

Tobacco Advertising & Youth

The Essential Facts

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Tobacco companies must attract a new generation of tobacco users to survive. The industry constantly loses customers because many current smokers quit smoking or die from tobacco-related diseases. As a result, tobacco companies develop massive marketing campaigns to entice youth to smoke and become long-term smokers.¹ A comprehensive ban on tobacco advertising, promotion and sponsorship is one of the most effective policy measures to reduce youth tobacco use.² Article 13 of the Framework Convention on Tobacco Control (FCTC) requires parties to enact a comprehensive ban on tobacco advertising, promotion and sponsorship. As such, countries must implement comprehensive bans as a part of their tobacco control strategy.^{3,4}

Youth Tobacco Consumption

- Tobacco use among youth is a major public health problem around the world. Everyday, some 80,000-100,000 young people around the world become addicted to tobacco.⁵
- If current trends continue, 250 million of today's children will die from tobacco-related diseases.⁶
- Most people start smoking before the age of 18, and almost a quarter of these smokers began smoking before the age of 10.⁷



Youth purchasing cigarettes (Ukraine, 2007)

Big Tobacco Targets Youth Using Advertising, Promotion And Sponsorship

- Children are exposed to tobacco advertising, promotion and sponsorship through paid media, paid sports sponsorships and at retail stores.⁸
- The tobacco industry claims their advertisements are only for adult smokers and adult non-smokers; studies have shown that industry advertisements effectively target non-smoking youth.⁹
- Tobacco advertising, promotion and sponsorship foster positive attitudes towards tobacco use among youth,¹⁰ which effectively motivates youth to smoke.^{11,12}

“Many manufacturers have ‘studied’ the 14-20 market in hopes of uncovering the ‘secret’ of the instant popularity some brands enjoy to the almost exclusion of others... Creating a ‘fad’ in this market can be a great bonanza.”¹³

— RJ Reynolds internal document, 1973

Strategies Used By The Tobacco Industry To Target Youth

Tobacco companies use carefully calculated marketing strategies to reach vulnerable underage populations. Marketing tactics tobacco companies use to target youth include:

- Advertising heavily at retail outlets near schools and playgrounds using large ads and signs clearly visible from outside the stores.
- Sponsoring schools, school programs, or special school events.



Billboard (Jamaica, 2005)

Strategies Used... (continued)

- Placing cigarette ads at children's eye-level.
- Advertising in popular youth-oriented magazines.
- Sponsoring sports with a large youth fan base, such as soccer and cricket.
- Advertising near schools using large billboards depicting glamorized images of tobacco use.
- Placing tobacco products in prominent movies for the youth audience.
- Developing counterproductive youth tobacco prevention programs, which actually encourage use.



Tobacco store (Beijing, China, 2007)

A Comprehensive Ban on Tobacco Advertising, Promotion and Sponsorship is Necessary to Reduce Tobacco Use among Youth

- Tobacco advertising, promotion and sponsorship entice young people to use tobacco, encourage smokers to smoke more, and decrease smokers' motivation to quit.^{14, 15, 16}
- Voluntary regulations are not effective as the tobacco industry often fails to comply.^{17, 18}
- Partial bans have little to no effect on tobacco consumption.^{19, 20}
- Only a comprehensive and enforced ban on advertising, promotion and sponsorship reduces tobacco use, especially among youth.^{21, 22}
- Countries must adhere to Article 13 of the FCTC and adopt comprehensive bans on tobacco advertising, promotion and sponsorship.

