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Tobacco control and the inequitable socio-economic distribution of smoking: smokers' discourses and implications for tobacco control

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Warning: this article contains strong language.

This paper focuses on the ways in which social context structures smokers' views of, and reactions to, tobacco control. This exploratory study examined the interactions between tobacco control and smokers' social contexts and how this may be contributing to inequalities in smoking. We found in our sample that higher socio-economic status (SES) smokers are more likely to positively respond and adapt to tobacco control messages and policies, viewing them for their future health betterment. Lower SES smokers in our study, on the other hand, are in conflict with tobacco control and feel intransigent with regard to the effects that tobacco control is having on their smoking. A better understanding of how social context structures people's perceptions of tobacco control may help us to understand why social inequalities in smoking are deepening, and potentially what can be done better in tobacco control to decrease them.

Keywords: health behaviour; health inequalities; health promotion

Introduction

Despite a declining trend in population-based smoking levels across industrialised nations (Greaves and Jategaonkar 2006, Greaves, Jategaonker, & Sanchez 2006), one area of concern to tobacco control is particularly problematic: smoking prevalence and incidence is following an increasingly steep social class gradient with people of lower educational attainment, in working class occupations and lower income levels experiencing lower rates of decline in smoking than other social categories (Barbeau *et al*. 2004, Huisman *et al*. 2005, Harman *et al*. 2006). In order to understand the concentration of smoking among particular subgroups of the population we need to turn to social explanations, as these help us to understand how it is that people are shuffled, as groups, into more or less disadvantaged positions. Indeed, inequalities in smoking by socio-economic status (SES) are not a naturally occurring or random

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event, but are tied to how society is organised and thus to the practices of institutions and persons therein.

The specific institutional practice we explore in this paper is tobacco control. Although there are currently important efforts to target the smoking of lower SES populations, little is known about the differential effects, by SES, of tobacco control interventions. In a systematic review of community-based tobacco control interventions assessing the evidence of their effectiveness in reducing social inequalities in smoking (Ogilvie and Pettigrew 2003), five of the six Cochrane Tobacco Addictions Group reviews surveyed showed no intention to consider the social distribution of effects, and made no attempt to stratify summary outcome measures by any socio-demographic variable. Although socio-demographic variables had been collected on many of the participants of the primary studies, no attempts were made to evaluate the differential effectiveness of these interventions among social groups.

We propose that there are currently at least three potential problems with population-level tobacco control interventions in relation to SES. First, it is well known in the literature that there are major class differences in uptake of health promotion messages, policies and interventions (Ribisl *et al.* 1998, Victora *et al.* 2001, Benjamin-Garner *et al.* 2002, Garcia 2005, Chinn *et al.* 2006) or what is known as the 'inverse care law'. So, while population-level interventions attempt to shift down the prevalence of smoking in the *whole* population (Rose 1992), it seems that higher SES smokers are better able to take advantage of these interventions, and thus react more quickly than lower SES smokers, by both quitting faster and in greater numbers, as well as by taking up the habit less frequently (Ash Scotland 2005, Siahpush *et al.* 2006, Honjo *et al.* 2006).

Second, not only are these population-level interventions less effective among lower SES populations, but they seem to be having some perverse effects. It has been suggested in both the academic literature, as well as in interviews undertaken in some of our previous research (Frohlich *et al.* 2006), that the efforts of tobacco control, while entirely well intentioned, may be creating conditions of social exclusion and increased marginalisation for smokers (Parry and Platt 2000, Kim and Shanahan 2003, Bayer and Stuber 2006).

