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References
Foreword

The voice of young people – A Report on Teenagers’ Attitudes to Smoking was undertaken as part of Pfizer Healthcare Ireland’s continued commitment and dedication to improving the health and wellbeing of Irish children.

Following the success of last year’s report, The voice of young people – A Report on Children’s Attitudes to Diet, Lifestyle and Obesity, which vocalised children’s attitudes to food and diet, Pfizer this year decided to focus on smoking, this time from the perspective of teenage smokers.

Smoking is the single most preventable cause of disease and premature death in the world, with smoking-related diseases killing one in 10 adults worldwide. Research shows that the majority of smokers start smoking in adolescence. One of the most important ways to prevent the unnecessary deaths of so many is to stop people from starting as teenagers. Avoiding smoking could be one of the best health decisions a young person will ever make.

In recognition of this, Pfizer sought to uncover new ways of intercepting smoking in teenagers, by asking teenage smokers themselves what would work for them. This document presents the results of research conducted with several groups of Irish teenage smokers in relation to their smoking experiences, views, attitudes and behaviour. Furthermore, it gauges their reactions to various anti-smoking advertising campaigns, and provides us with some valuable suggestions as to how smoking prevention and cessation could be successfully addressed with this age group.

The voice of young people – A Report on Teenagers’ Attitudes to Smoking is part of Pfizer’s ‘Way2Go, for a healthier you’ initiative developed over the past number of years in partnership with the Department of Education and Science (SPHE), the Irish Heart Foundation, Dublin City University and the National Parents Council Primary.

Improving the health of Irish children is the paramount objective of the Way2Go initiative, which Pfizer will continue to develop and expand.

David Gallagher, Managing Director, Pfizer Healthcare Ireland
Introduction

Background

In 2005, Pfizer Healthcare Ireland established the ‘Way2Go, for a healthier you’ programme in partnership with the Department of Education & Science (SPHE), the Irish Heart Foundation, Dublin City University and the National Parents Council Primary. The aim of the programme is to promote healthier lifestyles for Ireland’s children.

As part of this initiative, in 2008 Pfizer published The voice of young people – A Report on Children’s Attitudes to Diet, Lifestyle and Obesity. The report highlighted the rising problem of childhood obesity in Ireland and provided children with the opportunity to express their attitudes to diet, exercise and lifestyle.

This 2009 report, The voice of young people – A Report on Teenagers’ Attitudes to Smoking builds on our knowledge of Irish youth lifestyles and captures the views, experiences, attitudes and behaviours of Irish teenagers with regards to smoking.

It is hoped that the research will offer some positive recommendations from this audience on how smoking prevention and cessation can be effectively addressed within this age group. In particular, the research explores how teenagers respond to anti-smoking advertising and examines the type of anti-smoking advertising that teenagers view to be both effective and relevant to them.

This document will present the findings of research conducted with teenage smokers (16-18 years), exploring their smoking habits and attitudes to health, smoking and smoking cessation, as well as their reactions to a range of anti-smoking material.
Teenage smoking — a real problem?

Teenage smoking is the second major cause of death in the world. Tobacco is currently responsible for the death of one in 10 adults worldwide, amounting to approximately five million deaths per year. If current smoking patterns persist, smoking will cause some 10 million deaths per year by 2030.

According to both Irish (Office of Tobacco Control 2008) and international research (World Health Organisation 2005), almost one in every four Irish people smokes. The Office of Tobacco Control (OTC) estimates that 16% of Irish people aged 12 to 17 smoke, with 28% of 16 to 17-year-olds currently smoking.

Intervention in the teenage years is critical in the prevention of smoking. Irish research demonstrates that 78% of smokers start before the age of 18, with over half starting by the age of 15.

Pfizer identified the opportunity to proactively engage with teenage smokers in line with the aims of the OTC by conducting research with students between the ages of 16 and 18. In total, 12 focus groups were conducted with secondary school students (six groups with females, and six groups with males) across the three locations of Dublin, Galway and Cork. Six of the groups were drawn from the ABC1 strata and six from the C2D strata, to be broadly representative of the 16 to 18-year-old population.

Key findings

• Most teenagers start smoking between the ages of 13 and 15
• The move from primary to secondary school is a trigger point for many teenagers
• Parents who smoke often influence their children to smoke, and ease of access to cigarettes through retailers who fail to request identification can also encourage smoking in young people
• Alcohol consumption in early teenage years is also an influence
• Many teenagers believe that they can and will quit smoking at a designated time in the future
• Many teenagers use cigarettes as a coping mechanism to manage everyday stress
• The use of graphic imagery in advertising, as opposed to abstract imagery, proved most effective with teenagers as it forced them to consider the health consequences of smoking
• Advertising focused on how smoking can physically affect appearance proved to be most effective among teenagers.

Report structure

This report will firstly examine the issue of smoking in a global, European and Irish context (see: Section 3, Smoking in Context).

Section 4 (Teenage Smoking in Context) examines key findings from domestic and international research in relation to teenage smoking.

Section 5 focuses on the primary research with Irish teenagers (16-18 years), capturing their views and experiences on smoking and smoking cessation. The report also explores their reactions to a range of anti-smoking advertising.

Section 6 (Teenagers’ Recommendations) outlines suggestions from the group as to how anti-smoking could be addressed through future advertising.

Section 7 (Conclusions) identifies the interventions required to successfully address the issue of teenage smoking.
Global smoking epidemic

Tobacco is the single most preventable cause of death in the world today. In 2008 tobacco killed more than five million people – more than malaria, HIV/AIDS and tuberculosis combined. Tobacco is directly responsible for the death of one person every six seconds. It kills one third to one half of all people who use it an average of 15 years prematurely. Currently, tobacco causes one in 10 adult deaths worldwide. Unless urgent action is taken, tobacco could kill one billion people this century.

