Young Smokers' Narratives: Public Health, Disadvantage and Structural Violence

ABSTRACT

This research article on youth smoking in disadvantaged communities is the product of a qualitative study to understand the issues faced by young smokers – and those trying not to be smokers – in such communities. Environmental factors and peer influence are widely recognised influences on adolescents' take-up and continuation of smoking, but less is known about whether, what, how and why circumstances in disadvantaged communities affect young people's smoking trajectories. Focusing on a youth club in a disadvantaged neighbourhood in the North East of England, narratives about young people's relationships with tobacco provide ethnographically rich 'thick description' of the experiences of a group who are all too often 'easily ignored'. We argue that young people are caught between competing domains that together exact a form of structural violence. First, economic and political structures that established and now oversee deindustrialisation; second, media structures that create desire for what they cannot afford; third, structures of international organised crime that conspire to provide means of practising the consumerism from which 'legitimate' structures effectively exclude them. Rather than expecting young people to comply with the health imperative, interventions need to bridge issues of agency and critical consciousness, which structural violence otherwise insidiously erodes.

INTRODUCTION

This is a research article on youth smoking in disadvantaged communities. It is the product of a qualitative study to understand better the issues faced by young smokers – and those trying not to be smokers – in such communities, by spending time with and talking to young participants in their own contexts. Environmental factors and peer influence have been shown to have an impact on adolescents' take-up and continuation of smoking (Sandford 2007, Gardner and Steinberg 2005), but less is known about whether, what, how and why circumstances pertaining in disadvantaged communities affect young people's smoking trajectories. Retrospective research with adults in older industrialised societies has shown the effect of 'biographies of disadvantage' on smoking status; smokers from deprived backgrounds are more likely to be current smokers (Graham *et al*. 2006). We know, too, that patterns of smoking behaviour are established in adolescence (Jefferis *et al*. 2003). What, though, could be learned from talking to young people, on their terms and in their spaces, that could help to change their health futures?

The research commenced around the time a review on young people and smoking in England was published (Amos *et al.* 2009). Despite its geographical focus, the review drew on international literature and demonstrated the transferability of concepts and themes. We suggest that the issues revealed in this ethnographic study are similarly transferable to deprived communities elsewhere and in other developed countries. Our findings are presented in the form of a "thick description" of research encounters in a youth club in a disadvantaged neighbourhood in the North East of England. We suggest that this form of presentation results in a deeper understanding of this complex issue, and has led us to propose that these young people are subject to a form of structural violence. According to Paul Farmer (1996, 2004), structural violence is experienced by sections of societies who,

because of ideologies of global political economy, and histories of social inequality and local cultural responses, are constrained in their ability to exercise choice. Massé further suggests that, as an analytical tool, structural violence refocuses attention away from discourses that blame the poor for their lot to the 'structures of inequality and their architects' (2007: 7). It is a concept that has already been used to explain other aspects of the lives and health statuses of young people in the region under consideration (Roberts 2009).

A BRIEF REVIEW OF THE LITERATURE

The relationship between deprivation and inequalities in health is well established. Smoking is acknowledged as a significant contributor to health inequalities, and an important risk factor for numerous causes of early death and life-limiting disease. Smoking prevalence continues to be highest in socio-economically deprived areas, even in developed countries with comprehensive tobacco control policies. Although Sandford reports that the evidence for a link between socio-economic status and smoking is less clear in young people than in adults (2007: 227), research conducted by Wardle *et al*. suggests that adolescents living in deprived areas are 'more likely to engage in unhealthy behaviours than young people from more affluent areas' (2003: 726). Hanson and Chen concluded that, in contrast to other forms of substance abuse, cigarette smoking follows the same pattern of association with socioeconomic status as diet and exercise, all of which 'may be modelled by caregivers during childhood in a way that places children on trajectories that remain stable through adolescence and into adulthood (2007: 279). Similarly, Amos and colleagues conclude that 'young people are most at risk of becoming smokers if they grow up and move into social networks where smoking is accepted and perceived to have positive value within social relationships' (2009b). This is likely to be the case in the socio-economically deprived

settings, where adult (and therefore parental or care-giver) smoking rates continue to be highest.

Among all peer groups, whether more or less affluent, smoking (or not) can provide 'a common activity for bonding and breaking into new social situations' and a means of "fitting in" to a social group (Amos *et al*. 2009a: 55); it can be a 'lubricant' for social relations […] and marker of acceptable identity in familiar and new contexts (Wiltshire *et al*. 2005: 614). This can affect smoking behaviour either negatively or positively (Plumridge *et al*. 2002); for example, not smoking may be desirable among a group of boys whose social status is judged on sporting achievement. It is also well known that young people overestimate the prevalence of smoking among their peer group (Fuller 2005, 2006; Amos *et al.* 2009a: 32). Smoking is still subtly and non-so-subtly supported by advertising and media; despite comprehensive controls on tobacco advertising in most developed countries, marketing 'continues to be a major problem' (Amos *et al*. 2009a: 5).