Third, and intimately related to the previous point, the effectiveness of some health promotion interventions may be compromised by social and cultural assumption incongruencies between the health promotion intervention deliverers and targeted groups (Laurier *et al.* 2000, Krumeich *et al.* 2001). Although there has been some success in developing interventions that specifically address the needs of low SES smokers (Bauld *et al.* 2007), there remains a growing disconnect between the assumptions that tobacco control practitioners take as self-evident (e.g. the pre-eminent importance of health, the value of knowledge as a determinant of health) (Caplan 1993) and how smokers view their smoking and health (Bottoroff *et al.* 2006). A lack of success in tobacco prevention and cessation among marginalised groups may therefore be due in part to a mismatch in fundamental assumptions and lived experience between middle-class professionals and their increasingly socially excluded 'clientele' (Poland 1998).

We broached these three issues using qualitative interview material collected in an exploratory study of the social context of smoking. We emphasise, however, that the small size of our sample renders this study entirely exploratory in nature.

Although we do not seek to generalise from the material collected during our interviews, the material does point to some exciting avenues for future research.

Method

Interview guide

In this research it is the local configuration of social relations (comprising social structures such as class, race, gender and institutional practices) that constitute context for us. We also highlight a distinction between smoking as an individual health behaviour, and smoking as a collective social practice (collective lifestyle), favouring the latter. 'Collective lifestyles' reflect a way of understanding behaviours as social practices, that is routinised and socialised behaviours common to groups (Williams 1995, Cockerham *et al.* 1997, Frohlich *et al.* 2001, Cockerham 2005).

Based on a reading of the social theory literature in geography, sociology and anthropology, we identified three dimensions of social context that have the potential to generate new insights for tobacco research concerned with the problem of social inequalities in smoking and tobacco control. First, we drew attention to the centrality of power relations in shaping the uneven social geography of smoking (Dowding 1996). A focus on power relations draws attention to the ways in which the social and geographical patterning of smoking parallels the effects of other processes of marginalisation and disadvantage. In this study we wanted to examine how tobacco control may be inadvertently abetting these processes.

Second, we explored smoking as a social activity rooted in place (Agnew 1993). Distinctive cultures emerge in specific places that govern how people behave and the meanings that are derived from experience. We explored how power relations may have particular consequences for how place matters for tobacco control intervention design and implementation.

And third, we investigated the relationship between consumption and the construction and maintenance of social identity (Ioannou 2003, Scheffels and Costain Schou 2007). Lifestyle practices are embedded in collective patterns of consumption selected from among what is economically and socially feasible/appropriate. These patterns of consumption establish and express differences among SES groups.

Sample, recruitment and data collection

We used a purposive sampling strategy to create variation in terms of class and gender and to begin to explore our themes. Through this sampling strategy we interviewed 17 participants in the greater Metropolitan area of Toronto, Ontario between January 2005 and March 2006. Ethics approval was granted by the University of Montreal ethics committee. SES was defined as either: 'working' class (individuals who did not possess post-secondary education, who were either employed, in a manual or clerical profession or who were possibly financially unstable); or 'professional' (individuals who possessed post-secondary education, held knowledge economy-type work and who were possibly owners of property).

All participants in the study conformed to the following selection criteria: they were current smokers and had smoked within the last 30 days; had smoked for a minimum of 10 years; were 19 years of age or older (the age at which it is legal to

Table 1. Sample demographics.

No.	Pseudonym	Age	Gender	Family situation	Socio-economic status
1	Stephan	Early 30s	Male	Partner (gay), no children	High
2	Rachel	Late 20s	Female	Partner (gay), no children	High
3	Jennifer	Early 30s	Female	Partner, no children	High
4	Beverly	Early 40s	Female	Married, four children	Low
5	Rick	Early 40s	Male	Married, two children	Low
6	Leslie	Late 30s	Female	Married, two children	Low
7	George	Mid-30s	Male	Married, one child	High
8	Roberto	Early 30s	Male	Married, no children	High
9	Sean	Late 20s	Male	Married, no children	High
10	Beth	Late 20s	Female	Engaged, no children	High
11	Cindy	Mid-30s	Female	Divorced, one step-child	High
12	Jim	Mid-50s	Male	Single, no children	Low
13	Sandra	Mid-50s	Female	Divorced, three children	Low
14	Louise	Early 60s	Female	Single, no children	Low
15	Carmen	Early 30s	Female	Partnered, no children	Low
16	Shelly	Early 40s	Female	Married, two children	Low
17	Eva	Early 40s	Female	Married, two children	Low

purchase tobacco products in Ontario); and had lived at least three of the 10 years they have been smoking in Canada, a period deemed sufficient to establish familiarity with the social context of smoking in Canada. Participants were also required to have a solid enough basis in English to follow the interview.

