

PostScript

LETTERS

Seasonality in onset of youth smoking parallels seasonality in cigarette sales

Cigarette sales in the USA peak in the summer months, June through August.¹ 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.² 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). Thus, the onset of youth smoking parallels seasonality in cigarette sales. One might speculate that summer peaks in youth smoking reflect an increase in unstructured time and a decrease in adult supervision. Adults also commonly enjoy decreased structured time during the summer. It is interesting to note also that alcohol advertising expenditures are greatest in the late spring and early summer.³ This corresponds to a pronounced peak during July in self reported heavy episodic drinking among adults.⁴ 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.

Just 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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Do mobile phones replace cigarette smoking among teenagers?

It has been hypothesised that the rise in mobile phone usage over the past few years may be in part responsible for an observed decline in smoking prevalence among teenagers in the UK.^{1,2} Specifically it has been suggested that mobile phone use competes with smoking as a symbol of maturity for teenagers aspiring to be seen as adults. Additionally "pay as you go" cards may compete with cigarettes for pocket money. The association between the rise in mobile phone usage and falling rates of smoking has not, however, been observed in several other European countries.³⁻⁵

We included questions on mobile phones in a cross sectional study of 4250 13-14 year old south London school children participating in the five year prospective Health and Behaviour in Teenagers Study (HABITS).⁶ The mean age of students was 13.8 years and 58% were male. Questionnaires were completed in the classroom between January and December 2001. We assessed current smoking status, mobile phone ownership, who paid for call charges, and sociodemographic characteristics.

In our sample 56.5% had never smoked a cigarette, 18.7% had tried smoking only once,

9.9% were ex-smokers, 8% sometimes smoked, 3.7% reported smoking between 1-6 cigarettes a week, and 3.3% reported smoking > 6 cigarettes a week. A total of 75% of the sample owned a mobile phone, of whom 65% paid for their own calls. Mobile phone ownership was positively associated with the extent of smoking experience ($\chi^2(1) = 130.6$, $p < 0.001$). This relation was found in both boys ($\chi^2(1) = 44.7$, $p < 0.001$) and girls ($\chi^2(1) = 91.5$, $p < 0.001$). Among self reported never smokers 68% owned a mobile phone, rising in a graded fashion with increasing smoking experience to 95.5% in those smoking > 6 cigarettes per week (fig 1).

Among those who owned a mobile phone, there was no significant association between paying for phone calls and smoking status ($\chi^2(5) = 7.8$, $p = 0.16$). Additionally, among those who smoked and owned a mobile phone there was no association between paying for phone calls and socioeconomic background as indicated by housing tenure and household car ownership.

Our findings go against the hypothesised protective effect of mobile phone ownership on smoking uptake. We found a positive association between the extent of smoking experience and the likelihood of owning a mobile. This relation was similar among boys and girls. Rather than competing, mobile phone ownership appears to be a complementary behaviour to smoking, possibly reinforcing a young person's image of himself or herself as an aspiring adult.

Additionally, children who pay for their own calls are no less likely to smoke. This indicates that paying for mobile phone calls does not prevent children from also smoking. Since at this age only 3.3% of the sample reported smoking > 6 cigarettes a week, it may be that, at the observed level of cigarette consumption, mobile phone expenses do not compete with smoking in a significant way.

Our study has some limitations. We did not look at the amount of time spent using a mobile phone, or the amount of money spent on call costs. The cross sectional nature of our data precludes an examination of whether mobile phone ownership might in some children have prevented or delayed uptake of smoking. Since we studied only 13 and 14 year olds, we cannot be sure that similar findings would emerge at other ages. Nevertheless, it seems clear that in general mobile phone ownership is associated with an increased rather

