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YOUTH TOBACCO PREVENTION RESEARCH PROJECT

EUREKA STRATEGIC RESEARCH

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1

Executive summary

This report is based on an extensive national program of qualitative research conducted with young people aged 12-24 and their parents. It was preceded by a literature review, which is reported separately.

Background and objectives

It is estimated that one in five teenagers between the ages of 14 and 19 years smoke and that smoking prevalence among 20-29 year is more than a quarter. Research shows that most smokers commence smoking before the age of 18 years, with the median age of initiation at 15 years.

The Australian Government Department of Health and Ageing identified a need for a comprehensive understanding of youth smoking behaviours, clarifying the processes of uptake, addiction and cessation. This research was commissioned to serve as a resource upon which all governments may draw, enabling them to promote policies and fund targeted spending initiatives on the basis of sound evidence for their effectiveness. The findings will also form useful input into the Commonwealth's foreshadowed action on youth smoking.

Methodology

A total of 30 group discussions, 39 affinity pairs, and 36 depth interviews were conducted with young people aged 12-24 years. In addition, 14 group discussions were conducted with parents who have children under 18 years of age. The research included a dedicated component to explore the views of Indigenous young people and parents. The research was conducted in eight locations across Australia, including metropolitan, regional and rural areas.

Attitudes towards smoking

Early high school students and non-smokers often held negative attitudes towards smoking. As development progresses and young people start to experiment with smoking, they begin to develop positive associations, despite still acknowledging numerous negative aspects of smoking.

Perceived prevalence

A striking finding was participants' estimates of the prevalence of tobacco smoking. Particularly among those who smoked (or who had tried cigarettes), there was generally an over-estimation of the prevalence of smoking. For example, young adult females who smoked tended to estimate smoking prevalence to be at least 50% among people their age. Likewise, younger smokers often assumed that half to three quarters of adults smoked. This systematic over-estimation of smoking rates among adults contributes to the perception of smoking as being a relatively normal, adult behaviour and thus as a symbol of maturity, much like driving a car, using licensed premises or becoming sexually active. Interventions that address misconceptions about prevalence thus have some potential.

Moreover, the findings from the research suggest that there is considerable potential for teachers to discuss tobacco control as a factual, non-judgemental social science phenomenon. This would include discussing why tobacco control efforts exist and the success of strategies employed to date, enabling communication about the reduction in the prevalence of smoking to much lower levels than typically assumed by young people. Such an approach could also include compassionate discussion of examples of where (and why) tobacco control efforts have been less successful (such as among the mentally ill, poor, Indigenous and certain migrant communities), which would include thinking about what needs to be done.

Similar results were found in respect of cannabis, with young people giving very high estimates of prevalence and thinking of cannabis trial as a relatively normal and low risk activity, not unlike experimentation with alcohol.

Short-term effects

The short-term effects of smoking were reasonably salient to young people, including coughing, reduced fitness and triggering asthma. Even so, it would not seem prudent to base a communications campaign on these short-term health effects. Among some female smokers in particular, there is a risk that the general loss of fitness may be interpreted positively as providing weight loss benefits.

The impact of smoking on one's appearance (e.g. bad skin, wrinkles and yellow teeth) was also salient, although young people often over-estimated the impact of smoking on one's physical appearance. In addition, the smell of smoking was both salient and off-putting for many. Overall, the results suggest that there is potential to leverage the desire to be sexually attractive and position smoking as the antithesis of this.

Long-term effects

All participants were aware that smoking has a negative impact upon health and were able to articulate a range of long-term health effects. There is no real denial of these risks for regular, heavy (addicted) smokers, although very few perceived themselves as such. Knowledge of these risks acts as a deterrent for some. However, most see these health risks as long-term and thus irrelevant. For most, it is a perceived low personal susceptibility (to becoming a long-term smoker) rather than a lack of knowledge, which makes health risks an insufficient deterrent.

Understanding addiction

A key reason why most young smokers disassociate themselves from the long-term consequences of smoking is that they have a poor understanding of addiction. Participants showed limited knowledge about the signs that someone is becoming addicted and typically underestimated their own level of dependence, with recognition occurring only in hindsight. Furthermore, many young people (including some who are already addicted) believe they are unlikely to become addicted to smoking and, among teenagers who smoke, there is generally a belief that quitting would not be that difficult for them. Even among parents, knowledge about the process of addiction was limited. There is no recognition that addiction can be contextual and that addiction typically occurs situation by situation, rather than cigarette by cigarette.

Interventions that seek to impart knowledge about the addictive process thus have some potential. A greater focus in early to mid high school on the addiction process might give them greater insight into their own behaviours and motivate cessation at an earlier stage of experimentation

Taking up smoking

Overall, it is generally perceived (by young people themselves) as inevitable that most will try smoking at some stage. It is clear that many young people's initial experiences with smoking are not enjoyable, and such negative experiences appear related to an increased delay between initiation and subsequent experimentation with smoking, making interventions that seek to limit or eliminate the use of flavour-enhancers worth investigating. Decreasing the palatability of cigarettes (by limiting the use of flavour-enhancers) may reduce significantly the prevalence of youth smoking.

The transition to more regular use typically occurs gradually, yet young people rarely expect (or want) to become addicted to cigarettes. Knowledge of the long-term health risks of tobacco use is not an effective barrier to trial, except in those cases where the young person perceived the

likelihood of addiction to be greater. The report discusses motivators and barriers to both trial and continuance in some detail.

Cessation

Most young smokers appear to assume that cessation will be easy. Indeed, they typically expect to quit at a relatively young age and very few expect to smoke through to their late twenties. In terms of cessation strategies, going "cold turkey" is often championed as the most effective option available to young smokers, who perceive that there are few if any interventions that are relevant to them, since people under 18 are not supposed to smoke and most of the messages they receive relate more to prevention than cessation. In particular, nicotine replacement therapy and the Quitline are seen as being for older, more long-term smokers who have reached a level of desperation, having lacked the willpower to quit unassisted.

Cannabis

A sharp distinction is drawn by young people between frequent cannabis users, on the one hand, and non-users and occasional users on the other. Young people's attitudes towards occasional, "in-control" cannabis use were reasonably favourable. In comparison to both tobacco and other illicit drugs, cannabis use is typically perceived as not particularly addictive and as relatively safe, except for a few susceptible individuals.

Compared to tobacco, young people report considerably less focus on cannabis within school based education. In the absence of school education, young people indicated that they learnt about cannabis from their peers or from older, more experienced friends.

Tobacco and cannabis

The research provided some evidence that smoking tobacco does help to develop certain smoking skills that reduce some of the barriers to cannabis trial. This suggests that preventing use of tobacco could have some impact on preventing, or more likely delaying, the trial of cannabis and some impact on the likelihood of further use after trial.

The role of parents

Most parents neither wanted nor expected their children to become long-term smokers. However, they generally felt that there was little they could do to prevent this and that they were already doing all that they reasonably could. Most agreed that not smoking themselves is the most influential thing they could do to reduce the likelihood of their children becoming smokers. Most non-smoking

parents also reported subtly communicating anti-smoking messages to their children from early childhood. Parental disapproval of smoking is cited by young people as a barrier to uptake, although parents often feel that they lack influence and that their opinions count for little.

However, young people also perceive parental disapproval as a barrier to talking to their parents about smoking. Both parents and young people suggested television commercials can act as useful conversation starters for sensitive topics.

Some parents mentioned they would like to know more about what their children learn in school about smoking, enabling them to reinforce these messages at home.

Social marketing

The report discusses a number of possible social marketing interventions designed to reduce tobacco use among young people that, on the basis of the research findings, warrant more detailed investigation.

2

Research context

This section outlines the background to the project, and specifies the research objectives.

2.1 Background

Tobacco smoking is the leading cause of premature death and hospitalisation among Australians. It has been estimated to be the cause of 15% of all deaths, typically through chronic health conditions resulting from long-term smoking across an individual's life course.[1] Not only do smokers die prematurely, they also suffer more disease and disability before they die. This impacts negatively not only on the health system, but also on businesses, families and the wider community. The total estimated social cost of tobacco use was estimated in 1998-9 to be over $21 billion, accounting for 61% of the total social cost of all drug use (including alcohol and illicit drugs).[2] Further, it is clear that tobacco use is an effect of, and a contributor to, social inequality, because the greater burden of tobacco-related costs falls on the more disadvantaged.

Smoking and young people

While levels of smoking in Australia have reduced significantly over recent decades, smoking rates for young people and, in particular, young women, have been resistant to change. The 2001 National Drug Strategy Household Survey found that one in five teenagers between the ages of 14 and 19 years were smokers and that smoking prevalence peaked in the 20-29 year age group (at 26%).[3]

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[1] Ridolfo B, & Stevenson C. (2001) The Quantification of Drug-caused Mortality and Morbidity in Australia, 1998. Cat. No. PHE 29. Canberra: Australian Institute of Health and Welfare.

[2] Collins, D. J. & Lapsley, H. M. (2002) Counting the cost: estimates of the social costs of drug abuse in Australia in 1998-9. National Drug Strategy Monograph No. 49. Canberra: AGPS.

[3] Australian Institute of Health and Welfare 2002. 2001 National Drug Strategy Household Survey: First results. AIHW cat. no. PHE 35. Canberra: AIHW (Drug Statistics Series No. 9) http://www.aihw.gov.au/publications/phe/ndshs01/ndshs01-020717.pdf

Further, tobacco use in adolescence has been found to predict later dependence on tobacco and daily smoking. Research shows that most smokers commence smoking before the age of 18 years, with the median age of initiation at 15 years.[4] Together with the addictive nature of tobacco smoking, this has the important implication that most smokers cannot be said to have made an adult choice to be a smoker.

Tobacco use in adolescence has been found to increase the risk of health problems in early adulthood, and the earlier that young people begin smoking, the more likely they are to suffer from smoking related disease. Tobacco use also has acute effects in young people that are often overlooked, from the long-established links to increased incidence and severity of respiratory problems to more recently identified links to the development of depression.[5]

Smoking and cannabis use

In addition to the risks of dependence and tobacco-related illness, evidence from the United States also suggests that adolescent tobacco use can lead to cannabis use. After adjusting for other factors, tobacco use at age 15 was shown in two studies to predict cannabis use at around ages 17 to 18.[6]

Cannabis is the most widely used illicit drug in Australia and regular heavy usage carries the risk of dependence and conditions such as lung disease, as well as the impairment of cognitive functioning. Cannabis, often in interaction with other drugs, poses extra short-term safety risks (e.g. for drink-driving). It can also exacerbate symptoms of mental health problems and a number of recent studies have documented some evidence of a relationship between adolescent cannabis use and later mental health problems.

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[4] The National Drug Research Centre & the Centre for Adolescent Health. (2004) The Prevention of Substance Use, Risk and Harm in Australia: a review of the evidence, Canberra: Ausinfo.

[5] McGee R, Williams S, Poulton R, Moffitt T. A longitudinal study of cannabis use and mental health from adolescence to early adulthood. Addiction 2000; 95(4):491–503. Coffey C, Lynskey M, Wolfe R, Patton G. Initiation and progression of cannabis use in a population-based Australian adolescent longitudinal study. Addiction 2000; 95(11):1679–1690.

See The National Drug Research Centre & the Centre for Adolescent Health. (2004) The Prevention of Substance Use, Risk and Harm in Australia: a review of the evidence, Canberra: Ausinfo. See also VicHealth Centre for Tobacco Control (2001). Tobacco Control: A Blue Chip Investment in Public Health. Melbourne: The Cancer Council of Victoria.

[6] The National Drug Research Centre & the Centre for Adolescent Health. (2004) The Prevention of Substance Use, Risk and Harm in Australia: a review of the evidence, Canberra: Ausinfo.

National Tobacco Strategy

On the 12th November 2004, the Ministerial Council on Drug Strategy endorsed the second National Tobacco Strategy, covering the period from 2004 to 2009. The overall goal of the National Tobacco Strategy is to improve health significantly and to reduce the social costs caused by, and the inequity exacerbated by, tobacco in all its forms. Two key objectives of the current Strategy are:

- to reduce the uptake of tobacco use in non-smokers; and
- to increase cessation, by encouraging and assisting as many smokers as possible to quit as soon as possible.

The majority of tobacco control efforts have been focused on the latter of these objectives, and have been aimed particularly at adult smokers. While this remains an important and successful approach, effectively addressing the issue of youth smoking is vital to reducing further the long-term smoking rates in the community and diminishing the burden of tobacco-related illness and disease on the community. This is made abundantly clear in the Strategy by the three outcome indicators associated with the objective of reducing uptake. They are:

- fewer young people smoking regularly;
- substantially fewer young people making the transition to established patterns of smoking; and
- fewer young adults making the transition to dependent patterns of smoking.

The need for research

In order to provide policy leadership, the Australian Government Department of Health and Ageing identified a need for a comprehensive understanding of youth smoking behaviours, clarifying the processes of uptake, addiction and cessation and the mediating role played by various risk factors and protective factors. In accordance with best practice, this research is a resource upon which all governments may draw, enabling them to promote policies and fund targeted spending initiatives on the basis of sound evidence for their effectiveness.

2.2 Research objectives

Overall, the aim of this research was to address the current gaps in knowledge of youth smoking behaviour, for use in the development of anti-smoking campaigns and programs targeted at young people aged 12 to 24 years.

The research explored five topic areas:

1. Current attitudes of young people towards smoking

To improve understanding of:

- young people's knowledge of the health risks of tobacco use;
- young people's attitudes towards interventions for the prevention of tobacco use; and
- attitudes of young people towards smoking.

2. The impact of parental attitudes on uptake of smoking by young people.

To provide:

- a better understanding of typical parental attitudes to smoking, youth smoking and their own children smoking;
- insight into the impact of parental attitudes on uptake of tobacco by young people; and
- insight into successful methods of delivering anti-smoking messages to parents for their use in discouraging the uptake of tobacco by their children.

3. Available interventions to halt the move from youth at risk of tobacco experimentation to dependence.

With a particular focus on youth viewed as at risk, to investigate:

- the factors behind the move from experimentation with tobacco to dependence leading to continued smoking in adulthood; and

- identification of good practice early intervention models to halt the move from experimentation to addiction.

4. Strategies employed by young people to reduce or cease smoking

To investigate:

- young people's beliefs around the addictiveness or otherwise of tobacco products and the impact on the desirability of smoking;
- barriers and motivations to quit;
- young people's attitudes to stopping or reducing amount of tobacco use;
- successful or unsuccessful strategies employed by young people to achieve reduction or cessation of tobacco use (including any school-based support or education programs); and
- young people's beliefs about strategies that could help them to quit smoking.

5. An understanding of the association between youth smoking and cannabis

To investigate:

- young people's attitudes to cannabis use and if it differs from their attitude to tobacco use;
- the impact of cannabis use on uptake, increase or maintenance of tobacco use, particularly given that both cannabis and tobacco are usually inhaled and cannabis is often inhaled with tobacco; and
- whether there is a potential causal link between youth tobacco smoking and the uptake of cannabis

The research program undertaken to meet the research objectives and explore these issues of interest is outlined in the following section.

3

Research design

Prior to conducting the primary research, Eureka Strategic Research carried out an analytical review of the available evidence relating to youth smoking. The literature review methodology and findings are reported in a separate document.[7] This review phase assisted in refining the sample structure and key research questions pertaining to the subsequent qualitative research program.

This section provides details of the research methodology for the primary qualitative research component.

3.1 Qualitative methodology

Qualitative research is exploratory, allowing for a detailed and flexible examination of the nature of young people's perceptions and their decision-making. It was therefore an appropriate vehicle for uncovering and identifying issues relating to uptake and cessation among young people.

The research used a **mix of different qualitative techniques**, because different lines of investigation and subject matters are best suited to different qualitative techniques. Thus, a combination of individual **depth interviews**, affinity **paired interviews** and **group discussions** (both mini-groups and standard size) were employed.

3.2 Sample structure for young people

A total of 30 group discussions (including six mini-groups with Indigenous young people), 39 affinity pair interviews and 36 in-depth interviews with young people were conducted. The

[7] Eureka Strategic Research, 'Youth tobacco literature review', June 2005.

research also involved 14 group discussions with parents of adolescents aged 12-18 years, details of which are provided in section 3.3.

Sample structure

With young people in the general community, 24 group discussions, 36 depth interviews and 36 affinity paired interviews were conducted. The sample structure for the group discussions, depth interviews and affinity pairs with young people from the general community is shown in the following table.

		School year/age					
		Years 7-8	**Years 9-10**	**Years 11-12**	**15-17 yrs (non-students)**	**18-21 yrs**	**22-24 yrs**
Tobacco smoking/trial status	**Non-trialists** **Not smoked in last week** **Ceased smoking**	Non-trialists ▪ *1 group discussion (Sydney)* ▪ 1 depth interview (Dubbo) ▪ *1 affinity pair (Adelaid*	Non-trialists ▪ 1 group discussion (Busselton) ▪ *1 depth interview (Adelaide)* ▪ 1 affinity pair (Coffs Harbour)	Not smoked in last week ▪ *1 group discussion (Brisbane)* ▪ 1 depth interview (Coffs Harbour) ▪ *1 affinity pair (Brisban*	Not smoked in last week ▪ *1 group discussion (Sydney)* ▪ *1 depth interview (Brisbane)* ▪ 1 affinity pair (Busselton) ▪ 1 depth interview (Bendigo) ▪ *1 affinity pair (Adelaid*	Ceased smoking ▪ *1 group discussion (Adelaide)* ▪ 1 depth interview (Dubbo) ▪ *1 affinity pair (Sydney)*	Ceased smoking ▪ 1 group discussion (Coffs Harbour) ▪ *1 depth interview (Sydney)* ▪ 1 affinity pair (Adelaide)
		Non-trialists ▪ 1 group discussion (Coffs Harbour) ▪ *1 depth interview (Brisbane)* ▪ 1 affinity pair (Bendigo)	Non-trialists ▪ *1 group discussion (Adelaide)* ▪ 1 depth interview (Dubbo) ▪ *1 affinity pair (Sydney)*	Not smoked in last week ▪ 1 group discussion (Bendigo) ▪ *1 depth interview (Sydney)* ▪ 1 affinity pair (Dubbo)		Ceased smoking ▪ 1 group discussion (Bendigo) ▪ *1 depth interview (Adelaide)* ▪ 1 affinity pair (Dubbo)	Ceased smoking ▪ *1 group discussion (Brisbane)* ▪ 1 depth interview (Busselton) ▪ *1 affinity pair (Brisbane)*
	Trialists and/or tried but not continued smoking **Smoked in last week**	Trialists ▪ 1 group discussion (Dubbo) ▪ *1 depth interview (Sydney)* ▪ 1 affinity pair (Busselton)	Trialists ▪ *1 group discussion (Sydney) – tried smoking but not smoke in last week* ▪ 1 group discussion (Dubbo) – tried and has continued smoking ▪ 1 depth interview (Sydney) ▪ *1 affinity pair (Adelaide)*	Smoked in last week ▪ 1 group discussion (Bendigo) ▪ *1 depth interview (Adelaide)* ▪ 1 affinity pair (Sydney)	Smoked in last week ▪ 1 group discussion (Busselton) ▪ 1 depth interview (Dubbo) ▪ *1 affinity pair (Brisbane)* ▪ *1 depth interview (Sydney)* ▪ 1 affinity pair (Coffs Harbour)	Smoked in last week ▪ 1 group discussion (Sydney) ▪ *1 depth interview (Brisbane)* ▪ 1 affinity pair (Bendigo)	Smoked in last week ▪ *1 group discussion (Adelaide)* ▪ 1 depth interview (Bendigo) ▪ *1 affinity pair (Sydney)*
		Trialists ▪ *1 group discussion (Brisbane)* ▪ 1 depth interview (Bendigo) ▪ *1 affinity pair (Brisban*	Trialists ▪ 1 group discussion (Coffs Harbour) - tried smoking, but not smoked in last week ▪ *1 group discussion (Brisbane) – tried and has continued smoking* ▪ *1 depth interview (Sydney)* ▪ 1 affinity pair (Bendigo)	Smoked in last week ▪ *1 group discussion (Sydney)* ▪ 1 depth interview (Busselton) ▪ *1 affinity pair (Sydney)*		Smoked in last week ▪ *1 group discussion (Sydney)* ▪ 1 depth interview (Coffs Harbour) ▪ *1 affinity pair (Adelaid*	Smoked in last week ▪ 1 group discussion (Dubbo) ▪ *1 depth interview (Adelaide)* ▪ 1 affinity pair (Busselton)
Cannabis smoking status	**Ever tried cannabis**	▪ Tried cannabis ▪ *1 depth interview (Sydney)* ▪ 1 affinity pair (Brisbane) ▪ 1 depth interview (Brisbane) ▪ *1 affinity pair (Bendigo)*		Used cannabis in last 6 months ▪ *1 depth interview (Sydney)* ▪ 1 affinity pair (Dubbo)	Used cannabis in last 3 months ▪ 1 depth interview (Bendigo) ▪ *1 affinity pair (Brisban*	Used cannabis in last 3 months ▪ *1 depth interview (Bendigo)* ▪ 1 affinity pair (Sydney)	Used cannabis in last 3 months ▪ 1 depth interview (Adelaide) ▪ *1 affinity pair (Busselto*
	Used cannabis in last 3 or 6 months	Tried cannabis ▪ 1 depth interview (Sydney) ▪ *1 affinity pair (Sydney)* ▪ *1 depth interview (Coffs Harbour)* ▪ 1 affinity pair (Sydney)		Used cannabis in last 6 months ▪ 1 depth interview (Busselton) ▪ *1 affinity pair (Coffs Harbour)*	Used cannabis in last three months ▪ *1 depth interview (Sydney)* ▪ 1 affinity pair (Coffs Harbour)	Used cannabis in last 3 months ▪ 1 depth interview (Brisbane) ▪ *1 affinity pair (Coffs Harbour)*	Used cannabis in last 3 months ▪ *1 depth interview (Coffs Harbour)* ▪ 1 affinity pair (Adelaide)

Male Female Mixed

Note: Italics in above table means *"med-high SES"*

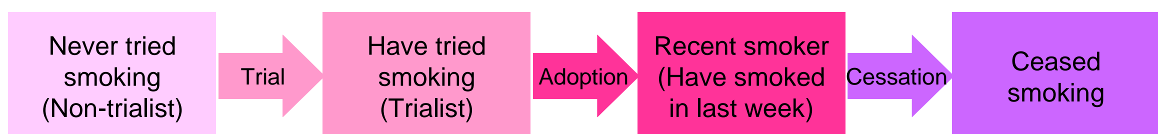
There are many variables that could potentially impact upon young people's interests, attitudes towards and perceptions of smoking. A number of these issues, and how they were incorporated into the research design, is detailed below.

