

Submission

No 59

**INQUIRY INTO TOBACCO SMOKING IN  
NEW SOUTH WALES**

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**Theme:**

**Summary**

Malcolm GLADWELL,  
*The TIPPING POINT: How Little Things Can Make a Big Difference*, 2000,  
Abacus paperback, Little Brown & Co, UK  
edited extract from a book summary  
by Ned Icton, MB, BS, DTM&H

**This paper addresses two of the terms of reference of the 2006 NSW Government's tobacco-smoking Inquiry:**

- (b) the effectiveness of strategies to reduce tobacco use, and
- (e) the effectiveness of media, educative, community and medically-based Quit initiatives.

**General Principles suggested for efforts to reduce smoking in society:**

- \* **Recognise it as a social epidemic.**
- \* **As such, like fashion, it can tip and take off, or it can tip and collapse.**
- \* **A main point is that nearly all adult smoking begins in adolescence.**

**The preliminary explanation below provides the background to the later suggestions on how to interrupt the smoking epidemic.**

*The Tipping Point* is the biography of an idea. This idea explains the best way to understand the emergence of fashion trends, the ebb and flow of crime waves, the transformation of unknown books into best sellers, the rise of teenage smoking, the phenomena of word-of-mouth, or any number of other mysteriously rapid social changes that mark everyday life. ***Think of them as epidemics, spreading just like viruses do.***

The features to be observed demonstrate a basic underlying pattern:

- \* evidence of *a contagious cultural process*;
  - \* what are seemingly little changes combining to have big effects;
  - \* *magnified changes occurring when a 'tipping point' is crossed*; and
  - \* contagion then producing big changes in a hurry - a geometric progression;
- and
- \* *three kinds of rare people playing a major social catalyst role:*  
'Connectors', 'Salesmen' and 'Mavens'.

(but Mavens are not dealt with further in this short piece)

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### **1. The Three Rules of Medical (and Social) Epidemics:**

There are three different ways the balance is shifted and an epidemic tips:

- \* a change in the overall context, like a new addictive drug; (the environment)
- \* the reduction of disease control services; (the disease itself) and
- \* a dislocation of the carriers' lifestyle (the people/agents who transmit it)

From these factors come

'the three Laws' of 'tipping points': 1. The Law of the Few.

2. The Stickiness Factor; and
3. The Power of Context;

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### **1 a) The Law of the Few:**

In a given process or system, some people matter more than others. We know that 20% of motorists cause 80% of all accidents. Or 20% of people consume 80% of the beer market. *When it comes to the process of tipping in medical or social epidemics, however, only a tiny percentage do the majority of 'the work'.*

In all of the city of Colorado Springs, for example, with more than 100,000 people - an epidemic of gonorrhoea tipped because of the activities of only 168 people living in four small neighbourhoods and basically frequenting the same six bars. They were unusual people - people who go out every night, and have vastly more sexual partners than the norm. An example of an individual Connector/Salesman: in a town near Buffalo, NY, a particular man juggled dozens of girls, maintaining three or four different apartments around the city, all the while supporting himself by smuggling drugs up from the Bronx. This man is known to have infected at least sixteen of his girlfriends with AIDS.

*Social* epidemics work similarly to *illness* epidemics. Again they are driven by the efforts of a handful of exceptional people. What sets them apart again, is things like how sociable they are, or how energetic or knowledgeable or influential or 'attractive' they are among their peers.

### **1 b) The Stickiness Factor:**

In Baltimore, when the city's venereal clinics suffered financial cutbacks, the nature of the syphilis affecting the city's poor neighbourhoods changed. Whereas it used to be an acute infection, and treated quickly before the infection was passed on, now it became a more chronic disease and the carriers had up to five times longer in which to pass it on. Thus an epidemic then tipped, not only because of a few carriers, but because *the untreated organism itself stayed around - it became 'sticky'*. In the case of other epidemics, like 'flu, they are always sticky, but the problem arises when they suddenly change their virulence and become fatal, as with the 1918 'flu pandemic, or the more recent AIDS pandemic. And in the latter case, once infected, you stayed infected instead of quickly recovering and becoming virus-free: the disease became sticky..

