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Why Do Teens Smoke? American Indian and Hispanic Adolescents' Perspectives on Functional Values and Addiction

Tobacco use by the young is one of the greatest public health concerns in the United States and is targeted by a number of prevention and control programs. A fuller understanding of the social and cultural values that youths attach to smoking is important in achieving focused, effective prevention strategies. Drawing on data collected through individual and focus group interviews, this article examines reasons that Hispanic and American Indian youths give to explain their smoking. The analysis presented here focuses on two interrelated sets of reasons: the functional values of tobacco use (including mood management, peer influences, and image maintenance) and addiction. This article concludes with a discussion of the implications these data may have for prevention and cessation programs aimed at youth and outlines ideas for an anthropological research agenda on youth and tobacco. [addiction, youth, smoking]

Numerous indicators consistently demonstrate that tobacco use is one of the most significant health-compromising behaviors practiced by adolescents. It is estimated that every day in the United States over 6,000 teenagers try their first cigarette and that over 3,000 adolescents become new regular smokers (National Cancer Institute 2000; USDHHS 2001). Nationwide, 34.5 percent of high school students use some form of tobacco (USDHHS 2001). Many of these adolescent smokers will likely join the ranks of those adult smokers, currently estimated to be around 90 percent, who began smoking in their youth (USDHHS 1994:5). An existing burden of mortality and morbidity will likely increase as many of these individuals continue their tobacco use and begin to experience the numerous health complications clearly linked to smoking, including various cancers, heart disease, stroke, and emphysema. In fact, it is estimated that 50 percent of all smokers will die of causes directly linked to smoking (USDHHS 1996: 971–974).

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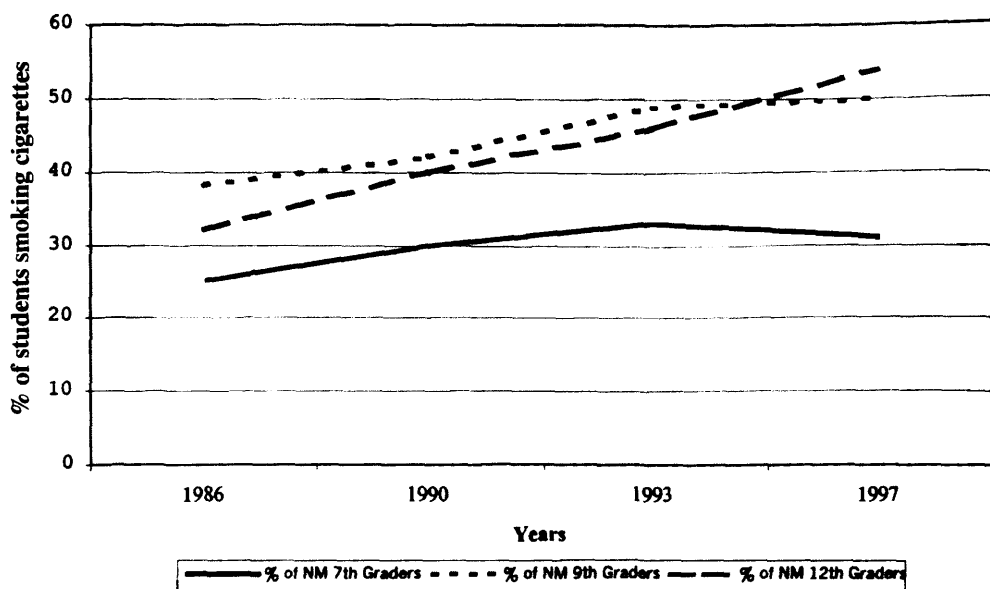


Figure 1

Trends in past-year cigarette use (%) among New Mexico students, 1986–1997. [NMDOH 1999]

In New Mexico tobacco use is of particular concern. New Mexico is one of the most ethnically diverse states in the United States, with large Hispanic (42 percent) and American Indian (9.5 percent) populations (U.S. Census Bureau 2001a) in addition to Anglos. It is also a very poor state; in 1999, New Mexico ranked highest in socioeconomic need in the United States, with over 20 percent of the state's population living in poverty (U.S. Census Bureau 2001b). The burden of poverty, along with the burden of disease, falls heavily on New Mexico's underserved populations, especially ethnic minorities. Noteworthy evidence suggests there was an overall upward trend in smoking among 7th, 9th, and 12th graders in New Mexico from 1986 to 1997 (NMDOH 1999; see Figure 1). Data from a 1997 statewide public school survey found higher past year cigarette use rates among Hispanics (47.6 percent) and American Indians (59.7 percent) than among Anglos (40.8 percent) (NMDOH 1999) (see Table 1). A number of factors have been cited to explain the patterns apparent in ethnic smoking, including tobacco advertising and promotion activities aimed at specific ethnic groups, depression, psychological stress, the price of tobacco products, and the capacities of minority communities to mount and sustain tobacco-control activities (USDHHS 1998).

Although the overall patterns of adolescent smoking prevalence in U.S. populations are relatively well documented,¹ fewer data are available that shed light on the social and cultural processes that underlie tobacco use patterns among the young. In this article we utilize qualitative data to explore the reasons American Indian and Hispanic youths in New Mexico provide to explain teen tobacco use. These explanations center on the perceived functional values associated with smoking as well as the addictive properties of nicotine. This article concludes with a discussion of these aspects of teen tobacco use and provides recommendations for future anthropological research and prevention efforts in this area.

Table 1
Patterns of past-year cigarette use:
Percentage of New Mexico youth reporting use

Gender	
Male	46.0
Female	47.5
Ethnicity	
Hispanic	47.6
Native American	59.7
Non-Hispanic	40.8
Grade in school	
7th	30.8
8th	42.9
9th	49.9
10th	52.6
11th	53.2
12th	53.8

[NMDOH 1999]

Background

Experts and, as we shall see, certain adolescents utilize two prominent discourses to explain adolescent tobacco use.

