

Chapter 10

THOSE UNTAMABLE TEENS

We've got a major problem with young people smoking in this country. If we're going to do something as a society to make it more difficult for young people to smoke, we've got to intervene directly.

— William Roper¹

If teens want to smoke, they're going to smoke, whether the government or parents like it or not!

— Allison, age 13²

IF UMPTIEN THOUSAND studies reporting the health dangers of smoking haven't been enough to convince more than four-fifths of Americans not to smoke; if millions perversely persist in this self-destructive practice even at the cost of being made outcasts from polite (and politically correct) society and virtually relegated to second-class citizenship through employment discrimination and draconian restrictions on smoking in public places; if despite everything we are still as far from a "smoke-free society" as when former Surgeon General C. Everett Koop proclaimed the goal, there is yet another—perhaps the ultimate and most insidious—stratagem of the antismokers that even the most hardened smoker can scarcely disapprove of: *Save the Children*.

The first clipping I have on this aspect of the antismoking crusade—though certainly not the first I could cite had I begun collecting them earlier—dates back to July 1992.

(Fortunately for the length of this book, I did not start prowling the Internet until 1995 and thereby gain access to the electronic ar-

chives of some 120 newspapers in this country and abroad, as well as to a plethora of smoking sites—overwhelmingly anti, only a few pro—on the World Wide Web, or my pile of smoking-related articles would be even higher. It has been hard enough to choose which ones to cite and which ones to pass over out of literally hundreds.)

“Frustrated CDC [Centers for Disease Control and Prevention] urges states: Raise legal age for buying cigarettes to 19” was the heading of an *Atlanta Journal-Constitution* article, from which the quotation above by then CDC Director William Roper was taken.

In addition to declaring 19 as the legal age for smoking, the CDC would urge the states to create agencies for licensing and monitoring the sale of tobacco to teens, Roper announced. (And, purely incidentally, create a lot of new employment opportunities for deserving bureaucrats along the way).

At that time, every state but two had set 18 as the legal smoking age. It was 17 in Georgia and Montana didn’t regulate minors’ access to tobacco at all. New Mexico regulated only smokeless tobacco. But only six states had laws penalizing underage teens for cigarette possession, and selling to a minor was merely a misdemeanor in all 49 states where teenage tobacco use was regulated, although the penalty in Washington for selling to a minor was severe: up to a year in jail and a \$5,000 fine.

Despite the laws, the CDC found that “at least” 70 percent of the country’s 2.6 million smokers younger than 18 had successfully bought cigarettes or other tobacco products “at least once” in 1989 (the latest year for which statistics were then available).³ Of those 2.6 million, more than half—1.5 million—regularly bought their own cigarettes, and of that number 84.5 percent purchased them at small stores or gas stations. Only 14.5 percent reported ever getting cigarettes from vending machines.

(Two years later, though, the Food and Drug Administration would report that “Vending machines are a primary source of tobacco products for young smokers,” with 22 percent of 13-year-olds using them compared with two percent of 17-year-olds.⁴ Whether that meant that more of the youngest youngsters were getting their cigs from vending machines, possibly because they couldn’t pass for 18 like 17-year-olds could and buy them at the store counter, or whether it’s simply a matter of different antismoking axes being ground in different ways by different people at different times, your guess is as good as mine.)

The children's crusade began to get rolling as 1993 dawned. In Sunday papers on January 3, cartoonist Garry Trudeau took up most of his "Doonesbury" strip with a sign which his character Mr. Butts urged boys and girls to cut out and tape to the window of their favorite store "to show your appreciation" for the risk the store takes by illegally purveying tobacco to them. "This Store Sells Cigarettes to Minors! A Mr. Butts Salute!" the sign read. Be sure to make lots of copies, Mr. Butts advised, in case the store owner takes the sign down.⁵ (To his credit, Trudeau didn't use the loaded words "kids" or "children.")

In February, the Associated Press reported that the CDC had given Georgia, New Mexico and Montana until September to make 18 the legal age for buying tobacco products or lose federal health funds. Noncompliance would cost those states \$3 million, \$7 million and \$3 million respectively.⁶

In April 1993 I clipped the first of a continuing series of articles alerting Americans to the increasing use of smokeless tobacco by teens and warning about the dangers thereof.⁷ As for smoking though, it wasn't until late 1993 and early 1994 that the warning bells began to be rung in earnest. In December, John Pierce of the University of California-San Diego, reported at the first scientific conference of the California Tobacco-Related Disease Research Program in San Francisco that "while adults have dropped it like a stone," smoking by teenagers suddenly began to rise in 1988 after declining about one percent a year over the previous 15 years.⁸

Even worse, in February 1994, in a survey of some 50,000 teenagers in grades eight, 10 and 12 at more than 400 schools, University of Michigan researchers found that not only was teenage tobacco smoking up but marijuana use was two to four percentage points higher in 1993 than in 1992. The use of stimulants, LSD and inhalants had also risen in all three grades.⁹

"These findings . . . are an urgent alarm we must heed at once," said Department of Health and Human Services secretary Donna E. Shalala.¹⁰

I later came across an editorial in an offbeat—*way* offbeat—newsletter called *Smoke Signals* (see Chapter 9) that critiqued either this or some other University of Michigan study in greater detail and is worth quoting from at length.

The writer first cited some figures from the study, which he said

were widely disseminated by Action on Smoking and Health (ASH): that smoking among eighth graders increased 30 percent between 1991 and 1994 (from 14.3 percent to 18.6 percent), smoking among tenth graders increased 20 percent (from 20.8 percent to 25.4 percent), and that the rate of smoking among high school seniors now exceeded the adult smoking rate, increasing from 27.8 percent to 31.2 percent during the three-year period studied.

He then commented (all emphases in original):

Of course, what *isn't* said by ASH is also interesting. For example, they don't define 'smoking' in their writeup. Are these students smoking every day? Every week? Every month? Or is it defined, as is often the case in these surveys, as having *tried* smoking? They don't mention that in 1976, nearly 40 percent of high school seniors smoked (meaning that over the past twenty years, smoking among high school seniors has *declined* nearly 25 percent), nor do they offer similar statistics for previous decades when Joe Camel wasn't around to bear the blame . . .

They blame "cartoon characters in cigarette ads, more smoking in movies and on TV, low prices of brands kids like, and universal availability to kids." Somehow, this seems a bit disingenuous at best. Can they cite one other example of behavior that's been drastically affected by cartoon characters? (Perhaps an incredible rise in the use of Acme dynamite to blow up coyotes in the 60s?) Do they really believe there's more smoking on TV now than in the 50s, or more smoking in movies now than in the 40s? . . . And do they really think that cigarettes are more available to kids now than in the 50s and 60s? Give us a very large break.

Finally, the study attacks tobacco advertising, because the students surveyed believed that ads promote the benefits of smoking. Among 16- and 17-year-olds surveyed, 76.2% said ads show smoking as enjoyable, 73% said ads show smoking as relaxing, and 67% said ads show it as a way to reduce stress. Imagine that. How dare the tobacco companies use their advertising to show positive aspects of their product (and aspects to which many, if not most, smokers would attest)! Obviously, we've just missed seeing beef and egg industry ads revealing cholesterol levels and automakers' ads dealing with pollution and crash rates. And do the anti-smoking forces really *believe* that cigarette advertising today goes further than the endorsement ads by doctors in the 40s, or the beautifully done TV ads of the 60s?

What's our point? Just a suggestion that, in addition to being delighted (as we are) to see smoking rates increasing among young

people, we should notice the lengths to which the anti-smoking forces will go, and whenever possible, make sure that simplistic statements by the anti-smokers don't go unchallenged."¹¹

I can't vouch for the writer's counter-statistics, but it is an unfortunate fact that the statistics put forward by the antis, much less their logic, are *never* challenged in the mainstream media.

THE AMERICAN MEDICAL Association soon joined the rising chorus. In the eighth annual tobacco issue of its *Journal* (JAMA) in February, the association reported on a study that found that children in some areas, predominantly minority neighborhoods, were buying single cigarettes called "loosies" for 25 cents each at the corner store. The study involved 206 retail stores, 49 percent of which sold single cigarettes and 93 percent of those cigarettes to children.¹²

Another study cited in that issue of JAMA claimed that Virginia Slims advertising and other campaigns aimed at adolescent girls had pushed smoking rates for girls aged 11 to 17 up by 110 percent from 1967 to 1973.

I can believe this. At least, I seem to see young girls smoking everywhere these days, something I haven't seen for a long time. For example, a few years ago, during a visit to Richmond, where our son then lived, my wife and I were having lunch in the Cloverleaf Mall food court. I watched two very pretty and very young girls (pardon, young women), not teenagers but no older than their early 20s, smoking cigarettes as they chatted at a nearby table. By the time we left, one girl had lit a second cigarette. Just like the old days, I thought. (The Cloverleaf Mall, by the way, is one of the few left in the country that still permit smoking, at least at this writing. Could it be because Richmond is the headquarters of Philip Morris?)

When we got home I dug up the yellowed manuscript of a novel I had started several decades before while in college and had never finished about a boy's coming of intellectual age. ("Write what you know," the writers' magazines always advised.) In one chapter my protagonist, Tom, makes his first visit to the Student Union at his university. To one side of the entrance he found a large room, with every table filled with students either eating food obtained from a snack bar at one end or playing bridge.

Tom looked at the girls. There was little to distinguish them except for variations in sizes and shapes. They were all dressed nearly identically—sweaters, skirts and bobby socks. Some were what could properly be called “sweater girls,” but for the most part their forms were shrouded in the large, bulky coverings. They were not much different from high school girls, Tom thought, though probably they would have been offended by the comparison. For they were *college* girls, and they could smoke, he observed . . . He was just a little shocked to see these nice little high school girls sitting around playing cards and smoking.

Not that my protagonist disapproved of smoking, by girls or by anybody else. Far from it. It was just that he had never seen so many girls smoking in one bunch. Or rather, *I* hadn’t (it was—what else?—a semiautobiographical first novel). Fast forward 50 years. No doubt many of those girls who smoked cigarettes in their youth have joined the dear departed. Derive from that whatever lesson you wish.

It was on another trip, a visit to my wife’s sister in Marlborough, Massachusetts, in the summer of 1997 that I saw four preteen girls flourishing what looked like skinny cigarettes outside the Wayside Country Store on Route 9 near Sudbury. They were holding them in their fingers and up to their mouths just like cigarettes. I realized they were candy cigarettes. I hadn’t seen them since I was a child myself and didn’t think they were made anymore.

I asked one of the girls where they’d gotten them and she said inside the candy store. Sure enough, there were several different “brands” of candy cigarettes behind one counter, made by a company in Brooklyn, New York. One with an all-red box was a dead ringer for Pall Mall, except that it was called “King’s.” Others (aping the “Marlboro Country” theme?) were “Round Up” and “Stallion.” For 20 cents I bought a box with the most cigarette-sounding name—“Lucky Lights.” Inside were 10 sticks of hard candy, about the length of a regular cigarette. They were just as I remembered them, including the red coloring at their tips to simulate a lighted cigarette. There was a “Nutrition Facts” label on the box that hadn’t been there in the old days, but no surgeon general’s warning.

It did my heart good to see those young girls practicing “smoking.” There were two women with them, presumably their mothers, who did not seem to be at all concerned about it. Maybe there’s a future for smoking after all.

