

**Where there's smoke, there's more smoke:
The social settings and friendship interactions that encourage
young adults to smoke cigarettes**

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Abstract

Despite widespread public health campaigns in Western countries people continue to smoke cigarettes and more worryingly, young people continue to take up the habit. In this thesis it is argued that cigarette smoking practices for young adults can be understood in terms of contributing to their sense of identity construction through friendship interactions and sociability. Data collected from email administered surveys and snowball sampling techniques, alongside secondary data from the National Drug Strategy Household Survey (2007), inform the research undertaken in this thesis and the results support the social benefits hypothesis in explaining why young adults smoke cigarettes. This study thereby suggests that in order for anti-smoking initiatives to be more successful in tackling the smoking habits of young adults additional research is required in identity formation, interactive factors and sociability factors that affect cigarette smoking practices of young adults.

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Abbreviations

ABS – Australian Bureau of Statistics

AIHW – Australian Institute of Health and Welfare

ASSDA – Australian Social Sciences Data Archives

BAT – British American Tobacco Company

NDSHS 2007 – National Drug Strategy Household Survey 2007

Chapter 1 – Introduction

Cigarette smoking is the most researched health risk factor in the history of medicine and the health consequences of smoking are well documented (Brigham, 1999; Rugkåsa et al., 2001; Fry et al., 2008, p. 763). The causal relationship between cigarette smoking and lung cancer has been known since 1950 (Doll and Hill, 1950), and health research has since revealed that cigarette smoking is addictive and a risk factor for many fatal diseases (see, for example, Doyle et al., 1964; Slattery et al., 1989). Despite the well documented health effects of cigarette smoking and widespread public health campaigns in Australia and the Western world, people continue to smoke, and, more worryingly, young people continue to take up the habit. The statistics demonstrate that cigarette smoking is a global problem. Globally, more than 1 billion people smoke (Alwan, 2009, p. 13). Over 5 million people die annually from smoking related illnesses and The World Health Organisation predicts that this year, the number of deaths will increase to 6 million people (Alwan, 2009, p. 50). In Australia 8 million people have smoked at some point in their lifetime, 3.3 million people currently smoke daily and in 2003, 15,511 people died from smoking related illness (Begg et al., 2008; Begg et al., 2003 cited in Scollo, 2009, p. 1). The social costs to Australia in 2005 related to tobacco consumption exceeded \$31 billion (Collins and Lapsley, 2008). This is despite the fact that Australian tobacco control policies are among the world's most successful in increasing awareness of the health dangers associated with cigarette smoking as well as in decreasing consumption (Chapman and Wakefield, 2001; Wakefield et al., 2008). The savings associated with the reduced consumption of cigarettes in the past thirty years are estimated to be approximately 400,000 premature deaths (Taylor and

Clements, 2003) and \$8.6 billion (Ministerial Drug Council Strategy, 2004, p. iii).

Although these savings are real smoking remains a problem and until recently was the leading cause of preventable death in Australia (Letcher, 2009, p.5). It is possible that in the future we may see a tobacco-free world. However, more effective strategies need to be implemented in order to prevent individuals commencing and then continuing to smoke cigarettes. This possibility motivated the current research project. Through increasing understanding surrounding cigarette smoking practices of young adults, more effective strategies can be implemented to prevent future tobacco related health problems.

Cigarette smoking practices are a multidisciplinary concern and psychological and neurobiological approaches often discuss cigarette smoking in terms of addiction and nicotine dependency. These approaches lack explanatory value in explaining why people commence cigarette smoking and how smoking practices continue. In 1996 the Australian Federal government introduced a national tobacco campaign that aimed to engage principally with young adult smokers (Hill and Carrol, 2003 cited in Woodward and Kawachi, 2003) yet young adult smoking prevalence in Australia is still higher than all other age groups (AIHW, 2008, p. 15). Additionally, the introduction of the 'Smoke-free Environment Act' in New South Wales restricts the public locations that cigarette smoking is permitted (Smoke-free Environment Act, 2000). In this thesis it is argued that for young adults, sociological factors are at play that promote cigarette smoking positively and social settings and friendship interactions contribute to smoking practices. That is, young adults commence and continue to smoke with their friends and while socialising despite the restrictions associated with 'smoke-free areas'.

There is no shortage of academic and governmental literature regarding smoking practices. There is a gap in the literature that neglects the cigarette smoking experiences of young, urban dwelling adults, both male and female, since the introduction of ‘smoke-free environment’ legislation. More specifically, in relation to how cigarette smoking can be viewed as beneficial in sociable scenarios, particularly through the establishment and continuation of friendships in early adulthood when lifestyles, independency, income and responsibilities are all changing. A debate continues within existing sociological smoking practices literature and this research will argue that cigarette smoking is socially beneficial for friendship and sociable interactions through identity construction as well as providing ‘material content’ for sociable interactions (Simmel, 1949, p. 255) through the consumption of cigarettes. These theoretical approaches will be explored through the theoretical overview (chapter 2) of this thesis.

In order to understand how sociability and identity theories contribute to the cigarette smoking practices of young adults, the questions around which this research is based are: when, where, with whom and thus why young adults smoke cigarettes? ‘Non-smokers’ were not addressed in this research as this thesis aims to understand how experiences of smokers contribute to cigarette smoking practices of young adults. The statistics demonstrate that although cigarette smoking remains a problem, more people do not smoke than smoke, including young adult non-smokers and this has remained true since 1980 (AIHW, 2008, p. 15; ABS, 2009; Cancer Council, 2010). This thesis does not argue that sociability and identity construction are not important for non-smokers but instead, cigarette smoking involves a personal choice to smoke and with whom an individual smokes in order to achieve the positive sociable and identity related

implications of smoking cigarettes. As similarly, not smoking and with whom an individual socialises are also choices for non-smokers. Also, 'non-smoker' and 'smoker' were not terminology used for participation criteria for the primary survey undertaken in this research and alternately, participants need only have smoked 'at least one cigarette in their lifetime'. This was to ensure that the experiences of individuals who smoke but are not medically defined as nicotine dependent were also addressed.

A mixed-methods approach has been adopted in this research. A survey was constructed comprising closed and open ended questions that aim to gain insight into the cigarette smoking practices of young adults through investigating their experiences. The qualitative data collected from the open ended survey questions are valuable in exploring the details of young adults' experiences as well as developing sociological theory and future empirical research directions. In addition to the data gleaned from the primary research, secondary data analysis of the Australian National Drug Strategy Household Survey (NDSHS 2007) will be used in this thesis to determine population variances as accompaniment to the individual experiences outlined in the primary, qualitative survey data.

Therefore, there are four hypotheses that define this research. These include: firstly, that cigarette smoking is defined by young adults who smoke as an individual, voluntary decision; a combination of choice and control. Secondly, that there is a perception amongst young adults who have consumed at least one cigarette in their lifetime that smoking promotes sociability. Thirdly, that there is a trend for young adults who do not

define themselves as ‘smokers’, to consume cigarettes in social settings and with their friends to achieve social belonging. And lastly, that young adult daily ‘smokers’ will report they smoke more in social settings as part of constructing their identity within their friendship networks.

Cigarette smoking is socially beneficial for young adults in a Western context through identity construction theories, friendship interactions and sociability. This investigation will potentially be useful for the development of more effective social policies for tobacco control and thus aims to reduce tobacco related health, social, and economic costs in the future.

Chapter 2 – Theoretical Overview

There is an abundance of academic literature in existence that investigates cigarette smoking practices, in particular *why* people smoke cigarettes. In Western countries, this research is commonly motivated by high consumption of cigarettes despite studies indicating that those who smoke cigarettes are aware of and understand the health risks associated with cigarette smoke and tobacco products (Denscombe, 1999; Denscombe and Drucquer, 1999; Denscombe, 2001a). More worryingly, young people are curious to try cigarettes (Fry et al., 2008, p. 768) yet are not satisfied with one experimental puff and will often develop a smoking habit despite their knowledge about the addictive nature of cigarettes and the health risks associated with them (Denscombe, 2001a, p. 171). Commonly, theorising surrounding smoking practices differentiates adult and youth smoking habits as being profoundly distinct. Adults smoke for personal reasons while youth smoking practices are highly influenced by social factors (Rugkåsa et al., 2001, p. 593). Young adults are often bundled into youth theories or adult physiological dependency approaches when a combined approach may be the most beneficial in explaining young adults' smoking practices.

In order to understand questions regarding young adult smoking practices, this theoretical overview is organised into four sections. The first is a discussion about how identity construction in the context of late modernity may affect cigarette smoking

practices. The second presents the notion of sociability and smoking practices in the context of late modernity as either socially beneficial for smokers or socially exclusionary or isolating. The third section explores social structural approaches to cigarette smoking practices which tend to differentiate ‘smokers’ from ‘non-smokers’ in terms of their education, gender, race or income. Lastly, the concepts of identity construction and the sociability of cigarette smoking will be developed to explain young adult smoking practices and how friendship interactions are involved in the cigarette smoking practices of this cohort.

2.1 – Identity construction and cigarette smoking: Hot or not?

Sociological inquiry in recent decades has seen a trend that concentrates on the experiences and autonomy of individuals in society, theories previously dismissed as ‘presumptuous and contradictory’ (Beck and Beck-Gernsheim, 1999, p. 159). However, social structural influences have not become entirely obsolete as individualism and identity have gained importance in sociological thought (Denscombe, 2001a, p. 160). The concept of the construction of identity has also gained increasing support as greater emphasis is placed on individual responsibility and choice in determining ‘who we are’ and ‘how we want to live our lives’ (Mitchell, 1997; Frankham, 1998; Parker et al., 1998; Denscombe, 2000), or, as Giddens (1991) proposes, “we are not who we are but what we make ourselves” (Giddens, 1991, p. 75). Moreover, how we present our social self determines who we are and how other people see us. Goffman’s (1959) concepts of ‘performativity’ and ‘the presentation of self’ are intrinsically entwined with notions of identity construction.

Humans are socialised to aim to present themselves in ways that are advantageous for themselves. When individuals smoke cigarettes in a social setting they are arguably 'putting on a performance' and thus constructing their identity. Firstly, identity is constructed through labels such as 'smoker', 'social smoker' (or alternately, 'non-smoker') that have been argued hold connotations of socially defined attributes such as being 'in control', 'cool', 'hard', 'tough', 'grown-up' (Denscombe, 2001a, p. 164-166) or 'glamorous' (Gilbert, 2007). Fry et al. (2008, p. 764) argue that the desire to be 'cool' and the associated impacts of cigarette smoking are not merely adolescent phenomena as youth studies scholars tend to argue, but remain relevant for the construction of young adult identities also. These connotations rely on cigarette smoking holding some kind of value socially. For Bourdieu (1984) cigarette smoking would represent 'symbolic capital' and it is through cigarette smoking that young adults can establish themselves within social settings as possessing conceivably favourable traits.

The social context within which young adults find themselves at the start of the twenty-first century is filled with ambiguity as 'certainties of the past' such as tradition, custom and ascribed identity become decreasingly prescribed (Denscombe, 2001a, p. 159-160). Denscombe (2001a) argues that young people in the United Kingdom use cigarette smoking practices as a coping mechanism for dealing with the uncertainty surrounding their identities which the context of late modernity in Western societies necessitates. His position also reiterates the notion of choice amongst these young people and how smoking practices can be personally beneficial in the construction of identity in the

‘uncertain’ context that is late modernity. He also argues that this choice is a means of feeling in control through calculated risk. An important theme in Denscombe’s (2001a and 2001b) work is that the conditions of late modernity and the construction of identity generally rely upon human agency assuming significance in relation to social structure (Beck, 1992 cited in Denscombe, 2001a, p. 160). Therefore according to this perspective, individualism and more specifically choice as well as autonomy play vital roles in the lives of young people in a Western setting in the ‘existentially troubling’ context of late modernity (Giddens, 1991, p. 21 cited Denscombe, 2001a, p. 161). Thus, cigarette smoking is often used as a tool to manifest an individual’s autonomy, control and freedom of choice.

Although Denscombe (2001a) argues the context of late modernity fosters uncertain identities, he also admits racial stereotypes remain an issue and impact on smoking practices of young people. The symbolic significance of cigarettes for young people holds a variety of meanings, one of which can be ‘coolness’ or ‘toughness’ and thus, as Denscombe’s (2001a) study reveals, cigarettes are used as a compensatory tool for permanent visual characteristics. ‘Asian’ participants acknowledged their smoking practices were often adopted in a bid to look ‘cool’ or ‘tough’ like the ‘black’ or ‘white’ students (Denscombe, 2001a, p. 164-166). Cigarette smoking therefore carries social value in presenting the self or an image to their peers.

Research on gender differences in cigarette smoking practices similarly identifies the presentation of the social self and identity construction as a compensatory tool for what

being female stereotypically implies in a Western context. Statistical research has revealed that adolescent girls are more likely to smoke in Western countries than their male counterparts (Swan et al., 1988). Moreover, this adolescent trend commonly extends into adulthood and may affect addiction later in life as experimentation develops into habit (Gilbert, 2005, p. 227; Choi et al., 2001, p. 314). Daykin (1993) argues in a study conducted in the United Kingdom that young women face pressures from social structural divisions that prompt them to smoke cigarettes. She explores smoking as a rational response to real pressures (Daykin, 1993, p. 96). Oakley, Brannen and Dodd (1992) similarly argue that the gendered approach to adolescent populations in the developed world stems from differing material circumstances and life stresses, however, they also point to the importance of exploring individual autonomic establishment and its association with cigarette smoking practices of young people generally. An Australian context is explored by Banwell and Young (1993) who argue that cigarette smoking plays a role in the presentation of a social self for young women in constructing a social identity representative of a stereotypically 'bad' woman. A recent example is Gilbert's (2005) work which addresses risk, stress relief and social interaction benefits which she argues is gendered in adulthood. Gilbert (2007) also explores how adolescent smoking practices are seeing a rise in early smoking initiation in young women and relates perceptions of 'glamorous' identities to 'fashion' while pointing to the problematic nature of 'choice' and tobacco control (Gilbert, 2007). Although the aforementioned gender research fails to reach consistent conclusions surrounding the nature of femininity and cigarette smoking for young women, the presentation of a social self and the nature of womanhood have been explored and established as feasible determinants for gender differences in cigarette smoking

practices. These perspectives however, tend to ignore the pressures faced by young males and the different meanings they associate with cigarettes.

Gender or racial image distinctions for Scheffels (2009) are superfluous and instead she categorises characteristics of 'smokers' and their identities into three forms; 'performative smokers', 'defensive smokers' and 'negotiating smokers'. According to Scheffels (2009) a 'performative smoker' smokes to be seen as a smoker, portraying themselves as possessing 'toughness' or 'rebellion', regardless of gender. 'Defensive smokers' smoke and feel part of a 'community of smokers' bonded together through their shared habit. 'Negotiating smokers' justify their own smoking practices in more positive terms than other smokers'. This research is useful as it emphasises the different meanings and values cigarette smoking can have for different people but she does not attempt to categorise the 'type of person' that best fits each category in terms of their socio-demographic characteristics such as gender, race, ethnicity, education or income.

Cigarettes arguably represent different things to different people as young people bring their own meaning to their use of cigarettes (Denscombe, 2001a, p. 175) and therefore the value of cigarette smoking is social yet individualised through choice, image desirability and circumstance. Cigarette smoking not only signifies different identities to those participating in smoking, but those witnessing and not participating as well. Therefore identity construction may be playing a role in why young adults are smoking but does not tell the whole story.

