LETTERS TO THE EDITOR

Letters intended for publication should be a maximum of 400 words and 10 references 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.

Non-smoking cohabitants wanted!

To the Editor – In Dublin, a city of a million people, advertisements for accommodation sharing are generally found in one of two evening newspapers, *The Evening Press*. All advertisements for accommodation sharing in this newspaper for the Wednesday edition of the second week of each month in 1988 and 1993 were studied for reference to the characteristics desired of potential cohabitants. The second Wednesday of each month was determined by a randomised process.

Of the 916 advertisements for accommodation sharing in 1988 and the 1443 in 1993, 439 (48%) in 1988 and 729 (51%) in 1993 specified no specific characteristics required from potential cohabitants, concentrating solely on the accommodation and rent. The table shows the proportion of advertisements that expressed a preference for particular characteristics. Although the sex of a potential cohabitant was the predominant characteristic sought in both time periods, it had diminished significantly over time. Other than the gender, each characteristic was more likely to be specified in 1993. Preference for a non-smoker increased over fourfold from 3.2% in 1988 to 13.7% in 1993. In only one case was a smoker requested.

Characteristics sought of potential cohabitants, The Evening Press *(Dublin, 1988 and 1993)*

Characteristics	*Advertisements in* 1988		*Advertisements in* 1993		*Z score*
	n	%*	*n*	%	
Gender	439	0.479	776	0.329	7.26**
Professional	38	0.041	169	0.117	6.33**
Age	30	0.033	70	0.048	1.85
Non–smoker	29	0.032	197	0.137	8.43**
Employed	3	0.003	20	0.014	2.55***
Smoker	0	0	1	0.0007	Undefined
Other	14	0.015	15	0.01	1.05

* Based on total advertisements examined (916 for 1988 and 1443 for 1993).
** $p < 0.01$, 2-tailed.
*** $p < 0.05$, 2-tailed.

This study provides evidence that the number of requests for potential cohabitants to be non-smokers has increased dramatically since 1988 and suggests that, not only is the message about environmental tobacco smoke (ETS) getting through, but it is also generating affirmative action. This lends credence to the findings of opinion polls which indicate that people are becoming less tolerant of ETS.[1] Other than a point survey carried out by Chapman,[2] which showed that on a single day in Sydney, Australia, 24% of advertisers requesting a cohabitant required a non-smoker, little else is available that shows how individuals change their environment, particularly in their homes, to reduce their exposure to ETS over time.

The results of this study can be used as evidence to further reduce exposure to ETS. In the first instance, those who take the view that they will not share accommodation with a smoker can be reassured that they are not alone and that many others hold a similar view.

Secondly, potential advertisers can be made aware that it is not uncommon or unreasonable to specify that they would rather have a non-smoker share accommodation with them. Requesting a non-smoker also helps underscore the fact that smoking is a minority practice and one that is increasingly becoming less acceptable socially.

Thirdly, those who campaign against ETS can add these findings to their armoury and can carry out similar surveys in their own area to help them develop more novel messages in their campaigns. In addition to the above, this study has shown that non-traditional sources of information on health-related matters do exist and can be used to evaluate the effectiveness of educational campaigns. The challenge for us is to recognise these sources and use them to our advantage.

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1 European Bureau for Action on Smoking Prevention. *No smoke between us*. Brussels: European Bureau for Action on Smoking Prevention, 1993.
2 Chapman S. Shared accommodation – non-smokers wanted! *Tobacco Control* 1992; **1**: 248.

Menthol cigarette smoking in African Americans and whites

To the Editor – A fundamental feature of African American smoking behaviour is a preference for menthol cigarettes.[1] This may contribute to excess disease risk because menthol combustion produces carcinogenic compounds,[2] mentholation may permit deeper, more prolonged inhalation of cigarette smoke,[3] and menthol cigarettes may permit more efficient absorption of nicotine, carbon monoxide, and other products from cigarettes, independent of inhalation patterns.[4]

Despite the potential hazards of menthol cigarettes, little is known about why they are so popular among African Americans. To address this issue, we administered a Baseline Menthol Questionnaire to menthol cigarette smokers who participated in a stop-smoking study. A total of 473 smokers participated, and their average age was about 43 years. White subjects smoked more cigarettes per day than African Americans (mean = 31, 27, 22, and 19 cigarettes per day for white males, white females, African American males, and African American females, respectively), and a significantly greater proportion of African American males (79%) and females (79%) smoked menthol cigarettes than white males (13%) and females (20%) ($p < 0.01$).

