



# Human Rights: Children's right to be protected from ETS

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# Outline

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- Definition of problem  
Methods
- Description of Brown study
  - Elementary age group
  - Middle school age group
  - Parental sample

# Outline

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- Results
  - Elementary
  - Middle School
  - Parent/guardian
- Conclusions
- Recommendations

# Definition of problem

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- Children have been exposed to ETS since tobacco was first used

## What's changed?

- US Surgeon General Report (SGR, 1964) –  
Concerned about link of **Smoking and Cancer risk** &  
*Children's ID of Joe Camel*
- US Surgeon General Report (SGR, 2006) –  
42 yrs. post 1<sup>st</sup> SGR, devoted to **Secondhand Smoke &  
Health Consequences of Involuntary ETS Exposures**

## What's NOT changed?

- Tobacco industry still protected by US → e.g. recent US Court decision [Kessler] declaring TI responsible for racketeering; but refusing to charge TI with recommended remedies



## The Flavors of Camel

Source: Globalink – International Tobacco Control Network - 2006

SP Brown - 2006

## Definition of problem

# SGR, 2006 Major Conclusions

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- 1) *SHS causes premature death & disease in children & adults who do not smoke*
- 2) *Children exposed to SHS are at an increased risk of SIDS, acute respiratory infections, ear problems, and more severe asthma. **Smoking by parents causes respiratory symptoms and slows lung growth in their children.***
- 3) *Exposure of adults to SHS has immediate adverse effects on the CV system & causes CHD & lung CA.*
- 4) *Eliminating smoking in indoor spaces fully protects non-smokers from exposure to SHS. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to SHS.*



Definition of problem

# SGR, 2006 Major Conclusions

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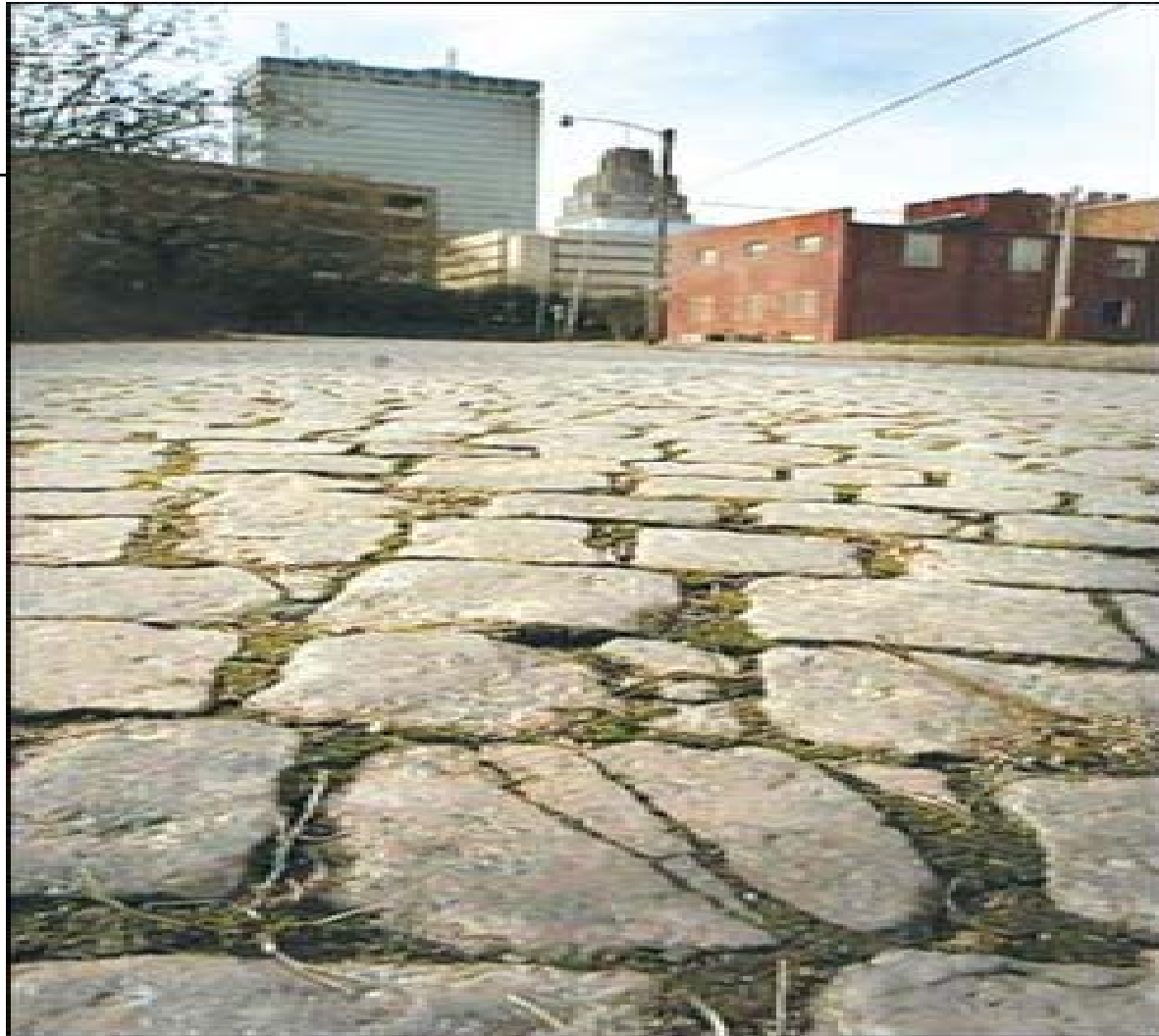
- *5) Many millions of Americans, both children & adults, are still exposed to SHS in their **homes & workplaces** despite substantial progress in tobacco control.*
- *6) **The scientific evidence indicates that there is no risk-free level of exposures to SHS.***



