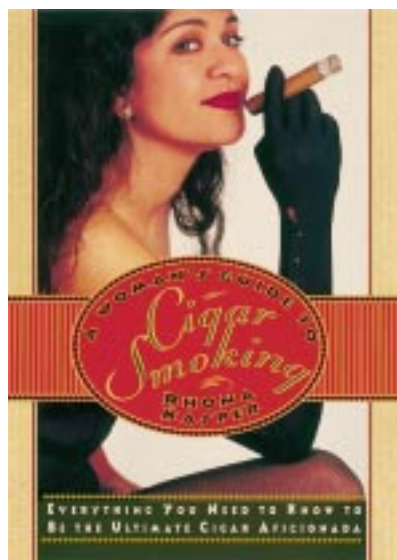


## BOOKS

Book reviews and books of interest to Tobacco Control should be sent to Simon Chapman, deputy editor, at the address given on the inside front cover.

### Cigar smoking by women

A woman's guide to cigar smoking: everything you need to know to be the ultimate cigar aficionada. Rhona Kasper. New York: St Martin's Press, 1998. ISBN 0-31218-230-9, pp 128, US\$13.95.



"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 experts who soundly denounce licking a cigar. . . I'll bet my Opus X they'd fight to trade places with the lucky men mesmerized by you, 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,<sup>1</sup> 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."<sup>2</sup> 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 power prop at the end of her fingers gives today's woman a sense of liberation—as either a revolutionary feminist or a romantic femme fatale."

Incidentally, Ms Kasper's interchangeable use of the terms "revolutionary feminist" and "romantic femme fatale" suggests she doesn't see much difference between the two.

Consistent with the lack of substance or utility in this book, the pullout quotations sprinkled at chapter openings and other places seem centered simply on the glories of excess: "Too much of a good thing can be wonderful." (Mae West) "Instant gratification takes too long." (Carrie Fisher) "I did not have three thousand pairs of shoes. I had one thousand and sixty." (Imelda Marcos)

And a good measure of self-glorification: "Puff softly, and carry a big cutter." (Rhona Kasper)

Under the pretence of being a guide to cigar smoking, the publication is a not-well-disguised playbook for getting men. Her main argument is that where cigars are smoked, "The ratio of men to women is terrific—at least one hundred to one." The "icebreakers" she offers are beyond embarrassing, downright nauseating: "Would you like to come back to my place and see my vintage cigar collection?" "Tell me more about your handsome cigar." "You're so hot, you've got me smoking."

And, of course, the inevitable: "Is that a cigar in your pocket or are you just happy to see me?"

In the end, the book denigrates both men and women. In the chapter on "Judging a Man by His Cigar," Kasper advises that "A man's cigar is an extension of himself." Yet none of the several types of men she describes includes anyone you would want to have over 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 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 achieve different affectations: "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 *Cigars: 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."<sup>3</sup>

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, vapid, 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."

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- 1 Gunther J. *Taken at the flood: the story of Albert D Lasker*. New York: Harper & Brothers, 1960.
- 2 Schudson M. Women, cigarettes and advertising in the 1920s: a study in the sociology of consumption. In: CL Lovett and JD Stevens, eds. *Mass media between the wars: perceptions of cultural tensions, 1918-41*. New York: Syracuse University, 1984:71-83.
- 3 US Department of Health and Human Services. *Cigars: health effects and trends*. Bethesda, Maryland: National Institutes of Health, National Cancer Institute, 1998. (NCI Smoking and Tobacco Control Monograph 9, NIH Publication No 98-4302.)

### Smoking, dying, and kicking butts

The smoking life. Ilene Barth. Columbus, Mississippi, USA: Genesis Press, 1997, ISBN 1-885-47822-4, pp 268, US\$29.95.

