Consciousness and Psychological Behaviors of Smokers
—Factors that cause people to start, continue, or stop smoking, and measures to be taken—

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Abstract: When implementing anti-smoking measures, we must consider factors such as the consciousness/psychology related to smoking. In Japan, despite legal restrictions, a lot of people start smoking as minors. While their motives for taking up the habit is not very clear, it seems to have to do with how the smoking habit has seeped into the society. The desire to feel connected with friends and availability of cigarettes also contribute to how people take up the habit. If we are to keep minors from smoking, it is important to provide anti-cigarette education that will not stimulate the curiosity of minors while also making adjustments to their social environment. For adults, on the other hand, it is important that we provide accurate knowledge on smoking to help smokers make decisions for themselves. Smokers must also understand the condition of nicotine dependency. When counseling smokers toward cessation, it is necessary to first conduct nicotine replacement therapy if there is marked nicotine dependence, and then help smokers to realize that the issue of smoking has to do with their own health so that they can make decisions for themselves. In the future, not only should changes be made to the social environment so that people are less inclined to smoke, but anti-smoking education should also be developed with the psychological aspects in mind.

Key words: Antismoking; Nicotine dependency; Antismoking guidance; Habitual smoking

Introduction

Smoking has become a large issue across the world, as it is now known to have a significant negative health effect not only on a smoker but also on non-smokers nearby due to the second-hand smoke caused by smoking. Even in Japan, smoking has been selected as one of the target...
items for “Healthy Japan 21 (a framework of health promotion),” and measures have been taken gradually to this day. Programs to help people stop smoking are available at clinics, hospitals, municipal offices, and public health centers. Nicotine gums have become available as over-the-counter drugs since September 2001, and NRT (nicotine replacement therapy) has also become more readily available. However, it cannot be said that the non-smoking rate increase is at an adequate level. Nicotine dependency, one of the causes that keep people from getting rid of their smoking habits, is weaker than dependency on psychostimulants or narcotics, and demonstrates little withdrawal syndrome. Nevertheless, people seem to have difficulty to stop smoking. One of the reasons may be that it is socially acceptable. However, despite the fact that science has revealed the adverse effects on health in recent years, the incidence of smoking among young people has not gone down but rather it is on the rise among young women. This may suggest that the motive for taking up the habit was not exactly a conscious one, which seems to have to do with how cigarettes might have had already integrated into their lives. The second most common responses, which were “encouraged by friends” and “fellow feeling,” suggest that sense of connectedness and imitation are motivating factors for smoking. Furthermore, initial survey results for junior high school students have revealed that they gained access to cigarettes because they were “found at home,” “given by a friend,” or “purchase at a vending machine.” This shows how smoking by family members and availability of cigarettes can contribute to the taking up of smoking habits by minors. Other investigations have shown that smoking by fathers and older brothers increases the chances of smoking by boys, and smoking by mothers and older sisters increases the chances of smoking by girls, suggesting that minors are greatly affected by same-sex smokers who are older than themselves. Moreover, moral decline in the society and the tolerant attitude of adults, particularly smokers, toward underage smokers are also adding momentum to smoking by minors.

Psychology of People Who Take Up Smoking Habits

Despite the fact that there is a law that prohibits the use of tobacco products by minors in Japan, the common time for people to taking up smoking habits has been know to be when they are still minors.

Since there has not been enough studies on smoking habits among minors, and there are large differences among minors, depending on region, sex, age, school, and timing of survey (before or after summer vacation), the actual situation of smoking among minors has not been adequately understood. Nevertheless, the following has been identified from the results that have been obtained thus far.

Surveys of senior high school students have shown that most smokers started smoking while they were in junior high school, and that reasons for taking up the habit were “no reason in particular,” “encouraged by friends,” and “curiosity.” Surveys of college students revealed that most smokers started smoking while they were in senior high school, and common reasons for taking up the habit were “curiosity,” “no reason in particular,” and “fellow feeling.” The fact that many responded “no reason in particular” may suggest that the motive for taking up the habit was not exactly a conscious one, which seems to have to do with how cigarettes might have had already integrated into their lives. The second most common responses, which were “encouraged by friends” and “fellow feeling,” suggest that sense of connectedness and imitation are motivating factors for smoking. Furthermore, initial survey results for junior high school students have revealed that they gained access to cigarettes because they were “found at home,” “given by a friend,” or “purchase at a vending machine.” This shows how smoking by family members and availability of cigarettes can contribute to the taking up of smoking habits by minors. Other investigations have shown that smoking by fathers and older brothers increases the chances of smoking by boys, and smoking by mothers and older sisters increases the chances of smoking by girls, suggesting that minors are greatly affected by same-sex smokers who are older than themselves. Moreover, moral decline in the society and the tolerant attitude of adults, particularly smokers, toward underage smokers are also adding momentum to smoking by minors.