2.2 – Is smoking a sociable or anti-social practice?

In order to construct a social identity or to ‘present the self’ sociability must be taking place. Simmel (1949, p. 254) discusses sociability in terms of the ‘art or play form of association’. He argues that sociability is a necessity for humanity in what we value and how we achieve satisfaction; an impulse to be sociable. Similarly, he refers to the ‘solitariness of an individual’ as being ‘resolved into otherness, a union with others’ (Simmel, 1949, p. 255). Simmel’s theoretical work raises interesting questions about cigarette smoking practices of young people. Simmel (1949) proposes the importance of how sociable interactions transform from purely sociable, superficial interactions to content determined association thus establishing a deeper connection (Simmel, 1949, p. 256). Cigarette smoking practices arguably apply to how people become sociable and maintain relationships established through their shared habit. Sociable interactions for adults frequently involve consumption in the form of food, drink and cigarettes which can provide ‘material content’ for an association and establish or reinforce social ties (Simmel, 1949, p. 255).

An empirical study conducted by Fry et al. (2008) demonstrates the perceived sociability of cigarette smoking in early adulthood and late adolescence prior to the introduction of ‘smoke-free zones’ in the United Kingdom through qualitative methodology. Cigarette smoking was viewed by participants as holding sociable benefits. However, social identities and choice were also prominent themes that arose in Fry et al.’s (2008) investigation. Young adults and adolescents reported participating in

smoking practices in public settings both alone and amongst other smokers pointing to the importance of not only the sociability of cigarette smoking but identity construction through the presentation of a social self.

In keeping with the notion of sociability, Denscombe (2001b), through his discussion on adolescent smoking practices and peer relations, puts forward a voluntaristic perspective on why young people smoke. Rather than peer pressure, Denscombe (2001a and 2001b) conceptualises cigarette smoking amongst peer groups through choice and contagion. According to this perspective, young people choose to smoke as well as the people with whom they smoke and become and remain friends. The 'contagion' model of which he refers was developed from evidence collected by Lloyd and Lucas (1998) that does not involve coercion to participate in smoking practices, but rather conceptualises smoking practices as a kind of 'behavioural disease' (cited Denscombe, 2001b, p. 9) brought about through the 'spread of social norms and emotions within social networks' (Dixon and Banwell, 2009, p. 2206). This 'disease' model conceptualises cigarette smoking as something desirable to those who take up smoking due to its socially beneficial effects for young smokers.

Similarly, Jamieson (2005) discusses how boundaries of intimacy can be maintained as well as broken down, specifically inclusive and exclusive practices in creating and maintaining friendships. Her theory may be useful in conceptualising cigarette smoking as a means of establishing new friendships and 'breaking down the boundaries of intimacy' through common ground and accompaniment to some self disclosure which

Jamieson (2005) argues is vital for intimate relationships. Cigarette smoking is ‘material content’ for a sociable interaction to establish and reinforce social ties (Simmel, 1949, p. 255) and is thus employed as a means of ‘breaking boundaries of intimacy’. Scheffels (2009) would argue the ‘defensive smoker’ and a ‘community of smokers’ contributes to these ‘boundary breakdowns’ through commonality of smoking practices and solidarity.

Sociability and social acceptability are intrinsically entwined; individuals must act appropriately in social situations in order for a sociable encounter to be successful. Elias (1939) through his exploration of modernisation and civilisation discusses how manners, social etiquette and behavioural constraints are learned through socialisation. Cigarette smoking practices can be definable through etiquette explanations. Firstly, it is argued in this thesis that it is rare for young adults to socialise with others who are smoking without themselves too joining in at some point. Socialising while consuming food or beverages is common throughout the world and tobacco consumption through cigarette smoking may also be occurring, which for Simmel (1949, p. 255) provides ‘material content’ for a sociable interaction. Elias (1939) on the other hand would argue that shared consumption is part of the social etiquette of the situation. Secondly, sharing of cigarettes or lighters is a common and acceptable practice amongst friends as well as between strangers (Katzman et al., 2007, p. 1025) and may facilitate friendship establishment through polite etiquette. Also, consideration of non-smokers is important for passive smoke reasons and relocation of smoking practices has been reported as an important factor contributing to the location of smoking (Poland, 2000, p. 4). On the contrary, Dixon and Banwell (2009, p. 2208) have argued that smoking cessation

performs the same civilising function as manners which for Elias (1939) denote behavioural constraint. Etiquette implications therefore contribute to the sociability and practicalities of cigarette smoking practices but the specific repercussions of etiquette influences are difficult to define.

Alternately, rather than cigarette smoking being sociable, friendly or intimate, Kim and Shanahan (2003) argue that through governmental restrictions on the practice of cigarette smoking in much of the Western world and consequently public sentiment surrounding the negative health impacts of cigarette smoke, smokers are excluded from mainstream society and stigmatised. Anti-smoking public health campaigns throughout recent decades have established cigarette smoking as ‘unhealthy’ and ‘deviant’ through restricting the practice and therefore developing grounds for resistance (Gilbert, 2002, p. 1). The rise of social disapproval in relation to cigarette smoking practices as a response to public health campaigns results in power plays and hierarchical distinctions that stigmatise smokers (Scheffels, 2009, p. 471-472). Similarly, in a clinical review of smoking practices, Jarvis (2004, p. 277) found that young people smoke partly because they are ‘not succeeding according to their own society’s terms’. This perspective marries identity theories with the notion that cigarette smoking is anti-social. Jarvis argues that cigarette smoking practices of young people and identity have been associated with ‘looking tough’ and ‘rebellion’ (Jarvis, 2004, p. 277) that can be linked to notions of peer pressure and conformity (Denscombe, 2001b).

Krohn et al. (1983) propose that Hirschi's Social Control or Social Bonding Theory (1969) holds significant contributions to the explanation of cigarette smoking of adolescents in the United States of America. This perspective relies upon the notion that cigarette smoking is a 'deviant behaviour' performed when an individual lacks the 'bonds to conventional aspects of society' (Krohn et al., 1983, p. 337). In conceptualising young people's smoking practices as deviant, issues of conformity and agency are revisited framing the practices as 'delinquent'. Although 'delinquency' may not appear viably applicable to adult smoking practices, Hirschi (1969) defines 'delinquency' in terms that could be applied to the legalised act of adult smoking practices. He states that delinquency can be conceived as 'acts, the detection of which is thought to result in punishment of the person committing them by agents of larger society' (Hirschi, 1969, p. 47). Moreover, social norms have developed that define unhealthy behaviours such as cigarette smoking as not only risky but as deviant (Salmon, 1990; Wallack et al., 1993 cited Kim and Shanahan, 2003, p. 348). In an Australian context, policy and legislation constantly restricts and punishes cigarette smoking practices through taxes and 'smoke-free areas' in public places. Krohn et al.'s (1983) study reported that attachment to friends was positively related to cigarette smoking, contrary to Hirschi's theory, despite its anti-social or deviant implications (Krohn et al., 1983, p. 344).

Clearly then, these sociologists raise important questions about the interactions between cigarette smoking practices and friendship interactions as well as social ideals. These themes have been applied mainly to adolescent smoking practices though remain relevant in a discussion surrounding young adult smoking practices. Firstly, Hirschi's

Social Control or Bonding Theory (1969) emphasises the importance of a constructed identity and the presentation of self in relation to cigarette smoking practices of young people as this practice becomes marginalised and socially rejected (Kim and Shanahan, 2003, p. 344), specifically through legislated smoking restrictions. Social exclusionary approaches and stigmatisation of ‘smokers’ I would argue are less convincing than a social benefits hypothesis through identity desirability and ‘cool’ (Denscombe, 2001a) or ‘glamorous’ (Gilbert, 2007) or even ‘tough’ (Denscombe, 2001a, p. 165) identities that benefit the individual socially. Secondly, Hirschi’s theory (1969) introduces sociable aspects of ‘deviant behaviours’ such as cigarette smoking in terms of attachment, developing the sociable in to the establishment and maintenance of friendships. Social control policies rely upon the rejection of particular behaviours by mainstream society and recent anti-smoking campaigns in Australia could be conceptualised as isolating and embarrassing ‘smokers’ (Kim and Shanahan, 2003, p. 344) therefore challenging a sociable hypothesis. I would argue however, that variables associated with legislated restrictions such as the convenience and pleasant spaces allocated to smoking in an Australian context and a segregated ‘community of smokers’ who socialise together (Scheffels, 2009, p. 480) diminish the effectiveness of an anti-social argument. Cigarette smoking is as equally attractive for young adults as it was prior to the relocation and thus rather than society excluding and isolating smokers, the practice remains sociable. Thus, a social benefits hypothesis remains persuasive.

2.3 – Social Structural explanations

Goffman (1959) suggests that our ‘performances’ and attempts to control the self assist in the maintenance of social orders and hierarchies (Goffman, 1959, p. 209 and p. 215). Globally and locally (within an Australian context) social disadvantage has been associated with self-reported cigarette smoking as well as tobacco sales. In Australia socially disadvantaged groups are twice as likely to smoke as advantaged groups (ABS, 2009). Social structural approaches use statistics such as those aforementioned to theorise about the nature of disadvantage through class-based cultural distinctions (Dixon and Banwell, 2009, p. 2206) and blame factors such as education, income, gender, race and ethnicity for smoking practices.

Education is a complex factor in the discussion of cigarette smoking practices as education is not restricted to formal education. Social education is also important in an individual’s development. Educational perspectives of cigarette smoking practices formerly surrounded ignorance of the health issues implicated with cigarette smoke and tobacco as well as the presence and thus vulnerability to cigarette advertisement. Since the introduction of widespread public health campaigns, correlations remain between formal schooling or ‘education’, economic disadvantage and cigarette smoking. In the United States of America, from 1974 to 1985, ‘education’ became the major socio-demographic indicator of cigarette smoking while public health interventions regarding the health risks of cigarette smoking were ubiquitous in the USA (Pierce et al., 1989, p.56). Education in this example was characterised in terms of formal schooling achievements. In Australia, smoking adoption and persistence is more prevalent amongst groups with lower socio-economic status (Dixon and Banwell, 2009, p. 2206) while initiation is typically earlier in the life-course and continuation is more likely for

these groups (Gilman, et al., 2003). I would argue that ‘education’ as a causal variable in cigarette smoking practices holds insufficient explanatory value in an Australian context. Firstly, it is difficult to characterise and secondly, educational perspectives rely on ignorance of the health impacts implicated with cigarette smoking. ‘Education’ is often a means of social structurally defining ‘ignorance’ or ‘naivety’. Governmental campaigns and social restrictions on advertising as well as the implementation of ‘smoke-free zones’ on public places make it almost impossible in an Australian context to be unaware of at least some of the health dangers implicated with cigarette smoke and tobacco products. This assumption will be investigated in this study in an attempt to discount ‘education’ (thus ‘knowledge’ or ‘awareness’) as causal structural grounds for cigarette smoking practices in Australia.

Similarly, income and economic factors have been associated with cigarette smoking practices, usually implying disadvantage and ignorance are associated. An Australian example of how income relates to cigarette smoking practices reveals that participants who perceived themselves as being victims of income inequality were more likely to smoke while 77% of homeless men also smoked perhaps due to their position in the social hierarchy and minimal social capital (Siahpush et al., 2006, p. 2809). The relationship uncovered in this study was ‘perception’ of income inequality and smoking status and the results link in to ‘social capital’ possession (Bourdieu, 1984) and smoking. Although structural relationships exist between smoking and income, this observation regarding the ‘perception’ of income inequality alludes to individualised choice, identity construction and coping mechanisms that are debatably at play. Hence,

while the practice of consuming cigarettes follows social status it is not reducible to it (Bourdieu, 1984 cited Dixon and Banwell, 2009, p. 2207).

Race has been conceptualised as a factor that influences the cigarette smoking practices of groups of individuals. Race and identity have been associated with stereotypes. This perspective relies upon cigarette smoking acting as a compensatory tool for combating racial stereotypes as discussed earlier in this chapter through Denscombe's (2001a) empirical study. In Australia, over half (51%) of Indigenous Australians smoke cigarettes (AIHW, 2005, p. 134) and theorists have argued that kin and familial influences as well as 'disadvantage' are responsible for the high proportion of Indigenous smokers (Johnson and Thomas, 2008). Theory surrounding disadvantage as a causal factor for cigarette smoking rates is evident through a Canadian Indigeneity example also (Currie, 2010). Theoretical and empirical research on Indigenous smoking and disadvantage fails to effectively explain why it is appealing for these groups and thus a social benefits argument with identity and sociability theories may be applicable to explain socio-structural differences also.

Structural inequality perspectives on cigarette smoking that are inclusive of demographic characteristics such as income, education, ethnicity, race and gender that conclude disadvantage promotes smoking practices fail to address the privileged stage in the life-course of early adulthood. Age group hierarchies or inequalities exist within Australian society today however, young adults aged 18 to 35 years are perhaps amongst the most advantaged yet as an age group they form the largest group that

identify themselves as smokers (AIHW, 2008, p. 15). Although young adults often face income disadvantage and occupational discrimination for perceived inexperience and incompetence (Snape and Redman, 2003) they are also advantaged through this stage in their life-course. Age hierarchies and ageism in sociological research tends to explore contradicting notions of traditional expectations of respect for elders and the reality that often assumes incompetency and fragility particularly in an occupational setting (Sneed and Whitbourne, 2005, p. 377). Young adults tend to have the greatest opportunities and least responsibilities as well as being advantaged in that they are perceived socially as holding great potential (Sneed and Whitbourne, 2005, p. 375). Social structural explanations regarding smoking practices that rely on inequality justifications are complicated by age related inconsistencies.

2.4 – Cigarette smoking as socially beneficial through sociability and identity construction

Young adults in a contemporary Western context such as Sydney, Australia face challenges associated with the context of late modernity, particularly surrounding uncertainty and choice as well as through structural ambiguity previously conceptualised hierarchically. Familial and societal expectations of young adults are vague and less restrictive than for previous generations while individual ‘choice’ regarding ‘who we are’ and ‘who we want to become’ (Gidden, 1991, p. 75) as well as in ‘choosing’ friendship networks are gaining significance in the lives of young adults. ‘Choice’ is accompanied by responsibility and many young adults are presented with new freedoms. Between the ages of 18 and 35 years, young adults in an Australian

context often go through a number of life changing events. Many finish school, start university, change occupations, have children, find partners, go through relationship breakdowns and reestablishments and are often forced to become financially independent, something novel for most young people prior to adulthood. Cigarette smoking continues to play a role in identity construction in early adulthood in the context of late modernity as well as sociability because it is a 'choice' that demonstrates exertion of individual autonomy as well as providing a means of coping with uncertainty or ambiguity in life course future directions. This choice is made despite the widespread available information that details the health risks of tobacco use; thus individual agency is being exercised in an attempt to construct an identity, arguably due to the uncertain or ambiguous context of late modernity (Denscombe, 2001a).