Why anyone would buy a book like this is beyond me. Perhaps it's like that fad book *101 Uses for a dead cat*, given as a present to cat lovers for shock value. Or perhaps it's the ideal present for a "die-hard" smoker. The book is a celebration of smoking, a difficult task, I would have thought, in a climate of growing avoidance of passive smoking and increasing revelations of tobacco industry deceptions. It is introduced well by the opening foreword: "To the young: don't even think of smoking. To the hooked: enjoy it while you can."

The history of tobacco in this book documents how the English settlers in the New World took to tobacco with a vengeance and is full of sentimental anecdotes of tobacco's importance and how early tobacco traders were rewarded by European nobility.

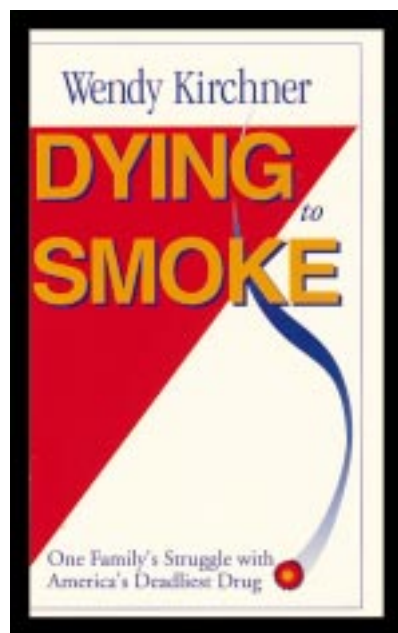
Anti-smoking campaigners are acknowledged as a historical fact, but overwhelmed by the more frequent mentions of famous and not-so-famous smokers and their nostalgic memories of their smoking. The chapter entitled "The wisdom of smokers on smoking and other subjects" sums up the general idea. Photographs of screen idols smoking, recalling the glamour of smoking in cinema, appear in another chapter. Yet another chapter idolises 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!

**Dying to smoke.** Wendy Kirchner. Melbourne, Florida, USA: Starr Publishing, 1997, ISBN 0-9659188-0-7, pp 160, US\$9.95 + \$2.25 shipping.

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.

**Kick butts! A kid's action guide to a tobacco-free America.** Arlene B Hirschfelder. Parsippany, New Jersey, USA: Julian Messner, Simon & Schuster Education Group, 1988, ISBN 0-382-39633-2, pp 160, hardcover US\$19.95, paperback \$9.95.

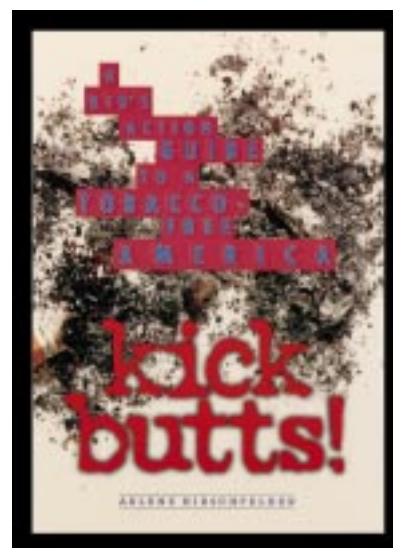
As the secrets of the tobacco industry's targeting of children emerge for all to see, it is refreshing to find an informative and inspiring book intended for children (9 years and up). There are two main sections in this book. The first section is the story of the tobacco industry in the United States. 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 *Waukonda Monitor* in 1935: "Picked by the national 4-H clubs as the healthiest boy in America, Leland Monasmith, eighteen, of Jerould 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 how it harms health, and a list of American resources for young people, including tobacco control web sites and organisations. The American orientation makes it less applicable to young people in other countries. However, as a resource for young people anywhere wanting to be better informed and to do something about tobacco, it's an inexpensive, reasonable place to start.

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## 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 those outside the field of tobacco control.—ED*

**Cornered: Big Tobacco at the bar of justice.** Peter Pringle. New York, New York, USA: Henry Holt, 1998. ISBN 0-805-04292-X, pp 352, US\$27.50.

