Cigar smoking by women


"Sometimes a cigar is just a cigar."—Sigmund Freud

But not often in this book.

A woman’s guide serves as a vehicle for a lot of double entendre, and very little else. The book joins a recent spate of publications timed and designed to capitalise on the suddenly rising popularity of cigars. But it offers conspicuously little information. It seems, in the end, not intended at all to make the reader an expert in cigar consumption, but simply to arm her with enough glibness to satisfy the reader an expert in cigar consumption, for dinner. A few pages describe the parts of a cigar, and the different kinds of tobaccos used in them. The chapter on “The Morning After” includes tips on “Getting rid of cigar breath” and “Getting rid of cigar smoke in your clothes” (by enclosing them with open boxes of baking soda) and from your hair (“On the way home from your cigar event, roll the window down and put your head out of the window.”). But most of the text in this nadir of inanity is devoted to posturing—how to use cigars as “power props” and to pick up men. Many pages are devoted to how to hold your cigar to avoid different affections: “The Forearm Grip . . . use this hold after you’ve gushed, ‘Oh wow, I’d love to try your cigar.’ Grab his forearm and thrust his cigar in your mouth. A great way to meet people without having them worry that you’ll steal their cigar.”

The most glaring omission, of course, is any information about the serious health effects of cigar smoking. According to the National Cancer Institute’s (NCI’s) new monograph on Cigar use: health effects and trends, also published this year: “Cigar smoking can cause oral, esophageal, laryngeal, and lung cancers. Regular cigar smokers who inhale, particularly those who smoke several cigars per day, have an increased risk of coronary heart disease and chronic obstructive pulmonary disease.”

The NCI monograph also warns that after a long period of decline, cigar use in the United States has risen dramatically since 1993, especially among young people, the affluent, and the well educated. In fact, among California men with incomes of $75 000 and more per year, cigar and cigarette use are almost equal.

This awful trend is a déjà vu of the history of spit tobacco. Somehow a tobacco product, loaded with all the toxins of cigarettes but without the long history of specific research proving how deadly it is, gets projected and used as risk free.

Tobacco control advocates must wonder, after all that we have learned, and all that we have worked to teach others, why the shallow, rapid, transparent lifestyle marketing of publications like A woman’s guide, and indeed the immensely popular Cigar Aficionado, work to recruit customers.

Somehow Rhona Kasper’s efforts seem especially insipid because she is a woman recruiting women to this deadly habit. The dedication of her book is especially poignant: “Dedicated to my mom—with all my heart.”

ANNE MARIE O’KEEFE
Prospect Associates, 10720 Columbia Pike, Suite 500, Silver Spring, Maryland 20901, USA.
aokeefe@prospectassoc.com

Anti-smoking campaigners are acknowledged as a historical fact, but overwhelmed by the more frequent mentions of famous and not-so-famous smokers and their nostalgic memories of their smoking. The chapter entitled “The wisdom of smokers on smoking and other subjects” sums up the general idea. Photographs of screen idols smoking, recalling the glamour of smoking in cinema, appear in another chapter. Yet another chapter idolizes the “courageous” role tobacco played for soldiers in the various wars, with other chapters telling stories of how writers and musicians enjoyed their tobacco.

Not surprisingly, very little of this book addresses health problems caused by tobacco. Some key anti-smoking campaigners are mentioned (including pictures appearing in a “Wanted”-style poster with the caption “Tobacco enemy”) such as early advocate Lucy Gaston and Mississippi Attorney General Michael Moore. The point of The smoking life is to toast tobacco in the lives of smokers, and too much attention to the health realities of smoking would, of course, rain on the parade. The pleasure smokers report when feeding their addiction is what this book is all about. Not to be given out in cessation groups!


In contrast to The smoking life, Dying to smoke is a personal story of the death of a smoker, Harry Kirchner, and how this death affected his wife and three children. We all know the statistics and the odds of lung cancer for smokers. What we less commonly experience is the tragedy of this diagnosis, and ultimately death, for the people involved.

