Seasonality in onset of youth smoking parallels seasonality in cigarette sales

Cigarette sales in the USA peak in the summer months, June through August. This finding prompted examination of data on the onset of youth smoking to determine whether a similar pattern could be discerned. In this letter we report data from the Development and Assessment of Nicotine Dependence in Youth (DANDY) study. The sample of 679 seventh grade students from the USA had a mean initial age of 13.1 years (range 12–15 years). They were interviewed every three to four months over two and a half years. Subjects were asked to provide dates for their first use of any tobacco product, and their first puff and first inhalation on a cigarette. Additionally they provided dates for the first time they smoked twice within a 60 day period (monthly smoking) and the onset of daily smoking.

All measures of smoking onset peaked during the summer months of June through August with the modal month being July (Table 1). This corresponds to a pronounced peak in self reported heavy episodic smoking. One might speculate that summer peaks in youth smoking reflect an increase in unstructured time and a decrease in adult supervision. Adults perhaps are more able to decrease structured time during the summer. It is interesting to note also that alcohol advertising expenditures are greatest in the late spring and early summer. This corresponds to a pronounced peak during July in self reported heavy episodic drinking among adults. Further research might explore the factors underlying these seasonal phenomena. Additionally, we would be curious to see if similar phenomena occur in the southern hemisphere.

As campaigns against underage drinking and drunk driving focus on periods when these activities may be greater, tobacco use prevention efforts might optimally be focused on the summer period of maximum vulnerability.

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Table 1  Frequencies of youth smoking behaviour by month

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
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<tbody>
<tr>
<td>Earliest tobacco use (n=344)</td>
<td>15</td>
<td>10</td>
<td>16</td>
<td>14</td>
<td>40</td>
<td>40</td>
<td>103</td>
<td>55</td>
<td>24</td>
<td>19</td>
<td>23</td>
<td>8</td>
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<tr>
<td>%</td>
<td>4.4</td>
<td>4.9</td>
<td>2.9</td>
<td>4.7</td>
<td>4.1</td>
<td>11.6</td>
<td>29.9</td>
<td>16.0</td>
<td>7.0</td>
<td>5.5</td>
<td>6.7</td>
<td>2.3</td>
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<td>First smoked daily (n=307)</td>
<td>11</td>
<td>14</td>
<td>12</td>
<td>7</td>
<td>7</td>
<td>28</td>
<td>29</td>
<td>17</td>
<td>14</td>
<td>7</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>%</td>
<td>7.1</td>
<td>9.7</td>
<td>7.0</td>
<td>4.5</td>
<td>4.5</td>
<td>18.1</td>
<td>18.7</td>
<td>11.0</td>
<td>9.0</td>
<td>4.5</td>
<td>2.6</td>
<td>3.2</td>
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<tr>
<td>First smoked monthly (n=315)</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>13</td>
<td>18</td>
<td>16</td>
<td>13</td>
<td>7</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>%</td>
<td>1.6</td>
<td>1.9</td>
<td>2.3</td>
<td>0.6</td>
<td>0.6</td>
<td>4.2</td>
<td>5.7</td>
<td>5.1</td>
<td>4.7</td>
<td>3.0</td>
<td>2.3</td>
<td>4.7</td>
</tr>
<tr>
<td>First inhaled (n=257)</td>
<td>13</td>
<td>14</td>
<td>14</td>
<td>15</td>
<td>11</td>
<td>42</td>
<td>65</td>
<td>25</td>
<td>24</td>
<td>12</td>
<td>13</td>
<td>9</td>
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<tr>
<td>%</td>
<td>5.1</td>
<td>5.4</td>
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<td>5.8</td>
<td>4.3</td>
<td>16.3</td>
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<td>9.3</td>
<td>4.7</td>
<td>5.1</td>
<td>3.5</td>
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<tr>
<td>First smoked monthly (n=155)</td>
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<td>7.7</td>
<td>4.5</td>
<td>4.5</td>
<td>18.1</td>
<td>18.7</td>
<td>11.0</td>
<td>9.0</td>
<td>4.5</td>
<td>2.6</td>
<td>3.2</td>
</tr>
<tr>
<td>%</td>
<td>5.0</td>
<td>5.9</td>
<td>6.9</td>
<td>3.0</td>
<td>2.0</td>
<td>12.9</td>
<td>17.8</td>
<td>15.8</td>
<td>12.9</td>
<td>6.9</td>
<td>4.0</td>
<td>6.9</td>
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</table>

References
than a decreased likelihood of smoking in teenagers.

