#### ORIGINAL ARTICLE

#### Complexity Theory and the Macroeconomic Determinants of Smoking: Feedback Loops, Social Norms, and Behavioral Reinforcement

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#### ABSTRACT

Tobacco consumption patterns exhibit complex macroeconomic interdependencies that traditional linear models inadequately capture, necessitating sophisticated analytical frameworks to understand the multifaceted relationships between economic variables and smoking behavior. This research applies complexity theory and nonlinear dynamical systems to examine the macroeconomic determinants of smoking prevalence, investigating how economic shocks, policy interventions, and social feedback mechanisms create emergent behavioral patterns at the population level. Through the development of a comprehensive mathematical model incorporating stochastic differential equations and agent-based modeling components, we analyze the dynamic interactions between income distribution, price elasticity, social network effects, and temporal smoking cessation patterns. The model reveals that smoking behavior exhibits critical phase transitions, hysteresis effects, and path-dependent trajectories that emerge from the interaction of individual choices with macroeconomic conditions. Our findings demonstrate that conventional economic models systematically underestimate the persistence of smoking habits and the delayed response to policy interventions due to their failure to account for complex feedback loops and social reinforcement mechanisms. The research shows that economic inequality amplifies smoking disparities through nonlinear threshold effects, while social network clustering creates localized pockets of resistance to cessation efforts. These results have profound implications for public health policy design, suggesting that effective tobacco control requires coordinated interventions that address both economic and social dimensions simultaneously, with particular attention to timing and sequencing of interventions to leverage positive feedback cascades.



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## 1 Introduction

The relationship between macroeconomic conditions and smoking behavior represents one of the most intricate examples of how individual health decisions aggregate into population-level phenomena through complex feedback mechanisms [1]. While traditional economic analysis has long recognized the inverse relationship between cigarette prices and consumption, the underlying dynamics reveal a far more sophisticated system characterized by nonlinear responses, emergent properties, and path-dependent evolution. The application of complexity theory to smoking behavior offers unprecedented insights into how macroeconomic variables interact with social networks, individual preferences, and institutional frameworks to produce observable patterns in tobacco consumption across different populations and time periods.

The conventional approach to modeling smoking behavior relies heavily on static equilibrium models that assume rational actors with stable preferences responding predictably to price and income changes. These models, while mathematically tractable, fail to capture the essential features of smoking as a complex adaptive system where individual decisions are embedded within larger social and economic networks. The inadequacy of traditional models becomes particularly evident when examining the persistent disparities in smoking rates across socioeconomic groups, the delayed response to policy interventions, and the emergence of clustering patterns in smoking cessation that cannot be explained by individual-level factors alone.

Complexity theory provides a framework for understanding smoking behavior as an emergent property of interactions between heterogeneous agents operating within dynamic macroeconomic environments [2]. This perspective recognizes that smoking decisions are not made in isolation but are influenced by social networks, cultural norms, economic constraints, and policy environments that themselves evolve in response to collective behavioral changes. The resulting system exhibits characteristics typical of complex adaptive systems, including nonlinear responses to interventions, multiple equilibria, and the potential for sudden transitions between different behavioral regimes.

The macroeconomic determinants of smoking operate through multiple channels that interact in ways that are difficult to predict using linear models. Income effects work through both direct budget constraints and indirect social signaling mechanisms, while price

effects are mediated by addiction dynamics and social network influences [3]. Economic inequality creates differential exposure to smoking-related social norms and varies access to cessation resources, leading to stratified behavioral patterns that persist even when aggregate economic conditions improve. These interactions create feedback loops that can either amplify or dampen the effects of policy interventions, depending on the specific configuration of economic and social variables at the time of implementation. Understanding these complex dynamics is crucial for developing effective tobacco control policies that can navigate the intricate landscape of macroeconomic influences on smoking behavior [4]. The traditional approach of implementing isolated interventions, such as tax increases or advertising restrictions, often produces disappointing results because it fails to account for the system-level responses that can offset or redirect the intended effects. A complexity-based approach suggests that successful tobacco control requires coordinated interventions that leverage positive feedback mechanisms while disrupting negative reinforcement cycles that maintain smoking behavior at the population level.

### 2 | Complex Systems Approach

Analyzing smoking behavior through complexity theory rests on the recognition that individual smoking decisions emerge from the interaction of multiple adaptive agents operating within a dynamic macroeconomic environment. This framework departs fundamentally from traditional economic models by treating smoking prevalence as an emergent property of a complex adaptive system rather than the aggregation of independent individual choices [5]. The system exhibits characteristics common to complex adaptive systems, including nonlinearity, emergence, self-organization, and adaptation, all of which have profound implications for understanding how macroeconomic variables influence smoking behavior. The complex systems approach to smoking behavior begins with the premise that individuals are embedded within social and economic networks that shape their preferences, constraints, and available information. These networks are not static but evolve in response to changing economic conditions, policy interventions, and collective behavioral shifts [6]. The resulting system exhibits multiple feedback loops operating at different temporal and spatial scales, creating a rich tapestry of interactions that can produce unexpected outcomes and emergent patterns. Understanding these dynamics requires moving beyond simple

cause-and-effect relationships to examine how system-level properties emerge from the interaction of individual components.

Central to this framework is the concept of phase transitions, borrowed from physics, which describes how systems can undergo sudden qualitative changes in behavior when certain parameters cross critical thresholds. In the context of smoking behavior, phase transitions manifest as rapid shifts in population smoking rates that occur when macroeconomic conditions, policy environments, or social norms reach tipping points [7]. These transitions are characterized by their unpredictability, irreversibility, and the disproportionate impact of small changes in system parameters. Understanding the conditions that trigger phase transitions is crucial for designing effective interventions that can initiate positive cascades in smoking cessation.

The framework also incorporates the concept of hysteresis, which describes how the history of a system influences its current state and future evolution [8]. In smoking behavior, hysteresis effects manifest as the persistence of smoking patterns even after the economic conditions that initially created them have changed. This persistence arises from the interaction of addiction dynamics with social reinforcement mechanisms and creates path-dependent trajectories that make it difficult to reverse established smoking patterns through conventional policy interventions. The implications of hysteresis for tobacco control policy are profound, suggesting that the timing and sequencing of interventions can be as important as their magnitude.

Network effects represent another crucial component of the theoretical framework, recognizing that smoking decisions are influenced by the behavior of others within an individual's social and economic networks [9]. These network effects create positive feedback loops that can either reinforce smoking behavior or support cessation efforts, depending on the prevailing norms within the network. The structure of these networks, including their density, clustering patterns, and connectivity, influences how information and behaviors spread through the population and determines the effectiveness of different intervention strategies.

The complex systems framework also recognizes the importance of heterogeneity in both individual characteristics and environmental conditions [10]. Unlike traditional models that assume homogeneous agents with identical preferences and constraints, the complexity approach acknowledges that individuals differ in their susceptibility to economic influences,

their position within social networks, and their access to resources and information. This heterogeneity creates differential responses to macroeconomic changes and policy interventions, leading to the emergence of distinct behavioral patterns within different population subgroups. Adaptive capacity represents a final key element of the theoretical framework, recognizing that both individuals and the broader system have the ability to learn and adjust their behavior in response to changing conditions. This adaptation occurs through multiple mechanisms, including individual learning from experience, social learning through network interactions, and institutional learning through policy experimentation [11]. The presence of adaptive capacity means that the system's response to interventions can change over time as agents learn and adjust their strategies, creating dynamic feedback loops that can either enhance or undermine the effectiveness of tobacco control efforts.

#### 3 | Modeling of Smoking Dynamics

The mathematical modeling of smoking behavior within a complex systems framework requires sophisticated analytical tools capable of capturing the nonlinear dynamics, feedback loops, and emergent properties that characterize this system. The approach developed here integrates stochastic differential equations, agent-based modeling components, and network theory to create a comprehensive mathematical representation of how macroeconomic variables influence smoking behavior through complex interactions across multiple scales and time horizons. [12]

The foundation of the mathematical model rests on a system of coupled stochastic differential equations that describe the evolution of smoking prevalence within different population segments. Let  $S_i(t)$  represent the smoking rate in population segment *i* at time *t*, where segments are defined by relevant socioeconomic characteristics such as income level, education, and geographic location. The evolution of smoking rates is governed by the following system of equations:  $\frac{dS_i}{dt} = \alpha_i(E_t, P_t) \cdot (1 - S_i) - \beta_i(E_t, P_t, N_t) \cdot S_i + \sum_{j \neq i} \gamma_{ij} \cdot (S_j - S_i) + \sigma_i \cdot \xi_i(t)$ 

where  $\alpha_i(E_t, P_t)$  represents the initiation rate for segment *i* as a function of economic conditions  $E_t$  and policy variables  $P_t$ ,  $\beta_i(E_t, P_t, N_t)$  represents the cessation rate as a function of economic conditions, policies, and network effects  $N_t$ ,  $\gamma_{ij}$  captures the cross-segment influence between groups i and j, and  $\xi_i(t)$  represents stochastic fluctuations with intensity  $\sigma_i$ .

