

Highlights

Chapter VI –Tobacco-Free Youth

Preventing tobacco use among youth is critical to ensuring healthy adults, because tobacco use and subsequent addiction most frequently take root in adolescence. More than 20 percent of all deaths in the United States are attributable to tobacco, making tobacco use the chief preventable cause of death. Teens who smoke are also more likely than nonsmokers to use alcohol, marijuana and cocaine.

COLORADO TRENDS

Every year, 10,800 Colorado youth under 18 years of age become daily smokers. At this rate, 92,000 Colorado youth alive today will die an early, preventable death because of a decision made as a child. About one third (34.5 percent) of high school students and about 15 percent of middle school students report current use of tobacco in any form.

- Colorado high school students report use of smokeless tobacco products at higher levels (24 percent) than their national peers (18 percent).
- Colorado Hispanic middle school and high school students have the highest rates of tobacco and cigarette use, both for “ever” trying and for current use.
- Even though Colorado has a tobacco-free schools law, high school students were more likely than their national counterparts to smoke or to use smokeless tobacco on school property.

2000 OBJECTIVES

Progress Report

REDUCE USE OF CHEWING TOBACCO OR SNUFF

- By 2000, reduce to 11.0% the proportion of male adolescents who used chewing tobacco or snuff within the last 30 days, from the 1990 baseline of 22.2%
Status: Objective not met. Use of chewing tobacco or snuff by males students declined to 14.1%
Source: 2001 Colorado Youth Risk Behavior Survey, Colorado Department of Public Health and Environment

REDUCE SMOKING IN TEEN BOYS

- By 2000, reduce to 6.4% the proportion of male high school students who smoke regularly (smoked more than 25 of the last 30 days), from the 1990 baseline of 12.8%
Status: 2000 Youth Risk Behavior Survey data are not comparable. However, in the Colorado Youth Tobacco Survey, 23.9% of high school boys reported they were regular smokers
Source: 2001 Colorado Youth Risk Behavior Survey, and the 2000 Colorado Youth Tobacco Survey, Colorado Department of Public Health and Environment

REDUCE SMOKING IN TEEN GIRLS

- By 2000, reduce to 8.8% the proportion of female high school students who smoke regularly (smoked more than 25 of the last 30 days), from the 1990 baseline of 17.6%
Status: 2000 Youth Risk Behavior Survey data are not comparable. However, in the Colorado Youth Tobacco Survey, 26.9% of girls reported they were regular smokers
Source: 2001 Colorado Youth Risk Behavior Survey, and the 2000 Colorado Youth Tobacco Survey, Colorado Department of Public Health and Environment



BEST PRACTICES

- **Parents** – Ninety percent of adult smokers start smoking by the age of 18. Parents can give children specific facts about the effects of tobacco on health; discuss the subject of smoking when it appears on TV, in newspapers or in advertisements in magazines; focus on peer pressure and specific ways to deal with it; tell children and youth that you don't want them to smoke, and model good habits by not using tobacco or trying to quit.
- **Schools** – Schools should not allow tobacco use on school grounds – a law, passed by the Colorado legislature in 1994, requires districts to institute policies banning any tobacco use. Assistance is available to all Colorado schools interested in implementing tobacco prevention programs and the American Lung Association NOT (Not On Tobacco) cessation program; and to all Colorado colleges and universities wanting to implement tobacco programs.
- **Community** – “Get R!EAL” (Resist! Expose Advertising Lies) empowers youth ages 12 to 17 to engage in grassroots activism aimed at challenging and changing social norms that support youth tobacco use (at www.getrealcolorado.com). A mobile marketing campaign – the Get R!EAL Road Tour – travels across the state, reaching youth where they naturally congregate. Colorado Quitline, 800-639-QUIT (7848) is a free telephone counseling service connecting youth age over 15 who want to quit smoking. Colorado QuitNet (www.co.quitnet.com) is a free Internet-based tobacco cessation service.

