An Evaluation of Smoking on Youths in Australia Aged 12-17

By

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There are a range of factors that can influence a person's health in modern society today, of which range from physical factors, like that of severe body trauma that has caused impediments to a person's health. There are also biological factors that can contribute to health issues, like that of multiple sclerosis, heart disease and cancer. Lastly there are also social factors that can influence optimal health like that of fat foods and smoking (Kooiman, 2000). Smoking is responsible for killing 400 Australians a year where 6.7% of smokers are youths aged 12 to 17 (Australian Commonwealth, 2012). Though the number of smokers has declined over the years (1980 to 2012), there are still regular smokers today. Smoking is said to have stemmed from adolescent behaviour and developing the behaviour of smoking over time (Nilsson and Emmilen, 2010). There are a number of possible social factors that contribute to the act of smoking 'the first cigarette', whether it's from advertising from tobacco companies or propaganda in movies (Davey and Zhao, 2012). Other factors may include social relationships or social situation, which has led to developing a habit of smoking (Niaru, Shadel, Britt, Abrams, 2002). There has been smoking prevention plans put in order to try and prevent adolescent smoking by non-smoking campaigns as well as preventative measures by prohibiting smoking in public places.

Adolescents and children are exposed to advertising every day. There is constant exposure and bombardment of television adds, billboards, packaging and branding with bright colours all used to subliminally pick at consumers brains in order to attract new customers and buyers as result increasing company profits (Toynbee, 2012). Goldberg (2003) found that tobacco advertising plays an important role in the initiation of smoking in youths by building upon primary demand. Though Goldberg's findings suggest that tobacco advertising has an effect on youths' influence to smoke, he states that there are also other factors that contribute to smoking such as social influence. Goldberg failed to research the specific type of advertising by tobacco companies as he looked at advertising in general and drew conclusions based on the effect of advertising on youths. Hasting and Aitken (1995) found very similar results to the of Goldberg (2003)

in that advertising encourages smoking, but more specifically that a sample of UK (United Kingdom) children, 12 years of age, were able to recognize and differentiate between different brands of tobacco due to imagery shown on television adds. Children were able to recognize the association of reward and smoking on the television advertisements. Hasting and Aitken's studies were more specific to tobacco advertising as compared Goldberg as well having a specific age demographic of 12-year-old, in comparison to a varied age group which Goldberg used. Other studies have shown (Germain, Wakefield and Durkin, 2010) that adolescents identify different tobacco packaging with expected cigarette taste as well as social image and persona of self-representation. Interestingly Bansal-Travers et al (2011) conducted a study in the US (United States) having investigated different cigarette packaging and how it communicates with smokers. The results showed that cigarette smokers were attracted to the more popular and familiar looking packets as well as the packets that looked the 'whitest' as they were ironically perceived as the cleanest and safest cigarettes to smoke. These studies were conducted in countries that aren't specific to the Australian population meaning that there could be some discrepancies applying the data to an Australian population. The data found by Bansal-Travers et al, didn't specifically target an adolescent/child population, as all participants involved were aged 18 years and older. It's evident that advertising by tobacco companies ranging from television advertisements down to the subliminal packaging of tobacco packets have an effect on how smoking is perceived to youths and adolescents and provides information in the steps required to prevent youth's from being enticed to smoke at such an age.

Smoking is known to cause a considerable amount of damage to the body from when a smoker has their first cigarette. If smoking is consistent over a long period of time, considerable amount of damage can be induced to an individual's health (Csillag and Aldhouse, 1992). The most notable health problems developed by smoking range from heart disease to different developments of cancer (lung, throat, mouth, tongue, nose, ovary), which accounted for 21% of cancer related deaths in 2005. More specific related diseases to youths and