Over 60% of white and African American menthol cigarette smokers indicated that they would pay more money for a menthol than for a non-menthol cigarette, and 56% of African Americans compared with 28% of white subjects ($p < 0.01$) responded "no" to the question: "If you could not smoke a menthol cigarette would you smoke a non-menthol cigarette?"

The three main reasons adult smokers gave for smoking menthol cigarettes were taste, ease of inhalation, and social/family influence (table). African Americans were more likely than white subjects to indicate that they smoke menthol cigarettes because they are more easy to inhale and they can inhale them more deeply. Relatively few smokers of either race endorsed "image" or "advertising" as reasons for smoking menthol cigarettes (table).

It is not intuitively clear why so many African Americans prefer the taste of menthol cigarettes. Because taste is so important, however, it seems reasonable to explore the efficacy of stop-smoking interventions that adversely affect taste, such as rapid smoking, in African Americans and menthol cigarette smokers in general.

Many African American menthol cigarette

Reasons for smoking menthol cigarettes

	White (*n* = 39)	*African American*† (*n* = 174)
Menthol cigarettes taste better than regular non–menthol cigarettes	29 (74%)	144 (83%)
Menthol cigarettes are more soothing to my throat than regular non–menthol	20 (51%)	90 (52%)
I can inhale menthol cigarettes more easily than regular non–menthol cigarettes	8 (21%)	84 (48%)
I can inhale menthol cigarettes more deeply than regular non–menthol cigarettes	4 (10%)	58 (33%
I always smoked menthol cigarettes	14 (39%)	110 (63%
Members of my family smoke menthol cigarettes	6 (15%)	53 (30%)
My friends that smoke, smoke menthol cigarettes*	7 (18%)	72 (41%)
Menthol cigarettes suit my self–image better than regular non–menthol cigarettes	2 (5%)	24 (14%)
Menthol cigarettes are better for you than regular non–menthol cigarettes	2 (5%)	13 (7%)
Most of the advertising I see is for menthol cigarettes	1 (3%)	17 (10%)

* $p < 0.01$.
† Because there were no sex differences, data for males and females were combined.
‡ Twenty-one menthol cigarette smokers did not complete the baseline menthol questionnaire.

smokers endorsed ease of inhalation and ability to inhale more deeply as reasons for smoking menthol cigarettes. Such a pattern of smoking could contribute to excess disease risk. Several studies, however, indicate that menthol cigarette smokers inhale less frequently and less deeply than non-menthol cigarette smokers.[4,5] Although additional data on this issue are desirable, it is possible that mentholation facilitates the absorption of tar, nicotine, and other products from cigarettes,[4] while at the same time allowing smokers to smoke cigarettes in a more "soothing" way, fostering the perception that they can inhale easily and deeply.

It is not surprising that familial and social factors play a major role in choice of menthol over non-menthol cigarettes. Advertising dollars, no doubt, also play an important, albeit subtle, role.[6] Given the widespread popularity of menthol cigarettes among African Americans, it is essential that putative excess adverse health effects of menthol cigarettes be determined and corrective action, if necessary, be undertaken.

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6 Cummings KM, Giovino G, Mendicino AJ. Cigarette advertising and black-white differences in brand preference. *Public Health Rep* 1987; **102:** 698–701.

French cardiologists and smoking

To the Editor – Interventions by physicians are recognised as having potential to convince many smokers to quit.[1-3] In 1993, a postal survey was undertaken among 2171 members of the French Society of Cardiology. Its aim was to assess attitudes and opinions of French cardiologists towards tobacco and then to compare information with the results of a similar survey in a representative sample of French general practitioners.[4] The questionnaire, which was designed by the World Health Organisation and the International Union Against Tuberculosis and Lung Disease (IUATLD), was similar in the two surveys. A total of 730 (33.6 %) cardiologists responded to the mailing. There were no significant differences between non-responders by age, sex, and geographical location.

