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Young adults' experiences of neighbourhood smoking-related norms and practices: A qualitative study exploring place-based social inequalities in smoking

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ABSTRACT

In this qualitative exploratory study we asked how smoking among young adults relates to the local neighbourhood context to better understand place-based social inequalities in smoking. We used data collected through focus groups with young adults from four economically diverse neighbourhoods in Montreal, Canada. Using the collective lifestyles framework to guide data analysis, we examined within and between neighbourhood social norms, practices, and agency. We found that some smoking-related social norms, practices and agency were particular to neighbourhoods of the same socio-economic status (SES). For example, permissive smoking-related social norms in low-SES neighbourhoods made it difficult to avoid smoking but also reduced local experiences of smoking-related stigma and isolation. In high-SES neighbourhoods, strong anti-smoking norms led to smoking in secret and/or amidst 'acceptable' social settings. Findings may inform future investigations and local-level interventions focused on this age group.

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1. Introduction

Smoking prevalence in many industrialised countries has declined significantly in recent decades (Corsi et al., 2014). Nevertheless, it is still responsible for 21% of all cause mortality in Canada (Généreux et al., 2012). Furthermore, the burden of smoking is not equally distributed across all members of society but instead follows a steep social gradient (Généreux et al., 2012). In Canada, smoking prevalence and initiation is highest among young adults (aged 20–34 years) in comparison to other age groups (Statistics Canada, 2017). Smoking prevalence and initiation among young adults is also unequally distributed according to socio-economic factors such as education and neighbourhood-level deprivation (Hammond, 2005). This is worrisome because it is during this developmental stage that life-long health-related practices and behaviours, such as smoking, are often established (Biener and Albers, 2004; Hammond, 2005). What is more, prolonged cigarette use from young adulthood significantly reduces life expectancy (Doll et al., 2004). Therefore, it presents the ideal opportunity for smoking prevention strategies.

Existing research has revealed that smoking is spatially patterned and tends to be concentrated in neighbourhoods categorised as low-socio-economic-status ([SES] Généreux et al., 2012; Pearce et al., 2012). Pearce et al. (2012) have identified neighbourhood social practices and area-level policies as key pathways linking neighbourhood-level disadvantage and smoking. Nevertheless, because neighbourhood influences on health behaviours such as smoking are inherently complex, we require more nuanced and theoretically driven understandings of how and why the relationship between smoking and place exists to address social-spatial inequalities in smoking among young adults (Frohlich et al., 2001; Pearce et al., 2012). The collective lifestyles framework offers a theoretical grounding from which to undertake such an exploration (Frohlich et al., 2001). It situates smoking as a social practice intertwined with local smoking-related norms, social structures, and agency rather than an individual behaviour

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(Frohlich et al., 2001). We drew on the collective lifestyles framework to examine young adults' experiences of smoking-related norms, practices, and agency in their neighbourhoods and compare across neighbourhood-level SES to better understand social-spatial inequalities in smoking among this age cohort.

2. Background

For the last 15–20 years, population-level tobacco control strategies (e.g., media campaigns, smoke free legislations, and restrictions on the sale of tobacco products) have aimed to protect the population from the harms of tobacco by reducing smoking prevalence and exposure to second-hand smoke (World Health Organization [WHO], 2003). For instance, in Quebec, Canada, a notable comprehensive tobacco control policy was implemented in 2006 that restricted smoking in public spaces such as in restaurants, bars, and workplaces (Quebec National Assembly [QNA], 2006). It was amended in 2015 to include restrictions in cars with children present, on bar and restaurant terraces, in playgrounds, and within a nine-meter radius of all public and private entrances/exits (QNA, 2015). Beyond the intention of protecting the public, tobacco control policies have also functioned to de-normalize smoking (i.e., change public perceptions of smoking from acceptable to deviant; Bayer and Stuber, 2006; Graham, 2012). Although these policies have received praise from the public health community, their broad reach has primarily benefited the middle class 'majority' and thereby excluded other, often vulnerable, social groups that comprise the remainder of the population (Frohlich and Potvin, 2008; Hill et al., 2014). As an unintended consequence, social inequalities in smoking have increased in the decades since the 1960s (Corsi et al., 2014).