(1) World Health Organization (WHO) Report on the Global Tobacco Epidemic 2008: The mpower package. Geneva: World Health Organization, 2008, p 36. (2) WHO, 2008, p 36-38. (3)WHO. Framework Convention on Tobacco Control. Geneva: WHO; 2003. (4)WHO, 2008, p 36-38. (5)The World Bank, 1999, p 92. (6)Murray CJ, Lopez AD, eds. The Global Burden of Disease: A Comprehensive Assessment of Mortality and Disability from Disease, Injuries and Risk Factors in 1990 and Projected to 2020. Cambridge, MA: Harvard School of Public Health, 1996. (7)WHO Tobacco Free Initiative, 2008. (8)Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. Monitoring the Future: National Results on Adolescent Drug Use – Overview of Key Findings, 2003. Bethesda, MD: National Institute on Drug Abuse; 2004 (9)DiFranza JR, Wellman RJ, Sargent JD Weitzman M, Hipple BJ, Winickoff JP. Tobacco Promotion and the Initiation of Tobacco Use: Assessing the Evidence for Causality. Pediatrics. 2006; 117:e1237-e1248. (10)Slater SJ, Chaloupka F, Wakefield M, Johnston LD, O'Malley P. The Impact of Cigarette Marketing Practices on Youth Smoking Uptake. Archives of Pediatrics & Adolescent Medicine. 2007; 161:440-445. (11) DiFranza, 2006. (12)Warner KE. Selling Smoking: Cigarette Advertising and Public Health. Washington, DC: American Public Health Association; 1986. (13)RJ Reynolds Internal Document "NFO Preference Share data "Youth" Market. 1973 Mar 8. Bates No. 501167049/7051. (14)Andrews RL, Franke GR. The determinants of cigarette consumption: A meta-analysis. Journal of Public Policy and Marketing. 1991; 10:81-100. (15)Warner KE. Selling Smoking: Cigarette Advertising and Public Health. Washington, DC: American Public Health Association; 1986. (16)WHO, 2008, p 36. (17)WHO, 2008, p 38. (18)Roemer R. Legislative action to combat the world tobacco epidemic, 2nd ed. Geneva: World Health Organization; 1993. (19)Quentin W, Neubauer S, Leidl R, Konig HH. Advertising bans as a means of tobacco control policy: a systematic literature review of time-series analyses. Int J Public Health. 2007;52:295-307. (20)World Health Organization Regional Office for Europe. It can be done: a smoke-free Europe. Copenhagen: World Health Organization; 1990. (21)WHO, 2008, p 38. (22)Quentin, 2007.

Tobacco Advertising & Youth Marketing Tactics

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“They got lips? We want them.” – RJ Reynolds Sales Representative¹

Tobacco companies develop carefully calculated media campaigns to recruit new youth smokers. Internal industry documents show that the tobacco companies have perceived kids as young as 13 years of age as a key market, studied the smoking habits of kids, and developed products and marketing campaigns aimed directly at them.²

Specific Marketing Tactics

Point-of-Sale (POS) – Advertising displays where tobacco products are sold.

“Eye Level is Buy Level’ because items placed at eye level are more likely to be purchased than those on higher or lower shelves.” —British American Tobacco (BAT), undated³

- POS cigarette advertising increases the likelihood that youth will initiate smoking.⁴
- POS exposes all shoppers, regardless of age and smoking status, to pro-smoking messages and imagery.⁵

Sports Sponsorship

*“We use sports as an avenue for advertising our products... We can go into an area where we’re marketing an event, measure the sales during the event and measure sales after the event, and see an increase in sales.”
—Wayne Robertson, RJ Reynolds, 1983⁶*

- Sports sponsorship creates false perceptions about athletic excellence and smoking, especially among youth.^{7, 8}

Brand-Stretching – Using tobacco brand names, logos, or visual brand identities on non-tobacco products, activities, or events.

“Opportunities should be explored by all companies so as to find non-tobacco products and other services which can be used to communicate the brand or house name, together with their essential visual identities...to ensure that cigarette lines can be effectively publicized when all direct forms of communication are denied.” —BAT, 1979⁹

- Non-tobacco products, such as clothing or toys, affixed with tobacco brand names promote the tobacco product and increase brand recognition, allowing tobacco companies to circumvent traditional tobacco marketing bans.



Mother and child at tobacco kiosk (Russia, 2007)



Marlboro racing sponsorship



Child in Marlboro sweatshirt (Senegal, 1998)

Industry Sponsored Youth Prevention Programs

“Our objective is to communicate that the tobacco industry is not interested in having young people smoke and to position the industry as a ‘concerned corporate citizen’ in an effort to ward off further attacks by the anti-tobacco movement.”
—BAT, 1993¹⁰

- Industry-sponsored youth prevention programs are created to improve the tobacco industry’s public image and discourage further tobacco control legislation.¹¹
- These programs are ineffective at best and, at worst, encourage youth to smoke.^{12,13,14}



Industry-sponsored Youth Prevention Program poster (Ukraine, 2001)

A Comprehensive Ban on Tobacco Advertising, Promotion and Sponsorship is Necessary to Reduce Tobacco Use among Youth

- Tobacco advertising, promotion and sponsorship entice young people to use tobacco, encourage smokers to smoke more, and decrease smokers’ motivation to quit.^{15, 16, 17}
- Bans must address traditional and new covert forms of marketing in order to be effective.¹⁸
- Only a comprehensive and enforced ban on advertising, promotions and sponsorships reduces tobacco use, especially among youth.^{19, 20}
- Countries must adhere to Article 13 of the FCTC and adopt comprehensive bans on tobacco advertising, promotion and sponsorship.

