

T O B A C C O 1 0 1

A TOBACCO AND NICOTINE TUTORIAL

By John Slade, M.D.

A different subject is featured in this column in each issue of The Nicotine Challenger. Please send questions or suggestions for topics to Dr. Slade at the Addressing Tobacco Project

Saying what we mean

Every specialized field has its own jargon. Jargon provides shortcuts and clarity for practitioners. Jargon, though, can become outdated, and it can raise barriers to understanding for those outside the field. This essay is devoted to three examples of jargon in the tobacco field that we need to change.

Smoking cessation. The term "smoking cessation" has come to have two distinct meanings. Its fundamental meaning relates to a person stopping all personal use of cigarettes. In this sense, one can talk about cessation as a result of a price increase or some other stimulus that has nothing to do with a clinical activity. The other meaning is, in a word, treatment. It is a term that describes the clinical activity of helping someone stop smoking.

These two meanings have become intertwined and overlapping. For those outside the specialty of tobacco control, the term is usually thought of in its clinical sense. When the Commissioner of Health and Senior Services asks about smoking cessation, she is asking about clinical services, not about the overall patterns of quitting in the population.

We don't talk about alcohol cessation or heroin cessation. We talk about treating alcohol dependence and about treating opioid dependence. Moreover, the processes involved are quite similar across addicting drugs. The term "cessation" is a throwback to an era when smoking was thought of as a habit and not an addiction.

Health insurers pay for treatment. They are reluctant to pay for prevention. The term "smoking cessation" obscures the fact that helping people stop smoking is a treatment for tobacco dependence. It makes the process seem more like prevention and therefore less likely to be covered.

It is time we dropped the term "smoking cessation" altogether. When we mean treatment, we should say "treatment." Retaining "cessation" to mean, simply, quitting, promotes confusion. The term in this sense should be dropped in favor of "quitting," "stopping," or "achieving abstinence."

Smoking-related. The way this term is usually used, it refers to the proportion of illness, deaths, lung cancer cases, etc. that have been caused by smoking. Its use is a throwback to the caution epidemiologists have long had in being careful to not overstate the evidence about whether causality has been proven. However, for most of the smoking-related illnesses, and certainly for all of the commonly considered ones, causation has long been agreed upon. Even Philip Morris now says that the scientific evidence of causation is overwhelming and that its customers should rely on it when thinking about smoking. (Of course, Philip Morris itself ignores its own advice on this point.)

When you encounter the term "smoking-related" in reading or conversation, ask yourself, is "smoking-caused" what is really meant? If it is, and if you are doing the writing or the speaking, say what you mean.

Nicotine dependence. I am coming to use this term less and less in favor of the term "tobacco dependence." The issue here is that tobacco, more than nicotine, is the reason this condition is a problem of clinical interest. In addition, medicines containing nicotine itself are mainstays of treatment, so it can be confusing for patients.

A surprisingly large number of people have come to think that nicotine is the main poison in tobacco. In fact, while nicotine is the main psychoactive agent in tobacco, its direct contribution to illness is quite small. Nicotine is not a carcinogen, for instance. Tobacco smoke contains dozens of other chemicals that do act as carcinogens, however.

While the DSM-IV talks about nicotine dependence and nicotine withdrawal, the International Classification of Diseases refers to tobacco use and dependence.

For these reasons, I am shifting in my language towards describing the clinical condition as tobacco dependence.

I would like to hear from readers about these and other concerns and observations about the jargon of this field.

For Your Bookshelf

Deadly Persuasion: Why Women and Girls Must Fight the Addictive Power of Advertising is Jean Kilbourne's first book. It draws on her more than 20-year fight against the toxic environment of our advertising culture.

Jean Kilbourne, Ed.D., is internationally recognized for her pioneering work on alcohol and tobacco advertising and the image of women in advertising. Using hundreds of examples and observations from her own life, Kilbourne reveals how advertisers encourage us to develop a relationship with their products, rather than with each other. This dynamic is nowhere more evident than in alcohol and tobacco advertising, where advertisers encourage us to develop long-term relationships with addictive substances.

Kilbourne does not contend that advertising forces consumers to smoke, drink, or become addicts. She asserts that the ads cultivate a "climate of denial," an environment that encourages destructive behavior and addictions. She believes all of us are at risk, but because the psychology of women is so deeply rooted in relations with others, women are particularly vulnerable to the promise of a relationship with a product.

In *Deadly Persuasion* Kilbourne does not argue for the elimination of advertising, but instead she advocates for media literacy. She emphasizes the true danger lies in the fact that consumers believe that they are too sophisticated to be controlled by advertising.

Deadly Persuasion is also the personal story of Kilbourne's triumph over depression and her own addictions. This funny, intelligent and eye-opening book brings her own story and her life's work together. After reading it, it is impossible to look at advertising the same way again. ☞

Deadly Persuasion is published by the Free Press, an imprint of Simon & Schuster. ISBN: 0-684-86599-8