2010 OBJECTIVES

REDUCE USE OF CHEWING TOBACCO OR SNUFF

- By 2010, reduce the proportion of middle school students who used chewing tobacco or snuff on one or more of the previous 30 days to 0.3%, from the 2000 baseline of 2.4%
- By 2010, reduce the proportion of high school students who used chewing tobacco or snuff on one or more of the previous 30 days to 1.1%, from the 2000 baseline of 9.0%

Source: 2000 Colorado Youth Tobacco Survey, Colorado Department of Public Health and Environment

REDUCE CIGARETTE SMOKING

- By 2010, reduce the proportion of middle school students who smoked cigarettes on one or more of the previous 30 days to 4.0%, from the 2000 baseline of 8.8%
- By 2010, reduce the proportion of high school students who smoked cigarettes on one or more of the previous 30 days to 11.6%, from the 2000 baseline of 25.3%

Source: 2000 Colorado Youth Tobacco Survey, Colorado Department of Public Health and Environment

Websites

Campaign for Tobacco-Free Kids

www.tobaccofreekids.org

Centers for Disease Control and Prevention

www.cdc.gov

Colorado Collegiate Tobacco Prevention Initiative

www.coloradotobaccofreeu.org

Colorado QuitNet

www.quitnet.com

Get R!EAL

www.getrealcolorado.com

Institute of Medicine

www.iom.edu

Monitoring the Future

University of Michigan

www.monitoringthefuture.org

National Center for Tobacco-Free Kids

www.tobaccofreekids.org

National Spit Tobacco Education Program

www.nstep.org

Not on Tobacco: A Total Health Approach to Helping Teens Stop Smoking

American Lung Association

www.lungusa.org/school/not_teens.html

Office on Smoking and Health

www.cdc.gov/tobacco

State Tobacco Education and Prevention Partnership (STEPP)

www.cdphe.state.co.us/pp/tobacco

Tobacco Information and Prevention Source (TIPS)

www.cdc.gov/tobacco

Chapter VI

Tobacco-Free Youth¹

Moments for Colorado Children

Every year, 10,800 Colorado youth under 18 years of age become daily smokers. At this rate, 92,000 Colorado youth alive today will die an early, preventable death because of a decision made as a child.

Source: Campaign for Tobacco Free Kids, www.tobaccofreekids.org

Preventing tobacco use among youth is critical to ensuring healthy adults, because tobacco use and subsequent addiction most frequently take root in adolescence. Cigarette smoking is a major contributor to such conditions as heart disease; cancers of the lung, larynx, mouth, esophagus and bladder; stroke; and chronic obstructive pulmonary disease.² More than 20 percent of all deaths in the United States are attributable to tobacco, making tobacco use the chief preventable cause of death. Teens who smoke are also more likely than nonsmokers to use alcohol, marijuana and cocaine.

Colorado health advocates are very concerned about the influence of tobacco on youth because of the positive image of smoking that cigarette advertisers project to teens and because the nicotine in tobacco is so highly addictive. Addiction symptoms – including strong urges to smoke, anxiety, irritability and failure to quit – can appear within weeks or even days after occasional smoking begins. This means that the younger people are when they first try smoking, the higher their chances of becoming regular smokers and the less likely they are to quit successfully.³



PREVENTION PAYS

Colorado's annual bill for "smoking-caused health costs" is about \$1.88 billion; the taxpayers' burden is about \$84.8 million.

Source: Campaign for Tobacco-Free Kids, www.tobaccofreekids.org

YOUTH TOBACCO USE

National Trends

According to recent national surveys, cigarette smoking by middle school and high school students has been declining since the late 1990s.⁴

Contributing factors to this decline include increases in the cost of cigarettes, increased school-based efforts to prevent tobacco use and increased exposure of youth to both state and national mass media smoking prevention campaigns.⁵

Despite the declining trends, adolescents continue to experiment with and use tobacco at high rates, and many high school students are already nicotine-dependent. National health experts hypothesize that substantial increases in tobacco industry advertising and promotion during the late 1990s and the frequency of smoking depicted in popular media (films and TV) might have promoted cigarette use among youth.⁶ Below are key facts on tobacco use among teens

- About one third (34.5 percent) of high school students and about 15 percent of middle school students report current use of tobacco in any form.
- Male students consistently have higher rates of use for all tobacco products than do females; with regard to smokeless tobacco, males have a much higher rate of use than do females.