(1) Bates C, Rowell A. Tobacco explained: the truth about the tobacco industry...in its own words. London: Action on Smoking and Health; 2004. (2) Perry CL. The Tobacco Industry and Underage Youth Smoking: Tobacco Industry Documents from the Minnesota Litigation. Archives of Pediatric and Adolescent Medicine. 1999;153:935-941. (3)BAT. Merchandising. Undated. Bates No. 406114627-8. (4)Pollay R. More than meets the eye: on the importance of retail cigarette merchandising. Tobacco Control. 2007;16:270-274. (5)Pollay, 2007. (6)Bates C, Rowell A, 2004. (7)World Health Organization [page on the Internet]. Geneva: WHO; c2008 [cited 2008 May 7]. Tobacco Free Sports – Play It Clean. Available from: <http://www.who.int/mediacentre/background/2002/back2/en/index.html>. (8)Vaidya SG, Vaidya JS, Naik UD. Sports sponsorship by cigarette companies influences the adolescent children’s mind and helps initiate smoking: results of a national study in India. J Indian Med Assoc. 1999;97:354-356. (9)Brown & Williamson [internal industry document]. Guidelines on Communication Restrictions and New Opportunities in Marketing. Jestburg. 1979 Jun 14. Bates No. 670828367/8381. Available from: <http://legacy.library.ucsf.edu/tid/fqr03f00>. (10)Lieber C [internal Philip Morris document]. Memo: Youth Campaign for Latin America. 1993 Sept 23. Bates No. 2503004040/7041. Available from: <http://legacy.library.ucsf.edu/tid/ehq19e00>. (11)Landman A, Ling PM, and Glantz, SA. Tobacco Industry Youth Smoking Prevention Programs: Protecting the Industry and Hurting Tobacco Control. Am J Public Health. 2002 June; 92(6): 917–930. Available from: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pmcentrez&artid=1447482>. (12) Wakefield, M, et al. Effect of Televised, Tobacco Company-Funded Smoking Prevention Advertising on Youth Smoking-Related Beliefs, Intentions, and Behavior. American Journal of Public Health. 2006;96(12):2154-2164. (13)American Legacy Foundation. Getting to the Truth: Assessing youths’ Reactions to the truthsm and “Think. Don’t Smoke” Tobacco Countermarketing Campaigns. First Look Report 9. Washington, DC: American Legacy Foundation; 2002. (14)U.S. V. Philip Morris USA, Inc., et al., No. 99-CV-02496GK (U.S. Dist. Ct., D.C.), Final Opinion, p 1164, 1168, 1171. 2006 Aug 17. Available from <http://www.tobaccofreekids.org/reports/doj/FinalOpinion.pdf>. (15)Andrews RL, Franke GR. The determinants of cigarette consumption: A meta-analysis. Journal of Public Policy and Marketing. 1991; 10:81-100. (16) Warner KE. Selling Smoking: Cigarette Advertising and Public Health. Washington, DC: American Public Health Association; 1986. (17)World Health Organization (WHO) Report on the Global Tobacco Epidemic 2008: The mpower package. Geneva: World Health Organization, 2008. p 36. (18)WHO, 2008, p 36-38. (19)WHO, 2008, p 38. (20)Quentin, 2007.

Tobacco Marketing Effectively Reaches Youth

Publicly, the tobacco industry states it does not target youth. However, evidence from around the world shows that tobacco companies continue to market and promote their products in ways that appeal to children.

- In Buenos Aires, Argentina, 90% of 14 to 17 year olds had seen tobacco ads in the month prior to the survey.²
- In China, 50-70% of 13-15 year olds surveyed have seen cigarette ads at sporting events.³
- In Turkey, despite the fact that Camel cigarettes have only a one percent market share, the Camel logo (dromedary and pyramid) was recognized by 91% of children (average age of 10).⁴
- In the United States, 96% of young children (age 3-6) correctly identified the brand in Joe Camel advertisements, compared to only 67% of adults.⁵
- In India, when a tobacco manufacturer sponsored cricket matches, the most influential message perceived by youth was “you become a better cricketer if you smoke.”⁶

“Today’s teenager is tomorrow’s potential regular customer, and the overwhelming majority of smokers first begin to smoke while in their teens...It is during the teenage years that the initial brand choice is made.” – Myron E. Johnston, Philip Morris Researcher, 1981¹

The Impact of Tobacco Marketing on Youth Consumption

Tobacco marketing has been shown to increase youth initiation of smoking.⁷

- A study in the United Kingdom conducted between 1999 and 2004 found that, for each form of tobacco marketing that youth recognized, the likelihood of smoking initiation increased by seven percent.⁸
- Nine longitudinal studies involving more than 12,000 youth concluded that “tobacco advertising and promotion increases the likelihood that adolescents will start to smoke.”⁹
- In Spain, familiarity with local tobacco billboards increased the likelihood of smoking initiation among 13 to 14 year olds.¹⁰