First, the functional values of smoking, the social rationales underlying tobacco use, are widely recognized as key to explaining and understanding tobacco use among adolescents. The influential Report of the Surgeon General (USDHHS 1994), for example, underscores this crucial aspect of adolescent smoking. Functional values are seen as one of several “personal factors” (USDHHS 1994:135) influencing smoking that also include “cognitive processes, values, personality constructs, and psychological well-being” (USDHHS 1994:135). Functional values arose, in part, as a heuristic construct to explain the persistence of smoking behaviors among the young in the face of widely circulated knowledge of the long-term health consequences of tobacco use. As the Report of the Surgeon General summarized, “Since knowledge of the harmful consequences of cigarettes does not appear to deter onset, researchers are examining the social reasons and purposes of smoking” (USDHHS 1994:136).

Second, a key ingredient of tobacco, nicotine, is widely accepted as an addictive substance. As a result, teen tobacco use is often associated with the behavioral and psychological markers of addiction, including dependence, withdrawal, the maintenance of tobacco use, and difficulty in quitting (Colby et al. 2000). Although functional values are often implicated in the onset of tobacco use, addiction to nicotine is often implicated in the maintenance of long-term use. In a sense, addiction provides one important bridge between adolescent experimentation with tobacco and persistent adult use (IOM 1994:29–68).

Research directed at examining the reasons underlying smoking among adolescents has increased in recent years as tobacco use and control has become one of the most heated public health issues in the United States. The tobacco industry is widely accused of selling a product that causes ill health, suffering, and death, and of engaging in immoral marketing practices that target youth, women, and ethnic minorities. Moreover, tobacco-industry documents and testimony from tobacco executives themselves indicate collusion to keep these practices hidden from the public.

These developments in the tobacco arena should pique the interest of medical anthropologists, because they emerge at a historical moment of heightened health consciousness characterized by a preoccupation with chronic and degenerative diseases, even among the well, a focus on lifestyle factors and their relation to health, an emphasis on the health effects of consumption choices, a preoccupation in the United States with sin and vice, and an increased awareness of the special status of specific groups within U.S. society, including women, youth, and ethnic minorities (Crawford 1984; Gillick 1984; Lupton 1995; Nichter and Nichter 1991; Schwartz 1986; Wagner 1997). For many in this highly charged, health-focused atmosphere, especially those concerned about the effects of secondhand smoke, tobacco control has taken on the character of a "crusade" for a "smoke-free society" with individuals and groups claiming rights to a "smoke-free" environment and identifying tobacco as "public enemy number one" (Koop 1985).

In conjunction with these sociocultural currents, the Master Settlement Agreement, a landmark settlement in November of 1998 between major tobacco companies, 46 states, and five U.S. territories, has meant that, for the time being, many tobacco-control programs have greater resources available to direct toward prevention efforts. Many state programs, following the "Best Practices" guidelines for tobacco control provided by the Centers for Disease Control and Prevention, are utilizing these funds to develop and expand community programs that engage adolescents to develop and implement tobacco-control efforts programs with the primary goal of "preventing the initiation of tobacco use among young people" (USDHHS 1999:3).

Despite the social and cultural importance of these developments and the research issues they raise, youthful tobacco use has received little attention in anthropology. This inattention exists in a wider context where, one recent analyst argued, the anthropological literature on tobacco in general is "remarkably scant" (Stebbins 2001). Indeed, the medical anthropology of substance use is dominated by studies of alcohol and other drugs, with but a few examples of ritual and traditional aspects of tobacco use (e.g., Black 1984; Linton 1924) as well as a limited number of studies emphasizing the symbolic and functionally adaptive aspects of smoking (e.g., King and Stromberg 2000; Kline et al. 1989; Nichter et al. 1997; Stromberg 2000). Other recent contributions by medical anthropologists in this area focus on the health, environmental, and political effects of the expansion of the tobacco industry into the developing world (Marshall 1997; Nichter and Cartwright 1991; Stebbins 1994) but provide few insights into tobacco use in the United States.

Although anthropologically oriented research on the functional values of smoking among ethnic youth has been sparse, researchers from other disciplines, especially in the field of public health, have taken the lead in providing a number of insights on this aspect of tobacco use. Several recent studies have used qualitative

data to contextualize the functional values of adolescent smoking in different ethnic groups. A recent multisite study funded by the Centers for Disease Control and Prevention directed specific attention to the social reasons underlying teen smoking. Results of this study illustrate the many social factors related to smoking in different ethnic adolescent groups in settings throughout the United States. Alexander et al. (1999), for instance, emphasize the roles of peer and family influences on teen smoking initiation, social conformity and acceptance, ethnic variation in brand preference, and initiatory themes and experiences. Others note specific social and cultural factors relating to protective influences against tobacco use in particular ethnic groups. Mermelstein et al. (1999) note how young African American females experience strong motivations not to smoke and strong social support reinforcing these motivations. This research underscores the impact of both tacit and explicit messages from parental and other family influences in shaping attitudes toward smoking. A study of the functional value of smoking among Oklahoma American Indian youth (Kegler et al. 1999) illustrates how smokers associate tobacco use with positive peer interactions, mood and image maintenance, and addiction. On the other hand, nonsmokers in this study related the functional value of not smoking to health consequences, physical performance, and family influences. Other researchers have focused on the many images and messages teens associate with smoking, including rebellion, appearance, and affect, and have suggested that rich, qualitative documentation of these phenomena is important in developing more comprehensive understandings of adolescent smoking processes and more effective interventions (Crawford 2001; Luke et al. 2001).