Psychology of People Who Continue to Smoke

Smoking a cigarette once does not turn all people into regular smokers. Surveys of junior high school students showed that the reason why they continue to smoke is because cigarettes “produce a sense of exhilaration/satis-
BEHAVIORS OF SMOKERS

Table 1 Fagerstrom Tolerance Questionnaire (FTQ)
(Fagerstrom, 1978)

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers (Score)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How soon after you wake up do you smoke your first cigarette?</td>
<td>Within 30 minutes (1), After 30 minutes (0)</td>
</tr>
<tr>
<td>Do you find it difficult to refrain from smoking in places where it is forbidden (e.g., in churches, libraries, and movies)?</td>
<td>Yes (1), No (0)</td>
</tr>
<tr>
<td>What cigarette would you most hate to give up?</td>
<td>The first one in the morning (1), Any other (0)</td>
</tr>
<tr>
<td>How many cigarettes per day do you smoke?</td>
<td>26 or more (2), 16 to 25 (1), 15 or less (0)</td>
</tr>
<tr>
<td>Do you smoke more frequently during the first hours after waking than during the rest of the day?</td>
<td>Yes (1), No (0)</td>
</tr>
<tr>
<td>Do you smoke when you are so ill that you are in bed most of the day?</td>
<td>Yes (1), No (0)</td>
</tr>
<tr>
<td>What is the nicotine content of the cigarette brand you usually smoke?</td>
<td>1.3 mg or more (2), 1.0 to 1.2 mg (1), 0.9 mg or less (0)</td>
</tr>
<tr>
<td>How often do you inhale the smoke from your cigarette?</td>
<td>Always (2), Sometimes (1)</td>
</tr>
</tbody>
</table>

Table 2 Fagerstrom Test for Nicotine-Dependence (FTND)
(Heatherton, 1991)

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers (Score)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How soon after you wake up do you smoke your first cigarette?</td>
<td>Within 5 minutes (3), 6–30 minutes (2), 31–60 minutes (1), After 61 minutes (0)</td>
</tr>
<tr>
<td>Do you find it difficult to refrain from smoking in places where it is forbidden (e.g., in churches, libraries, and movies)?</td>
<td>Yes (1), No (0)</td>
</tr>
<tr>
<td>What cigarette would you most hate to give up?</td>
<td>The first one in the morning (1), Any other (0)</td>
</tr>
<tr>
<td>How many cigarettes a day do you usually smoke?</td>
<td>31 or more (3), 21–30 (2), 11 to 20 (1), 10 or less (0)</td>
</tr>
<tr>
<td>Do you smoke more frequently during the first hours after waking than during the rest of the day?</td>
<td>Yes (1), No (0)</td>
</tr>
<tr>
<td>Do you smoke when you are so ill that you are in bed most of the day?</td>
<td>Yes (1), No (0)</td>
</tr>
</tbody>
</table>

“faction,” “have a calming effect,” and “smell or taste good.” Reasons among adults are because it is “a habit” or because they would “not have any distraction,” “become irritable,” or “become bored” if they abstained from smoking. These results seem to show dependence on excitatory and inhibitory effects of nicotine that results from the pharmacological actions of nicotine. However, in addition to dependence on the pharmacological actions of nicotine, psychological dependence on cigarettes is also seen in responses such as “a habit” and “become bored.” Whether smoking is habitual and largely attributed to psychological factors or largely attributed to nicotine dependence can be determined by Fagerstrom Tolerance Questionnaire (FTQ; Table 1) and Fagerstrom Test for Nicotine Dependence (FTND; Table 2). When a person scores at least 6 points on the tests, smoking can be largely attributed to nico-
tine dependence, and when the score is low, smoking can be largely attributed to psychological factors. A survey of company workers and city employees conducted by a public health center showed that nicotine-dependent smoking with a score of at least 6 points was relatively uncommon and that the habitual factor had to do more with smoking in most cases. This suggests the importance to examine the issue from a psychological perspective.

Psychology of People Who Stop Smoking

Many surveys have shown that ex-smokers who successfully quit smoking did so because of the effects on themselves, with reasons such as “it is bad for health,” “health condition was poor at the time,” and “it does not taste good.” Smokers who wish to quit smoking gave reasons other than for themselves, such as “it is bad for health,” “it inconveniences others,” and “it costs too much.” While many reported a 20–30% success rate in relinquishing the habit of smoking, it seems that one of the keys to success is dependent on whether or not they can convince themselves that cessation would be good for themselves.