Vintage NC tobacco fields

Source: NC Dept. of Agriculture website- 2006

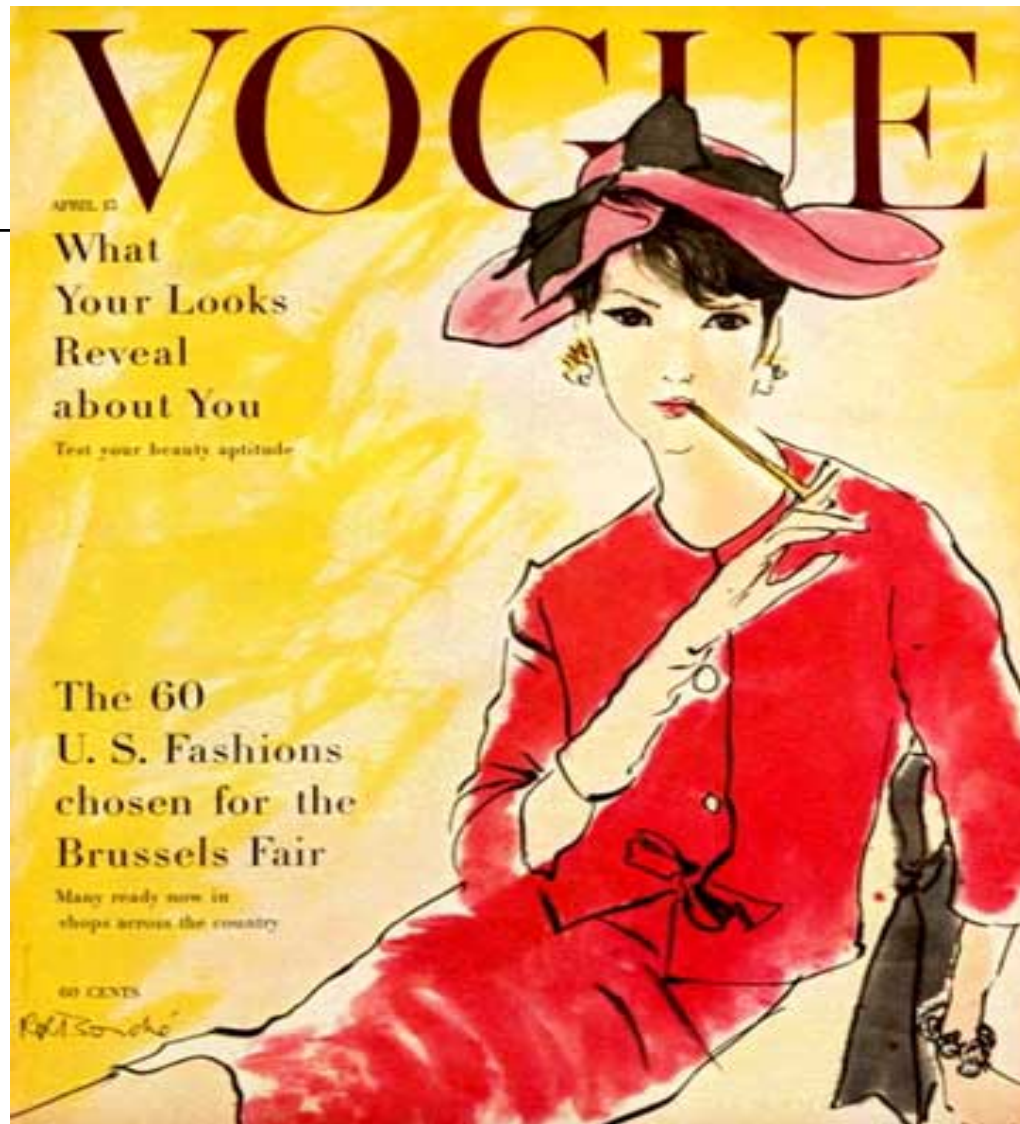
SP Brown - 2006



## Cobblestones and Tobacco

Source: SP Brown – Winston-Salem, NC - 2006

SP Brown - 2006



## Images of Tobacco

Source: Vogue magazine - 1958

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# Description of study

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- Theoretical background of study
- *Social learning theory – Bandura*
- *Socio-ecological theory – Bronfenbrenner*
- *Blending several aspects of other theories of health promotion & learning*