**The people vs. Big Tobacco: how the states took on the cigarette giants.** Carrick Mollenkamp, Adam Levy, Joseph Menn, Jeffrey Rothfeder. Princeton, New Jersey, USA: Bloomberg Press, 1998. ISBN 1-576-60057-2, pp 334, US\$23.95.

**For your own good: the anti-smoking crusade and the tyranny of public health.** Jacob Sullum. New York, New York, USA: Free Press, 1998. ISBN 0-684-82736-0, pp 338, US\$25.

Perhaps the worst luck in recent publishing history befell Gene Lyons in 1996. His book subtitled *How the Media Invented Whitewater* 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.

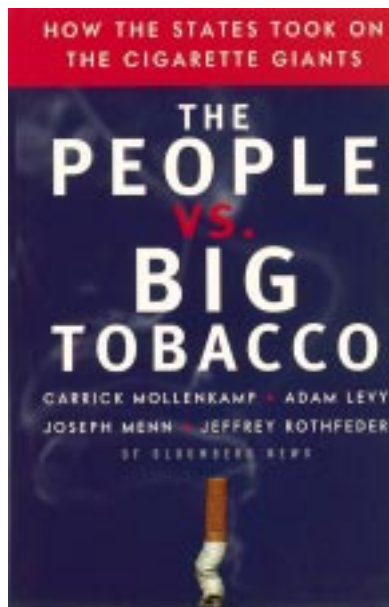


That's not to say the legal attack achieved nothing. Tobacco giants will still pay billions to Florida and Mississippi for costs of treating smokers through Medicaid. And it was the lawyers' prodding that led to tobacco executives' long-awaited concession that their products are addictive and cause disease. (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 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 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 thor-



ough 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 philosophy 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 Stamborg. 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.

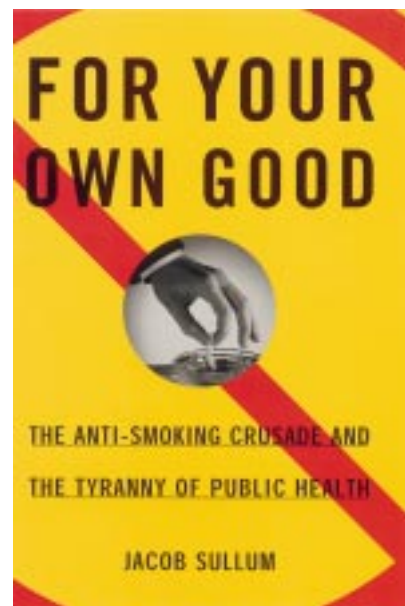
Sullum's response to the second point is that "a government empowered to maximize health"—defined by the World Health Organisation as "complete physical, mental and social well-being and not merely the

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: does it "seduce" 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 recognizing 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.



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 timeworn 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 prefer unpopular intoxicants should always be wary.

JOSHUA WOLF SHENK

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## 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 inside front cover. 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,<sup>1</sup> 60% of regular smokers started smoking by the age of 13. However the probability of becoming a smoker after adolescence is quite low.<sup>2</sup> 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.

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 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.<sup>3</sup> 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 number of regular smokers. This finding also suggests that many pupils told the truth when smoking status was assessed weekly.

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; because the competition will only 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 the "Europe against Cancer Programme" of the European Commission.

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- 1 Meier KS. Tobacco truths: the impact of role models on children's attitudes toward smoking. *Health Educ Q* 1991;18:173–82.
- 2 US Department of Health and Human Services. *Preventing tobacco use among young people. A report of the Surgeon General, 1994*. Atlanta, Georgia: Public Health Service, Centers for Disease Control and Prevention, Office on Smoking and Health, 1994. (US Government Printing Office No S/N 017-001-00491-0.)
- 3 Vartiainen E, Sukko A, Paavola M, et al. "No Smoking Class" competitions in Finland: their value in delaying the onset of smoking in adolescence. *Health Promotion Int* 1996;11:189–92.