Smokers are not the only ones at risk of disease or death from tobacco. Second-hand smoke also has serious and often fatal health consequences. In the United States, second-hand smoke causes about 3,400 lung cancer deaths and 46,000 heart disease deaths a year. It is also responsible for an estimated 430 cases of sudden infant death syndrome, 24,500 low birth-weight babies, 900 pre-term deliveries and 200,000 episodes of childhood asthma in the United States annually.

A growing problem

According to the WHO, tobacco usage is growing fastest in low-income countries, due both to population growth and the fact that the tobacco industry targets this audience. The net effect appears to be that millions of people become addicted each year.

A European problem

Tobacco is the single largest cause of avoidable death in the European Union, accounting for over 500,000 deaths each year and over a million deaths in Europe. In most European countries, the prevalence of smoking is higher in men than it is in women. The difference in prevalence between men and women is more marked in Eastern than in Western Europe. In most EU countries, however, teenage girls are as likely or more likely to smoke as their male counterparts.

An Irish perspective

In line with the global trend, smoking is also the single largest cause of preventable ill health and premature death in Ireland, with 6,000 smoking related deaths each year. Evidence suggests that mortality from tobacco-related causes is higher in Ireland than in other EU countries.

The main national studies that have sampled the whole population in an attempt to measure the prevalence of smoking in Ireland include SLÁN, the Office of Tobacco Control/TNS mrbi survey, the Drug Use in Ireland and Northern Ireland Prevalence Survey and the World Health Organisation. However, due to differences in the definition of ‘smoking behaviour’, the surveys have uncovered differing results for smoking prevalence.
According to the Office of Tobacco Control (OTC) March 2008 survey, the prevalence of cigarette smoking in Ireland is 23.6%. For the purpose of this survey a smoker was defined as someone ‘who smokes one or more cigarettes per week’. A higher percentage of men (24.4%) were reported as smokers, compared to 22.8% of women.3

The SLÁN 2007 Survey of Lifestyle, Attitudes and Nutrition in Ireland defined a smoker as having smoked at least 100 cigarettes during their lifetime. Overall, 29% of the population reported as current smokers. Higher rates of smoking were reported among men (31%) than women (27%).13

A consistent methodological approach to gauge accurate results for the Irish smoking population is needed, as was pointed out by the Research Institute for a Tobacco Free Society (RIFTFS) 2007 annual report.14

Despite the different approaches employed, all of the surveys chart a decrease in smoking prevalence in Ireland in the last 10 years. WHO data demonstrates a drop in the prevalence of smoking among men from 39% to 24%, and among women from 32% to 24% between 1980 and 2005.4

The Office of Tobacco Control surveys support this finding. The results show a decline in smoking in women during the last year, with no significant change recorded for men. The largest decline occurred in 15 to 24-year-olds, with a drop from 29.5% to 23.45% recorded in a 12 month period.3

A note of caution

Although smoking prevalence in Ireland has been decreasing since the 1980s, the rate of decline is slowing since 2004, with one in every four people continuing to smoke every day.4

According to a 2004 EU commissioned report, there is limited information on the direct and indirect costs of smoking in Europe. Every year, however, €74 billion is spent treating cardiovascular disease in the EU, €40 billion of which is directly or indirectly attributable to smoking.15

In Ireland it costs several hundred million (€) per year to provide health services for smokers. Although the cost of smoking in terms of damage to health and wellbeing far outweighs the economic cost of tobacco use, ‘a conservative estimate indicates that smoking costs the Irish economy at least €1 million every day in lost productivity’, as a result of sick leave and increased absenteeism.16

The issue of Irish teenage smoking remains a real threat to the lives of young people. Smoking has documented short-term consequences on young peoples’ health, including respiratory and non-respiratory effects, addiction to nicotine and the associated risk of other drug use. Smoking reduces the rate of lung growth and smokers have a lower level of lung function than those who have never smoked.17,18

Long-term health consequences of youth smoking are reinforced by the fact that most young people who smoke continue to smoke throughout adulthood.
Teenage Smoking in Context

A global problem

Teenage smoking is a global issue. About one in five of all children aged 13 to 15 smokes. Smoking behaviour is usually established during teenage years, with most adult smokers reporting that they became addicted to nicotine during adolescence. Tobacco companies continue to target young people as ‘replacement smokers’ to take the place of those who quit or die as a means of sustaining profits. Evidence suggests that people who don’t start smoking before the age of 21 are unlikely to become smokers in later adulthood. Adolescent experimentation with a highly addictive product aggressively pushed by the tobacco industry often leads to a lifetime of tobacco dependence. Multiple research studies confirm that the younger children are when they start smoking, the more likely they are to become regular smokers, and the less likely they are to quit in the future.

In adults, cigarette smoking causes heart disease and stroke. Studies demonstrate that early signs of these diseases can be found in adolescents who smoke. The resting heart rates of young adult smokers are two to three beats per minute faster than non-smokers.

Smoking negatively impacts young peoples’ physical fitness in terms of both performance and endurance, even among athletes trained in competitive running. Teenage smokers suffer from shortness of breath almost three times as often as teens who don’t smoke, and produce phlegm more than twice as often as teens who don’t smoke.

Research also suggests that the early onset of smoking is predictive of alcohol-related problems in late adolescence and young adulthood, and later illicit drug use.

A European problem

The Health Behaviour in School Aged Children (HBSC) 2005/2006 report examined smoking behaviour among 13 to15-year-olds in 40 countries worldwide. Some 30% of all 15-year-old smokers reported first smoking a cigarette at age 13 or younger.

