



Original article

Age of Smoking Milestones: Longitudinal Inconsistencies and Recanting



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ABSTRACT

Purpose: To determine (1) how reports of the ages of first cigarette smoked and daily smoking onset change from adolescence through emerging adulthood and into young adulthood and (2) what predicts reporting inconsistencies and recanting for both smoking milestones.

Methods: Multinomial logistic regression models compared relative risks of the following: (1) consistent reporting of milestone age (reference group); (2) recanting at either subsequent wave; or (3) inconsistent reporting of age in at least one subsequent wave, using data from Waves I, III, and IV of the *National Longitudinal Study of Adolescent to Adult Health*.

Results: Instability and forward telescoping between adolescence and emerging adulthood leveled off by young adulthood. For smoking first cigarette, those who started younger had more inconsistencies and recanting than those who started later, as did African-American, Latino, and Asian respondents compared with non-Latino white respondents. Native American respondents also had higher relative risks of recanting, as did those with low parental education. Males were more inconsistent than females. Depression, same-sex attractions or relationships, and family structure were not associated with reporting stability. Binge drinking, marijuana, and other illegal drugs were associated with lower levels of recanting. For age of daily smoking, starting older versus younger, sex, race, ethnicity, and use of marijuana were significant predictors of report stability.

Conclusions: Stage of life may influence forward telescoping in smoking self-reports. Stability of reports of adolescent smoking by emerging and young adults in the United States appears biased by age of onset, sex, race, and other substance use.

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IMPLICATIONS AND CONTRIBUTION

Reports of age of smoking milestones appear to have substantial instability and forward telescoping between adolescence and emerging adulthood, which surprisingly level off by young adulthood. Age of onset, sex, race, and substance use predict stability patterns, with direct implications for adolescent health research, practice, and intervention planning.

This study uses the *National Longitudinal Study of Adolescent to Adult Health (Add Health)* to examine stability in reports of two key milestones in smoking uptake such as: age of first cigarette and age of transition to daily use. Timing of smoking is a critical measure: younger ages of smoking have been linked to higher

rates of lung cancer [1], increased nicotine dependence, decreased smoking cessation [2], and future substance abuse [3].

Research into the stability of smoking milestone reports suffer from difficult methodological challenges. Many only examine lifetime use recanting. Studies have mostly compared two waves about 1–2 years apart [4], which may be too short to detect some phenomena and precludes an examination of trends over different stages of the life course. Multiple studies have focused on just a few data sources. Information on regular or daily smoking consistency is rare.

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Two examinations of onset reports used the repeated cross-sectional *National Household Surveys on Drug Abuse* to approximate a birth cohort's experience over time [5,6]. These study designs allowed the comparison of large cross-sectional samples from the same birth cohort at different ages, but the researchers noted the limitations of such approaches. The authors highlighted the need for longitudinal research on reporting over long follow-up periods [5,6].

Few researchers have used longitudinal data. A study of the *Tobacco Use Supplement to the Current Population Survey* tracked change in reports of regular smoking onset more than 1 year [7]. Three studies of the *National Longitudinal Survey of Youth* examined reports of age of smoking through a series of comparisons assessing the influence of sex, ethnicity, and age on wave-to-wave change over sequential 2-year periods [4,8,9]. Another *National Longitudinal Survey of Youth* study described reports separated by 4 years versus 2 years for tobacco, alcohol, and illicit drugs combined [10]. Last, a study of recanting over two waves of Add Health 6 years apart indicated that age, race, and depression were predictive [11].

Longitudinal studies such as Add Health provide a unique opportunity to examine consistency of reports across different life stages. It is unusual to find large-scale national longitudinal studies in which the age of onset of behaviors is asked repeatedly in each wave (as opposed to simply asking about the first use in the first wave and then asking about use since the last interview in later waves) [5]. With Wave IV data, Add Health now provides multiple time points with two exceptionally long (~6 years) reporting periods that span specific developmental periods for a large, representative sample. Patterns for smoking a first cigarette can be compared with the start of daily smoking, and recanting can be simultaneously modeled with age of onset stability. The present study is the first to apply a life-course perspective to reporting stability, looking not just at elapsed time, but at change across multiple stages in the life course.

As previously mentioned, a few investigations have examined a small range of basic demographic differences in smoking report reliability and consistency but they have gained mixed results [4,12,13]. Beyond that, we know little about discrepancies in consistency among groups that may be at higher risk for smoking or for poor smoking-related outcomes. The present study aims to determine whether an adolescent respondent's sex, race, ethnicity, family structure, parental education, depression, sexual minority status indicators, and concurrent alcohol and other drug use influence the consistency of the reports of smoking milestones in emerging and young adulthood.

Research questions

- How do reports of the age of first cigarette and age of daily smoking onset change from adolescence through emerging adulthood and into young adulthood?
- What characteristics and experiences predict reporting inconsistencies and recanting for both smoking milestones?

Methods

Sample

This study uses Add Health, a large, nationally representative sample of adolescents in grades 7–12 during the 1994–1995 school year. During Wave I, Add Health administered a computer-

assisted, in-home questionnaire about multiple factors and contexts that affect adolescent health and health behavior. Respondents who were not seniors at Wave I were reinterviewed 1 year later (Wave II). In 2001–2002, the original Wave I respondents were reinterviewed in Wave III (response rate, 77.4%). The respondents ranged from the ages of 18–26 years old at that time and were just emerging into adulthood. At Wave IV (2008), respondents were reinterviewed at ages of 24–32 years old, well into young adulthood (response rate, 80.3%).

The present study includes measures from Wave I, Wave III, and Wave IV to compare smoking milestone information from a representative group of adolescent smokers as they progress into adulthood. There were 9,421 respondents who participated in Wave I, Wave III, and Wave IV and had longitudinal sampling weights. To be included in the study sample, participants must also have reported smoking a cigarette by Wave I. Of these 3,895 eligible smokers, 109 were omitted because of missing data, resulting in a final main study sample of $N = 3,786$. Table 1 presents the characteristics of the main sample. A subsample of 1,358 respondents reported having started daily smoking by Wave I.

Measures

Smoking first cigarette. At each wave, respondents were asked if they had ever smoked a whole cigarette, and if so, how old were they when they did it. Reports from Waves III and IV were compared with Wave I to determine if they were consistent (within 1 year) with the original report, inconsistent (more than 1 year difference), or recanted (the respondent no longer reports having ever smoked a cigarette at that wave).

Daily smoking. At each wave, respondents were asked if they had ever smoked cigarettes regularly—at least one cigarette every day for 30 days. If so, they were asked how old they were when they first started smoking daily. Reports from Waves III and IV were compared with Wave I to determine if they were consistent with the original report, inconsistent, or recanted.

Table 1

Weighted percent of study sample (those who participated in Wave I, Wave III, and Wave IV who also reported having smoked a cigarette at Wave I) by selected Wave I characteristics ($N = 3,786$)

	Total %
Daily smoker	45.9
Female	51.0
Race/ethnicity	
Non-Latino white	76.4
Latino	10.8
African-American	9.8
Asian	2.0
Native American	1.0
Family structure	
Two parent	70.5
Single parent	24.8
Other	4.7
Parent graduated from high school	52.4
Depression	17.6
Same-sex attraction	8.5
Same-sex relationship	2.8
Binge drinking in past year	27.2
Marijuana use ever	47.9
Other illegal drug use ever	21.4

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