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"It is just not part of the culture here": Young adults' photo-narratives about smoking, quitting, and healthy lifestyles in Vancouver, Canada

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ABSTRACT

In this article we consider young adults' photo-narratives about smoking and quitting and their linkages to themes of healthy lifestyles and the culture of place in Vancouver, Canada. Drawing from a pilot study using participant-driven photography with a group of twelve young women and men ages nineteen to twenty-six, participants' visual and narrative representations of being a smoker and the process of quitting smoking were analyzed. Findings suggest "healthy lifestyle" imperatives within the Vancouver context may be productive for facilitating cessation, but may also have exclusionary effects.

1. Introduction

In Canada, national survey data indicates that tobacco use has seen an overall decline in the past decade, yet the 20–24 age group continues to have the highest number of current smokers with rates at 24% for males and 20% for females (Health Canada, 2010). The early adult years are a critical period for tobacco interventions as this is when many non-daily smokers are most likely to establish habitual use (Lantz, 2003). Compounding the problem is that young adults are under-served by prevention and cessation programming, hold negative perceptions of interventions, and are resistant to accessing formal supports for quitting (Hammond, 2005; Bader et al., 2007; Solberg et al., 2007). Yet compared to the literature on adolescent smoking, qualitative research specific to tobacco use during young adulthood has been quite sparse. To address this knowledge gap we undertook a pilot study in Vancouver, Canada that employed participant-driven photography to access young adults' experiences of quitting tobacco. The findings from the photo narratives speak to the significance of health lifestyles and place, in particular how participant's perceptions of a localized discourse on "healthy living" in Vancouver has influenced their experience of being a smoker and their attempts at cessation.

1.1. Vancouver and the culture of healthy living

Vancouver, a city located in the south-western corner of Canada, has been very successful in promoting itself as a place with a healthy lifestyle. "Health", in the case of Vancouver, the city, proper, and also its neighbouring municipalities within the Metro Vancouver Regional District, is defined in terms of a lifestyle oriented to access to the natural environment (ocean, mountains and forests), outdoor activities, and sport. This emphasis on healthy lifestyles is a key factor in ranking Vancouver as one of the world's "Most Liveable" cities (Economist Intelligence Unit (EIU), 2011) and one of Canada's "Healthiest Cities," with low rates of obesity and high rates of physical activity (Johnson, 2009). As Tourism BC (British Columbia) promotes it, the coastal City of Vancouver combines the "sophisticated amenities of a world class city" with nearby access to outdoor adventure such as snowboarding, kayaking, hiking (Tourism, 2011). Indeed, Tourism BC's website urges visitors to the City partake of what they term the "West Coast Special"—skiing in the morning and sailing in the afternoon (Tourism, 2011).[1]

[1] B.C.'s "west coast lifestyle" is described as being "based in large part upon outdoor activities, includes such activities as running for exercise, commuting to work by bicycle, kayaking in the nearby waterways, hiking in the surrounding mountain ranges, skiing in the mountains at Cypress and Whistler, taking yoga classes, visiting spas, hitting the links and playing organized sports like baseball or soccer." (Veenstra 2007, p. 29).

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Alongside the emphasis on healthy living has been the implementation of extensive provincial and municipal smoking restrictions. In addition to Provincial bylaws in British Columbia forbidding indoor smoking in establishments such as restaurants and bars, the City of Vancouver has banned smoking on outdoor restaurant and bar patios, and as of September 2010, smoking was also prohibited in over 200 outdoor public places, including parks, beaches, golf courses and playgrounds (Vancouver Park Board, 2010).[2] As noted by Collins and Procter (2011), in addition to providing protections from exposures to environmental tobacco smoke, such spatial restrictions are significant for denormalizing tobacco use as they tend to "push" smokers into less desirable public spaces and send "a further message about smoking's declining social status" (p. 922).

Yet it is significant that not everyone in Vancouver is equally empowered by the city's options for healthy living, as low rates of smoking and high rates of "livability" are accompanied by poor housing affordability (Mertl, 2012), a provincial minimum wage that until 2012 was the lowest in Canada (CBC News, 2012), and the country's highest rates of poverty and child poverty (Ivanova, 2011). The notion of Vancouver as the "most liveable" city is further challenged when considering the city's Downtown Eastside (DTES), "a community known for the largest and most heavily concentrated open illicit drug use scene in North America" (Shannon et al., 2008a, p. 912).The compounded effects of structural inequities and interlinked conditions of homelessness, a street-based survival sex trade, and high rates of substance use in the DTES neighbourhood have been well-documented (Shannon et al., 2008a, 2008b; Bungay et al., 2012).

