maternal mortality, automobile accidents, homicide and suicide combined.[4] Whereas until recently this epidemic of death and disease primarily affected developed countries, it is rapidly shifting to developing countries. By the year 2020, 70 per cent of all deaths from tobacco will occur in developing countries.[5]

Many of tobacco's future victims are today's children. If current trends continue, 250 million children alive today will be killed by tobacco.[6] Tobacco use generally begins during adolescence and continues through adulthood, sustained by addiction to the nicotine in tobacco. Although the scientific evidence that tobacco use causes death and disease is overwhelming, tobacco use among young people continues to rise as the tobacco industry aggressively promotes its products to a new generation of potential smokers.

Figure 1 .1 Smoking is increasing in the developing world

Trends in per capita adult cigarette consumption



Source: WHO, *Tobacco or Health: a Global Status Report* (WHO: Geneva, 1997).

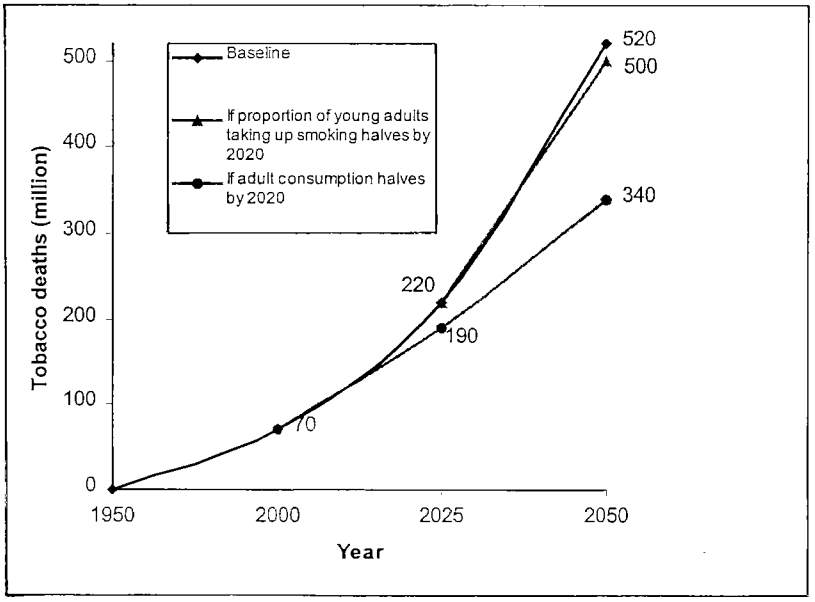
In many countries, tobacco use is rising among young people at the same time that the age of initiation is falling. In the United States, approximately 80 per cent of regular smokers begin before the age of 18. Although in some developing countries the age of onset may be slightly later, it is only a matter of a few years and, significantly, it appears to be dropping.[7] If young people do not begin to use tobacco before the age of 20, they are unlikely to initiate use as adults. Thus preventing tobacco use among young people is of paramount importance.[8]

Tobacco is a uniquely dangerous product that should not be treated as a normal consumer good. It is the only legal and widely used substance which is both extremely addictive and causes the death of one-third to one-half of all regular users.[9] Governments have enacted strict regulations on the

manufacture, sale, advertisement and use of a great variety of products and services that are deemed to be dangerous or harmful to public health. Tobacco should be no different.

Figure1.2[10] ***Unless current smokers quit, tobacco deaths will rise dramatically in the next 50 years***

Estimated cumulative tobacco deaths 1950-2050 with different intervention strategies



Source: World Bank, Curbing the Epidemic: Governments and the Economics of Tobacco Control (Washington: World Bank, 1999).

A preventable epidemic

Unlike other diseases, the tobacco epidemic is a product of deliberate human effort. Around the world, tobacco companies continue to promote and sell a product they know to be harmful to human health. Recently disclosed internal industry documents show that the industry has known about the harmful effects of tobacco for more than 30 years.[11] During this period, tobacco company executives denied under oath that nicotine was addictive and that smoking causes premature death.[12]

Having conducted internal research showing that smoking was a leading cause of cancer, that nicotine was addictive and that environmental tobacco smoke (ETS) was harmful, the industry has chosen not to share these findings with the public. Instead, it continues to mount elaborate public relations campaigns designed to ensure that a new generation of users becomes addicted to its product. In country after country, the industry has used its significant economic and political power to block or water-down legislation designed to protect children from tobacco, thereby ensuring that tobacco remains one of the least regulated consumer products on the market.[13]

The economics of tobacco control

Historically, many governments have been reluctant to implement comprehensive tobacco control programmes for fear of the negative economic consequences. Recent research by the World Bank, however, has shown that the economic benefits of tobacco production and manufacturing have been vastly overstated, particularly when compared to the economic burdens of tobacco use.

At the national level, tobacco use imposes enormous economic costs on countries, with estimates for different countries ranging from .7 to 2 per cent of gross domestic product (GDP) lost annually.[14] These costs include:

- additional health care costs from treating sick smokers and victims of ETS;
- the loss of foreign exchange from importing tobacco and tobacco-related equipment;
- lost productivity as a result of tobacco-related illness; and
- damage from fires and the clearing of forests to grow and cure tobacco.[15]

Conversely, smoking prevention is one of the most cost-effective health interventions. By adopting comprehensive tobacco control policies as advocated by WHO, the World Bank and others (see appendix I), countries can protect both their national economies and the health or their citizens. In a developing country with a per capita GDP of $2,000, for example, effective smoking prevention policies cost between $20 and $40 per year of life gained. Medical treatment of lung cancer, on the other hand, which can only prolong the lives of about 10 per cent of affected people, costs $18,000 per year of life gained.[16] Developing countries, faced with the daunting challenge of fostering economic growth and development, need not choose between the health of their children and the health of their economy. Indeed policy makers everywhere must recognise that the long-term economic and social costs of tobacco use outweigh the immediate political and financial costs of controlling it.