Dying to smoke is a blow-by-blow description from diagnosis of lung cancer in 37-year-old Harry, to death. It is told in the first person by his wife, Wendy. Not much of the important sequence is left out. The text is rich with conversational exchanges, and the doctor’s visits full of anxiety and pain, yet it conveys the spirited battle of the whole family to try to overcome the disease, or at least deal with their circumstances.

Although the amount of personal detail at times seemed excessive, it is the specifics of this family’s struggle that makes this story so poignant. To be reminded of the human loss cigarettes cause can only strengthen the resolve to do what we can to prevent it.


As the secrets of the tobacco industry’s targeting of children emerge for all to see, it is refreshing to find an informative and inspiring book intended for children (9 years and up). There are two main sections in this book. The first section is the story of the tobacco industry in the United States. In a very readable way, it covers the early manufacture of cigarettes, the growth of the tobacco industry, free distribution of cigarettes to soldiers, the industry’s targeting of women through emphasising cigarettes as a symbol of freedom and independence, the United States Surgeon General’s 1964 report, and the more recent anti-smoking movement.

Sprinkled throughout this simple historical review are original quotes from individuals of the time illustrating early opposition to the tobacco industry. These are sometimes quite compelling. For example, a news item is quoted from the South Dakota newspaper Waukonida Monitor in 1935: “Picked by the national H-4 clubs as the healthiest boy in America, Leland Monasmith, eighteen, of Jer- auld County, has spurned an offer to permit the use of his name in the cigarette advertising of a nationally known tobacco company, even though he admits he needs financial aid to start his college career.” Even President Clinton is shown in a photo with two boys (six and nine years old) who in 1991 demonstrated how easy it was for children to buy cigarettes, and contributed to the increase of “sting” operations and tightening of legislation restricting sales of cigarettes to minors.

The book is designed to encourage young people to take action against smoking. The second section of the book gives many examples of how young people in the United States have taken action to make their environment smoke-free. These simple examples include petitions to make their school or shopping malls smoke-free, involvement in sting operations, anti-tobacco resource and media development, youth theatre, and student coalitions. Some suggestions may seem naïve or token to veteran tobacco control advocates, but the empowerment of young people through collective action may be a benefit in its own right. Two appendices give basic facts about tobacco and how it harms health, and a list of American resources for those outside the field of tobacco control are perceived and interpreted by those outside the field of tobacco control.—ED

Smoke in your eyes

This book review was originally published in the 10 May 1998 issue of the “Washington Post”. It is reprinted here by permission. Readers may take issue with some of the statements contained in this review—for example, that research on cigarette advertising “proves very little”, that the notion of smoking as an addiction is “simplistic”, and that the Food and Drug Administration “could well ban cigarettes entirely” (theoretically possible but as unlikely as the Galapagos Islands winning the World Cup). Nevertheless, we reprint it here because it offers insight into how developments in tobacco control are perceived and interpreted by


Perhaps the worst luck in recent publishing history befell Gene Lyons in 1996. His book subtitled How the Media Invented Whitecotton was released just days after a jury convicted Arkansas governor Jim Guy Tucker for his role in that affair. Peter Pringle and the four writers of The People vs. Big Tobacco suffer from similarly unfortunate timing. These books painstakingly trace the fascinating—but now largely irrelevant—legal maneuverings that led to a bargain among the tobacco companies, attorneys general, and private litigators last June. A deal that seemed historic is now only a footnote to history. Just last month, tobacco executives announced that they would no longer negotiate with Congress over tobacco-control legislation and resumed their familiar position of defiance.
That’s not to say the legal attack achieved nothing. Tobacco giants will still pay billions to Florida and Mississippi for costs of treating smokers through Medicaid. And it was the lawyers’ prodding that led to tobacco executives’ long-awaited concession that their products are addictive and cause disease. (Under the agreement, cigarette packs would have carried blunt warnings such as “Smoking can kill you” and “Cigarettes cause cancer.”)

Still, with the deal dead, books about the legal wranglings miss the more important story, which is a political one: how the tobacco industry went from power broker to pariah. When Thomas Bliley (Republican from Virginia), scorned by tobacco opponents as the “Congressman from Philip Morris,” took over the House Commerce Committee in 1995, he immediately quashed the high-profile tobacco investigations pushed by his predecessor, Henry Waxman (Democrat from California). What a difference three years can make. After threatening tobacco companies with contempt charges, Bliley on April 22 published 39,000 once-privileged industry documents on the Internet, proclaiming himself “very concerned about teenage smoking.”