Smoking/trial status

Young people who have made different choices regarding smoking tend to old different attitudes and perceptions about this issue. The role of policies, programs and interventions will differ according to one's smoking status (for example, anti-smoking campaigns may assist in preventing uptake among non-smokers, or motivating cessation among smokers). To fully understand the stages of uptake, from trial to adoption, as well as young people's attitudes towards and experiences with cessation, it was critical that the research include smoking (or trial) status in the sample structure.

Importantly, the sample was divided on the basis of smoking/trail status, rather than merely ensuring that the total sample included young people with different experiences with respect to smoking. This provided an environment in which participants could feel able to express their views freely.

Although we recognise that there are more detailed theories of stages of uptake and cessation, we have illustrated the stages using a broad conceptual framework in the following diagram, to help illustrate the way the sample was structured.



Tobacco smoking status - For younger students (school years 7 to 10), smoking status was determined by whether or not the individual has ever tried smoking. Those who had tried smoking were assigned to the positive trialing groups/interviews; those who have never tried smoking were assigned to the negative trialing groups/interviews.

Years 9 and 10 at school is an age at which trial to initiation is a critically important issue. As shown in the table above, the mainstream component of this research comprised six groups with those in Years 9 and 10, as follows:

- two group discussions with non-trialists;

- two group discussions with those who had tried, but had not taken up, smoking, and
- two group discussions with those who had tried and continued smoking.

The key advantage of this approach was that it allowed the process of uptake to be examined in more detail. It also meant that, among this age group, those who had tried, but rejected smoking, were not mixed with those who had tried and continued smoking. This provided more comfortable group dynamics, which is particularly important for this age band, and allowed potentially different attitudes towards smoking to be examined.

For older students (school years 11 to 12) and for non-students aged 15-17 years, smoking status was determined by whether or not they have smoked in the last week. Thus, the positive smoking/trialing groups/interviews consisted of individuals who had either trialed smoking recently (rather than ever) or were current smokers. Individuals who have either tried smoking longer ago but do not currently smoke, or who have never tried smoking, made up the negative smoking/trialing group.

For those aged 18-24 years, the sample was divided into those who had ceased tobacco smoking (including those who used to be "social smokers", as well as people who used to smoke every day) and those who currently smoke every day, allowing exploration of the motivators and barriers to quitting among current and ex-smokers in this age group. Never-smokers were not included among this age group, given that more than 90% of adult smokers in Australia commenced as teenagers[8], and so there was likely to be little gained from speaking to never-smokers in this age group.

This structure allowed the research to shed light on the stages of tobacco smoking uptake, by disentangling the views of those who have never smoked, from those who have tried it, and those who have formed a habit.

Cannabis smoking status - To explore cannabis use and how this relates to tobacco smoking among young people, depth interviews and affinity pairs were conducted with those who had ever tried cannabis and/or had smoked cannabis in the last three or six months. Specifically,

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[8] Australian National Tobacco Strategy, 2004-2009: The Strategy. Ministerial Council on Drug Strategy, November 2004, p9

"ever tried cannabis" was the criterion for those in years 7-10 at school, "used cannabis in last six months" was the criterion used for Years 11-12 school students, and "used cannabis in last three months" was the criterion used for 15-17 year old non-students, and for those aged 18 years and over.

Attitudes towards cannabis were explored in all group discussions and interviews, not just with cannabis trialists / users.

Age/School year As the teenage years are a time of rapid personal and social development, the groups were separated by developmental stage. In addition to reasonably narrow age bands, participants who attend school were segmented by school year, rather than by age, since school year is more likely than age to influence school students' interests, attitudes, and social environment.

As specified in the National Tobacco Strategy, 2004-2009,[9] connectedness to school is an important protective factor against smoking. Among non-school students aged 15 to 17 years (corresponding to school years 10 to 12), given their similarity in life situation, this age range was considered to be sufficiently narrow to ensure cohesion in the group discussions.

Hence, the sample was separated into the following bands:

- Years 7-8
- Years 9-10
- Years 11-12
- Non-school students (15-17 years)
- 18-21 years
- 22-24 years

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[9] Australian National Tobacco Strategy, 2004-2009: The Strategy. Ministerial Council on Drug Strategy, November 2004, p17

Among those young people aged 18 to 24 years, there was a mixture of those engaged in full-time study, and those who are not.

Gender

Since males and females in early adolescence tend to interact uneasily with each other on a social basis and may bring different perspectives to tobacco use, it was useful to conduct single-gender groups and affinity pairs among the younger age categories. There are also gender differences in the acquisition of social skills and confidence that needed to be taken into account. Therefore, to promote uninhibited discussion, single-gender groups and affinity pairs were used for the discussions with students in school years 7 to 10.

Given the different levels of smoking among males and females in the older age bands, as well as the potential sensitivity of the discussion (e.g. concern for weight as a barrier to cessation), the views of males and females aged 18-24 years were explored separately as well.

Socio-economic status

Research indicates that smoking is much more prevalent among the less educated, blue-collar workers and the unemployed. To ensure participants from different socio-economic backgrounds were included, the sample was counter-balanced on the basis of low-medium or medium-high SES.

Participants were screened during the recruitment process to ensure that they fell into the target group. A small set of questions was used to assess SES, covering the occupation type of the main income earner in the household, their highest education level attained, and the household income category. Participants' parents were asked to provide answers to these screening questions. For younger participants (those of school age), parental permission to participate in the research was also sought at this time.

Geographic location

Smoking rates differ with location, with rates in "other metropolitan centres" being significantly higher than the rates in capital cities (30.6% vs 24.6% in 1995).[10] Smokers in rural and remote regions have been

[10] 1995, ABS National Health Survey.

identified under the National Tobacco Strategy, 2004-2009,[11] as a disadvantaged group for which tailored messages and support will be required. Hence, it was important to ensure geographic diversity in the locations selected for the research.

The mainstream component of the research was conducted in seven different locations:

- Adelaide
- Bendigo
- Brisbane
- Busselton
- Coffs Harbour
- Dubbo
- Sydney

This ensured that metropolitan, regional and rural areas were included in the research.

CALDG

The literature reports that the prevalence of smoking among secondary students from a non-English speaking background has been consistently lower than other secondary students. These lower rates of adolescent smoking apply particularly to Vietnamese and Arabic-speaking adolescents, despite high adult smoking prevalence in these communities.

Further, as highlighted in the literature review, prominent researchers in this area argue against specifically ethnic-oriented interventions. The group discussions and interviews with mainstream Australians therefore included representation from a range of cultural and linguistic backgrounds, in accordance with recommendations of researchers in the field.

Smoking rates among **Aboriginal and Torres Strait Islanders** are typically twice the national averages, although there is wide variation in the smoking prevalence among Aboriginal and

[11] Australian National Tobacco Strategy, 2004-2009: The Strategy. Ministerial Council on Drug Strategy, November 2004.

Torres Strait Islander peoples. In some communities, the rate is as high as 80%.[12] Prevalence data show that adolescent smoking is also significantly higher among Indigenous communities, as detailed in the literature review. Hence, a dedicated research component was conducted with Indigenous young people, as detailed in section 3.4.

3.3 Sample structure for parents

To understand the impact of parental attitudes on smoking among young people, we propose to conduct 12 with parents from the general community. (As reported in section 3.4, two mini-group discussions were also conducted with Indigenous parents.) The sample structure for the group discussions with parents from the general community is shown in the following table.

			Age of child	
			Years 7-9	Years 10-12
Parental tobacco smoking status	Smoker	not living with another caregiver	female low-med SES Sydney	female med-high SES Coffs Harbour
		living with another caregiver who smokes	mixed gender med-high SES Adelaide	mixed gender low-med SES Busselton
		living with another caregiver who doesn't smoke	mixed gender low-med SES Coffs Harbour	mixed gender med-high SES Brisbane
	Non-smoker	not living with another caregiver	female med-high SES Dubbo	female low-med SES Adelaide
		living with another caregiver who smokes	mixed gender low-med SES Busselton	mixed gender med-high SES Brisbane
		living with another caregiver who doesn't smoke	mixed gender med-high SES Sydney	mixed gender low-med SES Bendigo

The variables which were incorporated into this sample structure are discussed under the following headings.

[12] Cited in the National Tobacco Strategy, 2004-2009: The Strategy. Ministerial Council on Drug Strategy, November 2004, p18

Age of child

The research involved speaking to parents of children in high school. Parents of young adults and those who had left school were not included, because parents tend to have less influence over the behaviour of their adult children than they do when their children are younger.

Age of the child was used to structure the sample, being a more useful analysis variable than the age of the parent. Similar to the research with young people themselves, this was based on school year, rather than on the actual age of the child. Parents qualified for a particular group if they had one or more children within the school year bracket specified. Of course, there was some overlap, with some parents having children across more than one of the specified school year bands.

Tobacco smoking status of parent

Parents' own behaviour can significantly impact on the behaviour of their children. For example, there is evidence that teenagers whose parents have quit are much less likely to take up tobacco smoking than teenagers with a parent who still smokes.[13] Furthermore, rates of smoking uptake are lower for children who live in smokefree homes.[14]

Therefore, it was important to explore the views of parents who are themselves tobacco smokers, and those who are not. Half of the group discussions were conducted with smokers and half with non-smokers.

Household structure

Although the parent included in the research was themselves either a tobacco smoker or a non-smoker, other parental figures within the household can represent significant sources of influence. Hence, the tobacco smoking status of the caregivers in the household was included as a variable in the research design.

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[13] Farkas A, Distefan J, Choi W, Gilpin E, and Pierce J. (1999). Does parental smoking cessation discourage adolescent smoking? Prev. Med.; 28: 213-8.

[14] Wakefield M, Chaloupka F, Kaufman J, Orleans C, Barker D, and Ruel E. Effect of restrictions on smoking at home, at school, and in public places on teenage smoking: cross sectional study. Br Med J. 2000; 321: 333-337.

In addition to households where there are two caregivers, it was ensured that single parents were also included in the research. There is a disproportionate rate of tobacco smoking among this group.

Gender

The roles adopted by males and females as parents can be quite divergent. Despite these differences, there was no reason to believe that either sex would self-censor in front of the other while discussing smoking or their attitudes towards their children's smoking. Hence, the group discussions were mixed in gender, where feasible. For those group discussions held with parents not living with another caregiver, these were conducted with females, given females represent the greatest proportion (87%) of single parents with primary custody.

Socio-economic status

As with the research with young people themselves, half the groups were conducted with parents from low to medium socio-economic backgrounds, and the other half were conducted with those from medium to high socio-economic backgrounds. Participants were categorised on occupation type, highest education level attained and household income category.

Location

The same locations used for the research with young people were selected for this component of the research. This delivered comprehensive, yet efficient coverage across metropolitan, regional and rural areas.

One research participant per household

It was ensured that only one participant per family participated in the research, for a number of methodological and logistical reasons which were detailed in Eureka's research proposal.

3.4 Indigenous research component

Given that there is relatively little known about youth smoking among Indigenous Australians, coupled with the fact that there is a relatively high prevalence of smoking (tobacco and cannabis) among young Indigenous Australians, it was important to include these populations in the research design. Ideally, a sufficient number of separate group discussions and depth interviews should be included to allow the researchers to draw meaningful, separate conclusions about smoking among Indigenous youth from the research. The budgetary and timing constraints prohibited a comprehensive Indigenous research component. However, a reasonable number

of specific group discussions and interviews offered an opportunity for valuable exploratory learning.

It was valuable to conduct paired interviews with Indigenous young people who have tried or currently use cannabis. This is because the prevalence of cannabis use has been found to be higher among Indigenous young people than non-Indigenous young people in Australia, and also because of evidence that cannabis use often precedes tobacco initiation among Indigenous populations.

The influential role of the social context on young Indigenous people's smoking, and the consequent importance of tobacco control in the broader Indigenous community, suggested that the research would benefit from including components with some or all of Indigenous parents, elders and health workers. Given the research objectives for this project specifically include exploring parental attitudes towards smoking, it was valuable to include the views of Indigenous parents.

For all these reasons, a small component of the research was dedicated to exploring the view of Indigenous young people and parents.

Indigenous young people

A total of 6 mini-group discussions, and three affinity-paired interviews, were conducted with Indigenous young people, as summarised in the following table.

	Age		
	Years 7-9	Years 10-12 or 15-17 yrs	18-24 years
Tobacco	Non-trialists 1 mini-group males Perth	Not smoked in last week 1 mini-group females Sydney	Ceased smoking 1 mini-group mixed gender Perth
Tobacco	Trialists 1 mini-group females Perth	Smoked in last week 1 mini-group males Dubbo	Smoked in last week 1 mini-group mixed gender Sydney
Cannabis	Tried cannabis 1 affinity pair males Perth	Tried cannabis 1 affinity pair females Sydney	Used cannabis in last three months 1 affinity pair males Perth

The "middle" age band in the sample structure illustrated above was defined as school students in years 10, 11 or 12 at school and/or non-school students aged 15-17 years.

Research with Indigenous parents

Two mini-group discussions were conducted with Indigenous parents, as illustrated below. Each group comprised a mix of smokers and non-smokers.

Age of child (at least one child within age band)	
Years 7-10	Years 9-12 / 15-17 yrs
1 mini-group mixed gender Dubbo	1 mini-group mixed gender Sydney

Conduct of Indigenous group discussions and interviews

A specialist Indigenous facilitator was engaged to conduct four of the mini-group discussions and the paired interviews, while two of the mini-group discussions (including one with Indigenous parents) were conducted by Eureka's project team.

3.5 Conduct of the qualitative research

Research tools

Comprehensive discussion guides for the discussions with young people and parents were developed in consultation with the Department (see Appendix A.)

The use of projective and enabling techniques can be particularly valuable for research with young people. For example, word association tasks, sentence completion exercises are both useful methods of indirect inquiry and were usefully employed in this research. They also made the proceedings more varied and interesting for the participants.

Individual "notepads" were used in group discussions where this was appropriate and where literacy levels permitted this. The notepad exercise can help to minimise any group leader effects that can otherwise swamp the contribution of less confident participants, particularly in a situation involving adolescents.

Duration and field dates

Group discussions were between 1½ and 2 hours. Depth interviews ran for approximately 45 minutes to 1 hour each.

Fieldwork was conducted between 18th April and 31st May.

Number of respondents per group

Groups of around 7-9 participants were used for all group discussions with adults in the mainstream component of the research. With teenagers, larger groups can overwhelm and nullify the contribution of quieter respondents, so the mainstream component with those under 18 years involved 6-7 participants per group. All mini-group discussions involved between 3 and 5 participants.

Recruitment

Parental permission was sought for all participants still at school (even though the ASMRS Code of Professional Behaviour only requires this for those under 16 years of age).

During recruitment, any persons who work for a tobacco company (or, among young people, whose parents work for a tobacco company) were excluded. Likewise, those who work within tobacco control or in the treatment of tobacco-related illness, and who may be overly knowledgeable, were also screened out.

Incentives

$30 gift vouchers (CD vouchers or Coles/Myer vouchers, depending on what retail outlets existed in the locations used for the research) were used as incentives for school students.

Where appropriate, younger participants who were relying on their parents to drop them off and pick them up from a group discussion or interview were provided with an additional $15 Coles/Myer voucher as a token incentive for their parents. This helped to compensate parents for their time and travel expenses associated with taking their children to participate in the research, and helped to increase participation among the younger age bands.

For participants who had left school and/or were aged 18 years and over, including parents, a cash incentive of $60 was used.

4

Research findings

4.1 Knowledge and attitudes

Perceived norms

At the outset of the discussion about smoking, research participants were asked what words or images came to mind when they thought about smoking. For many participants in early high school and for most non-smokers, their stated views of smoking were almost exclusively negative. They viewed smoking as a smelly, repulsive habit and tended to focus on its health effects. Adolescents who had tried smoking also expressed mostly negative views, but some also held some positive attitudes towards smoking. For older adolescents and young adults, smoking had several positive associations with socialising, consumption of alcohol and routines (like smoking after a meal). Even so, these participants also perceived negative aspects of smoking. This range of attitudes is illustrated in the following diagram.

There was evidence that adult smokers (especially parents) increasingly see themselves as a marginalised minority, as illustrated in the following quotes.

> We've been put into a category in the same way as some people look at criminals or ex-cons, or junkies … we get looked at the same way. [Female parent, smoker]
>
> The amount of looks I got and people craning their necks to see who that disgusting smoker is. It annoys me. I went two hours without one in that shopping centre for you guys. [Female parent, smoker]

This was largely seen as a result of heightened awareness about the impact of passive smoking, the rights of non-smokers and increasing smoke-free legislation. These factors, and continual emphasis on the health effects of smoking, appear to be changing societal norms (among adults) and leading to smoking being seen as more of a marginal activity.

A few young people, usually from higher socio-economic backgrounds, appeared to recognise that smoking is increasingly concentrated among lower socio-economic groups.

> It's a 'dero' thing to do. [Male non-smoker, yr 11-12]
>
> Homeless people – you constantly see them smoking, and I associate smoking with 'dirty', it's a dirty habit. [Female non-smoker, yr 9-10]
>
> More, like, lower class people smoke. [Male non-smoker, yr 11-12]

However, these comments were relatively rare, and most young people seem to perceive smoking as much more mainstream (among their peers and among adults) than is actually the case.

Indeed, when young people were asked to estimate roughly how many people their age smoke, many (particularly those who had tried smoking or currently smoked) over-estimated the proportion. For example, young adults often estimated that at least 50% of people their age smoked. This finding is illustrated in the quotes below.

> A lot of people smoke. It's everywhere. [Male smoker, 22-24]
>
> I reckon most teenagers smoke now. [Female smoker, 15-17, Indigenous]

> About half. I think there would be about 20 percent of our group of friends that don't smoke. [Female smoker, 18-21]

Similarly, they tended to over-estimate smoking prevalence among adults, often inferring the percentage of adults that smoke from their perceptions of the number of smokers among their peers or people in their school year.