The initiation rate function  $\alpha_i(E_t, P_t)$  incorporates the complex relationship between economic conditions and smoking initiation, accounting for both direct income effects and indirect social signaling mechanisms [13]. The functional form is specified as:  $\alpha_i(E_t, P_t) =$ 

$$\alpha_{0i} \cdot \exp\left(-\frac{\beta_{1i} \cdot \ln(Y_i/Y_{threshold})}{1 + \exp(-\beta_{2i} \cdot (Y_i - Y_{critical}))}\right) \cdot \left(\frac{P_{cigarette}}{P_{reference}}\right)^{-\epsilon_i}$$

where  $Y_i$  represents the income level of segment i,  $Y_{threshold}$  and  $Y_{critical}$  are segment-specific threshold parameters,  $P_{cigarette}$  and  $P_{reference}$  are current and reference cigarette prices, and  $\epsilon_i$  is the price elasticity of initiation for segment i.

The cessation rate function  $\beta_i(E_t, P_t, N_t)$  captures the more complex dynamics of smoking cessation, incorporating addiction effects, economic constraints, social support mechanisms, and policy interventions:

$$\beta_i(E_t, P_t, N_t) = \beta_{0i} \cdot \left(1 + \frac{\delta_i \cdot Y_i}{K_i + Y_i}\right) \cdot \left(\frac{P_{cigarette}}{P_{reference}}\right)^{\eta_i}$$
$$(1 + \theta_i \cdot N_{support,i}) \cdot \left(1 - \frac{A_i(t)}{A_{max}}\right)$$
where  $\delta_i$  and  $K_i$  are parameters governing the inc

where  $\delta_i$  and  $K_i$  are parameters governing the income effect on cessation,  $\eta_i$  is the price elasticity of cessation,  $\theta_i$  measures the impact of social support networks  $N_{support,i}$ , and  $A_i(t)$  represents the addiction level with maximum value  $A_{max}$ .

The addiction dynamics are modeled through a separate differential equation that captures the accumulation and decay of addictive potential: [14]  $\frac{dA_i}{dt} = \rho_i \cdot S_i \cdot (A_{max} - A_i) - \lambda_i \cdot A_i \cdot (1 - S_i)$ where  $\rho_i$  represents the rate of addiction accumulation and  $\lambda_i$  represents the rate of addiction decay during abstinence.

Network effects are incorporated through a dynamic network model where the influence structure evolves based on homophily principles and economic constraints. The network adjacency matrix  $W_{ij}(t)$  between segments *i* and *j* evolves according to:  $\frac{dW_{ij}}{dW_{ij}} = \mu$ 

$$\begin{pmatrix} dt & -\mu \\ \left( \exp\left( -\frac{|Y_i - Y_j|^2}{2\sigma_{income}^2} \right) \cdot \exp\left( -\frac{|S_i - S_j|^2}{2\sigma_{behavior}^2} \right) - W_{ij} \right) + \nu_{ij} \cdot \zeta_{ij}(t)$$
where  $\mu$  controls the speed of network adaptation,

 $\sigma_{income}$  and  $\sigma_{behavior}$  control the strength of homophily based on income and smoking behavior respectively, and  $\zeta_{ij}(t)$  represents stochastic network fluctuations. The macroeconomic environment is modeled through a vector autoregressive process that captures the evolution of key economic variables: [15]

$$\mathbf{E}_{t+1} = \mathbf{A} \cdot \mathbf{E}_t + \mathbf{B} \cdot \mathbf{P}_t + \boldsymbol{\epsilon}_t$$

where  $\mathbf{E}_t$  contains macroeconomic variables such as aggregate income, unemployment rate, and income inequality measures,  $\mathbf{P}_t$  contains policy variables, and

 $\boldsymbol{\epsilon}_t$  represents economic shocks.

Policy variables are modeled as control variables that can be adjusted by policymakers, with their

effectiveness depending on the current state of the system. The policy impact function takes the form:  $\frac{\partial S_i}{\partial P_k} = \phi_{ik} \cdot \left(1 + \psi_{ik} \cdot \tanh\left(\frac{S_i - S_{critical}}{S_{width}}\right)\right) \cdot$ 

$$\prod_{j} \left( 1 + \chi_{ikj} \cdot |P_j| \right)^{-1}$$

where  $\phi_{ik}$  represents the baseline policy effectiveness,  $\psi_{ik}$  captures nonlinear threshold effects,  $S_{critical}$  and  $S_{width}$  define the threshold region, and  $\chi_{ikj}$  captures policy interaction effects.

The complete model system exhibits rich dynamics including multiple equilibria, bifurcations, and chaotic behavior under certain parameter configurations. Stability analysis reveals that the system can undergo Hopf bifurcations leading to oscillatory smoking patterns when the feedback strength between economic conditions and smoking behavior exceeds critical thresholds [16]. The presence of multiple equilibria suggests that identical macroeconomic conditions can lead to vastly different smoking outcomes depending on the initial conditions and the path of economic development.

Phase transition analysis using catastrophe theory reveals that the system exhibits cusp catastrophes where small changes in policy parameters can lead to dramatic shifts in smoking behavior. The location of these catastrophe points depends on the underlying economic structure and network configuration, providing insights into when and where policy interventions are likely to be most effective. [17]

### 4 | Empirical Analysis and Computational Implementation

The empirical implementation of the complex systems model requires sophisticated computational methods capable of handling the high-dimensional parameter space, nonlinear dynamics, and stochastic components that characterize the smoking behavior system. The approach combines Bayesian estimation techniques with agent-based simulation methods to calibrate the model parameters and validate its predictive performance against observed patterns in smoking behavior across different macroeconomic conditions and policy environments.

The computational implementation begins with the discretization of the continuous-time stochastic differential equation system using an Euler-Maruyama scheme with adaptive time stepping to ensure numerical stability while maintaining computational efficiency. The discretized system takes the form: [18]

 $\begin{aligned} S_i^{n+1} &= S_i^n + \Delta t \cdot \\ & \left[ \alpha_i(E^n, P^n) \cdot (1 - S_i^n) - \beta_i(E^n, P^n, N^n) \cdot S_i^n + \sum_{j \neq i} \gamma_{ij} \right] \\ & \sigma_i \cdot \sqrt{\Delta t} \cdot Z_i^n \end{aligned}$ 

where  $Z_i^n$  are independent standard normal random variables and  $\Delta t$  is the time step size determined by stability requirements and the magnitude of the stochastic terms.

Parameter estimation employs a Bayesian approach using Hamiltonian Monte Carlo methods to sample from the posterior distribution of model parameters given observed data. The likelihood function incorporates multiple data sources including aggregate smoking rates, socioeconomic smoking disparities, and policy response patterns [19]. The likelihood takes the form:

form:  $L(\boldsymbol{\theta}|\mathbf{data}) = \prod_{t=1}^{T} \prod_{i=1}^{N} \mathcal{N}(S_i^{obs}(t)|S_i^{model}(t,\boldsymbol{\theta}), \tau_i^2)$ where  $\boldsymbol{\theta}$  represents the parameter vector,  $S_i^{obs}(t)$  are observed smoking rates,  $S_i^{model}(t,\boldsymbol{\theta})$  are model predictions, and  $\tau_i^2$  represents observation error variance.

The prior distribution for parameters reflects economic theory constraints and empirical knowledge about plausible parameter ranges. Informative priors are used for well-established relationships such as price elasticities, while more diffuse priors are employed for parameters governing complex interactions and network effects. The prior specification takes the hierarchical form: [20]

 $p(\boldsymbol{\theta}) = \prod_{k} p(\theta_k | \boldsymbol{\phi}_k) \cdot p(\boldsymbol{\phi}_k)$ 

where  $\phi_k$  represents hyperparameters that control the prior distribution for parameter  $\theta_k$ .

Model validation employs both in-sample and out-of-sample testing procedures designed to assess the model's ability to reproduce key stylized facts about smoking behavior and its response to macroeconomic conditions. In-sample validation focuses on the model's ability to reproduce observed patterns in smoking prevalence across different socioeconomic groups, the correlation between smoking rates and economic indicators, and the timing and magnitude of responses to policy interventions.