Recruitment of participants was obtained in two stages. Recruitment initially began in January 2005 at a delicatessen in downtown Toronto. After recruitment and interviews with the first five participants it became apparent that the sample was relatively homogenous in terms of SES, gender and age. In order to enhance sample variation, we drew on the personal networks of the researchers to strategically sample for younger, higher SES men and women. With this new sampling strategy we added an additional 12 participants to the initial five to obtain a final sample of 17, which included six male and 11 female smokers, nine of whom were low SES, eight of whom were high SES (see Table 1 for further demographic information).

We engaged in one-to-one, semi-structured interviews with each of the participants. Participants were asked to speak about life as a smoker, power relations associated with smoking, the pleasure derived from smoking, places where they smoke, their identity as a smoker, smoking and the body, cigarette brands and their appreciation of tobacco control. Interviews lasted between 45 and 90 minutes and were conducted by two research assistants. All 17 interviews were digitally audio-recorded. A professional transcriber transcribed the interviews verbatim from the audio-recordings using well-developed transcription guidelines (Poland 1995).

Data analysis followed time-honoured procedures outlined by Taylor and Bogdan (1984) for combining 'thick description with thick interpretation'. These procedures included reading and re-reading the data (familiarisation); keeping track of themes, hunches, interpretations and ideas using memos (an initial coding); looking for emerging themes and constructing typologies of key phenomena; developing concepts and theoretical propositions and linking them together.

Based on these procedures, four members of the research team worked together to identify a set of themes and codes emerging from the 17 interviews. Each of the four team members performed separate readings and preliminary coding of seven selected interviews, four of which were identical for each member and three of which were unique to each member. Each team member then individually identified a set of 15–20 codes. There was much overlap between the suggested codes, and after discussion 19 codes were maintained. To ensure consistency in coding, each interview was coded twice by two research assistants.

It is important to note here that in 2004, just prior to conducting these interviews, an Ontario municipal by-law was passed making it illegal to smoke in all public places, including restaurants and bars. Given these recent changes in tobacco control policy, most respondents, when asked about tobacco control, made reference to these recent smoking bans given their timeliness.

Results

Overall, there were marked differences by SES with respect to all three of the aspects of social context discussed earlier with respect to tobacco control. The discourses with relation to power relations, place and identity clearly distinguished our two SES groups and begin to underscore the role that smoking and tobacco control might be playing in class positioning. We focus here most specifically on differences in SES (rather than gender or age) as these are some of the more stark and consistent differences that are being seen across the developing world in population studies (Warner and Mackay 2006).

Theme 1: power relations

Across the interviews it seemed that our sample of lower SES smokers experience tobacco control generally, and the effects of the recent smoking bans more specifically, quite differently from the middle-class smokers. Their narratives, for the most part, express an oppositional relationship to tobacco control. Their relationship to tobacco control, as smokers, was often framed in 'us' versus 'them' terms. Middle-class smokers, on the other hand, do not speak of tobacco control as a form of domination, instead welcoming, for the most part, the efforts of tobacco control to reduce tobacco consumption.

> Jim (mid-50s, low SES, single, no children): All of the sudden in the last 5 years we're second class citizens (smokers). That's a certain segment of society trying to take control. You know, you could compare it to the religious right....Okay, they want to control everything... If they're going to stop people from smoking then why not stop kids going to McDonalds?... I just find it's a very small section of society that got this great idea 15/20 years ago, well we're going to stamp out smoking.

