EDITORIAL

Psychology and Rejection of the Tobacco Habit

In the present issue of the APJCP, Ozasa et al (200) and Hamajima and Matsuo (2000) concentrate attention on how to use new approaches to help adults to kick the smoking habit, while Kitagawa et al (2000) point to differences in lifestyle between smokers and non-smokers. All these papers reflect an increase in awareness of the importance of psychology in cancer prevention efforts, particularly with regard to substance abuse. Since the best medicine is clearly prevention, and the vast majority of smokers start the habit before age 19, consideration of psychology in countering youth from forming an established habit is exceedingly pertinent (Lantz et al., 2000). Role models may play an iomportant role in this respect (see Figs and Vateesatokit et al., 2000).

The tobacco industry is engaged in what is lawful pursuit of profit in a business environment, and like any other producer of non-essential articles relies heavily on advertising and generation of a 'positive' attitude to their product by any

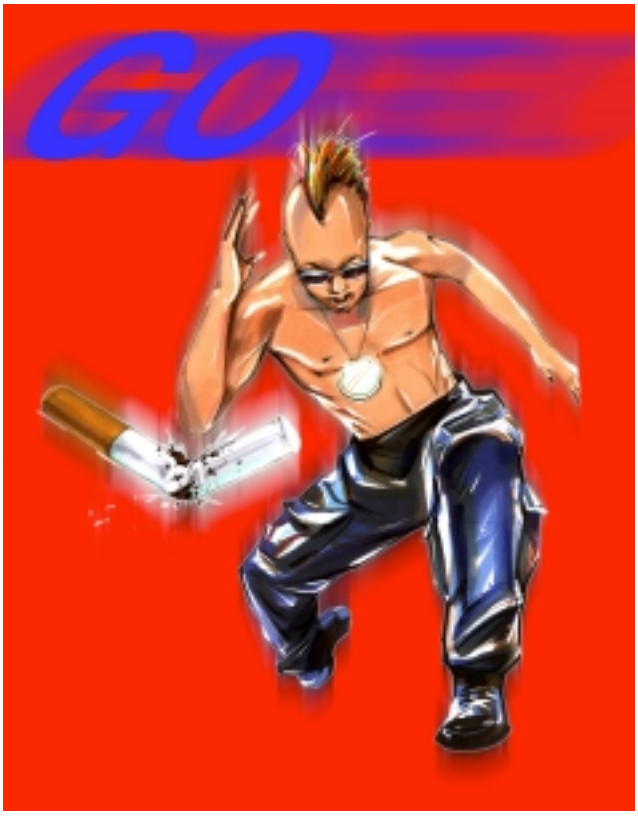

Figure 1. Thai Tobacco Control Poster (after Vateesatokit et al., 20)

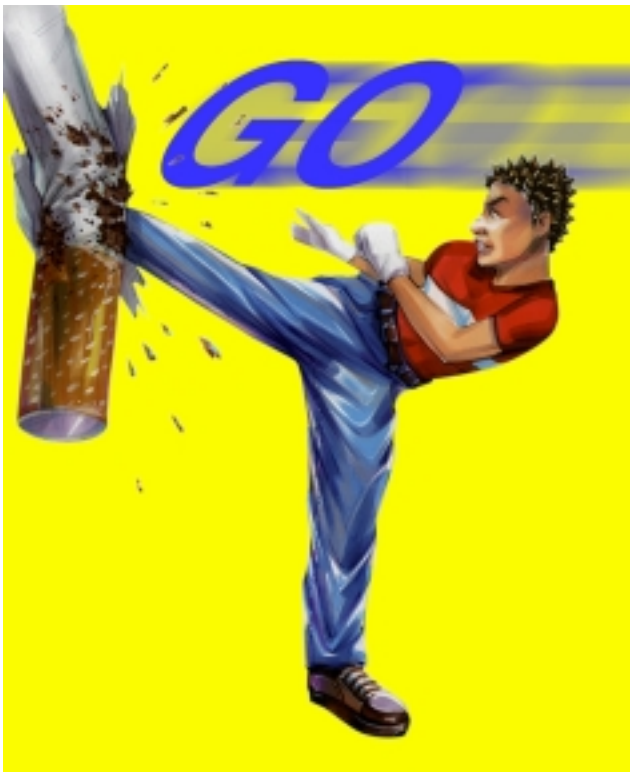

Figure 2. Thai Tobacco Control Poster (after Vateesatokit et al., 2000)