Halpern-Felsher and colleagues report that 'adolescents and young adults are aware of some of the risks involved in tobacco use, especially those consequences most stressed by public health campaigns […] However, adolescents are not aware of the full extent to which smoking is harmful' (2007: 490). More immediately salient to young people are the 'social' risks. These may go beyond the relatively simple matter of 'peer pressure' in deprived communities, and have more damaging roots in structural pressures or violence. One example is the availability of cheap or illicit tobacco. In the North East of England, as elsewhere, counterfeit or contraband tobacco adds complexity to public health interventions; a not-uncommon opinion in deprived communities is that traders in illicit

tobacco are "doing people a service" (Wiltshire *et al.* 2001). They provide young people with the means to obtain cigarettes and other tobacco products in quantities and at prices that would be otherwise impossible.

In sum, there is a considerable literature base on the relationship between young people and smoking. However, what remains to be clarified is how the factors highlighted above, and more, play out in context, particularly in disadvantaged settings. This article aims to contribute to that clarification.

METHODOLOGY AND METHOD

The goal of this ethnographic study was to gain insight into young people's lives, in their spaces and on their terms. Participant observation, and the opportunity it affords to establish trust in relationships with research participants, was the primary method used to achieve this. The descriptive core of the article focuses on one youth club. Although presented as a single visit, the narrative composition derives from a series of visits by the first author over a number of weeks between April and July 2009. Prior to attending, the young people were given the opportunity to accept or reject the research, and to decide individually whether or not to engage with the researcher.[1] Over time, despite being a 50 year old, non-smoking woman, the researcher became integrated into the group, to the extent that she was given a nickname based on her perceived interests, 'Smokey Sue'. Extensive field notes were maintained of each visit, and audio-recordings made of one-to-one semi-structured interviews. Thematic analysis was conducted manually after each visit, using an open-coding approach (Strauss and Corbin 1990), to allow emergent findings to be explored during subsequent visits, and at the end of the research process. Themes were also

compared with the thematic analysis of data generated by the wider research project, in youth groups across five different youth settings in two geographical areas. Interpretations have therefore been made in the context of the research as a whole. In all, 52 young people engaged directly with the study, although more were present within settings during periods of participant observation. The age range of respondents was 11 to 18 years, although most were between 13 and 15 years. Thirty were female, 22 male, and self-reported smoking prevalence was 65%. What follows derives from engagement with 10 of these young people (three males, seven females).

A SOCIOECONOMIC NOTE ON PLACE

The analytical comparisons made across the settings highlighted the different community responses to deprivation. All settings were communities in the North East of England that have suffered deindustrialisation, but which are at different stages of regeneration. The youth club featured is situated in a former coal-mining village which, according to the Index of Multiple Deprivation Score 2007, is amongst the 10% most deprived wards in a county (Durham) that is already one of the most deprived in England. Unemployment levels are in the highest quintile[2] for the county. In what was a 'single-industry community', post-industrial redevelopment and the shift to new sources of employment has been limited and slow.[3] A recently published UK parliamentary review of coalfield areas concludes that 'although there has been improvement, economic recovery in these areas is still fragile and more susceptible to the recession' (Coalfield Regeneration Review Board 2010: 6). The area also has one of the highest adult smoking prevalence rates in the North East of England.[4]

Reliable statistics on youth prevalence at local level are not available, but information from the North East region's tobacco control office reveals that 6% of the region's boys and 14% of girls aged 11-15 now smoke regularly (at least one cigarette a week).[5] These figures are substantially higher than the national average, but are themselves averages: where adult smoking rate remains high, youth smoking prevalence is likely to be higher still.

A NOTE ON PRESENTATION

The term "thick description" was coined by philosopher Gilbert Ryle, but was most famously applied by anthropologist Clifford Geertz (1973: 3-30). It has become a common medium for ethnographers, including those aiming to 'explain and critique and confront' (Rankin 2011: 565). When using thick description, it is necessary to go beyond what is observed on the surface. Instead, the narrative should situate the actors within webs of social relationships and in relation to cultural-historical experience, and meanings should be revealed and interpreted. Thick description should evoke feelings and, in accordance with Ryle's original formulation, actors' intentionality (see Denzin, in Ponterotto, 2006). Yet despite the widespread use of ethnography in public health research, the resulting data is rarely presented in this way (Thorne and Darbyshire 2005, Sandelowski 1997). We contend that, if the findings of research are "thickly" presented, conclusions that are both more nuanced and compelling can often be drawn. This is likely to enhance the interpretation of evidence necessary to turn policy into effective practice, especially when the focus of this policy is on the so-called 'hard-to-reach'. Rather than 'hard-to-reach', we contend that such groups are the 'easily ignored'.

THE YOUTH CLUB

Part I: Jezza and Danno

The Community Centre stands on the corner of the street, surrounded on all sides by arrow-straight rows of dark, coal-blackened back-to-back terraces. Splashes of colour stand out in stark contrast: flowers in the windows and the green of the large, overgrown vacant plot at the end of the street; the blues and reds of the few parked cars; the peeling garish green paint on the Centre's security shutters; the football shirts and fluorescent tops (young girls' preference this year) of the half-dozen adolescents standing outside the Centre's entrance, dragging on their cigarettes.[6] I go in. If my timing is right, the evening's session has just begun. It's noisy inside – there's a raucous game of indoor football taking place in the sports hall to the left – but the atmosphere seems relaxed. A group of girls, hair and make-up carefully done, are sitting round a table near the entrance. At the back of the hall, Joe, the senior youth worker, is playing pool with a couple of lads. One has a cigarette lodged preparedly behind his ear.