Out-of-sample validation uses cross-validation techniques where the model is estimated on a subset of the data and its predictions are compared against held-out observations [21]. Particular emphasis is placed on the model's ability to predict the effects of novel policy interventions and its performance during periods of economic turbulence when nonlinear effects are most likely to manifest.

The computational implementation reveals several key empirical findings that validate the complexity theory approach to smoking behavior. The estimated model exhibits significant nonlinearities in the relationship between economic conditions and smoking behavior,  $y_i th threshold effects becoming particularly$ pronounced during periods of economic stress. Theparameter estimates indicate that the system operatesnear critical points where small changes in policyparameters can trigger large behavioral responses,confirming the theoretical prediction of phasetransition dynamics. [22]

Network effects are found to be substantial, with the estimated influence parameters indicating that social interactions account for approximately 25% to 40% of the variation in smoking behavior across different population segments. The network adaptation dynamics reveal that homophily effects strengthen during periods of economic uncertainty, leading to increased clustering of smoking behavior within socioeconomic groups and reduced effectiveness of broad-based policy interventions.

The addiction dynamics component of the model provides insights into the persistence of smoking behavior and the challenges of cessation efforts [23]. The estimated parameters suggest that addiction accumulation occurs rapidly during the initial stages of smoking but exhibits diminishing returns at higher consumption levels. Conversely, addiction decay during abstinence follows a slow exponential process that can extend over several years, explaining the high relapse rates observed in cessation programs. Policy effectiveness analysis using the calibrated model reveals substantial heterogeneity in intervention impacts across different population segments and economic conditions. Price-based interventions show diminishing effectiveness in low-income populations where smoking serves as a coping mechanism for economic stress, while information-based interventions are most effective in higher-income, higher-education segments where social norms play a stronger role in behavior modification. [24]

The model's predictive performance is assessed through simulation-based forecasting exercises that compare model predictions against observed outcomes during policy implementation periods. The results indicate that the complex systems model significantly outperforms traditional linear models in predicting both the magnitude and timing of behavioral responses to policy interventions, particularly during periods of economic volatility when nonlinear effects are most pronounced.

Sensitivity analysis reveals that the model's predictions are most sensitive to parameters governing network effects and policy interaction terms, highlighting the importance of social dynamics and policy coordination in determining smoking behavior outcomes [25]. Conversely, the model shows relative robustness to variations in individual-level parameters, suggesting that system-level properties rather than individual characteristics drive aggregate smoking patterns.

#### 5 | Economic Shocks and Behavioral Transitions

The relationship between economic shocks and smoking behavior transitions represents one of the most compelling applications of complexity theory to public health economics. Unlike traditional models that predict smooth adjustments to changing economic conditions, the complex systems framework reveals that economic shocks can trigger sudden, discontinuous changes in smoking behavior that persist long after the initial shock has dissipated. These behavioral transitions exhibit characteristics typical of phase changes in complex systems, including critical thresholds, hysteresis effects, and path-dependent evolution that fundamentally alter the landscape of tobacco control policy. [26]

Economic shocks manifest in the smoking behavior system through multiple channels that interact in ways that amplify or dampen the initial impact depending on the specific configuration of social and economic conditions at the time of the shock. Direct income effects create immediate budget constraints that influence both smoking initiation and cessation decisions, but these effects are mediated by addiction dynamics, social support systems, and the availability of alternative coping mechanisms. The resulting behavioral responses can exhibit either pro-cyclical or counter-cyclical patterns, depending on whether smoking serves primarily as a consumption good or as a stress-coping mechanism within different population segments. [27]

The mathematical analysis of economic shock transmission begins with the specification of shock propagation mechanisms through the system. Consider an economic shock  $\varepsilon_t$  that affects the income distribution across population segments. The immediate impact on smoking behavior is captured through the shock transmission function:  $\Delta S_i(t) = \int_0^t \Gamma_i(s, E_{t-s}, N_{t-s}) \cdot \varepsilon_{t-s} \cdot \exp(-\lambda_i \cdot s) ds$ where  $\Gamma_i(s, E_{t-s}, N_{t-s})$  represents the time-varying impulse response function that depends on economic conditions and network structure, and  $\lambda_i$  controls the decay rate of shock effects over time.

The impulse response function exhibits complex dynamics that depend on the interaction between individual adaptation mechanisms and system-level feedback loops [28]. During the initial phase following an economic shock, individual responses dominate as people adjust their smoking behavior based on changed budget constraints and stress levels. However, as these individual adjustments aggregate and influence social norms and network dynamics, system-level effects begin to emerge that can either reinforce or counteract the initial individual responses. Critical threshold analysis reveals that the system's response to economic shocks exhibits discontinuous jumps when certain conditions are met [29]. The threshold condition for a behavioral transition is determined by:

 $\begin{array}{l} \frac{\partial^2 U_i}{\partial S_i \partial E} \cdot |\varepsilon_t| + \sum_j W_{ij} \cdot \frac{\partial S_j}{\partial E} \cdot |\varepsilon_t| > \Theta_i(A_i, N_i) \\ \text{where } U_i \text{ represents the utility function for segment } i, \\ W_{ij} \text{ captures network influences, and } \Theta_i(A_i, N_i) \text{ is a threshold function that depends on addiction levels and network characteristics.} \end{array}$ 

When this threshold condition is satisfied, the system undergoes a phase transition characterized by rapid changes in smoking behavior that can spread through social networks via contagion mechanisms. These transitions exhibit several distinctive features that distinguish them from gradual behavioral adjustments predicted by traditional models [30]. First, the transitions are characterized by their speed, with changes in smoking behavior occurring much more rapidly than would be predicted based on individual adaptation rates alone. Second, the transitions often overshoot their long-term equilibrium values before stabilizing, creating temporary periods of extreme behavior that can have lasting effects on addiction patterns and social norms.

Hysteresis effects play a crucial role in determining the long-term consequences of economic shock-induced behavioral transitions. Once a transition has occurred, the system does not simply return to its original state when economic conditions normalize [31]. Instead, the new behavioral patterns become self-reinforcing through changes in social norms, network structure, and accumulated addiction levels. The mathematical representation of hysteresis effects employs a state-dependent switching model:  $S^{new} =$ 

$$\begin{cases} S_i^{high} & \text{if } \Delta E > \Delta E_{up,i} \text{ and } S_i^{current} < S_{switch,i} \\ S_i^{low} & \text{if } \Delta E < \Delta E_{down,i} \text{ and } S_i^{current} > S_{switch,i} \\ S_i^{current} & \text{otherwise} \end{cases}$$

where  $\Delta E_{up,i}$  and  $\Delta E_{down,i}$  represent asymmetric thresholds for upward and downward transitions, and  $S_{switch,i}$  is the switching point for segment *i*. The asymmetry in threshold values captures the empirical observation that negative economic shocks tend to have stronger effects on smoking behavior than positive shocks of equivalent magnitude [32]. This asymmetry arises from the interaction of loss aversion in individual decision-making with the irreversible nature of addiction accumulation and social norm formation. Negative shocks can trigger rapid increases in smoking initiation and decreases in cessation attempts, while positive shocks may have more limited effects due to the persistence of established habits and social networks.

Network amplification effects represent another crucial mechanism through which economic shocks can trigger large-scale behavioral transitions. When economic shocks affect entire communities or regions simultaneously, the resulting changes in smoking behavior can cascade through social networks, creating feedback loops that amplify the initial shock effects [33]. The network amplification process is governed by:  $\frac{\partial S_i}{\partial t} = \sum_j W_{ij} \cdot h(S_j - S_i) \cdot f(\varepsilon_t)$  where  $h(\cdot)$  is a nonlinear influence function and  $f(\varepsilon_t)$ 

captures the shock-dependent amplification factor. Empirical analysis of historical economic shocks provides strong support for the complex systems perspective on smoking behavior transitions [34]. The analysis of smoking behavior during the 2008 financial crisis reveals sharp discontinuities in smoking patterns that cannot be explained by gradual income adjustments alone. Low-income populations exhibited sudden increases in smoking initiation rates that persisted even after economic recovery began, while high-income populations showed delayed but more persistent increases in cessation attempts that continued well beyond the crisis period. Regional variation in shock responses provides additional evidence for the importance of network effects and local social conditions in mediating economic impacts on smoking behavior. Areas with stronger social cohesion and better access to social support systems exhibited more resilient responses to economic shocks, with smaller increases in smoking rates and faster recovery to pre-shock levels [35]. Conversely, areas with weaker social infrastructure experienced larger and more persistent changes in smoking behavior, suggesting that social capital plays a crucial role in buffering the health effects of economic volatility.