> I'd say about two-thirds of the people my age would be smokers by now. It's certainly about two-thirds of people I know are smokers. I don't really know for adults, but I'd guess it would be around two-thirds as well. [Male smoker, yr 9-10]

There was also a tendency among young people to over-estimate how often and how many cigarettes an average smoker would smoke.

Consistent with these findings, many see trialling cigarettes as almost ubiquitous. This was less common among younger non-trialists. However, many young people saw trying a cigarette as part of the developmental process … a curiosity that needed to be satisfied at some stage, or a "rite of passage" to adulthood. Furthermore, most teenagers believed that the number of people smoking increases throughout teenage years, becoming much more common among those in older year groups and very widespread among adults.

These findings indicate that many young people do **not** see smoking as the minority phenomenon that it is. As reported in more detail in section 4.2, the desire to be seen as adult (or at least as older and more mature) is a particularly strong motivator for smoking. The **systematic over-estimation of smoking in society clearly contributes to the perception of smoking as being a relatively normal, adult behaviour** and thus as a symbol of maturity, much like driving a car, going to licensed premises or becoming/appearing sexually active.

Knowledge of long-term effects of smoking

There was universal awareness that smoking in the long term can be harmful. Most mentioned cancer (especially lung cancer) and several mentioned "heart problems", although understanding of the specific details or range of effects was generally weak.

It is clear that school interventions have been successful in imparting the knowledge that long-term smoking is harmful. Most young people report learning about the long-term consequences

of smoking during primary school as part of their basic health education (such as Healthy Harold). These messages are reinforced in early high school through PD / Health / PE classes, where students learn further details on the health consequences of smoking.

Schools were reported to be an important source of information for young people on the long-term effects of smoking. Other information sources, including interventions targeting adults, also serve to teach young people about the effects of smoking, and/or to reinforce those messages. For example, there was widespread awareness of the National Tobacco Campaign television commercials, particularly the advertisement showing the lung dissection and the advertisement featuring the aorta.[15] Research participants, especially males, evinced a certain appetite for shocking or gory messages like those used in the National Tobacco Campaign.

Health warnings on cigarette packets, restrictions on smoking in licensed premises and the presence of no-smoking rules in private homes were also reported as communicating the health effects of smoking to society, including young people themselves. In addition, illness and death among relatives, especially in Indigenous communities where families and extended families can be particularly close, highlight the health effects of long-term smoking and serve as salient reminders of its risks. All these things were mentioned by participants in the research.

Although young people know that long-term smoking is dangerous, most young smokers appeared to dissociate themselves from these consequences. The severe health effects of smoking are believed to affect only long-term, regular smokers, and few expect either to become addicted or to smoke in the long term. Even among those who do see themselves smoking when they are older, they do not focus on the long-term consequences of smoking, believing them to be too far away to worry about, and instead focus on their quality of life in the short term. This was particularly so among some young Indigenous people, where several competing challenges were seen as more pressing and/or severe than the potential consequences of smoking. As one participant said

> For a lot of smokers, that's not the worst thing they've done. It's stopping them from going back to doing the bad things. So they're going 'yeah but I could be off my face right now, just be happy that I'm smoking. You say that's going to kill me

[15] Few young people recognised the organ as an aorta, or absorbed the message that smoking causes heart disease, but the advertisement was clearly successful at conveying a repulsive image of the health effects of smoking.

> but if I wasn't doing this I'd probably be dead by now anyway.' [Female, Indigenous smoker, 22-24]
>
> We're all going to die anyway. By the time it hits us, we probably can't even walk by then. [Male smoker, 18-21]
>
> Long-term effects … no one thinks about it. Everyone lives for today. [Male smoker, 22-24]
>
> We don't really think about it until our hands start falling off and stuff. [Male smoker, 18-21]

It was also common for young people to hold self-exempting beliefs where they believed that such consequences were unlikely to happen to them personally.

> It happens to some people and not others. [Male smoker, 18-21]

These types of beliefs were often fuelled by counterexamples, with young people relaying stories of how someone they knew smoked all their life, and either suffers no health consequences or died of unrelated causes. Importantly, such counterexamples were not used as a way of suggesting that smoking is not unhealthy (a phenomenon sometimes seen in adults). Rather, they were used as a basis for arguing that there was a possibility that one could beat the odds.

Short-term effects of smoking

There was high awareness of various short-term effects of smoking, both health and aesthetic. Some (particularly young adults) felt that they had already experienced some of the respiratory effects of smoking, such as coughing, reduced fitness or aggravation of existing asthma.

> I've given up sport because I'm just so unfit [from smoking]. [Female smoker, yr 11-12]

Others had not noticed any impact on their health. It is possible that, in some cases, maturational development can mask some of these effects (e.g. one can normally run faster as one physically grows and develops, and so any reduction in fitness that may be attributed to smoking goes unnoticed). Reduced fitness appeared to be more of a concern among males than females, especially young Indigenous males.

> I wish I didn't start smoking. I'm addicted now … can't give it up. I used to be good at football but now I can't run as good and I'm real lazy. [Male smoker, yr 9-10, Indigenous]

There was some mention of the cost associated with smoking, although young people tended to focus on the immediate financial effects. Few extrapolated the financial effects to the medium term (for example, being able to save up to buy a car, or go on a holiday) or the long term (for example, ability to buy a home).

The impact of smoking on one's physical appearance (including yellow fingers, stained teeth, bad skin and wrinkles) was reasonably salient among many young people, although it appeared to be more of a concern among females. Often, the impact of smoking on one's physical appearance was expected to be earlier and more severe than it is in reality.

The unpleasant and penetrating smell associated with smoking was particularly salient. Many commented on the repulsive smell that lingered on one's hair, breath and in one's clothes. There does appear to be potential to leverage young people's desire to be sexually attractive against this unpleasant outcome, directly undermining the link between smoking and perceptions of sexual maturity. Many young people noted the negative impact that smoking can have on one's sexual appeal, as illustrated in the following quotes.

> I lie down next to him and it will be the mushiest moment and he smells my hair – when you're smoking, your hair does not smell good, and if you have long hair it reeks of the stuff. [Female smoker, 18-21]
>
> When you hear a guy you're interested in saying smoking is disgusting and it's the biggest turn-off, you think 'oh, okay'. You hear that most guys think it's a turn-off and it really hits home. [Female smoker, 18-21]
>
> The main reason I gave up was because my girlfriend at the time was really against it. [Male ceased smoking, 22-24]

Addiction

There was evidence that, for a small number of young people, addiction holds a certain adult mystique. There were other cases where young people noted that their smoking peers loved to dramatise and exaggerate their desire to smoke.

> They all go "Oh, I just can't wait to get to the end of class so I can have a cigarette!" [Female non-smoker, year 10]

It was common for those who had never tried smoking to believe that their smoking peers were not addicted, and only smoked for appearances' sake.

> Some of them could be but others are always saying how they need a smoke. They think they can't go one minute without a smoke. [Female, 15-17 years, Indigenous non-smoker]

The following quotes highlight a similar view.

> I reckon people talk crap when they say they're stressing for a smoke
>
> People our age that only smoke when they're around friends, I don't believe that they can be addicted. Like I think it's just the fact that they want to look good in front of their friends [Female non-smokers, Yr 11-12]

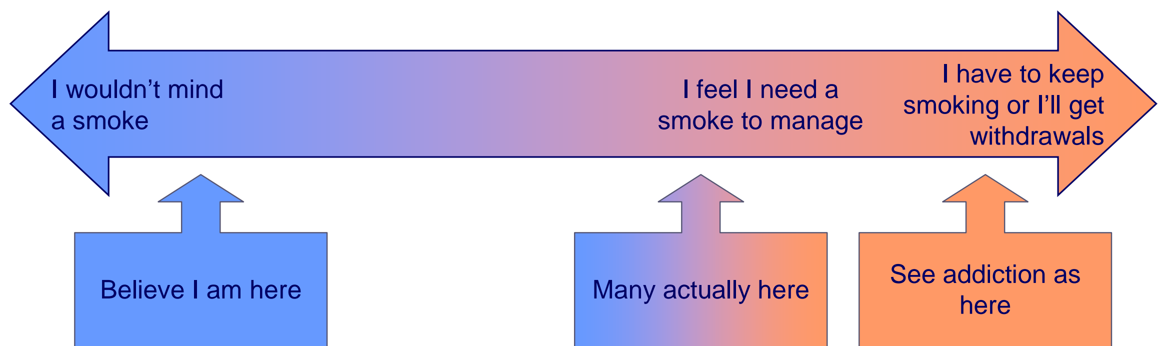
In general, however, young people viewed long-term addiction to, or dependence on, tobacco as undesirable.

Overall, it was clear that **addiction to tobacco was a poorly-understood concept** and there was **limited knowledge about when someone is actually addicted**. There was a tendency to believe that someone was only addicted if they experienced strong cravings, needed to smoke all day, or found quitting very difficult. Certainly, some young people felt that they would not become addicted if they only smoked occasionally. Frequent interruptions to smoking in home and school environments (where parental disapproval or school rules prohibit smoking) also reinforce the view that one is not, and will not become, addicted.

When asked how easily someone can become addicted to smoking, young people were often uncertain about the speed of addiction and their expectations varied. A common response was that it would depend on the individual, and that some people with "addictive personalities" would become addicted more easily. This notion of an addictive personality was usually seen to apply to others, rather than oneself. Some young people pay lip service to the notion that one can get addicted to tobacco "fairly easily", although most significantly under-estimate just how

easily, particularly in relation to themselves. In general, there was limited knowledge of the ease with which one can become addicted.

As illustrated in the following diagram, many young smokers distance themselves from their perception of what constitutes addiction. They see addicted smokers as people who need to smoke to cope or, in more extreme cases, who need to smoke frequently to avoid withdrawal. In contrast, they view their own behaviour as little more than a mild desire to have a cigarette. In reality, they are often much more addicted than they realise.



This common view is captured in the following quote:

> I don't think I'm totally addicted but I do need to have a cigarette every once in a while because [otherwise] I might get a bit angry. [Female smoker, 15-17]

Most adolescents who smoke appear to become addicted well before they realise. That is, the realisation of addiction lags behind actual addiction or comes only in hindsight. Young people falsely believe that they are able to stay in control, that they would be able to recognise early signs of addiction (even though they already evince them) and quit relatively easily.

> I remember when we first started smoking at 15 or something and we all said to each other that once we start to feel ourselves getting addicted, then we'll stop. [Female smoker, 18-21.]
>
> When you get to your early 20's, you sort of go 'why am I smoking, I should stop, it's not good for me.' … But then it's hard to stop if you've been smoking since you were a teenager. [Female smoker, 22-24]
>
> It keeps going as a social thing until you need one by yourself – that's when you know you're addicted. [Female smoker, yr 11-12]

> It wasn't until I tried to quit a couple of months ago that I actually realised that I was addicted. I thought I was in control. [Female smoker, 22-24]

The contextual nature of addiction was an extremely notable gap in young people's knowledge. **Adolescents are not aware of the contextual nature of addiction**, believing that because they do not smoke in all settings, they are not addicted. Habits, such as having something in one's hands, or usually smoking at parties or while drinking alcohol, were usually seen as unrelated to addiction. Indeed, "social smoking" was often viewed as the opposite of addiction, because of the perceived contrast between infrequent smoking and regular, daily smoking. Using smoking as a way of dealing with short-term stresses (such as exams and work) was also seen to be unrelated to addiction.

Few young smokers believe or acknowledge that they are currently addicted, and many are confident that they are unlikely to become addicted in future (including some who are already addicted in certain contexts). Fuelling this belief is their conviction that quitting would be easy for them. Several consider that their success with stopping or cutting back for short periods is proof that they are not addicted.

> It was that easy for me [to stop smoking] … I went out and drank, I put myself under every test there was, and I quit [for a while] and I didn't want it and I didn't need it. So I know I'm not addicted. [Male smoker, 22-24]

Even failed attempts to quit smoking are often seen as evidence of lacking sufficient motivation, rather than a signal of addiction.

Although there is recognition of the long-term health effects of smoking, most expect to have given up in their twenties. Indeed, several describe smoking as a "phase" and when asked whether they believe they will smoke all their life, many report that they can see themselves giving up when they settle down, have children or get a full-time job.

> It's a phase. You go out clubbing, out with friends. At a certain point in your 20s, half the people have stopped. That's what I can see me doing too. [Female smoker, 18-21]

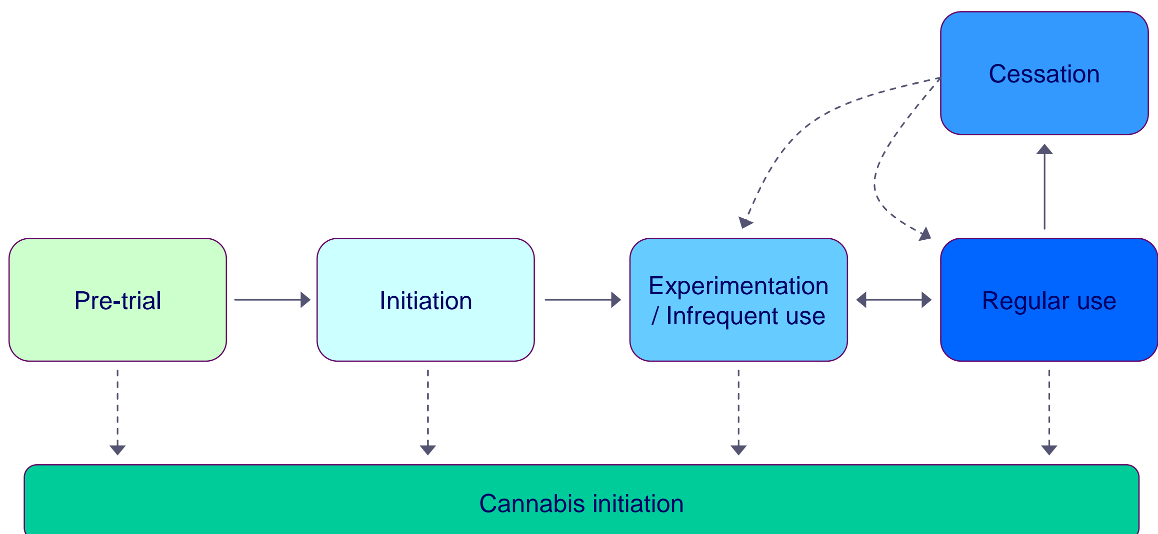
> I definitely don't want to be smoking when I'm 25. I don't want to be smoking when I've got a family or something. [Male smoker, yr 11-12]

In summary, young people lack knowledge of the addictive process and they perceive a greater degree of control than they possess.

4.2 Youth smoking pathways

Overview

The research discussions covered all key (potential) stages pertaining to tobacco uptake, from pre-trial to cessation (as appropriate to the smoking status and experience of individual participants). These stages are represented diagrammatically below.



The research found that in cases where cannabis use was initiated, this could have occurred at any stage throughout the pathway of tobacco uptake. However, it was most likely that cannabis initiation would occur at later stages along the tobacco uptake pathway (if at all), most typically after tobacco initiation or more regular use. Issues relating to cannabis use re discussed in detail in Section 4.3.

Pre-trial beliefs and experiences

Exploration of the pre-trial stage focussed on participants' pre-existing knowledge, attitudes, beliefs and experiences prior to initiation of tobacco use. This included the views of non-trialists, as well as trialists' recollections of their pre-trial situation.

Pre-trial

Many of those who had never tried a cigarette indicated that they feel it is unlikely that they would become smokers in the future, often simply because they feel they have no particular reason or incentive to do so. Some reported that smoking seems "stupid" and "pointless". Even so, several are unwilling to rule out trying smoking, yet typically reject the idea that they will ever become a "smoker" *per se*. There is a widespread belief that almost all young people will try a cigarette at some stage in their life, although non-trialists are much less likely than trialists to perceive initiation as inevitable among young people.

Trialists often reported having multiple opportunities for trial prior to initiation, and some non-trialists also stated that they could have tried by now if they had wanted. Other trialists reported having initiated at the first opportunity. Some young people perceive these opportunities or direct offers (particularly where persistent) as pressure to smoke. At the same time, a number of participants have experienced pressure **not** to smoke, most commonly from teachers, parents, non-smoking friends and even anti-smoking advertising. Whereas the anti-smoking messages conveyed by teachers and advertising are seen as direct, parental pressure is often more implicit than explicit. That is, many young people simply "know" their parents would disapprove of them trying smoking, without their parents having directly told them not to smoke. Pressure (either to smoke or not smoke) seems to become less material as young people develop greater self-confidence and a sense of independence. Perceived pressure also appears to be less relevant as young people become older and authority figures increasingly come under question.

The belief that addiction to cigarettes might develop quickly is an important barrier to trial among some non-trialists. As reported in section 4.1, there is a widespread belief among young people that it is "easy" to get addicted (even though many under-estimate how easily and generally lack a good understanding of the addiction process). However, when opportunities for trial arise, pressure to smoke (either direct or indirect) often outweighs the desire to not become addicted. Further, as detailed in section 4.1, most do not recognise when they are addicted. So, young people's beliefs about how easy it is to become addicted often prove unfounded following initiation and further experimentation, because they do not recognise the signs of addiction.

Initiation: drivers

Initiation of tobacco use was discussed with all participants, with trialists focussing on their own experiences and non-trialists sharing their opinions regarding what might encourage or discourage young people from trying smoking.

The main drivers or motivations for trial, as revealed by this research, are similar to those identified in previous research and literature. One commonly cited reason for trying a cigarette is **curiosity** - often to find out what cigarettes taste like, what positive effects they have, and to understand why other people do it. Similarly, a number of young people reported that they tried their first cigarette simply because "it was there" and there were no particular barriers to trying one.

Another motivator that is consistently strong among young people is the desire to be seen as "cool" and adult (or, at least, older). The following quotations illustrate the strong association perceived between smoking and being cool, and suggest that the desire to be cool can outweigh other disadvantages of smoking.

> Well, I didn't like the act of smoking. But I still thought 'yeah, smoking's cool'. [Male ceased smoking, 22-24]
>
> For young girls, it's more of 'I'm cool, I smoke' sort of thing, young teenagers anyway. [Female smoker, yr 11-12]

This particular driver is not always explicit at the time of trial, and often appears in different manifestations (for example, depending on the age of the trialist). Among younger people this motivation to seem older and cool is often expressed as the desire to appear independent and **different**; that is, compared with people their own age. For older people, on the other hand, this motivator typically represents a desire to appear **similar** to others, namely to people their own age and above.

For many young people, trying a cigarette is seen as something to add to one's collection of "life experiences". For some, there is clearly a degree of credibility believed to be earned from having

"been there, done that", without requiring that an individual becomes a smoker, *per se*, as indicated below.

> I was like 'you've got to try it some time, there's no way I can go my whole life without trying it'. [Male, ceased smoking, 22-24]

Peer pressure also plays a significant role in smoking initiation, yet this pressure is more likely to be implicit than explicit. This is often experienced as part of the pressure to appear cool and/or adult. Some note that peer pressure becomes less of an issue with age; firstly, because as one's friends mature they are less likely to apply pressure on an individual, and secondly, as the individual matures they are typically better-equipped to deal with and resist unwanted pressure. This point is illustrated below:

> Peer pressure … you sort of learn to deal with it a bit better as you get older, like it's sort of a bigger thing when you're younger, but then you realise that it's not that big a deal once you get older. Your mates are more understanding. They didn't sort of push the issue like I thought they might. [Male non-smoker, yr 11-12]

Many participants like to think of their first experience as solely their decision and a personal choice, attempting to negate the idea that they were responding to pressure of any sort. This is illustrated in the following quotation:

> It relates back to peer pressure then. That's how people get into it. Like, not me, but that's how people get into it. [Male smoker, yr 11-12]

Generally speaking, older (young adult) smokers have the benefit of hindsight and are more likely to understand and discuss the role that their peers played in their trial of smoking. Overall, **insight into the underlying reasons for trying smoking typically comes later, with greater maturity and opportunity for reflection**. With the benefit of hindsight, they realised that the reasons that they smoked (such as wanting to fit in, or appear cool or independent) were somewhat silly.

Some young people believe (or, at least, have heard) that smoking can relax people. The desire to relax oneself is a particularly important driver among those who try their first cigarette during

a situation when they feel stressed. A number of participants, especially those whose parents smoked, spontaneously recalled situations where a smoker had expressed their need for a cigarette in order to calm down and, in some cases, returned from their cigarette break visibly relaxed.