# Description of Study

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- Longitudinal panel study of elementary & early middle school students in NC\* & CA
- Sample to date N= ~1300 students
- NC → n = 775      CA → n ~ 500

*Elementary = 4<sup>th</sup> & 5<sup>th</sup> grades / Early middle school = 6<sup>th</sup>–8<sup>th</sup> grades*

- Primary outcome measures:
  - 1) Students' *intention to use*, and
  - 2) *Actual use of **tobacco**, alcohol, marijuana*

\* Currently presented

# Description of Study

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Development of assessment scale for school-based, self-administration → measures of:

- 1) Prevalence of intentions, actual use, friends' use & influences among other assessments . . .
- 2) Perceived levels of risk of certain health related actions, and confidence in assessment answers . . .
- 3) Perceived levels of *health* self-efficacy [Bandura], and confidence in assessment answers . . .
- 4) Identification & rating levels of certain psychological traits (previously shown to predict *risky* behaviors)

# Results - Elementary

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- Age groups – 4<sup>th</sup> & 5<sup>th</sup> grades

8 years = <1%

11 years = 38%

9 years = 14%

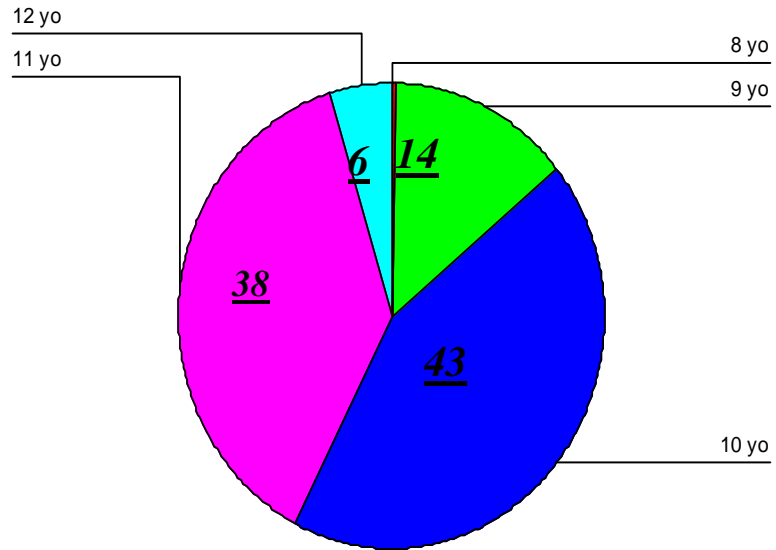
12 years = 6%

10 years = 43%

- Gender

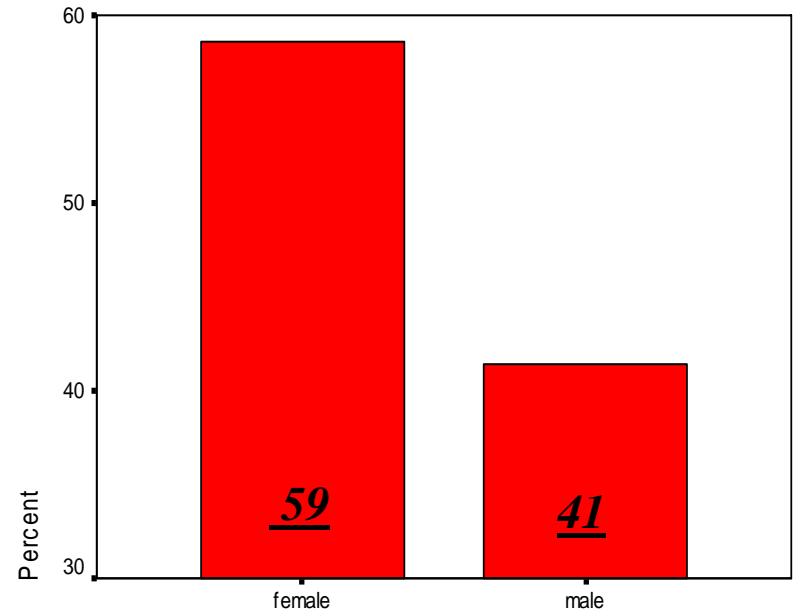
Females = 59% / Males = 41%

# Age



# Elementary age groups

## Gender



# Results - Elementary

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## ○ Ethnicity

African-American = 24%

Caucasian = 62%

Native American = 3%

Other = < 2%

Asian/Pacific Islander = 2%

Hispanic = 8%

## ○ Lives with whom?

Mother only = 25.9%

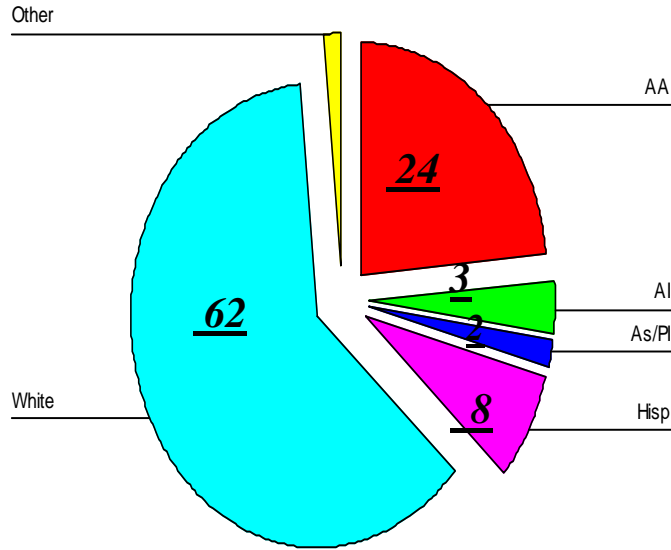
Father only = 3.1%

Both parents = 65.4%

Grandparent(s) = 4.6%

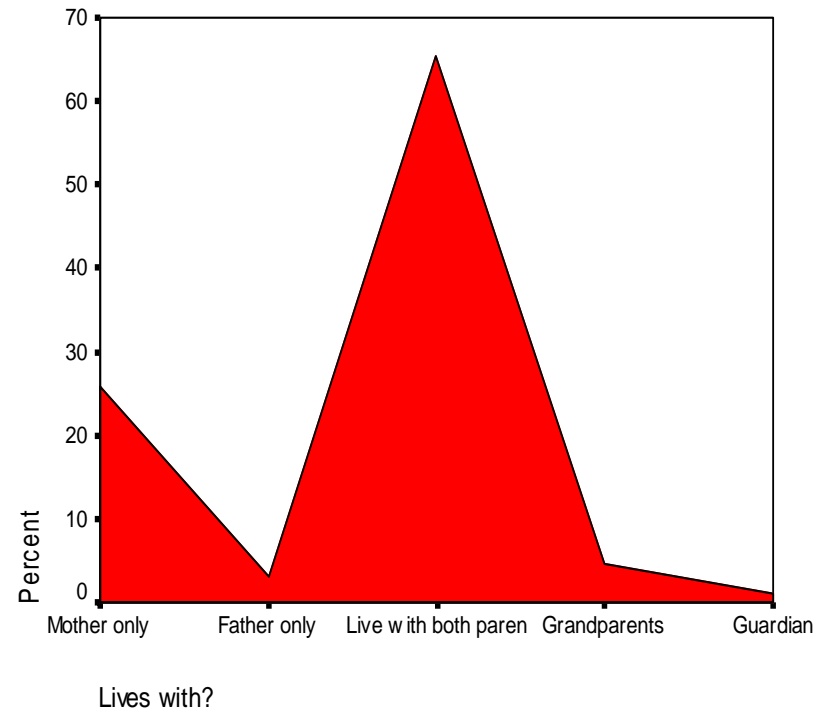
Legal guardian = 1%

# Ethnicity



# Elementary age groups

## Lives with?



# Results - Elementary

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- Student's performance

*Above average / Average / Below average / Not passing*  
53.7%      41.3%      4%      1%

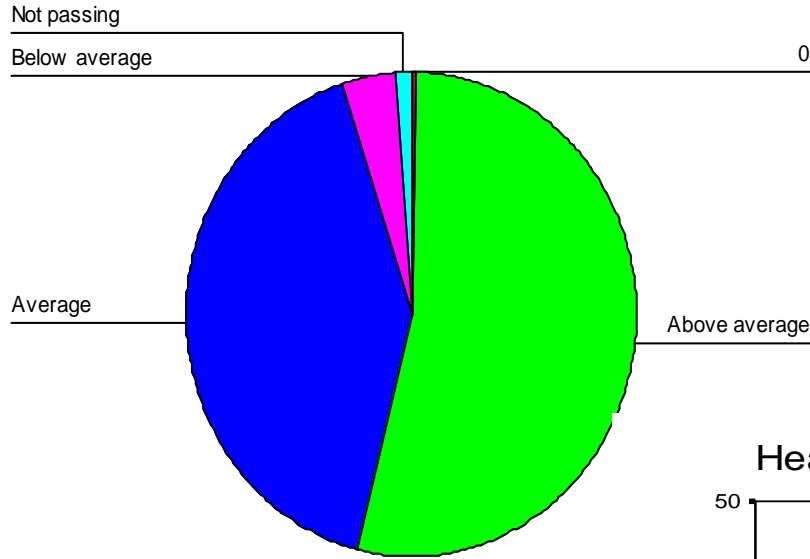
- Health status

*Excellent / Good / Fair / Poor / Not sure*  
41.4%      38%      5.6%      0.7%      14.2%

