



Adolescent smoking

It is disappointing to see articles such as the one by André Gervais and colleagues¹ that are based on the old mantra that nicotine is very addictive and that it makes its victims “feel nauseated or ill” (as stated in the article), not to mention the airway burning and coughing it produces. Fundamentally, to be addictive a substance must give a pleasurable experience, not a noxious one. Gervais and colleagues report that mental addiction in adolescents sometimes occurs even before the initiation of smoking; this is more evidence that the primary forces of smoking addiction are psychosocial, not chemical. These kids are susceptible because of what smoking does for them socially and psychologically, not physically. This reality is absent from the article.

As a clinician, I commonly see smokers suddenly make up their minds to quit when there are no longer any psychological or social benefits to continuing smoking. They then experience no withdrawal symptoms, which is what one would expect when a noxious substance is removed. Similarly, I see many patients who do not experience any withdrawal symptoms over long hours spent in places where they cannot smoke, such as in their workplace, but they have cravings as soon as they are in an environment in which smoking is permitted.

It is the current bias to find a biological explanation for everything, but until we start recognizing the psychosocial factors that are the major forces

behind smoking addiction, we will continue to disempower our patients and fail miserably in dealing with the greatest epidemic of preventable deaths in the history of humanity.

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REFERENCE

1. Gervais A, O'Loughlin J, Meshefedjian G, et al. Milestones in the natural course of onset of cigarette use among adolescents. *CMAJ* 2006;175(3):255-61.

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André Gervais and colleagues have rightly pointed out that smoking prevention programs targeted to youth have little or no long-term impact on cigarette use because of our incomplete understanding of how and why young people start to smoke.¹ Recent developments in the field of chronobiology, however, have enhanced our under-

standing of the initiation of smoking in adolescents.²

The chronotype (the timing of rest and activity) is regulated by a biological clock that varies considerably from person to person. Genetic differences and environmental influences contribute to the distribution of chronotypes in a given population. Work schedules interfere considerably with most people's sleep preferences. Adolescents are late chronotypes;³ this group shows the largest differences in sleep timing between work and free days. This discrepancy between social and biological time has been called social jet lag. Recent research has revealed that a significant and striking direct relation exists between social jet lag and smoking.² Therefore, adolescents are at a greater risk of initiating cigarette use than are people in other age groups. We believe that simple behavioural means of adapting social and biological time would largely prevent the initiation of smoking in adolescents and could also

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