Other research undertaken as part of this multisite effort underscores the crucial role of specific social and cultural processes in shaping tobacco use. Research conducted as part of this project by the University of New Mexico Prevention Research Center suggests a wide array of contextual factors that influence tobacco use trajectories among American Indians and Hispanics, including intergenerational initiation, easy social access to tobacco, early family modeling of tobacco use, and family messages that promote smoking (Allen et al. n.d.). Conversely, this research also suggests the presence of unique social and cultural influences in each of these groups that may potentially facilitate tobacco use prevention and control. These factors include the cultural ideal of *respeto*, or respect, as a reason not to smoke, particularly among Hispanic girls, and the ritualized, controlled ceremonial use of tobacco in many American Indian tribes.

These and other studies illustrate how tobacco use is functionally perceived by many adolescents as a means by which to “act mature, be accepted by a peer group, have fun, cope with personal problems and boredom, or be rebellious” (USDHHS 1994:136). In addition, youth tobacco use is seen as “a coping behavior for adolescents who are dealing with disruptive and stressful family events” (USDHHS 1994:136). These values and perceptions exist in a sociocultural context where specific social norms regarding tobacco use that are actively promulgated by the tobacco industry (through advertising and promotion), the media, and peers associate smoking with cultural ideals of rebellion, independence, risk taking, individuality, self-confidence, attractiveness, and vitality (IOM 1994:71–73, 105–139). Amid this proliferation of images, messages, and values, it is no surprise that the young greatly overestimate prevalence of smoking among both adults and peers (IOM 1994:77–80). One report on youthful tobacco use concludes, “The

misperception of youths that the large majority of peers and adults use tobacco may well derive from the near-constant exposure youths experience to pro-tobacco messages and images, which make tobacco use seem common" (IOM 1994:80).

Although there are few anthropological studies on the functional values of smoking among the young, more attention has been directed toward studies of addiction, although, here again, few of these studies devote specific attention to this phenomenon among teen tobacco users. One recent trend in anthropological studies of addiction calls for consideration of a number of issues that may potentially bear on teen smoking, including attention to how commercial concerns like the tobacco industry shape meanings of addiction and what expressions of desire and consumption are deemed legitimate in a culture (Quintero and Nichter 1996). An area especially cited for research concerns the local meanings attached to addiction, with an emphasis on the importance of investigating and understanding the wide range of socially and culturally mediated meanings linked to specific substances and use patterns. Such meanings are sensitive not only to the social status and role responsibilities of individuals but also to ideals of self-identity in drug use management and the embodied experience of drug use.

Likewise, other analysts, while focusing on the context of dependence, highlight a set of similar issues in their consideration of tobacco addiction among the young. Shadel et al. (2000:S17) argue for the importance of examining the specific cultural contexts within which dependence develops, including consideration of definitions of dependence, values associated with specific consumptive behaviors, and the social identities associated with the use of specific substances.

In this article we expand on this growing literature, exploring the social values and perspectives on addiction associated with smoking among adolescents by examining qualitative results from focus group and individual interviews with American Indian and Hispanic youths in New Mexico. Our primary goal is to communicate the functional values of smoking and perspectives on addiction expressed by these adolescents and to examine how smoking is situated within their social worlds. To this end, we concentrate this analysis on several prominent inter-related themes centered on mood management, peer influences, addiction, and image maintenance.

Research Design and Methods

The data reported in this article were gathered as part of a larger multisite study on youthful tobacco use funded by the Centers for Disease Control and Prevention Office of Smoking and Health and the Robert Wood Johnson Foundation. As part of this research effort, focus groups were conducted in 11 schools in seven communities in New Mexico. These focus groups explored several aspects of adolescent tobacco use, including reasons for the use or nonuse of tobacco, media images associated with tobacco, messages adolescents receive regarding tobacco, and the social context of smoking. The focus group methodology was chosen because it is well suited to exploring group-defined attitudes, values, and experiences (Krueger 1998).

In addition, focus groups were supplemented by individual face-to-face interviews in each of the schools where focus groups were held. These individual

interviews focused on youthful activities, language and terminology used to talk about tobacco, perceptions of smokers and social smoking contexts, brand choice, reasons for tobacco use or nonuse, and the perceived risk associated with tobacco use. Individual interviews provided a means of exploring and documenting the range and variation of attitudes that might not emerge in a group setting. It should be noted, however, that this study has important limitations. It provides insight into a range of meanings that some individual youths from specific areas of New Mexico offered to explain teen smoking, but it does not provide any generalizable information on this phenomenon. These limitations should be taken into consideration throughout the analyses and interpretations that follow.

Youths for this study were recruited from rural American Indian and Hispanic communities in New Mexico. A total of 234 youths participated in the 38 focus group interviews that were conducted. Focus groups were stratified by ethnicity, gender, and smoking status. A summary of focus group participant characteristics is provided in Table 2. These focus group interviews were supplemented by individual interviews with 34 youths. The background characteristics of these participants are provided in Table 3.

All interviews were tape-recorded and transcribed verbatim and all subject identifiers edited out in order to protect the anonymity of participants. The text of these transcripts was then imported into QSR NUD*IST, a multifunctional software system for qualitative research, for management and analysis. Two coders examined transcripts and coded these texts for specific themes, behaviors, and images related to smoking. Codes for these data highlighted a number of different smoking-related domains, including youthful activities and smoking behaviors, health, reasons for smoking (or not), perceptions of smoking and smokers, smoking contexts, and tobacco-related messages.