The UN Convention on the Rights of the Child: a basis for tobacco control

In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.
--Article 3, UN Convention on the Rights of the Child

The UN Convention on the Rights of the Child was adopted by the UN General Assembly on 20 November 1989 and came into force in September 1990.[17] Currently, all but two States in the world are parties to the Convention.[18] This almost universal ratification is testament to the overwhelming international consensus towards the protection and empowerment of children.

The Convention is not a mere policy statement or a declaration of children's rights made on behalf of States, but consists of legally binding international obligations. By ratifying the Convention, States agree to become legally bound to ensure that children can enjoy all of the rights guaranteed under the Convention.

The Convention adopts an innovative and unique approach to human rights. Recognising the diversity of rights and freedoms and the overlap among them, the Convention includes civil, political, economic, social and cultural rights all in the same instrument. The Convention takes the holistic view that all rights are necessary for the full and harmonious development of the child. It also recognises that the capacities of the child are constantly evolving, and that this must be taken into account in order to ensure that the child receives

appropriate direction and guidance in the exercise of his or her rights.

Suffused throughout the Convention are four basic principles which are to be applied in all matters concerning children:

- non-discrimination
- the best interests of the child
- the right to life, survival and development
- respect for the views of the child

Article 3 of the Convention states that in every decision affecting a child, the best interests of the child shall be a primary consideration.[19] When laws, policies and budgets are proposed or when court decisions are taken, the best interests of the child must be a guiding principle. Significantly, the Convention makes clear (in Article 18) that the principle of best interests is not confined to the public sphere, but applies to decisions affecting children by private welfare institutions as well as parents. Article 4 meanwhile requires States to take all appropriate legislative, administrative and other measures towards the realization of children's rights. Implementation of the Convention means that States must act to ensure that adequate conditions exist for the effective enjoyment of the rights of the child and must abstain from adopting measures that may preclude the exercise of those rights.[20]

Box 1.1: The Convention on the Rights of the Child

The Convention on the Rights of the Child obligates those countries which have ratified it (referred to as "States parties") to regularly prepare reports on how they are implementing its principles and provisions. States parties must submit an initial report two years after ratification and submit reports every five years thereafter. Governments are responsible for preparing, submitting and presenting their reports. The reports should describe the actual situation of children and the national process being followed to make the Convention a reality.

Reports are submitted to and reviewed by the Committee on the Rights of the Child, a body of 10 independent experts who are elected in their personal capacity to four-year terms by signatory States. Committee members meet three times a year in Geneva to discuss the country reports. The Committee is responsible first and foremost for examining the progress made by States parties in fulfilling their obligations under the Convention. The Committee's approach is to engage States in a constructive dialogue, looking carefully at the situation of children, examining how their rights are respected in each country and encouraging cooperation in implementing the Convention.

Tobacco use and the Convention on the Rights of the Child

Although the Convention on the Rights of the Child does not contain any explicit right to protection from the harms of tobacco, interpretation of the articles of the Convention by the Committee on the Rights of the Child and the practice of States parties demonstrates that tobacco is indeed a human rights issue. The Committee has clearly identified the issue of tobacco consumption as coming within the scope of the Convention. Under the State Party Reporting Guidelines established by the Committee, States are requested to:

> ...provide information on legislative and other measures taken to prevent the use by children of alcohol, **tobacco** and other substances which may be prejudicial to their health...and on any evaluation made of the effectiveness of such measures, together with relevant disaggregated data on the use by children of such substances.[21](emphasis added)

In addition, the Plan of Action which emerged from the 1990 World Summit for Children identified tobacco use as a problem requiring action, "especially preventive measures and education among young people."[22]

Article 3 provides perhaps the strongest foundation for implementing comprehensive tobacco control programs. Because of the enormous potential harm to children from tobacco use and exposure, States have a duty to take all necessary legislative and regulatory measures to protect children from tobacco and ensure that the interests of children take precedence over those of the tobacco industry. Given the overwhelming scientific evidence attesting to the harmful impact of tobacco use on child health, implementing

comprehensive tobacco control is not only a valid concern falling within the legislative competence of governments, but is a binding obligation under the Convention.

Considering tobacco in the context of human rights

The problems which stem from tobacco use impact upon a wide array of civil, economic and social rights. And just as the realization of children's rights requires action through a variety of measures and interventions from a variety of actors at the domestic and international levels, so too does an effective strategy to address the problem of tobacco. Considering tobacco in the context of human rights is an opportunity to demonstrate how the Convention's holistic approach to human rights can effectively address contemporary social problems.

Box 1.2: The UN's Response to the Tobacco Epidemic

Since 1970, the international community has attempted to address the hazards of tobacco use.[23] In numerous resolutions since then, the World Health Assembly has affirmed the proven dangers of tobacco use, urged Member States to adopt comprehensive tobacco control polices and sought multi-sectoral cooperation with other international organizations on this issue.[24]

In 1993, the United Nations Economic and Social Council, recognizing the global burden of disease caused by the tobacco epidemic, adopted resolution 1993/79 on multi-sectoral collaboration on tobacco or health.[25] This called for UN agencies and other international organizations to

Box 1.2 continued:

contribute to the development and implementation of effective and comprehensive strategies to reduce tobacco use. In 1996 the UN General Assembly adopted resolution 50/81 on the UN Programme of Action for Youth to the Year 2000 and Beyond, which identified the prevention of tobacco use among young people as a priority issue.[26]

In July 1999, ECOSOC endorsed the establishment of the new United Nations Ad Hoc Interagency Task Force on Tobacco Control.[27] The Task Force, under WHO's leadership, is designed to intensify a joint United Nations response and to galvanize global support for tobacco control. The Resolution requests the Secretary-General to report to ECOSOC at its substantive session in 2000 on progress made by the Task Force in the implementation of multi-sectoral collaboration on tobacco or health, with particular emphasis on the development of appropriate strategies to address the social and economic implications of the impact of tobacco or health initiatives. The report to the Council in 2000 will be presented by the Secretary-General, and will be prepared through the new Inter-Agency Task Force.