### 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 Mufit 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

*Participating schools and classes in the Smokefree Class Competition, school year 1997/1998*

| Country        | Participating schools (n) | Participating classes (n) |
|----------------|---------------------------|---------------------------|
| Denmark        | 128                       | 145                       |
| Finland        | 503                       | 2688                      |
| France         | 31                        | 91                        |
| Germany        | 227                       | 462                       |
| Italy          | 82                        | 141                       |
| Spain          | 25                        | 88                        |
| United Kingdom | 44                        | 204                       |
| Total          | 1040                      | 3819                      |

the districts and villages. Standard questions used in the classification of smoking status in the United States,<sup>1</sup> questions recommended by Prochaska and colleagues to identify stages of change,<sup>2,3</sup> and the Fagerström nicotine dependence test questions<sup>4</sup> 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 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%.<sup>5-9</sup> The rates of never-smoking were 38.7% among the religious professionals and 12.8% among the other employees ( $\chi^2 = 10.624$ ,  $df = 1$ ,  $p = 0.0011$ ).

The impacts of age and educational status were only analysed for the male religious professionals. Within this group, rates of current smoking varied significantly by age: the higher the age, the lower the prevalence of smoking ( $\chi^2 = 16.132$ ,  $df = 3$ ,  $p = 0.0011$ ). 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 ( $\chi^2 = 10.185$ ,  $df = 3$ ,  $p = 0.0171$ ). The quit ratio (former smokers/ever-smokers) was also higher among the 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<sup>10</sup>). 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.<sup>5,7</sup> 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.

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- 1 US Department of Health and Human Services. *The health benefits of smoking cessation. A report of the Surgeon General, 1990*. Rockville, Maryland: Public Health Service, Centers for Disease Control, Office on Smoking and Health, 1990. (DHHS Publication No (CDC) 90-8416.)
- 2 Prochaska JO, Goldstein MG. Process of smoking cessation; implications for physicians. *Clin Chest Med* 1991;12:727-36.
- 3 Prochaska JO, DiClemente CC. Stages and process of self change of smoking: toward an integrated model of change. *J Consult Clin Psychol* 1983;51:390-5.

- 4 Fagerström KO, Heatherton TF, Kozlowski LT. Nicotine addiction and its assessment. *Ear Nose Throat J* 1992;69:763-7.
- 5 Erguder 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.
- 6 Onaran D. *Smoking among physicians and dentists in Elazig, 1993*. Doctor of Public Health Thesis, Firat University Institute of Health Sciences, Elazig, 1996.
- 7 Sezer RE, Acik Y. Smoking and smoking cessation in Baskil township of Elazig Turkey 1993. *J Smoking Dis* 1994;5(suppl 1):277-81.
- 8 Acik Y, Sezer RE, Bostanci M, et al. Opinions of passengers travelling to Ankara from Elazig about prohibition of smoking in intercity buses. *Turkish J Smoking Health* 1996;3(1-2):17-21.
- 9 Sezer RE, Acik Y, Oguzoncul F, et al. Smoking and expired air carbon monoxide measurements in bank offices in Elazig. *First National Congress on Environmental Medicine abstract book*, 8-12 December 1997, Ankara, Turkey.
- 10 Armitage P. *Statistical methods in medical research*. Blackwell Scientific, 1980:370-3.

#### KFL&A Council for Action on Tobacco

EDITOR.—Upon receiving the spring 1998 issue of *Tobacco Control*, members of the Kingston, Frontenac and Lennox and Addington (KFL&A) Council for Action on Tobacco were delighted to see our public health poster "Think about second-hand smoke in the home" printed as a filler on page 26. On behalf of the council, I want to take this opportunity to thank you for publishing it. It is indeed an honour to have the poster appear in a journal with an international readership.

We noted, however, that the source of the poster was not identified explicitly. Only readers connected with public health or tobacco control in Ontario, Canada would likely recognise the source.

We would appreciate it if you would allow us to inform your readers of the source of the poster by publishing this letter in your correspondence section.

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