- Sources of prevention education

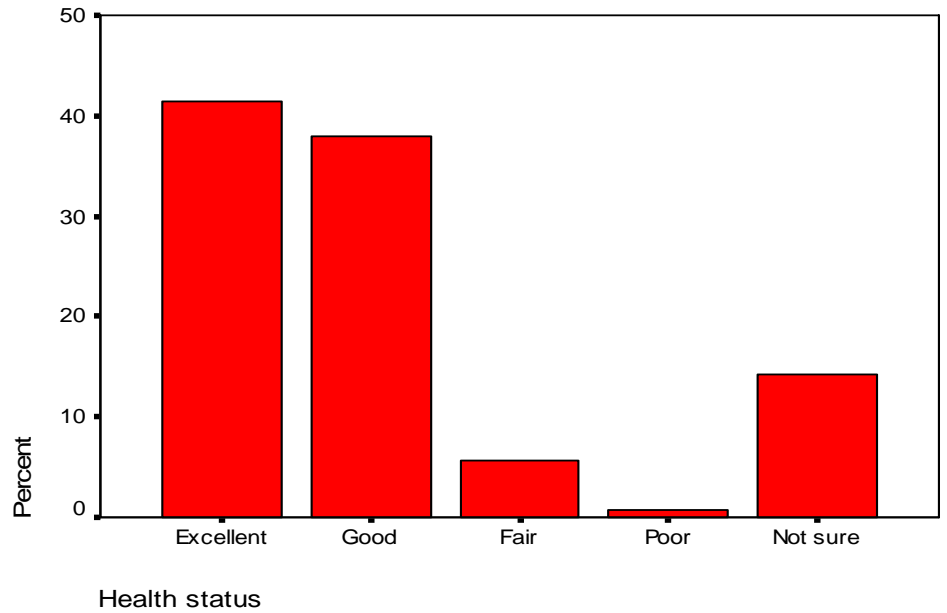
*Parent(s) / Teachers / DARE / Advertising /  
11.2%      3%      15.4%      4%*  
*Community Programs      Some combination*  
0.5%      66%