Several search and indexing tools within NUD*IST were employed to identify themes and issues revealed in group and individual interview settings. Relationships among themes regarding functional values of smoking, reasons to smoke, perceptions of smoking, type of interview setting, and the ethnic and gender composition of participants were explored with NUD*IST node reports and matrix and intersection functions. These applications retrieved statements from interviews regarding the functional aspects of smoking and comments regarding addiction.

Findings

Interviews provided a number of insights into why youths smoke. Although interviewees cited a wide range of reasons to smoke, the most popular values to emerge centered on mood management, peer influences, addiction, and image maintenance (see Table 4 for a descriptive summary of these themes). In what follows, we provide an overview of findings from each of these areas.

Mood Management

Mood management, the control of affective states through tobacco use, was one of the most pervasive themes to emerge from discussions focusing on reasons to smoke. In both interviewing formats, both American Indian and Hispanic youths

Table 2
Background characteristics of focus group participants
***N* = 234**

	<i>N</i>	%
Gender		
Male	106	45
Female	128	55
Age (years)		
12	1	< 1
13	24	10
14	60	26
15	97	41
16	45	19
17	6	3
Missing	1	< 1
Ethnicity		
Hispanic	122	52
Native American	111	47
Non-Hispanic White	1	< 1
Grade in school		
7th	10	4
8th	33	14
9th	153	65
10th	28	12
11th	4	2
Missing	6	3
Ever tried cigarette		
No	61	26
Yes	172	74
Missing	1	< 1
Number of cigarettes smoked in whole life		
Part or all of one	40	17
2–5	40	17
6–20	32	14
1–5 packs (21–100 cigarettes)	30	13
More than 5 packs	51	22
Missing	41	18

noted the varied affective reasons for smoking. These ranged from using tobacco to relax, calm down, and relieve stress to smoking in order to treat various emotional and bodily states of being, including “nerves,” anger, frustration, depression, and “boredom.”

Table 3
Background characteristics of individual interviewees
N = 34

Age (years)	Gender		Smoking Status*		Ethnicity	
	Male	Female	Smoker	Nonsmoker/ Experimenter	Hispanic	Native American
14.92 (mean)	59%	41%	53%	47%	47%	53%
14–17 (range)						

*Note: Smokers were those who reported smoking at least one cigarette in the last 30 days. Nonsmokers/Experimenters were those who reported never having smoked a cigarette or reported smoking just once in their life (but not within in the last 30 days).

Teens described a number of stresses they routinely faced, and in one focus group of Hispanic girl smokers, participants were particularly forthcoming in discussing the contextual factors influencing their moods.

I stress about . . . my family and stuff like that. I stress because I’ve been going out with my boyfriend a year and five months and I stress out because he lives in Albuquerque and I live down here. . . . When I’m all stressed out or like I’m about to explode, I just like, I’ll get a cigarette, and I’ll be relaxing all good.

Other respondents offered quite compelling and vivid descriptive accounts of the physical and emotional effects of tobacco use. From a focus group of Hispanic girl smokers came the following:

It . . . gives you a buzz. It . . . feels good. It like drowns all your worries. It’s like you know they’re still going to be there, but they’re just like, they’re gone for the moment. I don’t know how to explain it. Just like, like to do something to me, it’s

Table 4
Reasons to smoke cited in focus group and individual interviews by ethnic group
N = 72 total interviews

	Hispanic		Native American	
	N	%	N	%
Mood management	24	33	17	24
Peer influences	23	32	22	30
Addiction	22	30	25	35
Image maintenance	19	26	19	26
Family influences	13	18	6	8
Physiological effect	12	17	7	10
Curiosity	9	13	5	7

Note: This list is not exhaustive but presents only those themes that were cited in at least 10 percent of the Hispanic or Native American interviews. Advertising was cited in only two (3 percent) Hispanic and six (8 percent) Native American interviews. *Only the italicized reasons are discussed in detail in this article.*

just like a release—it's just like it releases all my problems. I don't think about them while I'm doing it, nothing. It's like, I don't know. It's weird because like . . . the cigarette is your friend. It's like you don't have a friend in the world or something, and then you just go and you light up the cigarette and it's like everybody's your friend.

Tobacco use was cited as a functional means of mediating specific emotions like anger, as in this comment from a focus group of American Indian boy smokers: "Because it [smoking] helps . . . to keep me settled . . . not to get mad or something, not to get frustrated."

Similar commentaries offered in a focus group of American Indian girl smokers underscore the embodied release associated with tobacco use: "When you inhale it takes all the anger out and then when you exhale it like releases your anger. It just relaxes you."

Peer Influences

Another common theme centered on the influence peers, friends, and significant others have on teen smoking. Commentaries within this domain referenced feelings commonly associated with adolescence, including a sense of belonging, fitting in, and being popular. The following observation in a Hispanic girl smokers focus group illustrates this aspect of tobacco use: "I think [people smoke] because other people around them do it, and so they want to be like them. I mean maybe he'll like me more if I smoke."

A similar sentiment was revealed in a focus group of Hispanic girl nonsmokers: "The main thing, I think it's just probably to fit in. Like oh, this group and they're, they have popular people, like, 'Yeah, I like that guy. I want to fit in.' They'll probably do it."

Other interviewees underscored the influence of overt pressure from older peers and the role of older siblings and other family members in initiating younger children into smoking. Direct peer pressure to smoke was mentioned in the context of older adolescents influencing younger peers to try cigarettes, and youths noted that those who associated with smokers would almost inevitably smoke themselves. Peer influences were tied to addiction and many of the difficulties youth experienced if they tried to quit. In a context where a youth often socialized with smokers, it was hard to quit smoking.