Cigarette smoking is a means of identity construction through the presentation of a social self as well as through socially constructed meanings of cigarette smoking. Cigarette smoking is a social practice and through friendship interactions young adults start to smoke and continue the habit in these social settings while being 'sociable'. This individualistic, voluntaristic perspective holds more ground in a contemporary context than social structural explanations such as 'educational' or income inequalities; socially disadvantaged groups may represent an example of the 'contagion' model (Lloyd & Lucas, 1998, cited Denscombe, 2001b, p. 9) of cigarette smoking. I would also argue that cigarette smoking amongst young adults (and other groups with high proportions of smokers) promotes sociability rather than anti-social or isolating characteristics. Moreover, cigarette smoking provides opportunities for young adults to establish and maintain friendships through a shared practice of consumption. Thus, in order to

construct an identity, it is proposed that young adults who smoke cigarettes tend to smoke more in social settings and amongst friends. In doing this, they are defining themselves as ‘smokers’ through establishing their habit amongst friends and in social settings while also partaking in a sociable activity. Cigarette smoking is a purposive act, a decision made by individuals in order to construct identities and to establish and maintain friendships through its sociable benefits.

Chapter 3 – Methodology

Sociological theory and existing empirical research as discussed in the previous chapter explores how cigarette smoking practices can be attributed to social and individualised factors. As argued however, young adults in the context of late modernity represent a group that is not as well understood in relation to their smoking practices. In order to understand how social settings and friendship interactions affect cigarette smoking practices of young adults living in Sydney, specifically through identity, choice and sociability, a self-report survey (please refer to Appendix A) was adopted as the primary research method with secondary data analysis of the National Drug Strategy Household Survey 2007.

This chapter outlines the research methods adopted in the current study and why they were implemented rather than alternative methods. In the first section the advantages and disadvantages of the use of quantitative and qualitative methodologies and methods for a study of this kind are explored and I conclude that a mixed-methods approach is most productive. The second section outlines the procedure, sample characteristics and analysis techniques utilised for the email administered survey conducted as part of the primary research undertaken in this project. Lastly, secondary data analysis methods will be outlined in relation to the Australian National Drug Strategy Household Survey 2007.

3.1 - Methodology

This thesis adopts a mixed-methods approach and thus combines qualitative and quantitative methodologies to gain understanding about how cigarette smoking practices of young adults commence and continue through social settings and friendship interactions. In employing both qualitative and quantitative methodologies this research aims to address issues associated with critiques of each approach and thus explain the processes involved in cigarette smoking practices effectively through more in depth means.

3.1.1 - Qualitative Methodology

Qualitative methodology is beneficial in social research as individual meanings and experiences can be revealed that can contribute to sociological theory. The notion of individualised ‘subjective realities’ is an important aspect of qualitative methodology, in particular for a phenomenological approach (Fetterman, 1988, p. 18). How participants or subjects experience and describe their own reality is imperative in qualitative research while a researcher’s own subjective reality also affects how they interact with the research (Sarantakos, 1998, p. 19). Researchers in qualitative investigations must be conscious of their own social education and subjective reality when exploring their participants’ realities. Thus, the researcher is an active participant in their research through their own subjective reality (Walter, 2006, p. 260; Pope et al., 2000, p. 114). Qualitative researchers have argued that even in statistical analysis the researcher interprets their data in accordance with their own values, beliefs and experiences,

however typically fail to be self-aware and self-reflexive in their quantitative analysis (Begg and Berlin, 1988, p. 419). Data from qualitative research is descriptive and attempts to understand rather than measure human action thus it leads to an interpretive inquiry (Smith, 1992 cited Sarantakos, 1998, p. 46-47; Morrison et al., 2008, p.18).

3.1.2 - Qualitative Methods

Qualitative methodology involves numerous and diverse research methods in the social sciences. These qualitative methods reject positivist and objective reality approaches and instead look toward a more interpretive, subjective perspective (Sarantakos, 1998, p. 45-46). Such methods include interviews, focus groups, ethnographic techniques and qualitative surveys. When researchers discuss surveys, they typically refer to large-scale quantitative surveys that involve representative samples and allow researchers to generalise their data to ‘populations’ of people through numerical evaluations (Jansen, 2010, p. 2). Jansen (2010) argues that qualitative surveys are almost non-existent in sociological research methods textbooks (Jansen, 2010, p. 2) however qualitative or ‘alternative diversity’ surveys are useful in social research methods for exploring meanings and experiences of individuals (Jansen, 2010, p. 3; Fink, 2003, p. 61). The open ended questions in the primary survey used in this research are aimed at revealing meaningful details surrounding young adults and their cigarette smoking practices rather than population variance or frequency and thus produce qualitative data.

Critiques of qualitative methods typically highlight the unrepresentative, small-scale samples used in qualitative methods (see, for example, Sandelowski, 1995, p. 180;

Morgan, 1997; Lavendar and Lake, 2000, p. 325). Qualitative methods are also criticised for often employing ‘bias interpretation’ from less restrictive and defined analysis techniques (Sarantakos, 1998, p. 314). ‘Reliability’ and ‘validity’ are also problematic for qualitative researchers. Although these terms typically concern quantitative research Patton (2001) argues that ‘reliability’ and ‘validity’ are important in qualitative studies in order to successfully persuade an audience that the research findings are useful and ‘worth paying attention to’ (Lincoln & Guba, 1985, p. 290 cited in Golafshani, 2003, p. 601). Qualitative methods are geared toward reflecting reality through experience because “‘subjectivity is truth’” (Weber, 1947, p. 88 cited Tiryakian, 1965, p. 679). Therefore, qualitative methods are ‘valid’ and ‘reliable’ when experiences are uncovered and this need not be numerically defined (Golafshani, 2003, p. 607). Despite the aforementioned criticisms, qualitative methods gain valuable insight imperative for the establishment and elaboration of sociological theory and hence, have been utilised in the current study in an attempt to understand cigarette smoking practices of young adults.

3.1.3 - Quantitative Methodology

Quantitative studies that investigate cigarette smoking practices are widespread throughout the world. National governments as well as international organisations such as the World Health Organisation have commissioned several large-scale quantitative research projects that reveal cigarette smoking is a global problem, however the data gathered in these research projects lacks explanatory value and merely depicts the frequencies of ‘smokers’ and the socio-demographic information associated with

smoking. Quantitative methodology relies upon statistical ‘power’ and significance testing to define a ‘reliable’ and ‘valid’ study and thus quantitative methodology attempts to be objective through positivistic approaches to research (deVaus, 1995, p. 70-72; Sarantakos, 1998, p. 31). Cause and effect explanations are then derived from the quantitative statistical correlates that often exclude more meaningful experiences (Chadwick et al., 1984 cited Sarantakos, 1998, p. 54) that in this case, contribute to cigarette smoking practices of young adults.

3.1.4 - Quantitative Methods

Quantitative methods can include quantitative surveys, experimental designs, systematic social observation and content analysis (Phillips, 2006, p. 283). Analysis of secondary data is important for social research and is valuable as often large scale research projects involve thousands of participants and produce vast quantities of useful information (deVaus, 1995, p. 74). Quantitative methods are used in this research through the closed questions in the primary survey as well as through analysis of secondary NDSHS 2007 data accessed from the Australian Social Sciences Data Archives (ASSDA, 2010).

3.1.5 – Mixed Methods

A mixed-methods approach involves the use of qualitative and quantitative methodologies to tackle one research problem (Johnson and Onwuegbuzie, 2004, p. 15 and 17). This approach emphasises the importance of theory-driven research (Greene et al., 1989, p. 255) and allows for the weaknesses of quantitative and qualitative methods

to be overcome and thus provide stronger evidence for a research problem (Johnson and Onwuegbuzie, 2004, p. 21). A mixed-methods approach has therefore been adopted in the current research project through the use of two surveys. The primary data collected in this study is derived from surveys comprising open and closed questions and thus combines quantitative and qualitative methodologies. Secondary data analysis is based on quantitative data from the NDSHS 2007. This information will allow for a thorough understanding of the questions surrounding why young adults smoke cigarettes to be explored in this thesis.

3.2 - Primary research: Email surveys and procedures

The primary survey in this research was constructed comprising closed and open ended questions about why, when, with whom and where respondents as young adults living in Sydney smoke cigarettes. The survey consists of 31 questions; 18 of which are closed and 13 are open ended questions, investigating participants' own experiences through self-reporting (please refer to Appendix A). Recruitment was achieved through emailing and snowball sampling. These research techniques allow for participants to reveal their experiences with cigarette smoking and their friendships in detail.

In this research, surveys were adopted rather than other qualitative methods such as interviews, focus groups or ethnographic research for numerous reasons. Firstly, the use of surveys allows the researcher to gain information about a variety of variables from a larger number of people than other qualitative methods. Short, structured interviews could have been an alternative method for this research to obtain information of a

qualitative nature about young adult cigarette smoking practices however, due to the time restrictions on this project interviews were rejected as a research method.

This research project relied upon snowball recruitment methods, an approach commonly relied upon within qualitative social studies (see, for example, Marshall, 1996, p. 523; Bava, 2010; Shtayermman, 2009). This method aimed to gain information from a large number of people with a variety of backgrounds, occupations, living arrangements and ages. Following approval from the University of Sydney Ethics Committee, the survey was emailed to 50 of my friends and acquaintances and only 5 of these were University of Sydney students. The email requested potential participants forward the survey and related information on to their own friends and acquaintances who may also like to participate. This strategy was implemented in order to reach beyond the University of Sydney and beyond personal contacts. Thus, this research project was designed to reach more potential participants than interviewing or focus groups methods and therefore surveys were deemed appropriate in order to gain information about a large number of young adults and their experiences with cigarette smoking practices.

Secondly, maintaining consistency between participants is important when investigating a number of aspects, such as when, why, where and with whom young adults smoke cigarettes and surveys are an appropriate means of ensuring consistency. Data consistency in an interview setting can be difficult as conversational techniques can distract participants from the task at hand (Travers, 2006, p. 87). Thirdly, untimed, surveys allow participants to formulate their own responses to the open ended questions

in their own time, particularly through passively recruiting participants electronically. Thus, more accurate reflections of participants' experiences can be revealed, which for Weber ensures reality is depicted through subjectivity in qualitative research (Weber, 1947, p. 88 cited Tiryakian, 1965, p. 679).

Fourthly, participants were encouraged to think reflexively about the friends with whom they smoke cigarettes through requesting that they forward surveys on to their own friends, through snowball sampling. Although this may have been achievable through interview techniques or through focus group recruitment and interactions, physically forwarding the survey to participants' own friends potentially allows friendship interactions unavailable in an interview setting.

There are disadvantages of relying on surveys for data collection in this research. Firstly, the sample is unrepresentative. The sample size of participants in this research is dependent entirely upon the willingness, or, not, of those approached via email to participate and to forward the information on to other potential participants. Thus, the research is limited in the number of survey responses. Survey research generally faces response rate barricades and as Cook et al. (2000) found through a meta-analysis of existing research, only 34.6% of surveys that are administered on average are returned in web based research (Cook et al., 2000, p. 829). However, email or internet administered surveys are more effective than alternate means of participant recruitment in survey research such as mail or telephone surveys in achieving higher response rates as Cobanaglu et al. (2001) found. Thus in order to minimise this potential limitation of

survey research, internet recruitment as well as snowball sampling were adopted in the current study. Also, 18-35 year olds living in Western countries and by extension in Sydney commonly rely on email, internet and other computerised communication means (Jones and Fox, 2009, p. 3) thus email administered surveys and snowball sampling were deemed effective for maximum potential exposure and participation.

Secondly, this research is devoid of face to face human interaction and thus may discourage people to participate. Participation in research such as this where potential respondents are approached passively via email from someone they may or may not know personally may result in lowered motivation to participate or answer honestly (James and Busher, 2006, p. 406). Conversely however, Joison (2001) found that anonymity through computerised questioning resulted in spontaneous self-disclosure and therefore anonymity and distancing via computerised data collection benefits this research.

3.2.1 - Characteristics of the primary survey sample

The target group for this research is young adults between the ages of 18 and 35 years living in Sydney who have consumed at least one cigarette in their lifetime. This project was motivated by the high proportion of young adults in Australia who smoke cigarettes in the face of increasing limitations through New South Wales legislation surrounding anti-smoking campaigns. 'At least one cigarette' was chosen as infrequent tobacco use or 'social smoking' is problematic in its potential to impact on the health of participants and these practices can develop into more frequent smoking habits later in life (Moran

et al., 2004). Thus, it is important to investigate why a variety of smoking habits are appealing for young adults. Moreover, when, where, why and with whom they smoke, even those who rarely smoke cigarettes. This research was limited to the Sydney region in order to define the sample to a confined space for ease of the research process. Moreover, in defining the research sample to Sydney, a variety of socioeconomic areas within an urban setting can be analysed and linked to existing theory. The number of surveys returned in his primary research was 24 and the sample was comprised of 3 males, aged from 21 to 35 years and 21 females aged from 21 to 35 years. The sample size in this project is not unusual for qualitative research.

3.2.2 – Analysis of the primary surveys

The qualitative nature of the primary survey data through direct, open ended questions querying why young adults smoke cigarettes aims to investigate the ‘lived world’ of individuals and the meaning they ascribe to their own behaviours (Moran, 2000 cited in Fry et al., 2008, p. 765). These meanings and classifications make up subjective social realities (Wagner, 1973, p. 69) thus a phenomenological approach has been adopted in the current study. Although typically surveys are limited in their ability to gain insight into a particular phenomenon, the qualitative nature of the open ended survey questions allow participants to reveal details of their behaviours and practices. It is designed to give participants the opportunity to disclose their personal feelings about their lives and how cigarettes are involved.

The analysis of survey data typically involves statistical significance testing and the closed questions in the primary survey will result in quantitative data. Conversely, in qualitative research the processes of analysis and interpretation are not linear stages and involve less formulaic or systematic practices than quantitative data analysis (Walker, 2006, p. 259; Sarantakos, 1998, p. 313). This can be problematic in summarising observations and variables (Guttman, 1944, p. 139). This research requires more interpretive methods of analysis for the data gleaned from the open ended questions, similar to exploring themes from interview transcripts. Data reduction methods are utilised in this study through the identification of the main themes and manipulating, integrating and transforming that which is important from the raw data (Sarantakos, 1998, p. 314).

An integral part of a qualitative research project is the researcher's interactions with the research. It is important to be aware that I, as the researcher, am also a young adult living in Sydney who has smoked at least one cigarette in my lifetime. Therefore, I must be conscious of how my own experiences affect the data collection and analysis. In this research project, I would argue that a deeper understanding can be gained from participating in the activity prior to the research commencement. In order to achieve self-reflexivity and ensure I am aware of my own place within the research I have completed a survey that will not be included in the results of this research but will be used as a comparison for myself to ensure that the data reduction techniques I use, accurately reflect the data collected in the study not my own personal experiences.

3.3 – Secondary data analysis of the National Drug Strategy Household Survey 2007 (NDSHS 2007)

The Australian Bureau of Statistics in association with the Australian Institute of Health and Welfare conduct large-scale surveys such as the census, the National Tobacco Survey and the National Drug Strategy Household Survey to gain information of a quantitative nature about tobacco usage in Australia. This numerical information reveals that although Australia has seen a considerable decrease in the number of people smoking cigarettes in the past few decades, tobacco products remain an issue in Australia. There are distinct distribution inequalities in cigarette consumption between ‘disadvantaged’ and ‘advantaged’ people globally (Alwan, 2009, p. 7) and locally (The Social Research Centre, 2005). Moreover, 33% of men and 28% of women in the most disadvantaged areas reported being daily smokers, compared to 16% of men and 11% of women in the most advantaged areas in Australia. Of those that were classified as ‘smokers’, in 2005, 88% smoked daily and 12% weekly compared with 90% who smoked daily, and 10% who smoked weekly in 1997 (AIHW, 2008, p. 15). Thus, this survey is useful in that it explores socio-demographic factors as well as frequency of smoking practices through quantitative means.