This Chapter:

- Compares current patterns of adolescent tobacco use, nationally and in Colorado
- Identifies factors contributing to use of tobacco products by teens
- Highlights data on use of cigarettes, smokeless tobacco, exposure to secondhand smoke and youth access to tobacco products
- Discusses various prevention strategies for youth

- White and Hispanic students are significantly more likely than African American students to report current smoking.⁷
- Cigarettes generally have the highest prevalence among both middle school and high school students, followed by cigars and smokeless tobacco products.
- About 14 percent of male high school students report current use of smokeless tobacco products (spit tobacco and snuff).⁸ (Chapter VIII on oral health discusses spit tobacco in greater depth.)
- One quarter (28.5 percent) of high school students report being current smokers, and 13.8 percent report being frequent smokers. About one-third of middle school students have tried a cigarette.⁹
- Current use of novelty tobacco products, such as “bidis” and “kreteks,” is an emerging public health problem among young people in the United States.¹⁰

Why Do Teens Smoke?

As with all of the risk behaviors discussed in this report, a number of variables are associated with tobacco use during adolescence. Some

variables are demographic or environmental, such as age, gender, parental smoking, having relatives who use tobacco or cultural norms. Other variables, such as intent to use, having a best friend who smokes or poor school performance, are internally driven.

Ethnicity and culture play a critical role in influencing youth tobacco use, and make it difficult to generalize about which risk and protective factors affect specific youth populations.¹¹ However, a study of the youth risk factor literature found that having a friend, relative or peers who smoke or use drugs appears to be a common variable for most minority youth groups.¹²

Colorado Trends

In the fall of 2000, with funds from the national tobacco settlement, the Colorado Department of Public Health and Environment conducted the Colorado Youth Tobacco Survey, which collected the first reliable data on youth tobacco use in the state.¹³ Results illustrated that Colorado adolescents generally mirror national trends with the exception of smokeless tobacco products and earlier initiation of their use (see Table 1), attitudes about tobacco (see Table 2) and access to tobacco products (see Table 3).

TABLE 1: CURRENT YOUTH TOBACCO USE

	Grades 6-8			Grades 9-12		
	Current Cigarette Smoking	Current Any Tobacco Use	Current Smokeless Tobacco use	Current Cigarette Smoking	Current Any Tobacco Use	Current Smokeless Tobacco use
National*	11.0%	15.1%	7.0%	28.0%	34.5%	18.3%
Colorado **	8.8%	13.6%	10.2%	25.3%	34.4%	23.5%
Colorado Boys	9.3%	15.9%	13.7%	23.9%	37.1%	33.0%
Colorado Girls	8.4%	11.1%	6.4%	26.9%	31.6%	13.5%

*= National Tobacco Survey, 2000; ** = Colorado Youth Tobacco Survey, 2000
 Current Cigarette Smoking = smoked cigarettes on more than 1 of the 30 days preceding the survey.
 Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes, bidis, kreteks, cigars on more than 1 of the 30 days preceding the survey.
 Source: Tobacco Control State Highlights 2002: Impact and Opportunity, Office of Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion

TABLE 2: CURRENT YOUTH TOBACCO ATTITUDES

	Grades 6-8		Grades 9-12	
	% of current smokers who think they will be smoking 5 years from now	% of current smokers who think smoking cigarettes makes you look cool or fit in	% of current smokers who think they will be smoking 5 years from now	% of current smokers who think smoking cigarettes makes you look cool or fit in
National	53.7%	29.0%	49.7%	17.5%
Colorado	55.5%	40.4%	43.1%	15.7%

Source: *Tobacco Control State Highlights 2002: Impact and Opportunity*, Office of Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion

- Colorado high school students report use of smokeless tobacco products at higher levels (24 percent) than their national peers (18 percent). Colorado’s middle school “ever use” rate is 10.2 percent, compared to a national middle school rate of 7 percent.¹⁴ The percentage of students reporting tobacco use increases with every grade level.
- Colorado Hispanic middle school and high school students have the highest rates of tobacco and cigarette use, both for “ever” trying and for current use (within 30 days of survey). Colorado’s Hispanic high school students have the highest rate of tobacco use at 38.7 percent, while 33.3 percent of white students are current users, and 22.7 percent of African American students are users.¹⁵
- Even though Colorado has a tobacco-free schools law, high school students were more likely than their national counterparts to smoke or to use smokeless tobacco on school property.