JAMA's report prompted the Coalition for Smoking OR Health—composed of the American Medical Association, the American Cancer Society, the American Heart Association and the American Lung Association-March of Dimes—to reiterate a call for the Federal Trade Commission to ban advertising targeted on children. “This isn’t toothpaste we’re talking about,” said chairman Scott D. Ballin, “but a product that’s addictive and deadly.”¹³

The biggest event of 1994, of course, was the release in February of the 314-page surgeon general’s report: “Preventing Tobacco Use Among Young People.”¹⁴ This, the 23rd edition in the series “Smoking and Health,” chronicled, among other things, the marketing practices of the tobacco industry from the candy cigarettes of yore* to the sponsorship of racing cars and the peddling of cigarette lighters, T-shirts and other paraphernalia emblazoned with brand logos.

“Smoking is not just an adult habit,” said Surgeon General Joycelyn Elders. “It is an adolescent addiction.”¹⁵ (Although Dr. Elders later got the boot because of a remark on teaching teenagers about masturbation—*about* it, not how to do it—it may have been just as well that she resigned. Any surgeon general who calls smoking among adults merely a “habit” is not fit to wear the uniform of the U.S. Public Health Service.) The report issued under her aegis stated that more than 70 percent of persons who become daily smokers do so by age 18.¹⁶

This revelation falls a bit short of terrifically surprising. By age 18, most adolescents have initiated all kinds of adult behavior—driving cars, working at jobs and opening their own bank accounts, voting, joining the services, embarking on college and careers, even marrying or otherwise having (or obsessing about) sex, and so on.

Dr. Elders did not have the benefit of more recent “knowledge” about teenage smoking. It’s not just an “adolescent addiction” anymore but a “pediatric disease,” with the definition of “pediatric” having been expanded to include, at a minimum, everybody too young to vote or join the military services.¹⁷

*Evidently the surgeon general wasn’t aware of what was going on in Marlborough, Massachusetts, and still going on as late as 1997. I hope I haven’t inadvertently alerted the antismoking movement that at least one company is still making candy cigarettes. But then, the antis wouldn’t read this book anyway.

She also said that teenagers who smoke run higher risks of experimenting with alcohol and drugs, doing poorly in school, fighting, engaging in unsafe sex and even attempting suicide. Again, more recent “research”—or is it just entrenched antismoking prejudice?—backs her up. From the February 1996 *Journal of the Florida Medical Association*:

[C]igarette smoking by youth is alarming because it is highly correlated with other problem behaviors that contribute to premature morbidity and mortality. Tobacco is generally the first drug or gateway substance used by young people.

Adolescent users also are more likely than nonusers to be concurrent users of alcohol and illegal drugs. In addition, youth smokers are statistically more likely to get into fights, carry weapons, attempt suicide, and involve themselves in high-risk sexual behaviors.^{18*}

Since that issue of the journal was devoted to the grave problem of smoking in Florida, especially among youths, it is worth noting that according to one prosmoking (or, more accurately, anti-antismoking) writer, that same year a nationwide state-by-state ranking of children’s well-being in terms of rates of juvenile crime, teen pregnancy, poverty and education placed Florida’s children *third from the bottom* of the 50 states. “Were it not so tragic it would be ludicrous to focus our resources on teen smoking when national statistics show the depth of the truly serious problems facing our children,” she commented.²⁰

If all this stuff about smoking leading to antisocial or self-endangering behavior is true, these problems should have been worse back when teenage smoking was more prevalent than it is today. Maybe teenagers were different when I was one, but I don’t recall any connection between smoking and kids who were poor scholars, or with fighting. The only fights I was ever in were in grade school, long before any of us could be said to have become “addicted” to cigarettes. As for alcohol, I don’t recall any of that either. I didn’t taste my first beer, let alone hard liquor, until I was in college, though that may have been because my parents didn’t drink. Of the thousands of kids who passed through

*The American Cancer Society puts it the other way around: “Statistics . . . show that students who use other drugs, get in fights, carry weapons, attempt suicide, and engage in high-risk sexual behaviors are more likely to smoke.”¹⁹ There is, I think, a subtle but important distinction.

Avalon High between 1936 and 1948 when my siblings and I attended, none ever attempted suicide. The only death in all that time was of a boy killed during football practice. And with a possible exception or two that had nothing to do with smoking, back in the dark ages when I grew up there was no sex at all for teenagers, safe or unsafe.

Drug use was also unheard of among teenagers, of course, so I cannot say that if illegal drugs had been as easy to obtain as they apparently are today I would not have been tempted to fool around with them. But if today's teenagers who smoke are really more liable to experiment with drugs, that may be less a matter of cause-and-effect than due to the antis' elevation of tobacco to an evil on a par with hard drugs—and in the process unwittingly minimizing the dangers of the latter. If a hit of nicotine is just as bad as a hit of marijuana or cocaine or heroin, if all are equally taboo, it should not be surprising if those youths rebellious enough to smoke cigarettes might go through the "gateway" and try the others too—especially in view of their omnipresent availability, which years of antidrug efforts and millions of antidrug dollars expended by the federal government have not been able to stem and in fact have made the drug problem worse.

I have seen only one chapter of the surgeon general's 1994 report on tobacco use among young people, Chapter Four: "Psychosocial Risk Factors for Initiating Tobacco Use." But just that one examined every aspect of teenage smoking down to the proverbial gnat's eyelash. It cited various studies which found, for examples: that low educational attainment among fathers was predictive of smoking onset in middle-school youth; that both adolescent females at all grade levels and adolescent males in grades 9 through 11 who smoked had parents with fewer years of formal education than the parents of nonsmoking peers (but the educational attainment of parents of 7th- and 8th-grade males was not predictive of anything), and that starting to smoke in childhood is "associated" with living in a single-parent home (page 127). Further, that adolescent girls who smoke are more socially skilled than their nonsmoking peers (page 128); that adolescents with parents who currently smoked were more than twice as likely to smoke as those whose parents had never smoked, yet, curiously, that those whose parents had quit smoking were *three* times as likely to smoke (page 129).

To refine it even further, one study documented that adolescents who reported that their parents were generally supportive of them were

less likely to begin smoking or to become regular smokers than those who perceived that their parents were generally not supportive of them (page 132). Also, that among the youngest subjects—10 through 12 years old—those who perceived that their parents were more strict than other parents were more likely to begin smoking but that among the oldest subjects—14 through 16—those who perceived that they had stricter parents were *less* likely to begin to smoke. As for kids aged 13 to 14, for some reason they apparently were not affected by parental strictness, or the absence thereof (page 133).

Make of it all what you can. But note the word “reported” above. As in all studies about smoking, the researchers are entirely dependent upon what the subjects tell them. I can visualize them passing out questionnaires to a group of kids with questions like: “Do you smoke cigarettes? If yes, how often—Once a month, Once a week, Every day?” Followed by: “Do you think your parents are too strict with you—Always, Sometimes, Never?” And Johnny whispering to the boy next to him, “*Pssst*, what’d you put down for number four?”

Then of course there is the matter of influences other than the parental. For example, the SG’s report noted that a 10-year longitudinal* study found a positive relationship between an older sibling’s smok-

*There are three main types of epidemiological studies: 1) cohort, or prospective, in which a group of people with different levels of exposure to a particular health risk are followed over a period of time to see what happens to their health; 2) case control, or retrospective, which investigates the past exposure of a group of people with a particular health condition and those without it to infer why certain subjects (the “cases”) became ill and others (the “controls”) did not; 3) cross-sectional, or longitudinal, which compares groups of people in terms of their current health and exposure status and assesses their similarities. (There is a fourth kind of study, the occupational, whose subjects are working people with particular jobs or exposures and which can be either cohort, case control or cross-sectional.)

According to Dr. Daniel J. Wartenberg of the Environmental and Occupational Health Sciences Institute at Rutgers University, the cohort study “is a desirable design because exposure precedes the health outcome—a condition necessary for causation—and is less subject to bias because exposure is evaluated before the health outcome is known. It is also expensive, time-consuming and the most difficult logistically of all the studies . . . The main advantage of the case control study is that it enables us to study rare health outcomes without having to follow thousands of people, and is therefore generally quicker, cheaper, and easier to conduct than the cohort study. Primary disad-

ing and a younger sibling's beginning to smoke (page 130). In another study, best friend's cigarette use was predictive of the first try at smoking, whereas having a majority of friends who smoke was predictive of the second cigarette (page 131). As for the third cigarette, the surgeon general sayeth not. Obviously, further studies were in order.

By way of adding to the world's store of worthless knowledge, one team of researchers cited by the SG proposed the theory that adolescents "construct shared social environments in which they perceive themselves and other(s) [parentheses in original for some reason—D.O.] as having mutual cognitive, emotional, and valuative reactions . . . [T]he intersubjectivity created by sharing generates a sense of wellness. This sense of mutuality enhances the attractiveness of the group and may lead to incorporation of the self-image of the others into the image of one's own self" (page 131).

Translated from the "sociologese": kids make friends with kids, kids share kid interests, kids like to pal around with other kids, kids imitate each other. Sounds much like what adults do with other adults.

In what may have been one useful, if hardly surprising, revelation in the report, several studies reached the conclusion that "Knowledge of the long-term health consequences of smoking has not been a strong predictor of adolescent onset . . . perhaps because . . . many adolescents feel inherently invulnerable in their characteristically short-term view" (page 135).

So much for the value of all those warnings.

In response to the surgeon general's report, R. J. Reynolds issued a statement claiming that peer influence and parental example "are the reasons why youth smoke . . . If we believed Camel advertising caused youth to start smoking who otherwise would not, we would voluntarily pull the campaign without any outside urging."

Sure they would. Reynolds later did retire Joe Camel, but apparently

vantages: There's a greater potential for bias, since we know the health status before the exposure is determined." As for the cross-sectional or longitudinal study, "the main advantage is that [it] is a particularly easy study to conduct, as we do not have to wait for the health outcome to occur or estimate what the level of exposure was likely to have been years ago. Its main disadvantages are [*sic*] that *we can't infer a cause* because we're only looking at current health and exposure."²¹ [Emphasis added.]

because he had outlived his usefulness, not because he was seducing youth.

On February 21 the company released a Roper poll it had commissioned showing that 90 percent of kids aged 10 to 17 recognized such ad icons as the Energizer Bunny and the Keebler elves, compared with 73 percent who recognized Joe Camel, and only three percent of those who recognized Joe said they liked cigarettes or that smoking was okay.²² Of course, anything a tobacco company says is even more worthless than my personal anecdotes.

To jump briefly to 1995, on August 28 of that year then FDA Commissioner David A. Kessler, M.D. was a guest on National Public Radio's "Talk of the Nation" discussing smoking with a group of teenagers. He asked them to name the most heavily advertised brands of cigarettes and the answer was Marlboro, Camel and Newport. And what were the most popular brands among teenagers? Same answer.

"Do you think that's by accident?" he said. He then asked them to name the most common brands among adults, and answered for them: "The generic brands. Adults want to buy the cheapest cigarette."²³

Which may be presumptive evidence of the power of cigarette advertising over teenagers. But it should also be acknowledged that teenagers are brand-name conscious in just about everything, from shoes to underwear to designer jeans, all of which are heavily advertised. Teenagers favor Marlboro over discount cigarettes for the same reason they buy Reeboks or Nikes instead of cheaper knock-off brands. And having fewer financial responsibilities than adults, like meeting the monthly mortgage payment, they also tend to be less frugal than adults.

(Speaking of teaching kids about the dangers of smoking, one Damien Christopher Xaros was arrested in Wilson, North Carolina, on charges of recruiting teenage boys for sadomasochistic sex acts and "slave parties." Police said Xaros, 22, lured teenagers to his home in Port Lucie, Florida, while preaching to them "that alcohol, cigarettes and drugs were harmful."²⁴ Let's hope the court took that into consideration.)

