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 and posturing to “pass” as a bonne vivante.

The book offers all the props for a superficial show, completely unencumbered by substance. In the section on “Licking Your Cigar?” for example, Ms Kasper concedes there is no practical reason to engage in this behaviour, and then advises: “It’s a real head turner when a woman coyly licks her cigar from end to end. And I am definitely not one to waste a chance to turn some heads. So go ahead. Make a statement, turn some heads, cause a stampede. And those uptight cigar aficionados who soundly denounce licking a cigar. . . . I’ll bet my Opus X they’d fight to trade places with the lucky men mesmerized by your tongue, and your cigar!”

The first chapter seems an attempt to “borrow” and compress the truly brilliant “women’s liberation” marketing strategy of Edward Bernays, which he himself called “the engineering of consent.” Bernays was the advertising mogul who designed the “Reach for a Lucky instead of a Sweet” campaign, and who organised women to smoke in public during the 1929 New York Easter parade carrying placards that defined their cigarettes as “torches of liberty.” Bernays is probably more responsible than any other individual for the epidemic of smoking-related disease and death among American women. Kasper’s version: “Times have changed. The idea of a woman who smoked used to be the homely housewife secretly lighting up outside near the woodshed. Today, no one is surprised to see a powerhouse woman proudly puffing a double corona. . . . Just holding this cigar makes most of her good friends laugh.”

The advertising mogul who designed the “Reach for a Lucky instead of a Sweet” campaign, and who organised women to smoke in public during the 1929 New York Easter parade carrying placards that defined their cigarettes as “torches of liberty.” Bernays is probably more responsible than any other individual for the epidemic of smoking-related disease and death among American women. Kasper’s version: “Times have changed. The idea of a woman who smoked used to be the homely housewife secretly lighting up outside near the woodshed. Today, no one is surprised to see a powerhouse woman proudly puffing a double corona. . . . Just holding this cigar makes most of her good friends laugh.”
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 idealises 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 a 37-year-old Harry, to death. It is told in the report when feeding their addiction is what this book is all about. Not to be given out in cessation groups!

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 Waukonowa Monitor in 1935: “Picked by the national 4-H 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 naive 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 health, and a list of American resources for quitting and recovery.


Perhaps the worst luck in recent publishing history befell Gene Lyons in 1996. His book subtitled How the Media Invented Whitecutter arrived on reviewers’ desks 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 Billey (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, Billey 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 erstwhile political advisor Dick Morris. When then-FDA (Food and Drug Administration) commissioner David Kessler approached the White House in 1995 with plans to regulate cigarettes, Clinton worried about the reaction of the five main tobacco-growing states. Then Morris came to the president with polls showing regulation popular even in tobacco country, particularly if it was aimed at protecting children. “It is time to free our teenagers from addiction and dependency”, Clinton said at a news conference shortly thereafter. After (Republican Presidential nominee) Bob Dole wondered aloud whether cigarettes were worse for some people than milk—and got trounced for it—Republicans began to distance themselves from the industry.

The reversal is surprising, but it shouldn’t be. The cry of “protect the children” is hard to resist, and even Republicans who claim to be diehard protectors of liberty have proven flexible when the object of that liberty is sufficiently unpopular. For a cogent and thorough explanation of this contradiction, Jacob Sullum’s book For Your Own Good is a must-read. Sullum, a libertarian and longtime contributor to Reason magazine, lays out his philosophical early on with a quote from John Stuart Mill: “The only purpose for which power can rightfully be exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant.”

The prevailing view of public health is grounded in the opposite assumption—one that has been eagerly taken up by journalists as well as politicians. “What’s a government for if it doesn’t step in and say, ‘You can’t commit suicide?’” asks NPR (National Public Radio) correspondent Susan Stamberg. The lies and obfuscations of the tobacco industry provide the second justification for anti-smoking activists. If these companies are “merchants of death”, compared by leading figures to “guards and doctors at Nazi death camps” and other villainous figures, there is a clear need for government intervention.

Rather than defend the tobacco industry, Sullum devotes considerable space to chronicling its misdeeds and its “preposterous” attempts to deny that smoking leads to disease. Nevertheless, he argues that criticisms of Big Tobacco are a ruse. “The crusade for a smoke-free society”, he writes, “is aimed at the behavior of individuals, not the behavior of corporations.”

Tobacco critics have made this clear. “I think that the government has a perfect right to influence personal behavior if it is for the welfare of the individual and the community”, former surgeon general C Everett Koop has written. Koop and his fellows in the movement make two arguments: the first is that smoking is patently irrational, a foul habit that could be continued only by someone who is deluded or addicted and thus deprived of free will. The second is that society, bearing directly or indirectly the costs of treating smokers’ diseases, can justly take whatever means necessary to reduce smoking.