In 1989 the UNICEF Executive Board recommended that UNICEF become more active in supporting tobacco control programmes, "especially in the preventive aspects involving public education, school and maternal education and legislation to protect the vulnerable population and to promote the creation of a social attitude where the non-use of tobacco becomes the norm."[28] UNICEF's Executive Director has repeatedly spoken out about the hazards of tobacco use and criticized the role that the tobacco industry plays in perpetuating the tobacco epidemic.[29] In 1998, UNICEF and

Box 1.2 continued:

WHO received a grant from the UN Foundation for a comprehensive project aimed at controlling the tobacco scourge in developing countries and its impact on children and young people.[30]

At the World Health Organization, the Tobacco Free Initiative was established in July 1998 as a cabinet-level project to coordinate an improved global strategic response to tobacco. And in an extremely important development which could have far-reaching implications for global tobacco control, the 191 member states of WHO unanimously endorsed the start of negotiations for the Framework Convention on Tobacco Control (FCTC) at the May 1999 World Health Assembly. A record 50 nations -- including the five permanent members of the United Nations' Security Council and major tobacco growing and exporting countries such as Brazil, India, Malawi, Turkey and Zimbabwe -- took the floor to pledge financial and political support for the Convention.[31] The Framework Convention will serve as an effective instrument for counteracting the globalization of the tobacco epidemic by serving as a platform for multilateral commitment, cooperation and action to address the rise and spread of tobacco consumption.

CHAPTER II

TOBACCO OR CHILDREN'S HEALTH

Children have an absolute right to be protected from tobacco addiction, including the effects of adult smoking, which can compromise a child's health even before birth.
-- Carol Bellamy, UNICEF Executive Director, 1998.[32]

Impact of adult smoking on child health[33]

The influence of adult smoking on child health is felt in three major ways: (i) at the beginning of life through maternal smoking, (ii) through ETS, and (iii) through role modelling by smoking parents.

Maternal smoking is a major cause of sudden infant death syndrome (SIDS) and has been demonstrated to retard foetal growth and to increased risk of having a low-birth-weight baby or a spontaneous abortion.

For younger children, exposure to environmental tobacco smoke (ETS) is perhaps the most dangerous risk associated with tobacco use. ETS, also known as second-hand smoke, is a complex mixture of more than 4,000 chemical compounds, including 43 known carcinogens. Highly respected scientific organizations that have conducted extensive reviews of available data have determined that there is no safe level of exposure to ETS due to the adverse health effects associated with even low levels of exposure.[34]

WHO estimates that nearly 700 million, or almost half of the world's children, breathe air polluted by tobacco smoke, particularly at home. Most have no choice in this matter.

Among infants and young children exposure to parental smoking causes increased rates of lower respiratory tract infections (such as bronchitis and pneumonia) and ear infections, an exacerbation of chronic respiratory symptoms (such as asthma) and a reduced rate of lung growth. Children's exposure to ETS may also contribute to cardiovascular disease in adulthood and to neurobehavioural impairment.[35]

Many studies have shown that children are more likely to smoke if one or more parents smoke.[36] While the influence of peer and sibling smoking is also significant, the role of parental attitudes to smoking and actual smoking behaviour cannot be ignored. Many studies show that the influence of parents is greatest when children are young and decreases through the adolescent years when peer influence takes over.[37]

Tobacco use: a direct threat to children's health

Researchers estimate that 50 per cent of smokers who began smoking when they were young will die of a smoking related illness.[38]

Cigarette smoking by children compromises lung growth and lung function and increases rates of respiratory infections, including asthma.[39] While coronary and vascular diseases seen in adult smokers rarely occur in children, smoking among adolescents has been associated with an increased risk of cardiovascular diseases in adulthood. With smokeless tobacco products, the harms to children include gum recession and lesions of the soft tissue of the mouth.

The addictive potential of tobacco presents a serious threat to health. Since illnesses associated with smoking are a function

of for how long and how much a person smokes, starting younger increases the potential health hazards. Earlier onset is also associated with heavier use and addiction, as those who begin to smoke or chew tobacco as children are among the heaviest users in adulthood. Heavier users are more likely to experience tobacco-related health problems and are the least likely to quit using tobacco.

Epidemiological data from developed countries demonstrate an approximate 30-40 year lag time between the onset of regular smoking and smoking-related mortality. Among men aged 35-69 years in developed countries, 30 per cent of all deaths are estimated to be caused by smoking. Specifically, smoking causes[40]:

- 90-95% of lung cancer deaths
- 75% of chronic lung disease deaths
- 40-50% of all cancer deaths
- 35% of cardiovascular disease deaths
- over 20% of vascular disease deaths

As smoking rates in developing countries begin to catch up with those in developed countries, their death and disease rates will also catch up.

Besides tobacco's physiological harm to children, nicotine is a strongly addictive drug – a fact that the tobacco industry has known for years yet still denies publicly.[41] Not surprisingly, children who begin to smoke or use smokeless tobacco products develop tolerance and dependence, increase the amount they smoke, and are unable to abstain from nicotine in a manner similar to nicotine addiction in adults.[42] In addition, tobacco use by children is reported to be a risk factor for illicit drug use.[43]

Box 2.1: Why Young People Smoke[44]

A misguided debate has arisen about whether tobacco advertising and promotion "causes" young people to smoke -- misguided because single-source causation is probably too simple an explanation for any social phenomenon. The more important issue is what effect tobacco promotion might have. Current research suggests that pervasive tobacco promotion has two major effects: it creates the perception that more people smoke than actually do, and it provides a conduit between actual self-image and ideal self-image -- in other words, smoking is made to look "cool." Whether causal or not, these effects foster the uptake of smoking, initiating for many young people a dismal and relentless chain of events.

Numerous personal, demographic, social and environmental factors have been implicated in the initiation and maintenance of tobacco use among children and adolescents. Young people are particularly vulnerable to these risk factors and are thus particularly vulnerable to beginning to use tobacco. The complex influences of these risk factors need to be carefully considered in primary prevention efforts to reduce smoking prevalence.