I started smoking in fifth grade, when I was with my brother and his friend. It wasn't that fun. I started choking. My brother started laughing at me because he was with his friends and I was trying to be all "Yeah, I'm bad." I started choking. They all started laughing at me so I just walked home. [focus group of Hispanic girl smokers]

Other peer influences related to competition among males, as noted in an interview with a Hispanic male smoker: "It [smoking] is sort of a competition thing really. It's what me and my friends do like we say who can take the longest drag, stuff like that."

Image Maintenance

Youths who were interviewed also recognized that smoking serves to project and maintain certain social images and identities. Smoking was associated with perceptions of being important, independent, and mature—in short, being “cool.”

[My friends smoke because] they’re trying to look cool in front of other people.
[individual interview with Hispanic boy nonsmoker]

I think it was because a lot of people thought you’d be all popular if you smoked. It would make you feel older, make you feel like you’re grown up. [focus group of American Indian girl smokers]

An interview with a Hispanic girl smoker provided further insights into the social dimensions of smoking in adolescent settings. This interviewee noted that smoking was a social activity: students congregated with their peers while they were smoking, primarily to talk. She associated smoking with two groups in particular: “skaters” (those who listened to heavy metal music and wore baggy clothes) and “cholos” (Hispanic youths who dressed in a specific style and were sometimes affiliated with gangs).

Another group the interviewee associated with smoking included the “tag alongs” or “loners”—individuals without clique membership who wanted to fit in. She noted, “Tag alongs don’t have an identity. They go from group to group. They smoke because they want to fit in, but they are not regular smokers. This type of person doesn’t do drugs or alcohol—they just tag along.”

When probed, however, the interviewee also noted with apparent amazement that “students that you wouldn’t think smoke are smoking. You know . . . normal students.” In fact, she noted that popular, “normal” youths smoke in order to provide a visible cue, a relatively penalty-free way of demonstrating that they are “cool” without having to indulge in more risky, less socially acceptable, and less visible activities like drug and alcohol use.

Addiction

One of the most common reasons cited for teenaged smoking, particularly among American Indians, was the physiological, emotional, and psychological effects associated with addiction. Within this domain, most commentaries dealt with the difficulty of quitting. Addiction was linked by respondents not only to physiological needs, habit, tolerance, and solo use but also to affect control and, in this way, overlapped with notions regarding the mood-management functions of smoking.

People smoke because you’re used to it, just addicted to it. You really don’t like anything about it. You just have to have it. It relieves you. It’s just like you have to have, you have to wash your face in the morning. You just have to have a cigarette.
[focus group of American Indian girl smokers]

I just think I need it. Right now I’m addicted. I want to get away from it. Every time they pull out a cigarette, I just want to have one or something. [focus group of American Indian girl smokers]

Addiction was also cited as an underlying factor related to perceived differences in use patterns among youths:

I think [teens smoke] because like some of them are like . . . I guess like big time addicted to it. And like the ones who aren't, you know, it's not like, you know, affecting us all big or anything. So like, you know, there's a cigarette and they're going to smoke, but you don't need it or anything. Or if you don't feel like smoking, you're not going to smoke it and stuff. [individual interview with a Hispanic girl smoker]

One of the distinguishing characteristics of addiction, in both expert and lay models, is difficulty in quitting the use of a particular substance. This aspect of addiction was widely recognized by interviewees:

They quit for about a week, but then when they saw, when they saw like their friends smoking again I guess, they just had to have one or something . . . because of the nicotine. They were really addicted. [focus group of American Indian girl nonsmokers]

Interviewees also shared quite detailed descriptions of another widely recognized aspect of addiction—the development of tolerance.

It's a boring feeling after a while. It doesn't feel the same anymore. You have to like smoke more to get that feeling—to get that like little high. It's the nicotine. It's not enough. You need like more. The feeling gets shorter. It only lasts for like a minute maybe. Usually it lasts about four or five minutes. It gets shorter and shorter until when you smoke a cigarette like you get used to it, but you're getting used to it, it just goes down. Like with a drug addict. Like your body needs more, so it can feel like you did in the beginning. 'Cause your body is used to it. It gives you a—it's a long feeling around your first time. Later on you get used to it, it gets shorter and shorter every time. It's like a tingly sensation all over your body. It's like, you know, you go like this to show strength in your hand, and you smoke it like you don't feel it. It's like—like it numbs it for a little while, and you get this little feeling in your head, your head and a tingling body. It's a good feeling. [focus group of Hispanic boy smokers]

Respondents also recognized the role of smoking and tolerance in a progression of drug use.

Say they smoke, then they get bored with smoking, they'll go up to marijuana. Then they get bored with marijuana and go to cocaine. They'll go up like that because they bored. Some people get bored. They're like, "I'm bored with this, so let's try something else." They'll go and check it themselves. They'll keep on going up to get more. Bored with the same thing. That's when their addiction starts. [individual interview with Hispanic boy nonsmoker]

Conversations about addiction also revealed important information regarding perceptions of the addict within teen social groups and intergender relationships.

If I see a guy and he's like addicted to smoking, then it kind of gets sick. I don't want him to like have the smell and everything. But if they like just smoke one or two a day, no, my opinion doesn't change, but if every time I see him, he's always smoking, that would change me, because it's gonna like seem that they love the smoking more than they do you. It's like they're going to put more attention to the

cigarettes more than you. Like, well, "I've got to have my cigarette" instead of "Oh, I need to call her." [focus group of Hispanic girl smokers]

Other insights regarding adult and youth differences in addiction and tolerance were revealed in an interview with an American Indian girl nonsmoker:

I think that maybe kids my age probably really don't care, even though their bodies still ain't developed, I mean, it just, ah . . . they get really addicted to it because of what's in it. I think that they do it because of what their friends tell them. Their friends tell them how it is and everything, then they want to try it and they get addicted to it, and then their parents come in saying that they can't handle it because of their body and they're still young, but for an older person it's different for them because they're fully grown and they can handle it. But for a younger person, it just slows down your growing system. That's what I think.