# Student's performance

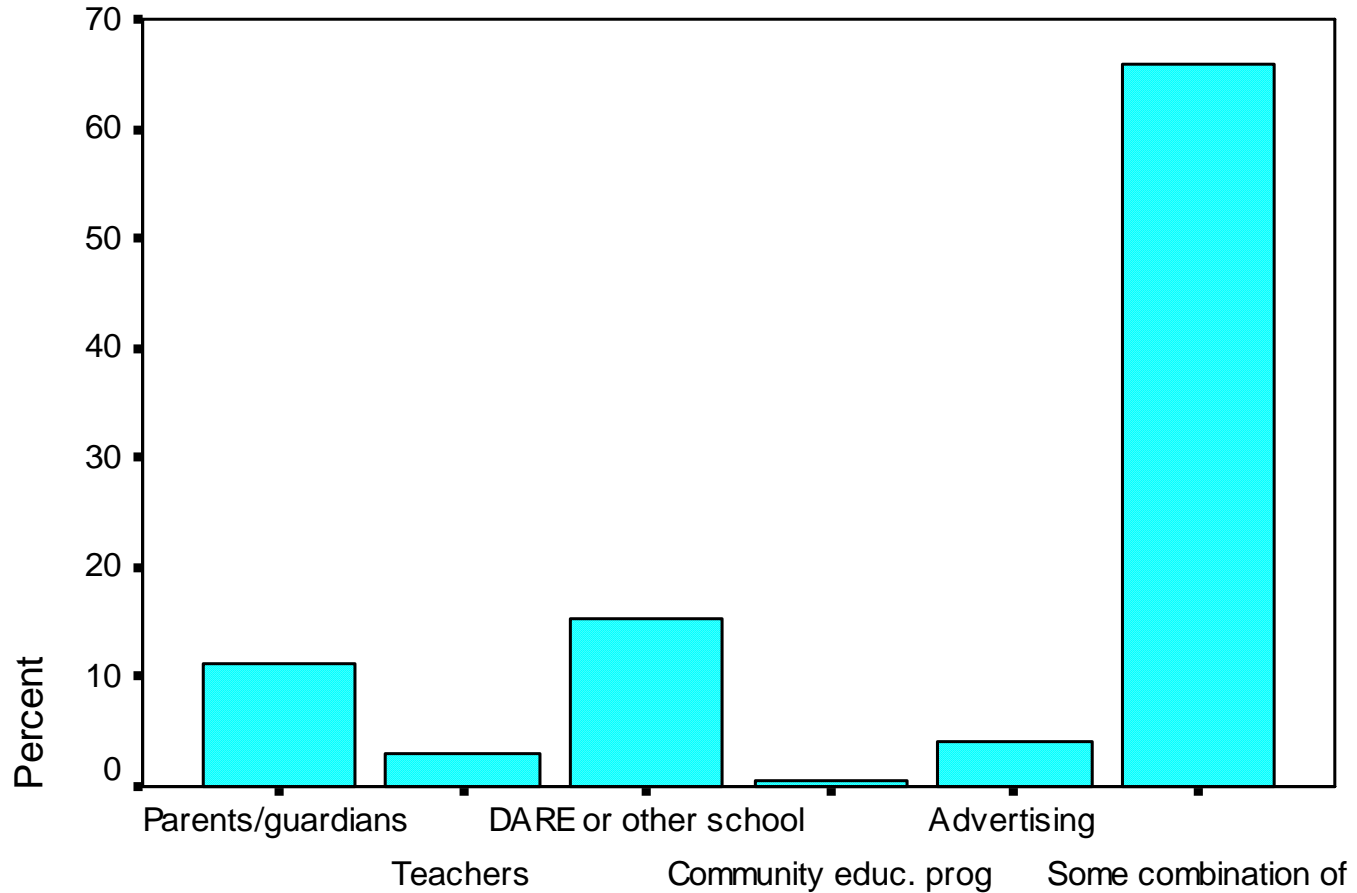


# Elementary age groups

## Health status



## Sources of prevention educ. - Elementary



Sources of prevention educ.

# Elementary age group

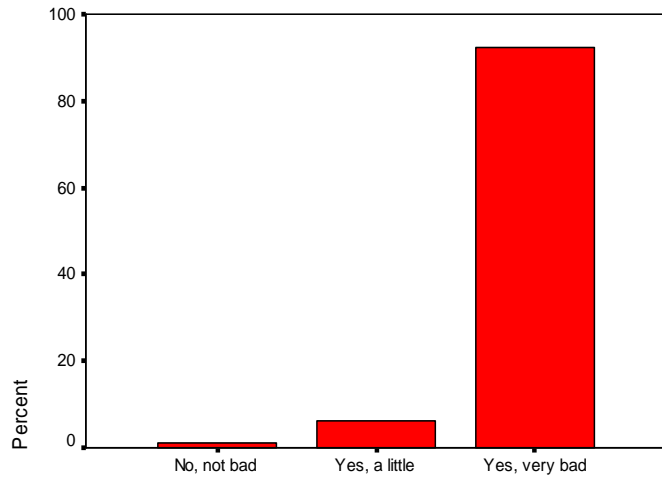
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- Perceived risks of:

	<u>Yes, bad</u>	<u>Yes, a little bad</u>	<u>No, not bad</u>
○ <i>Smoking</i>	92.4%	6.3%	1.2%
○ <i>Alcohol</i>	78%	20.3%	1.7%
○ <i>Marijuana</i>	92.4%	5.4%	2.2%