Generally speaking, young people seem to have an inherent need to appear mature. But why is smoking perceived as a badge of adulthood and independence? The key reasons for this perception is that society treats smoking as an adult activity in various ways; for example, cigarettes are only legal for adults to buy and consume; adult smokers (and society in general) typically tell young people not to smoke; and, although it appears that this association is likely to weaken due to new legislation, smoking has been strongly associated with licensed premises, which are only legally accessible to those over 18 years. In addition, young people's perceptions of smoking as a badge of adulthood and independence suggests that this is, in part, also driven by exaggerated beliefs about the prevalence of smoking among the adult population (as detailed in section 4.1).

Most tellingly, adolescents harbour the belief that anyone younger than they are (or for some, the age they were when they began smoking) is too young to smoke. The idea of a very young child smoking is as repugnant to young people as it is to adults or indeed to health authorities – because smoking is seen as something that is for adults.

Further evidence that young people see smoking as a mature thing to do is provided by the widespread view that smoking by younger adolescents or children is "wrong". Observations of younger children smoking clearly offends the notion that smoking is for mature people (i.e. oneself). It was clear from the way participants expressed disapproval of those younger than them smoking that smoking is one way young people distance themselves from childhood. Comments, such as the following, allow the young person to appear mature, by saying what an adult would say in this situation.

> Little kids are starting to get on them. They're wrecking their life already. Smoking cigarettes. Primary school kids. [Male smoker, yr 7-10 Indigenous]

Another reason why smoking is seen as conveying maturity and independence relates to the use of smoking in films and television to define on-screen personalities. Many participants noted

the appearance of smoking in the media, and observed that smoking was very common among glamorous actresses in old movies. Some young females described smoking as "sexy", noting (and imitating) the stylistic repertoire of smokers. As one participant explained:

> We used to roll up paper and smoke it. We used to act like people in the movies. [Female smoker, yr 7-8]

Many participants use the act of smoking to help mask social awkwardness or immaturity, as it reportedly makes them feel more cool and confident in situations where they know no one or have nothing to say. Indeed, one participant described how she had begun smoking as an adult after observing the dynamics among others in her course at college, and deciding that she would make friends more easily if she started smoking. Smoking also becomes a shared topic of discussion in some cases. The ability to use, and appear to be in control of, a dangerous substance (such as tobacco) also conveys a sense of maturity.

Finally, it is evident that adult smoking role models have an influence on young people's perceptions of smoking as a grown-up activity. This is an important implication for Indigenous young people, who may have fewer non-smoking adult role models, compared to the non-Indigenous community.

Initiation: barriers

Despite the fact that one of the most commonly cited reasons among non-trialists and non-smokers for not wanting to smoke are the long-term health effects of smoking, the research suggests that long-term health is generally an insufficient barrier, particularly for trial. At the point of initiation, most participants give little consideration to the long term, or even whether or not they will smoke again, and a number assume that they will not. At the time, few think that they will actually get addicted. They are therefore unconcerned about the long-term health impact, which they typically associate with long-term addicted smokers. Others simply do not care about the distant future, only concerning themselves with their current situation, as illustrated in the quotation below.

> I was aware [of the health risks], but I didn't see them as relevant, I suppose. When I started … I was like 'oh, I don't have to worry about lung cancer until I'm like 60, so why should I care?' [Male, ceased smoking, 22-24]

The main barriers that seem more effective in delaying (or, occasionally, preventing) initiation are outlined below. One key factor is not having any reason to smoke and the perception that smoking is fairly pointless and has no immediate tangible benefits for the user, as the following participant expresses.

> I just think it's pointless. You don't get anything out of it. Seriously, what does it do besides fuck your lungs? [Female non-smoker, yr 11-12]

A number of non-trialists have never actually been offered a cigarette and have insufficient reason or desire to actively seek access themselves. Many typically report that none (or very few) of their close friends and family members smoke.

Other barriers relate to the general belief that smoking is risky as well as expectations regarding parental disapproval and the fear of detection. The desire to avoid addiction also appears to be an important barrier (as mentioned), for those where the risk of addiction is judged to be reasonably high and immediate. In such cases, the risk of long-term health damage is more likely to play a role in preventing trial. The smell of cigarettes, and of smokers themselves, can be a sufficient deterrent in some cases, also because it has associated expectations regarding taste. All these factors, however, appear to be more barriers to continuance than to initiation.

Non-trialists often cite the high cost of cigarettes as a key disadvantage of smoking (both the cost of whole packets, and inflated schoolyard prices). Although trying a single cigarette is typically not prohibitively costly and is most likely to be free, expectations regarding cost acted as a potential deterrent to becoming a "smoker", thereby sometimes reducing the incentive to try a cigarette in the first place, although again having more effect as a barrier to continuance.

The rejection of smoking as such a transparent attempt to be cool, and the dismissal of the idea that smoking is a way of being mature also help to discourage people from initiation. A small, more sophisticated and, usually, more affluent group, perceive that there is a social stigma relating to smoking, and feel that smokers are typically looked down upon.

Some non-trialists, in particular, have relatively strong opinions regarding not smoking and (in some cases) a sense of personal commitment to not smoking. Typical reasons for this include strong cultural, religious or moral beliefs, or having an older relative or family friend who

suffered (or had died) from a smoking-related illness. For many asthmatics, smoking is simply not seen as an option, although there are some exceptions to this, particularly among those with milder asthma. Many non-trialists seem to have no rebellious inclinations, typically seeing themselves as relatively "straight" and surrounded by a straight (and non-smoking) circle of friends. In peer networks where there is an absence of explicit pressure from one's smoking friends, and a sense of mutual respect for other people's decisions, there are often no drivers to initiate smoking, other than curiosity.

The data on smoking prevalence among young people show that non-trialists tend to be younger than trialists and, within the Indigenous community, non-trialists are likely to be very young indeed (as noted in the literature review).

Despite this range of barriers to smoking initiation, overall, it seems that few, if any, of the barriers noted above are sufficient to prevent initiation in the "right" circumstances. None can be thought of as immunising young people against the possibility of initiation.

First experience

Those participants who had tried smoking at least once were asked to recall their first experience. Almost all trialists reported having tried smoking in the company of friends and, in most cases, at least one of their companions had already tried smoking. Trialists were more likely to report having been offered a cigarette by someone else, rather than actively requesting or seeking one out.

Most participants report that their first cigarette was an extremely unpleasant experience. The available literature on this issue indicates that non-smokers are more likely than smokers to report their first experience as a negative one. Participants cite various negative side-effects from their first cigarette, ranging from the unpleasant smell and taste, to coughing and dizziness, and occasionally vomiting. The following quotations illustrate some of these reactions.

> We choked the whole time. [Female smoker, yr 11-12]
>
> It made me sick as a dog. I spewed on the way home. [Female smoker, 22-24]

Some young people report a significant time lapse between initiation and additional experimentation with smoking, particularly in those cases where the first experience is overwhelmingly negative.

Conversely, some report experiencing positive effects when trying smoking for the first time. A number of participants recall a "rush", a sense of relaxation, feeling cool, or simply satisfaction of their curiosity.

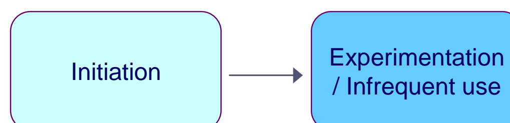
> The first time, your heart starts racing, you can feel it going through your system… yeah, the first time I thought 'whoa, this is a nice feeling' [Male, ceased smoking, 22-24]

The most typical reaction of friends to an individual's initiation of smoking appears to be "no reaction", typically regardless of the smoking status of these friends. However, a few participants said that some of their friends who held strong anti-smoking views reacted negatively, while their smoking friends seemed happy at "recruiting" another smoker, as noted below.

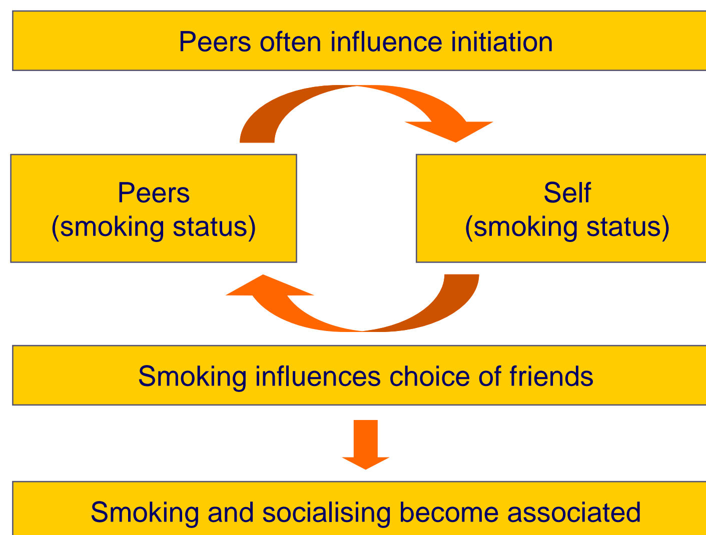
> I guess they thought 'oh great, they got another one'. [Male, ceased smoking, 22-24]

Role of peers

The role of peers was explored in more detail in the transition from initiation to further experimentation.



The current research provides support for the notion that peers often play a pivotal role in influencing smoking initiation, in terms of accessibility, perceived norms, peer pressure and various other factors. Yet this is not simply a one-way relationship. The research also suggests that a young person's smoking status influences their choice of friends. Through these reciprocal mechanisms, smoking and socialising become associated in the young person's mind, contributing to the development of "social habits". This relationship is expressed in the following diagram:



As one young person commented:

> I started hanging out with all my friends and they were all smoking, so I got into it as well. [Female smoker, 15-17, Indigenous]

The following quote is another example of smoking influencing friendship groups:

> We had a big group, and half of them smoked, half of them didn't so they moved out the back, because that's where the smokers sit, and we stayed where we were… and that's how we stopped being as close friends [Female non-smoker, yr 11-12]

Availability

Availability of tobacco products is clearly a necessary factor for initiation, but becomes more important during the transition from initiation to further experimentation with smoking, where more regular access to cigarettes is required. Access to free cigarettes seems relatively easy for people under 18 years, and sources often include other people under 18 years. Peers and older siblings are the most commonly cited sources, and where young people report stealing cigarettes the most likely sources appear to be family members. Older boyfriends are a common source of cigarettes for young females. Indigenous participants report that the extended family is a particularly important way in which they access cigarettes.

Individual cigarettes are widely reported to be sold at school, common prices being 50c or $1 per cigarette, as noted below.

> I reckon I should start selling smokes. How much is a pack, $15? And you'd sell them for like $1 each, that's like $50 if you buy one of them Horizon ones! [Female non-smoker, yr 11-12]

Younger teenagers, in particular, were more likely to report charging for individual cigarettes rather than parting with them for free. This is most likely related to their lower disposable incomes and the extent to which cigarettes are perceived as "hard to come by". As young people became closer to the legal age limit for purchasing cigarettes (i.e. 16-17 year olds), some report that older family members (including parents) are more likely to be willing to buy a pack of cigarettes on their behalf.

For others, it is not particularly difficult for them to buy their own cigarettes directly from retail outlets. Some report deliberately approaching smaller "dodgy"-looking shops and a number consider shop owners from non-English speaking backgrounds to be "softer" targets, more willing to bend the rules to make money.[16] In some cases, one could ask around to find out which shops within the area (or neighbouring areas) offer the best chances of an uncomplicated sale. Some young people feel that because they look older than they actually are, they are generally not asked to provide ID. Overall, fear of rejection is relatively low, as refusal by one shopkeeper simply means the person has to try elsewhere, and results in no serious consequences.

Experimentation: drivers

Motivations and barriers for continuing smoking on an infrequent basis were subsequently discussed among those participants who had experimented beyond the initial trial situation.

Experimentation / Infrequent use

A number of young people were unable to identify the reasons why they experimented further.

> I'm not sure how I started smoking. I just did. Picked it up somewhere. [Male smoker, yr 11-12]

A few claimed simply that they kept smoking because they liked it. Others reported that they continued smoking in the same context or situations in which they initiated smoking, often among the same group of friends. Thus, they feel that their reasons for experimenting further are largely the same as those for initiation, especially in those cases where there was little delay between trial and subsequent use. Yet, as already noted, there was often long latency between first cigarette and continuation, sometimes up to four years.

In some cases, young people reported that their first attempt at smoking was somewhat "off the mark" and that this influenced their decision to experiment further. Potential reasons include making up for coughing or embarrassing oneself the first time, hoping to refine one's smoking skills and develop a more sophisticated smoking repertoire, or giving smoking a second try if one did not experience the anticipated positive effects during initiations. This finding is illustrated in the comment below:

> I was like 'I want to try it again, see if I can do it right.' I used to hold it wrong, so someone corrected me on that. Second time it gets better. It gets better as you go on. [Male smoker, yr 11-12]

Some participants feel that it became easier to smoke, both physically and socially, after their initial experience. That is, there were fewer barriers to subsequent use compared with those faced or expected in the context of initiation. As one participant commented:

> I thought 'I've crossed that line now. It's becoming more comfortable'. [Male smoker, 22-24]

Experimentation: barriers

A key barrier that contributes to preventing (or delaying) further experimentation with cigarettes is the fact that the first experience is typically unpleasant. As stated earlier, young people are often discouraged

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[16] Conversely, the major supermarket chains were seen to have relatively strict protocols that make buying cigarettes more difficult.

via their memories of the repulsive taste, the uncomfortable sensation of inhaling smoke, coughing and/or feeling ill, as noted below.

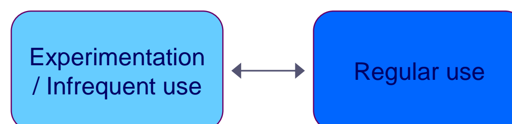
> It was pretty disgusting to be honest. [Male non-smoker, 18-21]

In addition, the sense that one's curiosity has been satisfied by trying a cigarette, or the rite of passage has been completed, leaves some young people with no further incentive to smoke again.

Further, many young people report that the same reasons which helped them want to resist trying a cigarette were even more salient to them at the stage of experimentation. Overall, there are a number of similarities between the factors influencing trial and those influencing subsequent experimentation. This suggests that some of the same messages could serve to both prevent and delay initiation as well as further experimentation.

"Social" smoking

The next phase in the youth smoking pathway relates to the progression from early experimentation to more habitual or regular smoking.



It is evident from the current research (and, indeed, the broader literature in this area) that movement of young people along this pathway is not always towards more frequent smoking. Some participants report instances where they periodically reverted to less frequent use of tobacco.

In addition, a number of young people identify as "social" smokers, that is, smoking only in certain social situations. Those who perceive themselves to be a social smoker typically see this as clearly differentiated from being a smoker, *per se*. Yet many more established smokers view such claims with scepticism, as the following quotations illustrates.

> In social situations like at parties, especially when people are drinking, there are a lot of social smokers who *say* they're not smokers. [Female smoker, yr 11-12]

Social smokers tend to smoke only in particular social contexts, such as when they are at parties, pubs, clubs or bars, when they are drinking, and when they are socialising with certain peers. Most social smokers report that they commonly "binge smoke" on these occasions when they do smoke.

Such behaviour appears to represent contextual addiction, although it goes unrecognised as such by social smokers themselves. Young people frequently reported that they started by smoking socially and that this developed into more regular smoking. This, coupled with the fact that smoking in the pub/club environment no doubt contributes to perceptions of smoking as "cool, glamorous and adult" (since pubs and clubs are restricted to 18+ only), the potential positive impact of smoke-free legislation in licensed premises is likely to be substantial.

Habitual / regular smoking: drivers

The transition to more regular and habitual smoking (or dependence) is often a gradual process that is largely unnoticed by young smokers themselves. Some participants felt that they had no specific reasons for increasing the frequency or regularity of their smoking behaviour.

Upon reflection, one key driver of this transition to regular smoking is perceived to have been growing to enjoy the taste or sensation of smoking, as suggested by the quotation below.

> Obviously … by the time you realise that it's stupid it's too late because you've started it and you like the taste. [Female smoker, yr 11-12]

Another important driver during this phase is that smoking often becomes associated with recurring situations. For example, a number of young people report increasing reliance on smoking to deal with times of stress or even boredom. The issue of weight control can also help to reinforce more regular smoking, particularly (but not exclusively) for females.

Some young people have experienced cravings for cigarettes, thereby contributing to their tendency to smoke more often. For example, a number of participants reported that they became more likely to smoke alone than they were previously. This is often a cue for the young smoker that their smoking habits are developing. However, the idea of nicotine itself as a main driver of this transition is rarely stated explicitly.

Habitual / regular smoking: barriers

A variety of factors appeared to play a role in delaying or halting the progression from experimentation to more regular smoking. For some younger smokers, an effective barrier at this stage was irregular access to cigarettes or irregular income to pay for them, thus restricting their smoking behaviour.

For older smokers, growing insight and maturity seems to create new barriers (or at least make them more salient where they are acknowledged during earlier phases of uptake). One such barrier is the idea of not wanting to be a "smoker", *per se*, and not wanting to be controlled by smoking. This is related to another key factor, namely, increasing awareness and appreciation of the negative social stigma associated with smoking. In addition, a number of young people reported that the health messages they were exposed to began to take on increasing relevance. One reason for this is that, by this later stage, young smokers often have greater personal experience of the negative short-term health effects of smoking and that the future seems somewhat "closer" than it did previously.

> When you're young you think 'I don't want to live past 30.' You get a bit older and you think 'hang on, I've got a whole life ahead of me'. [Male, ceased smoking, 22-24]

Benefits and disadvantages of regular smoking

The current research also explored the perceived benefits and disadvantages of regular use of cigarettes, focussing on the personal experiences and beliefs of regular smokers themselves.

Regular use

Many current smokers or ex-smokers feel that satisfaction of one's cravings is really the only positive of smoking. Others consider smoking to be generally relaxing. For example, young people often reported that smoking helps them to feel more comfortable in social situations and can make it easier to meet people. In addition, smoking can provide an excuse to take "time out" and assists some young people to cope with stress. A number of participants noted the role that regular smoking can play in terms of weight control, especially among females.

On the other hand, participants were readily able to point out various disadvantages of regular smoking. Some experience of the negative short-term health effects of smoking appears virtually universal among regular smokers or ex-smokers. These commonly include poor fitness, coughing and generally feeling run down. The cost of maintaining a regular smoking habit is also commonly seen as an immediate and important disadvantage. Older teenagers and young adult smokers, in particular, are often self-critical or feel helpless for continuing to do something that they no longer want to do. This is illustrated in the following quotation:

> It is a big waste of money and it is bad for you. I am wasting money to kill myself and I feel really stupid, but hey ... [Female smoker, yr 11-12]

Cessation

Finally, the current research examined attitudes and experiences relating to cessation or quitting smoking, incorporating the views of young people who had never tried to quit, those who had tried unsuccessfully and ex-smokers.

It is evident that few young people intend or expect to still be smoking past their mid-twenties. Many expect that the process of quitting will be relatively easy, especially quitting at a young age (as most expect to do). Even so, young people feel that a firm decision to quit smoking is required, and that a half-hearted attempt based on half-hearted desire or reasons will not suffice.

There are various reasons why young people might decide to cease smoking. One critical perceived motivation for quitting is becoming more mature. AS mentioned in section 4.1, some participants indicated that they perceive smoking as a phase they are going through while young; a phase they plan to put an end to at an older age. Starting a family is seen as a key point in the future when many young people, particularly females, expect to quit smoking. As one participant noted:

> If I really wanted to, I could (quit). I think I'll stop smoking when I get older and a bit more mature. [Female smoker, 15-17]

Another commonly cited reason for quitting is having a girlfriend or boyfriend who does not like smoking, particularly in cases where they persistently encourage their partner to quit. Some young people resent being addicted to cigarettes and report that they quit (or would like to quit) because they no longer want to be controlled by cigarettes. Cost is also cited as a common reason why young people want to quit smoking.