In general, boys (31%) are more likely to report starting smoking earlier than girls (28%). However in Ireland a higher proportion of girls (33%) than boys (29%) report smoking at the age of 13. The rates of weekly smoking increase greatly between the ages of 11 and 15. At age 13, the average weekly smoking rate is 6%, rising to 19% by age 15.
An Irish perspective

According to the HBSC 2005/2006 report, 33% of Irish 15-year-old girls and 29% of 15-year-old boys reported smoking at age 13 or younger. Both figures are above average in the 40 country survey.23

The OTC Children Youth and Tobacco 2006 survey reported that over half of all smokers had begun by aged 15, with this figure rising to 62% in lower socioeconomic groups. The OTC survey reported that 16 to 17-year-old smokers had a typical weekly expenditure of approximately €200, with 12 to 15-year-olds spending approximately €100 each week.5

Smokers aged 16 to 17 reported spending 19% of their weekly expenditure (€38 of €200) on cigarettes/tobacco products while 12 to 15-year-olds spent €17 per week on cigarettes, their highest expenditure item.5

The impact of family and friends on encouraging young people to become smokers is highlighted by the OTC survey. Three quarters of young people aged eight to 17 who smoke reported living in a household where at least one other household member smokes.5

The average number of cigarettes smoked per day by the adult smoking population is 16, according to the OTC survey. Examining frequency of teenage smoking by age group, the average amount smoked by 12 to 15-year-olds was approximately seven cigarettes, with 16 to 17-year-olds smoking 12 cigarettes per day.5

The OTC survey shows that approximately eight in 10 smokers reported starting smoking before they reached the age of 18, with 53% claiming to have started smoking at the age of 15 years or younger.5

According to the survey, 63% of all smokers acknowledged trying to give up cigarettes at some point.5 Almost three quarters of smokers aged 65 years and over reported trying to give up the habit. Conversely, almost two thirds of smokers under the age of 18 acknowledged that they never tried to give up cigarettes.5

However, motivation to quit smoking appears to increase dramatically during adolescence/early adulthood. Approximately one in every three smokers aged 12 to 15 have tried to quit smoking, while almost four in 10 smokers aged 16 to 17 have tried to quit. Some 60% of 18 to 24-year-olds have attempted to give up.5 Hence, in early adulthood more smokers want to give up cigarettes than wish to continue smoking.

The Way2Go smoking research seeks to build on the findings of the OTC research and to explore such issues in depth. It also hopes to examine which approaches and interventions are most effective in achieving an impact on this age group.
Smoking continues to be a leading cause of premature illness and death in Ireland. Although the majority of smoking-related illnesses and deaths occur in later life, smoking tends to be established in adolescence. Thus, even though the prevalence of young Irish people smoking has decreased over the years, preventing young people from starting continues to be an important issue in encouraging young people to make healthy life choices.

**Aims & objectives**

The aim of the *Way2Go: The voice of young people – A Report on Teenagers’ Attitudes to Smoking* is to build on the current understanding of Irish teenagers’ experiences with smoking, and to explore how young people react to anti-smoking advertising. It is hoped the research will generate positive suggestions as to how the issue of smoking prevention and cessation can be effectively addressed with this age group.

In particular the research focused on a number of key themes:

- General Attitudes to Health
- Attitudes to Smoking
- Smoking Habits
- Motivations to Quit
- Reactions to Anti-smoking Advertising

**Sample profile**

In total, 12 focus groups were conducted with fifth and sixth year students: six groups with boys and six groups with girls. The groups were evenly split across three locations: Dublin, Galway and Cork, and they included a spread of socioeconomic groups. All teenagers were smokers who purchased their own cigarettes.
Attitudes towards a healthy lifestyle

As a starting point to the discussion, teenagers were asked what they understood to be a healthy lifestyle, and to describe their own lifestyle and state of health.

Importance of health

All teenagers acknowledged the importance of a healthy lifestyle, as it enabled young people to lead an active life. In particular teenagers remarked that adopting a healthy lifestyle ‘makes them feel good’ and gives them energy to ‘enjoy life more’.

In addition ‘being healthy’ was frequently associated with one’s physical appearance, in particular ‘looking good’, which tended to be evaluated in terms of physical size, ie. weight and complexion, ie. having clear skin free from acne.

A healthy lifestyle was also considered to be important to aid concentration levels, something sixth year students regarded as important with forthcoming Leaving Certificate exams. The two key elements associated with a healthy lifestyle were diet and exercise.

It is interesting to note that none of the teenagers spontaneously mentioned stopping smoking as a means of being healthy. Smoking and the effects of smoking on teenagers’ personal health were only considered when prompted by the research moderator.

Healthy lifestyle advice

All young smokers reported receiving advice on living healthily in their schools. The advice pertained to diet and exercise, and the health consequences of ‘smoking and drinking’. Teenagers also reported receiving parental advice about the detrimental effects of both smoking and alcohol consumption, which they generally expressed limited interest in.

“It’s interesting the first few times, but after that it’s just a nag” (Female, 5th Year, Galway)

A minority appeared to appreciate the advice but report a difficulty with implementing the information in their personal lives.

“It’s good advice, we all know it’s right, but we just go out and do our own thing” (Male, 6th Year, Dublin)

The majority of teenagers were relatively well informed on the health consequences of smoking, with many showing awareness of heart disease, cancer etc. Their limited interest in such advice appeared to be a result of the delayed onset of the health consequences of smoking, and a mindset preoccupied with current as opposed to future issues and events,

Given that teenagers tend to ‘live in the now’, the perceived threat of future health consequences from smoking were assumed to be remote. The fact that the initial damage inflicted on the human body from smoking tends to manifest itself covertly, as opposed to overtly, through one’s physical appearance, teenagers often detach from any health advice/warnings concerning smoking.
I don’t seem to be able to make that connection of what I hold between my fingers to what is going on inside of me”

(Male, 6th Year, Dublin)

I just can’t get my head around how smoking is really damaging my heart and lungs. Maybe if I could see how cigarettes or drink was damaging by body from the inside it might have more of an impact”

(Male, 6th Year, Dublin)

Some teenagers reported the need for teachers to employ more graphic imagery to communicate the impact of smoking and drinking on health.