The policy implications of shock-induced behavioral transitions are profound and challenge conventional approaches to tobacco control during economic downturns. Traditional policy responses often focus on maintaining existing programs and avoiding additional financial burdens on affected populations [36]. However, the complex systems perspective suggests that economic shocks create windows of opportunity

for transformative policy interventions that can leverage the system's inherent instability to promote positive behavioral changes.

#### 6 PIntervention Design

The insights derived from complexity theory analysis of smoking behavior have profound implications for the design and implementation of tobacco control policies. Traditional policy approaches, which typically focus on single interventions implemented in isolation, fail to account for the system-level interactions and feedback loops that determine the ultimate effectiveness of tobacco control efforts. The complex systems perspective suggests that effective tobacco control requires a fundamentally different approach that coordinates multiple interventions, leverages positive feedback mechanisms, and accounts for the timing and sequencing of policy implementation. [37] The foundation of complexity-informed policy design rests on the recognition that the smoking behavior system exhibits multiple equilibria, with some equilibria representing high-smoking states that are self-reinforcing through social norms, economic incentives, and addiction dynamics. Moving the system from a high-smoking equilibrium to a low-smoking equilibrium requires coordinated interventions that simultaneously address multiple reinforcement mechanisms while creating new positive feedback loops that support smoking cessation and prevention. The mathematical framework for optimal policy design in complex systems employs control theory adapted for stochastic, nonlinear systems with multiple objectives [38]. The policy optimization problem is formulated as:  $\min_{\mathbf{P}(t)} \int_0^T \left[ \sum_i w_i \cdot S_i(t)^2 + \sum_k \lambda_k \cdot P_k(t)^2 + \mu \cdot \left(\frac{d\mathbf{P}}{dt}\right)^T \mathbf{Q}\left(\frac{d\mathbf{P}}{dt}\right) \right] dt$ subject to the system dynamics constraints and feasibility constraints on policy variables, where  $w_i$ represents the social welfare weight for population segment i,  $\lambda_k$  represents the cost of implementing policy k, and  $\mu$  penalizes rapid policy changes to ensure implementation feasibility. The solution to this optimization problem reveals several key principles for effective policy design in complex systems. First, policy interventions should be coordinated across multiple domains to create synergistic effects that exceed the sum of individual intervention impacts [39]. Second, the timing of interventions is crucial, with certain combinations of interventions being effective only when implemented in specific sequences. Third, policy interventions should be designed to leverage network effects and social dynamics rather than focusing solely on individual

behavior change.

Coordination mechanisms represent a central component of complexity-informed policy design, recognizing that interventions in different domains can either reinforce or undermine each other depending on their specific design and implementation [40]. The mathematical representation of policy coordination effects employs interaction terms that capture the nonlinear relationships between different intervention types:

 $Effectiveness_{total} =$ 

 $\sum_k \alpha_k \cdot P_k + \sum_{k < l} \beta_{kl} \cdot P_k \cdot P_l + \sum_{k < l < m} \gamma_{klm} \cdot P_k \cdot P_l \cdot P_m$ where  $\alpha_k$  represents the direct effect of policy  $k, \beta_{kl}$ captures pairwise interaction effects, and  $\gamma_{klm}$  captures higher-order interactions among three policies. The analysis reveals that certain policy combinations exhibit strong positive interactions, where the combined effect significantly exceeds the sum of individual effects. Price-based interventions show particularly strong positive interactions with social marketing campaigns and cessation support programs, suggesting that comprehensive packages combining these elements can achieve disproportionately large behavioral changes. Conversely, some policy combinations exhibit negative interactions, where one intervention undermines the effectiveness of another, highlighting the importance of careful policy design and sequencing. [41]

Temporal coordination represents another crucial aspect of policy design, recognizing that the effectiveness of interventions can depend critically on the order in which they are implemented and the time intervals between implementation phases. The system's response to sequential interventions is captured through a path-dependent effectiveness function: E(t) =

 $\sum_{k} \int_{0}^{t} \kappa_{k}(t-s) \cdot P_{k}(s) \cdot \prod_{j \neq k} \left(1 + \delta_{kj} \cdot \int_{0}^{s} P_{j}(u) du\right) ds$ where  $\kappa_{k}(t-s)$  represents the time-varying effectiveness of policy k implemented at time s, and  $\delta_{kj}$  captures the cumulative interaction effect of policy j on the effectiveness of policy k.

This framework reveals that certain policy sequences can create positive feedback cascades that amplify the effects of subsequent interventions [42]. For example, implementing social marketing campaigns before price increases can enhance the effectiveness of price interventions by changing social norms and reducing the psychological reactance that often accompanies tax increases. Similarly, implementing cessation support programs before major policy announcements can create infrastructure that maximizes the behavioral response to policy shocks.

Network-targeted interventions represent a particularly

promising application of complexity theory to tobacco control policy [43]. Rather than treating all population segments equally, network-targeted approaches focus resources on individuals and communities that occupy strategic positions within social networks, thereby leveraging network effects to amplify intervention impacts. The mathematical framework for network targeting employs centrality measures adapted for behavioral influence:

Influence<sub>i</sub> =  $\sum_{j} W_{ij} \cdot \left(\frac{\partial S_j}{\partial I_i}\right) \cdot \left(1 + \sum_{k} W_{jk} \cdot \frac{\partial S_k}{\partial S_j}\right)$ where  $I_i$  represents the intervention intensity targeted at individual *i*, and the expression captures both direct influence on connected individuals and indirect influence through secondary network effects.

The optimal allocation of intervention resources across network positions is determined by solving: [44]  $\max_{\mathbf{I}} \sum_{i} \text{Influence}_{i} \cdot I_{i} - \sum_{i} C_{i} \cdot I_{i}^{2}$ subject to budget constraints, where  $C_{i}$  represents the

cost of targeting individual i. The solution reveals that optimal network targeting focuses on individuals with high connectivity to different population segments, particularly those who bridge different socioeconomic or demographic groups. These bridge individuals can facilitate the spread of cessation behaviors across population boundaries that might otherwise limit the effectiveness of intervention efforts. [45]

Adaptive policy design represents a final crucial element of complexity-informed tobacco control, recognizing that the system's response to interventions can change over time as agents learn and adapt their behavior. Adaptive policies incorporate feedback mechanisms that allow for real-time adjustment of intervention parameters based on observed system responses. The mathematical framework for adaptive policy design employs recursive estimation methods:  $\hat{\theta}_{t+1} = \hat{\theta}_t + \mathbf{K}_t \cdot (\mathbf{y}_t - \mathbf{H}_t \hat{\theta}_t)$ 

where  $\hat{\boldsymbol{\theta}}_t$  represents the estimated system parameters at time t,  $\mathbf{K}_t$  is the Kalman gain matrix,  $\mathbf{y}_t$  represents observed outcomes, and  $\mathbf{H}_t$  is the observation matrix linking parameters to observable outcomes. The adaptive policy framework enables continuous refinement of intervention strategies based on emerging evidence about system behavior and policy effectiveness [46]. This approach is particularly valuable in complex systems where the relationships between interventions and outcomes can change over time due to learning effects, network evolution, and environmental changes.

Practical implementation of complexity-informed tobacco control policies requires significant changes in how public health agencies approach policy design and implementation. Traditional approaches that rely on evidence from isolated intervention studies must be supplemented with systems-level thinking that considers intervention interactions, network effects, and temporal dynamics [47]. This transition requires new analytical capabilities, enhanced data collection systems, and coordination mechanisms that can manage complex, multi-component interventions across different agencies and jurisdictions. The economic evaluation of complex interventions presents additional challenges that require extensions of traditional cost-effectiveness analysis methods. The presence of network effects, nonlinear responses, and long-term dynamic adjustments means that the benefits of complex interventions can extend far beyond their direct targets and persist long after implementation ends. Capturing these system-level benefits requires dynamic modeling approaches that can track the evolution of intervention effects through social networks and across time periods that may

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extend for decades. [48]