Children around the world are receiving contradictory messages concerning tobacco. Although a global consensus to prevent young people from smoking exists, in many countries, smoking is considered normal social behaviour, tobacco products are inexpensive and easily accessible, and tobacco advertising is prolific. Young people tend to correlate smoking with independence and an appearance of confidence, an image that is intensively projected in tobacco advertising and promotional activities, and reinforced by adults who

Box 2.1 continued:

smoke. Some young people who are regularly exposed to tobacco messages from an early age come to believe that tobacco provides certain benefits that will help them through adolescence. The risks of tobacco use, which are perceived to be remote, are outweighed by immediate psychological benefits. Young people tend to underestimate the addictiveness of tobacco and the difficulties associated with quitting. Yet, they soon find that the addiction to nicotine remains long after any psychological benefits are gone.

Starting to use tobacco at a young age is associated with longer-term use, heavier use and addiction, long-term health problems and death. Most adult smokers began at a young age, during pre- or early adolescence. Therefore, research and practice suggests that delaying the onset of tobacco use is a critical goal because few people who begin experimentation at older ages take up smoking.

Obligations under the Convention

Article 24 of the Convention emphasizes the right of the child to enjoy "the highest attainable standard of health" and includes detailed obligations for States, many of which are relevant to protecting children from the harmful effects of tobacco. For example, States are required to develop preventive health care,[45] diminish infant and child mortality,[46] combat disease[47] and ensure that all segments of society, particularly parents and children, are informed and have access to child health information.[48]

Furthermore, given the weight of scientific evidence of the harmful effects of ETS, the State not only has a legitimate

interest but an obligation to protect children from it. This obligation is being increasingly recognised. In 1997, the UN General Assembly passed a resolution stating that "Strategies at the regional, national and local levels for reducing the potential risk due to ambient and indoor air pollution should be developed, bearing in mind their serious impacts on human health, including strategies to make parents, families and communities aware of the adverse environmental health impacts of tobacco."[49]

At the national level, courts and legislatures have recognised the need for a smoke-free environment to protect the health of adult workers.[50] In the private sphere, meanwhile, the courts have been cognisant of the harmful effects of tobacco smoke on children. According to Article 19 of the Convention, children should be protected from all forms of violence, injury, abuse or neglect while in the care of parents. While workplace regulation of ETS is being pursued in many countries, this does not protect young people in their home settings children receive the bulk of their exposure and are least capable to avoid it. Thus, the State is obligated to undertake appropriate educational and other measures to ensure that children's health and rights are not imperiled by adult smoking in spaces where children live, study, work and play.

Protecting public health not only a falls within the legislative competence of Governments, but is also a binding obligation under the Convention. Article 6 of the Convention on the Rights of the Child guarantees the child's rights to life, survival and development. This encompasses not only the fundamental concept of protection from arbitrary deprivation of life, but also the positive obligation to promote life compatible with the human dignity of the child. Such positive measures include fully ensuring the highest attainable

standard of health and the right to an adequate standard of living.[51] Article 6 further stresses that States must give the highest priority, "to the maximum extent possible" to ensure the survival and development of the child.

The right to an adequate standard of living

[Children] ***have a right to be protected from tobacco's collateral effects – including diversion of household money that could pay for a child's education and medical care, and the sorrow and financial loss that occurs when adult caregivers die early deaths because of tobacco.***
-- Carol Bellamy, UNICEF Executive Director, 1998.[52]

Until recently, concerns over tobacco use have focused on its damaging health effects. Yet apart from its serious impact on health, tobacco also imposes substantial direct and indirect economic costs on households as well as countries (see summary of World Bank report, appendix II). At the household level, the loss or disability of an income-earner as a result of tobacco-related illness deprives households of years of potential income as well as imposing additional medical expenses.[53] In many developing countries, money spent on cigarettes strains the already meagre financial resources of families, and the situation is likely to worsen as women as women begin to take up smoking in large numbers in response to aggressive marketing of cigarettes. Reduced family resources translate into funds not available to meet necessary food, clothing or educational requirements, thereby threatening a child's right to an adequate standard of living.

Box 2.2: Women & Smoking

Smoking among women in developing countries is far less prevalent than among men -- so far. WHO estimates that 48 per cent of males aged 15 and over in the developing world smoke, compared to only 7 per cent of females. But in developing countries, with fewer restrictions to stop the tobacco companies' aggressive marketing and with less public awareness of the grave risks associated with smoking, it is only a matter of time before the percentage of women smokers starts to climb. Stemming a surge in smoking among girls and women is therefore a global health challenge.

Among 87 countries with available data, there are 38 countries worldwide where 20 per cent or more of women age 15 or older smoke. Only 7 of these are developing countries: Brazil, Chile, Cook Islands, Cuba, Fiji, Papua New Guinea and Uruguay. The highest women's smoking rates are in Europe -- Denmark and Norway top the list with 37 per cent and 36 per cent, respectively.

More than half a million women die each year from tobacco use. As the proportion of women smokers increases, so ultimately will the proportion of women dying from tobacco-related causes. Most smokers start during their teens. In a number of industrialized countries -- including Austria, Denmark, Spain and Sweden -- smoking rates are now higher among teenage girls than teenage boys. Yet the tragic impact in illness and death among these young people will not appear in the statistics for about 30 years. In the industrialized countries where women have long smoked, their death rate from smoking-related disease is rising rapidly, accounting for 25 to 30 per cent of all female deaths in middle age.

Box 2.2 continued:

In addition to the main smoking-related illnesses, women smokers face increased risk of cervical cancer, impaired fertility and premature menopause. There is also a higher rate of miscarriage among expectant mothers who smoke, and smoking during pregnancy is linked to low birth weight, which increases infants' risk of death and illness.
Source: UNICEF, *The Progress of Nations 1998* (New York: UNICEF, 1998). http://www.unicef.org

Without an adequate standard of living, as guaranteed in Article 27, the right to survival and development cannot be realized in its fullest sense. Tobacco use clearly imposes significant economic costs on countries at both the household and national level, thus diminishing the likelihood of children having a standard of living adequate for their physical, mental, spiritual, moral and social development.