To have a knowledge of what smoking does inside of you. What drink actually does to your body? It might change your mind about smoking and drinking. It would make you think about what you are doing to yourself”

(Female, 5th Year, Galway)

Personal lifestyle and state of health

Smoking & drinking

All teenagers reported smoking ‘most days of the week’, and the majority also acknowledged that they consume alcohol ‘at least once a week’. Most teenagers reported drinking alcohol on both Friday and Saturday evenings. Typically, they consume alcohol in pubs and clubs, friends’ houses, or in parks and open fields (‘bushing’).

In general, teenagers tend to start drinking via ‘bushing’ due to a difficulty obtaining alcohol in licensed premises because they may look underage, and because it’s cheaper.

Teenagers reported that the aim of drinking is ‘to get drunk’, with drink acting as a social lubricant to facilitate socialising with peers etc.

In all cases, teenagers reported a tendency to smoke ‘more cigarettes’ at the weekend than during the week. Undoubtedly, this increase in smoking at weekends was due in part to having more free time at their disposal. However, all teenagers reported that alcohol was a key factor in why they smoked more at the weekend.
“During the week I would not be too bad, but come the weekend it all goes out the window”  
(Male, 5th Year, Galway)

Teenagers reported that their favourite activities during the weekends were to go to the pub, clubs or simply ‘hang out’ with their friends. All acknowledged that drinking alcohol and smoking cigarettes is an integral part of teenage socialising. Hence, smokers tended to view their lives as currently unhealthy.

“I would have to say that I don’t live very healthily at the moment because I do drink and smoke”  
(Female, 6th Year, Cork)

However, those surveyed did not appear perturbed in anyway by the fact that they were living an ‘unhealthy lifestyle’, as many held the view that they will give up or cut down on smoking in later years. A significant number of teenage smokers believed that at a certain point in the future (to be decided by themselves), they will have the necessary will power to quit smoking.

“I am not really worried that I smoke a lot because I know I can always give them up later when I need to”  
(Male, 6th Year, Dublin)

Diet & exercise

Some teenagers pointed out that their diets were unhealthy, and that they ate too much junk food.

The research highlights that most teenagers are active, in that they participate in either school or club sports activities. Boys are more likely to engage in team sports such as football and rugby.

In contrast, girls reported a tendency to exercise less often, with many only engaging in sport one day per week. A number of teenage girls reported that they had recently stopped participating in team or other sports. Some had simply lost interest, arguing that they would prefer to spend time with their friends, socialising and/or going shopping. Others pointed out that they did not have the time to continue with their sports activities.
(ii) Attitudes towards smoking and smoking habits

Smoking initiation

Across all groups, most teenagers reported starting smoking when they were between 13 and 14 years old. The primary triggers that appear to encourage tobacco consumption included:

- A move to secondary school
- Peer pressure/social interaction
- Curiosity
- Alcohol

In particular, teenagers acknowledged the move from primary to secondary school as a key trigger point. The new environment and the formation of new friendships, coupled with a desire to behave in a more 'adult manner' influences teenagers to experiment with tobacco. Smoking was acknowledged as a means of establishing a connection between peers.

"If someone offers you a cigarette in first year and you’re in a gang of lads, you’re not going to say no at that age, because you want to fit in"  (Male, 5th Year, Galway)

"For me the first day at school a guy asked me: ‘Do you smoke?’ And I just said: ‘Yeah, yeah, whatever.’ And I just started smoking with him then and went on from that"  (Male, 6th Year, Galway)

A further underlying issue appears to be that smoking continues to have a ‘cool’ or sophisticated image among very young teenagers (13-15 years), who imitate the behaviour of older students, older siblings and parents.

"I always wanted to try it. I thought smoking was cool, all the cool people did it and I would see the older girls in school doing it too"  (Female, 5th Year, Dublin)

"My brother was smoking, my parents were smoking, there were smokes everywhere in the house"  (Female, 6th Year, Galway)

Thus, a teenager’s immediate environment appears to have a major influence on their lifestyle choices and decision-making regarding smoking.

A number of teenagers also reported how alcohol had played a key part in influencing them to try their first cigarette. In particular, some teenagers explained how alcohol in combination with peer pressure encouraged a loss of inhibition, thus prompting experimentation with tobacco.
I was at a party. I had a few drinks and someone offered me a cigarette and I took it. It tasted awful, but the next time I had a drink, I had another cigarette  

(Female, 6th Year, Dublin)

Smoking progression

Teenagers described a typical smoking progression pathway from smoking their first cigarette out of curiosity and/or peer pressure, to becoming an occasional smoker, then frequent smoker and finally becoming a committed smoker.

<table>
<thead>
<tr>
<th>Smoker Status</th>
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</thead>
<tbody>
<tr>
<td><strong>Initiation</strong></td>
</tr>
<tr>
<td>• Characterised by experimentation</td>
</tr>
<tr>
<td>• Try first cigarette and despite negative experience continue to experiment (most often with friends as a social activity)</td>
</tr>
<tr>
<td><strong>Occasional</strong></td>
</tr>
<tr>
<td>• Tend to ‘steal’ or borrow cigarettes from friends/family</td>
</tr>
<tr>
<td>• Smoking behaviour tends to be confined to select occasions (ie. when drinking)</td>
</tr>
<tr>
<td>• May smoke at an agreed time with friends (lunch time/after school etc.)</td>
</tr>
<tr>
<td><strong>Frequent</strong></td>
</tr>
<tr>
<td>• Will smoke several times per week</td>
</tr>
<tr>
<td>• Have designated times per day allocated to smoking (on the way to school, lunch break etc.)</td>
</tr>
<tr>
<td>• Majority of smoking occurs with friends</td>
</tr>
<tr>
<td>• Tend to share the purchasing of cigarettes with friends</td>
</tr>
<tr>
<td><strong>Committed</strong></td>
</tr>
<tr>
<td>• Buy and consume own cigarettes</td>
</tr>
<tr>
<td>• Smoke every day</td>
</tr>
<tr>
<td>• Dedicated times per day allocated to smoking</td>
</tr>
<tr>
<td>• Experiences cravings for nicotine</td>
</tr>
<tr>
<td>• Use smoking as a means to relax</td>
</tr>
<tr>
<td>• Enjoys smoking alone</td>
</tr>
</tbody>
</table>
All teenagers included in the research could be classified as committed smokers as they all purchased their own cigarettes. In general, respondents smoked between five and 10 cigarettes every day and up to 20 cigarettes per day at the weekend. Some respondents reported smoking up to 20 cigarettes a day during the week.

