

# PostScript

## LETTER

### Smoking scenes in Japanese comics: a preliminary study

Smoking repeatedly appears in the media including television,<sup>1</sup> films,<sup>2,3</sup> advertisements,<sup>4</sup> and books,<sup>5</sup> and may encourage early initiation of smoking by adolescents.<sup>6,7</sup> Comics are another medium with influence over children and adolescents in many Asian countries. Most comics are imported from Japan where comic magazines sell several million copies every week. Popular titles become TV animation series or theatrical animated films. We examined depiction of smoking in popular comic magazines.

We selected the top four selling magazines according to monthly circulations from each of four categories (girls', women's, boys', and youths' magazines); data on sales and categorisation were derived from Japan's periodicals in print.<sup>8</sup> Magazines for primary to high school students were categorised as boys' and girls'; those for young adults as youths' and women's. We selected four because the top four boys' magazines sell several times more than the fifth one. A comic magazine carries about 20 titles of serialised stories.

For each magazine, we obtained the first issue published after 13 May 2002. Two coders independently examined the presence of tobacco related events, including smoking (getting out and holding an unlit tobacco product or packet; lighting, consuming, stubbing, and discarding a tobacco product), paraphernalia (ashtrays, and cigarette packets not held by smokers), and conversations about smoking; type of tobacco products; smoker characteristics (sex, estimated age, and role); and how smoking was depicted (negatively or neutrally). The first author decided the disagreements between the coders. Agreements on the presence of tobacco events, tobacco products and paraphernalia, smoker's sex, role, and how smoking was depicted were 99.6%, 98.6%, 100%, 89.6%, and 97.2%, respectively. The first author assessed smoker age for consistency because its agreement by the coders was 76.5%. Smokers were considered to be teens only if clear indication of their age, such as being a high school student, was described. When two or more smokers were depicted in one panel, we counted each smoker as one depiction.

Tobacco events appeared in 10 of the 70 titles in girls' comics, 22 of the 60 in women's, 20 of the 87 in boys', and 24 of the 85 in youths'; in 42 (0.6%) of the 7103 panels in girls' comics, 97 (1.2%) of the 8170 in women's, 105 (1.3%) of the 7835 in boys', and 173 (2.7%) of the 6399 in youths'. Smoking appeared 396 times in 386 panels; paraphernalia and conversation about smoking appeared in 31.

Teenage smokers accounted for 17.6% and 6.1% of smoking depictions in boys' and youths' comics, respectively (table 1). Smokers in their 20s and 30s were likely to appear in women's and youths' comics. Female smokers were more likely to appear in women's comics than in the three other

**Table 1** Proportion [95% confidence interval] of smoker characteristics by type of comic magazines

	Age					Sex (female)	Role (main characters)	Negative depictions	Type of tobacco (cigarette)
	Total no. of depictions	10s	20s-30s	40s-50s	50s+				
Girls'	41*	0.0 (0.0 to 7.2)	47.5 (31.5 to 63.9)	2.5 (0.1 to 13.2)	9.8 (2.7 to 23.1)	0.0 (0.0 to 7.0)	7.3 (1.5 to 19.9)	53.7 (37.4 to 69.3)	
Women's	88	0.0 (0.0 to 3.3)	77.3 (67.1 to 85.5)	22.7 (14.5 to 32.9)	30.7 (21.3 to 41.4)	11.4 (5.6 to 19.9)	0.0 (0.0 to 3.3)	95.5 (88.8 to 98.7)	
Boys'	103†	17.6 (10.8 to 26.4)	24.5 (16.5 to 34.0)	47.1 (37.1 to 57.2)	1.0 (0.02 to 5.3)	8.7 (4.1 to 15.9)	1.0 (0.02 to 5.3)	87.4 (79.4 to 93.1)	
Youths'	164	6.1 (3.0 to 10.9)	62.8 (54.9 to 70.2)	27.4 (20.8 to 34.9)	7.9 (4.3 to 13.2)	43.3 (35.6 to 51.2)	3.7 (1.4 to 7.8)	87.2 (81.1 to 91.9)	
Total	396	7.1 (4.8 to 10.1)	54.6 (49.5 to 59.6)	28.9 (24.5 to 33.7)	11.4 (8.4 to 14.9)	22.7 (18.7 to 27.2)	2.5 (1.2 to 4.6)	85.6 (81.8 to 88.9)	

Values are %.  
\*One missing in smokers' age.  
†One missing in smokers' age and sex.

types of comics. Smokers in youths' comics were likely to be main characters. Smoking was rarely depicted negatively. The majority of tobacco products were cigarettes.