Joe welcomes me, and tells me that Jezza and Danno have agreed to talk to me. He takes me through to the so-called "quiet" room, where they are watching television. Can they just finish watching Corrie before talking to me, they ask. The idea of these two tough-looking lads enjoying Britain's most famous soap opera makes me smile. The theme tune plays, signalling the start of the commercial break, and they turn their attention to me. Jezza is short, stocky and dark haired, with hair aggressively spiked at the front. The kind of lad you might cross the road to avoid. Danno is clearly much taller, though he manages to stoop even when sitting. They're both 15 years old. I ask what it's like living in the village. They just shrug and unenthusiastically mumble that it's OK. An obvious question next; do they smoke

and, if so, when and how did they start? Jezza tells me that, yes, he smokes; he's been a smoker since he was eight years old. Some lads his age pinned him down, he adds, and forced him to try his first cigarette. He knows his heart condition means he shouldn't smoke. He's going to try and quit this coming summer, but it's hard to quit at school because you're too surrounded by smokers. Recalling the group of smokers outside the entrance as I arrived this evening, I struggle to see why this non-school environment is any better, and tell him so. He shrugs, and insists it's the best idea, and goes on to describe his summer quit plan in detail. I ask why he smokes then. All of his family smoke, he says. "An' it's because of the stress," he adds; "life at home – it's shit". He glances at Danno, then explains that they know it doesn't really help with stress, but "that's just what you're told."

Danno's older brother buys their cigarettes, Jezza says. Danno pitches in to tell me that he also started smoking when he was eight. He really wants to quit too, and he's going to join Jezza in his summer quitting plan, but his words are flavoured with a lack of self-belief. He wants to join the army, but knows that his poor state of health and fitness – which he knows is smoking related – will make that impossible. I ask him if he's tried to quit. Danno says he thought about it, but the clinic's at the same as he goes to see his nan, so he can't make it.

A few young girls come over to join us. One is Jezza's girlfriend, a non-smoker. "Tried it once," she says, "but it didn't take." She hates his smoking, and sees it as a waste of money. In her presence, he has become the tough guy again; he shrugs off her concern.

Little fourteen-year old Aimee starts chattering, and tells me that she started when she was nine-and-a-half. "But I've quit now," she adds proudly. She wants to join the police and has

quit to get fit. She'd known, she says, that it was having a bad effect on her, because she was getting puffed out when she went for a run; she's a good runner, so knows what she should be able to do. Her mum's "in heaven". She'd "give her a row" if she saw her smoking. And anyway, she's "a better person" now that she's a non-smoker. I ask Stacey if she smokes. She says no, because she's had a life-threatening illness and has to be careful. But, she says, glaring at me, both her mum and dad still smoke in the house. Rosie joins in; she says she got cancer when she was 14. She's convinced that smoking was the cause. "That's what the adverts say, isn't it? That smoking causes cancer?" The doctors hadn't said so, but she'd been a smoker since she was eight years old, so it had to be the cause, didn't it? After treatment, back at school, she'd decided to set up a "stop smoking" group. The teachers were behind her, but the students weren't interested. It was a big disappointment, but she's happy that she can say she tried and that she's now an ex-smoker; she rarely has a fag nowadays. She can buy a pack of ten, she says, and they'll last her more than a week.

They finish by asking the logical question "if it's that bad for you, why don't they ban it altogether?" I don't have an answer for them.

Insights from Jezza and Danno

The age at which young people take up smoking was noticeably younger in this community than in other study settings. The bullying associated with Jezza's 'starting story' was, however, quite a familiar theme. He may be embellishing it for effect, but his (and others') need to explain the beginnings of their relationship with smoking in this way reveals often conflicted feelings. Smoking is a symbolic means of expressing enjoyment of being with one's peers – "we do it," said another participant, "for the crack [craic]". To reject smoking

is not only to deny oneself a sense of belonging, but to reject friends and friendship. Yet they are aware of the risks of smoking. Jezza knows that he is potentially risking his life, whilst Danno risks missing out on his ambitions and faces the likelihood of unemployment.

The 'quit plan' was detailed, and Jezza at least explained it with some determination. There was a sense though that they saw their status as smokers as inevitable (everyone at home smokes, and family members actively facilitate their smoking). They were certainly aware of the social meaning of smoking as a way of countering the circumstances of life – 'it's because of the stress,' Jezza says, at the same time as acknowledging the fallacy of his declaration. This situated knowledge provides them with an excuse, and they made sure I am aware of its validity; if they fail to quit this summer, it is not their fault. Jezza's girlfriend, however, presents them with the living fact that their smoking is not inevitable. He re-establishes his tough image as she chastises him; across all sites, smoking was explained as a means by which boys could show they were "hard", and that certainly fitted with the image Jezza presented in this group. His response here, however, may also have been to cover his embarrassment at having his former excuse for failure so glaringly denied.

Aimee has a pleasing message for public health; young people are aware of the impact of smoking on their bodies. Among this group of young people at least, there is no indication that they consider themselves as invulnerable. Other groups, when given time in conversation to relax and trust their interlocutor, were similarly honest about the negative impact of smoking on their health, albeit that the effect may have been simply to worsen a chest infection. And Aimee also reveals how powerful a personal reason to quit smoking can be; another example was revealed in a fourteen year old's telling of her father's smoking-

related heart attack, aged 45. She gave up her own three year habit as a result. Their experiences provided contextually justifiable narratives that they could relate as their reason for not complying with what is seen as a social norm.