All respondents typically had set times at which they smoke, such as on the way to or from school, during break times, or in the afternoon or evening when they spend time with friends. The majority acknowledged that their parents would not approve of them smoking and for this reason very few smoked at home.

Most teenagers were keen to stress that their smoking behaviour increased at the weekends, with many consuming between 20 and 40 cigarettes per night out. The main explanation for the increase in smoking behaviour was a direct result of the intake of alcohol. Both cigarettes and alcohol were regarded as an important aspect of teenagers’ socialising.

“My problem is that when I’m drinking, I’m smoking. I might give it up for a month, but when I start drinking I just know I’ll be back smoking”  
(Male, 5th Year, Galway)

Access to cigarettes

Many teenagers reported that their first access to cigarettes was through a parent/guardian or older sibling who smoked in the home. Respondents openly reported ‘stealing’ cigarettes from others within their home, in particular during the initiation stage.

One or two teenagers reported that they purchased cigarettes at age 12 from retailers.

“I was able to just say that I’m buying them for my mother.”  
(Male, 5th Year, Dublin)

However, between the ages of 12 and 14, teenagers typically ask older friends or siblings to buy the cigarettes on their behalf.

None of the teenagers interviewed in the survey reported currently experiencing any problems in purchasing cigarettes in shops or newsagents.
Parents’ reactions to teenage smoking

For parents who knew of their son/daughter’s smoking habit, reactions varied somewhat. Most parents were upset and disappointed, with many attempting to persuade their children to stop smoking, highlighting the health effects of smoking. A minority of teenagers reported that their parents adopted more severe measures to dissuade them from smoking, such as imposing a prolonged ban on socialising with friends or forcing a son/daughter to smoke an excessive number of cigarettes in a limited time period.

“Now it’s not a problem anymore, because we would not really be asked for ID anymore” (Male, 5th Year, Galway)

“My parents made me smoke 25 fags. I puked. They just did it with my brother a couple of weeks ago. He’s going on 12” (Female, 5th Year, Galway)

However, none of the approaches proved effective with this audience. This points to the difficulty of the task that parents, schools and public health policy faces in either discouraging teenagers from starting to smoke or encouraging young people to kick the habit. A number of teenagers reported that their parents had reluctantly accepted their smoking habit.

“My parents used to smoke. They pretty much gave me the talk, but they knew it was going to happen anyway. They weren’t mad, because they probably know that would make me want to do it even more. They probably think it’s just a phase, I’m only young at the end of the day” (Male, 5th Year, Galway)
Reasons for smoking

Stress buster

A key issue to emerge from this exercise is that teenagers hold a strong conviction that they ‘need cigarettes to relax’ and that smoking ‘helps them relieve stress’. This supports OTC 2006 research, which reported that 57% of smokers strongly agreed with the statement that smoking is calming and relaxing.5

Many respondents reported using cigarettes to ‘calm their nerves’ in the face of everyday situations they experience as stressful, such as relationships with friends, parents, exam worries etc. This supports research that demonstrated that smoking is very often used as a means to avoid dealing with painful thoughts and emotions. Nigel Vahey (Researcher, NUI Maynooth) contends that such behaviour is ineffective because it simply masks underlying issues.

He states

“.. to the degree that smokers implicitly believe that smoking can enhance their enjoyment and reduce their distress, then they are more likely to engage in smoking as a means of controlling and coping with fluctuating feelings throughout the day.

...Such people who smoke to regulate their feelings whether consciously or unconsciously, become very poorly equipped to cope with distress of any sort without recourse to smoking.”25
Ice breaker
Across all groups, teenagers advocated how smoking had facilitated social interaction and enabled them to meet new friends.

“It’s a great way to talk to boys when you’re out, just ask for a light” (Female, 6th Year, Dublin)

“You make friends from smoking. Like all my friends at school smoke, because we all stand in a group together. So it’s like that’s how you are friends with them” (Male, 5th Year, Galway)

Awareness of health risks
All teenagers were aware of the health risks associated with smoking and spontaneously mentioned the following diseases:
- Lung cancer
- Stroke
- Heart disease
- Clogged arteries
- Fertility problems

However, for the majority, such diseases were viewed as intangible and therefore remote. Teenagers reported that such health problems/diseases would only affect long-term smokers of 25 to 30 years. They perceived little risk from smoking in the short to medium term.

“Sometimes you think about it, but then you go f*** it, I’m still young” (Male, 5th Year, Galway)

Nonetheless, a number of teenagers admitted to experiencing negative health symptoms as a result of smoking, generally feeling ‘less fit’. Some felt an inability to play sports with the same level of energy as before, and others said they felt breathless when walking. Other respondents reported experiencing a morning cough or a cough when exercising.

