



Bachelor Degree in Politics Philosophy and Economics

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Psychosocial determinants of adolescent smoking
initiation

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Introduction

This work arises from the desire to study in depth the phenomenon of adolescent smoking and its appealing effect on young adults, in order to find a link between social context and psychological factors as determinants of smoking initiation.

Today, if every tobacco industry has the moral and legal duty to let its consumers know how dangerous smoking is for both their lives and for those who are close to them and statistics on smoking related deaths and diseases are officially published both by governments and by health organizations, then why do young conscious adults still decide to start smoking?

In the following chapters, an analysis of how the social context has an impact on smoking behaviour will be provided.

The study relies on sociological researches made by scholars on the subject together with an overview of the sociological meaning of smoking in the period of adolescence.

The discussion will be organized as follows and articulated in three parts.

The first chapter will give an overview of how smoking has historically developed and changed throughout the years, citing both official studies and journal articles and discussions. In the first section, a historical overview on the changes and tendencies of smoking along the years will be presented, along with a general review of selected studies on the dangerousness of smoking conducted in the past decades, mainly relying on Benjamin Rush's work presenting the effects gathered by his observations. The second part of this paragraph will be dedicated to the Policies adopted in the United States to reduce the diffusion of smoking, comparing it to the anti-smoking legal provisions implemented under the directives of the European Union and successively applied both in Italy and in the United Kingdom.

The next section of the chapter will present data on the average age in which children usually start to smoke. Data chosen was selected from Trenette's study of 2014 in which the author relates data collected from a population based study to the individuals' race.

The final part of the chapter will comment on the American Lung Association's report on adolescents' smoking behavior throughout the years, and data collected will show the developments between 1965 and 2009, giving a general overview on the changes in the

trends of teenagers smoking initiation in the past few years and providing an overview of the current data on the number of smokers.

The second chapter will then continue with the investigation of age-related tendencies and eventual variations in the motives to start smoking, taking into consideration the social behavior.

Scholars' studies chosen for the analysis will be focused on the social determinants of smoking and especially on the psychosocial factors related to adolescents' smoking with a critical review of the literature.

The chapter will start by providing an overview of some recent contributions and the major findings from each of them will then be outlined. The sociological elements that have emerged during the research will be proposed together with some relevant aspects deduced from the major findings on the importance of the role of implicit attitudes in shaping individuals' decisions and behaviours associated with smoking initiation.

The chapter will continue with a presentation of social and psychological theories related to representation perception and social cognition analysed by the scholars in order to give answers to the question on reasons why teens start smoking despite the general awareness of the dangers related to this vice.

The first section will be dedicated to a longitudinal study by a group of scholars and psychologists led by Steven J. Sherman, in which proximate variables based on a behavioural prediction model, general personal factors and individual social environment were included. Discoveries made by the study will reveal how attitudes, social perception and his image of the smoker potentially affect the smoker's behaviour and can hence lead to different outcomes in the prediction of future smoking initiation.

In the second paragraph, the theoretical considerations collected by Marjorie Jacobs will be presented and used to describe the three main socio-psychological causes to adolescents' smoking initiation.

The last section of this chapter will present a review of the recent literature by Suzanne L. Tyas and Linda L. Pederson which have analysed relationship between psychological factors and smoking behaviours. The focus of this paragraph will be on the association of smoking and socioeconomic, environmental, behavioural, sociodemographic and

personal variables. To give a more exhaustive explanation a table associating psychological factors to smoking will be described, analysing each factor reported.

After having determined the scientific framework in the previous chapters, the third chapter will present some considerations based on the results achieved by the studies analysed, and data and considerations collected will be used to draw a conclusion on the reasons of smoking initiation and on the possible steps for prevention.

Chapter 1

When and how people start to smoke

This work is dedicated to an analysis of when and how people start to smoke. As a result, it is particularly focused on the smoking behavior of young people, and on its determinants.

In the first section, an introductory overview on the changes and tendencies of smoking along the years will be presented, together with a general summary of the main studies conducted in the past decades, which attested the dangerousness of smoking. In particular, a summary of the work made by Benjamin Rush (Benjamin Rush, 1798) will provide a description of the effects gathered by his observations.

Policies adopted in the United States to reduce the diffusion of smoking are then discussed, together with the anti-smoking legal provisions implemented and applied both in Italy and in the United Kingdom, under the directives of the European Union.

The second section presents data offering an overview of the average age in which children usually start to smoke. Data was taken from a 2014 study held by Trenette, Clark, Doyle and Clincy (Clark, Doyle, & Clincy, 2014) in which they provide a list of race related data collected from a population based study on smoking initiation age.

The third and last section of this chapter attempts to trace the development through time of the first-cigarette age, by pointing out more studies and researches reported by the American Lung Association, which are focused on the adolescents' smoking behavior throughout the years. Data shown in this section traces developments between 1965 and 2009, to give a general overview on the eventual changes in teenagers smoking initiation.

The history of tobacco

The history of tobacco expansion plays an important correlation between young individuals and their smoking addiction, allowing a more complete overview of the dimension of the phenomenon this work is going to study.

According to the findings on the Mayan engravings which represent a series of drawings showing the use of tobacco, the appearance of this plant in the Americas dates back to a

time between 600 and 900 A.D. It was from the Americas that Tobacco made its entry into Europe, brought by Christopher Columbus, who was the first European to discover the plant. (Cancer Council NSW, 2016) (Brandt, 2007)

The tobacco plant was grown and harvested by the American Indians to be smoked through a pipe for both religious rituals and for medical purposes. Once the first settlers of the American colonies established a nucleus in the north in 1612, they started to cultivate tobacco for money, together with corn, cotton, wheat, sugar and soy.

Once imported from the Americas, in Europe tobacco was grown for the first time in Santo Domingo in 1531 , and by 1600 the product was already used across Europe with monetary value.

In 1560 Jean Nicot, a Portuguese ambassador, was the first person in Europe to propose tobacco for medical uses, naming tobacco's active ingredient as 'Nicotine', which became a widespread use among white European soldiers and sailors. The tobacco industry started to develop by the 1700s. (Cancer Council NSW, 2016)

Given the fast diffusion of this plant, doctors and scholars began to make their researches on the effects of it on both the people and the environment.

In 1602, an essay titled 'Work of Chimney Sweepers(sic)' was published by an anonymous English author. The paper made a comparison between the soot breathed by the chimney sweepers and the cigarette ash, stating that tobacco might have the same dangerous effect on those inhaling it. The work is famous as the very first one that linked tobacco and smoking consequences on human health. (Cancer Council NSW, 2016)

Later in 1795, the German Samuel Thomas von Soemmering of Mainz was the first to report the apparent link between lip cancer and pipe smoking;

In 1798 in his *Essays, Literary, Moral and Philosophical*, (Rush, 1798) Benjamin Rush¹ dedicated an entire chapter on the use and the health risks of tobacco, making a list of the diffused effects among smokers, according to his researches, as reported below:

In considering the pernicious effects of Tobacco, I shall begin agreeably to the order I have laid down, by taking notice of its influence upon health; and here I shall mention its effects not only upon the body, but upon the mind.

¹ (1745-1813) Physician known as the "Father of American Medicine."

