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Adolescent Female Smokers: Does Social Marketing have the Answer?
The Office of Tobacco Control in Ireland, in their report of November 2006, state that “spending increases dramatically at 16 years of age, highlighting the need for early intervention with young people when it comes to tobacco use”.

It also states that 53% of all smokers interviewed had begun smoking by 15 years of age and 7% by age 11.

They also found that 32% of 12 – 15 year olds and 38% of 16 – 17 year olds had tried to give up smoking and failed.
Methodology

- Six focus groups with female adolescents in Cork City between the ages of 15-17 years.
- The girls were shown anti-smoking advertisements from Ireland, the UK, Australia, the US and the EU in a classroom in each of their schools.
- The participants were also shown 6 actual boxes of cigarettes, which depicted pictures on the packets showing the effects of smoking.
- Six interviews were held with six leading public health experts in Ireland and the UK, in the area of tobacco control.
Of the 52 girls who participated in the focus group discussions - nearly half of them could be classified as regular smokers in the sense that they smoked every week and some every day. Some of the girls had their first cigarette at a very young age but most said that the average age of initiation was around 15 years of age.

*I started smoking properly at the end of last year but I had my first cigarette aged 12.*

*I would smoke about 60 cigarettes a week.*
Peer Pressure or Peer Bonding?

More a process of peer bonding and a feeling of being part of the group. This however could be seen as benign pressure. Young people smoke because they want to belong to a particular social group. Sharing cigarettes was considered by the participants as a way to reinforce female friendship and increase the feeling of belonging to a group.

*I would share cigarettes at the weekend when I’m drinking. We pass the cigarette around between all of us.*
Many of the participants still continue to smoke around the schools, stating: *Everyone smokes around the school. There are at least 20 girls out there smoking at lunchtime.*

All focus group participants were aware that school policy prohibited smoking among pupils but the majority of them said: *The teachers have given up trying to catch us. There is definitely a blind eye turned to it by the school. Most of the teachers know what’s going on but they do nothing about it.*
It was found that most of the high sensation/thrill seekers drank and smoked and socialised with friends who also drank and smoked. A lot of these high thrill seeking participants freely admitted that it did play a part in them starting smoking at this young age:

*I started smoking because my friends were doing it. If any one of the girls lit up a cigarette, I would light up as well. If my friends didn’t smoke, I wouldn’t smoke at all.*
Focus group participants said price does impact on the actual purchase of the cigarettes BUT they share cigarettes. Some of the interviewees also felt that price increases are a significant factor in reducing smoking prevalence and from adolescents taking up smoking in the first place. One stated:

*If you look at the WHO website, price is the most effective preventative method. Research shows that a 10% increase in the price of cigarettes has the potential to reduce smoking prevalence by 4%.*
Smuggled Cigarettes

- Illegal cigarettes smuggled into the country play a huge role in reducing the effectiveness of price as a lever to control demand and it is estimated that they account for 20% of all cigarettes smoked in Ireland. The focus group participants were aware of this and have bought the cigarettes at a cheaper price.

*If my friends go on holidays they bring back cigarettes.*

- Some of the interviewees felt that small time smuggling by people on holiday was having a bigger impact on teenage smoking than the bigger smuggling operations.
Price of 20 pack Marlboro (April 2010) in Europe

- Ireland - €8.55 (Excise/VAT - €6.71)
- UK - €7.18
- Italy - €4.40
- Spain - €3.10
- Canaries - €2.10
- Poland - €2.06
- Bulgaria - €1.79
- Belarus - €0.65
They weren’t addicted and they weren’t smoking enough cigarettes to be addicted!
Smokers felt they would not smoke in the future. They acknowledged it was a phase they were going through and felt that they would emerge from this phase without any addiction problems. They stated:

I will not be smoking when I am 20.

I am not going to smoke when I am 19. I do not think I am addicted to the nicotine.
Knowledge was generally poor and dismissive. Most of the focus group participants were aware that smoking could lead to long term health effects such as lung cancer, throat cancer and stroke but they chose to put these to the back of their minds.

*You don’t think it will happen to you. That’s more long term. I will not worry about that until I’m older.*

*I know a girl that has smoked for a while and she has perfect skin and perfect teeth so you don’t think it will happen to you.*
Focus group participants (both smokers and non-smokers) were generally unaware that there was a relationship between smoking and controlling one’s weight. They argued that at their age, weight control is not an issue and that smoking would not be used to control weight.

*Why not go to the gym? Why not eat well? I would rather eat well. I would rather buy food before cigarettes.*

Interviews showed that weight control was a reason for not giving up cigarettes BUT not a reason to start smoking.
The participants felt that exposure to smoking related media messages is one particularly important environmental factor that increases the risk of smoking. The focus group participants mentioned a TV programme aimed at their particular age group called *Skins* where the characters in it that smoke are cool and attractive. The focus group participants stated:

*We all watch “Skins” where people smoke, drink and take drugs. The people who smoke in “Skins” are attractive*
Physical threat appeals were more powerful than social threat appeals. The physical appeals which had the most effect were the advertising appeals which dealt with the ill-effects on one’s appearance:

*I think that the rotting teeth advertisement was more effective than the clogged artery advertisement because people can see your teeth whereas people can’t see your insides.*
Focus group participants were aware that cigarette packages carry text based health warnings to inform them about the risks of smoking but felt that it did nothing to alter their smoking behaviour:

*I don’t read the text on the packet. What’s the point of putting the text on the packet? When I see the warning - *Smoking Kills*, it does nothing to affect me.*

Text based health warnings in the Irish language do nothing to alter their smoking behaviour and are a waste of a valuable communication space.
Some interviewees believed the way forward is to have plain packaging:

*I think we should use plain packaging or else dominate the pack with health warnings. These have drawn the greatest level of concern from the tobacco industry. We know how powerful they see the pack as a promotional tool and it is what we call “the scream test”. If they scream we are doing the right thing, if they do nothing, we stop doing it and do something else. This should pass the scream test big time.*
Interviewees felt that having health warnings and graphic images on the packets of cigarettes is another useful prompt to help smokers who want to give up smoking.

*It’s just one of the nudges that will move people in the right direction. It’s not going to solve the problem for us, but it is a helpful addition by just reminding smokers at the point of sale or purchase that this is something that they really don’t want to do and that there are serious consequences.*
Smoking causes fatal lung cancer.

Smoking is highly addictive, don't start.

Protect children: don't make them breathe your smoke.

Smoke contains benzene, nitrosamines, formaldehyde and hydrogen cyanide.
Conclusions for Adolescent Smoking

- Adolescent female smoking is a problem, especially among high sensation seekers.
- Peer bonding rather than peer pressure.
- Physical threats should focus on immediate health issues that affect appearance rather than long-term health effects.
- Integrated social marketing campaigns.
- Plain packaging or graphic pictures.
- Smuggled cigarettes pose a huge problem and reduce the key effects of price.