This research will use datasets collected from the National Drug Strategy Household Survey of 2007 accessed from the Australian Social Science Data Archives (ASSDA, 2010). This survey was conducted by the Australian Institute of Health and Welfare (AIHW) and is the responsibility of the Ministerial Council of Drug Strategy (MCDS). The sample involved 23,356 people from Australian households. From this quantitative

data the current research questions surrounding why, when, where and with whom young adults smoke cigarettes will be investigated. The variables that will be analysed from this secondary dataset will be questions relating to: how often respondents smoke cigarettes, how respondents obtain their cigarettes, factors that were reported as reasons for not quitting their cigarette smoking practices, and responses that relate to respondents' cigarette smoking and anti-smoking campaigns. Although this information may be valuable in making numerical comparisons surrounding the cigarette smoking practices of young Australian adults, secondary data is always restricted in that the datasets for a particular research problem may not be available (deVaus, 1995, p. 74). The current research project is limited for this reason. The analysis undertaken in chapter 5 does not breakdown the data in terms of the age groups variable and the age groups that are available are 14-19 years, 20-29 years and 30-39 years and thus no category for 18-35 years exists. This is due to the inability to gain access to information from the restricted datasets of the Australian Social Science Data Archive as access was not granted for this research project. This inconsistency between the primary and secondary data was not an oversight and the information outlined in chapter 5 remains valuable, however, this is a limitation of the current study. The information gained from the NDSHS 2007 will be analysed in relation to the primary qualitative and quantitative data collected from the email administered surveys in order to understand cigarette smoking practices of young adults more thoroughly.

The current study is theory-driven research that investigates the interactions between identity, choice and sociability in relation to friendship interactions and social settings and thus why, when, where and with whom young adults smoke cigarettes is the focus

of this research. The information gathered from this mixed-methods approach must therefore be analysed in accordance with the theories discussed in the previous chapter. Moreover, these themes or categories determined from data reduction techniques of the qualitative data will be justified by quotations from the surveys, similar to interview quotes in other qualitative research (Jansen, 2010, p. 2). Thus, this is an interpretive inquiry undertaken in accordance with the participants' as well as my own, subjective realities.

Chapter 4 – Findings: Primary Sydney Survey data

The primary findings from the email administered surveys (please refer to Appendix A) that were circulated in this research project are reported in this chapter. This chapter is organised into two sections and aims to answer questions surrounding when, where, with whom and why young adults living in Sydney smoke cigarettes in order to understand how social settings and friendship interactions affect cigarette smoking practices. Data reduction techniques and supportive quotations are utilised to convey the themes that arose from the qualitative data as outlined in the previous chapter. The first section explores themes that are evident in the data collected in this research project and is organised in accordance with the questions that define this research; when, where, with whom and thus why young adults smoke cigarettes through the exploration of participants' experiences. The second section outlines the effects of anti-smoking campaigns on participants' experiences with cigarette smoking and thus raises questions about the effectiveness of current social policy in New South Wales.

4.1 – Thematic summary of results

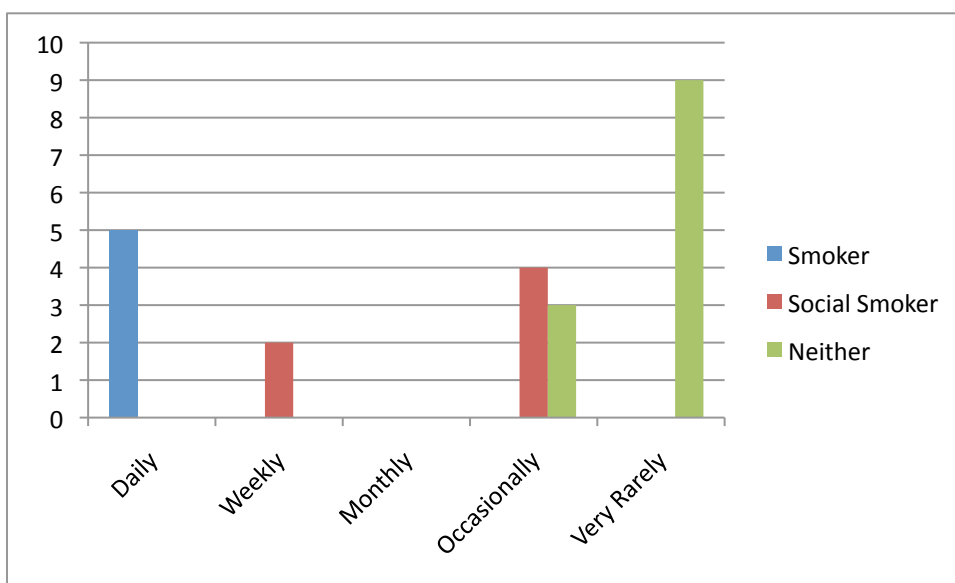
The recurring themes that arose from the qualitative findings included young adults smoking more in public settings, the sociability of cigarette smoking, smoking while consuming alcohol, coffee and food with friends in sociable scenarios, stress relief and personal choice. These themes will be broken down and developed in the following

sections. The small sample size and qualitative nature of much of the data collected in this primary research has allowed for detailed and individualised reporting of data in order to convey themes that arose through the experiences of the individuals that participated in this study.

4.1.1 – When are young adults smoking and what activities are they engaging in?

Participants were asked how often they smoke cigarettes as well as how they define themselves in terms of ‘smoker’, ‘social smoker’ or ‘neither’. All participants who defined themselves as ‘smokers’ reported smoking daily while ‘social smokers’ claimed they smoked either ‘weekly’, ‘occasionally’ or ‘very rarely’. Those participants who did not define themselves in terms of their smoking practices still reported ‘occasionally’ or ‘very rarely’ smoking cigarettes. The following histogram (Figure 1) represents the self definition of smoking status and the reported frequency that participants smoke.

Figure 1: Smoking frequency and self-defined smoking status



The frequency that participants purchased cigarettes was also of interest in this investigation in exploring etiquette, friendship interactions and cigarette smoking practices of young adults in Sydney. Not one participant who did not define him or herself in terms of either ‘smoker’ or ‘social smoker’ reported buying cigarettes daily however responses varied from ‘weekly’, ‘less than 4 times a year’, ‘rarely’ and ‘never’. The following table (Table 1) depicts how participants responded to this question in terms of their self-defined smoking status (all participants smoke manufactured cigarettes with the exception of two males, one a cigar smoker who rarely smokes and never purchases cigars and one a daily ‘roll your own’ smoker who purchases 30g and 60-70 slimline cigarettes weekly).

Table 1: Tabulation of participants’ self defined smoking status and their reported frequency of purchasing packets of cigarettes.

	Daily	Weekly	Fortnightly	Monthly	Less than 4 times a year	Rarely	Never	TOTALS
Smoker	2	2	1	0	0	0	0	5
Social Smoker	0	3	1	1	1	2	0	8
Neither	0	1	0	0	2	2	6	11
TOTALS	2	6	2	1	3	4	6	24

The frequency with which participants purchase cigarettes was explored in order to gain insight in to sociable etiquette practices of consumption as well as friend or acquaintance cigarette exchange. Those participants who identified themselves as ‘smokers’ claimed to buy larger packets such as 25s or 40s (that is, 25 cigarettes per packet or 40 cigarettes per packet). Other participants reported buying smaller packets, less frequently. It can be inferred that this is due to the number of cigarettes consumed by individuals as well as alluding to cigarette exchange and friendship interactions that occur for less frequent smokers and the qualitative data confirms this assumption (as outlined later in this chapter).

The activities that participants associate with cigarette smoking include drinking alcohol and coffee, socialising, partying, eating, taking breaks, talking, chatting and phone conversations. Evidence of the sociability of cigarette smoking for young adults in Sydney can be seen through these examples. These activities involve other people, especially friends of participants yet only four participants specifically mentioned that friends were involved in activities participants associate with cigarette smoking. Nine participants identified ‘socialising’ as an activity they associate with cigarette smoking while all participants referred to activities that are often connected with socialising through friendship interactions and social settings such as drinking alcohol, coffee and ‘going out at night’. One participant who referred to going out at night expressed her opinion that ‘[cigarette smoking] is no longer a social activity’. She stated that she associates cigarette smoking with:

‘Going out and drinking, but I do not always have a cigarette as times are changing and more and more people are not smoking, so it’s becoming less inviting and more of a reason not to join others for a smoke when you really don’t want to smoke. It is no longer a social activity’.

Despite her anti-social argument she also admits that she usually smokes while:

‘At the club when I go out..’

and while participating in activities such as:

‘Drinking and catching up with friends that smoke’.

33-35 year old female from Gymea neither self-defined as ‘smoker’ nor ‘social smoker’.

‘Relaxing’ and ‘stressing’ were also mentioned by participants as activities they partake in and associate with smoking cigarettes. Overwhelmingly the survey data revealed that consuming alcohol, coffee and food is associated with cigarette smoking for respondents in this study. And, participants mentioned this consumption in conjunction with notions of socialising through discussions centred round the activities they associate with cigarette smoking as well as through the location of their cigarette smoking practices.

These smoking practices of young adults also point to the importance of the ‘presentation of a social self’ and identity theories as cigarette smoking is associated

with public and sociable scenarios. Young adults are smoking in public settings and surrounded by their friends as well as strangers.

4.1.2 – Where are they smoking?

Typically when asked where they usually smoke cigarettes participants responded with locations that involve friends and socialising. Parties, pubs, clubs, restaurants, cafes, friend's houses, functions and barbecues were all mentioned as places these young adult participants smoke cigarettes. Those who defined themselves as 'smokers' also referred to 'work' as a place they smoke cigarettes and talked about their smoking as a means of achieving a 'break' as well as to escape 'boredom' while waiting for something such as a bus.

This information reiterates the importance of the sociability of cigarette smoking for young adults in Sydney as well as the significance of public settings in when and where they smoke cigarettes. It could also be interpreted that although presentation of a social self may be important for smokers that smoke alone in public, other explanations may apply. Addiction and stress relief could explain why cigarettes are used as a means of achieving a break or to escape boredom. Arguments regarding stigma and smoking could claim that smoking alone supports this position in that smoking alone is anti-social and that they are isolated regardless of public presentation of self arguments (Kim and Shanahan, 2003).

4.1.3 – With whom are they smoking cigarettes?

In order to gain insight into the friendship interactions that are involved in cigarette smoking practices, participants were asked: whether they make friends through their smoking practices, whether the majority of their friends smoke, whether they find themselves smoking because others are smoking or whether they feel social pressure to smoke as well as requesting participants elaborate on their first experience with cigarette smoking (please refer to Appendix A for the survey format).

Firstly, the age that respondents were introduced to cigarette smoking varied but participants typically commenced smoking with friends. Those who started in their teens commonly spoke of their friends, school and parties. Two participants reported they experienced their first cigarette between the ages of 19 and 21 years. They described this experience as having taken place ‘in a bar’ and ‘on a holiday with friends’ therefore this data demonstrates the importance of friendship interactions for the introduction to cigarette smoking for both adolescents and adults and thus sociable interactions.

The survey also requested participants detail their experiences surrounding making friends and cigarette consumption (if applicable to their experiences). The five participants that reported they make friends through their smoking practices believed that cigarette smoking provides an opportunity to meet friends through space and time; smokers congregating in designated smoking areas at the same time. One participant said:

‘[I] tend to meet people as they are in the same place at the same time and so sometimes [I] make conversation out of politeness’

33-35 year old male ‘smoker’ from Coogee.

Such conversations can be established when someone requests the use of a smoker’s lighter or a cigarette, as another participant described. Interestingly, she also explained that when at an event with people she does not know well, it is easier to ‘bond with other smokers’ than non-smokers.

21-24 year old female ‘smoker’ from Camperdown.

Another participant described these friendships as only temporary;

‘[I make] only temporary friends – once we have to go back inside the friendship ceases until the next cigarette when I might meet someone new’

33-35 year old female from Rose Bay, neither self-defined as ‘smoker’ nor ‘social smoker’.

One participant who reported only occasionally smoking stated through her previous employment in hospitality where she claimed ‘everybody smoked’,

‘[smoking] provided an opportunity to connect with people’

21-24 year old female from Alexandria neither self-defined as ‘smoker’ nor ‘social smoker’.

This information is consistent with Scheffel's (2009) concept of a 'community of smokers' though other interpretations are possible. It also holds implications for the sociability of cigarette consumption in prompting sociable exchanges. Thus, friendship establishment and maintenance can be encouraged through connectedness and sociability that cigarette smoking facilitates. It is also noteworthy that these experiences were outlined by a minority of participants thus establishing friendships may not be a widespread phenomenon associated with cigarette smoking.

The survey questions in this study also asked whether the majority of participants' friends also smoke. This question saw six participants respond with 'yes' and eighteen respond with 'no', however fourteen participants provided details in an open ended question about how they find themselves smoking because others around them are smoking including those who claim their friends typically do not smoke. Responses to this question produced two themes: other people smoking serves as a reminder to smoke and thus participants join in, arguably 'contagion' (Lloyd and Lucas, 1998) and the sociability of smoking with other people. Sociability explanations in conjunction with identity construction theories surrounding 'presentation of a social self' as well as social etiquette explanations add depth to a sociable argument and will be discussed in chapter 6 of this thesis.

There appeared to be no association between how often participants reported smoking and the affects of other people's smoking on their own. One female participant reported that:

‘If a friend is smoking in front of me... I will be reminded to have one [and] pinch one’.

33-35 year old female from Blaxland, neither self-defined as ‘smoker’ nor ‘social smoker’.

Another participant stated that:

‘..seeing other people smoke makes [her] want a cigarette, plus it is a sociable thing to do’.

33-35 year old female from Camperdown, neither self-defined as ‘smoker’ nor ‘social smoker’.

One participant provided details about how she feels cigarette smoking can benefit sociability in timing the conversation:

‘‘It feels comfortable with a group of friends smoking rather than standing there empty handed. Also, smoking controls the timing of the conversation that is when cigarettes are finished you move conversations or go and do something else’.

21-24 year old female ‘social smoker’ from Drummoyne

Similarly, a participant noted that:

‘If I am the only one not smoking then I may have a draw of someone’s cigarette but I wouldn’t have my own packet’

21-24 year old female from Pyrmont, neither self-defined as ‘smoker’ nor ‘social smoker’.

These responses point to the sociability of the consumption of cigarettes in that social settings and friendship interactions are involved in cigarette smoking practices of young adults. Moreover, the etiquette of the situation prompts smoking practices but there appears to be no obligation felt or coercion involved in smoking for these participants. Social or peer pressure was investigated in this survey also but only one participant acknowledged that she feels social pressure to smoke cigarettes and when asked to provide details she claimed scenarios that involve alcohol and smokers prompt these smokers to force a cigarette on her.

The following table (Table 2) represents the responses to closed questions regarding with whom participants usually smoke. Participants were asked to mark all relevant responses to their experiences and thus some participants marked more than one response to this question.

Table 2: Responses to the question: With whom do you usually smoke cigarette?