The Convention on the Rights of the Child calls upon States to take all necessary measures to ensure children's rights to life, survival and development. Since tobacco use and exposure clearly threatens those rights, States are obligated to implement and strengthen public policies designed to reduce these threats.

Given that almost half of the world's children are exposed to ETS, swift action on the part of States is required. Government policies should aim to ensure the right of every child to grow up in an environment free of tobacco smoke. This can be achieved by two complementary strategies: eliminating or substantially reducing children's contact with ETS, and reducing overall consumption of tobacco products.

By combining educational programmes with legislative and regulatory strategies aimed at eliminating tobacco use in settings frequented by children, a smoke free environment for children can be created.

Many governments have already taken steps to prohibit smoking in government offices, health and childcare centres, schools, public transportation, restaurants and workplaces. These restrictions protect children and other non-smokers from ETS, increase public awareness of the negative health effects of smoking and reduce the social acceptability of smoking. Creating a smoke-free environment for children will lead to improved child, adolescent and ultimately adult health, resulting in reduced mortality and substantial savings in health care and other direct costs.[54]

CHAPTER III

TOBACCO MARKETING & CHILDREN

Today's teenager is tomorrow's potential regular customer, and the overwhelming majority of smokers first begin to smoke while still in their teens...The smoking patterns of teenagers are particularly important to Philip Morris. (1981 report by researcher Myron E. Johnson, sent to Robert E. Seligman, Vice President of Research and Development, Philip Morris)

It is hypothesized that very young starter smokers choose Export 'A' because it provides them with an instant badge of masculinity, appeals to their rebellious nature and establishes their position amongst their peers. (Export Family Strategy Document, 22 March 1982, RJR-Macdonald Inc.)

Children have an absolute right to health and development, and their use of tobacco is frequently a consequence of the denial of those rights. We know, for example, that most people who become addicted to tobacco begin using it in the second decade of life – and that this often happens because they do not have access to information or opportunities to develop the life skills that would help them resist enticements to use tobacco.
-- Carol Bellamy, UNICEF Executive Director, 1997.[55]

To replace the thousands of consumers who either quit or die each day, the tobacco industry must continually recruit new smokers. Recently disclosed internal documents make it very clear that the industry has deliberately targeted children as their major source of replacement smokers (see appendix

III).[56] By closely studying the habits and social attitudes of children, the industry has been able to devise extremely effective marketing campaigns aimed at them.

Globally, tobacco companies spend billions of dollars a year advertising their deadly product, using intentionally misleading messages that are critical in shaping children's attitudes towards tobacco use. These companies directly advertise their products through various media, including television, radio, billboards, shop displays, magazines, newspapers and the internet. And, as more and more countries impose total or partial bans on tobacco advertising, the tobacco industry has been adept at finding creative ways to reach young people. Such methods include: sponsoring sporting events, rock concerts, discos and art competitions; placing their brand logos on t-shirts, backpacks and a myriad of other merchandise popular with children; and giving away free cigarettes in areas where young people gather, such as rock concerts, discos and shopping malls.[57]

Through both direct and indirect advertising, the tobacco industry associates tobacco consumption with professional success, adult sophistication, athletic prowess, sexual attractiveness, independence, adventure and self-fulfillment.[58] This constant barrage of messages targeted at children not only encourages them to take up a behaviour harmful to their physical, mental and social development, but does so in a misleading way. By associating smoking with sport or a healthy lifestyle, and by not citing the dangers associated with smoking, tobacco advertising is inherently deceptive.

The impact of these misleading messages should not be underestimated. A 1995 study published in the *Journal of the National Cancer Institute* found that advertising is more likely to influence teenagers to smoke than even peer pressure.[59]

Studies have shown tobacco promotional activities are causally related to the onset of smoking in adolescents[60] and that exposure to cigarette advertising is predictive of smoking among adolescents.[61] Research has also shown that following the introduction of brand advertisements that appeal to young people, the prevalence of use of those brands, and even prevalence of smoking altogether, increases.[62]

Children are exposed to positive portrayals of tobacco use not only via tobacco company advertisements and promotional activities, but through popular culture as well. Since positive attitudes towards tobacco use are predictive of subsequent use by children,[63] sympathetic portrayals of tobacco use in the mass media which legitimize, normalize, trivialize or glamorize this behaviour may play a significant role in the development of children's attitudes to smoking. Numerous studies have documented the increasing portrayal of tobacco use in film, fashion, television, music videos, cartoons and magazines.[64] These studies indicate that:

- the rates of smoking in television and film are higher than is prevalent in real life;[65]
- that portrayals of smoking are increasing, especially of women;
- that smokers continue to be portrayed as successful;[66] and
- that cigarettes are being used increasingly by primary characters in key scenes to portray positive male traits or rebellious characters.[67]

Given the key role that adults play in patterning behaviour for young people, this positive portrayal of tobacco use encourages children to begin smoking.

Box 3.1: Examples of Direct and Indirect Tobacco Advertising

Foreign cigarettes companies are the largest advertisers on Russian television and radio, accounting for as much as 40 per cent of all ad spending in the country.[68] Cigarette billboards which dot the landscape carry slogans such as "Total Freedom" or "Rendezvous with America."[69] In Ukraine, tobacco billboards call on consumers to "Taste the Freedom" and "Test the West."[70]

A concert by the singer Madonna that took place in Spain was rebroadcast on Hong Kong television as a "Salem Madonna Concert" where the company had the Salem logo superimposed over the stage. Salem also sponsors a "virtual reality dome" where teenagers can come and fire laser guns at each other, and distributes removable tattoos of the Salem logo.[71]

British American Tobacco's 555 brand sponsors the Hong Kong-Beijing car rally, and Hilton, another BAT brand, sponsors the national basketball league. Not coincidentally, these two brands, along with Marlboro, are the three most popular foreign brands in China.[72]

In India, the Indian Tobacco Company recently paid $16 million to rename the World Cup of Cricket the Wills World Cup and put its cigarette logo on all of the players' uniforms.[73]