1. *It impairs the appetite. Where it does not produce this effect,*
 2. *It prevents the early and complete digestion of the food, and thereby induces distressing, and incurable diseases not only of the stomach, but of the whole body. This effect of Tobacco is the result of the waste of the saliva in chewing, and smoking; or of the Tobacco insinuating itself into the stomach, when used in chewing, or snuffing. I once lost a young man of 17 years of age, of a pulmonary consumption, whose disorder was brought on by the intemperate use of cigars.*
 3. *It produces many of those diseases which are supposed to be seated in the nerves. The late Sir John Pringle [1707-1782] was subject in the evening of his life to tremors [ataxia] in his hands. In his last visit to France [1770's], a few years before he died [1782], in company with Dr. [Benjamin] Franklin [1706-1790], he was requested by the Doctor to observe, that the same disorder was very common among those people of fashion who were great snuffers. Sir John was led by this [statistical observation] remark to suspect that his tremors were occasioned by snuff which he took in large quantities. He immediately left off taking it, and soon afterwards recovered the perfect use of his hands. I have seen head-ache, vertigo, and epilepsy produced by the use of tobacco.*
- A Physician in Connecticut has remarked that it has in several instances produced palsy and apoplexy; and Dr. Tissot ascribes sudden death in one instance, to the excessive use of it in smoking.*
4. *A citizen of Philadelphia lost all his teeth by drawing the hot smoke of Tobacco into his mouth by means of a short pipe, and I have been informed of a cancer on the lip, which terminated fatally from the same cause, in a farmer in Northumberland county in this state. The acrid nature of the [particulate] matter which is mixed with the smoke of the Tobacco may easily be discovered by the taste or smell of a pipe stem that has been in use for two or three weeks.*
 5. *Tobacco when used in the form of snuff seldom fails of impairing the voice by obstructing the nose. It moreover imparts to the complexion a disagreeable dusky colour.* (Benjamin Rush, 1798)

By 1800 people began to use small amounts of tobacco in their everyday lives, either chewing it, smoking it with a pipe or hand rolled cigarettes or cigars for a total quantitative amount of 40 cigarettes a year on average.

The first cigarette machines were developed in the second half of 1800 and could produce up to 200 cigarettes per minute. Thanks to the cheap mass production, tobacco companies managed to expand significantly their markets in a considerably short period, making use of the cigarette advertising campaigns as well.

In 1881 James Bonsack invented the cigarette-making machine making it possible for cigarette smoking to become a widespread phenomenon.

Bonsack's factory managed to make ten million cigarettes in his first year and about one billion cigarettes five years later. The Duke of Durham was the first brand of cigarettes and they were packaged in a box with baseball cards. The first tobacco company was named The American Tobacco Company. (An 1892 Duke of Durham box of machine-rolled cigarettes Tobacco Biology & Politics)

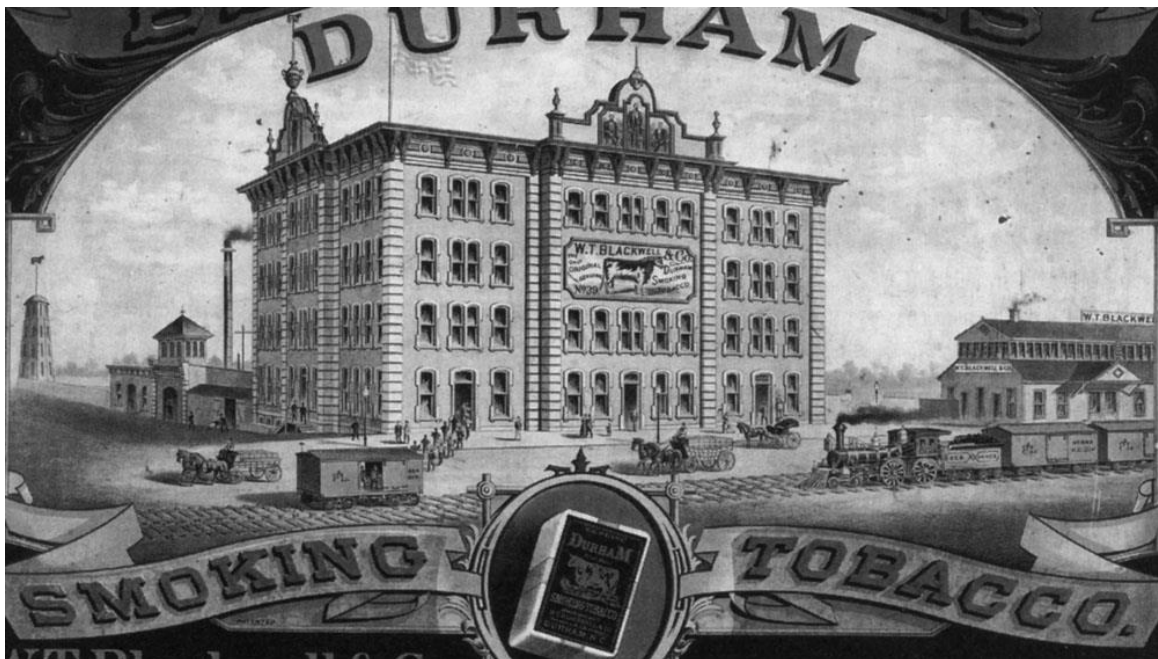


Figure 1 Looking southwest at the corner of present-day West Pettigrew and Blackwell Sts., sometime between 1874 and 1879. (From "Bull City Business Bonanza" by Ben and Snow Roberts) (K, 2008)

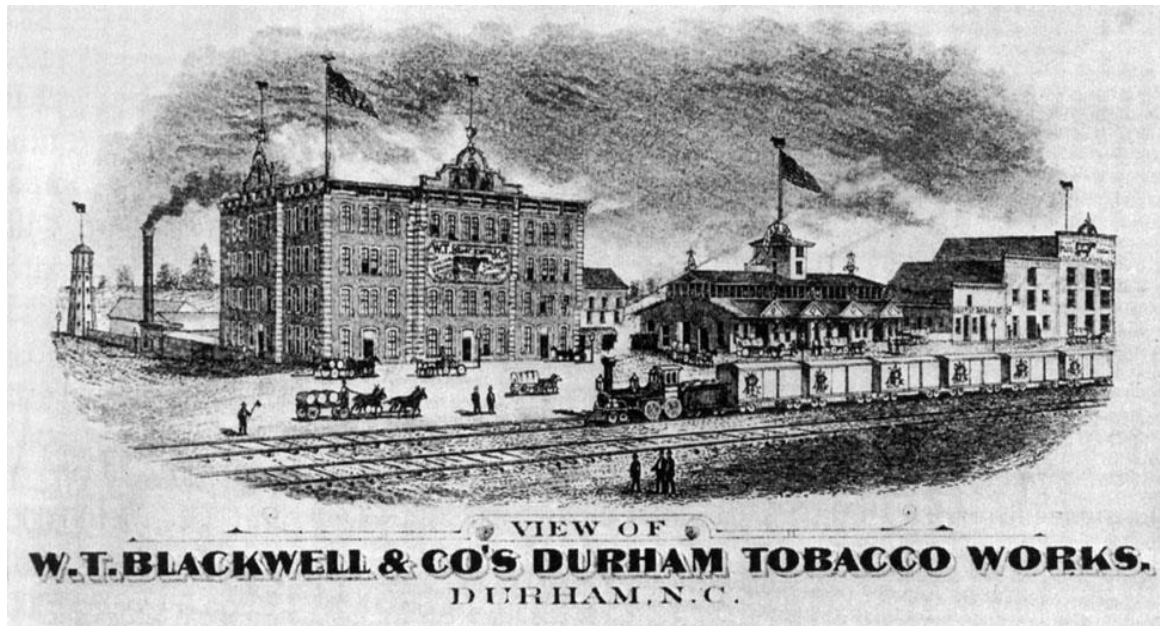


Figure 2 Looking southwest at the corner of present-day West Pettigrew and Blackwell Sts., sometime between 1874 and 1879. (From "Bull City Business Bonanza" by Ben and Snow Roberts) (K, 2008)

In 1857 the entrepreneur Robert F. Morris was the first one to see Durham station as the perfect place to start the tobacco business thanks to the possibility of manufacturing and distribution via rail. Morris initially managed to persuade Wesley Wright, who already had experience in the tobacco business, to join him at Durham station and initiate the RF Morris Tobacco Co. (K, 2008)

Generally, smoking and production continued to grow throughout the 20th century because of the ability of tobacco industries to influence the politics of the time and find new ways of promotions.

The diffusion of tobacco becomes evident also by its mention in the arts, the famous painter Adriaen Brouwer created an image of a pipe smoker² and the musician Sebastian Bach composed a play in honor of a smoker.

