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). 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. Additionally when children 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. 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.

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.

References


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. 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.

We included questions on mobile phones in a cross sectional study of 4250 13–14 year old children from the UK in 1999 and 2001. These children took part in the five year prospective Health and Behaviour in Teenagers Study (HABITS). 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 calls, and sociodemographic characteristics.

In our sample 20% 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 95.3% 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 ($\chi^2(3) = 7.8, p = 0.16$). Additionally, among those who owned and smoked 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 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 is clear that in general mobile phone ownership is associated with an increased rather
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,

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—and 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
intoxicated use 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-
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 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 Ameri-
cans were significantly different to Europeans three
centuries of the “civilising process” later, for while
practice 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 eth-
nicity, 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 addic-
tion 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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Figure 1 Rates of mobile phone ownership by smoking status.