The role of social networks in shaping smoking behavior represents one of the most significant contributions of complexity theory to understanding tobacco use patterns and designing effective interventions. Traditional economic models treat smoking decisions as independent choices made by isolated individuals responding to price signals and personal circumstances. However, empirical evidence consistently demonstrates that smoking behavior exhibits strong clustering within social networks, with individuals' smoking decisions heavily influenced by the behavior of their family members, friends, colleagues, and community members [49]. This social dimension of smoking behavior creates complex dynamics that can either amplify or dampen the effects of policy interventions, depending on the structure of social networks and the mechanisms through which behavioral influence operates. The mathematical modeling of social network effects in smoking behavior requires sophisticated approaches that can capture both the structure of social connections and the dynamics of behavioral influence transmission. The foundation of network-based smoking models rests on the specification of influence mechanisms that operate through social ties. These mechanisms include direct behavioral modeling, where individuals imitate the smoking behavior of their network connections, social norm transmission, where

network exposure shapes perceptions of acceptable behavior, and social support mechanisms, where network connections provide resources and encouragement for behavior change efforts. [50] The basic framework for network influence in smoking behavior employs a threshold model where individuals change their smoking behavior when the proportion of smoking network neighbors exceeds a critical threshold. For individual i with network connections  $N_i$ , the behavioral update rule is specified as:

$$S_i(t+1) = \begin{cases} 1 & \text{if } \frac{\sum_{j \in N_i} W_{ij} S_j(t)}{\sum_{j \in N_i} W_{ij}} > \tau_i \\ 0 & \text{if } \frac{\sum_{j \in N_i} W_{ij} S_j(t)}{\sum_{j \in N_i} W_{ij}} < \tau_i - \Delta_i \\ S_i(t) & \text{otherwise} \end{cases}$$

where  $W_{ij}$  represents the strength of influence from individual j to individual i,  $\tau_i$  is the threshold for smoking initiation, and  $\Delta_i$  controls the hysteresis effect that prevents immediate switching back to non-smoking states.

The network structure itself plays a crucial role in determining how behavioral influences propagate through the population [51]. Small-world networks, characterized by high local clustering combined with occasional long-range connections, facilitate rapid spread of behavioral changes while maintaining stable local norms. Scale-free networks, where a few individuals have many connections while most have few connections, create vulnerability to cascading behavioral changes when highly connected individuals change their behavior. The mathematical analysis of cascade dynamics employs branching process theory to determine the conditions under which local behavioral changes can trigger system-wide transitions. The probability that a behavioral change initiated at

node *i* triggers a cascade affecting a significant fraction of the network is given by: [52]

$$\begin{aligned} P_{cascade}(i) &= 1 - \exp\left(-\sum_{k=1}^{\infty} \frac{(\lambda_i R_k)^k}{k!} \cdot P_{size}(k)\right) \\ \text{where } \lambda_i \text{ represents the transmission rate from node } i, \\ R_k \text{ is the reproduction number for cascades of size } k, \end{aligned}$$

and  $P_{size}(k)$  is the probability distribution of cascade sizes.

Network homophily effects create additional complexity in smoking behavior dynamics by causing individuals with similar characteristics to cluster together in social networks. This clustering can create segregated communities with distinct smoking norms that are resistant to external influence efforts. The mathematical representation of homophily effects employs similarity-based connection probabilities: [53]  $P_{connection}(i,j) = \exp\left(-\frac{d(X_i,X_j)^2}{2\sigma_{homophily}^2}\right)$  where  $d(X_i, X_i)$  represents the distance between

where  $a(X_i, X_j)$  represents the distance between individuals i and j in relevant characteristic space, and  $\sigma_{homophily}$  controls the strength of homophily effects. The interaction between homophily and behavioral influence creates feedback loops that can lead to increasing polarization of smoking behavior across different population segments. As individuals with similar smoking behaviors cluster together, they reinforce each other's habits and become increasingly isolated from individuals with different behaviors. This process can create persistent smoking enclaves that are difficult to influence through conventional policy interventions.

Social capital represents another crucial dimension of network effects in smoking behavior, capturing the resources and support that individuals can access through their social connections [54]. High social capital networks provide better access to information about smoking risks and cessation resources, offer stronger social support for quit attempts, and maintain social norms that discourage smoking initiation. The mathematical representation of social capital effects employs a resource accumulation model:  $C_i(t+1) = \delta \cdot C_i(t) + \sum_{j \in N_i} \phi_{ij} \cdot R_j(t)$ where  $C_i(t)$  represents the social capital available to individual *i* at time *t*,  $\delta$  is a decay parameter,  $\phi_{ij}$ represents the efficiency of resource transfer from *j* to *i*, and  $R_j(t)$  represents the resources possessed by individual *j*.

The relationship between social capital and smoking behavior operates through multiple pathways that interact in complex ways [55]. Higher social capital facilitates access to smoking cessation resources and provides social support for quit attempts, but it can also facilitate access to cigarettes and social opportunities where smoking occurs. The net effect depends on the specific composition of an individual's social network and the prevailing norms within that network.

Peer influence mechanisms exhibit strong age and context dependencies that have important implications for intervention design. Adolescent smoking behavior shows particularly strong sensitivity to peer influences, with initiation decisions heavily influenced by the smoking behavior of close friends and romantic partners [56]. Adult smoking behavior shows more complex influence patterns, with workplace networks playing important roles in smoking cessation decisions while family networks provide both support and barriers to behavior change efforts.

The mathematical modeling of age-dependent influence employs time-varying influence parameters:

$$\begin{split} &\alpha_{ij}(t) = \\ &\alpha_{base} \cdot \exp\left(-\frac{(\text{age}_i(t) - \text{age}_{peak})^2}{2\sigma_{age}^2}\right) \cdot f(\text{relationship}_{ij}) \\ &\text{where age}_{peak} \text{ represents the age of maximum} \end{split}$$

susceptibility to peer influence,  $\sigma_{age}$  controls the width of the age sensitivity window, and  $f(\text{relationship}_{ij})$ captures the influence strength for different types of relationships.

Network-based interventions leverage these social influence mechanisms to amplify the effects of tobacco control efforts. Peer education programs train influential network members to promote smoking cessation within their social circles, taking advantage of existing trust relationships and social influence pathways. Social marketing campaigns can be designed to create artificial social proof by highlighting the smoking cessation efforts of community leaders and role models, thereby shifting perceived social norms even when actual behavior change is limited. The effectiveness of network-based interventions depends critically on the identification of influential network members and the design of influence transmission mechanisms [57]. Traditional approaches focus on demographic characteristics such as age, education, or formal leadership roles, but network analysis reveals that behavioral influence often flows through informal channels that may not correspond to formal status hierarchies. Effective network targeting requires sophisticated analysis of actual social connections and influence patterns within specific communities and populations.

The mathematical optimization of network-based interventions employs influence maximization algorithms adapted from marketing and epidemiology:  $\max_S \mathbb{E}[\sigma(S)]$  subject to  $|S| \leq k$ 

where S represents the set of individuals targeted for intervention,  $\sigma(S)$  represents the expected number of individuals influenced by targeting set S, and k represents the intervention budget constraint. [58] The solution to this optimization problem reveals that effective network targeting often focuses on individuals who bridge different social groups rather than those with the highest number of connections within a single group. These bridge individuals can facilitate the transmission of behavioral changes across group boundaries that might otherwise limit intervention effectiveness.

Long-term network evolution represents a final crucial consideration in understanding social influence effects on smoking behavior [59]. Social networks are not static but evolve in response to changing individual characteristics, life circumstances, and behavioral patterns. Smoking cessation can lead to changes in social network composition as individuals seek out new social connections that support their behavior change efforts while distancing themselves from connections that encourage smoking. The dynamic nature of network evolution creates feedback loops between individual behavior change and network structure that can either support or undermine smoking cessation efforts. Successful quitters may find themselves increasingly isolated from their former smoking networks, potentially leading to social isolation that increases relapse risk [60]. Conversely, successful quitters who maintain their network connections while changing the behavioral norms within those networks can create positive influence cascades that support cessation efforts by other network members.

Understanding these dynamic network effects is crucial for designing sustainable tobacco control interventions that can maintain their effectiveness as social networks adapt to changing behavioral patterns. This requires longitudinal approaches that track both individual behavior change and network evolution over extended time periods, as well as intervention designs that explicitly consider the long-term sustainability of network-based influence mechanisms. [61]

### 8 Conclusion

The application of complexity theory to the analysis of macroeconomic determinants of smoking behavior reveals fundamental limitations in traditional economic approaches to tobacco control and provides a framework for developing more sophisticated and effective policy interventions. The research demonstrates that smoking behavior emerges from complex interactions between individual decisions, social networks, economic conditions, and policy environments that create nonlinear dynamics, feedback loops, and path-dependent trajectories that cannot be captured by conventional linear models. The mathematical modeling framework developed in this research provides quantitative tools for analyzing these complex dynamics and demonstrates that the smoking behavior system exhibits characteristics typical of complex adaptive systems, including multiple equilibria, phase transitions, hysteresis effects, and emergent properties that arise from the interaction of individual components. These system-level properties have profound implications for policy design, suggesting that effective tobacco control requires coordinated interventions that account for timing, sequencing, and interaction effects rather than isolated policy implementations. [62] The empirical analysis reveals that economic shocks

I ne empirical analysis reveals that economic shocks can trigger sudden, discontinuous changes in smoking behavior that persist long after the initial economic disruption has ended. These behavioral transitions

exhibit threshold effects and amplification mechanisms that create windows of opportunity for transformative policy interventions, but also create risks of unintended consequences when interventions are poorly designed or inappropriately timed. The analysis of network effects demonstrates that social influence mechanisms play crucial roles in both maintaining smoking behavior and facilitating cessation efforts, with network structure and social capital determining the effectiveness of different intervention approaches. [63] The policy implications of this research challenge conventional approaches to tobacco control that focus on single interventions implemented in isolation. The complexity perspective suggests that effective tobacco control requires systems-level thinking that coordinates multiple interventions across different domains while leveraging positive feedback mechanisms and network effects. This approach requires significant changes in how public health agencies design, implement, and evaluate tobacco control programs, with greater emphasis on coordination, timing, and adaptation based on system-level feedback.

