

### Later Trends

By 1950, around half the population in most western states smoked (between 44% and 47% in the United States), though such averages hide the fact that in countries such as the United Kingdom up to 80 percent of adult men were regular smokers. Following the smoking and health controversy of the 1950s, smoking rates fell, but far from equally for men and women. The first antismoking health campaigns tended to direct their message to adult men and it is indeed in this demographic that smoking rates have fallen most persistently. In the 2000s, smoking rates are roughly equal for adult men and women in both the United States and Europe (between one-quarter to one-third of the adult population in Europe) but many commentators still argue that smoking is a feminist issue since women are seen to smoke more often "when life's a drag."

Moreover, in the late twentieth century, smoking among youths increased, first among girls, and then among boys. While the health risks of smoking may be reasonably well known across all demographics, popular culture still promotes smoking as a cool, sophisticated adult activity. One study of Hollywood films, for example, found that smoking images had increased fourfold between 1990 and 1995 and that smoking was more often associated with rebellion and sophisticated **individualism**.

**See Also** Consumption (Demographics); Film.

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**Agriculture** See Processing; United States Agriculture.



## Air Travel

The growth of air travel in the 1920s and 1930s paralleled the popularization of cigarette smoking. Originally, smoking was prohibited because of the risk of fire, but by the 1950s passengers could light up except on take-off or landing, and sample packs of cigarettes were distributed on board. In the 1960s, flight attendants, pilots, and passengers



**individualism** an independence of spirit; the belief that self-interest is (or should be) the goal of all human actions.

began to question the advisability of smoking on airlines because they were suffering from respiratory illnesses and they were concerned for the safety of the passengers and crew. American Airlines flight attendant Patty Young began organizing coworkers to seek an end to smoking on commercial aircraft. In 1969 consumer advocate Ralph Nader unsuccessfully petitioned the Federal Aviation Administration (in charge of safety rules) and the Civil Aeronautics Board (responsible for accident investigation) for such a ban, but by 1973 he had convinced regulators that polls of air travelers showed support for separate smoking and no-smoking sections. However, the 1973 rule requiring segregation of smokers and nonsmokers proved problematic as it did not specify how to segregate smokers (in the back, in the front, or on one side) and the demarcation did not prevent smoke from penetrating the nonsmoking sections.

In 1972, Surgeon General Jesse Steinfeld, against the wishes of Secretary of Health, Education, and Welfare Elliott Richardson, issued a Non-Smokers' Bill of Rights calling for measures to protect against exposure to tobacco smoke. Strong evidence to support the need for restrictions on smoking on airlines and other confined spaces was provided several years later by the 1981 studies of epidemiologists Takeshi Hirayama and Dimitrios Trichopoulos documenting a causal relationship between passive smoking and lung cancer. In addition, physicist James Repace found high levels of cotinine (a chemical created by the body's processing of nicotine) in the blood and urine of nonsmokers exposed to tobacco smoke, demonstrating that they had breathed in chemicals from tobacco smoke.

In 1984 the Civil Aeronautics Board banned pipe and cigar, but not cigarette, smoking on commercial aircraft. The mounting scientific evidence implicating tobacco smoke as a cause of disease and disability, compellingly summarized by U.S. Surgeon General C. Everett Koop in his 1986 report *The Health Consequences of Involuntary Smoking*, empowered antismoking advocates to urge Congress to pass comprehensive legislation. During hearings in 1987 before the House of Representatives Aviation Subcommittee, flight attendants testified that they were suffering from bronchitis, sinusitis, and other diseases attributable to their chronic exposure to cigarette smoke. Citing two cigarette-caused fires aboard commercial jets in mid-flight in 1973 and 1983, killing 123 and 33 people respectively, the flight attendants also reminded legislators that smoking jeopardized all passengers.

On 23 April 1988 a ban on smoking on flights of less than two hours took effect. Opponents of the law, principally the Tobacco Institute, lobbied for its repeal, but the ban proved so popular that it was extended to all domestic flights in 1990. In 1991 a class action lawsuit was filed against the tobacco industry by flight attendant Norma Broin, who had never smoked and claimed to have contracted lung cancer as the result of her exposure to the cigarette smoke of passengers and coworkers. The largest settlement of any class action lawsuit against the industry was reached in 1997, as cigarette manufacturers agreed to give \$300 million to establish the Flight Attendant Medical Research Institute to conduct further research on the effects of passive smoking.


In the 2000s most air carriers worldwide have banned smoking on at least some of their flights. Smoking is not permitted on most international

flights of foreign carriers that serve the United States and many of these carriers prohibit smoking on all flights.

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## Alcohol, Tobacco, and Other Drugs

The spread of tobacco usage in the late-sixteenth and seventeenth centuries was part of the global drug confluence resulting from the European voyages of discovery, expanded trade, and the colonial plantation system. As tobacco gained in popularity, users learned to combine it with more familiar substances, often smoking or chewing them together. Drinkers chased their spirits with a pipe full of tobacco, then bought another round. Critics thought tobacco users likelier to consume intoxicants and to come to grief. They were right. Tobacco did interact with other drugs in ways that magnified **psychoactive** and toxic effects. Scientific research has confirmed early intuitions about tobacco, mainly that it was a gateway drug and that combined use multiplied its charms as well as its harms.



**psychoactive** having an effect on the mind of the user.

#### Historical Development

By the early 1600s tobacco was established in western Europe as both a medical and recreational drug. People bought and consumed tobacco in apothecaries, alehouses, and, later, cafés, all places where other psychoactive substances, from chocolate to liqueurs, were available. It would have been natural to use them while using tobacco. Soldiers and sailors, those most responsible for spreading the use of tobacco within and beyond Europe, took their leisure in brothels and taverns. The sailor in port, with a drink in one hand and a pipe in the other, puffing away to the amazement of the natives, unconsciously broadcast a cultural message about smoking behavior, that this strange thing should be done with alcohol.

By whatever emulative means, two customs of male conviviality had been established throughout Europe by 1700. They were smoking while drinking alcohol and smoking while drinking caffeinated beverages. The latter practice was also popular in Islamic coffeehouses, where