² Image number 1. Below



Figure 3 Smoker and drinker sitting at a table, Adriaen Brouwer, the Netherlands, 1650

Smoking soon became a posh fashion, as even. It was of common use among the bourgeoisie to invite guests to retire to a specific room to smoke a tobacco pipe while wearing a jacket provided by the host in order to avoid the smell of smoke on to their jackets. (Capone, 2013)



Figure 4 Drawing of a smoker with a smoking

In 1900 The American Tobacco Company was the largest and most powerful company until Philip Morris Company came out with its Marlboro brand in 1902.

The Philip Morris Company, created in 1847 by Mr. Philip Morris in London and born as a single shop selling tobacco and cigarettes in Bond street London, was to become the biggest colossus in the tobacco sector.

In the second half of the twentieth century, because of an increase in the medical researches and spread of information, smoking begun to be less popular due to a widespread knowledge of the health effects of both active and passive smoking. People become aware of the fact that tobacco industries had managed to manipulate the public policy in order to pursue their own companies industries, mainly focused on the short run economic returns on selling and consumption. (Cancer Council NSW, 2016)

During the two world wars, smoking increased dramatically mainly due to the policy of providing free cigarettes to allied troops as a 'morale boosting' exercise.

Until World War I and World War II, the selling of cigarettes was targeted primarily at men. In the period between 1915 and 1945 the production of cigarettes significantly increased as soldiers overseas were provided with daily free cigarettes. By 1944 the cigarette production reached the number of 300 billion a year.

After World War II women were now more independent and self-sustainable. Most of them had started working while the soldiers were abroad and most of them had started smoking as well.

Throughout the twentieth century, a series of medical report which linked smoking to cancer and other diseases had started to appear, but at first most of the consumers were unaware of it, given the newspaper's editor unwillingness to offend the tobacco companies.

Between 1950 and 1960, the medical reports increased and finally confirmed that tobacco was really one of the main causes of lung cancer.

Governments of the world then started to adopt a number of provisions and lawsuit against tobacco companies, in order to reduce the consumption and diffusion of tobacco.

In the United States in 1964, the Surgeon General wrote a report about the dangers of cigarette smoking. In the report, he certified that nicotine and tar in cigarettes were likely to cause lung cancer. The United States Congress introduced the first labels on cigarettes in 1965 after the entrance into force of the Cigarette Labelling and Advertising Act. From then on, every cigarette pack had to have a warning label on its side stating that *"Cigarettes may be hazardous to your health."*

In 1971, the congress of the United States passed a law to forbid tobacco companies from advertising and promoting cigarettes and tobacco consumption both on television and radio.

In 1980 tobacco companies introduced to the market a new brand of lower tar and nicotine amounted cigarettes with improved filters. These new cigarettes were aimed at reducing the fears and health risks of the consumers. In 1990 airlines banned smoking on airplane flights in the U.S. that were six hours long or less.

Generally, from 1980 on, federal, state, local governments, and private companies have begun to implement laws to restrict cigarette smoking in public places. The warning labels were only the first step toward reducing smoking, and were then followed by smoking restrictions in public transport, restaurants and public buildings.

The Comprehensive Smoking Education Act, introduced by Congress in 1984, ruled that each cigarette company had to change the warning labels on cigarette packs every three months to make them rotate. (Smoking Tobacco & Health, Centers for Disease Control)

From 1990 on, in the rest of the world each country has administered smoking bans and restrictions implementing domestic laws according to internationally agreed policy standards and restrictions to follow.

In Europe the Council Recommendation on smoke-free environments was adopted, being it the result of consultation and legislative process among member states.

The council ruled that from 2009 all the member states of the union had to act on three main fronts:

- The adoption and implementation of laws which must fully protect their citizens from exposure to tobacco smoke in enclosed public places, workplaces and public transport, within three years of the adoption of the Recommendation. (European Commission, 2010)

- The enhancement of smoke-free laws including supporting measures such as children protection, pushing efforts to give up tobacco use and pictorial warnings on tobacco packages. (European Commission, 2010)
- The enforcement of cooperation at the European level must be reached by setting up a network of national focal points for tobacco control, to implement both domestically and internationally.

In Italy, anti-smoking legislation passed on the 16th of January 2003 under the name of *Law No 3* of "Regulatory provisions governing public administration", which entered into force January 2005.

The law bans the individuals from smoking in public areas, naming the Public Health and Health and Safety Inspectorate as the competent authority ministry with policy responsibility for tobacco issues and enforcement. The sanctions provided by law are of economic nature, for an amount up to 2200 euros due non-compliance with national requirements. (European Commission, 2010)

In England, the Health Act 2006 that entered into force on the 1st July 2007, established a total ban on smoking in public areas, and was soon followed by restrictive bans in the other states belonging to the United Kingdom.

At the local level, the competent authority politically responsible for tobacco issues and smoke free regulations is the department of Health.

The sanctions for non-compliance with the national legislation requirements are fixed monetary penalties from £30 to £200 for smoking where not permitted. Moreover, failing to prevent smoking in smoker free places can result in a £2500 court awarded fine. (European Commission, 2010)

Since smoking rates have declined in the American and western European markets, tobacco industries are now focusing on the less developed and emerging countries whose policies and weakness of the regulatory environment make it still possible for the tobacco giants to promote their products and expand their production.

The age of the first cigarette

According to the data shown in the 2016 *Campaign for tobacco-free kids* (Tobacco Use and Harms Among Kids, 2016), tobacco products consumption and other drugs use mostly begin by the time kids graduate from school.

Tobacco consumption usually begins as a naïve experimentation, but frequently turns out into regular smoking which consequently becomes a strong addiction. (Bach, 2016)

In order to reduce the increase of future tobacco use levels among youths, both in high schools and college years, it is fundamental to focus on the need to reduce experimentation and consequent regular use of tobacco products among young teenagers and children.

According to the data provided by the abovementioned article, every day about 2,500 underage kids in the United States try smoking for the first time.

Unfortunately, the data collected for kids under twelve years old is very poor, but it can still be deduced from it that the apex of the first smoking try happens between eleven and thirteen years old, though a persistent number of kids start even earlier.

A report held in 2015 shows that 3.8 percent of eighth grade students appeared to have had their first cigarette by the end of their fifth grade, at an age comprised between ten and eleven years old, while the 13.3 percent had tried smoking by the end of grade eight. According to a nationwide survey held in 2015, almost 6.6 percent of high school students have smoked at least one entire cigarette before the age of 13.5.

The nationwide Monitoring the Future Study found out that every ten twelfth grade students more than three, corresponding to the 31.1% of the sample and almost the 20% of tenth grade students, had already tried smoking.

The data reported in the National Survey on Drug Use and Health, almost 80 percent of all adult smokers begin smoking by age 18; and 90 percent of them do so before leaving their teenagers years. (Bach, 2016)

The table below represents the average sample Age of First Use and percentage on people who have ever used cigarettes, alcohol or marijuana, though the focus of this study will rely mainly on the abuse of tobacco products, hence only the numbers in the first and second column will be considered.