While steadfastly maintaining that their advertising is solely designed to persuade adult smokers to switch brands (or remain loyal to their current brand),²⁵ the tobacco industry later climbed on the save-the-children bandwagon with great alacrity, announcing programs to prevent youth smoking. Probably the most loudly trumpeted in news-

paper ads was Philip Morris's "Action Against Access," which among other things called for the licensing of cigarette retailers and cutting off marketing support to stores convicted of selling to minors.

Not only were smoking opponents less than impressed by this but the company's own retailers accused it of shifting the blame for kids' smoking from itself onto a convenient scapegoat. "It is disappointing that the priorities of the largest tobacco manufacturer in the nation have degenerated to posturing blame," someone at the National Association of Convenience Stores wrote Philip Morris. "Your plan will certainly punish our industry for these events, but it will not solve the problem."²⁶

To the antismokers, of course, "Action Against Access" was merely another tobacco industry "smoke screen." Advertisements publicizing an R. J. Reynolds youth smoking prevention campaign moved columnist Ellen Goodman to write: "I have built up some resistance to hypocrisy over the years. But the offer to help kids resist peer pressure is too much even for my immune system. Peer pressure doesn't come out of the ozone. These guys created it in their marketing lab."²⁷

Backing up Ms. Goodman, the same month her column appeared researchers at the University of California-San Diego claimed that "Tobacco promotions, not peer pressure, have the most powerful influence over teenagers who become new smokers."²⁸ If so, then the question is, why should tobacco promotions be so much more influential than antismoking promotions aimed at teens?

The researchers tracked four major cigarette marketing campaigns over the past 100 years and found that, "In each case, the start of the campaign was associated with increasing number of those who were targeted—either adolescent boys or girls—taking up smoking."

One can only marvel at their ability to discover the number of boys or girls taking up smoking a century ago. One also wonders how much is in the eye of the beholder. For instance, Bob Gordon of the "San Francisco Gay Lesbian Bisexual Transgender Tobacco Free Project" (I didn't make that up!) thought he saw ads that targeted young gays.

"In this one ad that's up in a grocery store in the Castro, a life-size Joe Camel looks like a gay guy," he said. "Joe Camel is pictured wearing jeans and boots, looking cool and gay."²⁹

And as long as we're in the City by the Bay, we might mention the

emotional complaint of San Francisco Supervisor Angela Alioto, who called for a ban on outdoor advertising of tobacco-related products near schools, playgrounds and recreation centers.

“It’s criminal the way the tobacco industry has preyed on young people, enticing them with cartoon figures like Joe Camel. Well, Joe Camel won’t die of lung cancer, but our young people will.”³⁰

(Other people claimed that Old Joe was a deliberate phallic symbol—his nose looked like a penis. This is something that I, in my innocence, have been unable to discern.)

The cigarette companies’ programs ostensibly aimed at discouraging teenage smoking were, of course, initiated with the hope of taking some of the heat off themselves. It would also seem to have been a can’t-lose proposition for them because they know intuitively something that the antis seem constitutionally unable to recognize: the more something is made taboo, the greater its attractiveness to young people.

One exception may be Dr. Joseph R. DiFranza of the University of Massachusetts Medical School, who alerted us back in Chapter 3 about all those smoking-induced miscarriages. Tobacco industry campaigns advising children “to make mature decisions about smoking” and “portraying smoking as an adult activity actually encourage children to smoke by making smoking appear to be a desirable ‘forbidden fruit,’” he said.³¹

So once again we see that the industry can’t win for losing, no matter what it does.

At the time of this writing an intramural argument was going on among antismoking activists over the wisdom of so much concentration on youthful smoking, but not for the reason alleged by Dr. DiFranza.

According to Robin Hobart of Americans for Non-Smokers Rights, “When you reframe the goal from a smokefree society to not wanting kids to smoke, it really narrows what you can do about issues like secondhand smoke.”³²

No less than Stanton Glantz warned: “The antitobacco movement has careened off the narrow path because they know it’s noncontroversial. But it is probably counterproductive. A kid-centered program is doomed to fail.”³³

And in an editorial in the tobacco trade journal, *Tobacco International*, Editor-in-chief Frank Bocchino wrote, “At times it seems like the anti-smoking forces are actually trying to encourage smoking among

teenagers.” He contended that warning teenagers about the dangers of smoking is a subtle attempt to make it more appealing to them because if everybody stopped smoking the advocates would be put out of work.³⁴

That may be reaching just a wee bit far, but the antis should certainly not be privileged against questions about their true motives and no doubt many of them would have to look for other employment if smoking were eliminated. There are others, who are neither antismoking activists nor dupes of Big Tobacco, who argue that the campaign against teenage smoking is wrongheaded.

In an article posted on the Heritage Foundation’s Web page,³⁵ Edwin Feulner, president of the foundation, lit into the Food and Drug Administration’s proposed regulations to ban cigarette vending machines and self-service displays in stores, the use of tobacco brand names on T-shirts, hats, keychains and lighters and to prohibit brand-name sponsorship of sporting events such as the Virginia Slims tournament. He cited the warning of a former Heritage Foundation intern, Jennifer Murray, that these regulations, far from preventing teens from smoking, “by focusing additional attention on the forbidden, could actually entice them.”³⁶

This is the same FDA, Feulner reminded, “that conducted the 1991 raid that captured 24,000 half-gallons of Citrus Hill ‘fresh choice’ orange juice because the agency didn’t like the way the o.j. was labeled! Are the food and drug police now going to swoop down on every mom and pop grocery store to make sure teen employees aren’t smoking in the boy’s room?”

To say it yet again, all I know about smoking is based on personal experience and observation. My wife says that it was her best friend who introduced her to smoking at age 16. For myself, if any one thing influenced me, and probably all my contemporaries who smoked, it was simply what seemed to be the near-universality of smoking in the society we grew up in. I realize in saying this that I’m lending support to the antismoking activists who maintain that cigarette advertising does precisely that: gives youngsters the impression that more people smoke than actually do and that smoking is acceptable behavior. But it wasn’t advertising, it was adult example. I still remember one of our teachers, Mr. Dean, a very handsome young man and an assistant football coach whom all the girls adored, standing in front of class with a package of cigarettes visible in his shirt pocket. No doubt he eventually quit smok-

ing, as most of his generation did, but in any case he lived long enough to attend my sister's 50th high school reunion, so his youthful smoking did not seriously shorten his life.

(That reminds me that when I was about 10, one of my sister's boyfriends came to our house. He had been to Havana and brought back some Cuban cigarettes. They were unusual in that the paper was either coated with or impregnated with sugar. He let me touch my tongue to one of them to taste the sweetness.)

"Peer influence" and advertising were part of that picture, but while they may have been reinforcements toward smoking, they were not *causes* in and of themselves. Yet people my age, even nonsmokers, can probably remember some of the old cigarette advertising campaigns: "Chesterfield, they satisfy." "I'd walk a mile for a Camel." "Not a cough in a carload"—also Camel, I think. On radio, bellboy Johnny's "Call for Philip Moor. . . *iss*." On television, the dancing Old Gold packs and the May West-like suggestion by the Muriel cigar to "Pick me up and smoke me sometime." Several slogans by Lucky Strike still stick in my mind, the first from way back: "Life in the raw is seldom mild"—vividly illustrated in one magazine ad by the Romans' rape of the Sabine women (I wondered what rape meant); "So round, so firm, so fully packed, so free and easy on the draw"; "LS/MFT—Lucky Strike means fine tobacco"; "Tear and compare"—which urged smokers to see for themselves how firmly packed a Lucky was by tearing a strip down the length of one. Not only was I never a Lucky Strike smoker but even if I had been I certainly wouldn't have wasted one by dismantling it!

I can state categorically that it wasn't because of parental example. My mother never smoked and my father quit cigarettes for cigars and pipes, which I didn't like, long before I wanted to smoke cigarettes. The only thing that might be construed to have been parental influence was the absence of an outright condemnation of smoking by them. (What they did condemn was the prevalence of drinking in the movies we attended as a family every Monday evening on "Bank Night," especially "The Thin Man" series starring William Powell and Myrna Loy. My father didn't live to see "Dallas" on television). Obviously, having parents who smoke could encourage a young person to try smoking himself. Yet both my son and stepson grew up (healthy, by the way) in households where both parents smoked, and neither of them has ever smoked. They are both, in fact, staunch smoke-haters.

I can't explain this in my stepson, who was an adult before I married his mother. But for many years I thought I may have been the direct cause of my son's aversion to smoking. One day, back when he was just a toddler, I was sitting in my chair and had just lit a cigarette when he suddenly climbed onto my lap and was struck by the full force of both my initial exhale and fumes from the match I'd used to light the cigarette. His little face contorted and his eyes closed and he coughed and he quickly scrambled away from me.

I felt very bad about that and when I later read about an "aversion therapy" in which smokers trying to quit were forced to smoke continuously in a closed room, breathing in their own firsthand and secondhand smoke until they were thoroughly sickened, I wondered if that episode with my son explained his intense dislike of smoking.

Turns out it wasn't that, however. Only recently he told me that the reason he had never started to smoke was having been shown a picture of a smoker's diseased lungs in the fifth grade. Was it really a smoker's lungs and was the damage really caused by smoking? Who knows, but it worked for him.

Had I been born in 1977 instead of 1927 and been subjected throughout my growing-up years to such antismoking images and messages, I really can't say if I would be a smoker today (although I'd probably have taken it up just to spite the moralists). But I was always very respectful of authority and no doubt I would have believed—at least until experience and observation told me otherwise—everything the antismokers said. Let me quote some of the things today's youngsters are being told:

One example appeared in the "You Can With Beakman and Jax" science-for-kids panel that runs in Sunday newspaper comic sections and also has a site on the Web. Among children who were awarded microscopes by "You Can" for coming up with things to research was one girl who "studied the stinking, lousy, tragic, self-loathing, dirty, disgusting addiction of cigarette smoking."³⁷

Another was a 1995 Dave Barry column in which he gave this argument against smoking: "It's a repulsive addiction that slowly but surely turns you into a gasping, gray-skinned, tumor-ridden invalid, hacking up brownish gobs of toxic waste from your one remaining lung."³⁸ (Surely you made that one up, Dave.)

I also suspect a wee bit of exaggeration in a testimonial by Maria Mastriana, age 16, that appeared in the "Fresh Voices" feature in *Parade*

magazine: “Yeah, I do enjoy it [smoking]. But I actually coughed up black chunks, which was really bad. Tar, piece of lung, whatever. So I basically cut down.”³⁹

My spit used to be black after I had shoveled coal into the coal bin when I was a kid back in Pittsburgh, but I’ve never coughed up “chunks” of tar or a piece of lung, whatever. It just goes to show that kids can be as inventive as adults when it comes to antismoking horror stories, especially when they know that’s what the adults want to hear.

For an extreme example of antismoking propaganda, there was a letter in Ann Landers’s column in March 1996. A mother wrote that she “got the scare of my life” when the principal of her daughter’s school called and said that her daughter had fainted in class and to please come and get her. It seems that the girl’s health and hygiene class had showed a film about what happens to people who smoke, with “very graphic photos” of diseased lungs and cancer-ridden patients. The mother was furious with the school for making her daughter sick and asked Ann’s opinion of this.

