



## A Comparison: Anti-Smoking Campaign vs. Sex Education Campaigns

The anti-smoking campaign is an important case study of the public health risk avoidance model for several reasons:

1. It demonstrates the importance of prioritizing a risk avoidance message, even in the midst of a “smoking-saturated” culture.
2. It compares the difference in a risk reduction message – how it is directed to a smaller and individualized target audience, but still with the goal that the individual will discontinue unhealthy behavior.
3. It shows how federal leadership in risk avoidance public health messaging can create a tipping point effect that begins a larger, viral amplification of the message throughout various layers of society.
4. It exemplifies how a risk avoidance campaign can positively influence social mores, attitudes, and behaviors, effectively creating a cultural shift surrounding the topic.

The anti-smoking, risk-avoidance model also provides a valuable parallel to the Sexual Risk Avoidance (SRA) approach. While recognizing that one’s sexuality is a natural part of human growth and development, it is also recognized that in order to achieve the best health outcomes, learning to manage natural urges is essential. SRA opponents insist that this approach is unrealistic because so many youth are sexually active. However, the percent of smokers in America at the beginning of the anti-smoking campaign is roughly equivalent to the percent of sexually active teens in America today.<sup>1</sup> If a dramatic and positive behavioral change is possible with smoking, an addictive drug that previously enjoyed broad societal approval, similar positive behavioral shifts are certainly possible in the area of teen sexual activity.

The model for smoking risk reduction is also instructive to teen sexual activity. Current public policy focuses almost exclusively on the sexual risk reduction (SRR) model, which seeks to reduce the possible consequences of sexual activity by teaching condom negotiation and contraceptive skills. It suggests that “consent” plus “contraception” makes teen sex appropriate and safe. The sexual risk reduction model, however, is considerably different from the anti-smoking risk reduction model in these ways:

1. The SRR model targets the general teen population, rather than focusing on an individual intervention for those who are actually engaged in the risk behavior, a significant difference from the smoking risk reduction model.
2. The SRR model does not seek to move individuals who are engaged in sexual activity toward a renewed risk free lifestyle, as is true for the smoking risk reduction model. The SRR model claims model “success” when teens are still participating in behaviors that place them at significant risk. Of even greater concern is the fact that the sexual risk reduction approach sends the false impression that “everyone is doing it.” The explicit demonstrations and themes then set behavioral standards that can easily provoke sexually inexperienced teens to transition into sexual activity, normalizing a host of behaviors that place youth at unnecessary risk both now and in the future.

The anti-smoking risk avoidance and risk reduction models are not unique in their approach. Anti-drug, anti-violence, and anti-drinking strategies follow a public health risk avoidance and risk reduction paradigm very similar to the one used to resist smoking, in that they encourage the avoidance of such behaviors, and if currently engaged in them – to stop. Sexual risk to teens is of no less significance than these other behaviors; yet current public policy ignores the successful emphasis on risk avoidance. The SRA approach must be a key addition to public health priorities.

<sup>1</sup> HHS. (2014) The health consequences of smoking – 50 years of progress. Washington DC: Author. Accessed February 3, 2016 at <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>

Centers for Disease Control (2013). Trends in the prevalence of sexual behaviors: National YRBS: 1991-2013. Atlanta: CDC. Accessed on February 3, 2016 at [http://www.cdc.gov/healthyyouth/data/yrbs/pdf/trends/us\\_sexual\\_trend\\_yrbs.pdf](http://www.cdc.gov/healthyyouth/data/yrbs/pdf/trends/us_sexual_trend_yrbs.pdf)