Tobacco companies have sponsored discos and rock concerts, where the admission price is a certain number of empty cigarette packs of a specific brand. For example, at an elaborate travelling disco that Philip Morris sent to the

Box 3.1: continued

Siberian city of Novosibirsk, it cost 5 empty packs of Marlboros to enter, but only 3 if you were a student.[74]

In Ukraine, Philip Morris sponsors "Marlboro Adventure Team" sporting contests and has also sponsored a "Win a Trip to America" contest where participants are asked to send in three empty packs of Philip Morris brand cigarettes. The top prize is a free trip to the United States for two. There were also 9,000 additional prizes including watches, t-shirts and travel bags emblazoned with the Marlboro logo or the L&M brand logo in the form of an American flag.[75]

In Sri Lanka, BAT's subsidiary has sponsored lavish discos at which young, attractive women hand out cigarettes and encourage customers to smoke them. The company also sponsors pop music magazines and rock groups in Sri Lanka and underwrites a "Golden Tones Contest" on the English-language radio station that has a large adolescent audience.[76]

In the city of Madras, India, the Indian Tobacco Company paid school children to go to discos and hand out invitations to a party. Only children were invited to this party where free liquor and cigarettes were distributed. The children were then photographed for use in future ad campaigns.[77]

Obligations under the convention

Deliberate misinformation by tobacco companies and media messages that lead to the development of positive attitudes towards tobacco use pose serious threats to children's rights as provided for in the Convention. Article 17 of the

ensure that children have access to information from a diversity of sources, "especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health."

The Convention recognises that by virtue of their age and maturity, children are still vulnerable and require protection. Because children are still developing their capacity to identify and avoid situations that put them at risk, they are more susceptible than adults to misinformation and manipulation.[78] Thus Article 17 encourages the development of "appropriate guidelines for the protection of the child from information and material injurious to his or her well-being." If the aim of States under the Convention is to protect children's rights, then this is undermined by the absence of effective measures to protect children from misleading messages about tobacco. In interpreting Article 17, the Committee on the Rights of the Child has recognised that freedom of expression of the media is not incompatible with the prohibition of material injurious to the child's well-being.[79]

The right of the child to information is spelled out in Article 13 of the Convention. In recent years, this right has been interpreted to include a positive obligation on States to ensure access to information held by the Government and a responsibility to facilitate access to information held in the public domain.[80] In the case of tobacco, this would seem to impose upon States an obligation to counter tobacco industry misinformation by providing accurate and complete information to children on the true effects of tobacco use.

In the area of health, the right to be informed is reflected in Article 24 of the Convention, which imposes a clear and unambiguous obligation on the State to "ensure that all segments of society, in particular parents and children, are

informed, have access to education and are supported in the use of basic knowledge of child health and nutrition." Article 28 guarantees the right to education while Article 29 lays down the obligation of States to direct that education towards the development of the child's "mental and physical abilities to their fullest potential." Clearly then it would seem incumbent upon States to ensure that children and their guardians are fully informed not only about the harmful effects of tobacco use (including exposure to ETS) but the tobacco industry's deliberate attempt to mislead people as well.

In many countries, governments have begun to do exactly that, not only disseminating educational information about the health impact of tobacco use but also taking positive measures to protect children and others from the false messages of the tobacco industry. On the strength of studies conducted to date[81] on the effectiveness of advertising restrictions, a number of governments have already followed WHO's recommendation to "prohibit all tobacco advertising and promotions, including free samples and other giveaways, sales of non-tobacco products that carry a tobacco brand name, point of sale advertising and tobacco company sponsorship of sporting and cultural events."[82] Countries as diverse as Australia, France, Singapore and Thailand have all banned tobacco advertising, promotion and sponsorship and similar legislation is pending in a number of other countries. Given recent evidence that tobacco advertising is associated with increased tobacco consumption, this step seems not only consistent with States' obligations under the Convention but prudent as well.[83]

Children should be provided with information about tobacco and the tobacco industry. This involves providing them with information about the immediate and long-term health effects

of tobacco use, the addictiveness of the product, the way the tobacco industry targets young people and the manner in which tobacco advertising is misleading.[84] In the case of tobacco, the Convention would appear to oblige States parties to provide children with accurate and objective information, to ensure that the media is encouraged to disseminate information and material of benefit to the child, and to protect children from harmful misinformation through comprehensive restrictions on tobacco advertising.

CHAPTER IV

CHILDREN WORKING

According to the International Labour Office (ILO), the majority of working children around the world work in agriculture, one of the most hazardous of all employment sectors.[85] Fatigue from long working hours, repetitive strain injuries, snake and insect bites, heavy lifting, malnutrition and exposure to toxic agro-chemicals are but some of the health hazards encountered by children working in agriculture. And, because they live in rural areas, these children generally have limited access to public services and therefore tend to have poorer health and fewer educational opportunities than urban children.[86]

The tobacco sector is not unique in its use of child labour, however the particular hazards to health and physical development posed by the tobacco crop to child workers places these children at risk and demands urgent attention. The use of child labourers in tobacco production is widespread in the major tobacco producing countries including Argentina, Brazil, China, India, Indonesia, Malawi, the United States and Zimbabwe.[87] In some countries, tobacco is grown on small family farms which contract with large multinational companies. In others, tobacco is grown on large plantations and sold at auction.[88] On whatever scale it is grown in these countries, tobacco is a highly labour-intensive crop that requires numerous interventions, and children are involved at every step. In Brazil, for example, some 53,000 children under the age of 18 work on tobacco farms, 32 per cent of whom are younger than 14.[89] Those companies (mostly foreign) which purchase Brazil's tobacco have

reportedly asked that school schedules be rearranged so that children will be available to work in the fields.[90]