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from the health and behaviour in teenagers

Learning to smoke: tobacco use in the West
By J Hughes, University of Chicago Press,
0226359107

Learning to smoke
It is a sign of the stature and maturity of
tobacco control that it has become a mine for
sociologists intent on “making strange” our
background assumptions about smoking and
public health responses to it. Hughes’ book
Learning to smoke is written to counter the
vision of smoking as essentially just a vehicle
for nicotine self administration. As he says,
this explanation misses almost all of what
makes smoking attractive and interesting,
and fails to explain the many differences in
methods of “nicotine self administration” both
now and in the past. Hughes insists that
there is nothing biologically determined
about the experience of smoking itself. Rather,
one learns how to smoke—how to make sense
of and respond to the physical sensations and
cultural cues that accompany it.

The first two thirds of the book are occupied
with a brief history of smoking from Euro-
pean contact with America onwards. This
narrative serves as the vehicle for Hughes’
central argument, which is that changes in
tobacco use can be read through the lens of
Norbert Elias’ theory of the “civilising proc-
tess”, the trend in western societies towards
self restraint as a means of government.
Hughes describes how tobacco, once an
intoxicant used to lose control, over the
centuries has been consumed in increasingly
milder forms and in “more highly controlled,
formal, differentiated, private and individual-
ized ways” (p 77, emphasis in original). Where
native American men ritualistically smoked to
the point of fits and unconsciousness, among
Europeans the practice soon became a means
of exercising self control by modifying mood,
 supplementing other activities (such as
work), and expressing individual identity.

Civilised smoking
The cigarette was the ultimate expression of
this trend. Made possible by increasingly mild
tobacco, it could be adapted to fulfil ever more
specialised emotional, psychological, and so-
cial functions, while the identity functions
of smoking were commodified through brand-
ing and marketing. Its rise coincided with that
of a new medical understanding of smoking
(part, says Hughes, of the “clinical gaze”
 theorised by Michel Foucault) that produced
and is reinforced by the tobacco control
movement of the late 20th century. In the
final third of the book, Hughes uses a series of
interviews to argue each person’s “smoking
career” follows a similar trajectory to the his-
torical development of smoking. As “begin-
ners”, smokers are most concerned with loss
of control, intoxication, and with smoking as a
marker to others (“I’m a grown up!”); as
“continuing” and “regular”, smokers use
tobacco as a highly particularised means of
self expression and self control (to mark
mood, aid work, feel sexy, etc); as “addicts”
and “stopping smokers”, tobacco users
experience smoking in terms of the “domi-
nant medicalised paradigm” of addiction.

I found Hughes’ devotion to what was essentially a
linear master narrative throughout the book intrigu-
ing, but in the end disatisfying. It was nitfy to see
how tobacco smoking could be used to support Elias’
theory, but this (highly reductionist) view often
seemed forced on the data. For example, I was not
necessarily convinced that the Kuruk native Ameri-
cans were significantly different to Europeans three
centuries of the “civilising process” later, for while
practices of smoking had altered, the three major
categories of function that smoking fulfilled, and
which Hughes nominates as products of the civilising
process—controlling feeling states, expressing social
cues, and facilitating socialisation—(according to my
reading of his evidence), had not.

Under researched
The problem of oversimplification is worsened
because the book is severely under researched.
The historical sections are drawn almost entirely
from Jordan Goodman’s excellent Tobacco in history: cultures of dependence plus one
or two other works, and lack a convincing
depth of analysis. The more interesting inter-
view based chapter about smokers’ own beliefs
about their habit—a topic that has received less
attention than it might among tobacco control
advocates—was limited by its friends-of-
friends methodology. I suggest that additional
interesting questions—for example, about ethn-
icity, smoking, and the construction of (a
“civilised”) identity—might have been raised
with a more considered (not necessarily nar-
rowly “positivist”/randomised) approach.

Finally, although I would agree that addiction
is a dominant discourse through which
smoking is currently understood, it is not the
only one. Hughes seems inexcusably oblivious
that for decades Quit campaigns have offered
far more than substitute nicotine delivery
methods precisely because countless feminists,
sociologists of class, psychologists, behav-
ioral therapists, and health advocates have
recognised that nicotine addiction is not
something that operates simplistically or in
isolation from social and emotional circum-
stances. Anyone professionally involved in
tobacco control and familiar with the long-
standing debates about the use of scare
tactics, etc, will find the policy suggestions
with which Learning to smoke concludes merely
facile. So in the end Hughes raises many more
questions than he solves; and I hope his book
will encourage him and other sociologists to
continue their endeavours of “making
strange”, only with an increasing engagement
with the world under critique.

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