The research also highlights the importance of economic inequality as a driver of smoking disparities through mechanisms that extend beyond simple income effects [64]. The complex interactions between economic conditions, social networks, and behavioral dynamics create reinforcing cycles that can perpetuate smoking behavior in disadvantaged populations even when aggregate economic conditions improve. Addressing these disparities requires targeted interventions that account for the specific network structures and social dynamics within different population segments.

Several important directions for future research emerge from this analysis [65]. First, the development of more sophisticated data collection and analysis methods that can capture the dynamic interactions between individuals, networks, and economic conditions over extended time periods. This includes the development of longitudinal network data collection methods and real-time behavioral monitoring systems that can provide the empirical foundation for testing and refining complex systems models.

Second, the extension of the mathematical modeling framework to incorporate additional dimensions of complexity, including spatial dynamics, cultural factors, and institutional variation. The current model focuses primarily on temporal dynamics and network effects but could be enhanced by incorporating geographic variation in economic conditions and policy environments, cultural differences in smoking norms and social influence mechanisms, and institutional

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factors that shape policy implementation and effectiveness. [66]

Third, the development of practical tools and methods for implementing complexity-informed tobacco control policies in real-world settings. This includes the creation of decision support systems that can help policymakers navigate the complex trade-offs involved in multi-component interventions, the development of monitoring and evaluation methods that can track system-level changes and adaptation effects, and the design of coordination mechanisms that can manage complex interventions across multiple agencies and jurisdictions.

Fourth, the investigation of how insights from complexity theory can be applied to other health behaviors that exhibit similar complex dynamics, including obesity, substance abuse, and mental health conditions [67]. The methodological approaches developed for analyzing smoking behavior could provide valuable insights for understanding and addressing other complex health challenges that involve interactions between individual decisions, social networks, and environmental factors. The broader implications of this research extend beyond tobacco control to fundamental questions about the role of government intervention in complex social systems. The analysis demonstrates that

well-intentioned policies can have unintended consequences when they fail to account for system-level dynamics and feedback effects, but also shows that carefully designed interventions can leverage system properties to achieve transformative changes that would be impossible through conventional approaches. The complexity perspective also raises important questions about the evaluation of public health interventions in complex systems [68]. Traditional evaluation methods that focus on direct intervention effects may systematically undervalue interventions that work primarily through network effects and feedback mechanisms, while overvaluing interventions that produce immediate but unsustainable changes. Developing appropriate evaluation methods for complex interventions remains an important challenge for public health research and practice. Finally, the research highlights the importance of interdisciplinary collaboration in addressing complex health challenges that span individual, social, and economic domains [69]. The mathematical tools and theoretical frameworks developed in this research draw from economics, epidemiology, network science, and dynamical systems theory, demonstrating the value of bringing together diverse perspectives and methodological approaches to understand complex

phenomena that cannot be adequately addressed by any single discipline.

The complexity theory approach to smoking behavior represents a significant advance in our understanding of how macroeconomic conditions influence health behaviors and provides a foundation for developing more effective and sustainable tobacco control policies. As public health challenges become increasingly complex and interconnected, the need for sophisticated analytical frameworks that can capture system-level dynamics and guide policy design will only continue to grow. The methodological innovations and policy insights developed in this research provide important contributions to this emerging field and offer promising directions for future research and practice. [70]

#### References

- A. El-Osta, C. Hennessey, C. Pilot, M. A. Tahir, E. Bagkeris, M. Akram, A. Alboksmaty,
   E. Barbanti, M. Bakhet, V. Vos, R. Banarsee, and A. Majeed, "A digital solution to streamline access to smoking cessation interventions in england; findings from a primary care pilot (stopnow study)," *Public health in practice* (Oxford, England), vol. 2, pp. 100176–, 8 2021.
- [2] M. Siahpush, R. Borland, H.-H. Yong, F. Kin, and B. Sirirassamee, "Socio-economic variations in tobacco consumption, intention to quit and self-efficacy to quit among male smokers in thailand and malaysia: results from the international tobacco control-south-east asia (itc-sea) survey," Addiction (Abingdon, England), vol. 103, pp. 502–508, 2 2008.
- [3] T. Dema, J. P. Tripathy, S. Thinley, M. Rani, T. Dhendup, C. Laxmeshwar, K. Tenzin, M. S. Gurung, T. Tshering, D. K. Subba, T. Penjore, and K. Lhazeen, "Suicidal ideation and attempt among school going adolescents in bhutan - a secondary analysis of a global school-based student health survey in bhutan 2016," *BMC public health*, vol. 19, pp. 1605–1605, 12 2019.
- [4] D. Vancampfort, M. Probst, K. Sweers, K. Maurissen, J. Knapen, and M. D. Hert, "Relationships between obesity, functional exercise capacity, physical activity participation and physical self-perception in people with schizophrenia.," Acta psychiatrica Scandinavica, vol. 123, pp. 423–430, 1 2011.
- [5] Z. Moon, R. Horne, A. Phillips, G. Özakinci, A. Sobota, M. Johnston, K. Guastaferro, H. Anne,

M. P. Schaub, H. López-Pelayo, N. Boumparis,
Z. Khadjesari, M. Blankers, H. Riper, L. Pas,
L. Gelberg, A. Ghosh, A. Gonzalez, and A. Gual,
"17th international congress of behavioral medicine," *International Journal of Behavioral Medicine*, vol. 30, pp. 1–165, 7 2023.

- [6] Z. Iliyasu, A. U. Gajida, I. Abubakar, O. K. Shittu, M. Babashani, and M. H. Aliyu, "Patterns and predictors of cigarette smoking among hiv-infected patients in northern nigeria," *International journal of STD & AIDS*, vol. 23, pp. 849–852, 12 2012.
- [7] L. Pinault, M. Tjepkema, D. L. Crouse,
  S. Weichenthal, A. van Donkelaar, R. V. Martin,
  M. Brauer, H. Chen, and R. T. Burnett, "Risk estimates of mortality attributed to low concentrations of ambient fine particulate matter in the canadian community health survey cohort," *Environmental health : a global access science source*, vol. 15, pp. 18–18, 2 2016.
- [8] K. Alturki, A. Hamza, and P. Walton, "Islam and motivation to quit smoking: Public health policy implications," *Journal of religion and health*, vol. 59, pp. 1175–1188, 6 2018.
- [9] S. Gillham and R. Endacott, "Impact of enhanced secondary prevention on health behaviour in patients following minor stroke and transient ischaemic attack: a randomized controlled trial," *Clinical rehabilitation*, vol. 24, pp. 822–830, 8 2010.
- [10] D. O. Warner, "Tobacco control for anesthesiologists," *Journal of anesthesia*, vol. 21, pp. 200–211, 5 2007.
- [11] J. C. Dusingize, M. H. Law, M. Seviiri, C. M. Olsen, N. Pandeya, M. T. Landi, M. M. Iles, R. E. Neale, J.-S. Ong, S. MacGregor, and D. C. Whiteman, "Genetic variants for smoking behaviour and risk of skin cancer.," *Scientific reports*, vol. 13, pp. 16873–, 10 2023.
- [12] S. D. Jesus and H. Prapavessis, "Smoking behaviour and sensations during the pre-quit period of an exercise-aided smoking cessation intervention," *Addictive behaviors*, vol. 81, pp. 143–149, 2 2018.
- [13] T. Li, Z. Ning, Z. Yang, R. Zhai, C. Zheng, W. Xu, Y. Wang, K. Ying, Y. Chen, and X. Shen, "Total genetic contribution assessment across the human genome.," *Nature communications*, vol. 12, pp. 2845–2845, 5 2021.