Some teenagers experienced increased and/or more severe throat and chest infections since they started smoking. However, most ignore these effects of smoking or tend to accept such symptoms as common ‘side effects’. 
(iii) Motivations to quit

Past attempts to quit
Approximately 20-30% of all teenagers interviewed reported trying at some point in the past to quit smoking. The reasons prompting this decision tended to be threefold:

1. **Health Concerns**: Recognition of the negative effects smoking has already had on their health.
2. **Expense**: Smoking recognised to be an increasingly expensive habit.
3. **Loss of perceived allure/sophistication**: Recognition that smoking is less cool or sophisticated than teenagers originally thought.

However, all attempts by teenagers to date to give up smoking were unsuccessful. Teenagers reported a number of factors that impeded smoking cessation, including nicotine withdrawal symptoms, stress, socialising and peer pressure.

Future plans to quit smoking
Teenagers were asked about their intentions to stop smoking. A minority insisted that they would never give up.

“I will smoke my whole life. I cannot imagine not smoking. I enjoy it like”  
(Male, 6th Year, Galway)

However, the majority were of the view that they will at some point give up the habit. In general, teenagers believed that the decision to quit smoking would be linked with a specific life event/life stage. These included:

After the Leaving Certificate

“I think I will give up after the Leaving Certificate because I’ll have to get a proper job then and I won’t be going out as much”  
(Male, 6th Year, Dublin)
Pregnancy

“I’ll smoke until I’m pregnant. That’s the only motivation for me to actually stop smoking”  (Female, 5th Year, Galway)

Becoming parents themselves

“I think I’ll give up when I have kids because, I wouldn’t want to set a bad example”  (Male, Cork, 6th Year)

In addition to specific life stages, a number of respondents acknowledged that they would stop smoking in the event of experiencing a serious illness linked to smoking.

“I think something has to happen to you or someone close to you before you start thinking”  (Female, 5th Year, Dublin)

Some teenagers, both boys and girls, suggested that they would at least consider stopping smoking if it was having a negative effect on a personal relationship, for example, if a girlfriend or boyfriend was bothered by the smell.

“Maybe if I had a girlfriend and I really liked her and she hated the smoke, I might stop”  (Male, 5th Year, Galway)

Girls were also particularly concerned about the potential effect of smoking on physical appearance. For some teenage girls these visible signs of smoking were a potential motivator to stop smoking.

“If I see my teeth going yellow in any way, that’s it, I’m going to quit”  (Female, 5th Year Galway)

A key issue to emerge from the research is a belief on the part of the teenage smokers that they will be able to quit the habit at some point in the future. However, international research indicates that because the majority of smokers continue to smoke for the duration of their lives, this optimism is likely to prove unfounded for many smokers.
(iv) Anti-smoking messages and advertisements

In each group, teenagers were shown a total of six anti-smoking television advertisements, from Ireland, the UK, USA, and Australia. Each of the advertisements was selected on the grounds that they employed different approaches, such as humour, graphic imagery and social embarrassment to specifically target and communicate with young smokers.

Spontaneous recall of anti-smoking advertisements

In each of the groups the advertisements which were consistently recalled were those that employed graphic imagery, with the caption ‘every cigarette is doing you damage’. Although teenagers often failed to recall the specific punch line, many reported the visual image: the depiction of a smoker’s lung filled with tar or a smoker’s aorta clogged with cholesterol. Many remarked on how the image caused them some discomfort. Teenagers often struggled to articulate the specific information conveyed in the advertising but many were able to recall the visually arresting image employed in such advertisements.

“The one where they squeeze all the stuff out of the arteries”

(Female, 6th Year, Galway)

A total of six anti-smoking advertisements were presented to teenage smokers and they were asked to rate each advert on a scale of one to 10 on the grounds of ‘relevance to you’ and ‘effectiveness in encouraging you to think about the risks/effects of smoking’.

Each of the six advertisements had a different core message:

<table>
<thead>
<tr>
<th>Smoking causes mouth cancer</th>
<th>A woman with mouth cancer’s appeal for people to stop smoking. (Source: The Department of Health and Ageing, Commonwealth of Australia 2006)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every cigarette you smoke is doing you damage</td>
<td>Tar being poured on to a healthy lung. (Source: The Department of Health and Ageing, Commonwealth of Australia 2004)</td>
</tr>
<tr>
<td>If you smoke, you stink</td>
<td>Showing a young man being turned off by a smoking girl’s bad breath. (Source: UK NHS anti-smoking campaign 2005)</td>
</tr>
<tr>
<td>There is nothing cool about smoking</td>
<td>NICO’s crib. (Source: Department of Health and Children anti-smoking campaign, Ireland 2004)</td>
</tr>
<tr>
<td>NicoClean – Smoking makes you unattractive</td>
<td>Smoking makes you unattractive (The effect of smoking on skin and looks) (Source: European Commission anti-smoking campaign 2007)</td>
</tr>
<tr>
<td>Confessions of the tobacco industry</td>
<td>Encouraging children not to fall for the advertising of tobacco companies. (Source: US anti-smoking campaign 2006)</td>
</tr>
</tbody>
</table>

The ads that scored most effectively with teenagers were those that employed visually arresting images to depict the health consequences of smoking. The ads that were least effective were those that used parody, such as the ad featuring NicoClean, a mock face cream that turns your complexion ashen, and those that employed abstract visual imagery, such as Confessions of the tobacco industry, where cigarettes are portrayed falling from the sky.

This research shows us how anti-smoking advertising that seeks to engage teenagers can work effectively. However, it can also miss the mark. In this way, it provides tentative guidelines as to the potential pitfalls of future anti-smoking advertising aimed at this group.