Given the circulations and varieties of comic magazines,<sup>8</sup> young adults, adolescents, and children are frequently exposed to smoking scenes. This raises a concern that such exposures may enhance their smoking. We are likely to identify ourselves with characters of the same sex and age; teens with teen smokers in boys' comics; young male adults with smokers of main characters in the 20s or 30s in youths' comics; young women with female smokers in women's comics. This may augment an increasing trend of smoking among teens and young women, and impede the decline of adult male smoking in Japan.<sup>9,10</sup>

Since Japanese comics are popular and circulations are increasing in many countries, we should notice and investigate the potential impacts of the exposure to smoking depiction in comics on changing behaviours.

### ACKNOWLEDGEMENTS

We would like to thank Ms Shimoyama Ruriko and Ms Ito tomomi for supporting data collection.

S Nakahara contributed to the study design, data collection, data analysis, and manuscript preparation. M Ichikawa contributed to the study design, data analysis, and manuscript preparation. S Wakai contributed to the design, data analysis, and manuscript preparation.

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doi: 10.1136/tc.2004.009597

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## BOOK REVIEW

### Tobacco Addiction Specialist Certification

The Tobacco Addiction Specialist Certification course, run from the University of Florida, is a “curriculum based NAADAC Certification Program designed to credential the professional tobacco addiction specialist”. It is online at <http://www.smokertreatmentcenter.com/> and is the only nationally certified course for tobacco cessation counsellors in the USA. It is endorsed by NAADAC (National Association of Alcohol and Drug Addiction Coordinators), the major professional group for chemical dependency counsellors in the USA.

This web based course contains much fascinating and absorbing material and some good practical resources for trainers. However I think most mainstream tobacco cessation counsellors and researchers will find its approach somewhat unorthodox and will be concerned that significant amounts of its content are not based on scientific evidence.

The course’s educational philosophy is summarised thus: “The course philosophy: foundational knowledge of tobacco addiction is essential; basic counseling techniques and strategies are the necessary skills; effective therapeutic interventions are the tools; the integrated addiction model is the framework for the recovery process; integration of the knowledge, skills, tools and framework for recovery is essential for preparing the student for counseling the smoker.”

#### Course materials

Some of the course materials are decidedly unusual for a tobacco dependence treatment

training course and do not seem centrally related to the issue of helping tobacco users overcome their addiction. For example, a paper on “ancient tobacco – resource materials” contains a description of a traditional Indian game, whose relevance to nicotine addiction is neither explained nor obvious. A paper on “Centering prayer as recovery method” asserts “unless this person (the alcoholic) can experience an entire psychic change there is very little hope of recovery—the Big Book of Alcoholics Anonymous is an almost explicit injunction that the practice of the 12 Steps is a spiritual journey designed to produce a transformation of mind body and soul, and an implicit invitation to journey into the personal Interior to access a Higher Power that will in fact produce this transformation.”

Thus the content of the course is drawn in large measure from the alcohol and drugs fields rather than from the tobacco field. It does not sufficiently acknowledge methods that have been shown to work in what is now a rather large tobacco cessation literature. Disturbingly, the two examples of course materials given above are from the section in the library called “Academic readings”. Other cited resources include Carl Jung’s collected works and Kellogg *et al*’s “Broken Toys, Broken Dreams, Understanding and Healing Boundaries, Codependence, Compulsion and Family Relationships, Brat Publishing” (their punctuation).

#### Core issues

The core issues that should underpin any evidence based course designed to train tobacco cessation counsellors include social coping skills and relapse, the nature of nicotine addiction, and a thorough account of the treatments which have been shown

to work, including nicotine replacement therapy and bupropion. This course contains minimal content on evidence based treatments or on the research literature, including on nicotine replacement therapy and bupropion.

This is why I would not recommend this course to those who want to train as tobacco cessation counsellors. In spite of its assertion that effective interventions are essential tools, the course as a whole is not centred on evidence based, effective interventions, something that may be clear from the examples I have quoted above. In the end we owe it to our clients and students and to the funders of our treatments and training courses to base interventions on what the scientific evidence shows to be effective. A basic training standard, like that developed by the Health Development Agency in the UK ([http://www.hda-online.org.uk/documents/smoking\\_cessation\\_treatments.pdf](http://www.hda-online.org.uk/documents/smoking_cessation_treatments.pdf)), should mention the core effective treatments like brief interventions, intensive support (group and individual), and the proven medications. It should encourage students to familiarise themselves with the evidence base—for example, the Cochrane reviews ([http://www.dphpc.ox.ac.uk/cochrane\\_tobacco/reviews.html](http://www.dphpc.ox.ac.uk/cochrane_tobacco/reviews.html)) and the US and UK evidence based treatment guidelines. In the USA the Association for the Treatment of Tobacco Use and Dependence ([www.attud.org](http://www.attud.org)) is developing training standards which, it is hoped, will lead eventually to national certification. In the meantime there are state courses based much more recognisably on the scientific evidence—for example, in Massachusetts, Maine, Oregon, and Arizona.

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