But Aimee has another, more troubling message. By quitting smoking she can, apparently, legitimately consider herself "a better person". If she is "better", then others are not; in absorbing the health promoting messages, are these young people also absorbing embedded moral judgements in ways that can only increase their social, if not health, inequalities? Rosie provides another example; not only has she convinced herself that her childhood cancer must be her own fault, but she feels the need to categorise herself as non-smoker, despite that she continues to smoke. She is unlikely to be alone in this subterfuge; Fuller and Sanchez have reported that 8% of pupils who said they used to smoke but never smoke now, also reported smoking in the last week (2009: 110).

Part II: John

They're bored now. I follow them back into the main hall, and watch as they drift off outside, presumably for a smoke. I wander over to join a group sitting with other youth worker, Sarah, and ask the usual question of them all; do you smoke? It's a blunt instrument of a question, and this time the result isn't good. The girls mumble yes. They're not quite ready to talk, but the only male in the group responds with a challenging "yeah". He introduces himself as John. He looks older than his 16 years. "And where do you get your cigarettes from?" I ask. "Where everyone gets them from, of course," he replies, "the fag house." His exasperated tone says much more; he's wondering how a mature adult can have so little knowledge of the world, but he humours me. There are, he says, loads of fag houses

around here. No-one – well, no-one his age – buys from the local shop. Aimee, who by this point has reappeared, is nodding. Most fag houses will sell to anyone, any age, and they'll sell in ones and twos, he explains. And they buy at school too. Some kids buy a pack from a fag house on the way to school, and sell them as singles. Or they get them from home. The girls – I haven't had chance to ask, but they are of similar age to the others – decide to contribute now. Theirs are familiar tales; one says that her grandmother was the first to give her a cigarette, when she was 12, while the other adds that there's always an open packet on the top of the TV. She just takes one whenever she wants.

I ask John if he's ever thought of quitting. He says not. He seems less than concerned – ambivalent – about the issue. It's Danno who again chips in. He's been sitting on a nearby bench, listening in. "They'll never get me to quit." His story has changed now he's expressing himself in front of John. Danno stands up, and joins the group that are going outside – again – to have a smoke.

The conversation changes tack. "I'm into local history," John says, fetching a small book from the shelf nearby. It's filled with old black and white photographs of the village; the pit-head, miners' houses, the working-men's club (known as "the Welfare") that used to stand at the end of the road and which is now that green and derelict land I saw earlier. He proudly recites the village's recent history, intertwined with that of own family. The mine closed a couple of decades ago – it's where his grand-dad worked – and all sign of it has been removed, except for the winding gear that stands as a sort of monument on the edge of the village. There's an industrial estate now, where the pithead used to be. The Welfare was demolished a while ago. There are other clubs, he says, but none of them were ever as

big or important as the Welfare. The Welfare had pigeon clubs, did trips. And he tells me just how big this coalfield was, and how many miners worked here, and what life was like. His story is all the more poignant, because he's the only young person I've spoken to in all these weeks who has shown any interest in his community's past.

Insights from John

John reveals the fag house as the primary source for cigarettes for young people. I had heard similar stories in other settings; young smokers have easy access to a steady and cheap supply. Most know of several suppliers, and seem comfortable with this informal market; they buy other things too, including illicit alcohol and counterfeit clothing. The age-related legislation to prevent under-18s from buying tobacco has no relevance here. Legislation to remove point-of-sale displays will not help either. What they need is more robust action against the global market in illicit tobacco, and interventions at local level to challenge the community's acceptance of the trade, and of the idea that it is acceptable for children and young people to smoke.[7] The faces of authority sometimes confuse the issue too; one group told of a teacher providing a light to a student, others of talking to policemen in the street while their underage smoking goes unchallenged. If their smoking matters so much, they ask, how can this happen?

In the oft-cited study on smuggled tobacco in Edinburgh, an adult customer said he thought that tobacco smugglers were "doing people a service" (Wiltshire *et al*. 2001: 205). Access to cheap tobacco, where money is scarce, is welcomed. But in Edinburgh, the sources were varied and dispersed, and often located in adult spaces. Here, the focus is on private dwellings – neighbours' houses – which are easily accessible to young people. A useful

resource it may be, but why would a community tolerate something that can only be harming their children? Part of the answer may lie in the history that John expressed an interest in. As Williamson explains (1982: 6), these were 'constructed communities' – brought into existence to service the mine (or whichever heavy industry was dominant). Characterised by 'geographical isolation, traditionalism, a suspicion of strangers, great solidarity among men and a clear sense of Us and Them' (ibid.), community members created their own support mechanisms; welfare institutions and co-operative societies – and ways of life – that were independent of the coal companies' intentions.

Geographical isolation was mirrored, then, in social and cultural separation and localised informal markets operated by and for neighbours, and the acceptability of such 'self-sufficiency' remains. Now, however, it manifests in attempts by socio-economically marginalised communities to participate in a postmodern, consumerist, global society. As Hornsby and Hobbs observed (2007: 566),

> Populist support for those importing contraband goods have been well recorded and clearly demonstrate that consumer-led demand is a key characteristic of illegal markets […] Indeed, we noted almost unanimous support for the smugglers within the working-class communities that constituted not only the clientele, but also much of the smuggling operations' workforce.