Avoiding short- and long-term health damage is an important motivation for quitting among young adult smokers. By this stage, smokers are already likely to have experienced some negative short-term effects (such as respiratory problems and reduced fitness), and the threat of long-term health complications becomes more real for some. In addition, having a serious commitment to a sport (especially at professional or relatively high levels) can be an incentive to quit smoking in order to protect one's health and fitness. This may also involve pressure from other people to quit, as noted below:

> If I got really serious about rep footy, my coach'd probably make me give it up. [Male smoker, yr 9-10, Indigenous]

Overall, there are similarities throughout the later stages in the youth smoking pathway. In this sense, it seems that there are certain messages that could prevent or, at least, delay the onset of regular smoking as well as encouraging cessation among those who are already regular smokers.

Some young people who have tried to quit (particularly slightly older participants) are quick to point out the difficulties involved in cessation and the potential for relapse. Common triggers for relapse include times of increased stress, the influence of alcohol, being with smokers and in situations strongly associated with smoking. It is often the case that these factors occur simultaneously.

> The first two weeks was hard, after that was fine, but … when you're drinking on Fridays and Saturdays, you just need a cigarette … so it's more weekends that kill you. [Male smoker, yr 11-12]

Cessation aids and assistance

Only a minority of participants who had tried to quit smoking had used some form of cessation aid or external assistance. Generally speaking, teenagers perceive that there are no cessation strategies that are

specifically designed for their needs. Even some young adult smokers feel that various cessation strategies are more relevant to older smokers or are not accessible to younger smokers, as discussed below.

Awareness of the Quitline was reasonably high. However, the Quitline was perceived as an appropriate avenue for heavy, long-term, addicted adult smokers, who are repeatedly unable to quit on their own. There is a lack of understanding among teenagers of what the Quitline offers, and who would benefit from its services. Many assume that they would simply be given information that they already know. In addition, a number of young people do not see themselves as the type of person who would seek counselling.

There was also widespread awareness of certain types of products that come under the Nicotine Replacement Therapy banner, particularly patches and gum. However, some viewed NRT as excessively costly for young people. Other adolescents questioned whether the purchase of NRT was legal for those under the age of 18, as noted below.

> I don't know, can you buy them? If you can't buy cigarettes, you probably shouldn't be able to buy patches because kids would start getting addicted to patches. [Male smoker, yr 11-12]

Furthermore, NRT was often seen as ineffective or a placebo, with some young people recalling instances where they failed to help someone else quit.

An unassisted "cold turkey" strategy is overwhelmingly believed to be the most successful means of quitting. This belief is particularly strong among males, who are more likely to perceive the adoption of other strategies or the need for external assistance as a sign of weakness.

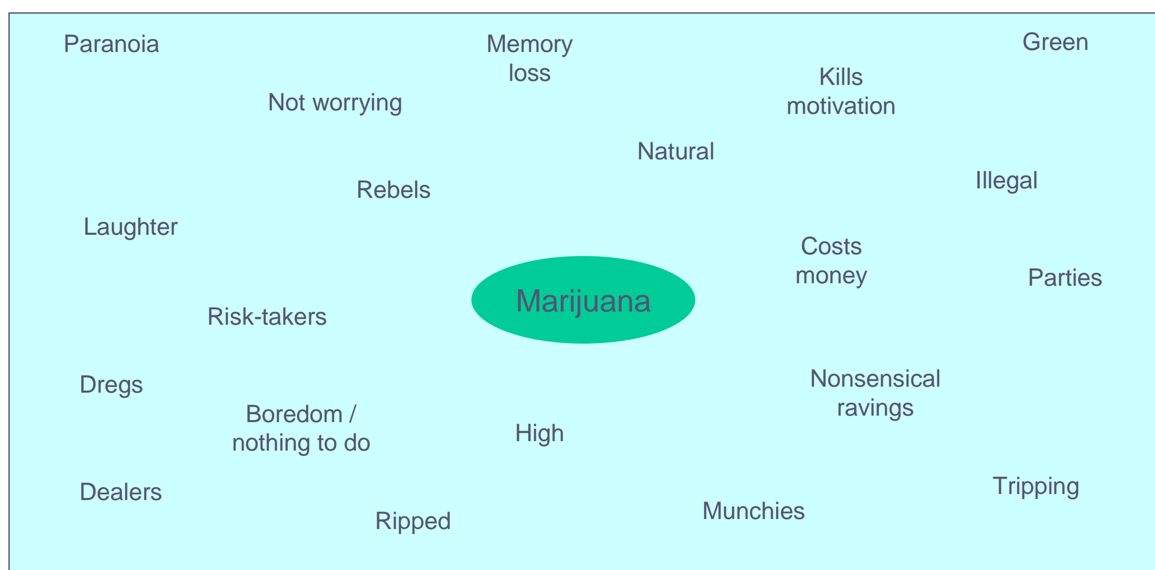
4.3 Cannabis

Norms and attitudes

Prior to discussing cannabis use, participants were asked to list any terms they knew that could be used to describe cannabis or its method of consumption. Although there appeared to be some geographic variation,

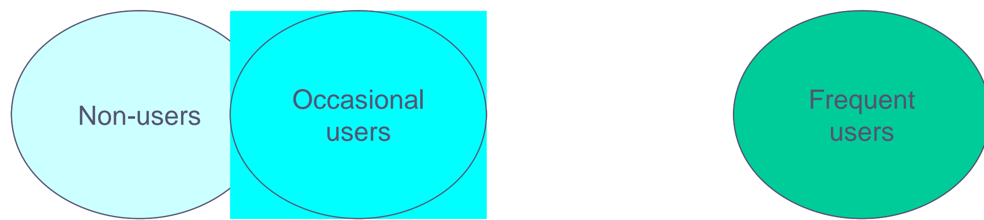
the most commonly cited terms included pot, weed, dope, marijuana, mull, jani, greenery, joint, bong, cone and cookies. The term "marijuana" is universally understood, while "cannabis" is less widely known and used.

Cannabis use has various positive and negative associations in the minds of young people. Positive associations generally related to the pleasurable psychoactive effects and social context of cannabis usage. Negative associations tended to relate to the potentially harmful psychological effects of cannabis use. Key words and images associated with the term "marijuana" are presented below.



Young people tend to overestimate the prevalence of cannabis trial and usage, as for tobacco. Trial of cannabis is often viewed as inevitable and a rite of passage into adulthood, particularly among trialists or more frequent users. However, most participants felt that the prevalence of cannabis trial and use was lower than that of tobacco.

In the minds of young people, a sharp distinction is made between frequent users, on the one hand, and non-users and occasional users on the other. This is illustrated by the following diagram and quotation:



> People who use it occasionally aren't that different from those who don't use it. But… there's the real 'stoner' group. [Female trialist, yr 9-10]

Young people's attitudes towards occasional, "in-control" cannabis use were reasonably favourable, often being seen as akin to the social consumption of alcohol. In comparison to "harder" drug use (i.e. other illicit drugs), cannabis use is typically perceived as relatively safe.

Cannabis is positioned by some older young people as a teenage drug, for those with limited or no access to the "club drug" scene. Others persist with cannabis use into adulthood, although it is by no means an aspirational drug. Long-term, frequent users of cannabis were generally described as "losers" and "deros", by non-users and occasional users alike. Some felt that frequent cannabis use was more likely to attract these types of people in the first place (to escape their problems or because they lacked motivation to do anything else), as well as exacerbating these characteristics, as suggested below.

> I think it attracts people who are lazier… and then they become less and less motivated to do anything. [Female non-user, 18-21]

It was generally believed that males are more attracted to cannabis use than females, a view consistent with prevalence rates in the literature. In the current research, cannabis use appeared to be more socially acceptable in certain geographic locations (e.g. Adelaide, Coffs Harbour, Dubbo and Busselton) compared with others in the study. However, such findings should be considered in light of the fact that qualitative samples are unrepresentative and relatively small.

Short- and long-term effects

The most commonly mentioned effect of cannabis use was its perceived impact on mood, motivation and psychological health. The positive effects are particularly salient to young people, particularly the immediate

psychoactive responses to cannabis use, such as feeling "high", relaxing or being able to escape from life's problems. This is in contrast with tobacco use, which was seen as conveying relatively few benefits.

> I'd rather smoke pot than tobacco. At least it does something for you! [Female user, 15-17, Indigenous]

Consistent with this finding, few cannabis users expressed a strong desire to quit.

Some young people (such as the participant quoted below) believed that cannabis was occasionally used, and considered acceptable for, medicinal purposes and was sometimes sanctioned by medical professionals.

> I know someone whose Dad took it for back problems. [Female trialist, yr 11-12]

There were also suggestions by some users that smoking cannabis can lead to higher levels of creativity or intellectual activity, as highlighted below.

> That's what some people used to say, 'you become real creative'. [Female trialist, yr 11-12]
>
> It makes you think a lot… I know a few people who are really smart and I've seen them have it… they have all these little theories about things. [Male use, yr 11-12]

Participants perceived a number of negative factors relating to cannabis use. These included various short-term effects, such as feeling ill ("greening out") and coming down from the high. However, the medium- or long-term effects of cannabis are more salient and appear to act as stronger barriers to cannabis use. These include general, lingering effects on motivation, concentration and mental agility, as well as perceived associations with more severe psychological problems such as paranoia, schizophrenia, psychosis and depression. A number of participants cited examples of friends or family members whose mental health was affected by prolonged cannabis use. In this sense, long-term cannabis use is viewed as socially maladaptive, impinging on users' capacity to interact normally with others. These views are illustrated by the following quotations:

> I think a lot of times marijuana is something that sparks off depression and stuff in younger people. [Female non-user, 18-21]
>
> You used to be able to laugh with him, have a conversation… now you can't even talk to him. [Female trialist, yr 11-12]
>
> It can cause problems with relationships with other people when their behaviour changes… because they're moody and paranoid. [Female non-user, 18-21]

During the discussions, there was limited mention of the physical health effects of cannabis use. Very few noted the higher tar content of cannabis compared with tobacco. The harm associated with the most common mode of administration of cannabis (that is, smoking) is less salient than for tobacco. Again, this may be due to the fact that persistent heavy use is seen as less likely for cannabis than tobacco.

Cannabis is widely considered less addictive than tobacco. Indeed, a few young people thought cannabis was not addictive at all.

> I don't think it's physically addictive, but it's psychologically addictive. [Female non-user, yr 11-12]
>
> I don't think it's addictive. I think it's a habitual drug. You get into the habit of smoking. [Male ex-user, 22-24]

Cannabis addiction is often attributed to the user rather than the drug itself. Young people seem to view addiction to tobacco and cannabis differently, in that being addicted to the positive high of cannabis is seen to be distinct from the more negative, physical dependence on the nicotine in cigarettes.

There was a degree of recognition that use of a tobacco-cannabis mixture could lead to a higher likelihood of addiction. The following quotes highlight these issues.

> I know people that smoke marijuana and I think they are addicted to the cigarette that they put in their marijuana. A lot of them are [tobacco] smokers anyway and you do get a hit from smoking mixed with tobacco. [Male ex-user, 22-24]
>
> When I gave up smoking pot, I wasn't smoking cigarettes then, but little did I know I'd chuck a spinner in every mix I had. I went through the maddest

> withdrawals, and it didn't hit me until I took up smoking, that I was actually addicted to the nicotine, not the marijuana. [Female user, 22-24]

Typically, cannabis use is only considered problematic for certain types of people. These include heavy users (i.e. using cannabis several times a week), people with "addictive personalities" who are less able to control their usage, those whose mental health is already marginal, and/or people with significant problems in their life. Therefore, occasional or "party" use was generally considered safer (for most people) than tobacco use.

Some young people felt that school education focused on that fact that cannabis is illegal, rather than explaining its health effects, in part accounting for the limited understanding of the effects of regular, long-term cannabis use.

> It's more 'it's illegal, don't use it', but they don't tell you the health risks generally. [Female non-user, 18-21]

Comparison with tobacco

Tobacco and cannabis are perceived to have a few core similarities. For example, young people note that the most common mode of cannabis intake (that is, inhaling smoke) is the same as tobacco. Furthermore, both tobacco and cannabis are viewed as "social" substances, with most people considering it preferable to smoke around others.

One participant highlighted the desirable social aspects as follows:

> It's like something that we've been through together. We treat it like it's an event. [Male user, 22-24]

In contrast, the use of cannabis on one's own was often perceived as an indication of problematic use, perhaps more so than for tobacco.

Despite certain perceived similarities, tobacco and cannabis are generally seen as distinct substances. The most commonly cited differences were the reported feelings and sensations of cannabis use, with the high from cannabis use seen as offering more of an escape than tobacco. In addition, as noted previously, cannabis was widely considered to be less addictive than tobacco. Although occasional cannabis use was viewed relatively favourably, there was a greater

social stigma associated with being a frequent, heavy cannabis user (a "stoner", for example) compared with being a frequent tobacco smoker. These views are captured in the following comments:

> [Heavy use] is very much a social outcast thing. It starts to have an affect on them. They change ... [Female (tobacco) smoker, yr 11-12]

Another key perceived difference is that cannabis use is more likely to involve rituals and to be a planned social event, compared with tobacco use. This point is illustrated below:

> It's like a gathering. It's fun to chop up the weed, all of that. It's part of the enjoyment as much as the effects. [Male user, 18-21]

Participants were divided over which of the two substances they thought was more harmful, and comparisons were complicated by expectations regarding the likely frequency of use. Some considered cannabis to be more dangerous, in light of its potential effects on one's mental health, lifestyle (e.g. social relationships and work life), and the risk of putting oneself in compromising situations while under the influence of cannabis. Others felt that tobacco is more dangerous in terms of its impact on one's physical health, given beliefs about the likelihood of more frequent use. Cannabis was often considered a more natural and unadulterated substance to smoke than cigarettes, which were understood to contain various chemicals. Indeed, a few participants felt cannabis was not physically damaging at all. As one person commented:

> Definitely tobacco is worse, but it's going to bring on different health effects than smoking marijuana, which is more going to be like a psychological effect. [Female user, 22-24]

An obvious difference which was noted by many young people is that cannabis use is illegal, while cigarettes are legal for adults. In many cases, cannabis was perceived as less readily accessible than cigarettes, yet this was location-dependent. (For example, participants in Adelaide felt that cannabis was very easy to obtain.) Overall, cannabis was still fairly easy to access, particularly for older teenagers.

> It's probably harder [to obtain marijuana than cigarettes], but if they ask someone, they probably could get some. [Female non-user, yr 9-10]
>
> I reckon anyone, even if they are quiet people, I reckon if they wanted it they'd get it. [Female trialist, yr 11-12]

Pathways and associations

Consistent with the literature, the research found that it was much more common for people to have already tried tobacco before trying cannabis. There was sometimes a latency period of a year or more from tobacco trial to cannabis trial, such that the average trial age for cannabis was slightly higher than that for tobacco.

Young people themselves often believed that someone who has smoked tobacco is more likely than others to try or use cannabis, although they were uncertain about any possible causal relationship. There were, however, some exceptions to this temporal sequence. In some cases, people had tried or used cannabis, but had never (or only later) tried tobacco. There is some evidence from the literature that this pattern is more common among Indigenous populations.

As noted in the literature, there is currently no consensus on the question of whether tobacco use actually leads to, or causes, cannabis use. Some authors suggest that tobacco use is a "gateway" to cannabis use, and results in an increased attraction to cannabis. These theorists argue that, after tobacco use, individual norms, peer associations and even biochemical properties of the brain become more receptive to cannabis use. However, others contend that the association between the two substances is a result of commonly-shared underlying factors (such as rebelliousness, or a generally positive attitude toward drug use), and that tobacco initiation does not lead to a higher likelihood of cannabis use *per se*. On balance, the literature suggests that the two theories are complementary, and that while common factors behind the use of tobacco and cannabis account for most of the association between the use of each substance, tobacco initiation itself may make cannabis use more likely.

The primary qualitative research provided some evidence that smoking tobacco does provide certain skills that reduce some of the barriers to cannabis trial. For example, some cannabis users felt that being used to the method and sensation of inhaling smoke can reduce one's fear of embarrassment from coughing in front of peers during cannabis trial, as illustrated below.

> Well, they're used to smoking and it's just another type of smoke… there's probably a level of embarrassment when they first try it too, you know, they cough and all that kind of stuff. But if you are a smoker, it'd be easier to smoke marijuana. [Male ex-user, 22-24]

Therefore, this removes one of the perceived barriers to trial of cannabis. This suggests that preventing use of tobacco could have some impact on preventing, or more likely delaying, the trial of cannabis and some impact on the likelihood of further use after trial.

Although the research found some evidence that use of tobacco can function to remove some of the barriers to trial of cannabis, there was little evidence to support the hypothesis that tobacco trial increases people's motivation to try cannabis. The research identified some common motivators for trial or use of both substances, such as curiosity, rebelliousness, independence, sensation-seeking and boredom. Similarly, broadly unfavourable attitudes towards drugs in general can act as a common barrier to use of either substance, as suggested below.

> It just depends on the person's attitudes. If they hate drugs, they're not going to try [cannabis]… and mostly, if they're against drugs, they're against cigarettes. [Male user, yr 11-12]

Despite these common motivators for trial, tobacco and cannabis are typically perceived as distinct drugs with different associated risks and benefits. As one participant said:

> Being a smoker will not necessarily make you smoke pot. I think you're looking at a different drug with a different effect on every person. [Female user, 22-24]

There was some evidence (among a few heavier users of cannabis) of substitutability of tobacco for cannabis. Some participants, albeit only among heavier cannabis users, reported using tobacco to assist in reducing their cannabis usage levels. A few young people reported using tobacco to supplement their cannabis supplies, often because this was cheaper or to provide an increased "hit". However, this was fairly limited and bears more on the question of whether cannabis use increases tobacco use, rather than whether tobacco use can lead to cannabis use.

4.4 Parents

This sub-section reports parents' attitudes towards smoking, their attitudes towards young people's smoking and perceptions of their potential influence on whether or not their child will smoke. Findings that relate to communication with parents and their information needs are also included in this sub-section.

Attitudes towards smoking

Parents hold largely negative views with respect to smoking. The words and images participants associated with smoking (shown in the diagram below) were often pejorative in nature.

Several parents report that they enjoy smoking, despite recognising its short- and long-term effects. Some view smoking as one of their few sources of pleasure.

> I enjoy smoking. There's not much that we can enjoy in our situations. I didn't want to be a single mother. I didn't want to be unemployable. [Female smoker]

Even so, most smoking parents expressed a desire to quit smoking, and many had previously tried quitting with varying levels of success.

> I think smoking is the worst thing in the world. I have tried a few times to give it up. [Female smoker, Indigenous]
>
> I wish I could give up but I'm not strong enough. It's too addictive. If I could get hypnotised or something ... [Female smoker]

Attitudes towards youth smoking

In general, parents indicated that they would be disappointed if their children took up smoking. However, they generally expressed more concern about other, more immediate or severe risks to their children. These included:

- illicit drugs
- underage sex
- binge drinking
- road safety
- bullying
- psychological problems (e.g. insecurity / depression / anorexia)

These views are illustrated by the following quotes.

> I think if my daughter came home and said she was pregnant at 14 or 15 or was trying drugs, I think that smoking would be the lesser evil. [Female smoker]
>
> I don't think it is as important as alcohol. You can have a cigarette and still be in control. [Male non-smoker]

Some parents perceive tobacco use as a sign that the young person may go on to try other drugs. Parents did not necessarily indicate that tobacco use would cause experimentation with other drugs *per se*. Instead, these parents viewed tobacco use as more of an indication of the child's personality. In this way, some felt that tobacco use may represent a marker of potential anti-social behaviour and risk-taking.

> To me, smoking cigarettes was a warning sign. You'll try other things, too. [Female smoker]

Perceived ease of access

Like young people themselves, parents believe that young people have minimal trouble (if any) in accessing cigarettes. They suggested multiple potential sources through which cigarettes could be accessed, including:

- asking older friends to purchase them,
- pooling the funds of several young people together,
- stealing from parents or older siblings who smoke, and
- purchasing from vendors who do not check ID, including buying them from their peers and friends who work in retail outlets.

> Lots of kids work in supermarkets or have friends behind the counter. [Female non-smoker]

These assumptions were largely consistent with the methods reported by young people. One notable exception was parents' belief that young people could obtain cigarettes from major retail outlets, like Coles and Woolworths. Young people themselves thought that these outlets typically had strict protocols preventing the sale of cigarettes to minors.

Experimentation and initiation

Parents generally thought that young people would start to experiment with cigarettes in early to mid high school. They identified 14 - 15 years old as the typical age when most people tried their first cigarette. Parents suggested the following reasons why young people might try cigarettes at this time:

- **Independence.** This is the age when some young people are first employed in casual jobs and start to earn their own money. They spend increasing amounts of time with their friends, often in the absence of parents or adult supervision. They also start to attend unsupervised parties (which is a common setting for tobacco experimentation).