How did the tobacco companies fall so far so quickly? Part of the credit belongs to Bill Clinton and his diehard protectors of liberty have proven flexible when the object of that liberty is...
Nevertheless, trying to limit kids’ access to tobacco seems a worthy goal. But the real reason David Kessler calls smoking a “pediatric disease” is that he objects to adults making a decision he thinks is foolish. This attitude dates back centuries, to King James I’s 1603 cry that tobacco is “in the blacke stinking fume . . . nearest resembling the horrible Stygian smoke of the pit that is bottomless.” To tinfoil hostility is now added scientific principle, in the argument that, since tobacco is addictive, smokers must be rescued from a pharmacological slavery.

But this view of addiction is simplistic. As Sullum notes, “addiction is a pattern of behavior, not a chemical reaction.” Certainly, for many people, to stop smoking—or to stop using heroin or alcohol—is difficult. Calling these people slaves to the substance, however, ignores the large element of human choice. Most smokers who try to give up the habit but relapse do so because, on some level, they enjoy it, even while understanding the consequences. As David Carr, editor of Washington’s City Paper, once told me, “I would do anything to be an ex-smoker, except quit.”

The stakes of this debate would be much lower if the only question was how high tobacco taxes ought to be. But if the FDA gets control over tobacco—as it seems certain to—the agency could well ban cigarettes entirely or order such low nicotine levels that the country’s 50 million smokers could be driven to the black market to satisfy their cravings. Kessler himself has said that “a strict application” of FDA rules could lead to a ban, and such a move has historical precedent. (Massachusetts banned the sale of tobacco in the 1630s, and 14 states outlawed tobacco between 1893 and 1909.)

It’s ironic that Philip Morris, a generous contributor to drug-war propaganda via the Partnership for a Drug Free America, now finds itself the victim of the same absolutism that motivates policy on illegal drugs. Practical considerations—namely, the millions of smokers—may keep cigarettes legal, but this is hardly a certainty. At least 18.4 million Americans used marijuana in 1996, a drug never reliably blamed for even a single death but nevertheless subject to an increasingly strict prohibition. Americans who consider unpopular intoxicants should always be wary.

Joshua Wolf Shenk


LETTERS TO THE EDITOR

Letters intended for publication should be a maximum of 500 words, 10 references, and one table or figure, and should be sent to Simon Chapman, deputy editor, at the address given on the title page. Those responding to articles or correspondence published in the journal should be received within six weeks of publication.

European smoke-free class competition

EDITOR,—In the school year 1997/1998, a school-based European smoking prevention project, the Smokefree Class Competition, started for the first time. Target groups for the competition were pupils aged 12–14 years. Research has shown that there is a strong positive correlation between the age of starting to experiment with cigarette smoking and the probability of becoming a regular smoker. In a study by Meier,60% of regular smokers started smoking by the age of 13. However the probability of becoming a smoker after adolescence is quite low.7 Therefore the principal aims of the smokefree class competition are to delay or prevent the onset of smoking and the reduction or cessation of cigarette smoking in pupils who have already experimented with smoking.

In the 1997/1998 school year Denmark, Finland, France, Germany, Italy, Spain, and the United Kingdom took part in the competition. In the 1998/1999 school year Austria, Belgium, Greece, and The Netherlands will join in. The table shows an overview of the participating schools and classes in the school year 1997/1998.

In the 1997/1998 school year, Denmark, Finland, France, Germany, Italy, Spain, and the United Kingdom took part in the competition. In the 1998/1999 school year Austria, Belgium, Greece, and The Netherlands will join in. The table shows an overview of the participating schools and classes in the school year 1997/1998. The competition has some flexibility regarding the national rules so that details can be developed to suit the needs and circumstances of individual countries, the general rules are the same in each country: (a) the classes decide to be a non-smoking class for a duration of six months; (b) the classes themselves as well as the teachers monitor smoking status of the pupils and report on it regularly; (c) regular smoking is not accepted; and (d) if pupils experiment with smoking once, the class can still participate in the competition.