Teenagers’ personal reactions to the individual ads presented in each focus group highlighted the difficulty any anti-smoking campaign faces in encouraging teenagers to stop smoking:
“I don’t want to quit right now, I like smoking and maybe sometime in the future but not yet, being honest even the worst of those ads, you would just forget about it and go out and have a cigarette”  
(Male, 6th Year, Dublin)

“It’s a very personal thing and no picture and no advert is going to make you turn around saying: ‘Yes, I will stop smoking’”  
(Female, 5th Year, Galway)

Reaction to anti-smoking advertisement

Smoking causes mouth cancer

The advertisement deemed to be most effective was that featuring a young mother with terminal mouth cancer recounting her personal story to the audience. The image was particularly graphic and proved to ‘unsettle’ many respondents.

One of the main reasons the advert is so effective is that it highlights the potential impact of smoking on a person’s physical appearance. The social embarrassment of the permanent disfigurement appears to cause considerable discomfort to teenagers:

“If I looked like that I would just kill myself, I mean you couldn’t go out anywhere, everyone would be looking at you”  
(Male, 6th Year, Dublin)

Teenagers also acknowledged the fact that the advertisement featured what appears to be a ‘real life cancer smoker’, thus heightening the impact of the message.

“That woman there, it actually happened to her. It’s not an ad trying to be funny”  
(Male, 5th Year, Galway)

However, some teenagers were dismissive of the advertisement on the grounds that they thought it was too extreme and somewhat atypical of the consequences of smoking.

“You would never see someone like that. That just would not happen to you”  
(Male, 6th Year, Cork)
Reaction to anti-smoking advertisement

This advertisement depicted tobacco tar being poured over a healthy lung to convey the health consequences of smoking for one year. The imagery again was deemed to be both graphic and shocking, and teenagers scored the advertisement highly in terms of ‘relevance’ and ‘effectiveness’.

“Some ads will show you pictures of a smoker’s lung, but this one shows you what you are actually doing to your lung. I think that’s the most effective.”
(Male, 5th Year, Dublin)

Furthermore, the advertisement caused teenagers to consider the impact smoking has on their personal health, and in particular the effect smoking might have on their lungs.

“I have been smoking for five years. My lungs don’t have five times that in them, do they?”
(Female, 5th Year, Galway)

Reaction to anti-smoking advertisement

The If you smoke, you stink advertising campaign was specifically aimed at encouraging young adults to give up smoking. This ad featured the interaction between a teenage boy and girl in a pub with the boy approaching the girl to offer to buy her a drink but being turned off by the smell of smoke.

Unsurprisingly, this advertisement had a greater impact on teenage girls. Some girls acknowledged that the scenario depicted in the advertisement was realistic, and that a boy they quite liked could be put off by the odour of cigarettes. In turn, some teenagers could appreciate that smoking may make them less attractive to members of the opposite sex.
“That’s happened to me actually. I was quite embarrassed and it made me feel pretty bad about myself”  
(Female, 6th Year, Dublin)

However, the majority tended to dismiss the advertisement as somewhat contrived, on the grounds that many teenagers who smoke often interact with other smokers in the designated smoking sections of pubs and clubs. The advertisement tended to score only moderately on the metric of ‘relevance’ and was viewed to be considerably less effective than the two advertisements employing more graphic imagery.

“I just don’t think it’s that realistic, I mean most of the people we hang out with smoke and often smoking is a good way of meeting and talking to boys so I don’t think it’s a big problem”  
(Female, 6th Year, Cork)

Reaction to anti-smoking advertisement

Nico’s Crib

Nico’s Crib was an anti-smoking advertising campaign employed in Ireland to specifically target teenage smokers. The advertisement features a mock documentary of a magazine programme (MTV Cribs) where celebrities invite the public on a virtual tour of their home.

In this specific advertisement the mock ‘tour’ takes a sinister twist when the central character Nico (short for Nicotine) reveals himself to be the harbinger of death and disease.

The advertisement was only moderately received and had a limited impact on teenagers. The abstract nature of the narrative appeared to alienate some respondents, with many struggling to understand the plot line and the central message.

The scenario was viewed to bear little relevance to their lives and many struggled to identify with the characters. Respondents were of the view that the advertising failed to communicate a clear anti-smoking message to teenagers.

“There are all these chicks everywhere. It does not send out the right message. It’s like: ‘Look here, I’m a smoker, look what I have’”  
(Male, 5th Year, Galway)

The one aspect of the advertisement that teenagers deemed to be effective was the transition, in Nico’s appearance, which conveyed how smoking can alter a person’s physical appearance over time.

“I like how it gradually shows you what you look like when you smoke”  
(Female, 5th Year, Galway)
Reaction to anti-smoking advertisement

**NicoClean**  
(Source: European Commission anti-smoking campaign 2007)

The NicoClean advertisement used parody to encourage young people to quit smoking. The ad portrays an attractive model applying NicoClean. However, cream turns the beautiful woman’s skin to a grey/ashen colour.

“That ad is totally stupid, it’s like a bad joke but it would have absolutely no effect on me”  
(Male, 5th Year, Dublin)

Again this advertisement was universally rejected as ‘silly’ and infantile. Teenagers reported that the advertisement was not relevant to their personal lives and was therefore ineffective.

The negative response of teenagers to this commercial points to the danger in using parody/humour to engage teenagers, particularly when it endeavours to communicate a serious message. In this instance the attempted parody is clearly ineffective, as the humour fails to engage its target audience.

Reaction to anti-smoking advertisement

**Confessions of the tobacco industry**  
(Source: US anti-smoking campaign 2006)

The Confessions of the tobacco industry advertisement featured an abstract image of a young boy seeing cigarettes raining from the sky and a sinister voiceover apologising on behalf of tobacco companies for targeting young smokers.

The advertisement was universally dismissed on the grounds that it was too abstract. In particular teenagers perceived the advertisement to be of limited relevance to their personal lives.
Reactions to anti-smoking images

In addition to the TV ads, teenagers were also asked to discuss a number of anti-smoking visual images, ranging from the very graphic to the abstract.