The distinction is based on ethnicity rather than country nationality, according to the data analyzed and provided by the national longitudinal study on adolescent health. (Clark, Doyle, & Clincy, 2014)

The answers reported on the table refer to the question of “*How old were you when you smoked a whole cigarette for the first time?*”

Race/Ethnicity Wave 1 Sample Size	Average Sample Age of First Use / Percent Who Have Ever Used		
	Cigarette	Alcohol	Marijuana
White (N= 10,487)	14.3 (79.1%)	14.9 (84.1%)	15.8 (58.5%)
Black (N= 4,391)	15.7 (60.3%)	15.7 (65.6%)	15.5 (46.9%)
Hispanic (N= 611)	14.5 (63.7%)	15.2 (66.0%)	14.7 (45.7%)
Asian (N= 1,321)	15.8 (61.9%)	16.1 (67.9%)	16.8 (38.8%)
American Indian (N= 148)	13.7 (81.1%)	13.9 (76.4%)	13.5 (64.2%)
White-Black (N= 135)	14.8 (75.6%)	15.0 (80.0%)	16.0 (65.9%)
White-Hispanic (N= 2,202)	15.2 (68.4%)	15.2 (74.6%)	15.6 (48.2%)
White-Asian (N= 145)	14.6 (73.1%)	14.9 (78.6%)	15.2 (64.8%)
White-American Indian (N= 312)	13.5 (85.3%)	14.3 (81.4%)	15.4 (64.4%)
Black-Hispanic (N= 154)	15.0 (69.5%)	15.6 (73.4%)	15.7 (51.3%)
Black-Asian (N= 26)	16.3 (69.2%)	16.2 (73.1%)	14.9 (57.7%)
Black-American Indian (N= 85)	15.1 (63.5%)	15.4 (62.4%)	15.1 (52.9%)
Hispanic-Asian (N= 121)	15.0 (67.8%)	15.3 (67.8%)	15.3 (49.6%)
Hispanic-American Indian (N= 355)	15.1 (73.8%)	15.3 (75.2%)	14.5 (55.8%)
Multi/Other (N= 250)	15.0 (72.0%)	14.5 (70.8%)	15.1 (54.4%)

Table 1 Trenette T. Clark, Otima Doyle, Amanda Clincy, 2014 Sep 1

According to the table above, young american indians on average start smoking at the age of thirteen years old, while blak asians appear to start smoking at the age of sixteen.

More research on changing trends among US adolescent smoking consumption

The data described in the previous section of this chapter concerned the age trends at which children or young adults start to smoke.

In this section, the focus will be on the eventual change in tendencies in young adults smoking trends in an interval of time between 1965 and 2009.

The results collected from the surveys have been analyzed and linked by the American Lung Association.

Before that, a research made by Giovino in 1999, the US data analyzed has shown that even though the percentage of teenage smokers declined in the 70’s, it then settled in the ‘80s and grew again in the 90s. (GA, 1999)

According to the data provided by the American center of disease control and prevention on young adults smoking published in 2002, the trends of teenagers smoking between 1965 and 2009 have changed throughout the years.

The table below shows the percentages of young adults, aged 18-24, who were current, former or never smokers between 1965 and 2009.

The result of the study demonstrates that the smoking prevalence among young adults is decreasing, as it was lower in 2009, for an amount of 21.8 against the 45.4% of 1965.

The table also shows a great change between gender consumption, as young men seem to have had higher smoking rates than females have. (American Lung Association, 2011)

More differences have been analyzed according to the years of education of the individual and also to his racial belonging, for the purpose of the study, since this chapter is meant to provide a general overview of the smoking phenomenon in young adults and so to be mainly descriptive, further data will be analyzed in detail in chapter number two.

	1965	1970	1974	1980	1985	1990	1995	1997 ^(a)	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	% Change 1965-2009	% Change 1997-2009
Total Population																						
Current	45.4	38.0	37.8	33.3	29.3	24.5	24.8	28.7	27.7	27.9	26.8	26.9	28.5	23.9	23.4	24.2	23.7	22.4	21.4	21.8	-52.0	-24.0
Former	8.9	9.2	9.5	10.5	10.1	9.5	8.8	7.3	8.1	7.6	7.7	7.8	7.5	7.1	7.0	7.1	5.8	6.9	5.4	6.2	-10.1	-15.1
Never	47.6	52.8	52.7	56.2	60.6	66.0	66.6	64.0	63.5	64.5	65.5	65.3	64.0	69.0	69.6	67.8	69.5	70.8	73.3	72.0	51.3	12.5
Sex																						
Male																						
Current	54.1	44.3	42.1	35.4	28.1	26.6	27.9	31.7	31.3	29.5	28.5	30.4	32.4	26.3	25.3	27.6	28.1	25.4	23.7	28.0	-48.2	-11.7
Former	7.6	10.7	11.6	10.5	10.7	9.1	8.5	7.2	7.9	7.1	7.4	7.3	7.7	7.0	7.3	6.8	5.0	6.3	4.4	7.4	-2.6	2.8
Never	38.3	45.0	46.3	54.1	61.3	64.4	63.7	61.1	60.7	63.4	64.1	62.3	60.0	66.7	66.4	64.0	65.6	68.3	71.9	64.6	68.7	5.7
Female																						
Current	38.1	32.7	34.1	31.4	30.4	22.5	21.8	25.0	24.5	26.3	25.1	23.4	24.6	21.5	21.4	20.7	19.1	19.1	19.0	15.6	-59.1	-37.6
Former	6.2	8.0	7.8	10.4	9.6	9.9	8.8	7.4	8.3	8.1	8.0	8.2	7.4	7.2	6.6	7.4	6.7	7.5	6.4	5.0	-19.4	-32.4
Never	55.7	59.3	58.2	58.2	60.0	67.6	69.5	66.9	67.2	65.5	67.0	68.4	67.9	71.3	71.3	71.7	73.4	73.4	74.6	79.4	42.5	18.7
Race																						
White																						
Current	45.2	37.9	37.2	33.1	30.1	26.4	26.6	31.7	31.2	30.0	29.8	29.9	30.8	25.6	24.7	26.0	24.8	24.4	22.7	23.4	-48.2	-26.2
Former	7.4	9.9	10.3	11.3	10.9	10.6	9.8	8.3	9.1	8.7	8.6	8.6	8.9	8.0	7.8	8.0	6.4	7.7	6.3	6.9	-6.8	-16.9
Never	47.4	52.2	52.5	55.7	58.9	63.1	63.6	60.0	59.8	61.3	61.6	61.4	60.4	66.3	66.7	65.4	67.9	67.8	71.0	69.7	47.0	16.2
Black																						
Current	48.8	39.8	43.4	35.6	25.3	15.2	11.5	17.1	13.5	18.9	17.7	15.4	20.2	14.9	17.0	16.9	21.6	14.7	17.1	16.3	-66.6	-4.7
Former	2.6	4.6	3.2	5.2	6.0	5.2	2.6	2.7	3.8	3.6	4.7	5.2	2.8	3.3	3.4	4.6	2.9	3.2	2.0	4.1	57.7	51.9
Never	48.6	55.6	53.4	59.3	68.7	79.6	86.0	80.1	82.8	77.4	77.6	79.4	77.0	81.8	78.9	76.5	74.3	82.0	80.9	79.6	63.8	-0.6
Education																						
≤12 Years																						
Sex																						
Male																						
Current	66.6	60.0	52.7	51.0	43.0	37.3	30.8	38.7	38.0	36.4	32.1	38.9	38.6	32.0	32.0	33.2	33.2	30.6	33.1	34.8	-47.7	-10.1
Former	8.0	11.1	11.9	10.5	11.6	10.2	8.4	5.8	8.5	6.4	7.1	7.2	6.4	7.2	6.5	6.5	6.1	5.9	4.9	7.9	-1.3	3.2
Never	25.4	29.0	35.4	38.5	45.4	52.4	60.8	55.5	53.4	57.3	60.8	53.9	54.9	60.9	60.8	57.8	60.4	63.5	62.1	57.3	125.6	36.2
Female																						
Current	43.9	40.2	40.1	40.3	43.6	33.4	24.6	32.2	29.4	31.9	31.8	24.9	30.1	25.9	25.5	26.6	21.9	24.8	22.8	24.3	-44.6	-24.5
Former	6.8	8.7	9.5	12.5	11.8	11.7	9.1	7.3	8.3	8.9	6.8	7.8	8.7	8.0	6.4	6.7	5.9	6.5	6.5	5.7	-16.2	-21.9
Never	49.3	51.1	50.4	47.2	44.6	54.9	66.3	60.4	62.3	59.2	61.4	67.3	61.2	66.1	67.2	66.3	71.7	68.8	70.6	70.0	42.0	15.9
>12 Years																						
Sex																						
Male																						
Current	45.2	33.2	34.7	20.1	15.5	16.1	24.0	23.5	23.9	21.0	24.2	21.2	25.6	20.8	17.6	20.5	22.9	20.0	13.7	20.5	-54.6	-12.8
Former	11.1	13.9	13.9	14.7	10.9	10.3	8.7	8.8	7.3	8.0	7.8	7.3	8.9	7.0	8.3	7.3	3.8	6.4	3.8	7.0	-36.9	-20.5
Never	43.7	52.8	51.4	65.3	73.7	73.7	67.3	67.7	68.8	70.9	68.0	71.4	65.4	72.1	73.1	71.7	71.5	73.6	82.5	72.6	66.1	7.2
Female																						
Current	36.3	26.8	26.4	20.0	17.2	13.8	18.5	18.9	19.7	21.2	18.6	21.8	19.3	17.8	18.1	15.6	17.1	14.8	16.2	9.4	-74.1	-50.3
Former	8.8	12.1	6.4	8.3	9.7	8.5	8.4	7.5	8.3	7.5	9.2	8.7	6.2	6.5	6.9	8.1	7.4	8.4	6.3	4.5	-48.9	-40.0
Never	54.9	61.1	67.2	71.8	73.2	77.8	73.1	73.6	72.0	71.4	72.2	69.5	74.5	75.7	74.6	76.2	74.8	76.7	77.5	86.0	56.6	16.8