“I think it’s wonderful,” said Ann. “I wish more young students would get sick and faint from such pictures. Then perhaps fewer adults would die from lung cancer and heart disease.”⁴⁰

In other words, if reason and logic don’t work, try terror. That letter to Ann reminds me of a film they showed us in Army basic training graphically illustrating the physical and mental effects of tertiary syphilis. We considered it a welcome and entertaining break from drill.

In 1995, as a feature of that year’s “Great American Smokeout,” the American Cancer Society launched on the World Wide Web its “first-ever national anti-smoking event targeted at teens—The Great American SmokeScream . . . One of the main attractions of the site is sure to be Clungs!”⁴¹

The game of Clungs! presented multiple-choice questions about smoking. After each correct answer, the blackened lungs of teen characters “Lisa” and “Larry” were gradually cleared out, and through the wonders of digital technology, they became a healthy pink.

“By the time the lungs are back in good shape, those who have played the game have learned some great (and fun) facts about smoking and why they are ‘too smart to start,’” said Steve Dickinson, national vice president of public relations for the society.

Speaking of “fun facts” about smoking, my brother in California

found some in his local newspaper and sent them to me.⁴² Among those that parents could tell their teenagers were:

- Tobacco contains nicotine, which is used in blowguns to kill moneys in the jungle.

(Dumb me, I always thought it was curare. Of course, pure nicotine would do the same job but I don't know if the natives in the Amazon have access to it.)

- Cigarettes contain acetone (nail polish remover), ammonia (used to clean toilets), arsenic (a poison), cadmium (in rechargeable batteries), carbon monoxide (in car exhaust fumes), DDT/dieldrin (insecticides), formaldehyde (preserves body tissues and fabric) and hydrogen cyanide (gas chamber poison).

(Antismokers of course don't tell teenagers that a host of chemicals that would be deadly in large quantities are also found naturally in the ordinary foods they eat. "An innocent-looking leaf of cabbage, for example, contains 49 natural pesticides and metabolites, with huge, ominous-sounding names like 4-methylthiobutyl isothiocyanate and 3-indolylmethyl glucosinolate."⁴³)

- Tar from cigarettes blocks the entrances to air sacs in the lungs, causing air sacs to pop.

(After 53 years of smoking I wonder how many more sacs I have left to pop.)

- Smoking makes you weak because the carbon monoxide in cigarettes robs your body of oxygen.

(You would have to smoke a couple packs of cigarettes to equal the amount of carbon monoxide you would breathe in from automobile exhaust during a stroll down a busy street.)

- Chewing tobacco and dipping snuff cause bad breath and wear down the surface of your teeth.

(I can't address this one. All my lifelong dental problems, beginning when my teeth first appeared, have obviously been caused by smoking, not chewing.)

- Smoking is a leading cause of impotence in men because nicotine constricts the blood vessels.

(The Baby Boom was a myth? All those cigarette-smoking GIs who came home from World War II merely *seemed* to be fecund? All those millions of babies were found under cabbage patches?)

- Women who smoke will get wrinkles faster than those who don't.

(Those who don't what? Who don't wrinkle or who don't smoke? All right, I'm being a smartass, but I can't help myself when I read this kind of fear propaganda fed to children.)

BUT I HAVE DIGRESSED again. To get back to 1994, it was on April 1 that Natick, Massachusetts, became, to my knowledge, the first community to ban cigarette self-service displays and vending machines (even if they were locked and required an adult attendant to operate them). It also required the town's tobacco sellers to purchase a special permit. Despite the date, this was no joke. Violations for selling cigarettes to minors carried fines up to \$500 and revocation of permits.⁴⁴

The Natick Board of Health, which promulgated the regulations and apparently runs the place, didn't have to rely on violations to swell the town's coffers. Permits were set at \$100—to cover the program's "administrative costs." This was on top of the fee for a regular license to do business. The merchants also stood to lose additional hundreds of dollars in money the tobacco companies paid them to display their products.

"One way to look at it is it's the cost of selling death, I guess," said Health Director Roger Wade.

There was some grumbling from the 40 affected merchants, both over the loss of income and also over the fact that the new law was imposed on them without warning or prior consultation with them. But how could they complain? After all, it was in a good—nay, a noble, life-protecting, medically correct—cause.

(It's the same kind of reasoning used by the teenager who initiated a successful petition to have smoking banned in Cobb County, Georgia, schools, even by teachers. She told the *Atlanta Journal-Constitution* that she sometimes throws away her aunts' and uncles' cigarettes. "They don't get angry with me because they know I'm doing it out of caring."⁴⁵

(As long as I'm inside parentheses, this is a good place to quote from a sign I saw at the checkout counter in a drugstore in Buford, Georgia:

"A person less than 18 years of age who purchases, attempts to purchase, or offers to purchase smoking material or smoking paraphernalia to [*sic*] a person less than 18 years of age is subject to a fine of up to \$500 and imprisonment for up to six months."

(Does that mean it's lawful in George for a person *more than* 18 to

purchase smoking material or paraphernalia for a person less than 18? More likely it means that the state's education system failed the person who wrote the sign.)

Lest anyone get the impression that the Natick Board of Health was unconcerned with the effect on small businesses of its righteous rule-making, it should be mentioned that it also considered banning smoking in restaurants but decided to wait until adjacent towns did the same so that local restaurants wouldn't lose patrons over the borders.

This was to say, in effect: "We know that many people like to have a cigarette or two when they dine out, enough of them that it would hurt our local restaurants if they went elsewhere. But if they don't care about their health or that of people around them forced to breathe in their noxious emanations, *we* care, and when it becomes feasible for us to do so we will take steps to stop them from causing any more harm."

And no doubt they did not too long after.

As for the ban on open displays of packages of cigarettes, it was because they were easily shoplifted, director Wade explained. But displays of other easily shoplifted products were not banned.

This was to say, in effect: "We know kids are going to shoplift, but we can at least make sure that in the future they'll only be able to steal harmless things, like candy bars or lipsticks or ballpoint pens or other such pocketable items."

Or maybe I'm wrong. Maybe forcing delinquents to go out of town to steal cigarettes resulted in a decline in petty thievery of all kinds in Natick. Somehow, though, I doubt it.

(Four years later the Natick Board of Health was to institute another highhanded measure by deciding it was time the town started fluoridating its drinking water. Whereas its vending machine ban and vendor licensing requirement seems to have upset only those merchants selling cigarettes, the idea that Natick should join the rest of the country by polluting its water with "dangerous" fluoride created a great deal of opposition among the citizenry, judging by letters I read in the local *Middlesex News* during a trip to Massachusetts in November 1997. This has nothing to do with smoking, but serves to confirm my impression that Natick, Mass., is something less than a model for the nation.)

A Mr. Birney Montcalm of Douglasville, Georgia, thinks open displays are a plot by the tobacco companies "to get cigarettes in the hands of children while protecting convenience store clerks from being arrested for selling them to minors: Let 'em steal them!"

The obvious strategy, he wrote *The Atlanta Journal-Constitution*, “is to allow these forbidden treasures to be easily shoplifted by budding nicotine addicts who can’t legally purchase them. The tobacco companies simply write off any losses under their advertising and promotions accounts, while gaining newly addicted, life-long (as opposed to long-life) customers in the bargain.”⁴⁶

The tobacco companies must fondly wish that were so, Mr. Montcalm. Those villains, of course, are capable of anything. But be that as it may, if any teenager gets caught swiping cigarettes, in Natick or Douglasville or anywhere else, he can cite in his defense a case in Lynnwood, Washington. In something less than a landmark ruling, Judge Robert Schillberg imposed a fine of \$1 on a shoplifter who had admitted stealing two packs of cigarettes from a Safeway store, then paid the fine himself and released the defendant because, he said, “the store is more culpable than [he] is” for selling such dangerous products in the first place.⁴⁷ So much for personal responsibility.

Inevitably, all this emphasis on preventing minors from buying cigs has inspired a number of sting operations in which an underage person, who is of course picked because he or she looks older than his or her years, is used to entrap a store owner or, more usually, a clerk who himself or herself may not be old enough to smoke (legally).

One such sting that struck close to home for me was conducted in Cobb County, Georgia, in 1995 at the request of a state legislator and a “cancer risk educator” at Promina Cobb Hospital, both of them on the board of directors of the local American Cancer Society chapter. Three female checkout clerks in three stores out of five that were visited were charged with the misdemeanor of selling cigarettes to a 15-year-old girl working as an undercover agent for the county solicitor’s office. The offenses were recorded by TV news camera crews who just happened to be at the stores.⁴⁸

“We wanted to do something to draw people’s attention to the fact that kids can still buy cigarettes,” said one of the ACS directors.

Attention drawn, the assistant solicitor who oversaw the operation said that the charges would be dropped if the three women read a copy of the ordinance, told their coworkers not to sell tobacco to minors and signed affidavits to that effect. Otherwise, it would be penalties up to a year in jail and \$1,000 in fines.

The Atlanta Journal-Constitution, in a display of common sense re-

garding smoking notable for its rarity in this newspaper, blasted the whole operation. That is, the morning *Constitution* reprinted a column that had previously run on the editorial page of the afternoon *Journal*.

(Although the two papers have separate editorial staffs and their own comics and other features, they are essentially the same newspaper and in fact run combined editions on weekends and holidays.)

Wrote Jim Wooten, editorial page editor of the *Journal*, in a signed column, “It is shocking that a public official would allow the enforcement authority of the state to be used as a prop for the promotion of the Great American Smokeout and, furthermore, that unwitting clerks would be held hostage for lectures by self-appointed lifestyle police from the American Cancer Society.

“It’s one thing to enforce the law. It’s another to take it on a public-relations junket . . . [W]hen do-gooders and police consort to terrorize and preach, the freedom-loving should grow alarmed and wary.”⁴⁹

Sad to say, Mr. Wooten seems to be the only member of the AJC family who exhibits common sense, skepticism and balance when it comes to the subjects of tobacco and smoking.

In a variation of a sting operation, a 14-year-old “tobacco control advocate” illegally purchased a pack of cigarettes from a vending machine in a U.S. House of Representatives office building, even though she was wearing a T-shirt saying, “I am 14 years old.”

This roused the easily aroused Scott Ballin of the Coalition on Smoking OR Health to say that “Congress’s failure to implement their own law [banning vending machines from all federal buildings] . . . smacks of not caring much about the issue, not being willing to take the tobacco industry on.”⁵⁰

Congress routinely exempts itself from the laws it requires everyone else to obey and this is about the only case where I’m pleased to learn it did. But was someone supposed to stop the girl? I wouldn’t have tried. You can get in deep trouble these days for approaching 14-year-old girls, especially if you try to peer at their chests, even if it’s just to see what’s printed across them.

Mr. Wooten’s concern over the do-gooders’ threat to freedom was not unwarranted. For a few months cigarette sting operations were institutionalized in these United States of America—not by any law, not by the enforcement authority of the states, not by vote of the people, but by edict of the Food and Drug Administration. Beginning March 1,

1997, anyone who sought to purchase tobacco products who “appeared” to be younger than 27 was required to produce photo ID proof that he was at least 18. How a clerk was supposed to distinguish between someone who was 26 and someone who was 27 wasn’t clear.) And because the guardians of teenage health were prepared to send in undercover agents in their early or mid-20s who “appeared” older than their actual age, the safest thing for merchants would have been to card *everybody*. But it was in a good cause, and no patriotic Americans would object to this autocratic measure. Anyway, most of them don’t smoke, so why should they care?