	With friends	By yourself	With strangers	Neither	Total
Smoker	1	5	1	0	7
Social Smoker	8	0	0	0	8
Neither	8	1	2	3	14
Total	17	6	3	3	

The information presented in Table 2 demonstrates that daily ‘smokers’ mostly smoke alone. The responses to the open ended question outlined earlier in this chapter reveal that ‘smokers’ smoke at work and at university, waiting for something such as a bus as well as out in social settings with friends. Although ‘smokers’ typically reported smoking alone they also acknowledged their smoking practices increase around friends and in social settings. Less frequent smokers smoke mostly with their friends. It could be interpreted that for daily smokers smoking alone is part of an addiction to cigarettes. Alongside addiction for daily smokers, smoking alone in public settings may also be affected by a ‘presentation of a social self’ as they are not ashamed or embarrassed about their smoking practices as Fry et al. (2008) argue.

4.1.4 – Why do young adults in Sydney smoke?

Participants in the current study provided a number of responses to the question ‘Why do you smoke?’ Enjoyment arose as a theme in this open ended question, socialising and smoking with other people while drinking alcohol also was evident in participants’ responses. Participants who defined themselves as ‘smokers’ expressed frustration with ceasing their cigarette smoking habit yet mostly expressed the enjoyment they experience from smoking and how friends, family members and socialising influence their enjoyment of smoking. However, for one ‘smoker’ she;

“[does not] enjoy [smoking cigarettes]” and conveyed that she feels she has an ‘inability to quit’.

21-24 year old female ‘smoker’ from Randwick

One participant outlined how he smoked when he was younger ‘to fit in’ and now smokes because he ‘enjoys the occasional cigarette’.

21-24 year old male ‘social smoker’ from Kensington

Smoking also ‘became a sociable activity with friends’ for one participant and she believes she associates it with positive experiences of relaxation and enjoyment.

21-24 year old female ‘social smoker’ from Lane Cove

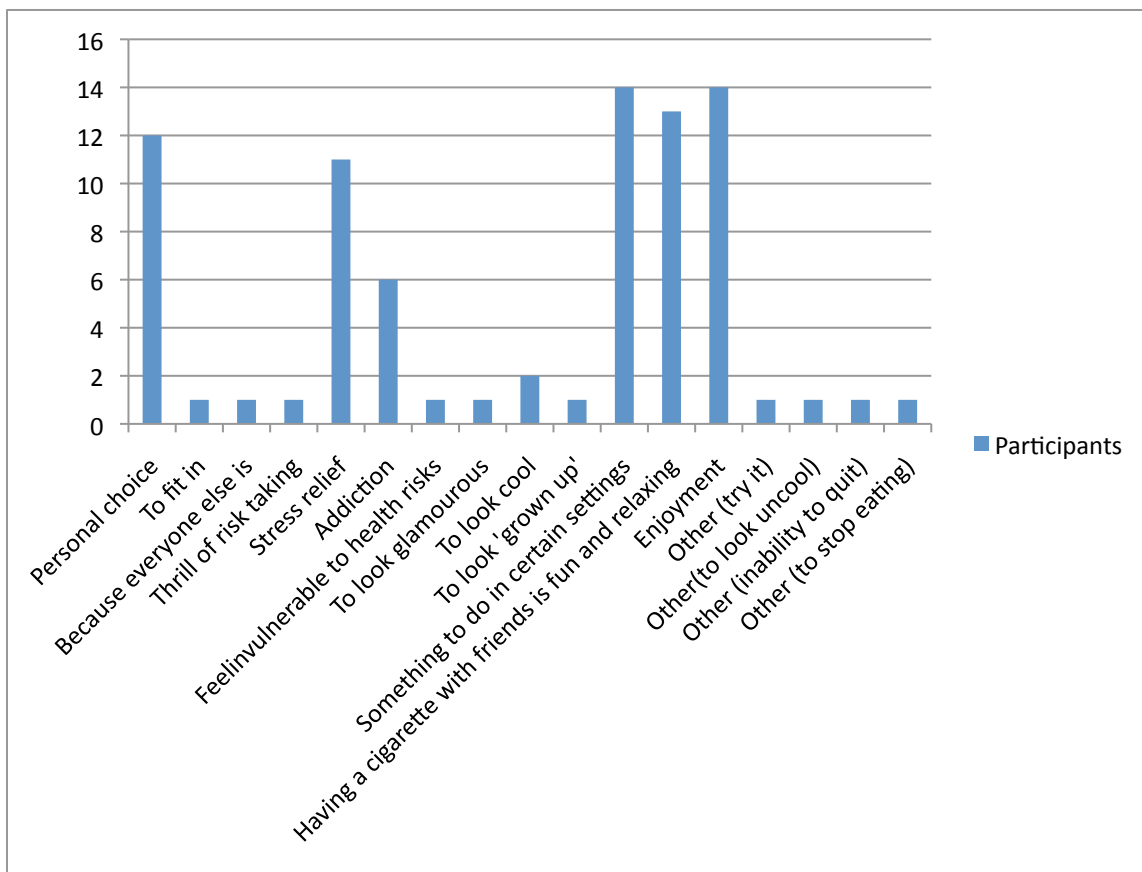
Another participant outlined that:

‘[cigarettes] can be ideal when feeling stressed or enjoyable to smoke with others who are smoking’

21-24 year old female from Kensington who rarely smokes and neither defines herself as a ‘smoker or ‘social smoker’.

In order to investigate why young adults smoke cigarettes, a list was also presented in the survey that featured a number of possible individual reasons for smoking cigarettes. Participants were asked to mark all relevant responses to their experiences and thus some participants marked more than one. The results were as follows in Figure 2 (please refer to Appendix A for the complete list of possibilities presented as reasoning as Figure 2 only presents factors that participants acknowledged contribute to their smoking practices):

Figure 2: Individual reasons for smoking cigarettes



Chi-square analysis was conducted in accordance with the information presented in this graph (Figure2). Chi-square 'goodness of fit' tests statistically verify whether there are

preferences within a distribution and demonstrate statistically when all categories are not equally preferred (Howell, 2008, p. 462). Chi-square analysis reveals that there is preference for particular reasoning in why young adults reported they smoke cigarettes ($p < 0.05$, $\chi^2 = 100.11$, $df = 17$, $\chi^2_{crit} = 27.59$) however there is no significant preference between the following factors and thus they are equally favoured; personal choice, stress relief, something to do in certain settings, having a cigarette with friends is fun and relaxing, and, enjoyment ($p < 0.05$, $\chi^2 = 0.531$, $df = 4$, $\chi^2_{crit} = 9.49$).

This information is useful in exploring sociability and identity construction through smoking amongst friends. Thus it could be interpreted that this information supports a social benefits hypothesis as ‘having a cigarette with friends is fun and relaxing’, ‘[smoking provides] something to do in certain settings’ and ‘enjoyment’ could be conceived as contributing to or relying upon sociable experiences. As the qualitative data outlined earlier in this chapter suggests these sociable factors contribute to the enjoyment experienced by young adults while smoking. Personal choice is also important for young adults smoking practices and as outlined in the theoretical overview of this thesis (chapter 2), choice and identity are entwined through an individualised voluntaristic perspective (Denscombe, 2001a, p. 163). It could also be argued that stress relief may point to the ‘existentially troubling’ context of late modernity (Giddens, 1991, p. 21 cited in Denscombe, 2001a, p. 161) that for Denscombe (2001a) contributes to the cigarette smoking practices of young people in a Western setting. This is consistent with data outlined earlier in this chapter that reveals how social pressure and coercion are not involved in young adults’ smoking practices. Also, due to the sample comprising mostly females, a gendered perspective could argue that the stresses that smoking relieves are related to pressures faced by women (Daykin,

1993). However, two of the three male participants listed ‘stress relief’ as a reason why they smoke.

There are alternate interpretations for the information presented in Figure 2. Personal choice, stress relief and enjoyment could be conceptualised as relating to addiction and individual reasoning rather than sociability and social benefits. The histogram (Figure 2) also demonstrates that ‘addiction’ is an important reason why young adults smoke cigarettes though this was not as significantly preferred as the other aforementioned categories. This information does not discount a social benefits hypothesis but could be interpreted differently.

4.2 – Effects of anti-smoking policy

The Australian Federal government has developed a number of television, radio, newsprint, retailing and billboard campaigns alongside tobacco company restrictions on advertising and retailing, in an attempt to reduce the consumption of cigarettes in Australia and thus reduce the negative health consequences associated with cigarette smoke and tobacco products. The survey in this primary research questions participants about their awareness of these anti-smoking campaigns and requests participants provide details about the campaigns they remember. Additionally, the survey requests participants outline any effects ‘smoke-free areas’ in Australia have had on their cigarette smoking practices.

4.2.1 – Awareness of anti-smoking campaigns

All participants in this research reported that they are aware of anti-smoking campaigns in Australia. All participants also provided details of current as well as past and memorable campaigns. Participants typically quoted and summarised television advertisements but the data was not restricted to televised campaigns. The campaigns that participants detailed typically referred to graphic imagery depicting organ dissection, chemical composition of cigarettes and advertisements that include testimonials from patients experiencing smoking related diseases. Nicotine replacement therapies as well as ‘QUITline’ advertisements were also described as memorable anti-smoking campaigns.

Participants were not ignorant of the health effects of cigarette smoking and many recollected in detail governmental and non-governmental anti-smoking campaigns that include the negative health effects of cigarette smoke and tobacco products for example, cancer, stroke and gangrene. One participant who smokes weekly reported that she believes her health will become affected and then proceeded to quote an Australian government anti-smoking campaign:

‘Every cigarette is doing you damage’.

21-24 year old ‘social smoker’ from Lane Cove

Campaign strategies were investigated in order to gain a deeper understanding of how young adults view these campaigns and how the campaigns have impacted on cigarette

smoking practices of young adults. Also, this information confirms that young adults are not smoking because they are unaware of the health effects associated with cigarette smoking but acting despite this knowledge that they have gained from the anti-smoking campaigns. Participants provided details surrounding their own health and the effects of cigarettes and four forms of response emerged: invulnerability, current health issues, participants' fears for future health problems and medical facts that were not applied to participants' own lives. Calculated risk was not given by any participant as a reason why they smoke cigarettes.

4.2.2 – 'Smoke-free areas'

Participants were asked whether the recent introduction of 'smoke-free areas' in New South Wales legislation that restricts the locations individuals can smoke have affected their smoking practices. Two thirds of participants reported that their cigarette smoking practices were unaffected by the 'smoke-free areas'. Those participants who reported their smoking practices have been affected referred to how it is becoming increasingly difficult to smoke cigarettes in public places however this rarely reduces consumption, even for infrequent smokers. Instead, participants generally reported their cigarette smoking only resulted in the relocation of social activities. One participant even reported smoking more when restricted as she finds that having to relocate and smoke in designated areas means that she is unsure when she will have another opportunity to leave the non-smoking areas again.

33-35 year old female 'smoker' from Camperdown

It is also evident from the following participant that she smokes when others around her are smoking and that 'smoke-free areas' prompt her to smoke:

'[smoke-free areas impact on my smoking because] now I am dragged outside when ever my friends want to smoke'... 'If everybody around me is [smoking] it gives me something to do so I don't end up talking to myself'

21-24 year old female from Gladesville who rarely smokes and neither defines herself as a 'smoker' or 'social smoker'.

These responses can be linked to responses outlined earlier regarding smoking because others are smoking. It could be inferred that the relocation to smoking areas prompts socialising and 'contagion' of smoking practices. This is an inference and thus other interpretations may apply.

The increased availability of information regarding the health effects of cigarette smoke and tobacco products has increased awareness as not one participant reported not being aware of any anti-smoking campaigns, however it has changed cigarette smoking practices for some participants in that they reported being conscious of inflicting their smoke onto non-smokers. Children and pregnant women were mentioned by participants as being at risk of the health effects of passive smoke and thus even in designated smoking areas or in open, public space, participants reported relocating their cigarette smoking away from these perceived high-risk non-smokers. This did not cease their smoking practices, it just relocated them. This result is in keeping with notions of consideration and etiquette involved in cigarette smoking practices.

The data gleaned from the primary research therefore demonstrates that despite the implementation of ‘smoke-free areas’ young adults continue to smoke cigarettes. Moreover, it is an activity that remains sociable and that accompanies sociable and friendly interactions. Cigarette consumption accompanies alcohol, food and coffee consumption also in public and sociable settings. Identity construction and the aesthetic value of smoking was rarely acknowledged as affecting why young adults smoke but public settings are important and increase smoking practices.

Chapter 5 – Findings: Secondary data analysis of National Drug Strategy Household Survey 2007

This chapter outlines the information analysed from the National Drug Strategy Household Survey 2007 (NDSHS 2007) datasets accessed through the Australian Social Science Data Archives (ASSDA, 2010). This chapter is divided into five sections. The first describes the frequency of cigarette smoking in Australia. The second outlines how friendship interactions are relevant to smoking practices as revealed in NDSHS 2007 quantitative data. The third section explores stigmatisation, social exclusion and the effects of ‘smoke-free areas’ in the quantitative NDSHS 2007 data. Fourthly, issues regarding how cigarette smoking practices are maintained are addressed and fifthly, these secondary quantitative results are summarised.

The aim of NDSHS 2007 was to gain understanding about drug use in Australia in order to improve health, social and economic outcomes and thus determine effective strategies

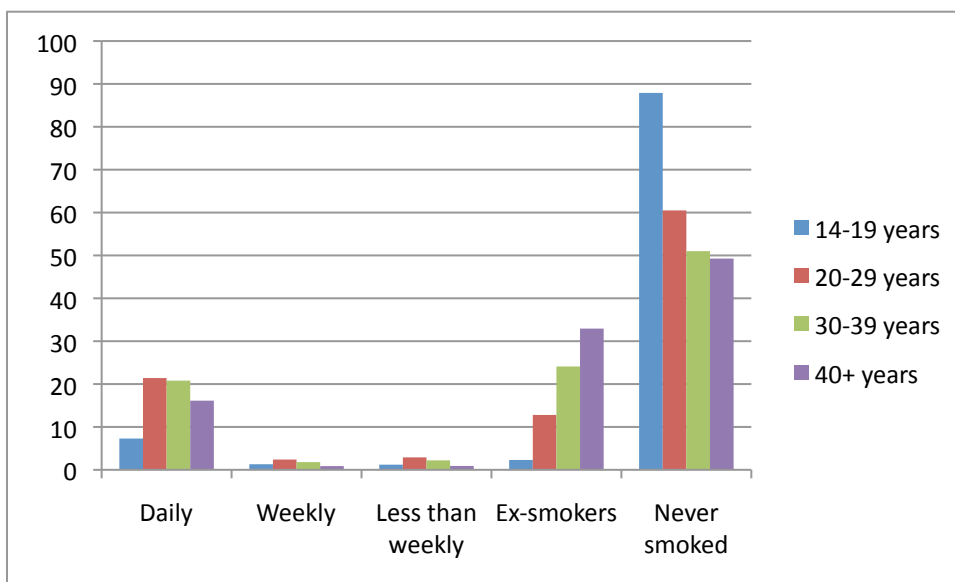
to reduce the uptake of licit and illicit drugs in Australia in the future. The economic cost of drug use in Australia in 2005 was \$56.1 billion and tobacco use accounted for 56% of this total (Collins and Lapsley, 2008 cited AIHW, 2008, p. 1). This national survey aimed to increase our understanding of tobacco use and develop more effective anti-smoking strategies and thus decrease the economic and social costs of tobacco use. The quantitative nature of the NDSHS 2007 provides population data and thus through combining secondary quantitative data with the primary quantitative and qualitative survey findings (as outlined in chapter 4), the experiences of individuals that contribute to population observations can be developed to improve understanding about cigarette smoking practices.

