



PHILIP MORRIS USA
YOUTH SMOKING PREVENTION

Strengthening
RESOLVE
Building
RESILIENCE



PHILIP MORRIS USA
YOUTH SMOKING PREVENTION

Strengthening
RESOLVE
Building
RESILIENCE

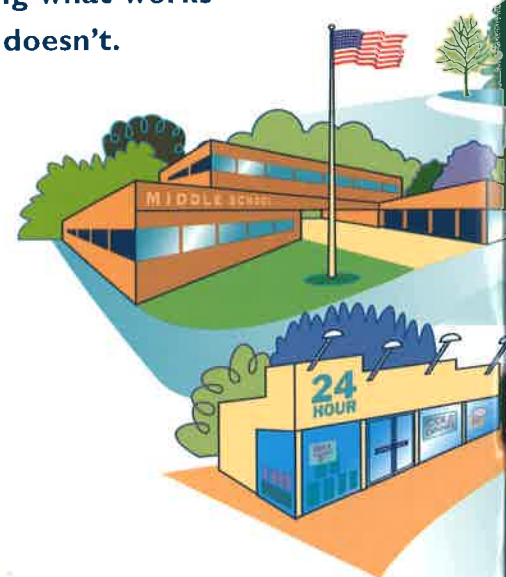
At Philip Morris USA, we believe we have an important role to play in helping to reduce youth smoking. As the manufacturer of a product made for adults that has health risks, we have a responsibility to help prevent kids from using it. And, we take this responsibility very seriously. We created a Youth Smoking Prevention department in April 1998 to focus solely on this issue.

We are committed to an approach that is comprehensive, collaborative and measurable. Our efforts cut across the areas of communication, education, community action and access prevention.

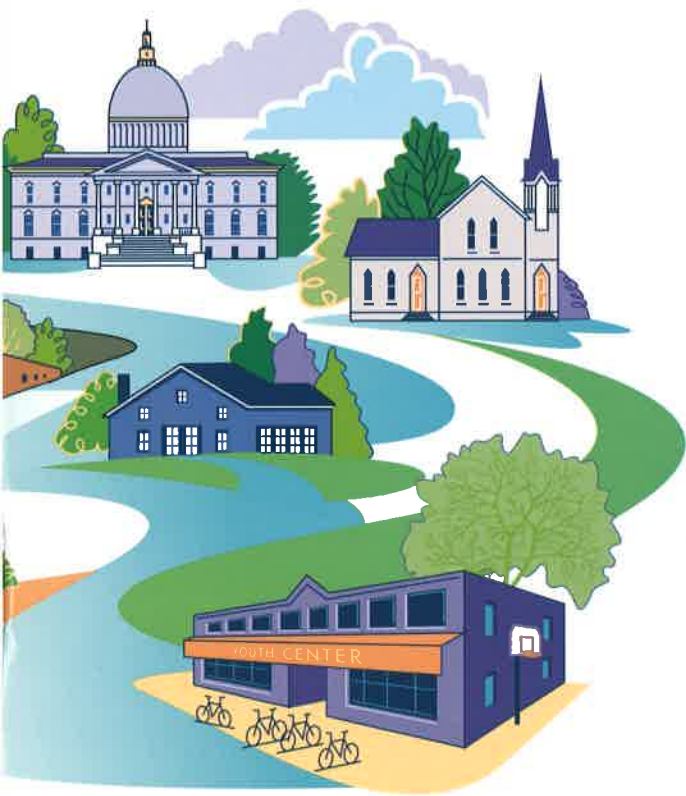
Resolve and resilience are qualities that can help prevent kids from smoking.
We want to help build upon kids' assets and strengthen their ability to reject