The more graphic visual images resonated with teenagers, causing a degree of discomfort but also encouraging a deeper consideration of the effects of smoking on their health.

Again the images that were viewed to be most effective by teenagers were those that were not only graphic but that also demonstrated the effects of smoking on one’s physical appearance. Again, the fear of social embarrassment arising from any potential disfigurement from smoking caused the respondents considerable discomfort.

Images of a more abstract nature, as shown below, were less effective in provoking a reaction from teenagers. It appears that such images have less impact, as they have to work harder to decode the intended message.

(Source: The Department of Health and Ageing, Commonwealth of Australia)
Teenagers’ Recommendations

Teenagers’ ideas for an anti-smoking campaign aimed at peers

During the group discussions teenagers were invited to develop their own ideas and concepts for an anti-smoking campaign aimed at their peers. In addition, teenagers from three schools were asked to design and film their own mock television ad.

The purpose of the exercise was to examine how teenagers would approach the issue of teenage smoking, and to explore the themes that spontaneously emerged from the process.

The in-group exercise, in conjunction with the three mock anti-smoking advertisements, uncovered a number of consistent themes, which can be broadly classified as follows:

Smoking – How it impacts my health
- Smoking affects your fertility (for females)
- You smoke, you risk cancer, blindness, heart conditions
- Smoking leads to an early death and a slow and painful death

Smoking – How it impacts how others see me
- Smoking makes you unattractive to your peers
- Smoking turns your boyfriend/girlfriend off
- You smoke, you’re anti-social

Teenagers reiterated the point that the use of graphic and shocking images was likely to be more effective in communicating the anti-smoking message and ensuring that teenagers take notice.

One group suggested an initiative whereby teenage ex-smokers would be invited to talk to primary school kids about smoking. In particular such an approach would stress the problem of nicotine addiction and shatter the perceived myth that smoking is cool. Such an approach would educate young teenagers on how the majority of young adults want to quit smoking.

It was agreed that teenagers serving as spokespeople to deliver the anti-smoking message would be a more effective approach than employing teachers and/or parents to do so. This appears to be due to the fact that parents and teachers tend to be viewed as authority figures.

“They will listen to people they look up to, not old people”

(Male, 5th Year, Dublin)

Teenagers also suggested redesigning the packaging of current cigarette boxes to include graphic anti-smoking imagery to reinforce the negative health consequences of smoking.
Conclusions

Teenage smoking – multiple intervention strategies

Anti-smoking advertising alone is likely to prove ineffective in preventing teenagers from starting or stopping smoking, as several factors influence young people to smoke.

A multi-interventional approach is required to effectively address the issue of teenage smoking. The WHO Report on the Global Tobacco Epidemic 2008 provides such a roadmap through MPOWER, a package of six effective tobacco control policies, namely:

- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising promotion and sponsorship
- Raise taxes on tobacco

In Ireland, considerable progress has been made among policy makers and key partners (Office of Tobacco Control, ASH Ireland, Irish Cancer Society, Irish Heart Foundation, Trade Union movement and the wider medical community) to address smoking prevalence.

- Tobacco sales have been banned to children under 18 years (2000)
- Advertising, sponsorship and promotion have been banned (2000)
- Nicotine Replacement Therapy is free to medical card holders (2001)
- The Research Institute for Tobacco Free Society was established (2001)
- The Office of Tobacco Control was established (2002)
- National Smokers Quitline was expanded & re-launched (2003)
- Smoke Free at Work legislation was implemented (2004)
- Framework Convention on Tobacco Control was established (2005)
- ‘Point of sale’ advertising was banned (2007)
- Ten pack cigarettes were abolished (2007)

Source Irish Cancer Society April 2008

However, the fact that almost one quarter of the population and one fifth of Irish 15-year-olds continue to smoke points to the need for ongoing vigilance in what the WHO describes as a global epidemic. As Dr Michael Boland (Chairman of OTC) states in the 2007 report:

“I believe the time is now right, as we move into the next phase of the struggle against the tobacco epidemic, to widen and deepen civil society involvement. In particular the cultural and sporting organisations in Irish life that for many years played such an important role in sustaining our local communities and enhancing the health of our young people, should now be invited to engage and contribute their expertise towards a shared vision of a tobacco free society.”
Individual-school-family dynamic

A critical component in addressing the issue of teenage smoking is the relationship between the child, the school and home environment in establishing and reinforcing positive attitudes and behaviour concerning personal health.

Health information concerning the effects of smoking will not be sufficient to discourage children from starting to smoke or encourage teenagers to stop.

This research clearly indicates that teenagers were well informed about the health consequences of smoking from parents and school alike but that they chose to start smoking anyway.

As with the previous 2007 Way2Go report, this research tells us that awareness and knowledge of a healthy lifestyle must be supported by a home and school environment that encourages children to choose healthier lifestyles through active involvement in team sports, advice on ways of coping with emotional difficulties, increased monitoring of smoking behaviour, and increased penalties/reprimands for misbehaviour.

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**Home**
- Encourage healthy lifestyle
- Avoid smoking in the presence of children
- Minimise access to cigarettes
- Reward healthy behaviour

**School**
- Encourage team sports
- Provide education using graphic imagery on the effects of smoking on health and appearance
- Provide education on coping mechanisms for emotional stress
- Use older teenage ex-smokers to address younger students about the addictive nature of tobacco
- Strict monitoring of smoking behaviour in schools

**Individual**
- Healthy outcome
- Active participation in sports/exercise/activities
- More effective coping mechanism to manage stress
- Reduce prevalence of smoking behaviour

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Healthy outcome
- Active participation in sports/exercise/activities
- More effective coping mechanism to manage stress
- Reduce prevalence of smoking behaviour

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The voice of young people
A Report on Teenagers’ Attitudes to Smoking

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