Sullum’s response to the second point is that “a government empowered to maximize health”—defined by the World Health Organisation as “complete physical, mental and social well-being and not merely the absence of disease or infirmity”—“is a totalitarian government.” By the logic of tobacco opponents, any behavior could be defined as injurious to the common pool of societal resources and thus subject to control via taxation or legal restriction. (Never mind the fact that smokers probably actually save society money by dying early—macabre but true.)

Some tobacco opponents would also like to see taxes on fatty foods to help enforce healthier lifestyles. The example is illustrative because most Americans recognize that diet is a matter of individual choice. A Big Mac certainly isn’t good for you, but it tastes good—and this is a tradeoff that citizens are trusted to make. Sullum, a non-smoker, nevertheless believes that the decision to smoke deserves the same respect, that people have the right to trade “longevity for pleasure”. He notes that the refrain that “tobacco kills 425,000 people a year” is technically incorrect: that many lives are cut short by the decision to smoke. Of course, none of us wants the people we love to have their lives cut short. But the question is whether the government should make, or even heavily influence, that decision.

Sullum’s view is an unequivocal “no”, but there are complications. The first is advertising: that smoking “seduces” people to make decisions against their best interests? Most research on this question actually proves very little: yes, many 6-year-olds can identify Joe Camel as a cigarette icon. But that doesn’t mean they’ll smoke any more than recognising Saddam Hussein means they will grow up to be genocidal dictators. On the other hand, anecdotal evidence—that African Americans, for example, prefer Newport, which features blacks in its ads—leads me to believe that such advertising should be limited where such limits are legal, and accompanied by full, blunt disclosure of tobacco’s risks. There is a clear line between consumer protection and Big Brotherish interference.

In the same vein, I’m more troubled than Sullum by the fact that so many regular smokers take up the habit before they are 18. Judging from the record, high prices and adult discouragement don’t seem to accomplish much except, in the latter case, to enhance cigarettes’ forbidden appeal.
starting to experiment with cigarette smoking. Research has shown that there is a strong positive correlation between the age of first smoking and the reduction or cessation of smoking. Non-smokers started smoking by the age of 13. However the probability of becoming a regular smoker is quite low. 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 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. Although 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 €25 each. 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. 1 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 by 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 decided to 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 risk of regular smokers. This finding also suggests that many pupils told the truth when smoking status was self-reported.

Regarding the difference from pre-test to one month post-test, it is possible that student self-selection might explain these results, because classes from the whole country were invited to participate in the competition. Therefore the control group in this study was drawn from classes that had already decided not to take part in the competition beforehand.

An evaluation of the effectiveness of the competition will be carried out on a European level. In Germany a control-group study with repeated measurements will be carried out to determine whether the competition can be implemented in selected regions, classes and pupils 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 Community.

REINER HANEWINKEL
GUDRUN WIBORG
Institute for Therapy and Health Research,
Dürenbrooker Weg 2,
24105 Kiel, Germany
hanewinkel@psychologie.uni-kiel.de
MERI PAAVOLA
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 Elazığ 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
the districts and villages. Standard questions used in the classification of smoking status in the United States, questions recommended by Prochaska and colleagues to identify stages of change, and the Fagerström nicotine dependence test questions were used. 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 44.1% 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%, which is significantly lower than that among older age groups ($\chi^2 = 10.185$, df = 3, $p = 0.0171$). The rate of never-smoking was 30.4% among the group less than 30 years of age, which was significantly lower than that among older age groups ($\chi^2 = 10.408$, df = 3, $p = 0.0154$).

The quit ratios indirectly standardised by age (ISBA) were 49.0% among the university graduates and 30.3% among others ($p = 0.0028$ by the Cochran test). The rates of never-smoking ISBA were 38.2% for the university graduates and 38.8% for others. Current smoking rates indirectly standardised by age and educational status were 41.3% for the provincial centre and 40.9% for the districts and villages.

Among the smokers, 31.9% were in the precontemplation stage, 38.8% in the contemplation stage, and 29.3% in the preparation stage. The proportion of smokers who were in the precontemplation stage was substantially lower in this study than in other studies conducted among adult males in Elazig. The average Fagerström Dependence Score was 2.83 (standard deviation = 2.37) for all smokers.

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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Participating schools (n)</th>
<th>Participating classes (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denmark</td>
<td>128</td>
<td>145</td>
</tr>
<tr>
<td>Finland</td>
<td>503</td>
<td>2688</td>
</tr>
<tr>
<td>France</td>
<td>31</td>
<td>91</td>
</tr>
<tr>
<td>Germany</td>
<td>227</td>
<td>462</td>
</tr>
<tr>
<td>Italy</td>
<td>82</td>
<td>141</td>
</tr>
<tr>
<td>Spain</td>
<td>25</td>
<td>88</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>44</td>
<td>204</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1040</strong></td>
<td><strong>3819</strong></td>
</tr>
</tbody>
</table>


5 Bergner T, Sezer RE. Smoking prevalence among people aged 18 years or over in Elazig city. National Congress on Tobacco and Health abstract book, 7-8 November 1997, Istanbul, Turkey.