A great deal done by

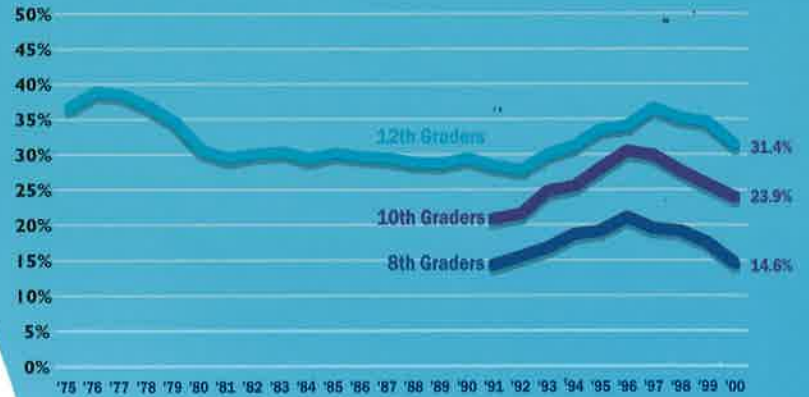
To reduce youth smoking, a great deal needs to be done by more people. This calls for collaboration among youth-serving organizations, the public health community, policy makers, educators, parents, retailers, and the tobacco industry. It also will take commitment over the long-term and dedication to researching what works and what doesn't.



needs to be more people



Teens who stated they smoked at least one cigarette in the past 30 days



Monitoring The Future study, University of Michigan, 2000

Thanks to the efforts of many, youth smoking rates have been declining since 1997. However, these rates remain unacceptably high. In a 2000 national study, approximately a third of high school seniors (31.4%) said they had smoked at least one cigarette in the thirty days before the study.

smoking and other risky behavior.

Why Kids Smoke

Experts believe there is no single reason why kids smoke and point instead to a combination of risk factors that contribute to a young person's decision to engage in risky behavior. Youth smoking is a complex problem that occurs within a matrix of societal, environmental and interpersonal influences. Additional research is needed to understand the root causes of why kids smoke, and more importantly to assess why most kids don't smoke.

The Positive Youth Development Approach

We hope to build resolve and resilience in young people by supporting programs that reduce risk factors while enhancing protective factors. By surrounding kids with positive messages and positive influences, we hope to help reduce youth smoking and other risky behaviors, and ultimately improve the quality of kids' lives.

"We need to stop thinking of youth problems as the principal barrier to youth development and start thinking of youth development as the most effective strategy for preventing youth problems."

The National Assembly. Building Resiliency: What Works. A Community Guide to Preventing Alcohol & Other Drug Abuse Through Positive Youth Development, 1994.

Risk Factors

Negative Peer Pressure
Low Self-Esteem
Rebelliousness
Latchkey
Stress/Anxiety
No Structured Activities
No Family/School Connectedness
No Positive Adult Role Model
Poor School Performance
Access to Risky Products

Protective Factors

Positive Relationships

- peer-to-peer
- parent connectedness
- mentoring

Positive Development

- life skills training
- character education

Positive Alternatives

- sports and physical fitness
- arts and self-expression
- youth programs/services

Positive Environments

- sales/access restrictions
- safe places/youth centers

Focus on Effectiveness

Through quantitative research, all of our youth smoking prevention advertising messages are measured for clarity, persuasiveness and likability. The programs we support are evaluated for their ability to deliver protective factors and positive outcomes for youth. By focusing on the effectiveness of the messages and programs we support, we believe we will have a greater impact on youth smoking.



Why Kids Don't Smoke

We are communicating the youth smoking prevention message in creative and impactful ways—including TV, print and radio.

Communication

We have created television advertisements for young people between the ages of 10 and 14, with the tagline “Think. Don’t Smoke.” These ads are designed to help change youth perceptions about smoking. They work to show that smoking is not “cool,” and that kids don’t need to smoke to define themselves. Research in this area leads us to conclude that ads should:

- Use peer-to-peer communication
- Affirm that smoking is not the norm
- Convey negative images of youth smoking
- Celebrate kids who don’t smoke
- Give kids credit for making good decisions



Think. Don't Smoke.



Because parents have an important role to play in youth smoking prevention, we also are airing TV ads for parents with the tagline “Talk. They’ll Listen.” Research shows that some parents don’t realize how much their kids want and need their guidance during this critical time in their lives. Based on a review of relevant literature, we created ads that:

- Reinforce that kids do listen to their parents
- Assist parents in practical ways to have a conversation about not smoking
- Demonstrate the positive impact parents can have
- Stress the importance of listening

We are also running print ads that communicate the “Think. Don’t Smoke.” message in kids’ favorite magazines.