“It’s going to take an army of citizens,” said John Banzhaf of Action on Smoking and Health (ASH), whose organization began enlisting thousands of Hitler Youth—oops, concerned young people—to report suspected lawbreakers to an FDA hotline.⁵¹

Fortunately, in August a panel of the U.S. Fourth Circuit Court of Appeals in Richmond, Virginia (a hotbed of cigarette manufacturing), struck down The FDA’s regulations in their entirety, ruling that the agency had no jurisdiction to regulate tobacco products.

The decision was reported in *The Resistance* (“The Active Voice of the National Smokers Alliance”).⁵² I saw no mention of it in any newspaper.

BUT BACK TO 1994 again, which was a banner year for the burgeoning children’s crusade.

As an explanation of why smoking rates among young adults had stopped declining, in May Dr. Corinne Husten of the Centers for Disease Control and Prevention (CDC), offered that “There’s been an increase in the marketing of deep discount brands, so cheaper tobacco products are available.”⁵³

One wonders if she apprised commissioner Kessler of this. But it’s another example of smoking foes having it both ways. On the one hand they are concerned about the omnipresence of R. J. Reynolds’s old Joe Camel and Philip Morris’s heavy advertising of Marlboro, which has certainly helped make it the leading brand among smokers—of all ages. On the other hand it’s alleged that more young people are smoking because of the availability of cheaper brands.

First, Camel and Marlboro are not cheap, let alone “deep discount,” brands. I would like to smoke Marlboros, but I am not going to pay

four or five dollars more for a carton of them than for a carton of a discount or generic brand.

Second, discount brands are little advertised. A few, like Cambridge and Basic are, but I would classify them not as discount but as second-tier name brands, somewhat cheaper than the top tier..

Third, discount or generic brands are hardly a recent development. I have been smoking them for at least 15 years.

Continuing our trek through 1994, in June Mississippi closed a loophole in its law that had allowed minors to buy tobacco products if they had their parents' permission.⁵⁴

In August, the Centers for Disease Control and Prevention refined our knowledge of the link between teenage smoking and attempted suicide mentioned by Surgeon General Elders: high school students who smoked were 18 times as likely as nonsmokers to attempt suicide, it reported.⁵⁵

This didn't mean that smoking *causes* suicide, said CDC psychologist Kenneth Carter, but rather that smoking may be an indicator of depression or hopelessness and that some youngsters may use tobacco to gain relief from those feelings.

There's that "times as likely" business again I discussed in Chapter 1. Without telling us the baseline figure—the frequency with which teenagers attempt suicide—the number is meaningless. As I wondered back then, does it really mean that for every nonsmoking teenager who attempts suicide, 18 smoking teenagers do? How many teenagers attempt suicide anyway, and how does anybody know whether they smoke or not, or if they do, how much they smoke?⁵⁶

And if smoking doesn't cause suicide but is merely a concomitant of some teenagers' depression and despair, shouldn't we be addressing the *sources* of their angst rather than focusing on just this one indicator of it, if it is an indicator? If smoking doesn't cause suicide or attempted suicide, why mention it at all?

On the other hand, drugs *do* cause suicide, as witness a prominent example, that of the son of actor Carroll O'Connor. Drug users frequently die from overdoses as well, something that never happens with nicotine. If antismokers are grieved by such tragedies, it doesn't seem to bother them enough to persuade them to reorder their priorities regarding the welfare of the nation's youth. All the antismoker can see in his monomania is tobacco, tobacco, cigarettes, cigarettes.

To me, now, psychologist Carter's statement was an indicator itself, one of the first signs of a drive by some antis to have smoking declared to be not only an addiction but a full-blown pathology. Another indicator, which I found on the Internet, was in the form of a dialog between a father and his beginning-smoker son. After a discussion of whatever dubious and short-term benefits of smoking there might appear to be, versus the obvious long-term health disadvantages, the father concluded with, "[I]t seems to me that if an ordinary, healthy young person, aware of the facts and intelligent enough to understand them, deliberately decides to smoke, then *this suggests the existence of a personality disorder, requiring extensive counseling.*"⁵⁷ [Emphasis added.]

A more recent report from the Centers for Disease Control and Prevention stated that 70 percent of all deaths among school-age students result from car crashes, other injuries, homicide and suicide.⁵⁸ In fact, life expectancy has increased for every age group of Americans except for 15- to 24-year-olds because of drunk-driving fatalities. Drunk driving is the number one cause of both deaths and injuries in this age group, according to yet another CDC report.⁵⁹

"Too many high school students are participating in a variety of behaviors that put them at risk both today and in the future," said Laura Kann of the CDC's Division of Adolescent and School Health.⁶⁰

The chief "future risk" pointed to by the CDC was, of course, cigarette smoking, which should make everyone feel a little better about all those actual, current, violent deaths.

In September, the prestigious Institute of Medicine came out in vigorous support of the Food and Drug Administration's plan to regulate tobacco as a drug, first broached by commissioner Kessler in February. The institute did so after spending a year and a half studying how to combat teenage smoking and concluding that education and state laws just weren't cutting the mustard.⁶¹

"Tobacco needs supervision and regulation right away," declared Dr. Paul Torrens of the University of California, Los Angeles, a cowriter of the Institute's report.

As if tobacco was not already one of the most supervised and regulated products in the country.⁶²

Although it was the alleged "manipulating" of nicotine in cigarettes by the tobacco industry that was the purported reason for the FDA's assertion that tobacco should be brought under its authority to

regulate drugs (see Chapter 4), the need to curb teenage smoking quickly became the most frequently cited rationale for doing so. (Smokers knew of course that Dr. Kessler's *real* desire was to ban tobacco entirely.) And it was then that the Clinton administration's mantra that "3,000 teenagers get hooked on smoking every day and a third of them will die because of it" began to reverberate throughout the land. It is a testimony to President Clinton's shrewdness that he recognized that it was with teenage smoking, not teenage drug use, that political hay was to be made, although he belatedly took up the latter cause as well when he came under intense criticism from the Republicans during the 1996 presidential campaign.

AS THE CRUSADE TO save the children gathered momentum, media commentators were to fall uniformly fallen into line, even those who otherwise espoused antiregulatory views. For example, said Don Feder in the *Boston Herald*: "I too worry about government becoming the national nanny, telling us exactly what to ingest and mandating a health regimen. But here we're talking about children courting death."⁶³

And that renowned conservative, William F. Buckley: "It is in the interests of the tobacco companies to permit Clinton his intervention. The part of his program that calls for banning advertising especially designed to attract teens just might be challenged on constitutional grounds, but again, this is not a judicial contest the tobacco companies should want to be seen as winning. The other side can come up with 300,000 corpses, the harvest of a million teenagers dispatched by Philip Morris."⁶⁴

Well, *ahh*, Mr., *ahh*, Buckley, that's an arresting image but it has, *ahh*, one fatal flaw. By the time today's smoking teenagers start showing up as corpses they'll be senior citizens and it's unlikely that those who will then be busy running the country will much care. Or do you really believe that people die in their teens from smoking?

At least Buckley used the words teens and teenagers, not children or kids. Contrast that with an outburst from Scott D. Ballin, spokesman for the American Heart Association: "They've [the cigarette companies] been robbing the cradle of America's kids for too long."⁶⁵ Robbing the cradle? Evidently these vile companies can't even wait until the "kids" are toddlers before attempting to hook them.

“Kids” is a very emotion-laden term, which of course is why the antismoking movement uses it so often, as in:

If current tobacco-use patterns persist, five million *kids* nationwide who are 17 or younger will die because of a smoking habit, the CDC said in its weekly report . . . In Georgia, more than 400,000 *kids* will become smokers, the CDC said, and one-third of those will die from it.⁶⁶ [Emphases added.]

The CDC’s frightening figures were repeated a couple months later by the Washington-based National Center for Tobacco-Free Kids in a three-quarter-page ad in *The Atlanta Journal-Constitution*. In bold black letters it proclaimed that “The Lives of Five Million Kids Are About to Go Up In Smoke.” That’s nearly the entire population of Georgia, the Center pointed out. It did not, of course, explain that when these five million die they will be several decades beyond the “kids” category.⁶⁷

Fourteen months later the Center was back, this time with a full-age ad, at the top of which was the face of a Marlboro Country-type cowboy with a cigarette between his lips looking over a field of tombstones. “Every Day Without Action on Tobacco, 1,000 Kids Will Die Early,” the ad proclaimed in big black type. Again, the impression left with the reader—intentionally—was that “kids” will die from smoking even before they reach adulthood.⁶⁸

When was the last time you saw a newspaper ad proclaim: “If the current drunk-driving trend continues, X number of kids (*real* kids) will die prematurely in automobile accidents”? For that matter, when was the first time?

At least one nationally syndicated columnist wasn’t fooled by all that kid’s stuff, however. Wrote *The San Diego Union-Tribune*’s Joseph Perkins: “The president’s real aim is to kill the cigarette industry through draconian government regulation. And he’s using kids as a smoke screen.”⁶⁹

In October, Christian, Jewish and Muslim members of the Maryland-based Interreligious Coalition on Smoking OR Health, expressing their “moral outrage” over the advertising of tobacco, seconded the administration’s call for a \$2 a pack tax on cigarettes.⁷⁰

“The slaughter of the innocents must stop,” proclaimed Roy Branson, cochairman of the group.

Which slaughter of which innocents? If smoking kills people, it

may not be until their 50s or 60s or later. The violence engendered by the illegal drug traffic kills them in their teens and 20s. So does binge drinking and drunk driving, especially the combination of the two. According to the Centers for Disease Control and Prevention, between 1988 and 1995, more than 68,000 fatal automobile crashes involved young drivers. Of those, 18,600 had blood-alcohol levels of 0.1 or higher, which constitutes legal intoxication in most states.⁷¹

Yet it was smoking alone that “outraged” the Coalition.

Voices questioning the nation’s and the Clinton administration’s fixation on teen smoking are so rare that one of them, that of syndicated columnist Maggie Gallagher, warrants quoting:

Cigarettes are a bad habit, no question: an unhealthy, disgusting but essentially minor vice. Smoking may yellow your teeth, wrinkle your skin and cut a few years off your life, but it does little or no damage to the body politic . . . Compare teenage smoking with teen pregnancy, which the president also has publicly deplored. Pregnancy of unwed teenagers has far more immediate and devastating consequences. Between 1985 and 1992, births to single teenage moms leaped 44 percent. Over the same period, the juvenile violent-crime arrest rate jumped in 49 out of 50 states. Twenty percent of our nation’s kids live in poverty. Seven percent live in neighborhoods in which the majority of families are female-headed. So where is the bold new Clinton plan to cut unwed teenage pregnancy in half in seven years? . . .

Suppose the president succeeds in cutting teen smoking in half. How much better off would America’s children really be? . . . [T]he squalor America’s youngest citizens face would remain, unaffected and unaddressed by our latest misguided choice of moral crusades.⁷²

This elicited three letters to *The Atlanta Journal-Constitution*, where I saw Gallagher’s column, tasking her for “belittling” the problem of teen smoking. Not one letter supported her.

A few days after the Interreligious Coalition on Smoking OR Health vented its outrage, the plain old Coalition on Smoking OR Health (those “OR”s are very cute), joined by no fewer than 74 other national organizations, announced that they would begin circulating petitions demanding that the government enact stronger regulations to keep cigarettes away from the young.⁷³

In November, contrary to R. J. Reynolds’s argument, as well as the surgeon general’s report, a study of students in five high schools, pub-

lished in the *Journal of Personality and Social Psychology*, questioned the importance of peer pressure in leading teenagers to smoke. In fact, since the vast majority of teenagers studied were nonsmokers, peer pressure tended to work the opposite way. Thus they concluded that teen smokers were more likely to be social outsiders than their non-smoking peers.⁷⁴

“It could be that smoking is a result of social isolation,” said the study’s authors, Susan T. Ennett of the Center for Social Research and Analysis and Karl E. Baumann of the University of North Carolina. “Perhaps isolates have social inadequacies, and smoking is a coping mechanism.”

