Child abuse emerged from the shadows half a century ago and is now recognised as a major public health issue. It is now realised that child abuse encompasses physical, psychological and social aspects, as well as sexual elements. It extends beyond obviously aggressive acts to include neglect, lack of adequate protection and failure to nurture.

It is no longer accepted that parents and other adults punish those who depend on them at their discretion. The epoch of the Roman pater familias, with a right of life and death over family members (and slaves) is over. It is accepted that the state, with its legal 'monopoly of legitimate violence' may sometimes have to invade the private sphere of individuals and families if it is to detect and prevent ill-treatment, despite some exquisite sensitivities in this regard. But the threshold is ill-defined.

Adverse reactions to 'curiosity' by outsiders may be justified by a families' alleged freedom to treat their members as they choose. Yet an overly cautious approach may lead to serious situations being detected when it is already too late. In the 1990s Europe has been shaken by gruesome cases of ill-treatment of children, in particular involving sexual abuse, and sometimes with lethal consequences (the Dutroux affair in Belgium attracting most public attention).

Health and related professionals must be diligent about situations where there is a risk of abuse so as to prevent it happening. Of course these professionals, whether privately or publicly employed, should aim for balanced decisions, respecting the rights of the persons concerned as well as maintaining what lawyers describe as proportionality. But it is also imperative to show some courage. In this respect, one should not refrain from speaking out about smoking as a form of child abuse. Such abuse, which may take place in a variety of situations, may not have the same dramatic features than broken limbs, haematomas and brain concussions have, but it is ill-treatment nevertheless.

IN THE LIFE OF FAMILIES

The first situation is pregnancy. Though I am not a dogmatic person, I acknowledge that I feel very uncomfortable when seeing a pregnant woman smoke and I have difficulty in not reacting. It simply is not possible to accept it lightly, as incontrovertible scientific data show it to be clearly detrimental to the health of the as yet unborn children. Their birth weight will be lower and they will be weaker than the offspring of women who do not impose that burden on their children; once born they are more vulnerable, in particular to sudden infant death. Although stopping smoking is not easy, surely one cannot intend that children begin their life with such a handicap.

The other frequent situation is where adults, who smoke in the presence of infants and young children, make them passive smokers. Regardless of the genuine love that might be given to those children, their health suffers. They are more sensitive to respiratory infections and allergies. In these circumstances, in addition to being justified from the point of view of the smoker's health, smoking cessation is a question of respect for others, especially in relation to loved ones for whom one is responsible.

Of course we should not condemn out of hand our fellow human beings who use tobacco; it is necessary to remember that three quarters of them are addicted to nicotine, which explains their great difficulty in discarding this drug. But this does not mean we should underestimate or trivialise the problem as it impacts negatively on the health of young people born or as yet unborn. Concern is especially great as recent surveys show a substantial increase in tobacco smoking among youth. In Switzerland, 13–14% of children 15 years of age were regular smokers (at last once a week) in 1986; this was 16% to 19% in 1994 and 24% to 27% in 1996. Currently girls tend to smoke more than boys, a regrettable example of the closing or even the inversion of a traditional gender gap, a matter of particular concern.

Even if it is not of the nature of what is usually considered as a collective threat (like infectious diseases leading to epidemics, nuclear hazards, or natural disasters), smoking is now a major public health priority, in industrialized as well as in developing countries, with the tobacco industry tending to relocate its marketing efforts in the latter because of increasing hostility to its actions in the North. Physicians and other health workers have an ethical duty to dedicate the necessary attention and time to give help to smokers, with many approaches now available.

A CLEAR STAND BY WHO

The World Health Organization has been outspoken in recent years in describing tobacco use as a major health
scourge. In releasing the report ‘Tobacco and rights of the child’, it has encouraged countries to abide by the Convention of the rights of the child by taking all necessary legislative and regulatory measures to protect children from tobacco, and ensure that the interests of children take precedence over those of the tobacco industry. According to the report, 250 million children alive today will be killed by tobacco in the future if current consumption trends continue. Nearly 700 million, or almost half of the world’s children, breathe air polluted by second-hand smoke. In almost all cases they have no practical choice as they are unable to protect themselves.12

Tobacco use among young people continues to rise as the industry aggressively promotes its products to a new generation. Tobacco companies spend billions of dollars a year promoting a product that encourages children to take up a behaviour harmful to their physical, mental and social development.12 Dr Gro Harlem Brundtland, Director-General of WHO, has said "A cigarette is a euphemism for a cleverly crafted product that delivers just the right amount of nicotine to keep its user addicted for life before killing him or her … [It] is the only consumer product which, when consumed as indicated, kills".13

ON FREEDOM
A few words are needed to counter a widely used (and often abused) argument by those with a vested interest in maximising use of deleterious products: the one of individual freedom which, they say, health promotion and education programs tend to restrict. Thinking soberly about it, one marvels at how reality is misrepresented:

i) First there is the fact that the majority of smokers have become addicted to nicotine, as mentioned earlier. How then can one speak of free choice? As with other addictions, the person is no longer autonomous.

ii) Restrictions on advertising are opposed in the name of freedom of expression. Yet, at present, can one say that individuals can reach a balanced, considered position without undue interference? What about the relentless exposure to tobacco advertising? What about the constant messages, explicit or subliminal, such as the growing placement of cigarette brands in films,14 which seek to influence youth and drive them to believe that in order to be successful and happy one must smoke. In reality, it is the massive propaganda by the industry that opposes free choice by each and everyone.

In conclusion, tobacco is a major, but entirely avoidable, threat to the health of the world’s children. No less than with the more visible forms of child abuse, we as public health advocates have an obligation to tackle it.

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