The prevalence of smoking was 27 % (14 % daily smokers, 13 % occasional smokers), 47 % were ex-smokers, and 26 % were never-smokers. There were more never-smokers among young cardiologists (age < 45) than among older ones (33 % *v* 21 %). Smoking rates were similar in both sexes. Mean daily cigarette consumption was 9 (SD 8). Most smoked filter-tipped cigarettes. Of daily smokers, 42 % claimed to have made a serious attempt to stop smoking, but only 16 % expected that they would stop within five years of the survey (*v* 85 % in occasional smokers).

Most (97 %) French cardiologists strongly agreed that smoking is harmful to health (independently of their smoking status). They had good knowledge of the adverse health effects of cigarette smoking, but those under 45 years were significantly better informed of the risk of coronary disease and chronic bronchitis related to smoking than older cardiologists ($p < 0.001$). As shown in the table, French cardiologists have a different attitude towards a smoking patient according to the smoker's situation. Only 64 % give smoking cessation advice "often" to smokers who do not have tobacco-related disease and who do not raise a question about the dangers of tobacco; the proportion is lower in cardiologists who are themselves daily smokers (54 %). Only 53 % of cardiologists felt they had sufficient knowledge to counsel patients on stopping smoking, and 74 % believed that health professionals should get training to help their smoking patients. A total of 36 % disagreed with banning tobacco advertising, the highest proportion being in daily smokers (63 %).

The proportion of daily smokers among cardiologists (14 %) was lower than among French general practitioners (21 %).[4] Our results for cardiologists confirm the lower prevalence of smoking among young French doctors in our earlier study.[4] Younger cardiologists also have a better knowledge of the adverse effects of smoking. But 37 % of them do not systematically advise a smoking patient to quit. The proportion of cardiologists who need training on smoking cessation methods is similar to that in general practitioners.

Results of our survey are consistent with conclusions of a recent IUATLD survey among medical students[5] and emphasize the need for reforms in the teaching of tobacco issues to medical students.

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Percentage of French cardiologists answering "often" to the question: "In these three situations would you advise patients against smoking? Situation 1: When the patient has symptoms/confirmed diagnosis of tobacco-related diseases. Situation 2: When the patient himself raises the question about smoking. Situation 3: When the patient is a smoker who has no symptoms/diagnosis of smoking-related diseases and doesn't himself raise the question of smoking."

	Daily smoker n = 100	*Occasional smoker n = 97*	*Ex-smoker n = 341*	*Never-smoker n = 192*
Situation 1	99	100	99	99
Situation 2	95	98	97	97
Situation 3*	54	68	68	63

*$p < 0.05$.

1 Gilpin E, Pierce J, Goodman J, Giovino G, Berry C, Burns D. Trends in physicians' giving advice to stop smoking, United States, 1974–87. *Tobacco Control* 1992; **1:** 31–6.
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Tobacco "control": a consumer-friendly term?

To the Editor – I continue to be pleased with the high quality and wide variety of articles in *Tobacco Control.*

As you well know, however, we have an entirely new ball game [in the US] since the Republicans took office, with the significant leaders in Congress being openly beholden to tobacco interests. Consequently, we are going to need to rethink our strategies, particularly looking at ways in which we can reach the average individual in terms that are emotionally meaningful to that person.

I wonder if we should take a serious look at the name of the journal, *Tobacco Control*? I can tell you, as a psychiatrist, that the last thing anyone wants is to be controlled by any external influence. Although you and I, and most readers of the journal, know that our goal is to control the devastating effects of tobacco consumption, the word "control" is not one likely to make our cause consumer-friendly. Perhaps if we can incorporate the concept that smokers and chewers really have no control over their behaviour and that smoking is a loss of autonomy and empowerment, we might reach people who otherwise would be turned off by the concept of "tobacco control"?

Perhaps we could invite readers to submit proposed new titles for our journal? Because our articles deal with the deleterious effects of tobacco, perhaps *Tobacco Pathology*, dealing with problems in the broad sense of the word, might be appropriate. From the standpoint of a psychiatrist, tobacco use is the most maladaptive behaviour that we encounter in both individuals and society, so something like *Tobacco Madness* or *Tobacco Craziness* might even be appropriate!

Keep up the good work.

SHELDON B COHEN
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In reply – Thank you for your thoughtful letter. Before we launched *Tobacco Control*, we solicited suggestions for the name of the journal through networks of people working in the field of tobacco and health. Titles we