- **Developing sexuality.** At this age, attraction to the opposite (or same) sex begins to develop. Young people may smoke to convey a sense that they are older, more mature or as a sign of their sexual availability.

- **Concern for their image.** There is a perception that, during the early to mid teens, young people experience greater pressure to fit in with social groups and to forge or convey an identity. Parents believe that smoking is often seen as "cool", and that movies, television programs and celebrities help to perpetuate this notion. As one parent said:

  > "You should see him smoking - he thinks he's so bloody cool. [Female smoker]

  Experimentation with smoking is thus viewed as a result of adolescents' increased concern for their image and their desire to fit in socially.

- **Self-confidence.** At this age, some young people are becoming more self-confident. They want to be able to express their maturity and expanding ability to make their own decisions. Smoking allows them to assert themselves in this way. Furthermore, smoking is seen as a defiant or even rebellious action, and this was identified by parents as a reason for trying cigarettes.

Parents recognise that simply knowing the health effects caused by smoking is often an inadequate deterrent to prevent young people from trying cigarettes. A typical comment from parents was that young people see themselves as invincible and are focused on the present.

The impact of available spending money was sometimes underestimated by parents. Most reasoned that there are so many things that adolescents wish to purchase, that whether or not they chose to spend it on cigarettes depended on their attitudes towards smoking. In general, available spending money is not seen to have any real impact on whether a young person smokes. However, there was a view that, among those who do smoke, available spending money may determine how frequently a young person smokes.

When asked why young people may smoke, the reasons that parents put forward often paralleled their own experience. Indeed, parents show insight into the motivations for smoking that young people themselves may only develop in hindsight.

Although most parents say that it is easy for young people to become addicted, they tend to underestimate how easily this occurs. It is often assumed that reasonably long periods (e.g. six months) of regular smoking (e.g. at least a few each day) are required to develop an addiction. Infrequent smoking is assumed to not constitute, or put smokers at risk of, addiction.

As was the case among young people, parents often referred to the notion of an "addictive personality". They inferred that some people were more susceptible to addiction than others. In addition, it was thought that the accessibility of cigarettes influenced how quickly adolescents could become addicted, and that if cigarettes were hard to come by, it would take longer to become addicted. As highlighted in the following quote, parents believe that young people do not realise when they are addicted or even that they are at risk of becoming addicted.

> It hasn't sunk into them yet how addictive it is. [Female smoker, Indigenous]

Most parents assume that, at some point, their child will try smoking. However, in the absence of any evidence, most confidently assume their child has not yet tried smoking.

Nearly all parents say that they would be disappointed if child took up regular smoking, but there is a widespread belief that their own children will not become regular smokers. The following reasons lead parents to this conclusion:

- they voice strong anti-smoking opinions,
- they complain about their parents' smoking, or
- they are very involved in sport or concerned with maintaining a healthy lifestyle.

So, although most assume that their child will try smoking at some point, parents commonly believe that their children will not become regular smokers. This reflects a poor understanding of the addiction process, with many parents failing to recognise any connection between experimentation and long-term smoking.

Parental influence

Parents believe that they have some degree of influence over whether or not their child becomes a smoker. Despite this, they feel that other influences are more powerful and influential (in particular, their child's friends). Many feel that, to the extent that they have influence, they are already doing all they can.

> I don't think you've ever had any real control over what the kids do ultimately. All we can do is provide a foundation for them to make the decision. [Female smoker]

It was thought that parental smoking increased the availability of cigarettes to young people. Indeed, some parents reported that their children had taken cigarettes from them. Many believed that the impact of modeling was very strong, as illustrated by the following quotes.

> We're doing it in front of them, and they're children, we're showing them. You can't blame them. [Female smoker]
>
> I just thought about how many times did I give the impression that I'm going to feel better once I have a cigarette or I look like I'm enjoying a cigarette. [Female smoker]

Most parents recognised the importance of setting an example for their children to follow with respect to smoking. Most agreed that their actions spoke louder than their words. They acknowledged that it was hypocritical to oppose their children doing something they do themselves.

> There's nothing worse than telling your child not to do something you're doing yourself. [Female smoker]

Furthermore, parents who smoke reported feeling guilty about their behaviour. Some tried to hide their habit by not smoking in front of their children, and bans on smoking within the home were reasonably widespread. Other parents told their children how little they enjoyed smoking.

Some parents who smoke argued that they had more credibility than parents who had never smoked, based on their first hand experience of being a smoker.

> I just think it would be very hard to tell anybody not to do something unless you've tried it yourself. [Female smoker]

Even so, nearly all parents who smoke agreed that quitting is the most influential thing they could do to prevent their children from becoming smokers. That said, most believed it would only have a limited effect on their children's behaviour because they believed that other factors would have a greater influence on their children. They also raised doubts about their own ability to quit and expressed anxiety about failing in their attempts to do so.

> I love it. It's my best friend. I know it's not good for the kids. I know all these things. [Male smoker]

They were also unsure what effect relapsing would have on their children, and what message this would send.

Parents were able to suggest multiple ways to discourage their child from taking up smoking. Other than quitting smoking themselves, parents identified that the main way to prevent their children smoking was to talk to them and give them advice. Potential topics for conversation included;

- the health effects of smoking,
- highlighting the disadvantages of smoking for sporty, active children,
- discussing the possibility and unpleasantness of addiction,
- encouraging them to lead a healthy lifestyle,
- recalling their own experiences and mistakes,
- emphasising the costs and what they could buy instead with the money, and
- reinforcing decision-making skills and bolstering their self-esteem.

Some parents were aware that their child smoked or actually discovered them smoking. Generally this scenario prompted confusion about how to deal with the situation and the best

course of action. There was concern that an outright ban or punishment would damage their relationship, yet others believed that children need (and expect) to be punished and taught to respect the rules.

Young people's view

Young people consider the disapproval of their parents as an important reason for delaying smoking initiation. They also are aware of the influence that parental smoking has on their own behaviour. When young people who smoke were asked why they believe that they started smoking, they often reported that their parents' smoking was an important influence.

Young people expect that their parents will disapprove of their smoking. They also anticipate that their parents will initiate a discussion (or more commonly, one-way communication or "a lecture") on the issue. In general, young people perceive parental disapproval as a barrier to talking to their parents about smoking.

> If I'd have mentioned it, my mum would have gotten on her high horse and lectured me – so there was never a point. [Male non-smoker, 18-21]
>
> There are certain things you don't want to talk to your parents about. [Male smoker, 18-21]

Despite a general reluctance among young people to talk openly to their parents about smoking, females appear slightly more open to this idea.

Cannabis

Parents believed that cannabis use was reasonably widespread, and similar to tobacco usage in its extent. Many assumed their children would try cannabis at some stage. Most parents were only mildly concerned by the idea that their children may try cannabis, although there were some notable exceptions, and reactions to their children's trialing cannabis also depended on the age of the child. Most saw frequent use as concerning, although, as was the case with tobacco, very few parents believe that their children would become regular users.

Those concerns that were expressed centred around its illegality per se, and their child's behaviour when high. Parents were concerned about their children's loss of self control and disinhibition resulting from cannabis use, in particular that it might lead to inappropriate or ill-

considered sexual behaviour. Many raised concerns about the potential impact on their child's personality, and the mental health risks. These psychological risks were more salient than the other potential risks associated with cannabis use.

Most parents believed that cannabis is addictive, but generally it was seen as less addictive than tobacco. As with tobacco smoking, most feel they have inadequate control over their teenagers' actions, and that their influence is overshadowed by that of their peers and friends.

Communication and information needs

Most parents believe they have the skills and knowledge to communicate with their children about tobacco smoking. They believe they know and can explain the potential health risks of tobacco smoking, and they that they understand the reasons why young people smoke, often based on their own youthful experiences with smoking. Parents also generally believe they have a good relationship with their children, enabling them to discuss smoking with their children easily. By and large, smoking was identified as an easier topic to talk about than some others (e.g. sex). There appeared to be a minority who said that they felt uninformed about the health risks of cannabis, suggesting a willingness to benefit from any educative interventions about cannabis.

Most reported subtly communicating anti-smoking messages to their children from early childhood. For example, some participants described how they had pointed out people's smoking to their infants, describing the habit as "yucky" and "dirty". Some parents have had specific talks with their children about smoking. These discussions often go hand in hand with "the drugs talk" and usually take place when their child starts going out with friends. Conversely, many teenagers report feeling uncomfortable discussing their own smoking behaviour and experiences with their parents. Both parents and young people suggested television commercials can act as useful conversation starters for sensitive topics.

Some mentioned they would like to know more about what their children learn in school about smoking, enabling them to reinforce these messages at home. That said, **the majority of parents feel they do not need further information.** They believe their influence is limited and that, given this, they know all that they need to know.

4.5 Reactions to current interventions

Young people were asked about the types of anti-smoking lessons they had been involved in at school, as well as their experience with any other interventions in which they may have been involved. In addition, reactions to any anti-smoking advertising which they could recall were explored. The results are reported in this sub-section.

School education

Most young people reported learning about smoking and its effects while at school. Commonly mentioned school based anti-smoking programs included:

- Life Education (Healthy Harold);
- Personal Development/Health/Physical Education courses; and
- one-off lectures.

Given young people's knowledge of the long-term risks of smoking, and where young people report learning this information, school-based interventions appeared to have been successful in communicating that long-term tobacco use carries serious health risks. However, given misconceptions regarding the nature of addiction, it seems that insufficient attention is given to the addictive process with regard to tobacco smoking. Compared to tobacco, young people report considerably less focus on cannabis within school based education. In the absence of school education, young people indicated that they learnt about cannabis from their peers or from older, more experienced friends.

Some students indicated that they received anti-smoking education on a regular basis (i.e. it was part of the syllabus every year), while others took part in one-off education programs. While some students complained of repetition, they generally felt that reinforcement was necessary and that hearing information only once was ineffective.

> It's a waste of time because they don't reinforce it. [Female smoker, yr 11-12]

One-off lectures conducted by people from outside the school, such as police and health professionals, appear to provide a useful means of introducing variation into the presentation of

such material. Young people report being particularly receptive to real life examples and many thought that showing documentaries and hearing other people's stories would be effective. They also thought that confronting material was appropriate and would be more likely to have the desired impact.

> They should bring in people who have lost their arms and legs to cancer. [Male smoker, 18-21]

Young people reported resenting being **told** not to smoke as part of anti-smoking programs. As many participants explained, they feel that they go to school to learn facts and skills, not to be told what to do. Many believed that only one side of the argument is being presented in school education and that there is no opportunity to take part in a balanced discussion on smoking. As a result, many students feel that they are being preached to, rather than educated.

Furthermore, some young people felt that the "non-smoking" message was more likely to make them want to go out and smoke rather than its intended effect. These young people indicated that they resent being told what to do and deliberately rebel by doing the opposite of what they are told.

> When you're told not to do something, you go out and do it. There is a rebellious element to it. [Male non-smoker, 18-21]
>
> You can tell people … but when they're told not to do it, of course they're going to do it. [Male non-smoker, 18-21]

Especially amongst older adolescents, there was a view that students should be presented with all of the available information, allowing them to make a properly informed decision for themselves. It was important to students that they felt trusted enough to make decisions themselves, and failure to give any attention to the "other" side of the debate seemed both patronising and out of touch with the reality of youth smoking. These views are illustrated in the following quotes:

> The best way … would be to let them make their own decision about it, but still inform them what would happen. [Female smoker, 15-17]

> They keep saying it's bad and all that. They should just say it's more your choice. It *is* your choice. [Male smoker, 18-21]

While young people said that they were comfortable with teachers presenting health information, they doubted teachers' credibility on moral or fashion issues. There was clear evidence that messages delivered at school which directly challenge the perception of smoking as being "cool" are rejected outright.

> Listening to a teacher say it doesn't really have an effect. [Female smoker, 15-17]
>
> They try to get across the message of the health effects first, and then they stuff it up by saying 'Oh, you don't have to smoke to be cool'. I get the feeling that if they tried to improve it, they'd get it wrong again. [Male non-smoker, yr 9-10]
>
> I think that the Education Department goes about it, like, really the wrong way, with the anti-smoking campaigns. Those educational videos that they show in PD and stuff, they're just too clichéd and annoying. [Male non-smoker, yr 9-10]

In some cases, students knew that the teachers delivering the "anti-smoking" message were in fact smokers themselves, which often served to undermine the message they were trying to communicate. In other cases, given that young people tend to over-estimate smoking prevalence among adults, it seems that young people assume that a majority of teachers smoke, leading them to doubt the credibility of their teachers in delivering anti-smoking messages.

Students were asked their opinions of peer education campaigns. Some considered that they would be effective.

> Older peers were seen as people you could trust … companions. It's easier to talk to someone like that – you can't talk to your teachers on that level. [Male non-smoker, 18-21]

However, significant practical difficulties were identified. Some felt that it was important that the peer delivering the message had had some experience with smoking, and that they no longer smoked. Otherwise they were perceived to lack credibility.

> If they tell us not to do something and they haven't done it themselves, then they seem really naïve. [Female non-smoker, yr 7-10]

More generally, it was suggested that it would be ineffective to get teachers to select the peer leader, as they had little idea about who was considered "cool". Nor would the teacher be likely to know whether or not the student smoked. Young people generally expected that teachers would select students that other students would see as "straight", "goody two shoes", "teachers pet" types.

The above material on education has concentrated on school programs. A few young people had been involved in anti-smoking programs run by other organisations, such as youth groups or local churches. While these programs were seen as benefiting from a more supportive, less hierarchical environment, they are seen as broadly similar to the school programs, and students identified some of the same problems (e.g. not presenting a balanced view and being "preached at", rather than educated).

Cessation

Few participants could think of any formal assistance available to young people who wanted to quit. In general, young people perceive that there are no cessation strategies designed with them in mind. There is an expectation that, if a young person wanted assistance to quit smoking, he or she would be frowned upon. For example, many young people said that they believed that if a young person sought assistance, a likely response from adults, would be "well, you shouldn't have started smoking in the first place!"

Although they were often aware of nicotine replacement therapies, most young people did not see these as options for people their age. There was a common perception that young people would not be able to purchase "patches" or "gum". Young people tended to infer that, because sale of cigarettes to minors was illegal, nicotine replacement therapy could also not be purchased by those under 18 years. In addition, the cost of NRT was often seen as prohibitive and the therapy was seen as being only for those who had exhausted other methods. There was very limited awareness of any other method of pharmacotherapy.

Students felt that, while their schools will tell them not to smoke, there is little assistance offered for those who do smoke. Based on feedback from the research participants, it does appear that

few schools provided any assistance with cessation. There was evidence that such programs would be attractive to some smokers.

> I would have done them [cessation programs], but there were none to do. [Male smoker, 15-17, Indigenous]

Even among young adult smokers, there was a feeling among some that smoking cessation strategies are either less relevant to them than to older smokers, or that some methods (such as nicotine replacement therapies) are not particularly accessible to them (primarily because of cost). In particular, there is very limited understanding of what the Quitline actually offers, or who would benefit from using it. Participants typically saw the Quitline as a service for heavy, long term, addicted adult smokers who lacked the willpower to quit on their own. Young people tend to believe that the Quitline would only tell them what they already knew. Further, many do not see themselves as the sort of person who would seek help via telephone counselling.

If young people need assistance, they appear more likely to rely on informal support from friends. This was identified as an important factor in successful attempts to quit.

> It'd be pointless if I tried to give up on my own. [Male smoker, yr 7-10, Indigenous]
>
> My friends are pretty good. They would help [me to quit]. [Female smoker, yr 9-10]

There was a widespread belief that success came down to willpower and if someone had sufficient motivation to quit, then they would. Overwhelmingly, young people believed that "cold turkey" was likely to be the most successful strategy for someone who wanted to quit.

> I think if you quit, it's just cold turkey. I don't believe in counselling. I think it's just mind over matter. [Male smoker, 18-21]

These findings suggest that the absence of any cessation programs targeted at young people acts as *prima facie* evidence of it being unnecessary, leading young people to believe that quitting would be easy (and can thus be postponed) and more generally that quitting is something that is

only relevant to adults. The absence of cessation-based interventions also excludes current smokers from (largely prevention-oriented) initiatives undertaken in the school system.

5

Conclusions and recommendations

This section discusses the implications of the research findings for interventions targeting young people, including a discussion of the merits and disadvantages of potential themes for a youth anti-smoking campaign.

5.1 Interventions

School education Well-developed and carefully implemented school education interventions have a crucial role to play in preventing youth smoking. Particular attention is required from the later years of primary school to the early years of high school because it is then that many of those young people who go on to be smokers report first trialling and experimenting with cigarettes. This is particularly important for Indigenous populations, because trial and experimentation have been found to occur at younger ages among Indigenous young people.

It is clear that current school education interventions are successfully communicating that long-term smoking has serious negative health effects. Unfortunately, on its own, this message is unlikely to have behavioural implications (and the evidence from the literature supports this conclusion). Few young smokers expect to be long-term smokers, most obviously because they greatly underestimate and misunderstand the addictive nature of smoking. This suggests that **helping young people to understand the process of addiction and to recognise the early signs of addiction** would be useful. A greater focus in early to mid high school on the addiction process might give them greater insight into their own behaviours and motivate cessation at an earlier stage of experimentation. Very few, if any, young people want to become long-term addicted smokers and most would therefore welcome information on how to avoid this. They know the risk associated with long-term smoking but there is limited understanding of the risk of becoming a long-term smoker. Providing this information is important in

leveraging the already good knowledge of the health effects of smoking on those who become addicted.

Furthermore, the findings from the research suggest that there is great potential for teachers to **discuss tobacco control as social science phenomenon**, prefiguring it in primary school and then covering it more thoroughly in high school. This would include discussing:

- why tobacco control efforts exist;
- the strategies employed to date and their success;
- the reduction in the prevalence of smoking to much lower levels than typically assumed by young people;
- the high proportion of adult smokers who wish they did not smoke and want to quit (thereby positioning it as a non-adult activity); and
- the high proportion of adults smokers who, in hindsight, acknowledged they were addicted before the age of 18.

It could also include compassionate discussion of examples of where (and why) tobacco control efforts have been less successful (such as among the mentally ill, poor, Indigenous and certain migrant communities), which would include thinking about what needs to be done.

The advantages of such an approach are that it:

- helps engage students in thinking about the reasons why people smoke;
- frames smoking as a marker of social disadvantage, rather than adulthood; and
- indicates that society should address the needs of these (disadvantaged) groups.

It should be noted that some, more sophisticated, young people already perceive tobacco use in these terms, and associate smoking with lower SES status, poorer people and the homeless.

Even some in the very communities in which prevalence is high will be motivated to “own” the problem of tobacco use and see it as something that is holding them back, if the strategy is executed in an empowering way.

Such an approach would be inherently more objective, and less didactic or patronising, encouraging students to draw their own conclusions about smoking, rather than being told what to think. It would also enable teachers to talk authoritatively about smoking and its successful reduction as a factual societal phenomenon, rather than as a moral or fashion issue, on which teachers in general have less perceived credibility. This approach may represent an effective avenue for positioning smoking as something that is the very antithesis of maturity and glamour, without this ever being an explicit or didactic message. The evidence from this research suggests the case for including tobacco control in the syllabus is sufficiently strong to warrant further research or a trial program.

How such lessons about tobacco control could be integrated into the syllabus is an important consideration for their success. Rather than including this particular material as part of health and personal development lessons (with which some young people report not engaging), such content might be more effectively included as part of social science subjects or the like. There is also potential to integrate these themes into the wider syllabus, to maximise the potential reach and relevance of these messages. (For example, junior high school mathematics, where students could analyse a line chart and calculate the change in the proportion of smokers between Year X and Year Y).

Role of parents

The discussions with young people themselves revealed that parental disapproval is a key reason for delaying cigarette trial and slows the progression along the pathway. However, the research found that **parents often underestimate their influence on their children with regard to smoking**. While they believe they have some influence, they see this as relatively limited compared to other factors (such as peer influence) which may influence whether or not their children will become smokers.