Table 1 Frequencies of youth smoking behaviour by month

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Earliest tobacco use (n=344)	Freq	15	1	10	16	14	40	103	55	24	19	23	8
	%	4.4	4.9	2.9	4.7	4.1	11.6	29.9	16.0	7.0	5.5	6.7	2.3
First puffed (n=331)	Freq	16	17	10	18	13	42	90	48	26	18	23	10
	%	4.8	5.1	3.0	5.4	3.9	12.7	27.2	14.5	7.9	5.4	6.9	3.0
First inhaled (n=257)	Freq	13	14	14	15	11	42	65	25	24	12	13	9
	%	5.1	5.4	5.4	5.8	4.3	16.3	25.3	9.7	9.3	4.7	5.1	3.5
First smoked monthly (n=155)	Freq	11	14	12	7	7	28	29	17	14	7	4	5
	%	7.1	9.0	7.7	4.5	4.5	18.1	18.7	11.0	9.0	4.5	2.6	3.2
First smoked daily (n=101)	Freq	5	6	7	3	2	13	18	16	13	7	4	7
	%	5.0	5.9	6.9	3.0	2.0	12.9	17.8	15.8	12.9	6.9	4.0	6.9

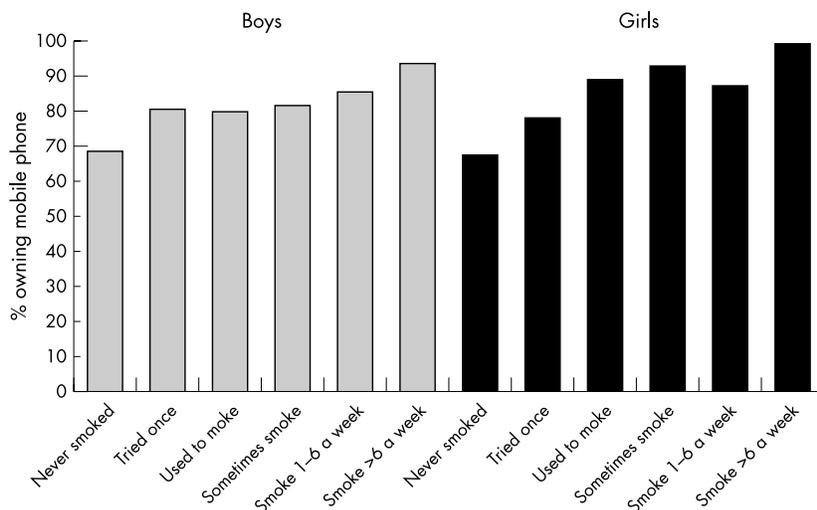


Figure 1 Rates of mobile phone ownership by smoking status.

than a decreased likelihood of smoking in teenagers.

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BOOK REVIEW

Learning to smoke: tobacco use in the West

By J Hughes, University of Chicago Press, 2003, US\$27.00, 216 pages, ISBN 0226359107

Learning to smoke

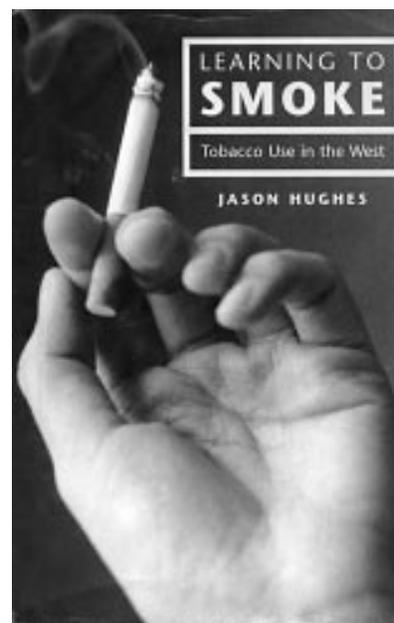
It is a sign of the stature and maturity of tobacco control that it has become a mine for sociologists intent on "making strange" our background assumptions about smoking and public health responses to it. Hughes' book *Learning to smoke* is written to counter the vision of smoking as essentially just 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 European 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 process", 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 *individualized* 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 social functions, while the identity functions of smoking were commodified through branding 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 historical development of smoking. As "beginners", 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 "dominant medicalised paradigm" of addiction.

I found Hughes' devotion to what was essentially a linear master narrative throughout the book intriguing, but in the end dissatisfying. It was nifty 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 Americans 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 interview 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 ethnicity, smoking, and the construction of (a "civilised") identity—might have been raised with a more considered (not necessarily narrowly "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, behavioural therapists, and health advocates have recognised that nicotine addiction is not something that operates simplistically or in isolation from social and emotional circumstances. 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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