Some researchers have suggested that tobacco control policy and de-normalization of smoking has fuelled smoking-related stigmatisation and isolation. For example, smoke-free zones created through public policies have 'put smokers in their place,' that is either on display (e.g., stoops of buildings) or hidden away in undesirable locales (Poland, 1998). Thompson et al. (2007) used the metaphor of "smoking islands" to highlight the geographic and symbolic segregation of people who smoked. The authors argued that this kind of "reverse ghettoization" functioned to protect the middle classes from the infiltration of practices and "dirt" from the lower/working classes (Thompson et al., 2007, p. 511). This isolation-stigmatisation spiral can be particularly pronounced among already vulnerable people, contributing to a double burden of poverty and smoking (Bayer and Stuber, 2006; Frohlich and Potvin, 2008; Thompson et al., 2007). Not all research has supported these findings, however (Tan, 2013). Tan (2013) reported that young adults who smoked transformed smoking zones into enabling spaces of socialization and belonging.

Neighbourhood-level pro-smoking norms, often found in low-SES neighbourhoods, have also created social pressures that made it difficult for residents to avoid smoking. This has strengthened the smoking-poverty connection and worsened the burden of smoking in these sub-populations (Thompson et al., 2007; Lewis and Russell, 2013). Neighbourhood pro-smoking social norms have also resulted in residents feeling "trapped" by or fatalistic toward smoking (Lewis and Russell, 2013; Pateman et al., 2016). Conversely, "healthy living" discourses can permeate citywide smoking-related norms and create an environment hostile to smoking, as Haines-Saah et al. (2013) reported in Vancouver, Canada. Young adults felt these norms could have been a source of motivation to quit but also of shame and exclusion if one was unable to successfully do so (Haines-Saah et al., 2013). Poland (2000) examined smoking-related social norms and practices in public spaces, and the interactions between smokers and non-smokers in Toronto, Canada. He found discourses of consideration based on neo-liberal values (Lupton, 1995) were "a powerful organizing logic for the internalization of codes of conduct and self-control with respect to smoking in public" (Poland, 2000, p. 2). Being a "considerate smoker" enabled people to participate in the "purification of public space" and avoid stigmatisation, feel good about their smoking, and demonstrate self-control, alignment with social expectations, and responsible citizenship (Poland, 2000, p. 12). Gough et al. (2013) reported similar findings in their study of smokers from a disadvantaged community in the United Kingdom.

Research focused specifically on smoking related social practices and norms among young adults is relatively sparse. What is known, is that young adults commonly engage in social smoking, that is smoking predominantly in social settings, among friends, and when alcohol is involved (Biener and Albers, 2004; Nichter, Nichter, Carkoglu, Lloyd-Richardson, & the Tobacco Etiology Research Network, 2010). Social smoking is frequently reported as part of early smoking trajectories (seen among adolescents and young adults; e.g., Biener and Albers, 2004; MacFadyen et al., 2003; Nichter et al., 2010). Smoking socially can provide an avenue for young adults to experience abandon and temporary relief from the restrictive norms of everyday life with little stigma attached (Nichter et al., 2010). What is more, social smoking does not necessarily entail that young adults adopt a smoker identity and, in fact, many maintained that they were non-smokers even if they smoked in social situations (e.g., 'Phantom Smokers; ' Choi et al., 2010). This provides a way for young adults who smoked to embody two opposing discourses at once: that is, personal risk management and youthful rebellion (Brown et al., 2013; Haines-Saah et al., 2013; Lupton, 1995). While this research has revealed some of the particularities of smoking among young adults, it has not addressed how these might relate to social inequalities in smoking among this age group (Hammond, 2005). The majority of the scholarship on young adults has been conducted on college campuses or among highly educated or high-SES participants (e.g., Biener and Albers, 2004; Nichter et al., 2010; MacFadyen et al., 2003) and therefore may not be representative of the experiences of young adults from across the social spectrum. Given the importance of this life stage for tobacco control intervention, we need to better understand the smoking-related smoking practices, norms, and agency and consider the impact of differing social circumstances to create policies that can address social inequalities in health among this age group.

2.1. The collective lifestyles framework

We used the collective lifestyles framework to investigate smoking as a social practice, reflective of group norms and perceptions, which shape and are shaped by the social structure of context (differently, based on people's level of agency; Frohlich et al., 2001). The collective lifestyles framework provided a heuristic for understanding the social meaning of smoking while highlighting the recursive relationship between behaviour and context (e.g., neighbourhood). It includes: (1) social practices; (2) social structure; and (3) agency (Frohlich et al., 2001). Social practices are what we do (i.e., health behaviours) and also how and why we do these things (Giddens, 1984). They are the actions that arise from and transform our world. Social structures are "the rules and resources in society" (Frohlich et al., 2001, p.781; Giddens, 1984). Examples of rules and resources regarding smoking include local smoking norms and codes of conduct such as smoking bans, presence or absence of tobacco retailers, and public ashtrays. Agency represents people's capability to transform social structures through social practices (Giddens, 1984), for example restaurant and bar owners may construct shelters for smokers outside of their

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