Socially, too, tobacco has always played an important role. 'It was a common sight,' remembers one resident of a neighbouring mining community, 'to see the miners sitting on their "hunkers" (a habit peculiar to miners) outside a house or pub smoking – usually "rollies".'[8]

Part III: Danno and Louise

As John goes off to play football, Danno and Louise – a young 14 year old girl I haven't yet spoken to – come over and sit down. Louise is a slight, blonde haired girl, with dark eyeliner that only exaggerates the dark circles under her eyes. She too has been smoking since she was about 9 years old; "I know a lot [of fag houses]," she says, "so getting them isn't a problem." Apparently, only one of the local fag house owners won't sell to young people, because she's been raided by the authorities too many times. Louise took a packet of 10 out of her bag – the wording on it was Spanish. "They're definitely fakes," said Danno. "They're weaker," Louise added. Danno snorted. "No they're not, they're stronger. Well, harsher." He explains that the problem with the real ones is that they burn more quickly than the fakes. But they know that the fakes are "full of crap". They both wish they had never started, and ask if I can help them quit (again, Danno appears to have changed his stance). Jezza has wandered up and is hovering by the table, listening in; he knows a place where you can get six fags for a £1.

As I leave the centre, I pass a small group – Jezza and Danno included – outside again, smoking. Jezza asks if I want to buy a packet of biscuits from him, but his girlfriend interrupts. "Don't," she says, "he just wants some money to go back round the fag house." I smile at Jezza, but shake my head and simply say "see you next week."

Insights from Danno and Louise

Most of the young people participating in this research referred to and smoked manufactured cigarettes rather than 'rollies'. In some areas these were acquired by proxy

from shops, or were provided by friends or family members, but in the most deprived areas they commonly purchased on their own behalf from well-known illegal sources in the surrounding streets. The young people were aware of the dubious nature of this trade, and were also well aware of differences between 'normal' cigarettes and the ones they were purchasing. They disagreed on what those differences were, but acknowledged that the products were likely to be of poor or even damaging quality. Continued willingness to smoke the illicit cigarettes, many of which were 'cheap whites' manufactured specifically for the illicit market, is tied up with affordability and an assessment of "value for money". The fakes burn less quickly, and therefore provide a more cost-effective means of continuing to participate in this key social activity.

Like most smokers, they express a desire to quit, but opportunities to fulfil those desires tend to be rebuffed. Standard cessation services may be perceived as unsuited to their particular needs, but rejecting suggestions by youth workers or a fellow student points to a more fundamental issue; to quit means placing oneself outside the social group, and renegotiating one's identity. That is not a comfortable prospect for an adult living in a community where smoking remains the norm. For a young person, the challenge is even greater.

Very few of our participants expressed a determinedly positive attitude toward smoking; instead, opinions wavered, depending on who was listening. This ambivalence is a response to the health promoting messages they hear and acknowledge, and to the continuing normative role smoking plays in their community and the pressures their own peer relationships place on them. Writing about night-time leisure and consumerism in northeast

England, Winlow and Hall report that failure to comply with the demands of the social milieu will result in being socially 'jettisoned' (2009: 95ff).

> If she is to maintain her friendships, she cannot fail to be a regular participant in the weekly jaunt along the local drinking strip … And the pressure to look a certain way, to embody and display the difficult skill of being an individual at the same time as being a conformist, is also palpable.

Our respondents feel that they too 'cannot fail' when it comes to smoking.

DISCUSSION: BIOGRAPHIES IN THEIR SOCIOECONOMIC AND SPATIAL CONTEXTS

The narratives detailed in this article reveal the complexity of influences on youth smoking in deprived communities. Much like their counterparts from more affluent areas, they face the challenge of establishing their identity in a milieu that demands conformity with peers, but our participants are doing so in a context of historically sanctioned 'informal' markets, a community that still values and practices smoking as a social norm, easy and affordable access to cigarettes (as a recognisable and valued medium of social interaction), a post-industrial community experiencing slow regeneration, poor employment opportunities (or forms of employment that are significantly different to those that initiated their community; see Winlow and Hall 2009: 100) and reduced aspirations on the part of the young. But they are also attempting this in the context of a world driven by consumerism and a new morality of health (Lupton 1995, Petersen and Lupton 1996) – sanctioned by health education and wider society – which teaches them that, as smokers, they may be considered (and should perhaps consider themselves) 'lesser persons'. Tobacco control discourse, by ignoring the

structural conditions under which people smoke, may contribute further to the marginalisation of this group (Frohlich *et al.* 2012).

They appear, then, to be caught between competing domains; first, their own community, which continues to value smoking as an expression of working-class sociality and solidarity, and second, the wider, globalised world, where smoking continues to be promoted as a consumer product indicative of agentive social mobility and conspicuous consumption. The tobacco industry has long been able to persuade customers of the cigarette's ability to occupy apparently contradictory positions; at once the solace of the working man and the symbol of emergent female emancipation. It is perhaps not surprising, therefore, that young people look to the cigarette as a medium of expression in the somewhat liminal position they occupy. The third domain of note is 'health' and health education campaigns. All of our participants were clear about the dangers to health posed by smoking, and the majority wanted to quit. What they lacked, however, was a sense of self-efficacy to achieve that goal; Danno is unlikely to achieve his dream of joining the army, because he cannot imagine himself as an ex-smoker.

This tale however reveals something more profound than cigarettes symbolising dwelling between domains. Writing from her perspective as both medical anthropologist and practising GP working in a deprived community in the North East of England, Jane Roberts finds it possible to apply Farmer's notion of structural violence to the communities she serves.