Multi-Cultural Advertising

In order to communicate to a diverse population of youth and parents, our advertisements are tailored for different ethnic groups and use culturally-appropriate messages. We have developed Spanish language ads for Hispanic audiences, as well as African-American and Asian-American ads. We are also developing messages for Native-American young people and their parents.

Talk. They'll Listen.

We are supporting a highly regarded program called **Life Skills Training** (LST) designed by Professor Gilbert Botvin of Cornell University and identified by the Centers for Disease Control and Prevention as effective in reducing youth smoking. This 3-year program, aimed at middle school students, is based on lessons that help youth strengthen their social and self-management skills, and resist peer and media influences. We learned that LST was not being widely implemented in schools, primarily because of cost concerns. We therefore are making grant commitments of more than \$11 million to school districts in 18 states so that more than 300,000 middle school students receive LST in the classroom. We also are funding a three-year independent evaluation of LST to help expand the body of knowledge about this program. For more information, please visit: www.lifeskillstraining.com.

Because research has shown that media messages combined with school-based programs can make a difference in reducing youth smoking rates, we are supporting classroom-based programs that build self-esteem and teach the social skills necessary to help kids resist smoking and other risky behaviors.

Education



Students who receive the Life Skills Training (LST) program in junior high school were 25% less likely to be pack-a-day cigarette smokers at the end of high school and were 66% less likely to use multiple drugs on a weekly basis than students who did not receive LST.

Journal of the American Medical Association, 1995

For communication and school programs to have a lasting effect, experts emphasize the role of the community in providing environments that deliver a strong social message about youth smoking. We are supporting leading youth and community-based organizations that promote positive youth development outside of the classroom.

Community Action

Through Philip Morris USA's charitable contributions, we are supporting after-school programs on the local level that provide positive influences for youth. For a grant application, please visit the Charitable Giving section of our website under Our Responsibility, at www.philipmorrisusa.com.



On the national level, we provided a \$4.3 million grant over two years to National 4-H Council to develop, implement and evaluate a nationwide youth smoking prevention program based on health, personal development and life skills. The **Health Rocks!** program, designed for 8 to 12 year-olds, was launched in 11 communities in eight states in 1999 and 23 communities in 14 states in 2000. The program will be evaluated in a national test in 2001. For more information, please visit: www.healthrocks.org

Because parents are an important influence on a child's decision not to smoke, we have provided Work In America Institute a \$1.5 million grant over three years to enhance and expand **The Parent Connection**, a workplace parenting program. This program strengthens communication skills and encourages parents to engage in open and constructive dialogue with their kids about smoking and other risky behaviors. We began offering **The Parent Connection** to Philip Morris USA employees in 2000. Work In America will make the program available to community-based organizations and other businesses in 11 cities across the country. For more information, please visit: www.workinamerica.org.





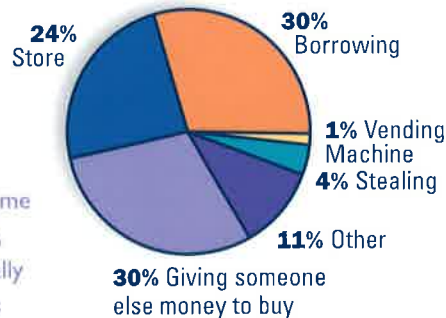
Since the 1980s, Philip Morris USA has supported a number of efforts to reduce youth access to cigarettes, including state legislative initiatives and retail education programs. Through our Action Against Access initiative launched in 1995, we have worked toward creating an environment where the only way to obtain cigarettes is through face-to-face transactions where identification can be verified in person.

Access Prevention

To help train retailers to check for proper identification, we are a major supporter of the Coalition for Responsible Tobacco Retailing's **We Card** program. **We Card** offers free training seminars, in-store signage and educational materials. Philip Morris USA has supported and promoted the program to the more than 200,000 stores our company calls on directly. Since the launch of the program in 1995, the Coalition has sponsored over 950 training seminars and trained nearly 50,000 retailers. For more information, please visit: www.wecard.org.