When discussing the universal smoking bans, which include all restaurants and bars, Louise, a single, childless, 60-year-old woman of low SES voiced the following sentiment:

> Louise: I almost feel like I am living in a Communist country. It's supposed to be Canada, land of the free. Yeah, right.

This feeling of being controlled by others did not appear to be a concern for the majority of the higher SES smokers, many of whom supported the efforts of

tobacco control. Indeed, many of the higher SES smokers in our sample welcomed tobacco control's efforts, embracing the benefits both for themselves as well as for others.

> Beth (late 20s, engaged, no children, high SES): . . . the government should just continue to infuriate smokers by making less and less places that people can smoke.

> Cindy (mid-30s, divorced, one step-child, high SES): In general I think it's positive (banning of smoking in public places). I think it's important. I don't mind not smoking in restaurants and bars. I mean it – Sometimes like I want to have a cigarette after a meal, it's annoying to me but . . . I agree with it.

The higher SES smokers also seemed to feel more in control of their smoking, with an ability to smoke when they wanted, with whom they wanted and largely where they wanted. Rather than feeling 'controlled' by tobacco control, they tended to circumscribe and control their own smoking and welcome the limits imposed by tobacco control.

> Beth: Like the way I think about smoking is . . . it's just all about control. That I control when I smoke and why I smoke . . . The way I feel about smoking is that I control my smoking versus it controlling me.

Theme 2: place

The distinction in the discourses between smokers of different SES was equally striking in discussions regarding smoking and place. The increased restrictions on smoking in public places were considered to be creating the conditions for isolation in the case of our sample's lower SES smokers, as well as reducing the possibility for sociability among smokers. This was viewed, by many, to be a major infringement on the quality of life of low SES smokers, and they seemed to directly point a finger at tobacco control for creating such conditions.

> Jim: You know where are we supposed to go and that? Okay all my close friends are alcoholics. They go to work, they work, they do their job and then they start to drink (at the bar) and it was like a family at the Post Office and now it is all going to be taken away June 1st (through the no-smoking by-laws). So unless a few guys want to get together at someone's apartment you know you'll lose that social contact too.

> Louise: My girlfriend, we both said like, we might as well do what we can now while we can smoke there (the casino) because when we can't, that's the end of our social life.

For the higher SES smokers in the sample, on the other hand, the fact that public places were increasingly becoming smoke-free was something to be embraced. Given that many of these smokers restrict their smoking to private leisure time, the reduction of public places to smoke did not appear to threaten their ability to smoke and enjoy it.

> Beth: Like, I like not being able to smoke places. Like, I like that the restaurants were non-smoking. I like leaving the bar and not smelling like smoke. I could really – I'm a smoker, that's not really a smoker. It's kind of the way I figure it.

> Roberto (early 30s, married, no children, high SES): I don't smoke that much, that regularly. I don't smoke throughout the day. I don't smoke until I'm finished work. I never smoke at work. I guess my experience with smoking is maybe a little different from someone who, you know, smokes all the time.

Although tobacco control, through its various by-laws and restrictions on smoking, is narrowing public space for smoking, this appeared only to create problems for the lower SES smokers in our sample. The higher SES smokers seemed able and willing to accommodate these changes. Smoking seems to have become intimately related, for higher SES smokers, to those private circumscribed moments where, unfettered from work and other obligations, one can enjoy the pleasures of smoking. In these respects, then, the restrictions on smoking, and their ramifications on smokers' behaviour and sense of entitlement, appeared in our sample to be a plausible contributor to social inequalities in the experience of smoking.

Theme 3: consumption and identity

In terms of the role that identity plays in distinguishing smokers' relationships to tobacco control based on SES, the smokers of lower SES in our study seemed somewhat resigned in their role as a smoker, some of them suggesting that they could eventually become non-smokers, but most of them stating that it was likely that they would remain smokers.