Among those parents who do smoke, they do acknowledge that quitting would be the best thing that they could do to prevent their child from becoming a smoker. That said, they often underestimate the impact of their own behaviour on the potential for their children to become smokers. They report that their children often complain about their parents' smoking, and therefore parents are normally convinced of their children's negative views of smoking and perceive this almost as some form of immunity to the development of smoking habits. (Of course, the literature suggests that parental smoking is an important predictor of uptake of smoking, both through modelling smoking and increasing the availability of cigarettes.)

Interestingly, when young people who smoke are asked why they believe that they started smoking, they often report that their parents' smoking was an important influence. Parental cessation is thus clearly the key positive influence that smoking parents can have on young people, and its impact is larger than most realise. This is particularly the case in indigenous communities, where positive non-smoking role models within and outside the extended family unit could play an important role in preventing tobacco uptake and help to address the prevailing view among young people that smoking is a normal adult behaviour.

Both parents and young people agree that a television commercial can act as a useful conversation starter on the sensitive topic of smoking. This will be worth bearing in mind for the foreshadowed Commonwealth action on youth smoking.

Parents would welcome knowing what their children learn at school about tobacco and other drugs, to assist them in reinforcing these messages at home. This is especially appreciated if new content is introduced as suggested by this research (namely material on addiction or tobacco control strategies). Were this to be included in school education programs, then parents would also like to be informed about and reinforce these messages. Therefore, there is some support for a smoking information pack to be made available to interested parents.

To enlist parents in the reduction of youth smoking, or impart further information, it will be necessary to **make them believe they have more influence than they currently realise.** Given that many parents do smoke and have difficulty in quitting, this message (that parents can make a difference) should not just relate to the fact that one of the best ways to ensure that children do not start smoking is for parents to give up themselves, although this would necessarily be a major message.

Cessation

Given the data on prevalence of smoking among young people, it is clear that messages and other interventions about smoking should not assume that young people do not smoke or have not smoked. There is also **a need for dedicated, relevant assistance for young smokers.** Non-judgmental information about different cessation methods and available support would be relevant and useful to many young people. The existence of such assistance would normalise quitting and make it relevant to young people. Further, if implemented, the teaching of tobacco control as a phenomenon is likely to increase the demand for cessation interventions.

A number of cessation interventions are worthy of further investigation and possible trial. Consideration should be given to involving young people in peer support schemes, especially for Indigenous young people.

The research found that many young female smokers intend not to smoke while pregnant, with some also intending not to smoke while breastfeeding. However, not all young mothers we spoke to had succeeded in doing so, and even among those who had, some had begun smoking again later. It seems likely that this intention to stop smoking when starting a family could be leveraged by targeted cessation interventions for young women who are pregnant or who are planning to start a family.

Finally, the research provides some support for interventions which target the family and/or wider community. These include:

- smoke-free home initiatives;
- encouraging quitting with a friend; and
- initiatives targeting sporting teams, possibly leveraging positive role models within those teams.

These interventions appear particularly promising for Indigenous young people, given the higher prevalence of smoking among Indigenous people and the stronger family and community connections of Indigenous young people. This family structure, in which older family members have a degree of respect, may provide an opportunity for interventions that target parents or even grandparents as initiators of change.

Reducing palatability

Prior to trying a cigarette, many young people report being deterred by the belief that the smoking experience will be aversive. The majority of trialists found the initial experience of smoking to be unpleasant, strongly reducing the motivation for further trial. In some cases, there were reports of significant amounts of time lapsing between first and second trial, often due to the initial unpleasantness of cigarettes. Furthermore, the literature shows that non-smokers are much more likely than smokers to report that their first cigarette was an unpleasant experience. Finally, while some

regular smokers report having grown to like the flavour, others continue to consider the flavour unpleasant.

This is the situation now, when cigarette manufacturers are allowed to add flavour-enhancers to cigarettes. This strongly suggests that policy measures which decrease the palatability of cigarettes (by limiting the use of flavour-enhancers and of menthol in particular) may reduce significantly the prevalence of youth smoking.

Legislative restrictions

Despite legislation relating to sales to minors, young people report little difficultly in accessing cigarettes. Cigarettes appear to be readily available to under 18s through older friends, family members and small or struggling retailers. The research suggests that access restrictions are not a barrier to cigarette trial, though they may represent more of a barrier to adoption in that they may slow or delay the progression towards addiction, allowing other interventions time to take effect.

It is likely that the recent smoke-free legislation in licensed premises in many jurisdictions will have a substantial positive impact on the attitudes of young people towards smoking. Reduction (and eventually cessation) of smoking inside pubs and clubs will help to minimise young people's perception of smoking as "cool, glamorous and adult". In addition, it will remove the opportunity for binge smoking in these settings and lessen the association between cigarettes and alcohol, which is a key motivator for continuing smoking and is acknowledged as such by most young smokers.

5.2 Campaign themes

General considerations

Young people, including Indigenous people, need to feel they are (part of) the target audience for interventions and commercials. As one participant indicated:

> The anti-smoking ads don't have the same impact as the drug ads because they're mainly about old people. [Female smoker, yr 11-12]

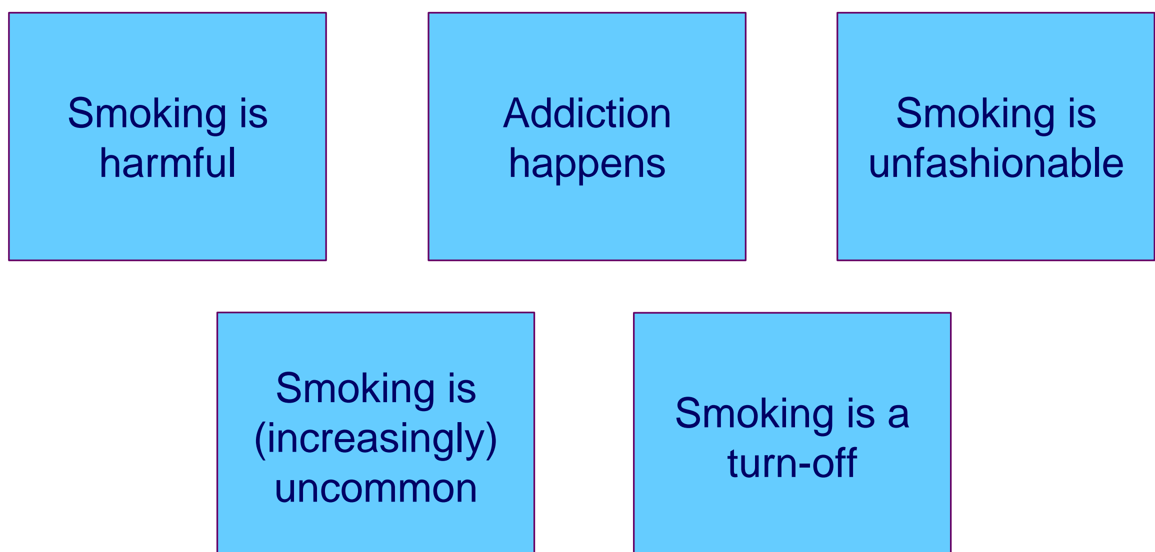
In discussions about TVCs and anti-smoking interventions in schools, it was also evident that young people reacted negatively to concepts that:

- characterised them as children;
- used a parent to child communication style, which talked down to them; or
- were didactic or moralistic.

Such approaches contribute to perceptions of smoking as "adult" by arguing that smoking is "not for children".

The reasons for uptake suggest that anti-smoking messages that are doctrinaire in style are likely to be counter-productive. It is likely that more effective interventions will be those that stimulate thought and invite young people to draw their own conclusions about why taking up smoking is undesirable and unwise (or better still, un-adult). There is a possible role here for self-diagnostic quizzes in teen magazines, or on the web (as subject-led interventions).

From considerations of the findings in this research, conclusions are drawn on the following five possible campaign themes:



Each of these is discussed in turn under the following headings.

Smoking is harmful

There is widespread awareness of the negative health and aesthetic effects of smoking.

For some young people, knowledge of these effects is an effective deterrent to smoking. However, most serious risks (e.g. cancer and heart disease) are seen to affect only long-term

smokers and most young people do not see themselves as becoming long-term smokers. Thus, it is their perceived low personal susceptibility, rather than their lack of knowledge, which makes the negative effects of smoking an insufficient deterrent to smoking.

Young people feel themselves more susceptible to the short-term health effects. However, these effects are already less severe and slower to appear than young people expect. Although reduced fitness appears to be a motivator for cessation among some young people (mostly males), running a campaign that focuses on the short-term health effects of smoking risks misfiring. As noted, fear of weight gain is an important barrier to cessation for some females. Reduced fitness could well be associated with being less muscular and slight … a physique to which young men generally do not aspire. In contrast, this may actually appeal to many young women who would prefer to be slim, rather than bulky and muscular.

While there is some scope to leverage the medium-term financial costs of the decision to smoke, it does not seem likely that this theme is sufficient to sustain a campaign. Rather, it is a subsidiary message which may be able to be included in supporting material for whatever campaign is launched.

In sum, it is safe to conclude that there is little potential for a separate youth-oriented media campaign based on the harmful effects of smoking, given that general community-wide messages on this subject appear to be reaching young people effectively.

Addiction happens

Young people know that smoking is a deadly habit for long-term, addicted, heavy smokers. However, most simply do not believe they will ever belong to this group. For example, few smokers think they will still be smoking in their late 20s.

Very few, if any, young people want to become long-term, addicted smokers. There is limited understanding of the risk of becoming a long-term smoker. This leads to limited control over the habit. Most would welcome information on how to avoid this situation. Providing this information is important in leveraging the already good knowledge of the health effects of smoking on those who become addicted.

It may be useful to utilise self-administered magazine or web quizzes to allow people to determine their own level of addiction, and then to direct them towards the appropriate

resources. A greater focus on the addiction process might prevent regular use among experimenters or motivate cessation among regular users. This approach could also strengthen the barriers to cigarette trial.

The focus on addiction also works to negate the notion of smoking as adult. Instead, it links smoking with decreasing power (the inverse of the concept of adulthood) and it positions the behaviour of adult smokers as involuntary.

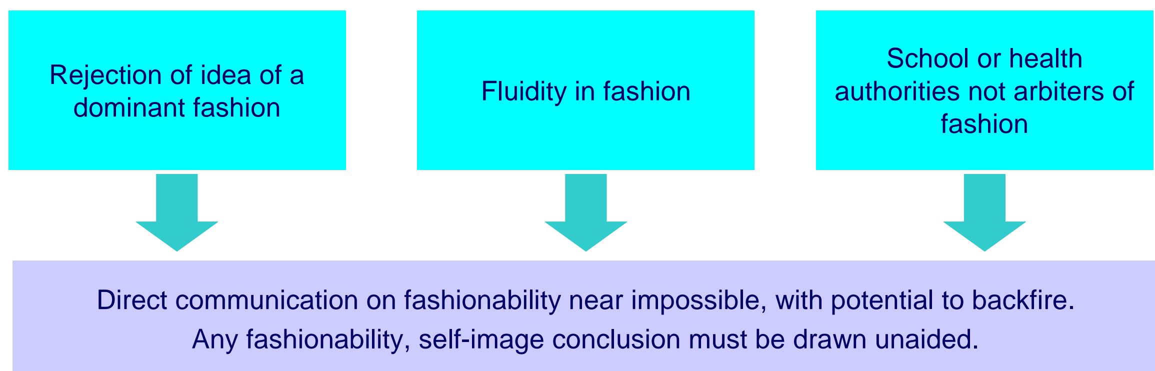
This campaign theme clearly warrants further investigation. However, care is required to handle this approach subtly, to defuse any self-exempting beliefs about the recipient not being an "addictive personality".

For instance, it is worth noting that a message like "It's easy to become addicted" could be ineffective, because it would fail to dispel many young people's current beliefs. Young people and parents acknowledge that it is "easy" to become addicted, but they under-estimate **how** easily. Further, care should be taken not to excessively raise young people's expectations regarding the speed of addiction, to avoid invoking self-exempting beliefs regarding addiction. Messages should therefore aim to educate young people about the nature of the addictive process, and the early signs of addiction. Further, messages could be directed towards helping young people to recognise and respond to the first signs of addiction, to motivate early quit attempts.

Finally, as mentioned, addiction is not well understood by adults. Therefore, should this campaign theme be used, it will be important to provide appropriate resources for teachers and parents.

Smoking is unfashionable

Young people in the research strongly rejected the idea of any one overarching youth culture. It is clear that it is not meaningful to talk about "youth culture" as if it were a widely shared set of ideas or fashions. What is fashionable among sub-groups of young people is diverse and in constant flux. Further, school or health authorities are not respected by young people as arbiters of fashion. Therefore, any effective long-term communication on the subject of smoking that leverages fashion seems near impossible.



Given the considerations outlined above, the classical idea of the necessity of appearing to speak from within the culture becomes problematic. With fragmentation, messages invoking any particular element of fashion have the potential to backfire, alienating all but a few.

It may, however, be possible to devise a message which is not didactic, and which leaves young people to draw an appropriate conclusion about the fashionability of smoking or its impact on their impact.

Smoking is (increasingly) uncommon

It is clear from the literature and this research that perceived social norms are of great importance in attitude formation. It is equally clear that young people are considerably over-estimating the prevalence of smoking both among young people and the adult population, which thereby encourages the notion of smoking as an adult behaviour.

It is therefore, worth informing young people about:

- the relatively low proportion of young people who take up smoking;
- the relatively low proportion of adults who smoke; and
- the concentration of smoking among disadvantaged groups.

Consequently, this campaign theme warrants further investigation, particularly whether it is strong enough to stand alone in a campaign and whether and how it can be combined with the other campaign themes under consideration.

Smoking is a turn-off

With developing sexuality, young people becoming increasing interested in the issue of their sexual attractiveness. Becoming sexually mature is the

pre-eminent badge of adulthood. Given this, it may be possible to associate non-smoking with apparent sexual maturity or sexual success, by leveraging the perception that the smell is unattractive. For example, it may be worth revisiting the "kiss a non-smoker, taste the difference" campaign, but targeting it directly at young people. It may also be worth investigating the similar slogan "kissing a smoker is like licking an ashtray". Consideration should be given to more subtle and less expensive means of conveying this messages, such as embedding the notion in more general self-administered quizzes (e.g. "Are you a great kisser?", with the results incorporating smoking status).

Appendix A

Discussion guide (young people)

Introduction

- Thank for coming along
- Introduction to market research (focus groups / interviews / paired interviews)
- Facilitator's role: to raise topics and issues and then for you to tell me what you think
- No right or wrong answers, your opinion that counts. Please be honest
- Group rules: one person speaks at a time / feel free to disagree
- Audio / video taping, mirror. Reassure confidentiality, anonymity
- Session will finish at [FINISH TIME]
- Topic: Your thoughts about, and experiences with smoking
- Hand out incentives (sign and check contents of envelope)
- Refreshments, toilet facilities, please turn off mobile phones
- Participants introduce themselves (ask them what they like to do in spare time etc)

Smoking status

- Clarify that discussion will first be about smoking cigarettes (tobacco).

Notepad exercise 1

Please tick the things that are true about you …

I am a regular smoker

I smoke sometimes

I have tried smoking once or twice

I used to smoke, but I don't anymore

I have never tried smoking, but I might try it in the future

I don't think I'll ever try smoking

- *(Ask questions appropriate for group)* Has anyone ever tried smoking?
  - [*If yes*] Does anyone still smoke?
    1. [*If yes*] How often do you typically smoke? How much do you typically smoke?
    2. [*If no*] So has anyone smoked in the past, but doesn't smoke any more?

Perceptions of smoking and smokers

- What do you believe are some of the most important issues affecting young people today? *[Note any mention of tobacco or marijuana use.]* Compared to other issues, how important an issue is young people's smoking? Why? Why do [don't] you see smoking as an issue?

Notepad exercise 2
When I see someone my age smoking, I think …

- *Explore connotations of smoking using a group "brainstorm" exercise on butcher's paper.* What words and images come to mind when you think about smoking?

- Do you think of smoking as something that is good or bad, or a bit of both? In what ways?

    - Are there any good things about smoking / any benefits of smoking? What?

    - Are there any bad things about smoking / any disadvantages of smoking? What?

[*Discuss responses to notepad exercise 2*]

- Thinking about people around your age who smoke, do you think that they are any different from people around your age who don't smoke? In what ways? *Explore any perceived differences fully (e.g. character/personality - are they popular / unpopular? Good at school / successful / strugglers? Trend setters / slaves?*

- Do you think of yourself as a "smoker"? / as someone who would smoke? Why/why not?

- Roughly how many people your age do you think smoke? And how often do you think they smoke?

- [Younger groups] Thinking about people your age, how many of them do you think consider that it's OK to smoke? What makes you think that?

- [Younger groups] Do you think that you used to have a different opinion of smoking? [*If yes*] In what ways has it changed? Why do you think that this has happened?

- [Older groups] Do you think that society's attitudes towards smoking have changed at all over time? [*If yes*] In what ways? Why do you think that this has happened?

- [Older groups] Do you think that **your** attitudes towards smoking have changed at all over time? [*If yes*] In what ways? Why do you think this has happened?

Smoking behaviour and attitudes
[*YOUNGER - HAVE NOT TRIED SMOKING*]

- Have any of your friends or other people you know tried smoking or taken up smoking? Who? (e.g. friends, acquaintances, siblings, family?) Older or younger?
- Why do you think these people tried or took up smoking?
- Have you ever thought about trying smoking? What do you think has stopped you from trying it?
- Do you think you will try smoking in the future? Why/why not? (If appropriate) What things have helped you to decide that you [do/don't] want to smoke? (*Explore factors that create commitment to being a non-smoker.*)
- Have you ever been offered a cigarette? By whom? Can you describe what happened? What did you say? How did the person who offered you the cigarettes react? What do you think your other friends thought of your decision to not try it?
- Have you ever felt any pressure from anyone to smoke? Who from? When? How have people pressured you? Can you tell me what you did? How did you feel about it?
- Have you ever felt any pressure from anyone to not smoke? From who? How have you responded? How did you feel about it?

[*HAVE TRIED SMOKING / SMOKED IN LAST WEEK*]

I'd now like you to think back to the first time you tried a cigarette …

- Can you describe for me the first time you tried a cigarette? When was it? Who were you with? (e.g. friends, acquaintances, siblings, family?) Where were you? Were you offered a cigarette, or did you ask for one? How did you feel at the time?
- *Explore perceptions of palatability of cigarette, any physical discomfort etc.* And what did you think of the cigarette? Did you enjoy it, or did you hate it? How would you describe the taste and the experience?
- Why do you think you decided to try a cigarette?
- Were many of your friends/family members already smoking? Which situations/types of places were they smoking in?
- How did your friends react when you tried smoking for the first time? (Explore reactions among smokers and non-smokers.) Did your family know? What was their reaction?
- Have you ever felt any pressure from anyone to smoke? Who from? When? How

have people pressured you? Can you tell me what you did? How did you feel about it?

- Would you ever, or have you ever, encouraged anyone to try smoking? Who? Why? (If appropriate) What happened?

- Did you continue to smoke after you'd tried it initially?

    - [If yes] What were the reasons why you smoked again? What influenced you?

    - [If no] Why do you think you didn't smoke again? What influenced you?

- Was there pressure to keep smoking once you'd tried it? Who from? How did you feel about it?

- Have you ever felt any pressure from anyone to <u>not</u> smoke? From who? How have you responded? How did you feel about it?

- Did/do you feel any benefits from trying or taking up smoking? What? (e.g. social involvement, relaxation/stress release, time out, physical/psychological gratification)

- Did/do you feel any negative effects from trying or taking up smoking? Has it affected your health in any way? Anything else?

- *[If continued smoking]* Have you ever tried to stop smoking or cut down on the number of cigarettes you smoke? Why/why not?

    - What sort of things (would) make you want to give up/ what would you see as the benefits? What sort of things (would) stand in your way? How difficult was it/would it be?

- [*If tried to stop / stopped*] What was the reaction of your friends when you tried to quit smoking? Explore reactions of smokers and non-smokers.

- If someone your age wanted to quit smoking, what sort of things can they do? Is there any assistance available to young people who want to quit smoking? What?

    - Is this relevant for people like you?

    - How might this be useful? What would be the benefits? Are there any disadvantages? Do you think this would be effective? Why/why not?

    - What would be the best ways for young people to find out about assistance in quitting? (e.g. advertising/marketing) Why?