Section 'D' of the NDSHS 2007 was devoted to 'tobacco' use and thus throughout this chapter, the questions that are referred to were part of this section of the NDSHS in 2007. This section was comprised of 32 closed questions. The sample was 23,356 participants and of this number 30.4% of the sample was adults between the ages of 20 and 39 years. The NDSHS 2007 report summarises the survey and importantly describes that 44.6% of Australians over the age of 14 years had smoked at least 100 cigarettes in their lives and 19.4% had smoked in the last 12 months. Self-reported daily smokers declined by 0.8% to 16.6% between 2004 and 2007 while the median age of smoking initiation remained stable at less than 16 years of age. And, 49.2% of Australians had been offered or could have smoked a cigarette within the 12 months prior to survey completion (AIHW, 2008, p. xi). It must be stressed that this section relies upon the analysis of secondary data and therefore the findings reported in this chapter are dependent on the availability of particular datasets.

5.1 - Smoking frequency

The following histogram (Figure 3) represents frequency of tobacco consumption as a proportion of the total number of respondents in each age group (information assembled from responses to question D10 of the NDSHS 2007). In Australia the proportion of 20-39 year old adults that currently smoke cigarettes smoke more daily, weekly and less than weekly compared with all other age groups. This demonstration was part of the motivation for the current study, that is, young adults are commencing and continuing to smoke cigarettes despite widespread public health campaigns in Australia. Moreover, young adults are not only smoking cigarettes daily in keeping with addictive patterns of cigarette smoking and may be smoking ‘weekly’ or ‘less than weekly’ for other reasons.

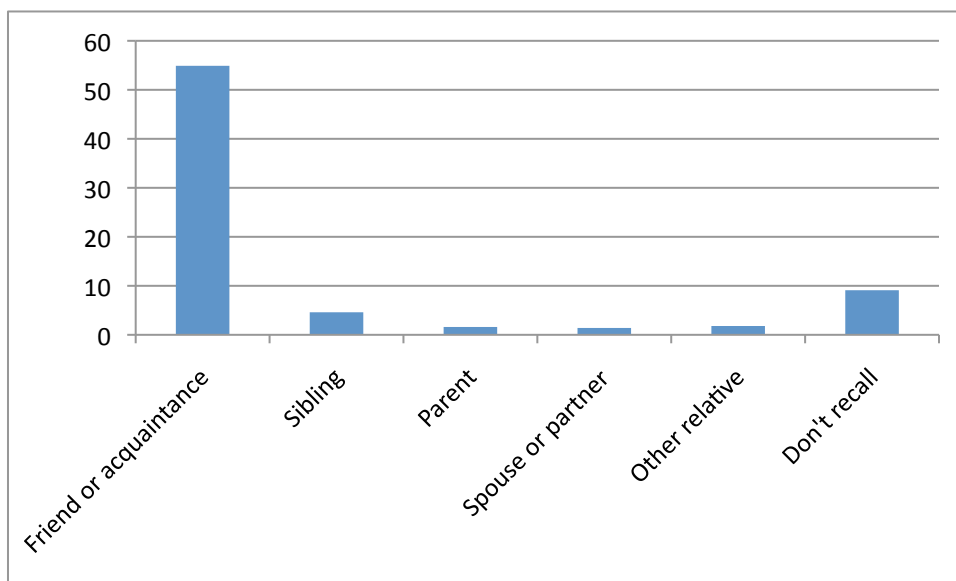
Figure 3: Frequency of consumption of cigarettes in 2007 by age groups



5.2 - Friendship interactions

The survey requested respondents identify who supplied their first cigarette (question D5 of the NDSHS 2007) and the findings reveal that ‘friends or acquaintances’ provided this first cigarette to over half the sample (54.9%). Figure 4 demonstrates the distribution of first cigarette obtainment. Through chi square analysis it was determined that firstly, there was categorical preference when comparing all possible responses (at $p < 0.05$, $\chi^2 = 25350.1$, $df = 5$, $\chi^2_{crit} = 11.07$). And, that through chi square analysis of two categories, that is ‘friends or acquaintance’ compared with all other possibilities combined to equal one category, it was revealed that ‘friends or acquaintances’ was significantly preferred as the first cigarette experience compared with all other ‘suppliers’ (at $p < 0.05$, $\chi^2 = 2520.82$, $df = 1$, $\chi^2_{crit} = 3.84$).

Figure 4: Histogram representing how respondents obtained their first cigarette.



This information reveals that friendship interactions are important in the initiation of cigarette smoking practices. The question specifies ‘friend or acquaintance’ and therefore from this information it cannot be determined whether friendships are being established or continued through cigarette smoking practices. The primary qualitative

data in this research (in chapter 4) however, exposes how friendships can be established through a ‘community of smokers’ (Scheffels, 2009), as well as being involved in sociable interactions as friends and strangers or acquaintances talk, socialise and smoke together.

In response to the question: Where do you obtain your cigarettes/pipes/other tobacco products (question D12 of NDSHS 2007), 5.8% of respondents stated that they obtained their cigarettes through friends or acquaintances while overwhelmingly, 91.4% reported they purchased their tobacco products from retailers. Only taking these two variables into account, this result demonstrates that statistically, there is a significant preference for purchasing cigarettes from a retailer ($p < 0.5$, $\chi^2 = 3364.69$, $df=1$, $\chi^2_{crit} = 3.84$). Disregarding retail sales, a chi square test was conducted to test obtainment of cigarettes through ‘friends or acquaintances’ compared with all other categories (including sibling, parent, spouse or partner, other relative, stole it, purchase over the internet or other) and ‘friends or acquaintances’ were preferred significantly ($p < 0.5$, $\chi^2 = 47.9$, $df=1$, $\chi^2_{crit}=3.84$). Despite the obvious preference for retail obtainment, this quantitative result is important as 261 people regularly obtain cigarettes from friends, despite being regular smokers. The results also allude to theoretical implications involving etiquette and sociability.

The aforementioned figures indicate that non-smokers are introduced to smoking through friendship interactions and for a relatively small number of regular smokers friendship networks play pivotal roles in the maintenance of their smoking habits.

5.3 – The effects of ‘smoke-free areas’ and anti-smoking campaigns

This research is interested in why young adults smoke cigarettes and thus why people cease smoking is also of interest. The NDSHS 2007 asked participants which of the following motivated those who had ceased their cigarette smoking practices to give up smoking (question D18 from NDSHS 2007). ‘To fit in’ was an option listed as a response to this question, to which 12.8% responded ‘yes’ while 36% stated ‘no’ (while 51.2% did not indicate that they had previously attempted to cease smoking). These responses demonstrate that significantly more people responded that they did not try to quit smoking ‘to fit in’ (at $p < 0.05$, $\chi^2 = 765.6$, $df = 1$, $\chi^2_{crit} = 3.84$). There appears not to be a feeling of social exclusion through smoking cigarettes, and it could be interpreted that therefore, stigmatism is not an issue for ‘smokers’, nor ‘anti-social’ implications. Also, it could be argued that the majority of smokers are young adults and continuing to smoke is in keeping with ‘fitting in’. Therefore, this information, in conjunction with the primary qualitative findings (chapter 4) points to cigarette smoking as socially beneficial rather than socially exclusionary, regardless of anti-smoking campaigns and ‘smoke-free zones’. Despite this line of argument, the results could be interpreted differently and the absence of age group variables in the analysis necessitates an interpretative inquiry that may or may not be accurate. It is argued in this thesis that this supports a sociable rather than anti-social approach to cigarette smoking.

In the NDSHS 2007 (question D18), 6.8% of respondents claimed that restrictions on the public places that allow smoking prompted them to attempt quitting, while 3.8%

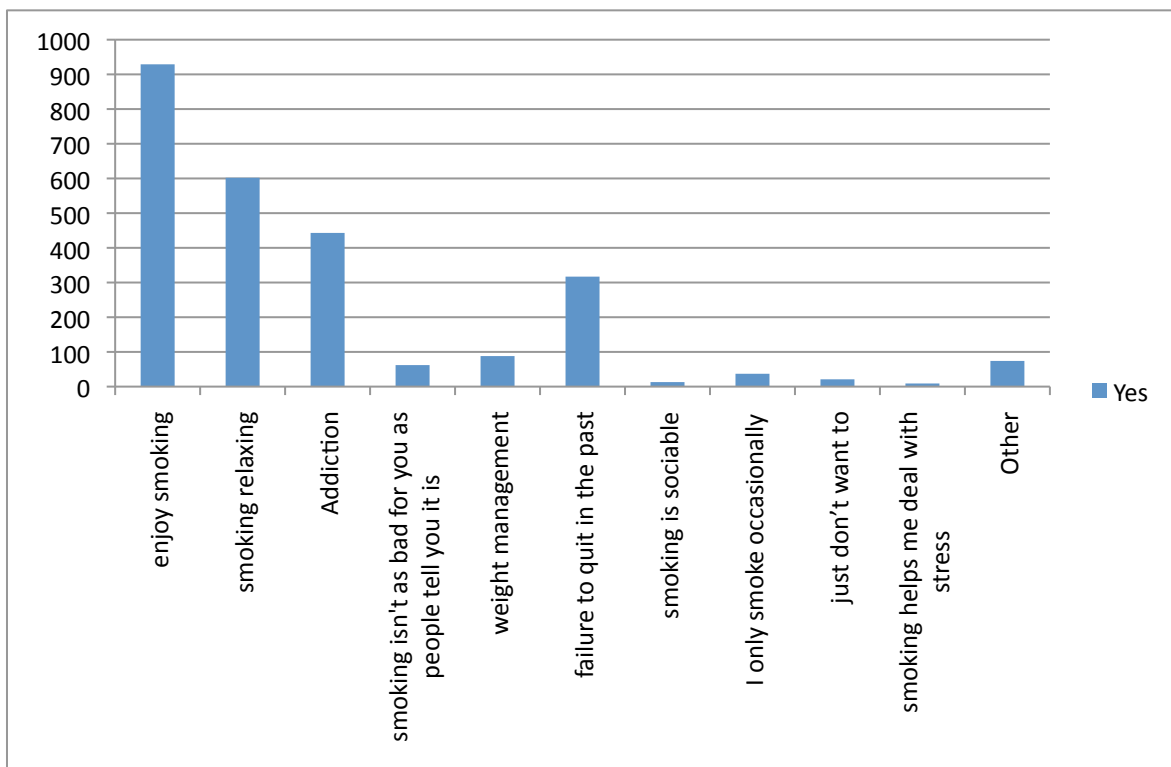
claimed restrictions on smoking at work prompted their attempt to quit. Significantly more people chose 'no' in response to both work ($p < 0.05$, $\chi^2 = 1749.2$, $df=1$, $\chi^2_{crit} = 3.84$) and public restrictions ($p < 0.05$, $\chi^2 = 1206.58$, $df=1$, $\chi^2_{crit} = 3.84$) on cigarette smoking. Also, only 12.3% stated that friends or family asked them to quit and so they attempted to cease their habit. This information indicates that anti-social implications of 'smoke-free areas' have had minimal impact on ceasing cigarette smoking as relocation has not resulted in consumption decreases. Thus in keeping with the argument presented in this thesis, sociability and social benefits hypotheses are further supported by this finding.

5.4 - Maintaining cigarette smoking practices

Figure 5 is a histogram that represents the number of respondents that answered 'yes' in response to each variable when asked the following question (question D21 in NDSHS 2007): What are your reasons as to why you do not intend to quit? As indicated, 1505 respondents answered this question and this is due to the number of people who indicated that they currently smoke cigarettes and do not intend to cease this practice. Respondents marked all relevant factors that contribute to their continuation of cigarette smoking. 'Enjoyment' was the only response that saw more people answer 'yes' than 'no' and this result was significantly preferred by participants ($p < 0.05$, $\chi^2 = 127.3$, $df=1$, $\chi^2_{crit} = 3.84$). This figure also indicates that for large numbers of people relaxation, addiction and failure to quit in the past affect the maintenance of cigarette smoking practices however, other than enjoyment, there is not one other clear preference for continuing to smoke cigarettes. Sociability of smoking was not highly

supported as a reason not to quit smoking with only 13 people acknowledging sociability influenced their choice to continue to smoke.

Figure 5: Number of respondents that indicated each factor has influenced their intention not to quit smoking cigarettes.



The information presented in Figure 5 may point to alternate explanations about why Australians do not intend to cease their smoking practices. An addictive argument may explain the aforementioned information in that enjoyment, relaxation, addiction and failure to quit in the past could all point to experiences of smoking in relation to nicotine cravings or habit. Moreover, the information made available for this research project does not allow analysis of age group variables due to the restrictions placed on the datasets and it is therefore difficult to determine whether younger or older adults are experiencing these quitting difficulties and addictive ramifications of cigarettes.

5.5 - Summary of findings

The NDSHS 2007 therefore reveals that young adults smoke more cigarettes than other age groups in Australia and that friendship interactions play an important role in the initiation of cigarette smoking practices. This result is consistent with the qualitative survey data as outlined in chapter 4. Friendship interactions are also important regarding how smokers continue to obtain their cigarettes. Thus, friendship interactions are evident from this quantitative analysis as well as the qualitative data as outlined in this chapter and the previous chapter.

Australians are not motivated to cease their cigarette smoking practices due to social exclusionary factors such as ‘fitting in’ with non-smokers or as a result of having to relocate due to ‘smoke-free areas’. Moreover, it could be argued that young adults are perhaps smoking to ‘fit in’. Sociability was not acknowledged as a motivator for smokers to continue smoking. The quantitative results reveal that enjoyment of smoking motivated people to continue smoking cigarettes and in conjunction with the findings from the primary research (chapter 4) it could be interpreted that this is due to the social benefits of cigarette smoking practices through social settings and friendship interactions.

The quantitative findings as summarised in this chapter reveal important influential factors that contribute to the cigarette smoking practices of young adults in Australia, however alone the results are unconvincing regarding why young adults smoke cigarettes. The inclusion of NDSHS 2007 data analysis as well as the primary research undertaken in this thesis ensures more meaningful conclusions can be reached and thus this research can provide important insights into how social policy can be improved to minimise the health, social and economic costs of tobacco use in Australia.

Chapter 6 – Discussion

The findings of this research project reveal that cigarette smoking for young adults remains a sociable activity despite the increasing number of ‘smoke-free areas’ in New South Wales. Social settings and friendship interactions are influential in the initiation and continuation of cigarette smoking practices of young adults and results support a social benefits hypothesis. This chapter is organised into four sections. The first section describes and explains the specific theoretical implications of this study in accordance with the hypotheses of this project. The second section explores broader implications for the current study through existing theoretical and empirical research. The third section outlines the limitations of this research and the fourth section is a discussion of potential social policy implications of this research.