adolescents are impaired lung growth, childhood cancer and worsening asthma and respiratory problems (Gerts et al, 2012). Hadnadjev and Ilic (2011) conducted a longitude study from 2003-2005, which looked at the relationship between mother's smoking during pregnancy and the development of asthma amongst their children. The results showed that there was a correlation between pregnant mothers smoking and their child developing asthma after birth. Despite a positive relationship formed, the sample size of the study was 504 pregnant mothers, but only 252 children were used for the follow questionnaire. The fact the study wasn't quantitative, and almost half of the participants withdrew from the study, means that there could be some discrepancy to the results. It would appear that passive smoking is just as harmful to children/adolescents than smoking a cigarette directly as Tager's (1989) findings showed that there was an increased risk of acute respiratory illness morbidity amongst infant of two years of age and a risk of hospitalization which could extend up to the age of five years. Ferrence (2010) study of 'passive smoking and children' reported that exposure of passive smoke in childhood is strongly associated with serious diseases such as brain tumors, leukemia, and infant death syndrome among children aged from two years of age to eight years of age. Ferrence study was found to have more concordant data as the longitude study involved children from a wider age band, and fewer participants withdrew from the study. The study Ferrence also conducted is more recent (2010) than that compared to Tager's (1989), giving the results more relevance to the current period. It's was seen that smoking was linked to a number of health problems and appeared to have detrimental effects on youth's health and development from such an early age and in later years.

With research supporting the negative effects that smoking has on child and adolescent's health, the government in Australia has made steps in reducing the harm people are doing to themselves and those around them. One of these methods is increased cigarette tax. The increase in price of cigarettes isn't only to consumers off tobacco, but the money is put towards cigarette prevention programs, advertising and smoking related health research (Koop and Luoto, 2006). In Australia individuals are "prohibited from smoking enclosed workplaces (this includes restaurants/cafes, licensed premises and shopping

centres). Smoking is also prohibited at covered areas of train platforms, bus and tram shelters, at underage 'music/dance' events and enclosed licensed premises (including gaming rooms)." (Department of Health, Victoria, Australia, 2014) The main focus is not to make it difficult for people to smoke, but to prevent the habit beginning in the first place. One can't take away the rights of freedom to smoke, but education could be the best tool to prevent child and adolescents smoking in the first place. Viadero (2005) found that more than 80% of adult smokers develop a habit for smoking before the age of 18. Viadero's study found that 'LifeSkills' Program' begins informing adolescents about the harms of smoking from the 7th grade and offers follow up classes from in the 9th, 10th and 12th grade. The results showed that by the 12th grade 27% of participants in the program had smoked one cigarette a month as compared to the control in which 33% of students had smoked a cigarette in a month. The study showed that the program was effective and reduced smoking by ~6% amongst adolescents. Crone et al (2011) focused on elementary school smoking prevention programs. Of 3173 students 57% participated, where results obtained showed that participants in the intervention program when they moved on to secondary school 3.2% had smoked, whereas participants in the control group that went on to secondary school, 6.5% had smoked a cigarette. The data showed that elementary smoking programs lowered the number of youths that take up smoking upon starting secondary school. Wang et al (2012) compared the effect of 2 different programs and how effective they were in preventing the habit of smoking amongst children at primary schools and if they started smoking by the end of graduation year. It was that one program was statistically in significant, which involved a family-school partnership, whereas the classroom-centered program was deemed affective in the preventing the first cigarette. The classroom-centered program finished once students left primary school and were followed up after graduation. It was found that of 572 participants 73% of participants had tried tobacco but only 23% were found to be regular smokers, whereas the control group had 77% of participants tried smoking of which 32% were regular smokers. It's evident that prevention programs influence preventing youths taking up the habit of smoking. Wang et al's study appeared to have the most specific and concordant results, whereas Crone and Viadero's

study didn't contain as many participants or provided as much data. Despite their lack of variables taken into account, which may have affected their studies, their results appeared to be concordant with that of Wang et al.

There has been little research conducted in Australia based on the affects and prevention of smoking conducted specifically in Australia. Although there is plenty of research from international research institutions it is evident that smoking is a problematic issue Australia based on Australian Commonwealth reports (2012). It is seen that smoking is responsible for killing 400 Australians, which has stemmed from an adolescent smoking rate of 6.7% amongst youths aged 12 to 17years of age (Australian Commonwealth, 2012). There are many health issues associated with smoking that can develop from a very young age, which can be caused by passive smoking, as well as developed habit of smoking in later years. It was seen that in secondary school is where most youths are offered tobacco, and develop their habit of smoking before adulthood, hence it is detrimental that smoking prevention programs don't finish in primary school but continue through high school, to reduce the development of a smoking habit by prevention of an individual having their first cigarette.

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