“Could be.” “Perhaps.” It could also be that with messages about the evils of tobacco constantly being drummed into kids from an early age, those who do smoke, for whatever reason, find themselves automatically isolated. Again, what is cause and what is effect?

In this same vein, a later study also seemed to contradict the surgeon general’s finding that girls who smoke are more socially skilled than their nonsmoking peers. A study published in the February 1996 issue of the *American Journal of Public Health* found that teens who experience emotional unrest such as depression, panic attacks or irritability are more likely to smoke regularly and that girls who smoked were twice as likely as boys to report greater psychiatric problems, at least in Australia.

Psychiatrist George Patton of the University of Melbourne led the study of more than 60,000 students enrolled in grades 7, 9 and 11. He advised that tobacco control strategies aimed at high school girls should focus on alternative coping strategies for dealing with stress and anxiety.⁷⁵

I don’t know what to make of this study. Those girls I saw smoking in the Cloverleaf Mall in Richmond didn’t look anxious or stressed out. (Well, I do know what to make of it, but who’s going to believe me?)

Finally, to bring 1994 to a close, in December I clipped another article about teenage use of smokeless tobacco. Based on the then latest statistics (1993), the American Cancer Society reported that 55 percent of teenage males had tried smokeless tobacco and 40 percent claimed to be regular users.⁷⁶ Since then there has been a host of studies into the consequences of chewing tobacco—throat cancer, cancer

of the jaw, etc. But this is a whole other front of the antibacco campaign which I won't go into since I have no experience with chewing the stuff.

The length of this chapter would be more than doubled were I to continue past 1994 to cite studies of the causes and consequences of teenage smoking from my pile of clippings and Internet downloads. I have already referred to some of them above, but for the most part they are a rehashing of earlier studies or alarums. However, there is one other aspect of teenage smoking that is worthy of mention, a finding in 1995 that “the rate of black teenagers who smoke has dropped dramatically in the past 20 years, from 26 percent to 4.4 percent.”⁷⁷

The experts were at a loss to explain this. They offered such theories as that sports are especially important to black youths; the influence of Muslim groups, which forbid smoking; that black parents are less willing than white parents to let their children smoke in the house; that black girls are less weight-conscious than white girls, and that blacks tend to view smoking as a “white thing.”

Whether or not black teens are still shunning cigarettes today, an unfortunate fact is that too many black youths also seem to view academic study as another “white thing” and if fewer of them are killing themselves (slowly) with cigarettes, the TV evening news in every city I've been in usually leads off with the latest drug-related murder or other crime in the black community. Call me crazy, but there are worse things to worry about than teenage smoking.

IT HAS BEEN SEVERAL generations since antismokers claimed in articles and sermons and books, especially works of fiction, that cigarettes could turn even the brightest and most promising young man into an indolent, neurasthenic mess, robbed of all drive and ambition. Smoking was seen as a threat to youth rivaling the danger of “self-abuse” or “self-pollution” that also exercised the professional worriers and moralizers of a bygone era. (Young women were seldom mentioned because so few of them smoked. As for masturbation, females were not believed to possess sex drives, or if they did it was not something one acknowledged in polite society.)

To show how much our aesthetic standards, if not our prejudices, have improved since the early part of the 20th century, *The New York Times* in 1911 actually reviewed one of those moralistic and contrived

novels, *The Tyrant in White*, in which a 16-year-old youth, seduced by the tyranny of the (white) cigarette, starts down a path that culminates in suicide.⁷⁸

“[S]eekers after the values and mysteries of life will do well to avoid it [the book],” the reviewer advised. “. . . But doubtless it will prove pleasant reading for all those who hate tobacco.”

I came across the review in the course of doing research for a project entirely unconnected with smoking. Like so many other things I was unaware of before I started writing this book, I didn’t realize that *The Tyrant in White* was a typical antismoking screed, one of many in the early years of the century.

Lauren Colby, author of *In Defense of Smokers*, came across an old magazine called “The Youth’s Instructor” edited by two concerned ladies, Fannie Dickerson Chase and Adelaide Bee Evans. He posted on his Website⁷⁹ some sample pages from Volume XLV, No. 35, published in Washington, D.C., on August 28, 1917.

One cartoon shows a boy waving off a hand that holds out a pack of cigarettes as he walks confidently up the road labeled “Success” with the sun rising at the top of the hill. Three disreputable-looking fellows, two with cigarettes in their mouths and one with a bottle in his hand, are taking the downhill path labeled “Failure.”

An item reports a warning by the Postal Life Insurance Company of New York that “Tobacco covers nearly the whole range of human ills, dyspepsia, catarrhal troubles of the nose and throat, heart disturbances, nervous irritability, trembling, and impaired eyesight.”

Luther Burbank, as famous a plant wizard as Thomas A. Edison was a wizard of invention, “absolutely refuses to employ cigarette users in his garden, for he says tobacco destroys the delicacy of touch necessary in his budding [no pun intended, I’m sure.— D.O.] work.”

(Edison also refused to employ cigarette smokers in his laboratories. He liked cigars, though.)

In a foretaste of today’s secondhand-smoke nonsense, and as an example of what happens when a scientist pontificates outside his area of expertise, Hudson Maxim, the inventor of improved explosives and younger brother of Hiram Maxim, inventor of the machine-gun, is quoted as saying:

Tobacco is one of the greatest evils of the modern world. It is one of the great degenerators of the race.

None of my direct ancestry, as far back as I am able to trace, ever used tobacco, consequently tobacco is unusually poisonous to me through lack of immunity. Up to the time I was thirty-six years old I found the use of tobacco by others an insufferable nuisance. Frequently I would become so poisoned by tobacco smoke as to be ill for days. One time in London while attending a dinner I was made sick for six weeks.

(What happened at age 36? Mr. Maxim didn't say. Maybe he developed "adult onset acquired tobacco smoke immunity"?)

The founders of the Spencerian Business College, on the basis of 30 years of observation of young people, said that:

The effects of this narcotic are premature age, shattered nerves, mental weakness, stunted growth and general physical and moral degeneracy; and therefore we decline to receive into our institution any who use this noxious weed.

From the Life Extension Institute:

Nine-tenths of army rejections are said to be due to tobacco heart. It has been proven that the excessive use of tobacco —

| | |
|--|---------------------------------------|
| Checks Growth | Seriously interferes with |
| Causes tobacco heart | circulation and respiration |
| Promotes Cancers | Weakens morals |
| Injures eyesight, frequently causing blindness | Excludes religion |
| Impairs Intellect | Offends society |
| Lowers scholarship | Makes criminals |
| Injures nerves | Lessens business efficiency |
| Destroys sensitiveness of taste | Unfits for athletic sports |
| Predisposes to tuberculosis | Creates craving oftentimes for liquor |
| Impairs work of kidneys | Poisons family |

All this (and more of the same) was published four months after the United States had entered World War I, in which two million of the youths Fannie and Adelaide were trying to save from the scourge of tobacco were thrown into the maw of hell in Europe. (When asked what the boys "over there" most needed, General Pershing replied: "Cigarettes. Send us more cigarettes.") Sixty-three thousand of those boys never came home; 204,000 returned with shattered bodies. Hiram Maxim lived to see the first two years of that war. Hudson Maxim, who

lived until 1927, saw it all. Did it ever occur to either of them that their inventions had killed, and would go on to kill, vastly more millions than even the World Health Organization (a product of the Second World War) attributes to the deadly weed?

Cigarettes were also vital to the morale of American soldiers, seamen and airmen in World War II. Can you believe—the Army actually used to include them in field rations! Lucky for them, a lot of Germans and Japanese were addicted to cigarettes as well; that evened things up on the score of physical and mental fitness. Lucky for democracy, Adolf Hitler, a famous tobacco-hater, couldn't do anything about that. We might all be sprechen Sie deutsch today.

ALTHOUGH TODAY'S antis say little about the “moral” aspects of smoking, they still focus on many of the same physical consequences of the habit their counterparts alleged way back when. (But while the modern antis are now armed with “proven” medical arguments against smoking, unlike their predecessors who were simply voicing their personal, prejudiced opinions, these arguments too are at bottom inspired by and infused with a great deal of moralism.)

The antis are entirely correct when they maintain that in order to survive the tobacco companies must depend upon young people taking up smoking. But this is merely a truism on the order of saying that sports car manufacturers depend upon new generations of drivers coming into the market, or that the makers of disposable diapers depend upon new crops of babies being born. Every business—indeed, every profession, every calling—needs new blood as population cohorts move through life toward the inevitable end.

Automobiles and diapers are useful things, you say, cigarettes aren't. Even if that were true, it is beside the point. Some portion of the population is going to smoke, come what may, and that is what is so frustrating to the antis.

Even so, one must ask how it can be that despite being taught, from the time they enter kindergarten or first grade, about the health consequences of smoking, and despite present-day society's disapproval of smoking, so many young people do start to smoke. It is all too facile to blame it on “addiction,” much too simplistic to say that, whether it's out of rebelliousness or just curiosity, once they smoke that first cigarette they're hooked for the rest of their (allegedly) shortened lives.

Most teenagers have probably tried cigarettes at some time or other and most teenagers don't become smokers, just as, ever since the weed has been around, most people have been nonsmokers.

So why does *any* teenager start? The shrinks continue to try to psyche them out.

Again, it's because of advertising, claims yet another researcher. "Kids come out of elementary school ardently against smoking," says John Pierce of the University of California-San Diego. "That resolve gets weakened in middle school. Tobacco marketing is the primary influence in weakening the ardent anti-smoking resolve of the very young adolescent."⁸⁰

That is one more all-too-convenient explanation. Another is that many teens today have "a sense of hopelessness about the future; a feeling that there's not much of a future to look forward to." So thinks Dr. Michael Eriksen, director of the CDC's Office on Smoking and Health. "There's a cynicism, a sense of fatalism, among kids . . . Teens now take solace in cigarettes and it's pathetic that we as a society have reached the point where teens see cigarettes as their friends."⁸¹

There may be something in that—not much, but something—and if there is something, then, as I said before, we should be doing studies of teenage malaise and angst rather than teenage smoking. But a much more likely reason, I think, is suggested by Ken Resnicow of the Emory University School of Medicine: an overload of fear messages.

"In the age of AIDS, cholesterol and fitness, there are so many things that can kill you, we may have saturated our youth with fears. As a result, warnings may be falling on numb, not deaf, ears."⁸²

Not only that, but antialcohol and antitobacco messages aimed at older children could ultimately backfire if they are extremely negative. That was the deduction of University of Washington researchers from an ongoing study of more than 1,000 fourth- through seventh-grade students.

Young children tend to have very negative views of smoking and drinking, but these attitudes become less negative as they get older, the researchers found. "Kids may ignore negative, one-sided messages as they begin to realize some issues are more complicated" than they have been portrayed, they said.⁸³

(I sincerely hope that's true. When I retired from Scripps Howard in 1985 I drove a school bus for two years in Fairfax County, Virginia.

There was an official prohibition against smoking on the buses, even when children were not on board. On day I was sitting in front of an elementary school in Reston, defying the prohibition as I waited for my passengers to come out. A youngster walked past the bus on the driver's side. Something about the way he looked at me made me watch him in the side mirror. Sure enough, when he got to the rear of the bus he turned and shouted, "Smoking is bad for your health!" He's a young man now. I wonder if he got over it.)