Where do teens usually get cigarettes?

We also are working to address youth access to cigarettes in the home and through social avenues because, in most cases, kids who smoke usually obtain their cigarettes from sources other than retail stores.



Youth Risk Behavior Surveillance Study, Centers for Disease Control and Prevention, 1999



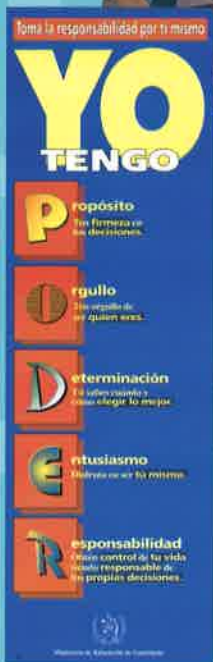
We have launched a print advertising campaign that is running in magazines nationwide to remind parents and other adults to keep their cigarettes away from kids, with the tagline "It's Within Your Reach To Help Keep Cigarettes Out of Theirs."

Youth Smoking Prevention Around the World

Philip Morris USA is not alone in its efforts. Our sister company Philip Morris International is currently participating in over 100 youth smoking prevention programs in nearly 60 countries around the world.



Kazakhstan



Guatemala



Portugal



Thailand

US Policy Makers and Youth Smoking

Here in the US, we also are working to inform policymakers of effective youth smoking prevention initiatives by supporting effective models and raising awareness of worthy programs that need funding. The state tobacco settlement agreements provide state legislators with an unprecedented opportunity to dedicate a significant portion of each state's settlement funds to youth smoking prevention. We are actively encouraging policymakers to create and fund statewide programs that can be evaluated for their effectiveness in reducing youth smoking rates.

Nearly 50% of households surveyed either allowed youth smoking, had no ground rules, or had set rules but never explicitly communicated them to the children.

The Journal of Adolescent Health, 1999

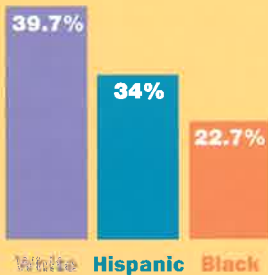


Findings from twelve major evaluation studies indicate that Life Skills Training can reduce smoked tobacco use by up to 87%, and alcohol and other drug use by up to 80%.

Programs That Work, Centers for Disease Control and Prevention, 1997

Youth who have problems with schoolwork are more likely than others to experience or be involved with every health risk studied (cigarette use, alcohol use, suicide risk, violence involving weapons and sexual intercourse).

Center For Adolescent Health, University of Minnesota, 2000



Students who stated they smoked at least one cigarette in the thirty days preceding the study, ranked by ethnicity.

Center for Disease Control and Prevention, 1997

One recent survey found that 73.7% of 8th–10th graders who reported having ever smoked obtained their most recent cigarette from a friend or family member.

American Journal of Public Health, 1997

Adolescents are less likely to engage in risky behaviors, such as tobacco use, when they have after-school programs to go to.

US Dept. of Education and the US Dept. of Justice, 1998



In one study, eighth-graders who were unsupervised for eleven or more hours a week experienced twice the risk of substance abuse as those who were under some form of adult supervision.

Carnegie Council on Adolescent Development, 1992

friends

parents

According to one study, 54% of kids think it's easier to talk to their friends than to parents and 45% believe that adults don't understand their needs.

Boys & Girls Clubs of America, 1999

A 1995 study showed that young people with mentors were...

- 46% less likely to begin using illegal drugs
 - 27% less likely to begin using alcohol
 - 53% less likely to skip school
 - 37% less likely to skip a class
 - 33% less likely to hit someone
- ...than children in the research control groups.



Big Brothers / Big Sisters, 1995

Facts at a Glance



To learn more about
PHILIP MORRIS USA
YOUTH SMOKING PREVENTION
and the information in this brochure,
visit our website at
www.philipmorrisusa.com/ysp
January 2001