6.1 – Specific theoretical implications: Hypotheses

The first hypothesis for this research was that cigarette smoking is defined by young adults who smoke as an individual, voluntary decision: a combination of choice and control. This hypothesis was supported in part, that is, participants acknowledged that cigarette smoking was a personal choice but not one participant viewed their cigarette smoking practices as a means of feeling in control. The notion of control however, was supported when participants drew attention to the role of cigarette smoking for the self, as opposed to the other, terms that for Denscombe (2001a, p. 167) represent a sense of being in control. Daily smokers reported using cigarette smoking as a means for time

alone or taking a break from work yet these same participants reported that they felt they were unable to quit smoking despite wanting to. The secondary NDSHS 2007 data analysis shed little light on this question and from this secondary information it could be interpreted that choice is not influential in smoking as an 'inability to quit' was reported as affecting quitting attempts also. The findings from this research also reveal that young adults who smoke do so despite knowledge of the health dangers associated with cigarette smoke and tobacco products. Participants all described television, radio and magazine advertising campaigns that described potential health risks of cigarette smoke when asked if they are aware of anti-smoking campaigns in Australia. Thus, cigarette smoking was viewed by participants as a personal choice, consciously made, that allows them to exert their individual autonomy. This is despite knowledge of the health dangers associated with cigarette smoke and tobacco products. The decision to smoke was not justified specifically by participants as a means of feelings in control. Cigarette smoking is used by participants for the self, and thus control is arguably an influential factor but it is more consistent with the data collected in this research to argue that young adult smokers are smoking for the self in order to benefit the self socially.

The second hypothesis in this project was that there is a perception amongst young adults who have consumed at least one cigarette in their lifetime that smoking promotes sociability. This hypothesis was strongly supported by the primary survey data and some support can be seen through NDSHS 2007 data analysis. Participants in the primary research commonly referred to the sociability of cigarette smoking practices in the open ended survey questions. Firstly, participants referred to social settings that increase consumption of cigarettes such as pubs, clubs, cafes, parties and outside areas

at functions. Secondly, the activities participants described as being associated with cigarette smoking practices were of a sociable nature. Sociability and socialising were referred to repeatedly by some participants as being an advantage of cigarette smoking. Sociability was not supported as a reason not to quit smoking through the quantitative NDSHS 2007 data but there was evidence against an anti-social argument as made apparent as ‘fitting in’ with non-smokers was not exposed as motivation for quitting smoking either.

The third hypothesis in this project was that there is a trend for young adults who do not identify themselves as ‘smokers’, to consume cigarettes in social settings and with their friends to achieve social belonging. Findings from the primary data indicate that participants smoke in social settings and smoking because others are smoking, however they typically expressed the view that their cigarette smoking was sociable rather than a means of achieving social belonging or ‘to fit in’. It was found that cigarette smoking for many young adults provides ‘something to do in certain settings’ as well as being a fun and relaxing practice in which to partake with friends. Moreover, peer pressure or coercion was not supported by participants in relation to their cigarette smoking practices. The phenomenological approach that has been adopted in this research relies upon the ‘lived experiences’ of individuals (Moran, 2000 cited in Fry et al., 2008, p. 765), thus, as social belonging or feelings of the desirability of the ‘smoker’ were not specifically mentioned by any participant, sociability and presentation of a social self theories are more viable than smoking as a means of social belonging. ‘To fit in’ as a justification for intentions to quit saw little support through the analysis of the quantitative NDSHS 2007 data and points to the importance of fitting in with smokers

but this result could be interpreted differently from the information available and presented in this thesis and thus this needs to be investigated through further research.

The final hypothesis in this research is that young adult daily 'smokers' will report they smoke more in social settings as part of constructing their identity within their friendship networks. This was supported in part. Participants that identified themselves as 'smokers' openly acknowledged that their cigarette smoking increased amongst fellow smokers and when socialising but they did not express that they felt cigarette smoking had anything to do with their desired identity or perception of self. Two participants who did not define themselves as 'smokers' or 'social smokers' believed that they smoked cigarettes to look 'glamorous', 'cool' and 'grown up'. Therefore this hypothesis was not supported through a phenomenological approach though identity construction theories remain relevant for young adults in that some participants felt that cigarettes contribute to the identity of smokers as well as through the increased consumption that occurs in social settings. Fry et al. (2008) and Denscombe (2001a) would argue that this increased consumption is part of constructing a social identity, regardless of participants' own confessions.

Thus, social settings and friendship interactions are important factors for the cigarette smoking practices of young adults. Participants in this study commonly referred to social settings such as pubs, clubs, cafes, friends' houses, parties and work settings as places they smoke cigarettes. Qualitative and quantitative data reported in this study demonstrate that friends introduced smokers to cigarettes and smokers increase cigarette

consumption in the company of other smokers. Therefore, the results demonstrate that young adults view cigarette smoking as a sociable practice and thus cigarettes are viewed as socially beneficial.

6.2 – Broader theoretical implications: Social settings and friendship interactions

Young adults overwhelmingly responded with details surrounding the sociability of cigarette smoking in the open ended questions in this primary research. As the theoretical overview of this thesis outlines (chapter 2), there are competing arguments surrounding cigarette smoking in the context of late modernity that conceptualise cigarette smoking as either socially beneficial or detrimental. The findings from this research demonstrate that for young adults, cigarette smoking is involved in sociable interactions and is socially beneficial. Moreover, young adults are smoking more in public settings and while socialising with friends and thus identity construction and the presentation of a social self are important in young adult smoking practices as suggested in the theoretical overview (chapter 2).

6.2.1 – Identity, late modernity and choice

Denscombe (2001a) argues that the context of late modernity fosters uncertain identities and cigarette smoking provides an opportunity for young people to exert their individual autonomy through personal choice. The primary data in this research demonstrates that for young adults in Sydney, personal choice is influential in why they smoke cigarettes. Analysis of NDSHS 2007 data demonstrates that when rephrased, the question of choice

remains unclear. 'I just don't want to' quit smoking is equal to 'I want to smoke', hence, 'I choose to smoke' and only 21 people (of the 1505 people that responded to question D21 of the NDSHS 2007) agreed with this statement. This inconsistency points to the importance of further, in depth and qualitative research to develop the notion of the choice to smoke in association with the choice to quit smoking.

Uncertain identities and ambiguity in late modernity are important for Denscombe's argument (2001a) and 'stress relief' is important reasoning as to why young adults smoke cigarettes as revealed in the primary and secondary research data. Thus, young adults are using cigarette smoking as a means of dealing with stress, perhaps due to the ambiguity associated with the context of late modernity. This argument can be challenged through an addiction model of smoking as stress relief can also be viewed as a means of eliminating cravings. Denscombe (2001a) convincingly argues that the relationship between choice, autonomy and late modernity affects smoking practices of adolescents, however his methodology employs interviews and focus groups alongside surveys and thus in order to conclude more convincingly that choice and late modernity are influential factors in cigarette smoking practices of young adults further empirical research needs to be undertaken.

Personal choice and smoking is to choose a smoking identity through location and communication (Denscombe, 2001a, p. 168). The phenomenological approach that this research adopts relies upon gaining insight into the experiences of individuals through their 'lived world' (Moran 2000 cited in Fry et al., 2008, p. 765) and thus how

individuals view their own experiences is of interest. Young adults rarely acknowledge the importance of identity construction or the aesthetic value of smoking as evident from primary survey data summaries (chapter 4 of this thesis). Nevertheless, overwhelmingly young adults spoke about the social settings and friendship interactions that encourage them to smoke cigarettes such as in bars, clubs and cafes with friends, acquaintances and strangers. Thus, although participants rarely acknowledged the role of cigarettes as socially beneficial in terms of their aesthetic value or ‘symbolic capital’ (Bourdieu, 1984), identity construction as a motivation for cigarette smoking for young adults may still be an issue and thus, further research needs to be conducted to explore this potentially influential factor. Moreover, Fry et al. (2008) concluded through their phenomenological study that smoking in public settings both alone and with friends young adults are being sociable and constructing a smoking identity through the ‘presentation of a social self’ (Fry et al., 2008) or ‘performances’ (Goffman, 1959) despite smokers’ own feelings regarding the aesthetic value of cigarettes. This result was also exposed in this research. Participants reported that they associate cigarette smoking with sociable activities in public settings such as cafes, restaurants and pubs with friends as well as alone in public areas and while talking on the phone. Phone conversations and smoking practices reveal how late modernity, sociability and identity construction interact and are changing. Participants are still portraying themselves as ‘smokers’ to strangers visually through smoking in public as well as to their friends through audible signals but participants did not specifically discuss this benefit. Young adults are therefore presenting themselves as ‘smokers’ amongst friendship networks as well as to strangers while smoking in public settings.

6.2.2 – Smoking is sociable

Friendship interactions and social settings are essential for sociable interactions, and, for young adults sociability frequently involves consumption as that which is consumed can provide ‘material content’ for an association and establish and reinforce social ties (Simmel, 1949, p.255). This research revealed that the social settings where young adults mainly smoke cigarettes are pubs, clubs, cafes, friends’ parties and functions despite the introduction of ‘smoke-free areas’ in New South Wales. Hence, consumption of food, coffee and alcohol are linked to cigarette smoking practices for young adults in social settings amongst friends. From this research it was determined that consumption of food and beverages is insufficient commonly as ‘material content’ for a sociable interaction (Simmel, 1949, p.255) if cigarette smoking is also involved. Results therefore allude to the importance of identity construction theories through the ‘presentation of a social self’ (Goffman, 1959) in conjunction with sociable interactions as consumption of substance (food or drink) alone lacks explanatory value. It could also be argued that the etiquette of the situation may influence smoking in sociable interactions with other smokers rather than ‘material content’ (Simmel, 1949, p. 255).

The social benefits of cigarette smoking and sociability can also be uncovered through the following example from the qualitative data collected in this study. One participant said, as described in chapter 4, that cigarette smoking is socially beneficial in that it times conversations in sociable interactions. Young adults smoke together and when a cigarette is finished it provides an opportunity to end the conversation and relocate, or,

light up again and continue socialising with the same group of people. Etiquette appears to be involved in these sociable encounters as there are timing and participation protocol for cigarette smoking that contribute positively to the sociable experience.

This concept of sociability can be explored through identity and a ‘community of smokers’ (Scheffels, 2009). Although Scheffels (2009) identifies the ‘defensive smoker’ as only one of three smoking identities, her concept is relevant to young adults as revealed through the qualitative data in this research. One participant stated that cigarette smoking is something that ‘bonds’ her with other people and thus, she finds it easier to socialise with other smokers. Another participant felt that she could ‘connect’ with her work colleagues through shared consumption of cigarettes. The connectedness ‘smokers’ feel with each other supports Scheffels’ (2009) concept of a ‘community of smokers’ amid intimate ‘boundary breakdown’ in friendship establishment (Jamieson, 2001) through shared practices or commonality.

‘Enjoyment’ was revealed as the most influential factor for defusing intentions to quit smoking as NDSHS 2007 data and primary survey data exposed. It is argued in this thesis that the enjoyment associated with cigarette smoking is attributable to the social benefits that cigarette smoking facilitates as the primary qualitative data suggests. This interpretation could be disputed in that enjoyment of smoking practices need not necessarily be attributable to sociable benefits entirely. Arguments surrounding addiction would argue that enjoyment is associated with defusing nicotine cravings while delinquent, anti-social and rebellion explanations may explain this enjoyment as

part of the ‘thrill of risk taking’. Future empirical research should investigate this link through developing smokers’ own reasoning for their enjoyment of smoking cigarettes.

The ‘contagion model’ (Lloyd and Lucas, 1998) of cigarette smoking does not rely upon coercion to participate in cigarette smoking and instead conceptualises it as a kind of ‘behavioural disease’ (Lloyd and Lucas, 1998 cited in Denscombe, 2001b, p. 9). The results from the primary research support this conceptualisation as personal choice and sociable interactions influence smoking practices. Participants discussed smoking more while in the company of others who are smoking cigarettes but mostly rejected any influence of social pressure to smoke cigarettes. Instead, the ‘spread of social norms and emotions within social networks’ (Dixon and Banwell, 2009, p. 2206) may be taking place. This ‘contagion’ is arguably occurring due to the social benefits associated with enjoyment, sociability and identity construction opportunities that smoking provides, as evident from this research project. The results of the NDSHS 2007 however point to smoking as a means of ‘fitting in’. This was only one interpretation of a statistical relationship and the relationship uncovered may be pointing to the sociable rather than anti-social consequences of smoking cigarettes for young adults. Further research is therefore recommended that concentrates on how the ‘contagion’ model (Lloyd and Lucas, 1998) may be part of social benefits, sociability and etiquette explanations.

There was minimal support for an anti-social perspective on cigarette smoking practices. Although one participant stated that she believes cigarette smoking is ‘no longer a social activity’, she also outlined her own experiences with cigarette smoking

in social settings with friends similar to other participants who described their practices as sociable. Anti-social arguments stem from the 'stigma' that is perhaps associated with cigarette smoking in the Western world (Scheffels, 2009; Kim and Shanahan, 2003) as well as the effects of the implementation of 'smoke-free areas' that have been implemented in Sydney (and across Australia and much of the Western world).

Participants were asked whether the introduction of 'smoke-free areas' have affected their smoking practices. The minority who reported that they had experienced effects of the policies pointed to the increasing difficulty of smoking cigarettes with the restrictions yet consumption was not typically reduced. Moreover, the NDSHS 2007 data analysis demonstrates that public and workplace restrictions have had minimal impact on cigarette smoking quitting attempts.

Sociable activities are being relocated away from 'smoke-free areas', usually outside. The perception that these restrictions are ineffective for young adults may be a result of the sociability of cigarette smoking in locations such as bars, clubs, cafes and friends' houses where smoking areas are inviting. Sydney weather is generally mild and thus outside areas allocated as 'smoking areas' are pleasant spaces to socialise often with seating and heating when appropriate. Moreover, 'smoking areas' need not necessarily be outside. Laws that restrict the location of cigarette smoking in New South Wales as part of the 'Smoke-free environment Act, 2000' define 'smoke-free areas' as any enclosed public space (Smoke-free environments Act, 2000, Section 6). Exemptions must comply with the following details: barriers must exist between 'smoke-free areas' and designated smoking areas must be ventilated with the exception of casino private gaming areas (Smoke-free Environment Act, 2000, Section 12). Fry et al. (2008)

conducted a study in the United Kingdom prior to the introduction of ‘smoke-free areas’ that revealed cigarette smoking was a sociable activity for young adults when they are in public settings with friends as well as alone (as outlined in chapter 2 of this thesis). The current study found that this remains true for young adults living in Sydney despite the introduction of ‘smoke-free areas’ and cigarette smoking practices are merely relocated.

6.3 - Study limitations

This study, like all empirical research, has limitations. The survey administered in this primary research outlined in this thesis firstly faces limitations associated with sample size and representativeness. Secondly, survey research is limited as clarification between researcher and participant is not possible and this was a limitation of the primary and secondary research findings. The analysis of secondary NDSHS 2007 data was also limited in that restrictions on datasets prevented the 18-35 year old age group from being isolated from the other data. Moreover, interpretation of this secondary data can lead to vague conclusions surrounding how the quantitative responses are affected by experiences of individuals.

The sample size for the primary research was not determinable until after the completion of the data collection due to snowball sampling techniques. Moreover, survey research generally faces obstacles relating to participation and response rates. The sample for the primary research was limited firstly due to the sample size and secondly in the composition of the sample in terms of gender, age or suburban

residency. There were only 24 surveys returned and had the time restrictions on this project not been an issue, alternate recruitment means could have been developed once the issue of response rate was realised. Such alternate recruitment measures potentially could have included University of Sydney sociology classes, advertisement through websites or compensatory payment offers as motivation to participate and thus more surveys may have been returned. The information gained from these 24 qualitative surveys remains valuable as the answers to the open ended questions still revealed experiences of young adults, similar to short, structured interviews. Future empirical research could potentially use the survey format and implement alternate recruitment means.