Discussion

American Indian and Hispanic youths cited a wide range of reasons for smoking, including family influences, curiosity, and personal choice. Along with addiction, three specific functional values, image maintenance, peer influence, and mood management, emerged from interviews as being the most prominent reasons teens gave to account for adolescent smoking. The functional values cited here are complex, varied, and wide-ranging; they are sensitive to observed and perceived patterns of use, including perceptions of how many cigarettes people smoke, how often, and what motivations, both expressed and unexpressed, underlie use. Smoking is explained as a conscious choice, a calculated consumption to project image, and as a means of identifying with peer groups and managing mood.

A number of research questions and issues are suggested by this study. First, there are several noteworthy similarities and differences in the reasons given by the two ethnic groups considered here for teen smoking (see Table 4). Similarities between these two groups were quite pronounced and parallel findings from other ethnic groups, including Anglos, Asian American/Pacific Islanders, and African Americans (Mermelstein et al. 1999). Within both groups, mood management, image maintenance, peer influences, and addiction were the most popularly cited reasons, but the emphasis these groups gave to each of these factors varied somewhat. Addiction was the most popular reason cited by American Indian youths, whereas mood management was the reason most widely offered by Hispanic teens. Although physiological effects, family influences, and curiosity were not cited as often as mood management, image maintenance, peer influences, and addiction, they may still be important reasons why teens smoke, particularly among Hispanic adolescents (see Table 4). Future research should be directed at more systematically documenting and exploring these specific differences. Such basic data are key to the development of prevention and cessation efforts that more effectively address these aspects of tobacco use among young people.

Another important area of investigation suggested by these data centers on the ways in which the tobacco industry perpetuates and manipulates functional values through advertising and promotional campaigns directed at youth. The ubiquity of specific functional values among minority youth, including mood management and image maintenance, should direct our attention to documenting and analyzing how the tobacco industry specifically uses images and messages associated with

these values. Indeed, the Surgeon General's (USDHHS 1994:159–195) overview of the effects of advertising on young people explicitly recognizes the strategic importance of this group for the tobacco industry. Youth are exposed to a variety of ads that use salient images associated with the attractiveness, independence, and social functions of smoking. These images help to generate a gap between real and ideal self-image among young smokers and insert a product, tobacco, to fill that void. In addition, the tobacco industry has engaged in targeted advertising and promotional campaigns in minority communities. These efforts have included a high level of tobacco product advertising in ethnic publications and tobacco industry sponsorship of important ethnic events. These strategies may undermine prevention efforts (USDHHS 1998). Research is needed that more effectively documents these advertising strategies in local, rural minority communities.

In connection to this issue, it is noteworthy that the youths who participated in this research did not emphasize the role of tobacco industry advertising when discussing the reasons teens smoked. This, in spite of a great volume of evidence (effectively synthesized in IOM 1994:105–139) indicating that specific advertising and promotional strategies, including retail value-added promotions, promotional allowances, magazine advertising, and the sponsorship of sporting and entertainment events, appear to influence youthful attitudes and behaviors regarding tobacco use. This influence encompasses perceptions of tobacco use, including its social acceptability, its potentially positive impact on social image, and its alleged relaxing and healthful qualities (IOM 1994:123). The relatively low emphasis that our interviewees gave to advertising may suggest that this aspect of tobacco use is not widely recognized by the young. The fact that advertising is mentioned at all, however, may point to the development of an emerging trend in attitudes among youth. Further anthropological work in this area will be crucial because systematic documentation of shifts in youthful perceptions regarding the influence of tobacco advertising may be an important means of assessing the effectiveness of those youth tobacco prevention programs, like the American Legacy Foundation sponsored "Truth campaign" that directly target this aspect of tobacco industry influence.

In another domain, girls' comments that it was acceptable for a boyfriend to smoke, but not if he was addicted, point to the importance of recognizing the social and cultural factors mediating perceptions of addiction and a need for more anthropological research on the semantics of addiction and dependence. Clearly, role performance and expectations have an impact on definitions of addiction and who is labeled an addict. Addiction may be judged by a person's ability to adequately fulfill social and cultural expectations as much as health and physiological criteria (Quintero and Nichter 1996). Given these social parameters delimiting acceptable and nonacceptable use, it is important to document how some teens manage their use in a way that stays within these boundaries. In a social environment where at least some levels of risk and deviance are acceptable and actively sought (e.g., "being cool" by smoking), it is important to determine how teens manage limited use without getting addicted. More studies of low-level tobacco users are needed in order to develop a deeper and more comprehensive understanding of this drug-use phenomenon. A central theme within this line of research would be the use of tobacco, including addictive use, as a marker of identity, or an examination of how various groups and social classes use consumption of specific commodities to define

themselves within certain social fields in specific historical moments (Bourdieu 1984). Such investigations and analyses would not only invite us to consider tobacco use, and nonuse, as symbols of group identity, a means of establishing group identity through use, but would also shed light on how tobacco consumption generates symbolic capital and social position within adolescent cliques and crowds.

It is also important to note that the descriptions of addiction offered by interviewees in our study closely parallel crucial features of nicotine dependence in the professional literature. American Indian and Hispanic youths offered compelling descriptions of nicotine dependence, referring to dose-dependent psychoactive effects, positive reinforcement, the need for repeated exposures for dependence to develop, tolerance, withdrawal, compulsive use, and the use of tobacco for stress management and emotional upset (Shadel et al. 2000).