psychological means possible. The various forms of tobacco, chief among them cigarettes, are 'freely' purchased in a regulated market, whereby health warnings are required to be displayed on packaging. While the less than open stance of tobacco corporations regarding their knowledge of the adverse effects of smoking (Ciresi et al., 1999) and attempts to interfere with research, for example into risks with passive smoking (Ong and Glantz, 2000), may be distasteful, they can only be met with judicial disapproval if the boundary of the law is crossed. It is to be expected that the industry, which has reacted to the challenge of globalisation by mega-mergers and acquisitions, making for greater production volumes and profitability (Crescenti, 1998), will continue its efforts to expand sales in the developing world and fend off attacks with whatever means are at their disposal. It is naturally commensurate that those interested in maintaining health and therefore tobacco control should be as comprehensive and thorough in their efforts to reduce the burden. As noted by the Director-General of WHO, Dr Brundtland, at a recent meeting, the share of responsibility for disease attributable

to tobacco is rapidly increasing, with a projected 10% of the total in 2020 (Brundtland, 1999). Furthermore it has been calculated that 70% of the estimated 8.4 million deaths caused by tobacco by 2020 will occur in the developing world (Murray and Lopez, 1996). The data for Taiwan documented by Liaw and Chen (1998) are of interest in this context. In the year 2000, these same countries are expected to account for a similar percentage of global tobacco consumption (MacKay and Crofton, 1996).

With regard to school-based educational interventions, aimed at preventing elementary and secondary level youth from starting the habit, as reviewed by Lantz et al (2000), the 'information deficit or rational model', based on giving information and generating fear is generally not considered effective. Attempts to improve behaviour with the second, 'affective education model', incorporating self image enhancement, have also achieved only limited success. A third approach, seems to have much greater promise, however, with 'social influence resistance model' focusing on peer group pressure and attitudes in the familial and cultural context, perhaps especially in the Asian setting. Thus it has been shown, for example, that older siblings are extremely important determinants in Indonesia (Smet et al., 1999). Helping youth to recognise and resist influences like advertising, with attention given to decision-making skills, may account for reductions in smoking up to 30% under optimal conditions (Rooney and Murray, 1996). Development of competence skills can also make a major contribution (Epstein et al., 2000). In fact there is now a body of published evidence that an awareness of social influences is paramount for behavioural change (see Lantz et al, 2000). This may also explain any paradoxical increase in use of cigarettes with exposure to tobacco education, due to glamourizing the habit as adult behaviour and thus exerting counterproductive effects (Glantz, 1996). Use of mass media together with school-based programs may be very effective (Flynn et al., 1994). Vateesatoki et al., 2000), not only to deter the youth from starting smoking but also to give up the habit (Sargent et al., 1998; Stone and Kristeller, 1992).

Table 1. Percentages of Regular Articles in 'Tobacco Control' by Region of Origin

Year	North America	Europe	Asia	Australasia
1998	44	22	9	22
1999	63	11	9	14
2000	72	11	6	6

Table 2. Aims Requiring Especial Focus for Tobacco Control in Developing Countries

1. Generation of standardised and comparable data.
2. Development of a network for communication of information, data and best practices.
3. Provision of an adequate capacity for tobacco control research, especially in areas like economics and policy analysis
4. Mobilisation of human and financial resources for a comprehensive research agenda

Adapted from Baris et al., 2000

The majority of countries in the Asian Pacific area are within the developing group, and with the exception of Australia and New Zealand the published research output in the tobacco field is very limited, as percentages of regular articles in the journal Tobacco Control shows (see Table 1).

At the Research for International Tobacco Control (RITC) convened regional meeting for South and Southeast Asia, held in Pattaya, Thailand in November 1998, like sister meetings for Latin America and Africa, it was concluded that the tobacco problem requires a multidisciplinary approach with especial focus on four aims (see Table 2) (Baris et al., 2000). The APOCP and its journal the APJCP should contribute in a meaningful way to attainment of these aims, providing a forum for airing of research proposals and findings as well as debate.

Summary

The tobacco industry, with massive financial resources, devotes a great deal of attention to psychology in selling its products. It is only appropriate that those interested in disease control, including cancer prevention, should be similarly prepared in countering the adverse effects of smoking or other forms of tobacco abuse. Particularly important in this respect are the youth, the years between ages 15 and 19 being the period when most people take up the habit. A multidisciplinary approach aimed at deterrence in this group, making full use of advertising expertise, is clearly warranted.