> Louise: My one brother he just says, what else am I going to do? . . . he's like me, we're going to die anyway, so I might as well enjoy life. It might not be what other people think is a better quality, but to us it's our life.

Few low SES smokers questioned their smoking status, instead framing smoking as a 'fact of life'. However, there was also a clear sense that tobacco control, and its adherents, are contributing to a sense of stigmatised identity for these smokers.

> Leslie (late 30s, married, two children, low SES): . . . people feel because you're . . . they're a non-smoker they have a right to give you their opinion of your smoking, whether it's asked for or not. Say I'm standing outside, okay behind where I work, which is a parking lot. People come and go. You know, they say well why are you still smoking? Like they don't know me . . . They've gone overboard where they feel they have a right to impose their opinion on you.
>
> Louise: A lot of people look at me with disgust, you know, smoking and that. If I'm standing at a bus stop I try to stand away from everybody to have my cigarette. But they still give you dirty looks.

The higher SES smokers in our study also often described a sense of stigmatisation with regard to their smoking. However, unlike the lower SES smokers, they were largely unresolved in their identity as a smoker. Nearly every one of the middle-class smokers had a conflictual relationship with smoking on a day-to-day basis. Smoking often did not seem to fit in with other patterns of consumption, such as healthy eating, fitness, etc. In addition, most of these smokers were consistently concerned about hiding their smoking from co-workers and family.

> Jennifer (early 30s, with partner, no children, high SES): Well nobody ever thinks that I smoke. Nobody would ever . . . When people find out that I smoke they're completely shocked. Always. Like they're just like, what? You smoke? Because it totally contradicts basically everything else about my lifestyle. I am very concerned about what I eat. What I put in my body. I don't eat processed foods. I don't eat fast food . . .

Although the high SES smokers understood tobacco control to be playing a role in creating these stigmatised identities, their reactions to this stigmatisation were distinctly different from those of the lower SES smokers, with higher SES smokers voicing embarrassment, guilt and a moral weight.

> Jennifer: I think the new thing to do is like ostracise smokers and smoking. I think it's the biggest public health message….they (tobacco control) just make me feel bad and they make me embarrassed to tell people I smoke.
>
> …that's the kind of thing they're (tobacco control) trying to bombard you with all the time. Is that you are fucking vermin. And if you can't get your shit together and quit smoking you're a fucking loser. And, you know, like you're a disappointment to your employer to your family to your loved ones, to society generally.
>
> Stefan (early 30s, gay man living with partner, high SES):….when I'm at social functions and I'm smoking to actually have to go and excuse myself to go smoke then I feel guilty and I feel bad and I can't even stand outside of a building by myself and have an entire cigarette 'cause I'm just thinking to myself like this is so not good. What are these people thinking?

The stigma that has become attached to smoking, and that several of these smokers attributed to tobacco control's efforts to denormalise smoking, may indeed be creating this conflictual relationship to identity as a smoker, but most clearly for those with a higher SES. Overall tobacco control was seen to be forming part of the context through which both low and high SES smokers are being stigmatised, thus creating 'spoiled' identities for smokers. Interestingly, however, the ways in which these two SES groups understood and circumvented their stigmatisation were clearly different.

Discussion

In this study we begin an exploration of the differential ways that smokers of different SES understand tobacco control, how these understandings might be shaped by the social context, and how tobacco control may, in part, be contributing to class inequalities in smoking. We indeed found signs that SES groups understand, respond to, and reflect on tobacco control differently, particularly with regard to the recent smoking bans in public places. The lower SES smokers in our sample seemed to feel put upon by the efforts of tobacco control and those who devise its programmes. For this group, therefore, there appeared to be a gap in the ideas and goals of tobacco control programmes and their needs.

The metaphors used by our participants were strong. For Jim, tobacco control was akin to the Christian right, controlling and stamping out smokers. Louise too felt controlled by tobacco control, but alluded instead to the Communist erosion of freedoms. The findings from this initial exploration point to the need for future research into the potential social distance (in terms of world view, assumptions and social relations) between lower SES smokers and the mostly middle-class professionals who are responsible for developing tobacco control policy (Poland 2000). If this distance does indeed exist, it may be creating barriers for effective quitting strategies in relation to these subpopulations.