One trend revealed in our investigation was that American Indian adolescents were more likely to cite addiction as a reason to explain youthful smoking. How might this finding relate to the semantics of addiction in wider local American Indian community settings, where substance abuse and alcoholism are seen as major social and health problems? One promising avenue for future anthropological research would be to investigate whether American Indian groups are especially sensitive to viewing certain substance-use behaviors as addictive because of their past history with alcohol use. In a similar way, among Hispanic males, the functional value of outstripping and outdoing others may shape tobacco use patterns in ways that have clear implications for prevention and cessation programs targeting these youths. Exploring the subtle variations in functional values that may be tied to local social and cultural conditions is important to developing a more comprehensive understanding of the semantics of addiction. Such investigations of local conditions should not only include consideration of ethnic and gender differences, but also explore differences among other important adolescent groups. How does the application of these functional values vary among smokers and nonsmokers? Are certain reasons and values more common currency within certain cliques and groups (e.g., "stoners")? Are certain use patterns and consumption styles associated with specific social groups, and are these styles more likely to be labeled "addictive" than other use patterns? Our data suggest that this may be the case.

Given the important place of youth in tobacco cessation and prevention efforts, it is appropriate to ask what implications these data hold for programs aimed at youth. Clearly, these data speak to the need for program planners to take the time needed to recognize and understand physical, social, and psychological motivations underlying tobacco use in order to more effectively address them. A closer look at tobacco cessation programs for youth indicates that many of these factors are not being integrated. Although one popular program, the American Lung Association's NOT (Not On Tobacco) curriculum, recognizes the importance of social values in youthful smoking, addresses stages of readiness for quitting, utilizes multiple strategies in cessation, and explicitly recognizes and addresses gender issues in smoking cessation, it does not examine and address ethnic social and cultural factors that may be related to smoking (American Lung Association 2000). This program attempts to engage ethnic diversity by asking program facilitators to acknowledge students' different perspectives on tobacco use, to be aware of language differences, to include ethnic foods, rituals, and music, and to encourage students to share cultural perspectives. Although the intentions here are no doubt

admirable, as anthropologists, we should be critical of the way this process might mystify culture while obscuring local, socially mediated functional values that should be addressed in order to support this important behavioral change. As the Surgeon General notes, "To be culturally appropriate, tobacco control programs must reflect the targeted racial/ethnic group's cultural values, consider the group's psychosocial correlates of tobacco use, and use strategies that are acceptable and credible to members of the group" (USDHHS 1998:14).

Other research in this area could potentially improve prevention and cessation efforts for young people if it could establish a progression through these values and patterns of use. Adolescents might start smoking for social image reasons, for instance, but continue smoking to maintain peer relations, then begin to use tobacco for mood management, and finally become psychologically or physically addicted to nicotine. Prevention and cessation programs might be tailored to address each of these specific areas. An additional step in research could involve an examination and analysis of existing programs to determine if these themes are addressed in effective ways.

Conclusion

Tobacco use is one of the most polemic arenas of public health in the United States. In spite of heightened awareness and targeted prevention and cessation efforts, tobacco use remains common among young people. Two of the reasons most commonly cited to explain the enduring popularity of youthful smoking, by professionals and adolescents alike, are the social values associated with tobacco use and the addictive properties of nicotine. Interviews conducted with American Indian and Hispanic youths as part of a multisite qualitative study provide insights into the role tobacco use plays in addiction, mood management, image maintenance, and peer relationships. These insights not only provide rich descriptions of tobacco use, but also have implications for adolescent prevention and cessation programs, models of addiction and dependence, and future anthropological work in the study of tobacco.

NOTES

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1. An important exception to this is a lack of accurate surveillance data for American Indian groups (see Gilliland et al. 1998).

REFERENCES CITED

- Alexander, C. S., P. Allen, M. A. Crawford, and L. K. McCormick
1999 Taking a First Puff: Cigarette Smoking Experiences among Ethnically Diverse Adolescents. *Ethnicity and Health* 4:245-257.

- Allen, P., C. S. Alexander, M. A. Crawford, J. Gittelsohn, L. K. McCormick, and S. Davis
N.d. Reasons to Smoke and Not to Smoke Tobacco among Rural and Urban Teens from Four Ethnic Groups. Unpublished MS, New Mexico Tumor Registry, University of New Mexico.
- American Lung Association
2000 N-O-T, Not On Tobacco: The Premier Teen Smoking Cessation Program. Morgantown: West Virginia University Research Corporation and the American Lung Association.
- Black, Peter W.
1984 The Anthropology of Tobacco Use: Ethnographic Data and Theoretical Issues. *Journal of Anthropological Research* 40:475–503.
- Bourdieu, Pierre
1984 *Distinction: A Social Critique of the Judgment of Taste*. London: Routledge.
- Colby, Suzanne, Stephen T. Tiffany, Saul Shiffman, and Raymond S. Niaura
2000 Are Adolescent Smokers Dependent on Nicotine?: A Review of the Evidence. *Drug and Alcohol Dependence* 59(1):S83–S95.
- Crawford, Myra A.
2001 Cigarette Smoking and Adolescents: Messages They See and Hear. *Public Health Reports* 116(1):S203–S215.
- Crawford, Robert
1984 A Cultural Account of “Health”: Control, Release, and the Social Body. *In* *Issues in the Political Economy of Health Care*. John B. McKinley, ed. Pp. 60–101. London: Tavistock.
- Gillick, M. R.
1984 Health Promotion, Jogging, and the Pursuit of the Moral Life. *Journal of Health Politics, Policy and Law* 9:369–387.
- Gilliland, Frank D., Renate Mahler, and Sally M. Davis
1998 Non-Ceremonial Tobacco Use among Southwestern Rural American Indians: The New Mexico American Indian Behavioral Risk Factor Survey. *Tobacco Control* 7:156–160.
- Institute of Medicine (IOM)
1994 *Growing Up Tobacco Free: Preventing Nicotine Addiction in Children and Youths*. Washington, DC: National Academy Press.
- Kegler, Michelle C., Beverly Kingsley, Lorraine Halinka Malcoe, Vicki Cleaver, Julie Reid, and Glenn Solomon
1999 The Functional Value of Smoking and Nonsmoking from the Perspective of American Indian Youth. *Family and Community Health* 22:31–42.
- King, Vanessa, and Peter Stromberg
2000 The Battle of the Frames: Negotiating Relationships Concerning Power and Spatiality. Paper presented at the Annual Meeting of the American Anthropological Association, San Francisco, November 15–19.
- Kline, Annette, Michael C. Robbins, and J. Stephen Thomas
1989 Smoking as an Occupational Adaptation among Shrimpfishermen. *Human Organization* 48:351–355.
- Koop, C. Everett
1985 A Smoke Free Society by the Year 2000. *New York State Journal of Medicine* 85:290–292.
- Krueger, Richard A.
1998 *Analyzing and Reporting Focus Group Results*. Thousand Oaks, CA: Sage Publications.