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**In social epidemics**, stickiness manifests in another way, as what are known as 'memes'. **Stickiness then means a message that makes a permanent impact (a meme).** You can't get it out of your head. As

an example, when **Winston filter-tip cigarettes** were introduced in the Spring of 1954, the company came up with the slogan, 'Winston tastes good like a cigarette should'; and to this day if you say to most Americans 'Winston tastes good' they can finish the phrase with 'like a cigarette should.' That's a classically sticky advertising line or 'meme', and stickiness is a critical component in tipping. [An Australian one is 'Anyhow, have a Winfield!' (and feel better.)]

### 1 c) The Power of Context.

John Zenilman in Baltimore has a computerised map which locates every case of syphilis or gonorrhoea. In the summer when the incidence is highest, clusters of black stars appear on the roads leading out of East & West Baltimore. The disease is on the move. But when the weather turns cold, people there stay at home, and the stars in each neighbourhood fade away. So epidemics are affected by the weather when that affects behaviour. But they are also affected by the *social* climate.

Research has shown that when one person only is a witness to some crisis event, then 85% of the time, they'll take some kind of helpful action. But if people are in a group, individual responsibility seems to be weakened and diffused, and in one study only 38% took action. This seems to be because people assume *someone else* will do it, or that, because nobody else is responding, then the the apparent crisis event isn't actually a crisis..

So the Power of Context says that human behaviour sometimes is affected by the smallest details of a situation. People are a lot more sensitive to their environmental and social circumstances than we might think. These influences can be either constructive, or the reverse.

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## 2. Jumping from the start of my book summary to near the end, here are some comments about youth smoking:

There are various obvious epidemics that affect youth subcultures. One of these described in this book is a suicide epidemic triggered by 'loss of face' that occurred in Micronesia. [Another, obviously, in 2005, is the current *suicide bomber* epidemic - kids who have been recruited and are being managed by the 'exciting' Wahabi sub-sect of Sunni Muslims.]

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2. a) **Smoking is another youth epidemic**, and one where the current mainstream anti-smoking message is totally backfiring. If we recognise

it as an epidemic, then it needs to be addressed as such. ***It needs to be recognised as something emotionally contagious.*** With western youth suicides, wherever the media focus on it, it normally causes the rate to increase, (including a measurable increase in *traffic deaths*); so for the same reason ***the media's and politicians' public focus on smoking may be making the situation worse.***

Smoking addiction is not rational behaviour, nor even are the messages promoting it necessarily picked up in consciousness. But an epidemic is *assisted* by the 'permission' that smoking behaviours *by a few* provide for others predisposed that way. Gladwell sees that ***these publicised 'permission-givers' become the equivalent of the 'Salesmen' described in the book.*** Those youth predisposed towards 'attack oneself' behaviour when they feel 'not OK' are a significant subset within society; and those who act out are then actually asserting to each other "this (suicide, or smoking) is OK".

Gladwell did a survey and found that ***confirmed adult smokers generally all described some kind of vivid, precise and emotionally charged childhood memory*** associated with an elegant sophisticated person who was thought of as adult. And *it nearly always went back to a particular person*, and the fascination with bad-ness and adult-ness and looking 'cool'. ***So all adult smoking begins in youth. If it is to be stopped, that's where the emphasis needs to be.***

Hans J. Eysenck's profile argues that serious smokers tend to be sociable, tend to like parties, to need people and friends to talk to, to crave excitement, to take chances, to act on the spur of the moment, to prefer to keep moving, busy and occupied, to have labile feelings not under control, and tend to be unreliable. They are said to be more sexually precocious and needy, to get into trouble more, to be more rebellious and defiant, to make snap judgments and to take more risks. ***Susceptible youth are attracted by this style.***

*Smoker households spend 73% more on coffee and two or three times as much on beer as the average. The point Gladwell makes is that these personality traits are attractive to many adolescents. Thus the attraction is NOT actually the cigarette, but the style of the person.. Smoking itself is NOT cool. It is smokERS who are cool. This is emotional contagion. These adults and rebellious youth are the 'salesmen' for the smoking habit.*

So in this epidemic as in all others it is a very small group - a select few - who actually drive the epidemic forward.