The hazards to children begins during the preparation of the soil, where highly toxic fumigants such as methyl bromide are often used to kill nematodes and other soil organisms.[91] During the course of cultivating the crop, children working in the tobacco fields are directly exposed to a cocktail of highly toxic agro-chemicals. These chemicals -- which include aldicarb, butralin, and endosulfan -- cause damage to eyes, skin, internal organs, and are potentially carcinogenic and mutagenic. Exposure to these chemicals poses a considerably higher risk to children than adults since exposure in the early years can lead to a greater risk of cancer, damage to the child's developing nervous system and cause immune system dysfunction.[92]

In addition, children picking tobacco have been reported to experience green tobacco sickness (GTS), a type of nicotine poisoning which is caused by the absorption of nicotine through the skin.[93] GTS is characterized by symptoms that may include nausea, vomiting, weakness, headache, dizziness, abdominal cramps, difficulty in breathing, as well as fluctuations in blood pressure and heart rates. Researchers in the United States have found that moisture on tobacco leaves greatly increases the severity of GTS because it enhances the absorption of nicotine (which is toxic) by the skin. Since harvesting often occurs under wet conditions, including morning dew, avoiding exposure is difficult.[94]

On the production side, there is evidence of forced and bonded labour in the tobacco manufacturing sector. In India, for example, some 325,000 children are employed rolling "beedis", thin cigarettes wrapped in tendu leaf.[95] Most of these children are employed in the state of Tamil Nadu, where

it is estimated that 50 per cent are bonded labourers.[96] These girls and boys, some as young as 7 years old, are expected to work 6 days a week for twelve to fourteen hours a day. Sitting cross-legged all day on the floor hand-rolling the beedis, they are sometimes beaten by their employers for not keeping pace. Health problems are common. As one human rights report notes, "Beedi rollers spend their lives constantly inhaling tobacco dust, and study after study has shown them to suffer a high rate of tuberculosis, asthma, and other lung disorders."[97]

Obligations Under the Convention

The right of the child to be protected from economic exploitation and work that is detrimental to his or her development finds expression in Article 32 of the Convention on the Rights of the Child. While not all work performed by children violates Article 32, work that is hazardous, interferes with schooling or is harmful to, *inter alia*, the child's physical, mental and social development, clearly does. Article 32 also requires States to establish minimum ages for employment that are in accordance with the relevant provisions of other international instruments.

Reflecting the growing international consensus for the elimination and prohibition of the worst forms of child labour, in June 1999 ILO Member States unanimously adopted a new convention which calls for the immediate suppression of work which is likely to jeopardize the health and safety of children. This convention applies to all persons under 18, and the accompanying Recommendation defines hazardous work as including work which "involves the manual handling or transport of heavy loads; work in an unhealthy environment which may expose children to hazardous substances, agents or processes; and work under particularly difficult conditions

such as work for long hours."[98] Child labour in the tobacco industry would certainly seem to fit this description.

The employment of child workers in the tobacco industry infringes upon the guarantee of protection from hazardous work and impedes their ability to get an education. For children working in the tobacco industry, the hazards of nicotine poisoning, exposure to highly dangerous agrochemicals and at times oppressive working conditions threatens the child's rights to health, and physical and social development, including education.

CHAPTER V

CONCLUSION

Recognition of how the production, marketing and use of tobacco violates children's rights is an innovative and potentially effective means to address the tobacco epidemic. Publicizing the violation of children's rights by tobacco can raise awareness and mobilize public opinion in favor of taking bold action to stem the death and disease caused by tobacco. For policy makers, the Convention on the Rights of the Child provides an existing legal framework for implementing and enhancing comprehensive tobacco control policies.

Considering tobacco in the context of human rights is an opportunity to demonstrate how the Convention's holistic approach to human rights can effectively address contemporary social problems. Utilizing the Convention, human rights and tobacco control advocates have a unique opportunity to identify the problems related to tobacco use and develop in tandem solutions which can be implemented coherently and universally. The Convention provides a framework to address this challenge, and can be a tool for progressive change.

Comprehensive, multi-level strategies will be required, including strong public policies (see appendix I). Without such policies, the rights of children will continue to be violated, particularly those relating to guarantees of basic health and welfare, and protection from child labour. States therefore, both individually and collectively, must live up to their obligations under the Convention and protect children from tobacco.

APPENDICES

Appendix I: Keys to a Successful Tobacco Control Programme

The specific policies adopted in each country to combat the tobacco epidemic will vary according to that country's economic, political and cultural realities. Nevertheless, there is a growing consensus among policy makers, economists and health policy experts that comprehensive tobacco control programmes should combine fiscal, legislative, regulatory and educational measures. The goals should be to protect children and other non-smokers from tobacco, achieve reductions in the numbers of new smokers and help current smokers quit.

The key measures outlined below are derived from World Health Assembly resolutions and the recommendations from the March 1999 International Policy Conference on Children and Tobacco, which brought together more than 60 health ministers, legislators and other senior policy makers from 30 countries:

- *End tobacco advertising, promotion, sponsorship and other tobacco marketing activities.*

- *Establish and enforce policies to stop the sale of tobacco products to minors and require strong, prominent health warning labels on all tobacco products.*

- *Regulate the manufacture of tobacco products to protect public health and minimize the appeal of these products to children and require disclosure of all compounds in tobacco products. Include prominent health warnings on tobacco products.*

- *Implement and maintain tobacco pricing policies that are designed to discourage tobacco use by children and that reflect the costs tobacco use imposes on society. Use of a portion of the money raised from tobacco taxes to finance other tobacco control and health promotion measures.*

- *Protect children and other non-smokers from exposure to environmental tobacco smoke (ETS).*

- *Promote economic alternatives to tobacco growing and manufacturing.*

- *Implement strong public health programmes to reduce tobacco use, including community and school-based programs, public education through mass media, and effective smoking cessation programs.*

- *Hold tobacco companies accountable for past wrongdoing through litigation or other action, and hold tobacco companies accountable for future behaviour by requiring them to meet achievable targets for reducing tobacco use by children.*

- *Support the development and implementation of a WHO Framework Convention on Tobacco Control, and ensure that public health concerns are addressed in tobacco trade policies.*

Appendix II: The Economics of Tobacco Control

In May1999 the World Bank released a long-awaited report on the economics of tobacco control. *Curbing the Epidemic: Governments and the Economics of Tobacco Control* provides a comprehensive examination of the fiscal, trade, regulatory, agricultural and industrial aspects of global tobacco use and control. The report also outlines effective policy interventions to reduce smoking in developing countries.