Measures for Successful Cessation

Based on the points mentioned above, the following measures may be beneficial.

1. Measures to prevent people from taking up smoking habits
   Since a lot of people start smoking before they are of age, and since it is clear that they are initially not dependent on nicotine, a psychological approach may be effective. For this purpose, it is necessary to provide scientific knowledge concerning smoking to minors in a way so that it would not stimulate their curiosity. Sketchy knowledge may have the reverse effect of rousing their curiosity. Along with scientific knowledge, they also need to learn how to tactfully decline invitation from friends to smoke together. In addition, when there are smokers in the family, due to the tolerant attitude toward smoking and availability of cigarettes, it is important to ask for the cooperation of the family. Besides just families, communities should also get involved in anti-smoking measures, such as by making it difficult for minors to purchase cigarettes.

   Educating minors alone tends to only produce temporary effects, and reportedly lacks durability of effects, which suggest that cooperation of people around minors is essential. Considering the fact that the target adult smoking rate has not been decided for the regional policy of “Healthy Japan 21” in most cities and towns, it is undeniably difficult to obtain the cooperation of the local community. However, the issue of how to establish cooperative relationships with the local society must be dealt with nonetheless if we are to keep minors from smoking. Issues such as when anti-smoking education should be started, what the content should be, and how to raise up educators are still at an exploratory stage, and will require cooperation of the local community and further examination.

   In order to keep adults from smoking, we must present sufficient scientific knowledge regarding tobacco. It would also be effective to show how to effectively reduce stress by means other than smoking. Although smoking can threaten health, it would be most effective to help a person fully understand the effects smoking has on both body and mind, and to let the smoker make a decision for himself/herself, rather than if the smoker tried to refrain from smoking out of fear of illnesses.

2. Anti-smoking measures
   Since smoking involves psychological factors and nicotine dependency, as mentioned earlier, tests such as FTQ and FTND should be conducted to determine which factor is dominant in each case. When the aspect of nicotine dependency is stronger, NRT should be con-
ducted, and withdrawal symptoms should be alleviated. For the psychological aspect, effective methods to help people feel better or to reduce stress should be taught. Smokers should also be advised to refrain from occasions where alcoholic beverages are served to keep themselves from falling into situations where their judgement tends to be impaired.

Although smoking has been socially acceptable in Japan, it has gradually been restricted in recent years, making this country a better environment in which to abstain from smoking than how it used to be. Encouraging each other as a group is also effective, as seen from examples such as “Anti-smoking Marathon using Internet.” However, in such cases, one must make sure that everyone in the group has the objective of relinquishing the habit of smoking. Participation by people with other objectives may cause disturbance to people who wish to quit smoking. Although many people who have experienced smoking cessation have often experienced several failures to abstain from smoking, such failure stories may also have an effect to lower the threshold for people to challenge smoking cessation.

While these things are effective for people who have made some form of decision to abstain from smoking, such as those who are in the preparatory phase or the implementation phase, we still need to solve a large problem of how to make smokers who are in the indifferent phase to consider getting rid of their habit if we are to figure out how to further reduce the smoking rate.

Currently, anti-smoking education places its primary focus on how to help people in the implementation phase to quit smoking, and there is insufficient emphasis on how to help people in the indifferent phase or the preparatory phase to move toward the implementation phase.

Lectures on smoking tend to place its emphasis on negative health effects on the smoker and the people nearby, and often lack information on the aspect of psychological dependency on smoking. Not only are encouragement toward cessation based on fear of illnesses and cessation for the sake of people around them not effective enough, but they can also cause smokers to feel resistant to the idea of abstaining from smoking. We must be very careful about these points as we promote anti-smoking activities in the future. As mentioned in the section regarding anti-smoking, smoking is legal, and decision concerning smoking is up to the smoker himself/herself. Since accurate information is needed for accurate decision making, information on the effect smoking has on the psychological aspect must also be well provided besides scientific information.

Conclusion

NRT is now more easily conducted in Japan, and management of nicotine dependency, which is one of the areas that had hindered smoking cessation, has become much easier than before. However, in order to reduce the smoking rate, we must not only provide anti-smoking education, but also figure out how to help smokers themselves to come to the decision of relinquishing their smoking habits. For this purpose, it is essential to spread scientifically accurate information on the effects of smoking on health and psychological effects. Unless smokers gain interest in cessation based on such information, and make the right decision for themselves, various anti-smoking methods and NRT will not prove to be effective. Future anti-smoking education should be developed not only from the perspective of how to help smokers who wish to quit smoking succeed in cessation, but also from the perspective of how to help many smokers move toward the implementation phase of cessation.

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