Table 2 Percent of Young Adults (Ages 18-24) Who Were Current, Former or Never Smokers by Sex, Race and Education, 1965-2009 (Centers for Disease Control and Prevention, April 2002)

Conclusions

The purpose of this chapter was to give an overview of the phenomenon of smoking among young people, in order to situate our research question in the social context.

According to the researches, adolescents start smoking at a very young age in their first years of high school, starting as a try and keeping it as a vice.

The following chapter instead, will provide an overview of existing research on the main factors related to the initiation of youth smoking.

Chapter 2

Psychological factors and social determinants of smoking

This second chapter will be dedicated to the social and psychological determinants of smoking behaviors, with a specific focus on adolescent smoking.

In the following pages, an overview of several recent contributions will be offered, along with major findings from each of them. A detailed presentation of the sociological elements that have emerged during the research will be proposed along with most of the relevant aspects underlined by the findings of the past years, which are still important in understanding the identification of the multiple characteristics associated with smoking behavior. Today the role of implicit attitudes in the individuals' decisions and behaviors is still relevantly related to adolescent smoking. (Sherman, Chassin, Sherman, Presson, & Macy, Apr 2014)

The following paragraphs will present theories from social psychology and perception related to representation and social cognition, which have been analyzed by the scholars in order to give answers to the most important questions related to adolescent smoking: the reason why teens start smoking despite the general awareness of the dangers related to this vice.

In the first section, a longitudinal study by a group of scholars and psychologists led by Steven J. Sherman (Sherman, Chassin, Sherman, Presson, & Macy, Apr 2014) will be outlined. The factors analyzed in the work include proximate variables based on a behavioral prediction model, general personal factors and individual social environment. Discoveries made by the study will reveal how the smoker's general attitude, his social perception and his image of the smoker potentially lead to different outcomes and can predict the eventual initiation of smoking.

The second paragraph presents the theoretical considerations collected by Marjorie Jacobs describing the three main socio-psychological causes as to why young people start to smoke. For the purpose of the study, the second section will also include the abstract of the interviews outlined in Jacobs' studies (Jacobs, 1997).

The third section presents a review of the literature held by Suzanne L. Tyas and Linda L. Pederson on the psychosocial factors related to adolescent smoking (Tyas & Pederson,

1998). In this paragraph, an analysis of the psychological risk factors related to smoking will be provided. The focus of the work analyzed is on the association of smoking and variables of socioeconomic, environmental, behavioral, sociodemographic and personal nature. As a result, the section also reports an explicative table, which summarizes the association of psychological factors with adolescent smoking. Each factor of reported will be analyzed to explain the table. In the last part of this paragraph, the city of New York will be taken as a recent example of possible provisions to implement to dissuade teenagers from smoking, relating the case with the environmental factors affecting the adolescent smoking incidence.

[A longitudinal study on behaviors of smoking adolescents](#)

The data analyzed for this section are based on a longitudinal study performed by Steven J. Sherman between 1980 and 2005, aimed at identifying the sociological and psychological answers to the research question related to teens and initiation of smoking.

According to the research results, adolescence is the crucial period in which people start smoking and using other substances. (US Department of Health and Human services, 1994.)The main difference between the abuse of drugs and the use of tobacco products is the aging effect of the first, which does not affect the latter. According to the researchers conducted by Chen and Kandel in 1995, the natural decrease in substance abuse usually takes place around the 25th year of age, but does not affect cigarette smoking. (Chen Ke, 1995)

One of the explanations given for this is the fact that smoking is legal and shall thus produce fewer conflicts with the adult's individual responsibilities. (Todd M, 1996)

Steven J. Sherman has conducted a four-year lasting longitudinal study in order to identify the most important factors and social variables which can help in predicting adolescent smoking, using a sample of students from grade six to grade twelve. In his analysis, Sherman has differentiated the data among three different categories of factors:

- Proximate variables including attitudes, beliefs and intentions based on Ajzen and Fishbein's behavioral prediction model (Fishbein & Ajzen, 1980)
- General personality and environment influence factors according to the Problem Behavior Theory by Jessor and Jessor's (Jessor & Jessor, 1977)

- Smoking environment factors perceived by people.

Each factor was assessed according to sex, age, and level or stage of smoking in the first four years of the research. The adolescents chosen for the study were younger than 18 years old since the probability of smoking initiation was higher in that period, the focus of this first period was mainly on psychological and social factors. (Jessor & Jessor, 1977)

The study revealed that the importance of the different factors changed according to the age of the participants. It turned out that for the youngest individuals without previous smoking experiences the most influential predictors of future possibility of smoking were psychological factors and social context, while for those adolescents who had already tried smoking at least once, the best predictors for future smoking initiations were their attitudes and behavioral intentions. (Chassin, Presson, Sherman, Corty, & Olshavsky, 1984)

Moreover, in 1981, the study comprised the analysis of the perception of the image of the smoker, both in terms of self-image and of socially shared image relating this perception to behavioral smoking predictions. The findings showed that the image of the adolescent smoker is that of a mature and sociable individual, even if it often results in unintelligent and aggressive. In this way, the more the self-image of a non-smoker becomes close to the positive image of the teenage smoker, the more it is likely that the non-smoker will start smoking. (Chassin, Presson, Sherman, Corty, & Olshavsky, 1981)

Lastly, the focus went on the social perception of the entity of the extension of the phenomenon as a factor of predicting the eventual initiation of smoking. The participants were asked to estimate the percentage of smoking individuals among adults and teenagers. It turned out that smoking participants had higher estimates than non-smoker ones, but generally everyone had overestimate the real number. (Sherman, Presson, Chassin, Corty, & Olshavsky, 1983)

In the next years of the study, the chance for the participants to start smoking was significantly lower since most of them were over 25 years old. The focus this time was shifted to new factors. The analysis was focused on the possibility of the relation between their new roles in the society, as some of them were now college students or already workers, and the level of stress. The study revealed that adolescent smokers were less likely to continue their college and master degrees, but were more likely to get married and then divorce. Those who had started smoking in early adulthood were less likely to

achieve a university degree and unlikely to get married. (Chassin, Presson, Sherman, & Edwards, 1992) For what regards stress, data proved a positive relationship between professional or familiar role and the amount of cigarettes smoked by the individual. (Todd, Chassin, Presson, & Sherman, 1996)

Once the participants become adults it was easier to study the path of smoking-related behavior using the latent class analysis³ to classify different types of development in teenagers smoking behaviors. (Chassin, Presson, Sherman, & Pitts, 2000) For the purpose of the study, a distinction was made between *abstainers* who had not reported smoking during the study, and *erratic* who were the occasional smokers. The study differentiated among four different groups of smokers as follows:

- Early smokers who begun smoking around twelve years old and reached the highest level of cigarette consumption around nineteen years old maintaining it constant over time.
- Stable smokers who started smoking in their last years of high school and reached their maximum smoking consumption level by the age of twenty-four years old.
- Unconvinced smokers, who started smoking very young in first place, reached their highest level of smoking around seventeen and then gave up.
- Former smokers who reported high level of cigarette consumption around 20 years but then reported non-smoking after turning twenty five

The study proves a great variability in smoking paths depending on age of initiation, transition to regular smoking , average number of cigarette consumption and persistence of this habit.