2. b) *A further aspect is the Stickiness Factor.* The power of those few smoker Salesmen is that *they get some of their admirers to continue their cigarette experiment beyond their initial dislike of the taste, until their dosage is enough to get them hooked on the stickiness of the drug itself,* and then the habit sticks..

[A particular and different category of smokers is described who are the equivalent of social drinkers. They are in control of their habit and never get hooked.. In mice, laboratory research shows a big genetic variation in tolerance for nicotine. Some strains tolerate it very well, they will actively take two to three times the dose that others take, and seem to get pleasure from it; while there are some on whom it acts quickly like a poison, causing epileptic fits.. Other mice, analogous to the social drinkers, fall somewhere in between. P.238]

So what to do about these youth epidemics?

2. c) *Can we stop the 'permission givers'/Salesmen - from smoking in the first place?* It seems likely to be difficult, because these independent, precocious, rebellious teen Salesmen are going to be very hard to stop.

*Can we persuade the 'early majority' adopters - who up to now are so influenced by these Salesmen, to look elsewhere for models as to what is 'cool'?* It is clear that *for parents*, whose influence on the teenager stage is so minimal, this plan may be even more difficult. An approach through others will be required.

The fact that parents' influence *on teenagers* is minimal is hard to accept; but geneticists think the balance of influence between genetic and environmental is about 50:50. And **whatever the source of environmental influence is on teenagers, it is not very much in the hands of parents, whether biological or adopting.** It is noted that the children of immigrants retain none of the accent of their parents, and that children of deaf parents learn how to speak just as well and as quickly as those of parents who spoke competently to them from the day they were born. So a researcher named Judith Harris argues that the **main environmental influence that helps children become who they are as teenagers is their peer group.** [By contrast, Ned Icton's experience with doing analyses of Life Scripting for *adults* shows that parents - and other key adults - *do* have a major influence on their kids *by the time the kids become adult.*] It is true that the children of smokers are more than twice as likely to smoke as those of non-smokers. But this may reflect merely their genetic predisposition. In support of this, *adopted kids* growing up in smoking households are *not* more likely in this way. P. 242

So Harris and another psychologist, Rowe, say that *teenage smoking is about being a teenager and sharing in the emotional experience, expressive language and rituals of being a teenager*, and that *adult disapproval only feeds their felt need for rebellion and independence*.  
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***So what about an approach via Stickiness?***

There is evidence, as noted, that just as with mice, human beings do vary a lot in their innate tolerance for nicotine. The nicotine patch is one way to help folk *to quit*. But it's far from being useful as a preventive.

2. d) Gladwell thinks there are *two possible stickiness strategies* for tackling teenage smoking.

2. d i) **The first tackles the problem from the standpoint of psychological predisposition.**

One psychologist, Glassman, found (unexpectedly in the course of another study) that *60% of heavy smokers had a history of major depression*. In a follow-up study of 3,200 adults he found that of those with that background, 74% had smoked and only 14% had quit. This contrasted with those who had no psychiatric history, where only 53% had ever smoked and 31% had managed to quit.

As psychiatric problems increase, the correlation with smoking grows stronger. About 80% of alcoholics smoke and 90% of schizophrenics. In a British study it was found that 50% of the 12-15-yr-olds who had emotional & behavioural problems were already smoking over 21 cigarettes a week - compared with only 10% in a control group.

So it may be that there's a crossover between emotional problems and smoking addiction: both may be mediated by genetically determined variations from the norm in the production of the mood-regulating brain chemicals - serotonin, dopamine and norepinephrine - which contribute to our feelings of confidence, mastery and pleasure..

***Depressed smokers thus may be actually treating their depression with nicotine. And this thesis is confirmed by the fact that some who quit, will then relapse into depression.***

***But it may mean also that if you can treat smokers for their underlying depression, then they may break their habit much more easily, or not become addicted in the first place.*** A drug marketed as Zyban does in fact help the 'over-15-per-day' smokers, and it seems to do this by increasing dopamine production, thus eliminating the desire to smoke; and by also replacing some of the lost norepinephrine, thus

cutting the agitation that is typical of nicotine withdrawal symptoms.  
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2. d ii) **The second potential stickiness intervention** for smoking involves recognising **that there's an addiction Tipping Point that links the *duration of perseverance* required to get addicted, with the *size of dosage* required.**

It seems that if you smoke below a certain dosage of nicotine, - up to 5 cigarettes per day - normal people never become addicted and can remain 'social smokers' throughout life. (but still running the risk of lung cancer, of course, just as inhalers of others' smoke also do - Ned).