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References

Baris E, Waverley Brigden L, Prindiville J, et al (2000). Research priorities for tobacco control in developing countries: a regional approach to a global consultative process. *Tobacco Control*, **9**, 217-223.

Brundtland G (1999). Health for the 21st Century. Speech given at the World Economics Forum, Davos, Switzerland, January 30, 1999.

Ciresi MV, Walburn RB, Sutton TD (1999). Decades of deceit: document discovery in the Minnesota tobacco litigation. *William Mitchell Law Review*, **25**, 478-564.

Crescenti MG (1998) The new tobacco world. *Tobacco Journal International*, **3**, 51.
Epstein JA, Griffin KW, Botvin GJ (2000) Competence skills help deter smoking among inner city adolescents. *Tobacco Control*, **9**, 33-9.
Evans WN, Farrelly MC (1998). The competing behaviour of smokers: taxes, tar and nicotine. *RAND J Economics*, **29**, 578-95.
Flynn BS, Worden JK, Secker-Walker RH (1994). Mass media and school interventions for cigarette smoking prevention: effects 2 years after completion. *Am J Public Health*, **84**, 1148-50.
Glantz SA (1996). Editorial: preventing tobacco use - the youth access trap. *Am J Public Health*, **86**, 1156-8.
Hamajima N, Matsuo K (2000). Subtle instruction to quit smoking may be efficacious for certain smokers. *Asian Pacific J Cancer Prev*, **1**, 257-8.
Honjo K, Kawachi I (2000). Effects of market liberalisation on smoking in Japan. *Tobacco Control*, **9**, 193-200.
Kitagawa Y, Nakaji S, Shimoyama T, et al (2000). Differences in lifestyle of a smoking and non-smoking population in Japan. *Asian Pacific J Cancer Prev*, **1**, 245-50.
Lamkin L, Davis B, Kamen A (1998). Rational for tobacco cessation interventions in youth. *Prev Med*, **27**, A3-8.
Lantz PM, Jacobson PD, Warner KE, et al (2000). Investing in youth tobacco control: a review of smoking prevention and control strategies. *Tobacco Control*, **9**, 47-63.
Liaw K-M, Chen C-J (1998). Mortality attributable to tobacco smoking in Taiwan: a 12-year follow-up study. *Tobacco Control*, **7**, 141-8.
MacKay J, Crofton J (1996). Tobacco and the developing world. In 'Tobacco and Health', Doll R, Crofton J, eds. Royal Society of Medicine Press, London. pp 206-21.
Murray C, Lopez A (1996). 'The Global Burden of Disease: a Comprehensive assessment of Mortality and Disability from Disease, Injuries, and Risk Factors in 1990, and Projected to 2020'. Boston, Harvard University Press.
Ong EK, Glantz SA (2000). Tobacco industry efforts subverting International Agency for Research on Cancer's second-hand smoke study. Lancet, 355, 1253-9.
Ozasa K, Shigeta M, Nakazawa A, et al (2000). The role of the human dry dock in smoking cessation in Japan. *Asian Pacific J Cancer Prev*, **1**, 207-10.
Richmond RL, Debono DS, Larcos D, Kehoe L (1998). Worldwide survey of education on tobacco in medical schools. *Tobacco Control*, **7**, 247-52.
Rooney BL, Murray DM (1996). A meta-analysis of smoking prevention programs after adjustment for errors in the unit of analysis. *Health Educ Q*, **23**, 48-64.
Sargent JD, Mott LA, Stevens M (1998). Predictors of smoking cessation in adolescents. *Arch Pediatr Adolesc Med*, **152**, 388-93.
Smet B, Maes L, De Clercq L, et al (1999). Determinants of smoking behaviour among adolescents in Semarang, Indonesia. *Tobacco Control*, **8**, 186-91.
Stone SL, Kristeller JL (1992). Attitudes of adolescents toward smoking cessation. *Am J Prev Med*, **14**, 405-7.
Vateesatokit P, Hughes B, Ritthphakdee R (2000). Thailand: winning battles but the war's far from over. *Tobacco Control*, **9**, 122-7.
Yach D, Bettcher S (2000). Globalisation of tobacco industry influence and new global responses. *Tobacco Control*, **9**, 206-16.