The results achieved by Sherman aimed to explain the correlation between cognitive and social psychology to the adolescent smoking behavior. Hence, one of the main discoveries made by the study, was the difference noticed in personal behavior by adolescents who had already experienced smoking, the increase to regular smoking was predicted by attitudes and feelings about smoking as well as behavioral intentions to smoke, according to the work of Fishbein and Ajzen (Fishbein & Ajzen, 1980).

³ Latent class analysis (LCA) aims at identifying unobservable subgroups within a population. To expand LCA models is useful for scientists to better understand the impact of exposure to patterns of multiple risks, as well as the antecedents and consequences of complex behaviors, so that interventions can be personalized in order to target the subgroups, which will benefit the most.

Overall, the first smoking experience was related to the situational context of the individual. Most adolescents had a mistaken conception of the entity of the phenomenon, both among adults and teenagers. Social and self-image were also related to the adolescent smoking decision.

On the contrary, those who had tried smoking without becoming regular smokers showed to have a higher tendency to become independent and had higher life expectations in order to achieve their independence, meaning that on average they were usually less influenced by their peers. (Sherman, Chassin, Sherman, Presson, & Macy, Apr 2014)

For the purpose of the longitudinal study, in the first years of the project the data collected was strictly related to the psychological and social factors that were supposed to be related to young smokers' initiation. The first important factors to be analyzed were those on general personality and environment studied by Jessor and Jessor (Jessor & Jessor, 1977)

Special attention was drawn on the attitude of participants towards smoking, their personality factors and their social environment factors, including family and friends' attitudes and behaviors. For younger people personality factors and social environment resulted more influential than for older individuals. (Chassin, Presson, Sherman, Corty, & Olshavsky, 1984)

Adolescents' smoking initiation

Three social reasons to smoke

Despite the provisions globally taken by governments, the incidence of smoking among adolescents is not encouraging.

According to a study⁴ developed by Marjorie Jacobs in 1997, *From the First to the last Ash: The History, Economics and Hazards of Tobacco*, most people start smoking during the adolescence and being unable to quit, once they reach adulthood they are already addicted. (Jacobs, 1997) Most of the young adults reach adulthood with the desire to quit smoking, but since smoking is addictive, they usually give up the option before even trying to do so.

⁴ Funded by a Mass. Department of Public Health grant to The Cambridge Tobacco Education Program, Cambridge Department of Human Service Programs. Tobacco Control Activities are supported by the Health Protection Fund, established upon passage of voter referendum Question 1 (Tobacco Excise tax) in November 1992 by Marjorie Jacobs
Revised 1997

The reasons for this are numerous, according to the studies and researches made both on sociological and psychological ground, but according to M. Jacobs, we can group three main reasons as to why young people start to smoke.

Firstly, Jacobs believes that young adults start smoking in order to look more mature. It is a matter of appearance and look, since children see other people smoking around them, especially their parents and close relatives; they believe smoking will make them look older.

Secondly, adolescents are said to be smokers in order to identify with the rest of the group and be accepted by, so if their peer friends smoke, so will they.

The third reason relies on the excitement and unconscious attraction toward an action that is forbidden.

Since it is illegal in any state for minors to purchase cigarettes and other tobacco products, adolescents usually access to them thanks to the help of their older friends or siblings, or by stealing it from their parents. Smoking becomes the brave gesture of the rebel, therefore more and more attractive. (Jacobs, 1997)

Once the adolescent becomes a young adult, reasons to smoke evolve in a different way. Stress at work, economic pressures and personal problems are some of the main factors for why it becomes very difficult for a man or a woman to quit out smoking. The adult usually smokes to relax or to release stress and pain.

Moreover, medical studies analyzed by M. Jacobs in her report, prove that smokers weigh on average three kilos less than non-smoker does, as smoking lessens the sense of taste and smell, it also reduces appetite. By the same principle instead, quitting smoking has resulted in weight gain for both adolescents and adults. (Jacobs, 1997)

[The interview approach](#)

For the purpose of the research, Jacobs has collected a number of interviews of smokers by Ric Kahn and reprinted by courtesy of The Boston Globe, in order to explore the reasons behind this habit.

The following two interviews were conducted at the Community Learning Center in Cambridge in 1994. Interviewee number one was an American teacher and former student at the Learning Center, and a mother of three children.

Interviewee number two was a 19-year-old high school student from Haiti completing his senior year at Cambridge Rindge and Latin School.

Hereinafter the answers to question 3. and 4. provided by the interviewees in the original work will be reported:

Question 3 *At what age did you start smoking?*

A: *At 11. I started smoking Chesterfields, Lucky Strikes, and Camels when my friend and I stole her grandfather's cigarettes.⁵*

B: *I started smoking 3 years ago in Haiti.⁶*

Question 4. *Do you remember how and why you began smoking?*

A: *Yes, it was like an adventure. I thought I was so grown up. My girlfriend and I used to sneak in her basement and smoke a whole pack of cigarettes, one after another. In junior high school, I used to sneak in the girls' room, and when we were bold just light up a cigarette, take quick drags, and watch the head of the cigarette get long and red. I'd stand on the toilet seat and smoke, never thinking the smoke was coming out over the top of the stall. (Jacobs, 1997)*

B: *I went to a big party at a gymnasium where I saw a guy the same age as me. He was standing smoking a cigarette, and I was looking at him thinking, "Oh, man, this looks like fun." I wanted to know how to smoke then. There were five girls, a lot of girls, playing around with him. One week later, I asked my cousin to show me how to smoke. It wasn't that easy for me. I was not feeling well. I felt dizzy and had to sit down. Every day I bought one cigarette for 25 cents. After that when I knew how to do it, I went to buy a pack with my friends. Any time I had money, I went to the clubs to buy cigarettes to smoke and drink beer. (Jacobs, 1997)*

The sentences underlined in the interview point out exactly what the studies of Jacobs had suggested in the previous pages, or else that reasons to start smoking are strictly related to an inexplicable attraction to something so forbidden and appealing, that makes you look older and overall more accepted by the people around you in a social context.

⁵ Interviewee one will always be referred to with letter A.

⁶ Interviewee two will always be referred to using letter B.

One interesting point to notice is the age gap between the two interviewees, as the first one is a grown up adult woman with children and the second one is still a teenager. Following Jacob's analysis, this seems to suggest that there has not been any shift or strictly radical change in the explanations to the phenomena of smoking. We will analyze further data in the sections to follow.

Psychological factors on smoking initiation

A study conducted by Suzanne L. Tyas and Linda L. Pederson on the Psychosocial factors related to adolescent smoking (Tyas & Pederson, 1998), an analysis of the psychological risks factor related to smoking was provided, according to the 1994 report by the United States Surgeon General on smoking and health. The literature reviewed for this work was focused on studies concerning the association between socioeconomic variables, as well as environmental, behavioral, sociodemographic and personal ones with smoking. (Tyas & Pederson, 1998)

Throughout the study, smoking was finally associated with age, ethnicity, and family structure, personal and parental income and smoking, peer attitudes and environment.

In the light of this, researches related to smoking factors should consider the social and personal environment in order to understand the influence on smoking behaviors.

The table below clearly shows the association between social variables and adolescent smoking.