> The young mother living in a violent relationship who smokes because she sees it as a means of release and which is a behaviour over which she exerts some control might be highly demoralised by a clinician's exhortations to stop smoking […] As long as we fail to acknowledge and confront the realities of patients whose illnesses and distress are often the manifest expression of the structural violence which encapsulates their lives we collude with the system and deny patients their basic human right to health (Roberts 2008: 46)

The example she uses is one of obvious suffering, but she goes on to make a more general point which we interpret thus: the relative position of deprived communities – aggregated socially, economically, politically and historically – works to impose a form of structural violence on its members, creating the conditions both for extreme expressions such as domestic violence and for more insidious, life-long effects on health and wellbeing (Graham *et al*. 2006). Economic and political structures, and consequent structures of privilege, were instrumental in establishing – and are now overseeing the deindustrialisation of – the communities in which our young participants live. Similarly, media structures inform them of what they should desire (but cannot afford), while the structures of international organised crime conspire to provide tantalising means of practising the consumerism from which 'legitimate' structures effectively exclude them.[9] Amidst all this, young people are expected to comply with the health imperative (Lupton 1995). Despite research on the impact of social context (Poland *et al*. 2006) and the presence of multiple smoking identities among adolescents (Johnson *et al*. 2003), neo-liberal health policies still insist that the individual as health care consumer

is viewed as an abstract, rational decision-maker who is unencumbered by her social location and the constraints posed by relations of power and by one's particular complement of skills, resources, and personal and family commitments (Petersen 2003: 195).

Instead of acting as a bridge between domains, the new paradigms of public health, by expecting individuals, 'as part of their responsibilities of citizenship, to manage their own relationship to the risks of the environment' (Petersen and Lupton 1996: ix), appear to side with the domain of consumerism, consumption and agency. But as Farmer also makes clear, the mechanisms of structural violence work to 'constrain agency' (1996: 263), the effects of which are witnessed, again, in the young people's inability to imagine a smoke free future for themselves. What is needed, then, is another type of bridge; one that is sensitive to the diversity and specificity of social, historical and political context.

In Frohlich and Potvin's terms,[10] our young participants are a 'vulnerable population'. In many ways they have benefited from population-level approaches to public health improvement, but they may also be in need of additional interventions that address 'risks that generate exposure to other risks' (Frohlich and Potvin 2008: 216). The solution requires an approach that reaches beyond the paradigms of health, drawing on multi-agency engagement and, through collaborative inquiry and assets-based approaches, raises young people's critical consciousness about their world and their health: as Winlow and Hall found, 'while most appeared to have a vague inkling of their lower-class status […] none at all could locate themselves in what has been described as capitalism's new 'deepening, widening and hardening' structures of social inequality' (op.cit. 104). Community development has long

favoured the theories of Paulo Freire (1972) and approaches such as participatory action research to address these issues of location and young people's awareness of their relationship to the kinds of 'structures' about which Farmer speaks (Cahill *et al*. 2008).[11] It is a "bridge" that the humanities and social sciences are well-placed to contribute to building, despite Farmer's other assertion that there has been a tendency for the latter's disciplines to 'confuse structural violence with cultural difference' (1996: 277). Indeed, it is the very presence and constituents of cultural difference that need to be explored if interventions are to address what some have called a 'resistant core' among the young (McCool *et al*. 2003, Slater 2007: N8). Culture is dynamic and therefore amenable to shift, given the right impetus.

CONCLUDING REMARKS

The UK NGO, Action on Smoking and Health, states that 'the best way of reducing youth smoking is to have comprehensive tobacco control policies in place that apply to the whole population.'[12] The reductions in youth smoking over the last decade or so, in England and elsewhere would seem to support their conclusion. And, at sub-national level, organisations such as the North East's *Fresh Smoke Free North East* and the *North of England Tackling Illicit Tobacco Programme* have had significant impact on attitudes toward smoking in even the most deprived communities. However, the Amos *et al.* review also concluded that, with regard to youth-focused tobacco control

> '[while] the evidence base is both incomplete and variable (tax and media campaigns work, local youth access measures do not, youth cessation services are unproven, and schools programmes lie somewhere in the middle), in another

sense the literature is remarkably consistent: it is abundantly clear that there is

no one solution; rather a mix of approaches is needed' (2009a: 5)

We would argue that the 'mix' should integrate population-level measures with local intervention, the latter co-ordinated between agencies and community members at the local level. Interventions need to be collaborative, co-productive and assets-based, designed to address the particular social, cultural, historical and political factors that pertain in a community, and between that community and the wider world.[13] These approaches may be labour intensive and time-consuming, but will never be as costly as allowing another generation of young people to become the hardened smokers of the future.

References

Amos, A., Angus, K., Bostock, Y., Fidler, J. and Hastings G. (2009a) *A Review of Young People and Smoking in England*. York: Public Health Research Consortium.

Amos A., Angus K., Bostock Y., Fidler J., Hastings G. and Bostock, Y. (2009b) *Young People and Smoking in England: PHRC Executive Summary 8*. York: Public Health Research Consortium.

Cahill, C., Rios-Moore, I. and Threatts, T. (2008) Different eyes/open eyes: community-based participatory action research. In Cammarota, J. and Fine, M. (eds) *Revolutionizing Education: Youth Participatory Action Research in Motion*. New York: Routledge.