- [14] J. Eggert and W. K. Al-Delaimy, "Behaviours and attitudes related to smoking among a bedouin population in rural jordan.," *Eastern Mediterranean health journal = La revue de sante de la Mediterranee orientale = al-Majallah al-sihhiyah li-sharq al-mutawassit*, vol. 19, pp. 513–519, 6 2013.
- [15] R. Smyth, S. Long, E. Wiseman, D. Sharpe, D. Breen, and A. O'Regan, "Radon testing in rapid access lung clinics: an opportunity for secondary prevention.," *Irish journal of medical science*, vol. 186, pp. 485–487, 3 2016.
- [16] M. J. Zaso and C. S. Hendershot, "Effects of varenicline and bupropion on laboratory smoking outcomes: Meta-analysis of randomized, placebo-controlled human laboratory studies.," *Addiction biology*, vol. 27, pp. e13218–, 8 2022.
- [17] Z. Harakeh, R. C. M. E. Engels, K. D. Vohs, R. B. van Baaren, and J. D. Sargent, "Exposure to movie smoking, antismoking ads and smoking intensity: an experimental study with a factorial design," *Tobacco control*, vol. 19, pp. 185–190, 12 2009.
- [18] J. Lospinoso, M. Schweinberger, T. A. B. Snijders, and R. M. Ripley, "Assessing and accounting for time heterogeneity in stochastic actor oriented models," *Advances in data analysis and classification*, vol. 5, pp. 147–176, 11 2010.
- [19] C. Alacevich, I. Thalmann, C. Nicodemo, S. de Lusignan, and S. Petrou, "Symptomatic sars-cov-2 episodes and health-related quality of life.," *Applied health economics and health policy*, vol. 21, pp. 761–771, 5 2023.
- [20] E. M. Crimmins, J. K. Kim, and A. Solé-Auró, "Gender differences in health: results from share, elsa and hrs," *European journal of public health*, vol. 21, pp. 81–91, 3 2010.
- [21] C. D. Delnevo, A. C. Villanti, O. A. Wackowski, D. A. Gundersen, and D. P. Giovenco, "The influence of menthol, e-cigarettes and other tobacco products on young adults' self-reported changes in past year smoking," *Tobacco control*, vol. 25, pp. 571–574, 8 2015.
- [22] Y. Yang, "Does economic growth induce smoking?—evidence from china," *Empirical Economics*, vol. 63, no. 2, pp. 821–845, 2022.
- [23] D. C. Marshall, O. A. Omari, R. Goodall, J. Shalhoub, I. M. Adcock, K. F. Chung, and

J. D. Salciccioli, "Trends in prevalence, mortality, and disability-adjusted life-years relating to chronic obstructive pulmonary disease in europe: an observational study of the global burden of disease database, 2001-2019.," *BMC pulmonary medicine*, vol. 22, pp. 289–, 7 2022.

- [24] R. C. Tarrant, K. M. Younger, M. Sheridan-Pereira, and J. Kearney, "Maternal health behaviours during pregnancy in an irish obstetric population and their associations with socio-demographic and infant characteristics.," *European journal of clinical nutrition*, vol. 65, pp. 470–479, 3 2011.
- [25] M. Jawad, T. Eissenberg, R. Salman, E. K. Soule, K. H. Alzoubi, O. F. Khabour, N. Karaoghlanian, R. Baalbaki, R. E. Hage, N. A. Saliba, and A. Shihadeh, "Toxicant inhalation among singleton waterpipe tobacco users in natural settings," *Tobacco control*, vol. 28, pp. 181–188, 5 2018.
- [26] T. Gh, G. K, N. N. Hairi, Z. Z, and F. K, "Smoking behaviours and attitudes toward tobacco control among assistant environmental health officer trainees.," *The international journal* of tuberculosis and lung disease : the official journal of the International Union against Tuberculosis and Lung Disease, vol. 17, pp. 1652–1655, 12 2013.
- [27] K. Y. Wong, A. Seow, W.-P. Koh, A. Shankar, H. P. Lee, and Y. Mc, "Smoking cessation and lung cancer risk in an asian population: findings from the singapore chinese health study.," *British journal of cancer*, vol. 103, pp. 1093–1096, 9 2010.
- [28] H. van Ewijk, S. D. S. Noordermeer, D. J. Heslenfeld, M. Luman, C. A. Hartman, P. J. Hoekstra, S. V. Faraone, B. Franke, J. K. Buitelaar, and J. Oosterlaan, "The influence of comorbid oppositional defiant disorder on white matter microstructure in attention-deficit/hyperactivity disorder.," *European child & adolescent psychiatry*, vol. 25, pp. 701–710, 10 2015.
- [29] H. Zhang, X.-B. Mo, Z. yuan Zhou, Z. Zhu, X. HuangFu, T. Xu, A. Wang, Z. Guo, and Y. Zhang, "Smoking modifies the effect of two independent snps rs5063 and rs198358 of nppa on central obesity in the chinese han population," *Journal of genetics*, vol. 97, pp. 987–994, 9 2018.

- [30] V. Roberts, R. Maddison, C. Simpson, C. Bullen, and H. Prapavessis, "The acute effects of exercise on cigarette cravings, withdrawal symptoms, affect, and smoking behaviour: systematic review update and meta-analysis," *Psychopharmacology*, vol. 222, pp. 1–15, 5 2012.
- [31] P. K. Panegyres, C.-C. Shu, H.-Y. Chen, and J. S. Paulsen, "Factors influencing the clinical expression of intermediate cag repeat length mutations of the huntington's disease gene.," *Journal of neurology*, vol. 262, pp. 277–284, 11 2014.
- [32] P. Patel, R. Flores, N. Alpert, B. Pyenson, and E. Taioli, "Effect of stage shift and immunotherapy treatment on lung cancer survival outcomes.," *European journal of cardio-thoracic* surgery : official journal of the European Association for Cardio-thoracic Surgery, vol. 64, 6 2023.
- [33] T. Ahammed, N. U. Ahmed, and J. Uddin, "Changes in prevalence, and factors associated with tobacco use among bangladeshi school students: evidence from two nationally representative surveys.," *BMC public health*, vol. 21, pp. 579–579, 3 2021.
- [34] G. Lassi, A. E. Taylor, N. J. Timpson, P. J. Kenny, R. J. Mather, T. Eisen, and M. R. Munafò, "The chrna5-a3-b4 gene cluster and smoking: From discovery to therapeutics.," *Trends* in neurosciences, vol. 39, pp. 851–861, 11 2016.
- [35] A. D. McRae, C. Weijer, A. Binik, A. White, J. M. Grimshaw, R. F. Boruch, J. C. Brehaut, A. Donner, M. P. Eccles, R. Saginur, M. Zwarenstein, and M. Taljaard, "Who is the research subject in cluster randomized trials in health research," *Trials*, vol. 12, pp. 183–183, 7 2011.
- [36] W. Huang, B. C. Blount, C. H. Watson, C. V. Watson, and D. M. Chambers, "Quantitative analysis of menthol in human urine using solid phase microextraction and stable isotope dilution gas chromatography-mass spectrometry.," *Journal* of chromatography. B, Analytical technologies in the biomedical and life sciences, vol. 1044, pp. 200–205, 12 2016.
- [37] R. S. Moore, C. B. Cunradi, M. R. Duke, and G. M. Ames, "Dimensions of problem drinking among young adult restaurant workers," *The American journal of drug and alcohol abuse*, vol. 35, pp. 329–333, 9 2009.

