



Compte rendu de *Drinking smoke: The tobacco syndemic in Oceania* par Mac Marshall

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MARSHALL Mac, 2013. *Drinking smoke: The tobacco syndemic in Oceania*, Honolulu, University of Hawai'i Press, XIX-292 p., ill.

- 1 In July 2013, Pacific Island Ministers for Health adopted a Tobacco Free Pacific 2025 target of less than 5% adult tobacco use for each Pacific Island country and territory. This goal represents a strikingly significant reduction, with tobacco currently being used by over 50% of people in some island nations and the proportion of people affected by passive smoking even higher (WHO WPRO, 2013). This reflects the strong consensus about how devastatingly harmful tobacco is to people and communities in the region.
- 2 Interventions targeting individual behaviour are unlikely to achieve the desired reduction in tobacco use or diseases related to it (McLennan and Ulijaszek, 2014). Instead, there is a need for widespread cultural change across the region where tobacco and its products are concerned, alongside a range of structural and other measures. A thorough grounding in the long and complex social history of tobacco in the Pacific would be a good basis for progressing this work towards a "Tobacco Free Pacific".
- 3 In this context, Mac Marshall's volume on tobacco in Oceania is a timely addition to Oceanic scholarship. The volume is well-researched and referenced, and Marshall has clearly spent a great deal of time combing through archives, as well as through the unpublished fieldnotes and experiences of anthropologists who have worked in the region, to bring together a rich resource.

- 4 The title of the book will intrigue any anthropologist with an interest in phenomenology. Like food or drink, tobacco is ingested, in some settings via the digestive system through chewing and swallowing, and in many others through the airways in the form of smoke or snuff. Marshall describes early mentions of tobacco smoking in seventeenth-century South America, where people spoke of “drinking” tobacco smoke; today, he points out, the Cantonese “eat” smoke and many common terms in Oceania translate as “drinking” or “eating” smoke. This invites important questions about the position of tobacco and its products in Oceanic foodways, and its links to social processes commonly linked to food, such as identity, commensality, political economics, value creation, ritual and memory (e.g. see Mintz and DuBois, 2002).
- 5 Two other qualities of tobacco products – and especially of cigarettes – invite medical anthropological attention. The first is the pharmacologic quality of tobacco, and of nicotine in particular (Lynch and Bonnie, 1994). Nicotine mimics the neurotransmitter acetylcholine, which is involved in learning, memory, sociality, arousal and neuroplasticity (Lynch and Bonnie, 1994). Tobacco is therefore a substance whose biochemical and social properties combine to powerfully shape human experience. The second quality is the smoke that is generated by popular tobacco products. To date, the mechanisms by which odour and smoke contribute to bodily experience and sociality are not well documented for Oceania. Elsewhere, anthropologists have discussed the role of odours, smell, smoke and vapour in ritual transformation, social transition and unification (e.g. Largey and Watson, 1972; Howes, 1991; Parkin, 2007). Many Oceanic peoples practice body cleaning, oiling, massage, steaming, floral adornment and perfuming in order to maintain bodily care, good relations, and wellbeing. Interrogating these two qualities of smoking may help to shift emphasis from tobacco products as individual consumer goods whose purchase can be simply disincentivised, to products that are deeply and experientially entwined with wellbeing and sociality in Oceanic societies.
- 6 The sub-title of the book, meanwhile, immediately attracts the attention of those interested in public health. Anthropologist Merrill Singer introduced the concept of “syndemics” in the 1990s when describing interactions between substance abuse, violence and AIDS in Hartford, USA. He highlighted how structural, biological and social influences all weave together to reinforce the disease burden. Importantly, the concept of syndemics emphasises the importance of *context* in conceptualising disease states: while this may seem routine for anthropologists, for clinicians, epidemiologists and public health professionals, applying a syndemic approach is novel in the way it expands the focus from the disease to other contextual influences (Singer *et al.*, 2017). The concept has since been applied more broadly, and in 2017 the Lancet launched a Syndemics Series to progress clinical thinking using this biosocial framing (Lancet Editorial, 2017). Marshall’s application of a syndemics framework to conceptualising disease in Oceania is timely and has exciting potential.
- 7 “Drinking Smoke” is structured into two main sections. The first section is about the history of tobacco in the region. In the second section, Marshall turns to the links between tobacco – particularly cigarette smoking – and health. Each section is relatively separate, and the book can easily be read as two separate halves.
- 8 In the Part One, Marshall observes that while many of us notice tobacco and related products during the course of our fieldwork, very few of us focus entirely on it. This in