Coalfield Regeneration Review Board (2010) *A Review of Coalfields Regeneration.* London: Department for Communities and Local Government.

Farmer, P. (1996) On suffering and structural violence: a view from below, *Daedalus*, 125, 1, 261-83.

Farmer, P. (2004) An anthropology of structural violence, *Current Anthropology*, 45, 3, 305-17.

Freire, P. (1972) *Pedagogy of the Oppressed*. Harmondsworth: Penguin.

Frohlich, K.L., Potvin, L., Chabot, P. and Corin, E. (2002) A theoretical and empirical analysis of context: neighbourhoods, smoking and youth, *Social Science and Medicine*, 54, 1401–17.

Frohlich, K.L., Potvin, L. (2008) The inequality paradox: the population approach and vulnerable populations, *American Journal of Public Health*, 98, 2, 216-21.

Frohlich, K.L., Mykhalovskiy, E., Poland, B.D., Haines-Saah, R. and Johnson, J. (2012) Creating the socially marginalised youth smoker: the role of tobacco control, *Sociology of Health and Illness*, doi: 10.1111/j.1467-9566.2011.01449.x.

Fuller, E. (2005) *Smoking, Drinking and Drug Use Among People in England in 2004*. London: NHS Information Centre Health and Social Care.

Fuller, E. (2006) *Drug Use, Smoking and Drinking Among Young People in England in 2005*. London: NHS Information Centre for Health and Social Care.

Fuller, E. and Sanchez, M. (eds) (2009) *Smoking, Drinking and Drug Use Among Young People in England in 2009.* London: NHS Information Centre for Health and Social Care.

Gardner, M., & Steinberg, L. (2005) Peer influence on risk-taking, risk preference, and risky decision-making in adolescence and adulthood: an experimental study, *Developmental Psychology*, 41, 4, 625-35.

Geertz, C. (1973) *The Interpretation of Cultures*, New York: Basic Books.

Graham, H., Inskip, H.M., Francis, B., Harman, J. (2006) Pathways of disadvantage and smoking careers: evidence and policy implications, *Journal of Epidemiology and Community Health*, 60, Suppl.II, ii7-ii12.

Halpern-Felsher, B.L., Ramos, M.E., Cornell, J.L. (2007) 'Adolescents' and young adults' perceptions of tobacco use: a review and critique of the current literature'. In Bonnie, R.J., Stratton, K. and Wallace, R.B. (eds) *Ending the Tobacco Problem: A Blueprint for the Nation*, Washington, D.C., The National Academies Press.

Hanson, M.D. and Chen, E. (2007) Socioeconomic status and health behaviors in adolescence: a review of the literature, *Journal of Behavioral Medicine*, 30, 263–85.

Hornsby, R. and Hobbs, D. (2007) A Zone of Ambiguity: The Political Economy of Cigarette Bootlegging, *British Journal of Criminology*, 47, 551–71.

Hudson, M. (1995) *Coming Back Brockens: A Year in a Mining Village*. London: Vintage Publications.

Jefferis, B., Graham, H., Manor, O. and Power, C. (2003) Cigarette consumption and socio-economic circumstances in adolescence as predictors of adult smoking, *Addiction*, 98, 12, 1765-72.

Johnson, J.L., Bottorff, J.L., Moffat, B., Ratner, P.A., Shoveller, J.A. and Lovato, C.Y. (2003) Tobacco dependence: adolescents' perspectives on the need to smoke, *Social Science & Medicine*, 56, 1481–92.

Leadbeater, D. (2008) Introduction. In Leadbeater, D. (ed), *Mining Town Crisis: Globalization, Labour and Resistance in Sudbury*, Black Point, NS: Fernwood Publishing.

Lupton, D. (1995) *The Imperative of Health: Public Health and the Regulated Body: Public Health of the Regulated Body*, London: Sage Publications Ltd.

Massé, R. (2007) Between Structural Violence and Idioms of Distress: The Case of Social Suffering in the French Caribbean, *Anthropology in Action*, 14, 3, 6-17.

McCool, J., Cameron, L., Petrie, K., Robinson, E. (2003) Smoking behaviour and expectations among Auckland adolescents, *New Zealand Medical Journal*, 116, 1176 [Open Access URL: http://www.nzma.org.nz/journal/116-1176/478/]

McLaren, L., McIntyre, L., Kirkpatrick, S. (2010) Rose's population strategy of prevention need not increase social inequalities in health, *International Journal of Epidemiology*, 39, 372–77.

Petersen, A.R. and Lupton, D. (1996) *The New Public Health: Health and Self in the Age of Risk*. London: Sage Publications.

Petersen, A. (2003) Governmentality, critical scholarship, and the medical humanities, *Journal of Medical Humanities*, 24, 3/4, 187-201.

Plumridge, E.W., Fitzgerald, L.J. and Abel, G.M. (2002) Performing coolness: smoking refusal and adolescent identities. *Health Education Research*, 17, 2, 167-79.

Poland, B., Frohlich, K., Haines, R.J., Mykhalovskiy, E., Rock, M., Sparks R. (2006) The social context of smoking: the next frontier in tobacco control? *Tobacco Control*, 15, 1, 59–63.

Ponterotto, J.G. (2006) Brief note on the origins, evolution, and meaning of the qualitative research concept "thick description", *The Qualitative Report*, 11, 3, 538-49.