The report concludes that many of the concerns that have deterred policy makers from acting to control tobacco in the past are unfounded or exaggerated. It provides new evidence on the cost-effectiveness of control interventions, concluding that raising taxes is a particularly effective way to achieve health returns and raise revenue. And, it outlines broad recommendations for national and international action, including future research directions.

The report seeks to dispel many common myths about the economics of tobacco control, including:

Myth 1: ***Tobacco is only an issue for affluent people and affluent countries.***

Reality: Smoking is declining among males in most high-income countries. In contrast, it is increasing in males in most low- and middle-income countries and in women worldwide. Within individual countries, tobacco consumption and tobacco-related disease burdens are usually greatest among the poor.

Myth 2: ***Governments should not discourage smoking other than making its risks widely known. Otherwise, they would interfere with consumers' freedom of choice.***

Reality: First, many smokers are unaware of their risks or they simply underestimate or minimize the personal relevance of those risks. Second, most smokers start when they are children or adolescents when they have incomplete information about the risks of tobacco and its addictive nature. By the time they try to quit, many are addicted. Third, smoking imposes costs on non-smokers. For these reasons, the choice to smoke may differ from the choice to buy other consumer goods and governments may consider interventions justified.

Myth 3: ***Tobacco control will result in permanent job losses for an economy.***

Reality: Successful control policies will lead to only a slow decline in global tobacco use (which is projected to stay high for the next several decades). The resulting need for downsizing will be far less dramatic than many other industries have had to face. Furthermore, money not spent on tobacco will be spent on other goods and services, generating alternative employment. Studies for the report show that most countries would see no net job losses and that a few would see net gains if consumption fell.

Myth 4: ***Tobacco addiction is so strong that simply raising taxes will not reduce demand. Therefore, raising taxes is not justified.***

Reality: Scores of studies have shown that increased taxes reduce the number of smokers and the number of smoking-related deaths. Children and adolescents, for example, are more responsive to changes in the price of consumer goods than adults. That is, if the price goes up, they are more likely to reduce their consumption. This intervention would therefore have a big impact on them. Similarly, the poor are more price-responsive than wealthier people, so there is likely to be a bigger impact in developing countries where tobacco consumption is still increasing. Models developed for the report show that tax increases that would raise the real price of cigarettes by 10 per cent worldwide would cause 40 million smokers alive in 1995 to quit and prevent a minimum of 10 million tobacco-related deaths.

Myth 5: ***Governments will lose revenues if they increase cigarette taxes, because people will buy fewer cigarettes.***

Reality: The evidence is clear: calculations show that even very substantial cigarette tax increases will still reduce consumption and increase tax revenues. This is in part because the proportionate reduction in demand does not match the proportionate size of the tax increase, since addicted consumers respond

relatively slowly to price rises. Furthermore, some of the money saved by quitters will be spent on other goods which are also taxed. Historically, raising tobacco taxes, no matter how large the increase, has never once led to a decrease in cigarette tax revenues.

Myth 7: ***Tobacco controls will simply compound the poverty of rural economies that are heavily dependent on tobacco farming.***

Reality: The market for tobacco is likely to remain substantial for at least the next several decades and, while any future gradual decline in consumption will clearly cut the number of tobacco farming jobs, those jobs will be lost over a decade or more, not overnight. Governments are justified to prudently help the poorest of tobacco farmers with the adjustment costs of a gradual decrease in demand for their product. Many governments have helped with such adjustment costs for other industries.

Source: World Bank, *Curbing the Epidemic: Governments and the Economics of Tobacco Control (World Bank: Washington, 1999).*

Appendix III: In Their Own Words: Tobacco Company Marketing to Young People

The base of our business is the high-school student. (Memo from a Lorillard executive, 1978)

Since how the beginning smoker feels today has implications for the future of the industry, it follows that a study of this area would be of much interest. Project 16 was designed to do exactly that -- learn everything there was to learn about how smoking begins, how high school students feel about being smokers, and how they foresee their use of tobacco in the future.
-- Ads for teenagers must be denoted by lack of artificiality, and a sense of honesty.
-- Serious efforts to learn to smoke occur between ages 12 and 13 in most cases.
-- The adolescent seeks to display his new urge for independence with a symbol, and cigarettes are such a symbol since they are associated with adulthood and at the same time adults seek to deny them to the young. (Kwechansky Marketing Research Inc, Report for Imperial Tobacco Limited, Subject: "Project 16", Date: 18 October 1977)

Younger adult smokers have been the critical factor in the growth and decline of every major brand and company over the last 50 years...Younger adult smokers are the only source of replacement smokers...If younger adults turn away from smoking, the industry must decline, just as a population which does not give birth will eventually dwindle. ("Young Adult Smokers: Strategies and Opportunities", RJ Reynolds Tobacco Company internal memorandum, 29 February 1984)

Because we have our highest share index among the youngest smokers, we will suffer more than the other companies from the decline in the number of teenage smokers. (Myron Johston, Philip Morris USA, Inter-office correspondence of March 1981)

Our attached recommendation...is another step to meet our marketing objective: To increase our young adult franchise. To ensure increased and longer-term growth for CAMEL FILTER, the brand must increase its share penetration among 14-24 age group which have a new set of more liberal values and which represent tomorrow's cigarette business. (J.W. Hind, RJ Reynolds, 23 January 1975)

The desire to quit seems to come earlier now than before, even prior to the end of high school. In fact it often seems to take hold as soon as the recent starter admits to himself that he is hooked on smoking. However, the desire to quit, and actually carrying it out are two quite different things, as the would-be quitter soon learns. (Kwechansky Marketing Research. Project Plus/Minus. for Imperial Tobacco Ltd-Canada, May 1982)

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