Letters to the Editor

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IMPROVING ACCURACY OF ADOLESCENTS’ SUBSTANCE USE REPORTS VIA TEXT MESSAGING

In 2010, 71.0% of 12th graders in the United States reported life-time alcohol use and 48.2% reported life-time illicit drug use [1]. Existing measures of substance use show high test–retest reliability [2], but adolescent populations present unique challenges to issues of validity. Studies of the effects of substance use on adolescent development often rely upon self-report drug use histories, but it is notoriously difficult to collect accurate use records from teens, especially over long recall periods. Specifically, the opportunistic pattern characteristic of adolescent substance use probably provides few associations to aid recall, and adolescents may under-report because of low perceived confidentiality or lack of recognition of drug definitions [3]. More general obstacles include substance-related memory deficits [4] and participant dropout. One opportunity to address these issues lies in mobile telephone technology. Text messaging is currently enhancing availability and delivery of substance use treatments [5], but also holds unmet potential for application to research methods. This letter discusses some considerations for future research with adolescent substance users.

International surveys report high mobile telephone usage among adolescents [6–8], and utilizing text messaging during prospective observation periods of baseline substance use could dramatically improve report accuracy while remaining cost- and time-effective for participants and researchers. Existing measures such as the time-line follow-back (TLFB) [9], which aids recall of substance use through a calendar format, offer insight for potential mobile telephone adaptations. Recent research has noted that daily assessments on wireless mobile devices capture similar rates of alcohol use as traditional paper-and-pencil daily diaries [10]. Another study suggested that young adults reported a greater number of drinking days, total drinks and binge episodes when interviewed using four 7-day TLFBs rather than one 30-day TLFB, and greater discrepancies between reports were observed earlier in the recall period [11]. Given these findings, daily or weekly text messaging regarding quantity and frequency of use throughout an observation period could provide more accurate concrete data or prompts for later interview administration.

Potential limitations to integrating text messaging into longitudinal data collection include possible low mobile telephone usage rates among high-risk populations and maintaining compliance with instructions. However, one sample of Australian adolescents and young adults appeared to find texting acceptable for research participation, with 73% of participants who were sent messages responding to a follow-up survey [12]. Mobile telephone usage was also found to be effective in following a typically hard-to-reach, high-risk population of homeless individuals [13]. A recent surge of studies examining the applications of text messaging for increasing compliance to medical appointments and treatments indicates general success in reaching patients through mobile telephones [14–16]. Given these trends, it is reasonable to expect that most participants, especially adolescents, would be amenable to brief updates via text messaging during longitudinal studies, and brief monthly messages would probably improve attrition rates. In summary, increasing the relevance of research to adolescents by adapting study participation to mobile telephone technology shows promise for improving data accuracy, and future research should consider incorporating text messaging into data collection.

Declarations of interest

None.

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References


Tobacco Control: Up in Smoke in Europe?

Experts from the United States, Canada and Europe have warned recently that the Dutch government is flying in the face of the evidence for reducing the burden of disease caused by tobacco consumption [1]. In June 2011, Edith Schippers, the Dutch Minister of Health, announced the end of the reimbursement of quit-smoking aids and withdrawal of funding from the National Centre On Tobacco Control (STIVORO). This abdication of public health responsibility comes as no surprise: the Netherlands was the first European country to overturn the smoking ban imposed on bars and cafés in 2010 and has not yet implemented pictorial health warnings on tobacco product packaging. The Netherlands appears to be in breach of Article 5.3 of the Framework Convention on Tobacco Control (FCTC), which requires protecting public health policies from the tobacco industry’s influence.

Sadly, the Netherlands government is not alone in what can only be regarded as a pro-tobacco industry stance. On 31 May 2011, the World No-Tobacco Day, Xavier Bertrand, the French Minister of Health, announced that France would continue its moratorium on tobacco taxes and would ban varenicline from the very limited €50 coverage for smoking cessation under the mandatory French Health Insurance scheme. In 2009, his predecessor Roselyne Bachelot cut funding to the only non-governmental organization (NGO) that fights the tobacco industry’s influence.

The Bellagio statement provides a graphic picture of the burden of disease, predicting one premature death per tonne of tobacco. Thanks to tobacco control provided via the Evian law (1991) and the Cancer Plan (2003), cigarette sales in France have remained unchanged from 2004 inadequate to decrease sales [3]. Accordingly, cigarette sales in France have remained unchanged from 2004 (54.9 billion) to 2010 (55.0 billion). Sales for the tobacco industry (Philip Morris, British American Tobacco and Imperial Tobacco) showed a 3% rise from 2008 to 2009, despite the world economic crisis.

Overall, France has failed properly to implement the FCTC treaty despite its ratification in October 2004: the prevalence of daily smoking among 17-year-olds increased from 28.9% in 2008 to 31.5% in 2011 [4].

The Bellagio statement provides a graphic picture of the burden of disease, predicting one premature death per tonne of tobacco. Thanks to tobacco control provided via the Evian law (1991) and the Cancer Plan (2003), cigarette sales in France decreased from 97.1 billion in 1991 to 54.9 billion in 2004. It is estimated that this will have prevented 36 000 premature deaths over 13 years. Since 2004, reversals in tobacco control in France have cost thousands of lives per year.

Many rich countries are firmly in the grip of the tobacco industry’s influence, and even use the FCTC as a smoke-screen. The World Health Organization (WHO) provides no monitoring body to which FCTC violations can be reported. The WHO is poised on a slippery slope. We call on the WHO to raise the bar and issue blame...
when governments breach the treaty and sacrifice their citizens’ health under pressure from vested interests. Since 1999 the United Nations has, under Security Council resolution 1265, intervened in many countries to protect civilians from the effects of armed conflict. Such activities are part of their wider responsibility to protect, a responsibility shared by the WHO.

Declarations of interest

Dr Braillon, a senior tenured consultant, was sacked in 2010 from Professor Dubois’ unit by the French Department of Health against the advice of the National Statutory Committee. Professor Dubois was sued for libel by the French Tobacconists Union [Abuse of libel laws and a sacking: The gagging of public health experts in France. Tobacco control blog 8 November 2010 (Archived by Website http://www.webcitation.org/65B4o1Wey on 3 February 2012)]. Professor Dubois is honorary president of Alliance Contre le Tabac and chairs the Addiction Committee of the National Academy of Medicine. He has received consulting fees from Pfizer.

Keywords Lobby, public health policy, tobacco control.

References