- *[If tried to stop / stopped]* How did you try to stop or cut down? Was there anything that made it easier for you to stop smoking? What? (e.g. encouragement from friends/family, school-based education/support programs, lower mg, cold turkey, avoid smokers/smoking situations, etc)
    - Did this help at all? Why/why not? What would help?
- Has anyone tried to quit or cut down, but then taken up smoking again?
    - Why do you think it didn't work / your attempt to quit wasn't successful?
    - How did this make you feel?
    - What would encourage you to try to quit again?
- For those of you who no longer smoke, how long have you been smoke-free?
    - What motivated you to maintain your decision to quit?
- [*If not stopped*] Do you see yourself stopping at some stage in the future? [*If yes*] When might that be? Why do you want to stop?

[*OLDER - HAVE <u>NOT</u> SMOKED IN LAST WEEK*]

- Have any of your friends or other people you know tried smoking or taken up smoking? Who? (e.g. friends, acquaintances, siblings, family?) Older or younger?
- Why do you think these people tried or took up smoking?
- Have you ever been offered a cigarette? By whom? Can you describe what happened? What did you say? How did you feel?
- *[If tried a cigarette] Explore perceptions of palatability of cigarette, any physical discomfort etc.* And what did you think of the cigarette? Did you enjoy it, or did you hate it? What did you think of the taste?
- *[If tried a cigarette]* How did your friends react when you tried smoking for the first time? (Explore different reactions among smokers and non-smokers.) Did your family know? What was their reaction?
- *[If tried a cigarette]* Why do you think you decided to try a cigarette?
- *[If tried a cigarette]* Did you continue to smoke after you'd tried it initially?
    - [If yes] What were the reasons why you smoked again? What influenced you?
    - [If no] Why do you think you didn't smoke again? What influenced you?

- Do you think you will smoke in the future? Why/why not? (If appropriate) What things have helped you to decide that you don't want to smoke? (*Explore factors that create commitment to being a non-smoker.*)

- Have you ever felt any pressure from anyone to smoke? Who from? When? How have people pressured you? Can you tell me what you did? How did you feel about it?

- Have you felt any pressure from anyone to <u>not</u> smoke? Who? How have you responded?

- *[If tried]* Did you feel any benefits from smoking? (e.g. social involvement, relaxation/stress release, time out, physical/psychological gratification)

- *[If tried]* Did you feel any negative effects from smoking? Has it affected your health in any way? Anything else?

- *[If continued smoking]* Did you ever try to stop smoking or cut down on the number of cigarettes you smoke? Why/why not?

  - What sort of things made you want to give up/ what did you see as the benefits? What sort of things stood in your way?

- [*If tried to stop*] What was the reaction of your friends when you tried to quit smoking? Explore reactions of smokers and non-smokers.

- If someone your age wanted to quit smoking, what sort of things can they do? Is there any assistance available to young people who want to quit smoking? What?

  - Is this relevant for people like you?

  - How might this be useful? What would be the benefits? Are there any disadvantages? Do you think this would be effective? Why/why not?

  - What would be the best ways for young people to find out about assistance in quitting? (e.g. advertising/marketing) Why?

- *[If tried to stop / stopped]* How did you try to stop or cut down? Was there anything that made it easier for you to stop smoking? What? (e.g. encouragement from friends/family, school-based education/support programs, lower mg, cold turkey, avoid smokers/smoking situations, etc)

  - Did this help at all? Why/why not? What would help?

- For those of you who no longer smoke, how long have you been smoke-free?

  - What motivated you to maintain your decision to quit?

- [*If not completely stopped*] Do you see yourself stopping at some stage in the future? [*If yes*] When might that be? Why do you want to stop?

[*OLDER - HAVE CEASED SMOKING*]

- Can you describe for me the first time you tried smoking? Who were you with? (e.g. friends, acquaintances, siblings, family?) Where were you? Why do you think you decided to try a cigarette?
- Were many of your friends or family members already smoking? Which situations/types of places were they smoking in?
- How did your friends react when you tried smoking for the first time? Smokers and non-smokers?
- Have you felt any pressure from anyone to smoke? Who from? When? How have people pressured you? What did you do? How did you feel about it?
- Have you felt any pressure from anyone to <u>not</u> smoke? Who? How have you responded? How did you feel about it?
- Why did you continue to smoke after you'd tried it initially? What influenced you to keep smoking?
- Was there pressure to keep smoking once you'd tried it? Who from?
- In what situations did you regularly smoke?
- Did you feel any benefits from smoking? (e.g. social involvement, relaxation/stress release, time out, physical/psychological gratification)
- Did you feel any negative effects from smoking? Has it affected your health in any way? Anything else?
- How many times have you tried to stop or cut down smoking? When was this?
    - o How difficult was it? What sort of things made you want to give up? What sort of things stood in your way? How did you overcome these?
    - o How did you try to stop or cut down? Did you do anything to make it easier for you to stop smoking? (e.g. lower mg/cold turkey, avoid smokers/smoking situations, school-based education/support programs, NRT etc)
    - Did this help at all? Why/why not? What would help?
- What was the reaction of your friends? Smokers and non-smokers?
- Did you feel any pressure to keep smoking or to give up? Who from?
- Do you feel any benefits from stopping smoking? (e.g. health, cosmetic, social,

financial factors)

- Has anyone tried to quit or cut down, but then taken up smoking again?
    - What was your reason for trying to quit that time? And when was this?
    - Why do you think it didn't work / Why do you think you relapsed this time?
    - How did this make you feel?
    - Did you do anything differently the next time you tried to quit or cut down? [If yes] Did this help? What encouraged you to try to quit again?
- Can you think of any strategies or types of assistance for young people who want to quit?
    - Is this available for people like you? Is this relevant for people like you?
    - How might this be useful? Perceived benefits/problems? Do you think this would be effective? Why/why not?
    - What would be the best ways for young people to find out about assistance in quitting? (e.g. advertising/marketing)
- How long have you been smoke-free?
    - What motivated you to maintain your decision to quit? How did that help?

Availability of cigarettes [under 18 years only]

- How easy is it for people your age to get cigarettes? Why do you say that?
- Where do you / did you / could you get your cigarettes from? Do you /did you/ could you buy them yourself? Do you /did you/ could you get someone else to buy them for you? Why/why not?

Understanding of effects of tobacco smoking

- What do you know about the health consequences of smoking / ways that smoking might harm someone? *(Explore knowledge of short and long-term consequences.)*
- How much and for how long would someone need to smoke for them to harm themselves?
- [For younger groups] What does it mean to be addicted to something? Is addiction a good or a bad thing?
- How easily can someone become addicted to (or dependent on) smoking? How many cigarettes, and how often, would someone need to smoke to become addicted? How does someone know that they are addicted?

- [*If does not smoke*] Do you think you would become addicted if you tried smoking? Why/why not? [*If smokes]* Do you think that you are addicted? Why/why not?

- How hard do you think it would be to quit now / in the future? What makes you think that? [*If smoker*] What about you personally?

- In what ways might a smoker's behaviour impact on others? *(Explore knowledge of risks of passive smoking.)*

- Where did you learn these things about the effects of smoking? [*Prompt if necessary: advertising, magazines, school, parents, friends etc*]

(B) MARIJUANA / CANNABIS

I'd now like to talk to you about marijuana.

Perceptions of marijuana

- Does marijuana have any other names? What do you call it? *[Probe as necessary.]*

Notepad exercise 3 (for groups only)

Tick the answer that you think best describes you.

I don't think I'll try or use marijuana in the future

I think I probably will try or use marijuana in the future

Why do you think this?

- Discuss responses to notepad exercise

- What do you think of using marijuana? (*Probe fully - note different attitudes towards tobacco vs marijuana*)
    - Are there any good things about smoking marijuana? What?
    - Are there any bad things about smoking marijuana? What?

- How common do you think marijuana use is among young people? At what age do you think young people might first try it? At what age might usage become more frequent?

- Why do you think some young people try marijuana? Why do you think some go on to use it more regularly?

- Thinking about people around your age who use marijuana, do you think that they are any different from people around your age who don't? In what ways? *Explore any perceived differences fully (e.g. character/personality - are they popular / unpopular? Good at school / successful / strugglers? Trend setters / slaves*

- In your opinion, what are the similarities and the differences between smoking cigarettes (tobacco) and smoking marijuana? *[Explore perceived differences in risk, social acceptability, legality]*

- If someone smokes cigarettes (tobacco), do you think this would make them more or less likely to try marijuana, or would it make no difference? What makes you think that?

Marijuana usage behaviour and attitudes (INTERVIEWS ONLY WITH THOSE WHO HAVE TRIED CANNABIS)

- Can you describe for me the first time you tried marijuana? When was it? Who were you with? (e.g. friends, acquaintances, siblings, family?) Where were you? How did you feel at the time?
  - How did you try it? (eg in a rolled cigarette, bong, food, other / mixed with tobacco?)
  - [If tried tobacco] Was this before of after you first tried tobacco, or at the same time?
  - [If tried tobacco *and was separate occassion*] And did you think that the situation differed from when you first tried smoking cigarettes (tobacco)? In what ways?

- And what did you think of the marijuana the first time you tried it? Did you enjoy it, or did you hate it? Why?

- Why do you think you decided to try it?
  - [If also tried tobacco] (Probe if different motivations for trying marijuana/tobacco)
  - Had many of your friends/family already tried/used it? Who? And who knew that you had tried marijuana? How did they react?

- Have you felt any pressure from anyone to use marijuana? Who from? Other tobacco/ marijuana smokers? When? How have people pressured you? Can you tell me what you did? How did you feel about it?

- [*If tried tobacco first*] Did the fact that you had already tried tobacco influence your decision to try marijuana?
  - [*If yes*] In what way? (e.g. used to smoking/inhaling, seemed more acceptable/less deviant than before, same people/context/access point, more curious, logical progression?)

- [*If tried marijuana first*] Did the fact that you had already tried marijuana influence your decision to try tobacco?

  - [*If yes*] In what way? (e.g. used to smoking/inhaling, seemed more acceptable/less deviant at than marijuana, same people/context/access point?)

- *[If use tobacco and marijuana together*] Do you see yourself as a tobacco smoker?
- Did you continue to use marijuana after you'd tried it initially? Why/why not?
- Was there pressure to keep using/smoking marijuana once you'd tried it? Who from?
- Have you felt any pressure from anyone to <u>not</u> use/smoke marijuana? Who? How have you responded?
- *[If still using]* In what situations do you tend to use marijuana?
- After trying marijuana, did you smoke less or more tobacco, or the same amount as before? [*If different amount*] Why?
- What would you do if cigarette prices increased or you couldn't access cigarettes anymore? (e.g. Would you take up / smoke more / switch to marijuana? Why?/Why not?)
- In your mind, how close are tobacco cigarettes and marijuana? How inter-changeable are they? Can you think of any circumstances under which you'd start using more marijuana instead of tobacco? If so, when? Why?
- Did/do you feel any benefits from using marijuana? (e.g. social involvement, relaxation/stress release, time out, physical/psychological gratification)
- Did/do you feel any negative effects from using marijuana? Has it affected your health in any way? Anything else?
- Have you stopped using marijuana? Have you ever tried to stop?
  - Why/why not? What sort of things would make you want to give up? What sort of things would stand in your way?
  - [If stopped / tried to stop] Did you stop using tobacco at the same time? Why/why not?
- [*If stopped*] What was the reaction of your friends? Smokers and non-smokers?
- [*If stopped*] Did/do you feel any benefits from stopping? (e.g. health, cosmetic, social, financial factors)
- [*If not stopped*] Do you see yourself stopping at some stage in the future? [*If yes*] When might that be? Why do you want to stop? Would you stop smoking tobacco at the same time? Why/why not?

Availability of marijuana

- How easy is it for people your age to get marijuana? Why do you say that?
- Where do you / did you / could you get marijuana from?

Understanding of effects of marijuana use

- In what ways can using marijuana affect people?
    - Does it harm them? How? Is it more or less harmful than tobacco? What about when people smoke tobacco and marijuana together?
    - Can it benefit them? How?
- Is marijuana addictive? Is it more or less addictive than tobacco? What about when people smoke tobacco and marijuana together?
- Do you think that when someone smokes marijuana they have an impact on other people? (If yes) In what ways?
- Where is it acceptable / not acceptable to smoke/use marijuana?
- Where did you learn these things about the effects of using marijuana? [*Prompt if necessary: advertising, magazines, school, parents, friends etc*]

(C) OTHER ISSUES

Parents and smoking

The next part of the discussion is about parents.

- In general, what do your parents think about smoking? (*Probe fully*)
    - Do either or both of your parents smoke? Have they ever smoked / Were they ever smokers?
    - Would they disapprove of you smoking (if you did)?
    - Are there any rules at home about smoking? (*By parents / yourself / others*)
- How easy is it to talk to your parents about these sorts of issues?
    - What things make it hard to talk to your parents about smoking? What could make it easier?

Communication campaigns

I'd now like to ask you about advertising that you may have seen.

- Can you describe any anti-smoking ads that you know of?

- What do you think of that ad?
    - What were your thoughts and feelings in response to that ad? Why is that?
    - Was it relevant to people like you? Could you relate to it? Why / Why not? (Note any impact of smoking status)
    - What was it trying to say? Was it believable? Was it effective? Why / why not?
- Do you think the ad had any impact on your attitudes or behaviour? In what ways?

Attitudes towards other youth-oriented smoking interventions

Finally, I want to talk about your experiences with any programs that you might have been involved in that aimed to prevent young people from smoking.

- Have you ever been involved in any school-based health education lessons or programs relating to smoking?
    - [If yes] What did this involve? (e.g. information about risks / decision-making and self-esteem / ways to resist peer pressure) What were your reactions? What was good/bad about it? How well did it work? What makes you say that? Was it relevant to young people like you? How could it have been improved?
    - How interested are you in these sorts of programs? Why do you say that?
- Have you ever been involved in any peer-led activities (vs teacher-led)?
    - [If yes] About health and smoking, or something else? What did this involve? What were your reactions? What was good/bad about peer-led activities? How well did it work? Why? What makes a good peer leader? How could this have been improved?
    - How interested are you in these sorts of programs? Why do you say that?
- Have any of these health education programs relating to smoking involved your family?
    - [If yes] What did this involve? What were your reactions? What was good/bad about it? How well did it work? Why? Was it relevant to young people like you? How could this sort of program be improved?
    - How interested are you in these sorts of family-based programs? Why do you say that?
- Have any of these health education programs relating to smoking ever involved other groups in the local community? (e.g. youth organisations, community groups, churches, youth groups etc)

- (Where appropriate) What sort of anti-smoking messages do you think should be communicated to young people? In your opinion, what sorts of things work best / appeal the most?
    - Should the messages accept that many young people may smoke and suggest ways to avoid getting hooked or to quit?
    - Or should the messages encourage young people not to smoke at all?
- Do you think it's inevitable that young people will try smoking? Can you think of any way of helping people to stop people from developing a smoking habit? Why do you think that would help?

Discussion guide (parents)

Introduction

- Thank for coming along
- Introduction to market research / focus groups
- Moderator's role: to raise topics and issues and then for you to tell me what you think
- No right or wrong answers, your opinion that counts. Please be honest
- Group rules: one person speaks at a time / feel free to disagree
- Audio / video taping, mirror. Reassure confidentiality, anonymity
- Session will [INSERT EXPECTED FINISH TIME]
- Topic: Smoking
- Hand out incentives (sign and check contents of envelope)
- Refreshments, toilet facilities, please turn off mobile phones
- Participants introduce themselves

Parental attitudes to smoking in general

- *Explore connotations of smoking using a group "brainstorm" exercise on butcher's paper.* What words and images come to mind when you think about smoking? How do you feel about smoking?

- Do you think that society's attitudes towards smoking have changed at all over time? In what ways? Why do you think that this has happened?

- Do you think that **your** attitudes towards smoking have changed at all over time? In what ways? Why do you think this has happened?

Attitudes towards youth smoking

- I'd now like us to discuss young people. What do you believe are some of the most important issues affecting young people today? Compared to other issues, how important an issue is young people's smoking? Why? Why do [don't] you see smoking as an issue? *(Explore as a health issue, a discipline issue etc)*

- When do you think young people's smoking is a concern? Is experimentation a problem? Is social smoking a problem? What about regular smoking?

- What proportion of young people do you think would try a cigarette at some stage? And how many do you think would become regular smokers?

- Do you think that the number of children and young people who smoke has changed over time? In what ways? Do you think that young people smoke more or less than adults, or about the same?

- At what age do you think most young people would try their first cigarette? Why do you think this?

- What do you think are the reasons why children or young people try smoking? *[Explore influence of friends, family, media etc]*

- And when do you think habits begin to form? How easy it is for people to become addicted to cigarettes? Do you think young people know when they are addicted? Why/why not?

- How easy do you think it is for children / teenagers to obtain cigarettes? Why do you think that? Where do you think children / teenagers get cigarettes from?

- Do you think that the amount of money young people have influences their smoking behaviour? In what ways?

Attitudes towards their own children's smoking

- *Ask participants to primarily think of their child/children within the relevant age band when answering the following questions.*

- Do you know whether your child has tried smoking?

- How does this make you feel?

- *(If applicable)* What did you do when you found out that your child smoked or had tried smoking? What did you say? What actions did you take? Why did you do these things?

- How would you feel if you child tried smoking? Why? What do you think you would do?

- How likely do you think it is that they will continue to smoke if they try a cigarette? Why?

- How would you feel if your child took up smoking / continued to smoke? Why? What do you think you would do?

Strategies for preventing youth smoking

Notepad exercise: sentence completion task. *(Task completed individually.)*

"The things I can do to help prevent my children from becoming a smoker are …"

- How much control do you think you have over whether or not your child will become a smoker? Why do you think that? At what age do you think you have the most control? Why?

- What things do you think you can do to help prevent your child from becoming a smoker? How effective do you think these things would be? Have you used any of these? Can you describe what happened? *If not raised, explore:*

  - Discussing health effects of smoking

  - Discussing benefits of a healthy lifestyle

- o Discussing social unacceptability of smoking
- o Discussing reasons why children might try smoking
- o Discussing potential for addiction
- o Discussing tobacco company's strategies for marketing cigarettes, sponsoring actors
- o Discussing decision-making and refusal skills
- o Setting rules relating to smoking and/or rewards for not smoking
- o Being a good role model / not smoking yourself / partner being a good role model
- o Not smoking inside
- o Restricting pocket money and/ or imposing rules on its usage

Parental communication with children about smoking

- Is smoking something that you and your children have talked about? When? What sort of things have you discussed?
- Who initiated the conversation(s)? Have your children come to you with questions, or have you raised the issue?
- At what age do you think it is appropriate to talk to children about smoking? Is it an issue that you think needs to be discussed again at different stages of your child's development?
- How comfortable do you feel talking about these issues with your children?
- How knowledgeable do you feel you are about these issues? What information would you like to have? What would be the best way for you to access this information?
- What do you think your children know about smoking and the associated health risks?
- From where do you think children and young people get information about smoking? Which of these do you think have the biggest impact on your children? Explore parents' views on extent to which young people see these sources as credible.

Parental attitudes and behaviour and their influence on youth smoking

- Do you think your children know how you feel about smoking? In what ways do you think that your **opinion** of smoking influences your children's attitudes and behaviours? What about that of your partner?

- Do you change your smoking behaviour in any way if your children are around? In what ways? Why?

- In what ways do you think that your **behaviour** influences your children's attitudes and behaviours? What about that of your partner? (Explore smoking, non-smoking and quitting.)

- What do you think is more likely to have an impact on whether your child smokes … what you say to them about smoking / your advice, or whether you and/or your partner smokes? Why?

Parental attitudes towards cannabis use among young people

- How common do you think marijuana use is among young people? At what age do you think young people might first try it? At what age might usage become more frequent?

- Why do you think some young people try marijuana? Why do you think some go on to use it more regularly?

- How likely do you think it is that your child might use marijuana, either now or in the future? What makes you think this? How do you feel about this?

- In your opinion, what are the similarities and the differences between tobacco smoking and smoking marijuana?

- Are you more concerned about your children smoking cigarettes (tobacco) or using marijuana? Why? Which do you consider to be more hazardous? In what ways?

- If your child tries or smokes cigarettes (tobacco), do you think this would make them more or less likely to try marijuana, or would it make no difference? What makes you think that?

Sign off

- Explain purpose

- Thank and close.