1.2. Smoking, place, and collective lifestyles

There is long-standing evidence to suggest the importance of area-effects for understanding tobacco use (Stead et al., 2001). As described in a review paper by Pearce et al. (2012) when examining the relationships between place and smoking the research has focused variously on how smoking is influenced by social capital (as place-based features of communities or neighbourhoods), or social practices (shared social norms or culture), can operate as social contagion (networks of peers and contacts that "spread" smoking), or as a response to social stress at the neighbourhood-level (relationship between crime, disorder and stress). Social or group-level pathways to cessation have also been studied in terms of place-based regulations, especially smoking bans and smoke-free legislation in public and private places, and local constraints on tobacco retailing, availability and advertising. In their review of socio-spatial perspectives on smoking and tobacco control, Collins and Procter (2011) assert that we need to consider the interplay between social norms and spatial rules (policy restrictions) on tobacco use, particularly as people who smoke may accept or reject such formal restrictions on their smoking (i.e. that the existence of rules and norms does not dictate compliance).

Poland's work (2000) was perhaps the first to employ qualitative methods to consider how power relations have influenced the shifting social acceptability of smoking and social interactions around tobacco use within public places. His work was critical for showing that beyond adhering to formal restrictions people who smoke enact a discourse of consideration for non-smokers as a strategy for sociability and inclusion when smoking in shared spaces. Since then, other critical scholarship exploring the shifting social geographies of smoking has highlighted how tobacco control's emphasis on public smoking restrictions has had uneven effects across places and population groups. Thompson et al. (2007) have suggested the concept of "smoking islands" to describe the persistence of smoking within socioeconomically disadvantaged contexts where people are subject to "dual stigmatization" (i.e. of being a smoker, of living in poverty). In the context of their qualitative research in New Zealand, they illustrate how tobacco control can inadvertently reinforce smoking, creating pockets of resistance where people frame their smoking as countering the moral emphasis on being "healthy" and the stigma they perceived in anti-smoking restrictions. In this case, it is clear that in certain socio-spatial contexts tobacco control may have the unintended effect of creating a context where "smoking is more accepted, either because of an active sense of resistance on the part of disadvantaged smokers, or a sense of helplessness in their inability to quit" (Bell et al., 2010, p. 797).

In seeking to examine how discourses on healthy living influence the experience of being a smoker and attempts at cessation among young adults living, working and/or attending school in the City Vancouver, this article draws on the work of those who have emphasized the importance of social context and power relations in tobacco research (Poland et al., 2006; Frohlich et al., 2010, 2012). Critical public heath scholars have long problematized the definition of health as a lifestyle "choice," highlighting how structural inequality delimits choice, the moral economy of health behaviours, and the socially constructed imperative of individual responsibility for engaging in healthy lifestyles (e.g., Lupton, 1995; Petersen and Lupton, 1996; Nettleton, 1997). In the context of tobacco control, positioning smoking as a lifestyle choice is premised upon the capacity of individuals to engage in self-motivated behavioural change and therefore defines the inability (or unwillingness) to quit as incapacity or resistance to caring for oneself.

A useful approach to theorizing how young adults' experiences of smoking and quitting tobacco may be shaped by healthy living imperatives within Vancouver, is provided by the heuristic of *collective lifestyles* as developed by Frohlich and colleagues (Frohlich and Potvin, 1999; Frohlich et al., 2001). As a response to social epidemiology's emphasis on "disease contexts," collective lifestyles are defined as not solely the individual behaviours that affect disease status, but as a collective attribute to reflect the relationship between people's social conditions and their practices. As such, the notion of collective lifestyles offers an analytical tool to unpack how smoking is a practice embedded in place, and to consider how aspects of the local contexts may deter or facilitate tobacco use. This entails a recursive relationship between social location and practice, wherein health behaviours are shaped – rather than dictated by – sets of localized practices. Drawing from Giddens (1984), Frohlich and colleagues have argued for consideration of how smoking is practiced within different socio-spatial contexts in terms of the "rules and resources people draw on to smoke, or not, and the ways in which people through their practices reinforce these rules and resources" including, "the places in which people smoke, who is smoking together, and how smoking is perceived" (2001, p. 793–794). As other structurally-oriented health lifestyle theorists have noted, interventions for smoking cessation have been premised

[2] In Canada restrictions on public smoking are mandated by the Federal Tobacco Act which forbids smoking in Federal buildings and sites. The Province of British Columbia Tobacco Control Act bans smoking: in any fully or substantially enclosed public place or workplace, within 3 m of most public or workplace doorways, in transit shelters, in the common areas of shared dwellings, on all public and private K-12 school grounds, and in motor vehicles when youth under 16 years of age are present (British Columbia Ministry of Health, 2012). As of 2012, the regional district of Metro Vancouver (comprising 22 municipalities including the City of Vancouver) also banned smoking in regional parks and greenways (Metro Vancouver, 2012). The City of Vancouver has a comparatively lower rate (12.3%) of smoking compared to other regions of the province such as the Interior or Northern regions, where smoking prevalence is 17.0% and 22.8%, respectively (BCStats, 2009).