The data collected and summarized in the table was analyzed independently by both authors which have reviewed the literature and came to the same conclusions regarding the current evidence of association between each sociological factor and adolescent smoking (Tyas & Pederson, 1998).

In some studies it was difficult to separate each factor from the other; Data showed that an increase in age and school grade also results in an increase in smoking prevalence among adolescents, though it was proved that the younger the age of the individual onset, the higher the probability of becoming a regular smoker.

Among household variables, higher levels of parental education and social class were inversely related to smoking tendencies in teenagers. The personal income of adolescents

instead was positively associated with smoking initiation as more money make it easier for teenagers to buy cigarettes themselves. Environmental factors including parental and siblings smoking were significant in predicting the likelihood of smoking initiation, especially, the influence of siblings smoking was higher than the parental one. For what regards peer smoking, it was noticed that peers attitudes were constantly related not only to smoking initiation, but also to smoking maintenance and intentions, while the parental influence may result non-significant once competing with peer's one. (Stanton & Silva, 1991)

As shown in the table below, behavioral factors can predict the likelihood of smoking as well, for example concerning health risks, young smokers can be considered as risk-takers since it is very unlikely that they do not know the negative implications of smoking. Research results proved that there is a connection between unhealthy practice and smoking initiation.⁷ (Camp, Klesges, & Relyea, 1993)

Table three below represents the summary of the data collected for the study by Tyas and Pederson.

⁷ Invalid source specified.

<i>Factors</i>	<i>Association</i>	<i>No association</i>	<i>Undecided</i>
Sociodemographic			
Age	●		
Gender		●	
Ethnicity/race	●		
Acculturation			●
Family structure	●		
Parental socioeconomic status	●		
Personal income	●		
Urban/rural residence			●
Environmental			
Parental smoking	●		
Parental attitudes	●		
Sibling smoking	●		
Peer smoking	●		
Peer attitudes and norms	●		
Family environment	●		
Attachment to family and friends	●		
Availability of tobacco			●
Behavioural			
School factors	●		
Risk behaviour	●		
Lifestyle	●		
Personal			
Stress	●		
Coping			●
Depression/distress	●		
Self-esteem	●		
Attitudes to smoking/smokers	●		
Knowledge of health effects of smoking			●
Personal health concerns	●		

Table 3 Summary of the association of socio-psychological factors with adolescent smoking

One of the main hopes of the authors of the abovementioned research, is that data collected will effectively generate information useful for future prevention and intervention programs which shall be sustained by the implementation of governments' policies. (Tyas & Pederson, 1998)

According to data collected by Tyas and Pederson , also normative restrictions fall under the environmental variables which affect adolescents smoking initiation. For this reason, in the past years, attempts have been made in order to reduce the use of tobacco for both the people and the environmental wellness. Most of the studies made by scholars in both the United States and in Canada have proven the efforts made to be successful, as the

overall adult smoking population has declined by more than 15%. (Millar, 1987)⁸⁹¹⁰¹¹ On the contrary, the results were not encouraging for what regards the tendency of adolescents, which have shown an increase in rate of smoking among them.¹² (Stephens & Morin, 1994) According to the studies held by the US Department of Health and Human Services (US Department of Health and Human Services, 1994) , today cigarette smoking is the leading cause of potentially preventable deaths, both in the United States and in the rest of the world. (Sherman, Chassin, Sherman, Presson, & Macy, Apr 2014) Researches and Public health campaigns have put this topic at the center of their discussions in order to understand the reasons for this phenomenon. Above all, a deep demand for adolescents and minors smoking cessation has led policy makers and governments to provide for regulations and tax provisions in order to bind the uncontrolled spread of this case. Special attention was paid on the ways to limit the spread of smoking among adolescents, by implementing laws to limit the access of tobacco products to underage people and forbid smoking in schools. (Lynch & Bonnie, 1994) Some Cities in the United States have tried to stem the diffusion of adolescent smoking by rising the legal age for people to buy and consume tobacco products from eighteen to twenty-one years old.

As an example, in 2014 New York was one of the first cities to adopt the bill imposing the new legal age to buy cigarettes, according to the bill proposed by the city council and successively signed by the mayor Michael R. Bloomberg. According to the mayor, rising the age to buy cigarettes could discourage people to become addicted in the first place, and make it harder for high school teenagers to retrieve the product. In fact, medical studies have proven that addiction is inversely proportional to the age in which the individual starts to smoke; the younger he is the higher the probabilities of strong addiction. (Hartocollis, 2013)

⁸ Millar WJ. *The smoking behavior of Canadians 1986*. Ottawa, Canada: Health and Welfare Canada, Health Services and Promotion Branch, 1987.

⁹ Pederson LL. Smoking. In: Stephens T, Graham D, eds. *Canada's Health Promotion Survey 1990: technical report*. Ottawa, Canada: Minister of Supply and Services Canada, 1993: 91–101.

¹⁰ Statistics Canada. *Health status of Canadians: report of the 1991 General Social Survey*. Ottawa, Canada: Ministry of Industry, Science and Technology, 1994. (Catalogue No 11-612E, No 8.)

¹¹ 4 Statistics Canada. *Survey on smoking in Canada, cycle 1 through cycle 4*. Ottawa, Canada: Special Surveys Division, June 1995.

¹² According to the studies held by Stephens T, Morin M, eds. (with Health Canada). *Youth Smoking Survey, 1994: technical report*. Ottawa, Canada: Minister of Supply and Services Canada, 1996.

New York Raising Age to Buy Cigarettes to 21

OCT. 30, 2013



Nicole Spencer, 16, in Union Square Park on Wednesday, said she doubted that raising the cigarette-buying age would work. Robert Stolarik for The New York Times

Considering the individual, social, biological, psychological, environmental, and political variables together with a synthesis of the current findings and the future body of knowledge, shall be a priority for future researches.

Conclusions

In the light of the findings of the several studies analyzed, it is evident that social and psychological factors have an impact on the adolescents' smoking initiation.

The researches conducted up to date have already observed many factors to explore the reasons of such initiation and in order to find a way to prevent the diffusion of the mortal habit of smoking.

The social problem of adolescent smoking today has to be fought by the health organization by providing every individual with the necessary information about the risks related to smoking, and by governments by implementing laws to prevent smoking initiation.

In the following chapter, considerations made in the light of the findings of the previous chapters will be presented together with personal conclusions on the relevance of the phenomenon and the possible steps to make toward the reduction of adolescent smoking initiation.

Chapter 3

The third and last chapter of this work will outline several considerations based on the summary of the most relevant findings analyzed in the previous chapters. Referring to the literature chosen for the purpose of the study, some personal general considerations will then be made underlying the possible solution to stem the phenomenon.

Considerations

In the previous chapters, the research question on how adolescents start to smoke has been outlined and explored under different aspects.

The analysis has been focused on the reasons and social context in which adolescents' smoking behavior firstly appears and continues in the journey towards adulthood.

As seen in the first chapter, smoking has changed throughout the years and history both in target trends, which have been extended to women as well as men, and in personal consciousness of the risks related to smoking.

The aim of this thesis was to understand whether there is a strict connection between the adolescents' attitude towards smoking and the social context they belong to, in order to foresee eventual patterns to follow in order to reduce smoking initiation.

The United States were among the first states to implement a legislation to prevent young people from easily obtaining the access to tobacco products and in this way, to reduce the diffusion of adolescent smoking. Cities as New York have focused on the enforcement of laws to delay the first cigarette use consented by law, shifting the legal age to smoking consumption to twenty-one years old.

One of the most interesting findings of this work was the strong relationship between the age of the first cigarette and the consequent eventuality of becoming a regular smoker.

Thanks to data provided by the American Lung Foundation, scholars have been able to trace the developments made between 1965 and 2009. Overall, tobacco products consumption usually starts before kids graduate from school. (Tobacco Use and Harms Among Kids, 2016)

As the first cigarette begins as an ordinary experience which then turns into regular smoking, special attention must be put on the need to reduce this experimentation, in

order to finally reduce future tobacco consumption among kids, both in high school and in the first years of college. (Bach, 2016)

The study has then followed by analyzing more in depth the relationship between smoking behaviors and their sociological and psychological implications.