**Ever Used Smokeless Tobacco by Grade Level
US and CO: 1999**

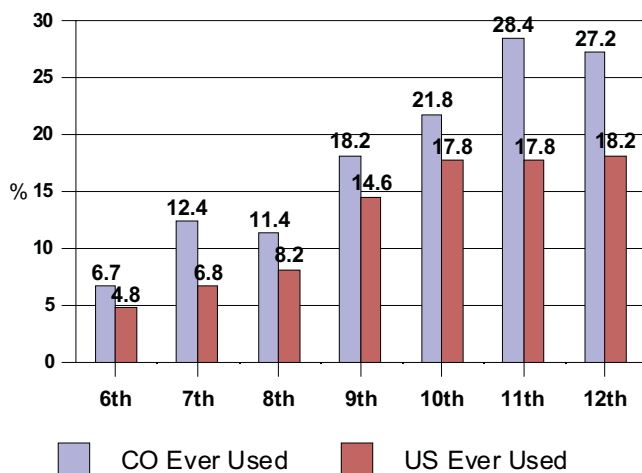


Figure 1. Source: Colorado Youth Tobacco Survey, Colorado Department of Public Health and Environment

Smokeless Tobacco

Colorado health experts are concerned about the young age at which students are experimenting with tobacco products. The percentage of Colorado middle school and high school students, both boys and girls, reporting that they have ever tried smokeless tobacco products is much higher than for their peers nationally. Use of smokeless tobacco products increases dramatically in succeeding grade levels and is higher than nationally reported percentages.¹⁶ (See Figure 1.)

Attitudes and perceptions about smoking, especially among middle school students, add to the concern among health experts.

- About 40.4 percent of Colorado’s current middle school smokers reported believing that smokers have more friends or look “cooler” than non-smokers.
- More than two-third of the Colorado Youth Tobacco Survey respondents who are current smokers (66.2 percent middle school; 68.4 percent high school) said they know it is unsafe to smoke for a year or two, even if you quit after that.
- Compared to their national counterparts, twice as many Colorado students stated that they would use or wear promotional clothing from tobacco companies (56 percent vs. 22 percent).
- Despite a high level of awareness that tobacco is addictive and harmful, nearly one-third of the state’s high school students reported that they would probably still be smoking cigarettes in the next year.

One positive note is that of the state’s current smokers, more (middle school, 62 percent; high school 60.8 percent) reported wanting to quit, as compared to their national peers.

TABLE 3: CIGARETTE VENDOR CHOICES OF CURRENT YOUTH SMOKERS YOUNGER THAN 18 WHO BOUGHT THEIR LAST PACK

	Gas Station		Convenience Store		Grocery Store		Vending machine	
	CO	US	CO	US	CO	US	CO	US
Middle school	24.1	49.1	42.9	21.4	5.8	12.6	22.1	13.6
High school	60.3	50.3	22.4	30.9	8.3	12.9	2.7	3.1

Source: Colorado Youth Tobacco Survey, Colorado Department of Public Health and Environment, p. 20. These figures do not include purchases from other sources such as the Internet, restaurants, discount stores, etc.

Youth Access to Tobacco

Enforcement is an essential component of Colorado’s comprehensive tobacco control strategy. Colorado’s Tobacco Sales Age-Control Program works to prevent and reduce tobacco sales to minors. The sale of tobacco to minors is prohibited by Colorado law, as well as by local ordinances in 35 communities across Colorado.¹⁷ The State Tobacco Education and Prevention Program funds the Colorado Department of Revenue to conduct tobacco sales compliance checks and inspections, investigate complaints, issue criminal summons and provide training to local law enforcement, health departments, merchants and community members.

However, despite the state’s laws prohibiting sales of tobacco products to minors and the establishment of tobacco-free schools, both middle school and high school students in Colorado are more likely than their national peers to smoke or use smokeless tobacco on school property,¹⁸ and to purchase tobacco products for themselves. (See Table 3.)

Secondhand Smoke

Secondhand smoke is a combination of the smoke in the air from a burning cigarette and the smoke exhaled by a smoker. Secondhand smoke is an issue because of the strong correlation between youth who smoke and their having friends or parents who smoke.¹⁹ Each year in Colorado, approximately 193,000 children are exposed to secondhand smoke in their homes.