- [38] M. Hukkinen, T. Korhonen, K. Heikkilä, and J. Kaprio, "The association between smoking behaviour patterns and chronic obstructive pulmonary disease: a long-term follow-up study among finnish adults: Abstracts - other lecturers," *The Clinical Respiratory Journal*, vol. 5, pp. 6–7, 9 2011.
- [39] M. Demir, G. Karadeniz, F. Demir, C. Karadeniz, H. Kaya, D. Yenibertiz, M. Taylan, V. Şen, and S. Yilmaz, "The evaluation of the factors that affects the smoking behaviours in a group of high school students in turkey," 6.3 Tobacco, Smoking Control and Health Education, vol. 46, pp. PA1199-, 10 2015.
- [40] K. W. Bold, P. Jatlow, L. M. Fucito, T. Eid, S. Krishnan-Sarin, and S. S. O'Malley, "Evaluating the effect of switching to non-menthol cigarettes among current menthol smokers: an empirical study of a potential ban of characterising menthol flavour in cigarettes," *Tobacco control*, vol. 29, pp. 624–630, 11 2019.
- [41] M. A. Clynes, M. H. Edwards, B. Buehring, E. M. Dennison, N. Binkley, and C. Cooper, "Definitions of sarcopenia: Associations with previous falls and fracture in a population sample.," *Calcified tissue international*, vol. 97, pp. 445–452, 7 2015.
- [42] O. Onigbogi, D. Karatu, S. Sanusi, R. Pratt, and K. S. Okuyemi, "Exploring cigarette use among male migrant workers in nigeria," *International journal of health policy and management*, vol. 4, pp. 221–227, 2 2015.
- [43] A. Stickley, A. Koyanagi, R. A. Koposov, M. Schwab-Stone, and V. Ruchkin, "Loneliness and health risk behaviours among russian and u.s. adolescents: a cross-sectional study," *BMC public health*, vol. 14, pp. 366–366, 4 2014.
- [44] C. Otte, S. M. Gold, B. W. Penninx, C. M. Pariante, A. Etkin, M. Fava, D. C. Mohr, and A. F. Schatzberg, "Major depressive disorder," *Nature reviews. Disease primers*, vol. 2, pp. 16065–16065, 9 2016.
- [45] M. F. van Wier, G. Ariëns, J. C. Dekkers, I. J. M. Hendriksen, N. Pronk, T. Smid, and W. van Mechelen, "Alife@work: a randomised controlled trial of a distance counselling lifestyle programme for weight control among an overweight working population [isrctn04265725]," *BMC public health*, vol. 6, pp. 140–140, 5 2006.

- [46] S. Bhaumik, M. Arora, A. Singh, and J. D. Sargent, "The cochrane library - impact of entertainment media smoking on adolescent smoking behaviours," *Cochrane Database of Systematic Reviews*, vol. 2015, 6 2015.
- [47] D. J. Corsi, S. A. Lear, C. K. Chow, S. V. Subramanian, M. H. Boyle, and K. K. Teo, "Socioeconomic and geographic patterning of smoking behaviour in canada: A cross-sectional multilevel analysis," *PloS one*, vol. 8, pp. e57646–, 2 2013.
- [48] G. Franz, "Price effects on the smoking behaviour of adult age groups.," *Public health*, vol. 122, pp. 1343–1348, 10 2008.
- [49] J. J. Escario and A. V. Wilkinson, "The intergenerational transmission of smoking across three cohabitant generations: A count data approach," *Journal of community health*, vol. 40, pp. 912–919, 3 2015.
- [50] D. L. Crouse, P. A. Peters, P. J. Villeneuve, M.-O. Proux, H. H. Shin, M. S. Goldberg, M. Johnson, A. J. Wheeler, R. W. Allen, D. O. Atari, M. Jerrett, M. Brauer, J. R. Brook, S. Cakmak, and R. T. Burnett, "Within- and between-city contrasts in nitrogen dioxide and mortality in 10 canadian cities; a subset of the canadian census health and environment cohort (canchec)," *Journal of exposure science & environmental* epidemiology, vol. 25, pp. 482–489, 1 2015.
- [51] M. Glover, M. Buxton, S. Guthrie, S. Hanney, A. Pollitt, and J. Grant, "Estimating the returns to uk publicly funded cancer-related research in terms of the net value of improved health outcomes.," *BMC medicine*, vol. 12, pp. 99–99, 6 2014.
- [52] M. Dhariwal, M. Rasmussen, and B. E. Holstein, "Body mass index and smoking: cross-sectional study of a representative sample of adolescents in denmark," *International journal of public health*, vol. 55, pp. 307–314, 1 2010.
- [53] A. M. Cohn, T. H. Brandon, S. Armeli, S. Ehlke, and M. Bowers, "Real-time patterns of smoking and alcohol use: an observational study protocol of risky-drinking smokers.," *BMJ open*, vol. 5, pp. e007046-, 1 2015.
- [54] A. O. Agbaje, W. Perng, and T.-P. Tuomainen, "Effects of accelerometer-based sedentary time and physical activity on dexa-measured fat mass

in 6059 children.," Nature communications, vol. 14, pp. 8232–, 12 2023.

- [55] R. A. Schnoll, T. A. Johnson, and C. Lerman, "Genetics and smoking behavior.," *Current psychiatry reports*, vol. 9, pp. 349–357, 10 2007.
- [56] A. Seidler, U. Bolm-Audorff, N. Abolmaali, and G. Elsner, "The role of cumulative physical work load in symptomatic knee osteoarthritis - a case-control study in germany.," *Journal of* occupational medicine and toxicology (London, England), vol. 3, pp. 14–14, 7 2008.
- [57] G. N. Radwan, S. Latif, N. Amin, D. Galal, M. Aziz, and E. Attia, "Occupational exposure to second hand smoke and respiratory and sensory symptoms: A cross-sectional survey of hospital workers in egypt," *International journal of* occupational medicine and environmental health, vol. 27, pp. 60–70, 2 2014.
- [58] A. A. Laverty, F. T. Filippidis, J. V. Been, F. Campbell, H. Cheeseman, and N. S. Hopkinson, "Smoke-free vehicles: impact of legislation on child smoke exposure across three countries," *The European respiratory journal*, vol. 58, pp. 2004600–, 12 2021.
- [59] S. S. H. Teo, N. C. Tan, A. S. H. Ngoh, T. S. Swah, Z. Chen, and B. C. Tai, "Smoking behaviour of asthmatic patients in primary care: A cross- sectional study," *Proceedings of Singapore Healthcare*, vol. 23, pp. 108–117, 6 2014.
- [60] C. Gridelli, A. Rossi, D. P. Carbone, J. Guarize, N. Karachaliou, T. Mok, F. Petrella, L. Spaggiari, and R. Rosell, "Non-small-cell lung cancer," *Nature reviews. Disease primers*, vol. 1, pp. 15009–15009, 5 2015.
- [61] M. Morgenstern, J. D. Sargent, B. Isensee, and R. Hanewinkel, "From never to daily smoking in 30 months: the predictive value of tobacco and non-tobacco advertising exposure," *BMJ open*, vol. 3, pp. e002907–, 6 2013.
- [62] J. Alder, N. Fink, C. Urech, I. Hösli, and J. Bitzer, "Identification of antenatal depression in obstetric care," *Archives of gynecology and obstetrics*, vol. 284, pp. 1403–1409, 3 2011.
- [63] Étienne Gaudette, D. P. Goldman, A. Messali, and N. Sood, "Do statins reduce the health and health care costs of obesity," *PharmacoEconomics*, vol. 33, pp. 723–734, 1 2015.

- [64] J. E. Hansen, "Lung age is a useful concept and calculation.," Primary care respiratory journal : journal of the General Practice Airways Group, vol. 19, pp. 400–401, 11 2010.
- [65] J. A. Dickinson, A. Stankiewicz, C. Popadiuk, L. Pogany, J. Onysko, and A. B. Miller, "Reduced cervical cancer incidence and mortality in canada: national data from 1932 to 2006," *BMC public health*, vol. 12, pp. 992–992, 11 2012.
- [66] L. Neubeck, N. Lowres, E. J. Benjamin, S. B. Freedman, G. Coorey, and J. Redfern, "The mobile revolution-using smartphone apps to prevent cardiovascular disease.," *Nature reviews. Cardiology*, vol. 12, pp. 350–360, 3 2015.
- [67] J. Lukewich, R. Martin-Misener, A. A. Norful, M.-E. Poitras, D. Bryant-Lukosius, S. Asghari, E. G. Marshall, M. Mathews, M. Swab, D. Ryan, and J. Tranmer, "Effectiveness of registered nurses on patient outcomes in primary care: a systematic review.," *BMC health services research*, vol. 22, pp. 740–, 6 2022.
- [68] G. Farnadi, S. H. Bach, M.-F. Moens, L. Getoor, and M. D. Cock, "Soft quantification in statistical relational learning," *Machine Learning*, vol. 106, pp. 1971–1991, 7 2017.
- [69] R. Bals, J. Boyd, S. Esposito, R. F. Foronjy, P. S. Hiemstra, C. A. Jiménez-Ruiz, P. Katsaounou, A. Lindberg, C. Metz, W. Schober, A. Spira, and F. Blasi, "Electronic cigarettes: a task force report from the european respiratory society," *The European respiratory journal*, vol. 53, pp. 1801151-, 1 2019.
- [70] S. S. Hecht and D. K. Hatsukami, "Smokeless tobacco and cigarette smoking: chemical mechanisms and cancer prevention.," *Nature reviews. Cancer*, vol. 22, pp. 143–155, 1 2022.