Erectile dysfunction and smoking: subverting tobacco industry images of masculine potency

S Chapman

Rather than enhance masculinity, smoking has the exact opposite effect

For all the transitory fashions in approaches about how best to motivate smokers to quit, studies of ex-smokers and attempting quitters repeatedly affirm that the primary motivation for stopping smoking remains concern about health consequences—both in the future and those already being experienced. Despite folklore about youth being indifferent about their future health, there is evidence that health concerns motivate cessation among young smokers as well as in older smokers closer to slipping off life’s mortal coil. There is typically daylight between smokers’ nomination of health concerns and all other motivations like cost, social unacceptability and concerns about being smelly. This understanding and the mounting evidence that scare campaigns motivate quitline meltdown and the mounting evidence that scare about being smelly. This understanding costs, social unacceptability and concerns all other motivations like avoidance of health advertising can.

Clinical reports of associations between smoking and erectile dysfunction have been around now for some years. In 2000, these reports were given strong support by a cohort study showing a near doubling in the incidence of impotence in smokers. Impotence warnings are appearing on some nations’ graphic pack warnings. My favourite is the disconsolate Brazilian couple contemplating a long night after the debonair male’s wedding tackle failed to fire (fig 1).

In this issue, a large cross sectional study from Australia shows that the adjusted odds ratio of a 40–49 year old smoker having prolonged erectile problems compared to a non-smoker is 3.50, rising to 5.96 for smokers aged 50–59 years. With one in 10 of all men in the study reporting prolonged erectile problems and the manufacturers of impotency treatments cashing in on the anxiety this causes, sexual impotency plainly has enormous potential to bring a new saliency to the health and personal consequences of smoking.

Importantly, Doll et al’s 50 year follow up of their British male doctor cohort reminds us that “those who stopped before middle age [age 40]... had a pattern of survival similar to that of men who had never smoked”. Cardiovascular damage from smoking can reverse with smoking cessation and early signs of impotency, generating the distress it can, may act as a powerful motivator for life saving cessation in middle aged men.

Even the most corpulent tobacco control campaign budgets pale into insignificance alongside those for mainstream consumer goods. Experienced tobacco control campaigners understand well that controversial, conversation-generating health advertising can
REFERENCES


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Investigating the relation between placement of Quit antismoking advertisements and number of telephone calls to Quitline: a semiparametric modelling approach

Bircan Erbas, Quang Bui, Richard Huggins, Todd Harper, Victoria White

Study objectives: Quitline—an antismoking advertising and a telephone helpline service—is an effective public health intervention strategy for tobacco control. The objective of this short report is to model the relation between placement of antismoking advertisements and calls to Quitline on a given day.

Methods/design: Data on daily Quitline antismoking advertisements, television target audience rating points (TARPS), and calls to Quitline Victoria were studied for the period 1 August 2000 and 31 July 2001. The outcome—calls to Quitline—is a count and thus assumed to follow a Poisson distribution. Generalised partial linear models were used to model the logarithm of mean daily calls as a non-parametric function of time and a linear parametric function of the day of week, number of advertisements, and TARPS.

Main results: Peak calls to Quitline Victoria occurred during Monday to Wednesday with around three times as many calls compared with Sunday. Both placement of Quitline advertisements (p<0.001) and an increase in TARPS (p<0.001) on a given day significantly increased the number of calls made to Quitline Victoria. The model adequately captured fluctuations in call volume and diagnostics showed no model inadequacy.

Conclusions: In this short report the emphasis is on modelling the parametric components—day of week, placement of advertisements, and TARPS on call volume. The dynamics of the underlying time trend in call volume is captured in a non-parametric component. Future analysis of hourly data would provide additional information to assess different media buying strategies that might increase call volume.

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