The Impact of Tobacco Advertising, Promotion and Sponsorship Bans

A comprehensive law banning tobacco advertising, promotion and sponsorship is necessary to reduce tobacco use, especially among youth.¹¹ Tobacco companies can easily circumvent partial advertising bans by shifting their marketing and promotional strategies to unrestricted avenues.¹²

- Research on tobacco advertising, promotion and sponsorship bans and tobacco consumption in 22 countries found that comprehensive bans can reduce tobacco consumption by 6.3%.¹³
- A follow-up study in 102 countries found that comprehensive bans reduced tobacco consumption by about 8%, whereas partial bans had little or no effect.¹⁴
- In the United Kingdom, a comprehensive ban was implemented in three phases — a ban on remaining traditional forms of advertisements in 2002, a ban on promotions and sponsorship of domestic sporting events in 2003, and the subsequent restriction on point-of-sale advertising and brand-stretching in 2004 and 2005. With each phase of the advertising ban, there were significant declines in awareness of tobacco marketing among youth.¹⁵

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- Countries must adhere to Article 13 of the FCTC and adopt comprehensive bans on tobacco advertising, promotion and sponsorship.

(1)Philip Morris [internal industry document]. 1981 Mar 31. Bates no. 1000390803/55. (2)Miguez H. Uso de tabaco en jóvenes: exposición y vulnerabilidad en el campo de las representaciones sociales. Buenos Aires: Programa Vigi+A, Ministerio de Salud y Ambiente de la Nación; 2003. (3)The GTSS Collaborative Group. A cross country comparison of exposure to secondhand smoke among youth. *Tobacco Control*. 2006;15 Suppl 2:ii4-19. (4)Emri S, Bagci T, Karakoca Y, Baris E. Recognition of cigarette brand names and logos by primary schoolchildren in Ankara, Turkey. *Tobacco Control*. 1998;7:386-392. (5)Fischer PM, Schwartz MP, Richards JW, Goldstein AO, Rojas TH. Brand logo recognition by children aged 3 to 6 years. Mickey Mouse and Old Joe the Camel. *JAMA*. 1991;266(22):3145-3148. (6)Vaidya SG, Vaidya JS, Naik UD. Sports sponsorship by cigarette companies influences the adolescent children's mind and helps initiate smoking: results of a national study in India. *J Indian Med Assoc*. 1999;97:354-356. (7)DiFranza JR, Wellman RJ, Sargent JD, Weitzman M, Hipple BJ, Winickoff JP. Tobacco Promotion and the Initiation of Tobacco Use: Assessing the Evidence for Causality. *Pediatrics*. 2006; 117:e1237-e1248. (8)Moodie C, MacKintosh AM, Brown A, Hastings G. Tobacco marketing awareness on youth smoking susceptibility and perceived prevalence before and after an advertising ban. *European Journal of Public Health*. 2008 Mar 24 [Epub ahead of print]. (9)Lovato C, Linn G, Stead LF, Best A. Impact of tobacco advertising and promotion on increasing adolescent smoking behaviors. *Cochrane Database Syst Rev*. 2003;(4):CD003439. (10)Lopez Mi, Herrero P, Comas A, et al. Impact of cigarette advertising on smoking behaviour in Spanish adolescents as measured using recognition of billboard advertising. *Eur J Public Health*. 2004;14:428-432. (11)World Health Organization (WHO) Report on the Global Tobacco Epidemic 2008: The mpower package. Geneva: World Health Organization, 2008. p 36-38. (12)WHO, 2008, p 38. (13)Saffer H. Tobacco Advertising and Promotion. In: Jha P, Chaloupka F, editors. *Tobacco Control in Developing Countries*. New York: Oxford University Press, Inc.; 2000. p. 224. Available from: <http://www1.worldbank.org/tobacco/tcdc.asp>. (14)Saffer H, 2000. (15)Moodie, 2008. (16)Andrews RL, Franke GR. The determinants of cigarette consumption: A meta-analysis. *Journal of Public Policy and Marketing*. 1991; 10:81-100. (17)Warner KE. *Selling Smoking: Cigarette Advertising and Public Health*. Washington, DC: American Public Health Association; 1986. (18)WHO, 2008. p 36. (19)WHO, 2008, p 38. (20)Roemer R. Legislative action to combat the world tobacco epidemic, 2nd ed. Geneva: World Health Organization; 1993. (21)Quentin W, Neubauer S, Leidl R, Konig HH. Advertising bans as a means of tobacco control policy: a systematic literature review of time-series analyses. *Int J Public Health*. 2007;52:295-307. (22)World Health Organization Regional Office for Europe. It can be done: a smoke-free Europe. Copenhagen: World Health Organization; 1990. (23)WHO, 2008, p 38. (24)Quentin, 2007.

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>