itself raises interesting questions about the ethnographic gaze and is a good reminder to avoid overlooking the mundane. References to tobacco are therefore scattered throughout archives, fieldnotes, monographs and other diverse sources. Marshall reviews this material to draw out relevant information and presents it loosely chronologically, across seven chapters. The chapters provide a good review of resources, and are a great starting place for anyone looking for material relating to tobacco in the region.

- 9 One highlight is when Marshall turns his attention towards anthropologists and their complicity in the distribution and trade of tobacco and its products – notably cigarettes – during their fieldwork. Some of this occurred prior to the widespread recognition that smoking is harmful to health, while some continues today. The brief but noteworthy summary of input Marshall gathered from anthropologists raises important and challenging questions about the moral and ethical roles and responsibilities of ethnographers. These questions call for deeper attention and debate, not only where tobacco is concerned, but also with respect to other goods such as processed foods.
- 10 Part Two has four chapters. At this stage, Marshall pivots to focusing on tobacco and health. He provides brief overviews of selected statistics about diseases typically associated with smoking, for Aotearoa (New Zealand), US Associated Micronesia and Hawai'i. The coverage of material – anthropological, biomedical or epidemiological – is patchy, and it is unclear why he has selected these sources in particular. In addition, there is a tendency in this part of the book to reproduce biomedical assumptions rather than interrogate them from a human perspective, and this inspires many questions. For example, why focus on maternal smoking when passive smoking from fathers is of equal concern? How are cigarettes reconfiguring social dynamics or relations, and how might this be related to wellbeing? Why treat all of these diseases in separate sections if they are all so fundamentally linked?
- 11 Given the breadth and number of sources included, the reader should pay careful and critical attention as they navigate this volume. For example, consider details such as publication dates and cultural groups studied when multiple studies and authors are cited in a single paragraph as concurring: the pace and cross-regional variation of cultural change where fast-moving consumer goods are concerned calls into question some of the ways the sources are brought into conversation with each other. In addition, Marshall's varied sources use inconsistent terminology and this is reflected in the text; for example, switching between "Oceania" and the colonial constructs of Melanesia, Polynesia and Micronesia, or mixing terms such as "developing world" and "third world". While the overall story is a little bit jumbled in places, the referencing is strong and consistent enough that a reader can navigate this with care.
- 12 Marshall's broader objective with this book is to argue that

"the smoking of tobacco – especially industrially-manufactured cigarettes – is the keystone of the contemporary syndemic in Oceania." (p. 6)
- 13 This seems a little counter to a syndemic approach, which emphasises interaction and context rather than dominance of any one influence. It may also be unhelpful – both conceptually and also politically – to single out smoking when so many other contextual influences shape wellbeing in the region. Nevertheless, the syndemic approach seems promising and may merit further development where health in Oceania is concerned.

- 14 Overall, the volume would be an asset to anyone looking for archival material about tobacco in the Pacific. Part One in particular is well-researched, thoroughly-referenced and clearly-indexed, which makes it great for this purpose. On the other hand, those looking for thick ethnographic description or analysis of the ethnographic snippets and quotes presented will not find it. The book does not delve deep into ethnographic experience or engage in detail with the material presented – there is simply too much to cover. However, it does raise many tantalising questions and debates that merit further consideration, and so invites us all to think more deeply about something we have undoubtedly all come across in our own sites of fieldwork in Oceania. Further work inspired by Marshall’s commendable start could significantly contribute to collectively achieving a “Tobacco Free Pacific” by 2025.

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