- Each year in Colorado, approximately 4,400 cases of asthma in children under 15 years of age can be attributed to exposure to tobacco smoke in the home.
- While Colorado students are less likely than their national peers to live with secondhand smoke, over three quarters of Colorado secondary school students reported currently having smokers among their closest friends

(middle school, 75.2 percent; high school, 82.9 percent) or living with a current smoker (middle school, 60.8 percent; high school, 45.7 percent).

BEST PRACTICES IN PREVENTION

Since tobacco use is widespread, it is difficult to influence overall tobacco use trends by small-scale program interventions. The most effective way to reduce youth smoking is to prevent youth from starting to smoke in the first place. Two of Colorado’s State Tobacco Education and Prevention Partnership goals for the year 2010 address this issue:

- Reduce the percentage of students reporting cigarette smoking to 4.0 percent for middle school and 11.6 percent for high school
- Reduce smokeless tobacco use to 30 percent for middle school students. (However, health experts note that reducing current youth tobacco use by one-third will only bring Colorado usage down to 1991 levels.²⁰)

As with all of the health issues discussed in this report, prevention education opportunities exist in all domains of an adolescent’s life: home, school and the greater community.

KidSpeak

“I think that the main thing . . . is peer pressure, I try to avoid it, but you can’t, it just happens.” *Girl, age 15, Garfield County*

KidSpeak

"Girls don't like to kiss guys who have been smoking." Boy, age 17, Adams County

Parents

Ninety percent of smokers start smoking by the age of 18. Tobacco prevention education, early and often, is the best tool for prevention. When tobacco prevention education begins at home, school-based education is more effective.²¹

- Talk about the real issues – give children specific facts about the effects of tobacco on health
- Destroy the myth that everyone smokes
- Discuss the subject of smoking when it appears on TV, in newspapers or in advertisements in magazines
- Focus on peer pressure and specific ways to deal with it
- Illustrate that the tobacco industry wants Americans to view tobacco use as normal, and spends billions of dollars convincing the public that everyone does it
- Tell children and youth that you don't want them to smoke, and provide specific reasons
- Teach youth how to make good decisions, arm them with resistance and conflict management skills and help them say "no" to peer pressure
- Model good habits by not using tobacco
- Ask others who smoke to do it outside or away from children
- Know the tobacco laws and let young people and retailers know that they are important
- If a young person has already tried or currently uses tobacco, talk about addictions, encourage them to quit and support their ongoing efforts
- Family members who are smokers should try to quit – and should talk to teens about their struggle to quit



PREVENTION PAYS

An evaluated, school-based tobacco prevention program (10 hour-long lesson intervention curriculum, delivered by trained health educators to 7th grade students with a two-session booster curriculum in 8th grade) was estimated to cost \$13.29 per student. Based on studies that show that the average cost of medical care for a smoker over a lifetime is \$9,379 more than for a nonsmoker, the researchers pointed out that preventing even a small number of students from becoming smokers saved tens of thousands of dollars in medical expenditures alone. Savings to society from preventing premature deaths and increasing the quality of life (such as avoiding hospitalizations and disability) saved an additional \$2,770 per year of life saved.²²

Schools

Given the early age at which children form attitudes about tobacco and begin using tobacco products, researchers believe that tobacco use prevention education should start early in life and include programs in elementary, middle school and high school grades.

The Colorado Department of Public Health and Environment promotes best practices in tobacco prevention and cessation in schools. Best practices for school-based or school-linked programs include tobacco-free policies, evidence-based curricula, teacher training, parental involvement, cessation services,²³ and linking school-based efforts with local community efforts. A number of Colorado programs serve as examples of best practices.

- The Tobacco-Free Schools law, passed by the Colorado legislature in 1994, requires districts to institute policies banning any tobacco use on school grounds.
- Training and technical assistance are available to all Colorado schools interested in implementing comprehensive K-12 tobacco prevention programs.
- Training and technical assistance are available to Colorado high schools wanting to implement the American Lung Association NOT (Not On Tobacco) cessation program on school grounds during school hours.

- The Colorado Collegiate Tobacco Prevention Initiative engages Colorado colleges and universities to implement comprehensive tobacco programs on college campuses across the state.