So: *mere experimentation does NOT equal addiction.* Experimentation and hard core use are two quite different phenomena **and it is the tipping point into the latter that can and should be tackled.** It is futile to attempt to stop experimentation. P.253

2. e) **An approach through Context: Find the correct situational and group context for the intended health-promoting purpose.**

Gladwell tells the story of a black-American nurse who wanted to improve the awareness and knowledge of diabetes and breast cancer among the black community in San Diego. She began by setting up seminars in black churches; but she found that people would not stay on, after services, and she wasn't getting the message to 'tip' into changed behaviour.

So she re-thought the issue. She could see she needed a different venue - a place where women would be relaxed, receptive to new ideas and had the time needed for hearing something new. She also needed a more effective set of Connectors or Salesmen..

*Her solution was to move the program into beauty salons.* It's a captive audience. "Once you find someone who can manage your hair, you'll drive a hundred miles to see her. The stylist is your friend who takes you through your high school graduation, your wedding, your first baby. It's a long term relationship." *And the stylists tend to be a special kind of person - someone who communicates easily and effectively with a wide variety of people - natural conversationalists!* They love talking to you. And they are very intuitive.

So she persuaded a group of stylists from the city to attend a series of training sessions. She brought in a folklorist to coach them in how to present the information. And she then fed the stylists regularly with gossipy and relevant stories. It was a very cheap program. The result was, it worked!: attitudes changed and the women began to have regular mammograms and blood sugar tests. ***Changing the context, the messenger and the style of the message enabled it to work..***

### 3. Lessons in terms of smoking: *Shift from 'anti' to 'pro'.*

*Perhaps non-smoker role models are needed who are attractive to teenagers as 'cool', who can bring to bear a relatively long-term significant relationship, and can provide a social arena for feeling OK on a regular person-to-person and group-supported basis. Such people could well be, for example, key sportsmen in team games, and the coaches of such teams. They need to be committed to the value of living a healthy life, and maintaining respiratory and cardiovascular fitness. They can be trained in the benefits of healthy life and to know the details of sportsmen whose promising career or life has been destroyed by smoking or drinking, as against others whose good health has underpinned their success. In every other significant arena of teenage lifestyle, constructive, non-smoker Salesmen could no doubt be recruited.*

### 4. Summary of Suggestions:

1. Thus the first suggestion is: ***concentrate your resources*** on a few key factors. You must find your counter-Connectors, and Salesmen: without them, nothing. In the case of smoking, they'll need to be networked for mutual support and given ongoing skill training in this important aspect of their work.
2. The second lesson is: we must ***reframe the way we think*** about the world. We must accept and understand how to get round our strange human idiosyncrasies - these manifestations of our human mind-and-heart. We must accept that the way humans process information and communicate is far from straightforward and transparent - even when we're *not* deliberately distorting things, like Dr. Goebbels did and today's global commercial media are mostly doing!. *We need to wrap our minds around the unusual and counter-intuitive rules of human communication.*
3. So the third lesson, therefore, is ***'always deliberately test our intuitions.'*** *The world simply does not accord with our intuition, as a rule.* We must learn to be observant of reality and creative in response.
4. The fourth lesson is that ***change is always possible***, that ***people can radically transform their behaviour or beliefs in the face of the right kind of stimulus*** - and this defines yet another error among our many ingrained assumptions.. ***Be realistic about how suggestible we are in group situations, and how responsive we are to the context and the personalities around.*** Social change is volatile and often inexplicable because it's our human nature to be that way..

In the end, Tipping Points actually reaffirm our potential for change and for intelligent action. If we understand them, the world, despite seeming to be so stuck, (including smoking addiction) can be tipped!..

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