An In-Depth Analysis of Male Adolescent Smokeless Tobacco Users: Interviews with Users and Their Fathers

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Male adolescent smokeless tobacco (ST) users (N = 191) were extensively interviewed, then followed over a 6-month period with monthly telephone interviews. In addition, their fathers (N = 137) were interviewed by telephone. Based on these data, ST use appears similar to cigarette smoking with respect to onset, patterns of use, social influences, attempts to quit, and indications of addiction. Onset and continued use of ST largely occur in a social context. Parents are reportedly aware (73%) of their sons' ST use but appear tolerant. The great majority of S's (92%) believe that there is some health risk associated with ST use. Over half report noticing ST-related changes in their oral cavities, although their dentists generally had not discussed ST use with them. Over one-third of the current users report unsuccessful quit attempts. ST use appears to be part of a more general pattern of substance use, including marijuana and alcohol.

KEY WORDS: smokeless tobacco; drugs; adolescents; peers; parents.

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INTRODUCTION

In contrast to the numerous reports on factors associated with cigarette smoking, and in-depth examination of smokeless tobacco (ST) use has only recently begun. Recent studies confirm sizable prevalence rates of ST use among adolescent boys. Boyd and associates (1987) summarized self-report data collected on over 43,000 students in grades 4 through 11 and concluded that 40–60% of boys had tried ST and 10–20% of older males reported recent use. Some studies have reported as high as 23% daily use at the tenth-grade level (Lichtenstein et al., 1984). The NIDA Household Interview on Drug Use (Rouse, 1989) found daily use ranging from 4% in the eighth grade to 11% in the twelfth grade. Lifetime prevalence for 12 to 20 year olds was 27% for males and 3% for females. Most surveys report that adolescent females try ST [20% in an Oregon survey (Severson et al., 1985)], but few go on to regular use.

Recent studies have provided questionnaire data on concurrent and longitudinal correlates of self-reported use of ST and other drugs as well as social influence variables. Several studies have reported that ST use is related to peer use of ST and prior alcohol and marijuana experience (Lichtenstein et al., 1984; Severson et al., 1985). Significant variables in discriminating between males who had tried ST and those who had not included whether male adolescents had tried smoking, intended to smoke, and had peers who used ST (Ary, 1989; Ary et al., 1987). The onset of ST use has also been associated with drinking alcoholic beverages, marijuana use, and risk-taking (Dent et al., 1987).

The relationship between fathers’ use of chewing tobacco and adolescent sons’ use has been reported as nonsignificant (Ary, 1989; Ary et al., 1987) or marginally related (Botvin et al., 1989). However, Bauman et al. (1989) reported a relationship between father and son use for fathers with less education. A multivariate analysis by Bonaguro et al. (1986) of ST use by boys in grades 4 through 12 indicated that fathers’ and mothers’ approval of use were negatively correlated with use. These variables were significant in a discriminate function of use. Chassin et al. (1985) also reported that parents’ willingness to accept an adolescent son’s ST use was much higher than acceptance of their son’s smoking (71 vs 41%). The relationship between father’s use, rules for use, and acceptance of son’s use needs further exploration in order to understand the effects of this relationship on adolescent use of ST.

The purpose of the current study was to employ the individual interview methodology to gain a more comprehensive understanding of the environmental and social factors that surround an adolescent’s use of ST. Previous studies have used this method to investigate the onset of smoking