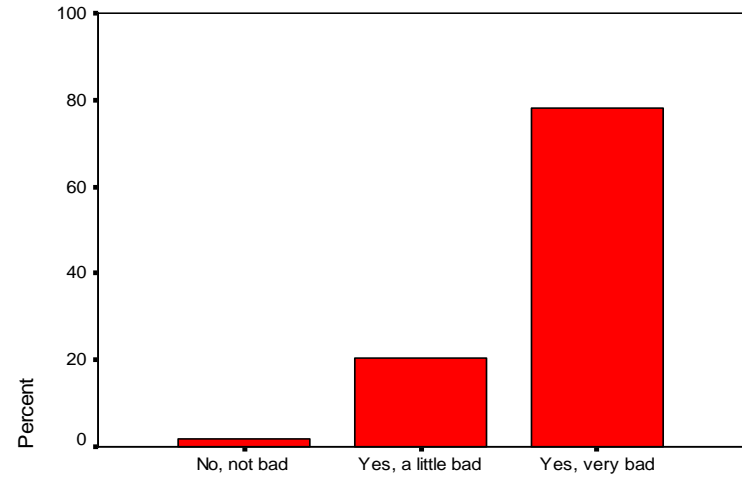


Perceived risk of smoking



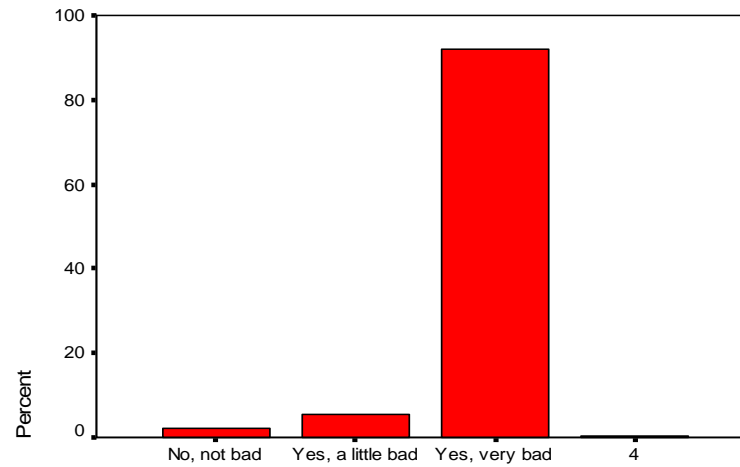
Perceived risk of smoking

Perceived risk of alcohol



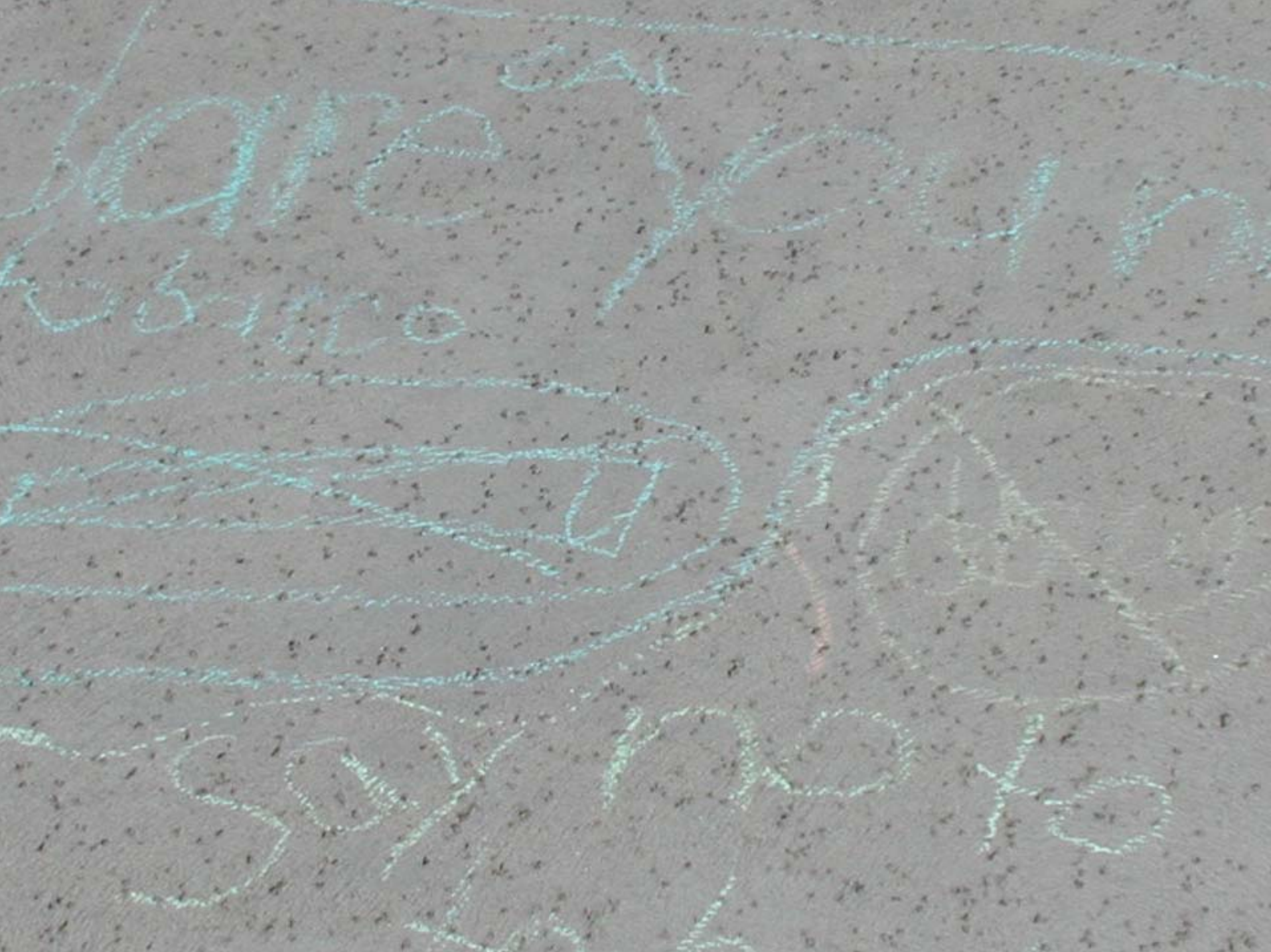
Perceived risk of alcohol

Perceived risk of marijuana



Perceived risk of marijuana

Elementary ages



# Results-Middle School

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- Age groups – 6<sup>th</sup> thru 8<sup>th</sup> grades