Linton, Ralph

1924 The Use of Tobacco among North American Indians. History Leaflet No. 15. Chicago: Field Museum of Natural History.

Luke, Douglas, Peg Allen, Gretchen Arian, Myra Crawford, S. Headen, C. Spigner, P. Tassler, and J. Ureda

2001 Teens' Images of Smoking and Smokers. *Public Health Reports* 116(1):S194-S202.

Lupton, Deborah

1995 The Imperative of Health: Public Health and the Regulated Body. London: Sage Publications.

Marshall, Mac

1997 Tobacco Prevention in the Federated States of Micronesia. *Drug and Alcohol Review* 16:411-419.

Mermelstein, R., and the Tobacco Control Network Writing Group

1999 Explanations of Ethnic and Gender Differences in Youth Smoking: A Multi-Site, Qualitative Investigation. *Nicotine and Tobacco* 1:S91-S98.

National Cancer Institute

2000 Tobacco Research Implementation Plan: Priorities for Tobacco Research Beyond the Year 2000. Bethesda: Tobacco Research Implementation Group, National Cancer Institute, National Institutes of Health.

New Mexico Department of Health (NMDOH)

1999 1997 New Mexico School Survey Final Report: State Demands and Needs Assessment Studies, Alcohol and Other Drugs No. 270-96-0004. Santa Fe: New Mexico Department of Health, Public Health Division, Office of Epidemiology, Behavioral Epidemiology and Evaluation Unit.

Nichter, Mark, and Elizabeth Cartwright

1991 Saving the Children for the Tobacco Industry. *Medical Anthropology Quarterly* 5:236-256.

Nichter, Mark, and Mimi Nichter

1991 Hype and Weight. *Medical Anthropology* 13:249-284.

Nichter, Mimi, Mark Nichter, Nancy Vuckovic, Gilbert Quintero, and Cheryl Ritenbaugh

1997 Smoking Experimentation and Initiation among Adolescent Girls: Qualitative and Quantitative Findings. *Tobacco Control* 6:285-295.

Quintero, Gilbert, and Mark Nichter

1996 The Semantics of Addiction: Moving Beyond Expert Models to Lay Understandings. *Journal of Psychoactive Drugs* 28:219-228.

Schwartz, Hillel

1986 Never Satisfied: A Cultural History of Diets, Fantasies, and Fat. New York: Free Press.

Shadel, William G., Saul Shiffman, Raymond Niaura, Mark Nichter, and David B. Abrams

2000 Current Models of Nicotine Dependence: What is Known and What is Needed to Advance Understanding of Tobacco Etiology among Youth. *Drug and Alcohol Dependence* 59(1):S9-S21.

Stebbins, Kenyon R.

1994 Making a Killing South of the Border: Transnational Cigarette Companies in Mexico and Guatemala. *Social Science and Medicine* 38:105-115.

2001 Going like Gangbusters: Transnational Tobacco Companies "Making a Killing" in South America. *Medical Anthropology Quarterly* 15:147-170.

Stromberg, Peter, and Vanessa King

2000 Culture and Cigarette Smoking: A Theoretical Overview. Paper presented at the Annual Meeting of the American Anthropological Association, San Francisco, November 15-19.

U.S. Census Bureau.

- 2001a New Mexico Quickfacts. Electronic document, <http://quickfacts.census.gov/qfd/states/35000.html>, accessed June 14, 2001.
- 2001b Poverty 1999—Percent of People in Poverty by State: 1997, 1998, and 1999. Electronic document, <http://www.census.gov/hhes/poverty/poverty99/pv99state.html>, accessed June 6, 2001.

U.S. Department of Health and Human Services (USDHHS)

- 1994 Preventing Tobacco Use among Young People: A Report of the Surgeon General. Atlanta: Centers for Disease Control and Prevention.
- 1996 Projected Smoking-Related Deaths among Youth—United States. Mortality and Morbidity Weekly Report 45:971–974.
- 1998 Tobacco Use among U.S. Racial/Ethnic Minority Groups: A Report of the Surgeon General. Atlanta: Centers for Disease Control and Prevention.
- 1999 Best Practices for Comprehensive Tobacco Control Programs. Atlanta: Centers for Disease Control and Prevention.
- 2001 Youth Tobacco Surveillance—United States, 2000. Mortality and Morbidity Weekly Report 50, SS-04.

Wagner, David

- 1997 The New Temperance: The American Obsession with Sin and Vice. Boulder: Westview Press.

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