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R. M. Davis

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The language of nicotine addiction: purging the word "habit" from our lexicon

Language is as important in tobacco control as it is in other settings. Tobacco control advocates talk about spitting tobacco, smoking OR health, the nicotine industry, and clean indoor air. The tobacco industry speaks of common courtesy, governmental paternalism, anti-smokers, and freedom of choice. Each side strives to capture "the symbols of debate."¹

One of my linguistic pet peeves is the use of the word "habit" in reference to smoking and tobacco use, as in "smoking habit" or "tobacco habits." The main reason for this distaste is that the tobacco industry uses the words "habit" and "addiction" as mutually exclusive terms. For example, Dr Theodore Blau, a tobacco industry consultant, has testified repeatedly in the US Congress that "the smoking of tobacco is a habit and not an addiction."² The following excerpt from his 1988 congressional testimony shows how Blau characterises smoking as one of many common "habits":

The many thousands of studies on the smoking *habit* in the past 25 years do not demonstrate that nicotine in tobacco is an addictive drug... The alleged "withdrawal" symptoms experienced by some who stop smoking are generally the same kinds of frustrations that one would expect to see when someone discontinues any well established and well liked *habit*. Such symptoms as missing the *habit* and mild irritability are similar to the reactions experienced by those who give up coffee, cola drinks, sweets or regular television watching.³ [my italics]

In the "debate" over smoking as an addiction the tobacco industry loves to quote from the US Surgeon General's landmark 1964 report on smoking and health, which concluded that "The tobacco habit should be characterized as an habituation rather than an addiction."³ In quoting that sentence from the report's summary chapter, the industry invariably skips over the preceding paragraph, which states:

The habitual use of tobacco is related primarily to psychological and social drives, *reinforced and perpetuated by the pharmacological actions of nicotine on the central nervous system. Nicotine-free tobacco or other plant materials do not satisfy the needs of those who acquire the tobacco habit.*³ [my italics]

The 1988 Surgeon General's report was devoted entirely to the issue of nicotine addiction.⁴ Publication of this 600-page treatise removed any doubt about the addictive nature of tobacco use. In addition, the 1988 report explained why the 1964 report used the language of which the industry has grown so fond:

The distinction in 1964 between habituating drugs (*including cocaine and amphetamines*) and addicting drugs (*including opiates and barbiturates*) was based on: (1) whether the drug produced clear physical dependence; (2) whether damage was mainly to the individual user (*habituating drugs*) or to society (*addicting drugs*); and (3) the strength of the habitual behavior that developed. There was no question at the time of the 1964 Report that nicotine was the critical pharmacologic agent for tobacco use, but its role was then considered to be more similar to cocaine and amphetamines than to opiates and barbiturates. Later in 1964 the World Health Organization dropped

this semantic distinction between habituating and addicting drugs because it was recognized that habitual use could be as strongly developed for cocaine as for morphine, that social damage generally accompanied personal damage, and that behavioral characteristics of drug use could be similar for the so-called habituating and addicting drugs. In an effort to shift the focus to dependent patterns of behavior and away from moral and social issues associated with the term addiction, the term dependence was recommended.⁴ [my italics]

The 1988 report further explains that the terms "drug addiction" and "drug dependence" are "scientifically equivalent":

Both terms refer to the behavior of repetitively ingesting mood-altering substances by individuals. The term "drug dependence" has been increasingly adopted in the scientific and medical literature as a more technical term, whereas the term "drug addiction" continues to be used by NIDA [the US National Institute on Drug Abuse] and other organizations when it is important to provide information at a more general level. Throughout this Report, both terms are used and they are used synonymously.⁴

Clearly the word "habit" is used and understood by many to refer to common, everyday behaviours AND addictions. Indeed the Random House unabridged dictionary provides 13 definitions of "habit," including "a particular practice, custom, or usage: *the habit of shaking hands*," as well as "compulsive need, use; addiction: *liquor habit; drug habit.*"⁵

Because the word "habit" can be interpreted in different ways, and because the tobacco industry uses "habit" and "addiction" as mutually exclusive terms, I recommend that we purge the word "habit" from our lexicon. Other words and phrases – such as addiction, dependence, smoking behaviour, smoking status, smoking practices, smoking patterns, or simply smoking (and comparable terms for tobacco) – will suffice in place of "habit" in any context.

When I served as director of the US Office on Smoking and Health from 1987 to 1991, I sought to keep "habit" out of three Surgeon General's reports^{4,6,7} and other publications of the office. I am now working to keep the word out of this journal. The entrenchment of the word in our verbal discourse and writing will make efforts to purge it slow and difficult. A similar effort to replace the term "passive smoking" (many non-smokers are hardly "passive") with "involuntary smoking"⁸ has largely failed. Nevertheless, I will carry on with my obsession, and I hope others will join me.

Simon Chapman, deputy editor of *Tobacco Control*, once wrote that "'addiction' is a highly evocative word and the industry turn green when it is applied to smoking."⁹ I believe we should use language that is clearly understood, scientifically accurate, and designed to turn the industry green.

RONALD M DAVIS
Editor

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