10 years = 2.2 %

13 years = 35.4%

11 years = 14.4%

14/>years = 14.6%

12 years = 33.4%

- Gender

Females = 63.3% / Males = 36.7%

Kick

out

tobacco!



Your Mouth



STARTS!



# Results - Middle School

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## ○ *Ethnicity*

African-American = 22.9%

Native American = < 1%

Asian/Pacific Islander = < 2%

Hispanic = 3.6%

Caucasian = 71%

Other = < 1%

## ○ *Lives with whom?*

Mother only = 19.4%

Father only = 2.5%

Both parents = 74.4%

Grandparent(s) = 1.7%

Legal guardian = 1.9%

# Results – Middle School

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- Student's performance

*Above average / Average / Below average / Not passing*  
62.1%                  33.4%                  3.1%                  1.4%

- Health status

*Excellent / Good / Fair / Poor / Not sure*  
46.3%      42.1%      4.4%      1.1%      6.1%

- Sources of prevention education

*Parent(s) / Teachers / DARE / Advertising /*  
5.5%                  1.9%                  14.4%                  1.7%  
*Community Programs      Some combination*  
0.3%                                  76.2%



# Results – Middle School

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## Perceived risks of:

	<u>Yes, bad</u>	<u>Yes, a little bad</u>	<u>No, not bad</u>
○ <i>Smoking</i>	89.7%	8.6%	1.7%
○ <i>Alcohol</i>	72.7%	24%	3.3%
○ <i>Marijuana</i>	90.6%	6.9%	2.2%

Kick

out

tobacco!



Your Mouth

STINK



# Parental information – ES & MS

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○ <u>Education</u>	<u>ES</u>	<u>MS</u>
<i>HS</i>	<i>4.8</i>	<i>2.6</i>
<i>Some HS</i>	<i>8.3</i>	<i>3.6</i>
<i>HS grad</i>	<i>21.5</i>	<i>8.9</i>
<i>Some college</i>	<i>29.4</i>	<i>20.8</i>
<i>College grad</i>	<i>27.0</i>	<i>39.1</i>
<i>Grad/prof schl</i>	<i>9.0</i>	<i>25.0</i>

# Parental information – ES & MS

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<u>Income levels</u>	<u>ES</u>	<u>MS</u>
<i>\$ &lt; 15K</i>	<i>15.1</i>	<i>5.4</i>
<i>\$ 15,001 – 30K</i>	<i>23.9</i>	<i>4.3</i>
<i>\$ 30,001 - 45K</i>	<i>14.8</i>	<i>16.2</i>
<i>\$ 45,001 – 60K</i>	<i>15.1</i>	<i>17.3</i>
<i>\$ 60,001 – 75K</i>	<i>11.6</i>	<i>19.5</i>
<i>\$ 75K or &gt;</i>	<i>19.4</i>	<i>37.3</i>

# Parental information- ES & MS

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<u>Tobacco Use</u>	<u>ES</u>	<u>MS</u>
○ Do not use	78.5	84.2
○ Use occasionally [1-2x/mo]	24.0	2.6
○ Use regularly [1-2x/wk]	4.2	5.3
○ Use frequently [daily]	14.9	7.9

# Results / Conclusions

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- Parental tobacco usage seen as influence in ~ ½ homes [47%]
  - \* *Majority smoked frequently*
- Children had difficulty ID'ing true level of risk associated with ETS
  - \* *Particularly elementary ages*
- Significant differences seen in *age, gender, & ethnicities* re: risk levels
  - \* *Alcohol risk by age* most significant

# Recommendations

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- Parental tobacco usage needs to *always* be factored into prevention policy efforts, whether in schools, communities, or health care provider settings
- Cessation provisions for parents should *always* be included in prevention efforts
- Insist on health care professional involvement in SHS exposure prevention
- Actively pursue further development & passage of strong\* SF legislation

\* NO exemptions

# Thoughts for future policy . . .

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- Should we consider parental source of exposure as *Child Abuse/Neglect*?
  - *and/or Consider as "Medical Negligence"*
- Revision of medical curricula to enable "qualified" tobacco prevention & cessation interventionists?
- Consider US buyout of tobacco industry?



SP Brown - 2006