Classes in which pupils refrain from smoking for this period of time can participate in a national prize draw. The prizes vary in the different countries. For instance, in Germany 74 cash prizes will be given to the winning classes, worth about US$25 000. The money has to be spent on class activities. Moreover pupils can enter a European prize draw where they can win a trip to one of the other participating countries. The idea for the Smokefree Class Competition arose in Finland, where it has been carried out annually since 1989/1990. The effectiveness of the competition was evaluated in Finland in a quasi-experimental control-group design with repeated measures in the school year 1991/1992. The sample consisted of 97 randomly selected participating and non-participating classes in grade eight (14-year-olds). Smoking status was assessed anonymously using self-report before, one month after, and one year after the competition.

From pre-test to one month post-test, daily smoking increased 2.3 percentage points among those pupils who participated in the competition until the end. In the control group smoking increased by 5.1 percentage points. Among pupils who did not participate in the competition (participants and dropouts), daily smoking increased by 3.1 percentage points. The odds ratio (OR) between this group and the control group, tested by logistic regression analyses, was 1.55 (p = 0.0268) using smoking at pre-test as a covariate. From pre-test to the one year post-test, the increase in smoking was similar in both groups (OR = 1.25, p = 0.15).

Two-thirds of the classes dropped out of the competition because pupils started to smoke. Over the period evaluated, the best predictor of dropout was a high smoking rate at the beginning of the competition, which indicates that the programme is not appropriate for classes with a high number of regular smokers. This finding also suggests that many pupils told the truth when asked if they smoked once, the class can still participate in the competition.

Response were received from 366 (98.9%) of the 370 participating schools and classes in the other regions can serve as controls.

The programme is carried out in cooperation with the European Network on Young People and Tobacco and is financially supported by “Europe against Cancer Programme” of the European Commission.

Reiner Hanewinkel
Institute for Therapy and Health Research, Düsternbrooker Weg 2, 24105 Kiel, Germany
hanewinkel@psychologie.uni-kiel.de

Meri Paaola
Erkki Vartiainen
National Public Health Institute, Department of Epidemiology and Health Promotion, Helsinki, Finland


Smoking among religious professionals in Turkey

EDITOR,—Because of the social status of religious professionals and their potential to influence Turkish society, we surveyed them in 1997 to determine their smoking rates. The names of all personnel working for the Mufti in Elazig province (population 510 000) were obtained, with all names being included in the study (n = 969). An anonymous, self-administered questionnaire was sent to them. Responses were received from 366 (98.9%) of the 370 provincial centre employees, and from 424 (70.8%) of the 599 employees working in


Books, Letters

Books, Letters


Downloaded from http://tobaccocontrol.bmj.com/ on June 19, 2017 - Published by group.bmj.com
the districts and villages. Standard questions used in the classification of smoking status in the United States, \(^1\) questions recommended by Prochaska and colleagues to identify stages of change, \(^2\) and the Fagerström nicotine dependence test questions \(^3\) were used in the classification of smoking status in the analysis. Of the respondents, 780 (98.7%) were male and 749 (94.8%) were religious professionals. Of 10 women, three were current smokers; because of small numbers, women were not included in the analysis.

The prevalence of current smokers was 41.1% among religious professionals and 64.1% among other personnel \((\chi^2 = 8.035, df = 1, p = 0.0046)\). This rate of current smoking among religious professionals also appeared to be substantially lower than that reported for men in Elazig, which has been found in different surveys to range from 53% to 77%. \(^1\) The rates of never-smoking were 38.7% among the religious professionals and 12.8% among the other employees \((\chi^2 = 10.624, df = 1, p = 0.0011)\). This rate of current smoking indirectly impacts the influence of the religious roles played by religious professionals.

We conclude that the religious profession protects its practitioners from starting to smoke, and that most smokers among them are willing to quit. Educational activities on tobacco control and quit-smoking campaigns directed at this group may work very well in Elazig and probably in most places in Turkey. This might also have an important impact on smoking in the population because of the influential roles played by religious professionals.

---