The issue of power relations *vis-à-vis* tobacco control, however, was not largely an issue for the higher SES smokers in our study. The high SES smokers seemed to be able to respond to the changes that tobacco control demands of smokers by self-regulating their smoking accordingly. Indeed, these smokers did not position

themselves as victims of excessive use of control by tobacco interventions. Instead, they seemed to align themselves with tobacco control's project of behaviour change, which they did not largely view as normatively problematic. The social distance previously seen between tobacco control and lower SES smokers appeared to be much smaller between tobacco control advocates and high SES smokers. This again is an interesting future area of exploration.

With respect to place, issues of class and social positioning once again figured prominently. Generally speaking, the high SES smokers welcomed the limiting of smoking in public places by embracing the positive health effects of these restrictions (better breathing air, less smelly clothing). They seemed to be able to compensate for the loss of smoking in these places by creating more private opportunities for smoking, where and with whom they wished. This too fits with high SES smokers' desire to hide their smoking status from co-workers and acquaintances because of the social stigma associated with the label of being a smoker within their professional and social milieux.

The lower SES smokers, on the other hand, drew links between tobacco control and the loss of social contact among their friends and colleagues. Given that many of these smokers engaged in their most important social activities in public places, such as bars, casinos and other betting establishments, and that smoking together had been an important part of this interaction, many of them voiced the concern that their social lives would dry up and that they would become 'shut-ins' as a result of massive public health interventions dramatically reducing public places permitting smoking. Future studies of the roles of place and tobacco control in differentially shaping smoking by SES may also be warranted.

The way in which tobacco control may be shaping smokers' identities also differed significantly by SES in our study. Tobacco control seemed to place a moral weight on high SES smokers in our sample, with many of our participants voicing the feeling that they are viewed as pariahs, lesser human beings and failures within a non-smoking society. The high SES smokers in our study were also often ambivalent about their status as a smoker, suggesting that they were unusual smokers, or 'the kind of smoker who is not really a smoker'. The role of morality in shaping middle-class discourses on health has been amply described by authors such as Deborah Lupton when describing the role of public health in 'regulating' bodies (Lupton 1995). Lupton has further argued that whereas middle-class people tend to pass judgement more frequently on themselves and others with regard to their health behaviours, less privileged individuals tend to view health and behaviours as private matters that are generally a function of luck.

The findings of this study begin to point to the crucial role that tobacco control might be able to play in both ensuring that social inequalities in smoking are not aggravated, and perhaps even in diminishing them. We maintain that a key element of any investigation of the social context of smoking should include reflexivity with respect to the social (and historical/material) location of the researcher and the tobacco control practitioner. There is often thought to be a 'right' response to specific practice scenarios that the 'expert' practitioner will accurately identify, intervene in and resolve (Ruch 2002, Boutilier and Mason 2007). Unfortunately, these approaches do not permit for an understanding of the local production of health that seems to be required in order to develop more appropriate strategies for tackling social inequalities in smoking.

We suggest that the reflexive process might begin by giving credence to the role that tobacco control plays in shaping power relations, place and identity, and thus, in structuring social inequalities by SES of smoking. Public health interventions could perhaps be improved by giving thought to how power relations are structured in society, the differential effects that interventions have on the places that people can smoke, and the ways in which tobacco control is shaping identities (Scheffels and Costain Schou 2007). A continuing and increasing emphasis on interventions that specifically target the needs of more vulnerable populations, such as low SES smokers, may be warranted. A key aspect to any reflexive project, in this respect, would also, most likely, include active participation on the part of those being targeted for the intervention. With this shift in awareness the practices of tobacco control might be reshaped to diminish the increasing inequalities and alienation that are becoming the reality for many lower SES smokers.

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