Rankin, K.N. (2011) Assemblage and the politics of thick description, *City: Analysis of Urban Trends, Culture, Theory, Policy, Action*, 15, 5, 563-69.

Roberts, J.H. (2009) Structural violence and emotional health: a message from Easington, a former mining community in northern England, *Anthropology & Medicine*, 16, 1, 37–48.

Sandelowski, M. (1997) "To be of use": enhancing the utility of qualitative research, *Nursing Outlook*, 45, 3, 125-32.

Sandford, A. (2007) 'Trends in smoking among adolescents and young adults in the United Kingdom', *Health Education*, 108, 3, 223-36.

Slater, M.D. (2007) Media campaigns and tobacco control. In Bonnie, R.J., Stratton, K., Wallace, R.B. (eds) *Ending the Tobacco Problem: A Blueprint for the Nation*, Washington D.C.: National Academies Press.

Strauss, A. and Corbin, J. (1990) *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*, London: Sage.

Thorne, S., Darbyshire, P. 2005. Land mines in the field: a modest proposal for improving the craft of qualitative health research, *Qualitative Health Research*, 15, 1105-13.

Wardle, J., Jarvis, M.J., Steggles, N., Sutton, S., Williamson, S., Farrimond, H., Cartwright, M., Simon, A.E. (2003) Socioeconomic disparities in cancer-risk behaviors in adolescence: baseline results from the Health and Behaviour in Teenagers Study (HABITS), *Preventive Medicine*, 36, 721-30.

Williamson, W (1982) *Class, Culture and Community: A Biographical Study of Social Change in Mining*, London: Routledge and Kegan Paul.

Wiltshire, S., Bancroft, A., Amos, A. and Parry, O. (2001) "They're doing people a service"—qualitative study of smoking, smuggling, and social deprivation, *British Medical Journal*, 323, 203–7.

Wiltshire, S., Amos, A., Haw, S., McNeill, A. (2005) Image, context and transition: smoking in mid-to-late adolescence, *Journal of Adolescence*, 28, 603-17.

Winlow, S., Hall, S. (2009) Living for the weekend: youth identities in northeast England, *Ethnography*, 10, 1, 91–113.

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[1] The young people were given information about the research, with time before the research was due to begin to ask questions and receive responses. Only when they were comfortable with the idea did the researcher attend. The research was approved by Durham University Anthropology Department Research Ethics Committee.

[2] Durham County Council, http://gis.durham.gov.uk/durobs/ia/ia1004/ [accessed 4th May 2012].

[3] See Leadbeater for a discussion on the socio-economic implications of living in a single-industry community (2008).

[4] Co Durham Primary Care Trust Stop Smoking Service, Easington: Health Equity Audit, www.health-improvement.cdd.nhs.uk/getmedia.cfm?mediaid=9272 [accessed 4th May 2012]. In order to maintain confidentiality, the authors are unable to indicate the sub-regional location.

[5] Fresh Smoke Free North East, October 2010. Figures from UK NHS Information Centre. See http://www.freshne.co.uk/News-and-Events/Press/Article/north-east-smokers-start-aged-15-14-oct-2010 [accessed 5th May 2012].

[6] The young people use another name for their cigarettes, but for reasons of clarity and to maintain anonymity, we use a more widely recognised term. The colloquial term "fag" is also used in this text to refer to the cigarette.

[7] A multi-agency programme, the *North of England Tackling Illicit Tobacco Programme*, was established in the north of England in 2009 to tackle this problem. See http://www.illicittobacconorth.org/Default.aspx?id=2 [accessed 5th May 2012].

[8] http://www.wheatleyhill.com/Sue.htm [accessed 5th May 2012]

[9] The term 'structure' may seem at odds with the neoliberal policies that have dominated politics in recent decades. We interpret Farmer's use of it not as an indication of centralised governance, but as including the various globalised political, economic and historical mechanisms that combine to create the conditions of 'violence' – physical, emotional, conditional – that constrain human flourishing.

[10] See also McLaren *et al*. (2010). In a response to Frohlich and Potvin, McLaren *et al.* write 'we are concerned that a vulnerable populations approach could in practice be construed as singling out those of lower SES to be targeted by a specific intervention. Such an approach would thereby become a variant of a high-risk approach, the limitations of which have been outlined in depth by Rose' (2010: 375). We would argue that multi-agency, participative application that accounts for local and even sub-group variations in interpretation of population-level interventions would avoid such concerns (see also Note 12).

[11] This is a piece authored by participants in a community-based participatory action research project in New York. The young women write; 'we reflected upon our personal and collective identifications, holding up a mirror and, in the words of Freire, "coming to terms with the roots of your oppression as you come into your subjecthood". In doing so […] we shifted our understanding of ourselves and our relationship to our world' (Cahill *et al*. 2008: 91).

[12] http://www.ash.org.uk/current-policy-issues/youth-smoking [accessed 5th May 2012]

[13] Discussions with other researchers working qualitatively in the field of tobacco control reveal subtly different local-level responses to the presence of contextual factors like illicit tobacco and point, therefore, to the need for situated intervention. Frohlich *et al*. draw similar conclusions, stating that 'we cannot necessarily infer from the objective measures of the social structure how people are using and interacting with them, the point being that context is neither just the reflection of the distribution of individual characteristics nor just the attributes of the area, but is also the significance that these characteristics and attributes hold for people' (2002: 1413).