There may be yet another reason: "Is it possible that some people are born to be smokers?" That was the question asked in another of my clippings. Researchers at the University of Michigan administered doses of aerosolized nicotine to the subjects in the study. Those who react strongly when first exposed to nicotine develop a tolerance to it and become heavy smokers, they reported. Nonsmokers and occasional smokers don't react strongly and don't become tolerant. Thus the researchers "speculated" that nicotine tolerance is inherited and "suggested" that smokers might need medical or psychiatric counseling to help them quit.⁸⁴

This is another of those ridiculous studies no one would pay any attention to if it hadn't involved smoking. Perhaps I do the researchers an injustice because the article gave no details of the study and I haven't seen it referred to elsewhere. Was nicotine sprayed in the subjects' faces? If so, you would think everyone would react strongly, even if the aerosol was only Glade™ room deodorant. If it was sprayed elsewhere, on the arm, say, no one would react, unless it stung, and in that case you would again get a reaction from everyone. Why would those who react strongly to nicotine become tolerant of it and become smokers? It sounds topsy-turvy to me. How old were the subjects, and how many years were they followed to see if they became smokers or not? Or were they followed at all? One can only guess because the article used the present tense: "react," "develop," "become."

Studies of twins conducted some half-century ago by eminent biometrician Sir Ronald Fisher found evidence of a genetic factor in smoking behavior. Data on a series of male twins gathered in Germany showed that about twice as many identical twins were alike in their smoking habits than nonidentical twins—65 percent vs. 33 percent. In another group of female twins in England, 83 percent of the identical pairs were alike in their smoking habits as compared with 50 percent of

nonidentical twins. There was an even higher correlation of smoking habits in identical twins separated shortly after their births than in non-identical twins.⁸⁵

I do believe that some people are indeed in some meaningful sense “born to smoke” (and that furthermore they are in no need of psychiatric counseling). I know of at least two people I would put in that category. When I started writing this book I put my name on a smokers list at “Smoker’s Home Page” on the Internet and said I would like to receive e-mail from other smokers. I received two replies. Although the writers weren’t teenagers, their personal stories seem appropriate for this chapter.

The first was from Ryan K. in British Columbia:

Don — Read your entry on the smokers list. I enjoy corresponding with other smokers about the habit we love so much. I am 28 and have been smoking steady since the age of 14. I love to smoke and will smoke for the rest of my life. I smoke Camel Filters and currently smoke about 2 packs per day. I enjoy smoking now more than ever and take pleasure in the fact that my daily consumption is always increasing. I’m sure I’ll be up to 3 packs per day in the not too distant future. I find that the more I smoke the more I enjoy it. After 48 years of smoking do you still enjoy it as much as ever? How much do you smoke? It is great to hear about your good health. Have you ever regretted starting smoking? I sure haven’t, the amount of pleasure I get from bathing my lungs in smoke is immeasurable, I will never give that up. Do you have children and do they smoke as well? What about grandchildren who smoke? If your children do smoke did you support there [*sic*] decision to start? My parents are both dedicated smokers so when at 14 years of age I told them I was smoking they supported me 100% and actually made sure I always had a supply of cigarettes. I think they enjoyed seeing me smoke and the obvious pleasure I got from smoking. When I have children I will support them in their decision to smoke if they choose to do so, I would actually be pleased knowing the pleasures of smoking like I do. Please write back and tell me about your habit and the key to continuing good health. — Ryan

I wrote back to Ryan to answer his questions but unfortunately couldn’t give him the key to good health, although I suspect it’s mostly a matter of picking the right parents and grandparents. I told him he had to be the most dedicated smoker I’d ever encountered and was the

first person I'd ever heard of who actually wanted to increase his consumption of cigarettes, which I thought was especially amazing for someone living in Canada with its outrageous taxes. (But he's not unusual, I learned later. I'll expand on that below.)

The other response was from Sandy S.:

Hi Don—I saw your post on the Smoker's page and enjoyed your comments about the book you are writing. It is great to hear from a healthy smoker your age and give [*sic*] me comfort that not all smokers die young! I started smoking when I was eight years old! My Dad let me have one of his and let me continue to enjoy smoking when I was a kid in the 50s. So, let's see, I am 47 now, so I guess I have smoked for 39 years now. I have always been healthy, so hopefully I will get to be your age. Thanks. — Sandy.

I thanked Sandy and told him to keep up the good work.

Some shrinks think they can predict which kids—boys, anyway—will be likely to take up smoking. Two of them conducted a longitudinal study to “assess the usefulness of personality dimensions measured at ages 6 and 10 years in predicting early onset of cigarette smoking, alcohol abuse, and other drug use in boys.”

The boys were assessed by teachers' ratings of behaviors. Self-reports of smoking cigarettes, getting drunk and using other drugs were employed to measure the prevalence of substance use. “Discrete-time survival analysis,” whatever that is, was used for the statistical analyses. The researchers found that “High novelty-seeking and low harm avoidance significantly predict early onset of substance use (e.g, cigarettes, alcohol, and other drugs) . . . The stability of the prediction between ages 6 and 10 years suggests that the kindergarten assessments may be used for preventive efforts at school entry instead of waiting until early adolescence.”⁸⁶ [Parentheses in original.]

I wonder what these guys would have predicted about my older brother, who was rather a hellion in his teenage years and whose “personality dimensions” included a high degree of “novelty-seeking” and a very definitely low level of “harm avoidance,” not limited to smoking cigarettes. For example, he once climbed the steeple of the Bellevue Methodist Episcopal church to touch a revolving cross at the top at least 50 or 60 feet above the ground. He amused himself by shooting rats in the borough dump with a .22 rifle, and one time was collared by the Avalon police for using the glass insulators on telephone poles as a

target. (Fortunately, Ritalin was unknown back then and the police handled such incidents of “novelty-seeking” by having a good talk with the parents instead of hauling a kid into juvenile court.) Even when he was older, just for the hell of it he shot a hole through the door of his Model A Ford, forgetting to roll the window up first. I don’t know how old he was when he jumped aboard a barge on the Ohio River at one of the locks, but I remember my mother having to drive down to Emsworth to pick him up where he was thrown off.

For all his lack of respect for property, my older brother was an idealistic and compassionate human being with a pure heart. Unfortunately, his low level of harm avoidance led him to become a paratrooper with the 82nd Airborne Division. He went through the campaigns in North Africa, Sicily and Italy. In England, while the Allies assembled their forces for the D-Day invasion of Europe, he served as an aide to the division’s commander, Gen. James M. Gavin. But he still hadn’t had enough adventure and asked to be sent back to the line. On June 5, 1944, 1st. Lt. William R. Oakley was mortally wounded outside St. Mere Eglise, the first town to be liberated in France.

I have fond memories of my own novelty-seeking and low harm avoidance, and that of my younger brother as well. Our mother would have had heart failure, even though she never smoked, had she known some of the things we did.

For instance, we liked to climb on the cliffs across the boulevard from our house. One time I got caught in a situation from which there seemed no avenue of escape—up, down or sideways. I bargained with God that if he got me out of this predicament I would never climb the cliffs again. It took a second such experience before I kept my part of the bargain.

We also liked to wander the railroad tracks between the foot of the cliffs and the Ohio River. There were four tracks. One day I was walking along the cliffside one when I heard an approaching train. I was afraid to cross all four tracks to the river because I didn’t know which one the train was on and it was coming fast. Just my luck—it was on the same track that I was! There were only what seemed like mere inches between the track and the cliff wall. Closing my eyes and holding my breath, I spread-eagled myself against the hard stone. Needless to say, the train passed by harmlessly or I wouldn’t be writing this. I don’t think I had time to pray that time.

The river was less of a temptation because of its filthiness. I only swam in it—involuntarily—on one occasion. Johnny Z., the boyhood neighbor I mentioned in the Introduction with whom I used to sneak smokes in his backyard shack, was even more novelty-seeking and less harm-avoiding than I. He had built a flimsy boat and wanted to try it out. My younger brother and I accompanied him on a maiden voyage across the river without incident. Coming back, however, the boat started leaking. Halfway across it was almost completely submerged. We were forced to swim the rest of the way, with our clothes on, pushing and dragging the boat along with us.

Undaunted, the builder patched the thing up and used it again, without me or my brother as crewmen; one time on—and in—the river was enough for us. The craft met a sad end, however. Whilst dragging it back across the tracks after one maritime excursion, our friend was caught by another of those pesky trains. He had to abandon the boat on the tracks, where it was smashed to smithereens. He got into a peck of trouble because of that, but again, fortunately, the wisdom of our elders prevailed and he was not sent to juvenile hall or given a criminal record. As an adult, John had a long and distinguished career as a scientist and administrator with the National Aeronautics and Space Administration in Cape Canaveral, Florida. Who could have predicted that?

I SAID ABOVE THAT my e-mail correspondent Ryan was the only person I'd ever heard of who wanted to increase his consumption of cigarettes. Subsequent surfing of the Internet revealed that he is far from alone. I don't know if the kind of youthful smoking behavior discussed in this section falls under the category of "born to smoke" or is an unforeseen consequence of antismoking propaganda, but I suspect the latter because I never encountered such behavior in my own youth. I'm speaking here of the appearance of teenage sites on the World Wide Web, where adolescents not only militantly express their love of smoking but their desire to smoke more and more.

In Chapter 9, I briefly referred to "Jenny's Teen Smoking Page," which featured pictures of young girls smoking, as well as letters and stories about smoking sent to Jenny by other teens. Another is Allison's "Smoking Home Page for Teens and Pre-teens" at www.member.aol.com/marbsmoker/home.html.

Allison, who was 13 in 1997, says she has been smoking since she

was 10, and “luckily, my mother was very accepting of my smoking when she finally found out.” She usually smokes Marlboro Mediums or Marlboro Reds, “but once in a while I’ll buy a pack of Camels or Winstons. I smoke about a pack and a half a day, usually more on the weekends.” Allison even introduced her formerly antismoking 11-year-old sister to the habit.

As for the effect of all the warnings about the health dangers of smoking, Allison says she knows about the risks “but, at least for now, I’m not going to think about them. I like smoking . . . and I know it can happen, and probably will happen to me someday.” A heading on her page proclaims: “If teens want to smoke, they’re going to smoke, whether the government or parents like it or not!”

I quoted that at the beginning of this chapter and it bears repeating. While Allison, and millions of other young people, thoroughly believe the antismoking propaganda that tells them they are quite probably going to be killed by their smoking—why shouldn’t they believe it; they never hear anything else—*they’re going to smoke anyway*.

Caution to antismokers: reading the following excerpts from messages posted to Allison could be hazardous to your mental health, or at the least cause elevated blood pressure.

Hi MarbSmoker: I’m Lisa, a 13-year-old smoker from Ohio. I’d like my message posted on your page, but please don’t use my e-mail address because I use my dad’s address and he doesn’t know I smoke. My parents smoke but don’t want me to ever touch a cigarette! . . . I started smoking at 12 by taking a few of their cigarettes . . . I have found a store where the cashier will sell me cigarettes . . . I get an allowance so I can buy two packs a week, which isn’t enough but I have a girlfriend [who] steals cigarettes from her mom and she gives me a few if I need them. They are Marlboro Lights, which don’t taste as good, but they are 100s. I like 100s because [*sic*] they are longer and I get more for my money. I can smoke at my house during the summer when my parents are working, but during school, I have to sneak outside to smoke. I can smoke sometimes at my girlfriends [*sic*] house when her mom works nights. I like smoking a lot. But I wish I could smoke whenever I want to.