The number of male and female participants in primary research data collection is a limitation of this thesis also. As outlined in the theoretical overview of this thesis (chapter 2), gender perspectives on cigarette smoking practices are prevalent in sociological literature and thus this research is limited in providing convincing arguments for or against gendered approaches in relation to young adults and their smoking practices. Sociability and the social benefits were found to be important factors for young adults' initiation and continuation of cigarette smoking practices for both males and females. However, it is difficult to argue that the sociability of cigarette smoking for young adults is definitely an influential factor for both males and females due to the unevenly distributed sample. Similarly, other socio-demographic factors such as formal education, occupation and suburb residency were also limited. Again, these could be combated through future research utilising the primary research survey and alternate recruitment means.

Surveys are also limited as immediate clarification is not possible. This is problematic for both the primary and secondary data outlined in this thesis. For example, one female participant reported in the primary research that she was first introduced to cigarettes between the ages of 22-25 years at Sydney airport pharmacy. Her occupation is a pharmacist but the assumption that she was introduced to cigarette smoking in an occupational setting is an assumption only and cannot be a verified. An interview setting would allow the interviewer to ask the question and perhaps reveal some work place and friendship interactions unavailable in the survey data.

Additionally, participants did not seek clarification with the researcher while undertaking the survey as part of the primary research. The Participant Information Statement that accompanied the emailed survey in the recruitment stages of this research clearly states that should participants have any questions, they need not hesitate to contact the researcher. This was only problematic in that the assumption was made that all questions were understood consistently as no one contacted the researcher for clarification.

Participants generally provided valuable details surrounding their experiences with cigarette smoking, friendship interactions and social settings despite these shortcomings associated with survey data. The mixed-methods approach that this research has utilised addresses some limitations of qualitative and quantitative methodologies but all

empirical research is limited in some capacity and the aforementioned limitations did not negatively impact the findings severely.

6.4 - Policy implications

Anti-smoking campaigns in Australia have taken on a number of forms: television, radio and print advertising about the negative health effects of cigarette smoking, control policies that restrict the locations people can partake in cigarette smoking, retailing restrictions that limit the visibility of cigarette packets in retail shops and packaging requirements. This research demonstrates that young adults are aware of and understand the implications that these campaigns promote. These campaigns have been observed and remembered and therefore are effective in part although it remains problematic that these young adults still smoke.

The social settings that participants in the current study associate with cigarette smoking are pubs, clubs, bars, cafes, restaurant and workplaces as well as friends' houses. Thus, many of these are public settings, controllable with legislated restrictions. Trotter, Wakefield and Borland (2002) published a study that investigated the social cues in bars, nightclubs and gaming venues that prompt cigarette smoking prior to the introduction of 'smoke-free areas'. Their results revealed that 70% of adults that frequently attended bars and nightclubs smoked more in these settings and 25% indicated that they would likely cease smoking if bans inside these venues were introduced. Similarly, Philpot et al. (1999) concluded that the introduction of mandatory 'smoke-free areas' would reduce cigarette consumption. Over half (54%) of 'social

smokers' reported that they expected they would decrease their cigarette consumption while 11.5% of daily smokers predicted they would be prompted to quit by the introduction of 'smoke-free areas'. The qualitative data from this research revealed that these 'smoke-free areas' that have since been introduced, have had little effect on the cigarette smoking practices of young adults and as discussed earlier in this chapter and in chapter 4, young adults have merely relocated the smoking activity.

In New York, Kelly (2003) conducted an ethnographic research project that investigated the effects of the smoking bans on club-going youth. A key observation of his research was that youth involved in his study faced a tension between their desire to remain sub-culturally involved through their participation in the club lifestyle and their desire to smoke. Arguably, this is not an issue for young adult 'smokers' as they appear to be persisting with their cigarette smoking together and continue to claim it is socially beneficial. Moreover, NDSHS 2007 data suggests that 'fitting in' with non-smokers does not motivate smokers to cease smoking and thus smoking is not anti-social.

The findings from this research reveal that the sociability of cigarette smoking is influential for young adults' smoking practices. The 'smoke-free areas' were introduced in 2000 in the 'Smoke-free Environment Act, 2000' as a means of reducing the effects of passive smoking on non-smoking venue staff and patrons as well as work colleagues of smokers. The implementation of this legislation and its subsequent amendments potentially applies to the sociability of cigarette smoking and scholars have argued that 'smoke-free areas' make cigarette smoking 'anti-social' (Kim and Shanahan, 2003;

Scheffels, 2009). The social settings that participants in the primary research discussed as being associated with cigarette smoking practices currently have 'smoke-free areas' and adhere to the legislative framework while patrons generally comply with the restrictions (Chapman et al., 2001). Smoking areas of pubs, clubs and cafes as well as public space in Sydney tend to be pleasant places to be. Sydney and New South Wales generally sees mild temperatures that ensures that the relocation of socialising activities away from 'smoke-free areas' remains appealing and thus sociable interactions are encouraged but risk of passive smoke inhalation by non-smokers is decreased.

This research has revealed that the sociability of cigarette smoking is an influential factor in young adult cigarette smoking practices. Moreover, cigarette smoking is an activity associated with public and social settings as well as friendship interactions for young adults. Current anti-smoking campaigns revolve around the medical and psychological models of cigarette smoking which for Gilbert (2008) is problematic as socio-cultural factors are ignored thus cigarette smoking remains an issue today.

Therefore, further development of anti-smoking campaigns should concentrate on the sociability of cigarette smoking amongst young adults both through the initiation and continuation of smoking practices. In doing so, anti-smoking campaigns should firstly make cigarettes more difficult to acquire through limiting the retailers that are permitted to sell the products. As initiation of smoking practices typically occurs in adolescence more restrictive retailing may result in smoking commencement decreases as underage obtainment may also decrease. Secondly, 'smoke-free areas' are potentially effective but currently fail to reduce smoking of young adults due to the accessibility of smoking areas and the sociable atmosphere they encompass. Thus, smoking areas should be

fewer in number and difficult to find making relocation of sociable activities for smoking purposes extremely difficult. Additionally, consumption of food, coffee and alcohol should be restricted in public areas that allow smoking to minimise the sociability of smoking. Issues of smoking and identity through controlling location more tightly would also be combated. Social desirability is ever changing and thus through discouraging sociable smoking, identity construction may take on other forms, less problematic than tobacco usage.

Chapter 7 – Conclusions

This study was motivated by the continuing trend for young adults to smoke cigarettes despite widespread public health campaigns that detail the negative health impacts associated with the use of tobacco products. The social benefits hypothesis was supported through the presentation of a social self and identity, friendship interactions involved in the establishment and maintenance of friendly and sociable interactions. There is no doubt that tobacco control policies and anti-smoking campaigns in Australia have been successful at reducing tobacco consumption but initiation and continuation of smoking practices remains a problem for young adults.

Smokers enjoy their smoking practices and associate social settings that involve consumption of food, coffee and alcohol with smoking. Moreover, the sociability of smoking through friendly interactions, smoking etiquette and common practice contribute to the experiences of smoking. Social policy aimed at reducing tobacco consumption should therefore aim to minimise the enjoyment experienced by young adults through restricting the locations smoking is permitted more so than currently implemented as well as making cigarettes themselves more difficult to access.

Future empirical research should concentrate on demonstrating the specific processes involved in how cigarette smoking may be socially beneficial in order to combat the

problem and consequently more effective tobacco control policies can be implemented. This empirical research should include firstly, the redistribution of the survey used in the primary research outlined in this thesis through different recruiting means. Secondly, in depth qualitative studies need to be conducted that investigate how identity and the presentation of self are involved in the sociable aspects of cigarette smoking for young adults. And, how consumption of cigarettes is beneficial socially even in conjunction with other forms of consumption such as alcohol, food and coffee. Additionally, enjoyment of smoking practices needs to be better understood.

Indigenous Australians are also a group that quantitative studies report to smoke a lot with over half (51%) smoking regularly (AIHW, 2005, p. 134). Sociable and friendship interactions need to be explored as well as the social settings that Indigenous Australians are smoking in terms of identity construction and the presentation of a social self as well as ‘contagion’ (Lloyd and Lucas, 1998) for sociable benefits and enjoyment. Moreover, how ‘non-smokers’ deal with the choice not to smoke, identity, sociability and their own enjoyment of sociable scenarios involving cigarettes should also be investigated through an empirical study to develop our understanding of smoking practices.

This further research will potentially confirm that for groups that see high proportions of smokers (such as young adults, Indigenous Australians and homeless Australians for example), sociable and identity construction theories are relevant and thus smoking is

socially beneficial despite current 'smoke-free areas'. Thus, tobacco control policies need to be further developed.

Tobacco control raises controversial issues in that it is a form of social control that threatens autonomous freedom but tobacco is one of the few consumables proven to be detrimental to health and the social and economic costs of smoking are high. Making tobacco illegal could potentially have dire consequences on the economy through loss of tax revenue, tobacco company liquidations, and potentially decreased productivity from people dealing with the forced end to their cigarette consumption. Pressure may fall on the healthcare system also through withdrawal symptoms, anxiety and depression while other social costs are incalculable. Instead, I would argue that instead of 'smoke-free areas' existing to prevent passive smoke inhalation by non-participants, 'smoke-free areas' should be expanded to include areas that are appealing for socialising and smoking. Additionally, in reducing the accessibility of cigarettes through restrictions of retail stores permitted to sell tobacco products cigarette initiation and continuation by young adults may be reduced. Smoking would therefore remain a choice but become less appealing and thus consumption would be reduced.

Tobacco advertising, although controlled since 1970 (Woodward and Kawachi, 2003, p.1) has yet to be eliminated in Australia. The British American Tobacco Company was an exhibitor at the Sydney Bar Show this year promoting their new 'DUNHILL Fine Cut range' (BAT, 2010). Despite the minimal impact this exhibition might have, tobacco companies are taking advantage of how cigarette smoking might have remained

socially beneficial despite the increasing number of ‘smoke-free areas’ in Australia and as this research demonstrates, bars, clubs and restaurants where food and alcohol are consumed see young adults smoking more cigarettes. Thus, social policy needs to be more effective and restrictive in order to minimise the appeal of cigarette smoking for young adults. Reducing the public settings smoking is permitted in Australia may prompt anti-social and stigmatising effects of smoking therefore making the practice socially detrimental not beneficial.

Cigarette smoking is a complex practice and for young adults numerous factors affect these practices. Social benefits arguments through identity construction and sociability of smoking practices point to the importance of further research and tobacco control policies in order to reduce the health, social and economic costs of tobacco products.

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Appendix A



You are participating in a study conducted by Georgina Robilliard as part of an Honours thesis in the Department of Sociology and Social Policy at the University of Sydney, under the supervision of Dr. Annette Falahey.

Your participation in this study is entirely voluntary.

Your identity and any information you declare in this survey will be kept confidential.

The survey will take between 5 and 30 minutes to complete.

Please answer honestly. To make a response, please highlight the text and change the font to 'red'. This can be achieved through highlighting the response that applies to you and holding down 'Ctrl' and 'D' simultaneously and changing to the font colour to 'red'. Alternately, highlight the response that applies to you and use the 'A' in the 'Home' tool bar to change the colour of your font to 'red'.

Eg. Gender

Female

Male

The respondent in this example is a male.

For questions that require you to form your own responses, please type a response that is appropriate to your experience on a new line, below the question.

You may mark more than one response to the questions below.

Start Questionnaire:

1) Age:

18-20 years

21-24 years



- 25-29 years
- 30-32 years
- 33-35 years

2) Gender

- Male
- Female

3) What is the highest level of education you have completed?

- Year 10 School Certificate or below (or equivalent)
- HSC or equivalent
- TAFE
- University degree

4) Are you currently enrolled at a University?

- Yes
- No

5) Are you currently employed?

- Yes
- No

6) If you answered yes to the previous question please nominate your occupation

.....

.....

7) Which suburb of Sydney do you live in? (please nominate by postcode)

.....

8) How old were you when you had your first cigarette?

- 0-12 years
- 13-15 years
- 16-18 years



- 19-21 years
- 22-25 years
- 26-29 years
- 30-35 years

9) Where did you have your first cigarette?

.....

10) Do you define yourself as

- 'a smoker'
- 'a social smoker'
- Neither

11) How often do you smoke?

- Daily
- Weekly
- Monthly
- Occasionally
- Very Rarely

12) Do you usually smoke:

- by yourself
- with friends
- with strangers
- Neither

13) Where do you usually smoke?

.....

.....

14) What activity are you usually engaged in when you are smoking?

.....

.....

15) Do you make friends through your smoking habits?

Yes

No

16) If you answered 'yes' to the previous question, please provide an example

.....
.....

17) Do the majority of your friends smoke?

Yes

No

18) Do find yourself having a cigarette because other people are smoking?

Yes

No

19) If you answered 'yes' to the previous questions, please provide details

.....
.....

20) Do you feel social pressure to smoke?

Yes

No

If you answered 'yes' to the previous question, from whom?

.....



.....

21) What activities do you associate with cigarette smoking?

.....

.....

22) What are your individual reasons for smoking cigarettes? (You may mark more than one)

- Personal choice
- It is a decision I make to feel in control
- To have something to talk about with friends
- To have something to talk about with strangers
- To make friends
- To keep friends
- To fit in
- Because everyone else is
- Thrill of risk-taking
- Stress relief
- Addiction
- Feel invulnerable to health risks
- Peer Pressure
- To look glamorous
- To look cool
- To look grown up
- To look 'hard' or 'tough'
- Something to do in certain settings
- Having a cigarette with friends is relaxing and fun
- Enjoyment
- Other (please specify)

23) What kind of cigarettes do you usually smoke?

- Manufactured packet cigarettes
- Roll your own
- Cigars
- Pipes
- Other



24) How frequently do you usually purchase a packet of cigarettes?

- Daily
- Weekly
- Fortnightly
- Monthly
- Less than four times a year
- Rarely
- Never

25) How many cigarettes are in the packets you usually purchase?

- 20s
- 25s
- 30s
- 40s
- Other (please specify)

26) Do you believe that your health will ever become negatively affected by smoking cigarettes?

- Yes
- No
- Undecided

27) Please give reasons for your answer to the previous question.

.....
.....

28) Why do you smoke cigarettes?

.....
.....

29) Are you aware of any anti-smoking campaigns?

Yes

No

If you answered 'yes' to the previous question please list any anti-smoking campaigns you are aware of (please write a brief description of what the campaign(s) involves)

.....

.....

.....

.....

30) Has the recent introduction of anti-smoking legislation preventing the smoking of cigarettes in 'smoke-free areas' impacted upon your smoking practices?

Yes

No

31) If you answered 'yes' to the previous question, please provide details

.....

.....

To submit this survey, please email this survey as an attachment titled 'SURVEY' to grob0917@uni.sydney.edu.au

Please enter 'SURVEY COMPLETED' in the subject line of your returned email.
Please type 'COMPLETED SURVEY ATTACHED' in the body of the email. If you have any further questions, please include them in the body of the email as well.

Thank you for your time in participating in this study.
Georgina Robilliard