A review of the most recent existing literature on this research question has been essential in order to understand the actual implications of smoking initiation among young people. Moreover, the documents selected for this work made it possible for the study to be directed towards more specific psycho-social aspects by which it was possible to outline some fundamental causes of smoking initiation, and possibly prevent them.

As reported in the second chapter, the role of implicit attitudes in the individuals' decisions and behaviors is still relevantly related to adolescent smoking. (Sherman, Chassin, Sherman, Presson, & Macy, Apr 2014)

Thanks to the theories of social psychology and perception related to representation and social cognition, scholars have come closer to the answers on the reasons why teens start smoking despite the general awareness of health dangers related to this vice.

In particular, Steven J. Sherman's study has successfully found the proximate variables of smoking initiation by basing his research on both behavioral prediction models, general personal factors and even on the individual's social environment. This has made it possible to reveal how the smoker's general attitude, his social perception and his image of the smoker potentially lead to different outcomes and can predict the eventual initiation of smoking.

The study also revealed that the importance of each factor changed according to the age of the participants Sherman had chosen to analyze. The outcome detected that the most influential predictors of future possibility of smoking were psychological factors and social context for the youngest individuals without previous smoking experiences, while attitudes and behavioral intentions were the best predictors for future smoking initiations for those adolescents who had already tried smoking at least once. (Chassin, Presson, Sherman, Corty, & Olshavsky, 1984)

Sherman's study was revealing in differentiating smokers groups according to the age in which they had firstly become acquainted to the vice. It turned out that the youngest the

individual analyzed had had his first smoking contact, the highest his probability to become addicted.

The results achieved by Sherman managed to explain the correlation between cognitive and social psychology of the adolescent and his smoking behavior. Besides the differences noticed in personal behavior by adolescents who had already experienced smoking, the increase to regular smoking was predicted by attitudes and feelings about smoking as well as behavioral intentions to smoke, and their perceived image of the smoker. (Fishbein & Ajzen, 1980).

For the purpose of this work, another study has been essential to better understand the sociological reasons that may lead a kid to smoking initiation. Marjorie Jacobs's report on adolescents' reasons to start smoking has succeeded in providing the three main reasons to this phenomenon. Willingness to look more mature was listed among them, as adolescence sees by definition a significant importance of appearance and look both in the relationship with peers and with the family. Adolescents start smoking to look older, to emulate the pose of those around them.

Secondly, Jacobs' study proves adolescents start and keep smoking to bridge a vacuum, to fulfill their sense of belonging to the group, to be accepted and similar to their peers, hence if their friends smoke, so will they.

The third reason provided by the study shows the psychological connection between smoking initiation and the sense of excitement and unconscious attraction toward an action that is forbidden. Being the gesture illegal underage, smoking becomes the brave act of the rebel, therefore more and more attractive. (Jacobs, 1997)

Considering the psychological aspects of smoking, the literature review provided by Tyas and Pederson has helped to take in the meaning of those socioeconomic, environmental, behavioral, sociodemographic and personal variables affecting the youths smoking initiation.

Once again, data has shown that the younger the age of the individual onset, the higher his probability of becoming a regular smoker.

In the same study, household variables of parental education and social class were inversely related to smoking tendencies in teenagers; personal income has testified it is generally easier for well-off teenagers to buy cigarettes; parental and siblings smoking

were also significant as environmental factors to predict the future likelihood of smoking initiation; peer smoking habits instead was related both to smoking initiation and to smoking maintenance and intentions. (Stanton & Silva, 1991)

Personal conclusions

All the studies used for this work have gone through much different paths of research and explored the research question under different perspectives. In the end, all of them have come to the common conclusion that smoking is not a matter of random chance, but indeed it is strongly related to the social context to which the young adult or kid belongs to.

The personal framework, which the adolescent is constantly in contact to in his first teen years, is essential to understand the future possibility of smoking initiation. The sooner the smoking experience takes place, the more likely the teenager will become an addicted smoker.

In order to control the spread of this phenomenon and possibly reduce it, it is necessary that both healthcare organizations and dedicated departments of governments find a common direction for the fight against youth smoking. In addition to this, there is the need for the tobacco companies to find alternative solutions to prevent smoking of minors and broaden the general knowledge of the health implications of this vice.

Only by common fighting, we can hope to build enough awareness for people to understand the extremely dangerous implications of cigarette smoking and hence prevent young adults from future smoking initiation.

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Riassunto

Questo lavoro nasce dal desiderio di approfondire il fenomeno del fumo degli adolescenti e il suo effetto accattivante sui giovani adulti, al fine di capire quale sia il collegamento tra contesto sociale e fattori psicologici come determinanti dell'iniziazione al fumo.

Nei capitoli di cui è composto il presente lavoro, viene fornita un'analisi dell'impatto del contesto sociale sul comportamento del fumatore.

Lo studio è basato sull'analisi delle ricerche sociologiche condotte da i maggiori studiosi sul tema, fornendo una panoramica del significato sociologico del fumo durante il periodo adolescenziale. La discussione è stata divisa in tre capitoli strutturati come segue.

Il primo capitolo fornisce una panoramica sullo sviluppo storico del fumo negli anni, sottolineando i maggiori cambiamenti e tendenze nel corso degli anni e presentando una revisione generale di studi selezionati sulla pericolosità del fumo condotte negli ultimi decenni, basati principalmente sul lavoro di ricerca condotto da Benjamin Rush. In aggiunta a questo inoltre, il capitolo presenta una sezione dedicata alle politiche adottate negli Stati Uniti per ridurre la diffusione del fumo, che viene confrontata con le disposizioni di legge anti-fumo implementate secondo le direttive dell'Unione Europea e successivamente applicate in Italia e nel Regno Unito.

I documenti utilizzati per la stesura di questo primo capitolo sono stati soprattutto di natura giornalistica supportati da studi medici ufficiali e riviste specifiche.

Il secondo capitolo è di natura scientifica e presenta un'analisi delle tendenze legate all'età ed eventuali variazioni dei motivi per iniziare a fumare, tenendo conto del comportamento sociale.

Lo studio è focalizzato sui determinanti sociali del fumo, e in particolare sui fattori psicosociali legati ai fumatori adolescenti attraverso un'analisi critica della letteratura.

Il capitolo propone l'analisi degli elementi sociologici che sono emersi nel corso della ricerca sottolineando gli aspetti rilevanti sull'importanza del ruolo di atteggiamenti impliciti nella formazione decisionale e comportamentale associati allo sviluppo del fumo giovanile. Il capitolo prosegue con la presentazione di teorie sociali e psicologiche legate alla percezione rappresentativa e alla cognizione sociale del fumatore, analizzate dagli

studiosi al fine di trovare risposta al perché gli adolescenti inizino a fumare nonostante la generale consapevolezza dei rischi salutari legati al vizio.

Dopo aver determinato il quadro scientifico nei capitoli precedenti, il terzo capitolo presenta alcune riflessioni sulla base dei risultati ottenuti dagli studi analizzati. Dati e considerazioni raccolti sono stati utilizzati per trarre una conclusione sui motivi di iniziazione al fumo e sui passi necessari da compiere ai fini della prevenzione. Tutti gli studi utilizzati per questo lavoro sono passati attraverso percorsi di analisi molto diversi tra loro ed hanno la domanda di ricerca sotto diversi punti di vista. Alla fine però, sono giunti alla conclusione comune iniziare a fumare non è una questione di mera casualità, ma anzi è fortemente legata al contesto sociale di cui il giovane adulto o bambino fa parte. Il quadro personale dell'adolescente è essenziale per comprendere le sue probabilità di iniziare a fumare, e quanto prima avviene tale esperienza, tanto più risulta probabile che l'adolescente diventi un fumatore dipendente.