Hi Alison, I’m 26 years old, I started smoking when I was 12 and I still love smoking. I am glad to see that people your age are not being affected by the antismoking propaganda. Smoking is one of the most enjoyable things in life, and it is [a] disgrace that we have people in our country trying to stop young people from smoking.

Sure their [*sic*] are some risks associated with smoking, but they are much less than people believe. I envy you being able to smoke a pack and half a day. I am about to enter marine officer training and I have had to cut down to a pack of Marlboros, so I can run the required 3 miles in less than 20 minutes. Good luck with your page.

Hey Allison! My name is Terry and I'm 15 yrs.old. I think your page is really cool! I smoke Newport and a lot of my friends smoke, but like you said a lot of them need to hide it, and I think that sucks. I wish grown-ups would treat kids like people, and remember what they were doing when they were our age.

Hi, how are you doing? My name is Ana and I'm 16 years old and I smoke about a pack and a half a day. My parents know and they let me smoke in front of them, And I just wanted to give advice to all the girls out there that her [*sic*] parents still don't approve, just keep on smoking and they will quit nagging you one of these days, because they will just realize that you will do the exact oposite [*sic*] of what they say. So, from a girl that accomplished smoking in front of her parents in less than a year (I have been smoking for 6 years, just never got coughh [caught] until last year). Follow my advice and smoke a lot!!!!

Hi, Allison! I'm Amber, 18 yrs old and been smoking since I was 8. At 10 I smoked one pack per day and today I'm smoking 3-4 packs every day and sometimes more. I love it and thinks its [*sic*] very sexy too. Your site is great and I hope that you continue into chain-smoking like me! You and all other smoking girls are welcome to e-mail me! Love & smoke from Amber!

Allison, Your homepage is great. I am an adult now, but started smoking on and off when I was 15 . . . Unfortunately, we had to sneak it as kids (and my parents still think I quit), but you are very lucky you have such an open minded mom. I'm glad your sister is enjoying smoking so much, after being an anti-smoker.

Allison, I am a 26 year old male who started smoking when I was 9. My parents didn't find out until I was 11 and were VERY upset even though they smoked too. Not much they could say so they eventually let me smoke and I have been smoking ever since. I am now up to two packs a day of Marlboro 100s and loving every breath of cigarette smoke I inhale. — Corb

This one is also obviously from a male:

Hi, allison. This is probably a really weird question and you may

not know the answer because you're pretty young, but maybe your sister or some of your posters will know. i read a little while ago that girls who start smoking early are more likely to have sex before they're 15 and have it more often and with more than one guy. do you think that's true? i'm not going to say anything about me and sex, but i think it's true about girls that i know. If you or any of the other girls who read your page want to e-mail me, i'd love to hear from them at [e-mail address deleted in the interests of American morality—D.O.].

One more message to Allison, which I'll quote in full:

Hi, I'm Wendy, a 17 year old senior in high school. I cheer for football, play basketball for school and am a sprinter on the track team. I love virginia slims menthol 100s (full flavor). I became a smoker on my 8th birthday and really enjoy it a lot. I love the feeling of the smoke deep inside of me the best. For as long as I can remember, I watched my Mom and Dad enjoy smoking.

I have an older sister (2 years older), Lisa, who started smoking towards the end of 3rd grade. My parents weren't thrilled about it but decided to let Lisa smoke openly since she probably would sneak [*sic*] them anyway. So, I watched my whole family enjoy cigarettes and wanted to be a smoker too. After much pestering, Lisa taught me how to smoke on my 8th birthday. That was the best present she ever gave me!

. . . That was January 7th, 1988 and I only smoked about 5 or 6 a day until that summer. I wasn't hooked on them or anything, but I really enjoyed smoking the[m] 5 or 6 a day. Then, in that first summer, '88, I started to smoke a bit more each day . . . [and] by the end of summer I was up to about a pack a day. I also noticed that I was inhaling my drags longer and deeper and really started to crave them. I stayed at about a pack a day for the [next] 7 years.

In the summer of '95, Lisa was a life guard at an outdoor pool and I got a job there helping out. By then, Lisa was up to 1-1/2 to 2 packs a day and decided to try chaining since we were outdoors and could smoke practically the whole day. Seeing Lisa light one right after the other and enjoying it so made me want to try chaining too. I had been only smoking about a pack a day for 7 years and when I began chaining it was very different. I think because my body wasn't used to so much nicotine, it was almost like starting to smoke all over again.

For the first couple of weeks I would have a real "smoked-out" feeling after smoking 2 then up to 3 packs per day. Lisa's transition into becoming a daily chainer was smoother since she had already smoked more per day than me. Soon, I really enjoyed chaining too

and by the end of the summer I consistently smoked 3 packs per day.

My cravings for cigarettes by now were intense. Chaining made me enjoy smoking a lot more too. When school started again it was very tough for me. But for the last 2 years, I've smoked 2 packs per day during school and 3 packs per day on weekends and vacations. I grab a smoke between each class in the girls [*sic*] room and chain during lunch. That's the only bad thing about chaining, wanting one all the time. I do know about all the health risks and since I became a chainer have noticed smoking's effect on my body.

I used to be able to run the mile in 7:30 as a frosh. Once I became a chainer, I couldn't do the long distance anymore and became a sprinter. Still, I used to be a super athlete, but now I guess I'm just an average one due to all my smoking. I don't have any regrets though since I enjoy smoking so much.

I'm glad to see a great page here for teens who choose to smoke. I'm very fortunate since my parents have always allowed me to smoke and my Mom buys me my cigarettes. Unfortunately, a lot of my friends still have to hide their smoking from their parents. Smoking isn't for everyone and neither is chaining. But, it is our choice!

If Wendy's message doesn't confound the antismokers, it does confound me. As many smokers and former smokers can attest from their memories of hangovers from too much smoking at a party the night before, the last thing you want to do the next day is to repeat the experience. Yet here are girls who deliberately strive to become "chainers," and the more they smoke the more they want to smoke.

Certain things are clear from these messages, however: regardless of parental or societal disapproval, no matter how punitively high cigarette taxes are raised or how severely cigarette sales to minors or cigarette advertising are restricted, some young people are going to take up smoking come what may. Indeed, the very strong case can be made that the ultimate effect of all these actions against smoking will only be to *increase* the ranks of teenage smokers.

Former surgeon general Everett Koop's hoped-for "smoke-free" society by 2000 could very well be going up in smoke, or be what my father used to call an impractical wish: a "pipe dream." (Not that the good doctor would ever be caught dead with a pipe in his hand.)

One last newspaper clipping and then I'll leave the teenagers in peace:

"We recently discovered that our 16-year-old daughter is smoking

with her friends,” a parent wrote to family psychologist John Rosemond, who authors an uncommonly commonsensical newspaper column on parenting and also has a page on the World Wide Web. “Neither of us smoke and she knows she’s breaking a family rule . . . She makes good grades, she isn’t a troublemaker and we don’t disapprove of her friends (although we disapprove of them smoking). Apart from this one problem, she’s not rebellious. How can we get it through her head that smoking is damaging her health and get her to stop?”

She will stop, Rosemond first says, when she gets it through her head herself that smoking “is slowly but surely damaging her skin, lungs, cardiovascular system and kidneys, not to mention that it causes one’s breath, hair and clothing to smell like an ashtray.”

But then he makes up for that bit of obligatory propaganda with these wise words:

“Count your lucky stars. Your daughter makes good grades, chooses reasonably good friends and tells you the truth, even concerning smoking. If the only thing she does to disappoint you during her teen years is smoke, you are fortunate indeed.”⁸⁷

Amen to that, say I.

Notes

1. Quoted in “Frustrated CDC urges states: Raise Legal age for buying cigarettes to 19.” *The Atlanta Journal-Constitution*, July 10, 1992, p. D3. From the Associated Press.

2. See pages 476 and 477.

3. More recently, the CDC has reported that 62 percent of 7,773 underage minors surveyed in 1993 said they bought their own cigarettes, an increase of four percent over the 1989 survey. One in five smokers aged 12 to 15 bought their cigarettes from vending machines, while other teens continued to buy their tobacco products from convenience stores or gas stations. —Reuters/Mike Cooper, February 15, 1996. At clari.news.issues.smoking.html.

Yet a 1995 CDC survey found that only two percent of underage smok-

ers got their cigarettes from vending machines. — “Underage smokers: Machines not top source of cigarettes.” *USA Today*, May 23, 1996. At www.usatoday.com/. The National Automatic Merchandising Association (NAMA) reported that nine percent of individuals ages 13 through 17 purchased cigarettes from vending machines. — Raymond J. Keating, “Cost of Another FDA War: Attack on Vending Machines, An Attack on Jobs and Small Business.” November 1995. From the Heritage Foundation Website site at www.townhall.com/.

Pick a number, any number.

4. “Children and Tobacco: The Problem.” FDA Press Office release, August 10, 1995. Posted on the Department of Health and Human Services Website at www.os.dhhs.gov:80/new/press/p950810.html.

5. Comics section. *The Atlanta Journal-Constitution*, January 3, 1993. By way of illustrating the truth of the old show-business saying that satire is what closes on Saturday night, or Sunday morning in this case, and that someone can always be counted on not to “get it,” later that year the AJC ran another “Doonesbury” strip mocking the notion that smoking is “cool,” which elicited this response from an indignant mother of a teenager: “I’m disappointed with Garry Trudeau and *The Atlanta Constitution* for running this absurd, uncool, degrading, cancer-promoting strip.” Letters. October 12, 1993, p. A6.

6. “Teens and Tobacco.” *The Atlanta Journal-Constitution*, February 26, 1993, p. C3. From the Associated Press.

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10. Ibid.

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13. Ibid.

14. U.S. Department of Health and Human Services, *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*. (Atlanta: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1994.)

15. “Adolescent smoking targeted; Surgeon general rips tobacco ads for luring teens.” *The Atlanta Journal-Constitution*, February 25, 1994, p. A5. From the Associated Press.

16. Ibid.

17. Robert J. McDermott, PhD, Barbara Clark-Alexander, MPH, and Wayne W. Westhoff, PhD, MPH, MSW, “Tobacco Use Initiation: Future Intentions to Use, and Attitudes Toward Use in Sample of Florida 5th-Graders.” *The Journal of the Florida Medical Association*, February 1996. From the Internet at www.medone.org/consumer/journal/february.html.

18. Ibid.

19. “Questions About Smoking, Tobacco, and Health . . . and the Answers.” At www.cancer.org/smoking.html.

20. Wanda Hamilton (Vice President, Florida Smokers’ Rights Association), “Tobacco and Children: The Truth.” At www.forces.org/.

21. Dr. Daniel J. Wartenberg, “Epidemiology for Journalists.” At www.facsnets.org/report_tools/guides_primers/epidemiology/. Also personal communication to author.

22. Maria Mallory, “That’s One Angry Camel; The heat on RJR’s campaign has it breathing fire.” *Business Week*, March 7, 1994, p. 94.

23. “Talk of the Nation,” Ray Suarez, host. National Public Radio, August 28, 1995.

24. “Sex club arrest.” *The Atlanta Journal-Constitution*, March 21, 1997, p. D2.

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46. Letters. *The Atlanta Journal-Constitution*, December 28, 1995, p. A18.

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53. Anne Rochell, "Smoking decline is fizzling out: Ads, low prices help lure youths." *The Atlanta Journal-Constitution*, May 20, 1994, p. A6.

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