KidSpeak

"What's helping teens to not smoke? Stuff we've been [told about the dangers of tobacco] since we were seven." Girl, age 14, Boulder County

Communities

The Colorado Department of Public Health and Environment has promoted best practices in community tobacco prevention and cessation, helped to fund local health agencies and youth coalitions, and assisted other community organizations in addressing youth tobacco use. Community-based programming that encourages teens to not start or to quit smoking involve reaching teens where they are: on the Internet,²⁴ on the athletic field²⁵ and during other natural opportunities, such as a medical appointment.²⁶

- "Get R!EAL" is Colorado's youth movement against tobacco misinformation. Get R!EAL (which stands for Resist! Expose Advertising Lies) empowers youth ages 12 to 17 across the state to engage in grassroots activism aimed at challenging and changing social norms that support youth tobacco use. The program's website, www.getrealcolorado.com, is an education and advocacy tool for Colorado youth.
- A mobile marketing campaign – the Get R!EAL Road Tour – travels across the state, reaching youth where they naturally congregate. Crew members engage youth in dialogue about the tobacco industry and how teens are targeted, give away gear and promotional items and encourage participation in local coalitions and use of the Get R!EAL website.
- Colorado's Youth Partnership for Health, a group of high school youth, advises the Colorado Department of Public Health and Environment and the Colorado Department of Human Services on youth issues, and has

provided advice for youth-driven tobacco prevention efforts.

- Colorado Quitline, 800-639-QUIT (7848) is a free telephone counseling service, available in both English and Spanish, connecting people, including youth age 15 and older, who want to quit smoking with trained counselors who can guide and support them. This service is available to anyone calling from a Colorado area code.
- Colorado QuitNet (www.co.quitnet.com) is a free Internet-based tobacco cessation service offering peer support through an online community of individuals who are trying to quit, as well as expert advice on quitting strategies and information about pharmaceutical products that may be helpful. It is available to people 15 years or older.
- The Centers for Disease Control and Prevention and many U.S. sports federations and high-profile athletes and coaches have joined a tobacco-free sports movement. Go to www.cdc.gov/tobacco for "tobacco-free sports playbooks" designed to help coaches and school administrators reach out to young people with messages about the importance of choosing a healthy, active and tobacco-free lifestyle, as well as specially designed sports drills that help coaches integrate tobacco control and healthy lifestyle messages into their practices.

END NOTES

1. The majority of this chapter is taken directly from State Tobacco Education and Prevention Partnership (STEPP), *Youth Tobacco Use in Colorado: Results of the Colorado Youth Tobacco Survey, Executive Summary* (April 2001, revised).
2. B Lynch and R Bonnie, eds., *Growing Up Tobacco Free: Preventing Nicotine Addiction in Children and Youth*, Institute of Medicine (1994); Office of the U.S. Surgeon General, *Preventing Tobacco Use among Young People: A Report of the Surgeon General* (1994); Office on Smoking and Health et al., "Youth tobacco surveillance – United States, 2000," *MMWR* 50(SS04): 1-84 (2001).
3. SA Khuder et al., "Age at smoking onset and its effect on smoking cessation," *Addictive Behavior* 24(5): 673-677 (1999); National Center for Tobacco Free Kids, *The Path to Smoking Addiction Starts at Very Young Ages* (2002).
4. Centers for Disease Control and Prevention, "Trends in cigarette smoking among high school students — United States, 1991-2001," *MMWR* 51(19): 409-412 (2002); see also LD Johnston, PM O'Malley and JG Bachman,

- Cigarette Smoking among American Teens Declines Sharply in 2001* (news release, December 19, 2001), Monitoring the Future.
5. See references cited in note 4.
 6. Ibid.
 7. The prevalence of smoking among Hispanic youth is especially troubling, because, nationally, lung cancer is the leading cause of death among Hispanics. See e.g., Tobacco Information and Prevention Source, *Hispanics and Tobacco* (2002).
 8. National Center for Tobacco Free Kids, *Spit (Smokeless) Tobacco and Kids* (2002); National Spit Tobacco Education Program, <http://www.nstep.org/nstep.shtm>.
 9. Office of Smoking and Health, "Youth tobacco surveillance," see note 2.
 10. Bidis are small, brown, hand-rolled cigarettes primarily made in India and other Southeast Asian countries. In the United States, bidis are purchased for \$1.50-\$4.00 for a package of 20 and are available in different flavors (e.g., cherry, chocolate and mango). Kreteks are clove-flavored cigarettes, also from India. Centers for Disease Control and Prevention, "Tobacco use among middle school and high school students – United States, 1999," *MMWR* 49(3): 49-53 (2000); Centers for Disease Control and Prevention, "Bidi use among urban youth – Massachusetts, March-April 1999," *MMWR* 48(36): 796-799 (1999).
 11. Tobacco Education and Prevention Source, Tobacco Use among U. S. Racial/Ethnic Minority Groups: African American, American Indians and Alaska Natives, Asian Americans and Pacific Islanders and Hispanics: A Report of the Surgeon General (1998).
 12. SP Robbins and J Mikow, Alcohol, Tobacco and Other Drug Use Among Minority Youth: Implications for the Design and Implementation of Prevention Programs, Center for the Study of Youth Policy, University of Pennsylvania (2000).
 13. See note 1. The Youth Tobacco Survey was developed by the Centers for Disease Control and Prevention. Students in 41 middle schools and 49 high schools throughout the state completed the 70-question survey on tobacco use. The survey will be repeated in 2004. The data from the Colorado Youth Tobacco Survey confirm data from various Colorado Youth Risk Behavior Surveys and the Colorado Youth Survey. See Chapter V on alcohol and other drugs. A state health department news release summarizing the survey results is available online at: <http://www.cdphe.state.co.us/release/2001/040201b.html>.
 14. Ibid.; STEPP, *Youth Tobacco Use*, see note 1.
 15. The sample size of African American students who answered these questions was very small.
 16. National Institute on Drug Abuse, *Monitoring the Future* (2001).
 17. Alamosa, Ault, Boulder, Colorado Springs, Denver, Durango, Englewood, Estes Park, Federal Heights, Fort Collins, Fruita, Glendale, Glenwood Springs, Grand Junction, Greeley, Ignacio, Johnstown, Lafayette, Longmont, Loveland, Monte Vista, Montrose, Northglenn, Olathe, Palisade, Parker, Pueblo, Salida, Sterling, Vail, Westminster, and Woodland Park. See Colorado Revised Statutes, CRS, §§ 18-13-121, 24-35-503. Whether states or local municipalities can preempt federal law by being more stringent, e.g., barring outdoor tobacco advertising near schools or public playgrounds, is still open to question (*Lorillard Tobacco Co. v. Reilly*, 533 U.S., 2001).
 18. STEPP, *Youth Tobacco Use*, p. 24, see note 1.
 19. State Tobacco Education and Prevention Partnership, *Secondhand Smoke* (2001).
 20. The complete list of objectives regarding youth tobacco use also includes goals on cessation of use, reducing illegal sales, and increasing insurance-based cessation programs for adolescents. Colorado Department of Public Health and Environment, *A Recommended Comprehensive Tobacco Use Prevention and Reduction Plan for Colorado: A Report to Governor Owens from the Colorado Department Of Public Health and Environment* (2000).
 21. See, e.g., State Tobacco Education and Prevention Partnership, *Prevention Tips* (no date); National Center for Tobacco-Free Kids, *How Parents Can Protect Their Kids from Becoming Addicted Smokers* (2001).
 22. Li Yan Wang et al., "Cost-effectiveness of a school-based tobacco-use prevention program," *Archives of Pediatrics and Adolescent Medicine* 155(9): 1043-1050 (2001).
 23. Centers for Disease Control and Prevention, "Guidelines for school health programs to prevent tobacco use and addiction," *MMWR* 43(RR2): 1-18 (2002). The CDC's guidelines identify two curricula with the most credible evidence of sustained impact on youth smoking rates.
 24. L Borzekowski and VI Rickert, "Adolescent cybersurfing for health information: A new resource that crosses barriers," *Archives of Pediatrics & Adolescent Medicine* 155(7): 813 (2001).
 25. Tobacco Education and Prevention Source, *Tobacco-Free Sports* (2002); see also National Spit Tobacco Education Program, <http://www.nstep.org>.
 26. CM Alfano et al., "Adolescent reports of physician counseling for smoking," *Pediatrics* 109(3): e47 (2002).

