

**Tobacco Use:
Attitudes and Beliefs of South Asian Teens in
Toronto**

*The Tobacco Working Group
Toronto Cancer Prevention Coalition*

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Background and Introduction

The effects of tobacco smoking on the increased risk for a number of cancers have been well documented, especially for lung cancer. Lung cancer is the leading cause of deaths due to cancer for both sexes (National Cancer Institute of Canada, 2000), and is responsible for 25% of all fatal cancer deaths in Ontario (Expert Panel on the Renewal of the Ontario Tobacco Strategy, 1999). Tobacco related deaths in Ontario are estimated at approximately 12,000 annually (Expert Panel on the Renewal of the Ontario Tobacco Strategy, 1999).

It is estimated that more than 250,000 Ontario primary and secondary students smoke, and rates have increased since 1991 to rates comparable to the early 1980's (Expert Panel on the Renewal of the Ontario Tobacco Strategy, 1999).

The majority of the literature and research on ethnic youth and tobacco use comes out of the United States. In 1998, the U.S. Surgeon General, in his *Report on Tobacco Use in US Racial/Ethnic Minorities*, suggested that "rigorous surveillance and prevention research are needed on the changing cultural, psychosocial, and environmental factors that influence tobacco use to improve our understanding of racial/ethnic smoking patterns and identify strategic tobacco control opportunities". In Canada, little consideration has been given to ethnicity in studies on tobacco use among youth, and trends for youth smoking by various ethnic groups in Canada are not readily available.

One of the conclusions of the U.S. Surgeon General's *Report on Preventing Tobacco Use Among Young People* (1994) was that "community wide efforts that include tobacco tax increases, enforcement of minors' access laws, youth-oriented mass media campaigns, and school-based tobacco-use prevention programs are successful in reducing adolescent use of tobacco" (U.S. Department of Health and Human Services, 1994).

In Ontario in March 1995, the *Report of the Ontario Task Force on the Primary Prevention of Cancer* recommended strong action on tobacco prevention and cessation and protection from second-hand smoke as important strategies to reduce the incidence of cancer in Ontario.

The Centre for Disease Control report "*Best Practices for Comprehensive Tobacco Control Programs, August 1999*" stated, "The goal of comprehensive tobacco programs is to reduce disease, disability, and death related to tobacco use by: a) preventing the initiation of tobacco use among young people, b) promoting quitting among young people and adults, c) eliminating non-smokers' exposure to environmental tobacco smoke, and d) identifying and eliminating the disparities related to tobacco use and its effects among different population groups.

According to the Statistics Canada Census of 1996, youth from India, Pakistan and Sri Lanka ranked high in numbers of immigrant youth in Toronto. South Asians constitute the second largest visible minority community in Toronto (Census: 1996). There are 49,305 South Asian youth between the ages of 15 and 24 (Census: 1996). The majority (58.1%) of the youth arrived between 1991-1996 (Census: 1996).

In India "it is estimated that 65% of all men use some form of tobacco, (about 35% smoking, 22% smokeless tobacco, 8% both). In 1988 in Sri Lanka, the prevalence of cigarette smokers (daily and occasional) was 54% for males and 0.8% for females above the age of 12. Over 60% of males between the ages of 25-55 smoked, with this peaking between the ages of 35-40 at about 73%. According to a 1980 survey among 1600 adults age 20 and over in Karachi, Pakistan, 27.4% of males smoked, as did 4.4% of females. In 1980, an additional 33% of men and 44% of women chewed pan, or pan and tobacco, or smoked and chewed. Among women, pan and tobacco chewing were the main habits" (WHO, 2000).

The above considerations prompted the Tobacco Working Group of the Toronto Cancer Prevention Coalition to investigate the South Asian community in Toronto in relation to a rise in smoking in the adolescent population as a whole.

The South Asian community in the Greater Toronto Area is large and diverse, and like most communities, complex. The community comprises members who are primarily from India, Pakistan, Sri Lanka, East Africa, Bangladesh and the Caribbean. Within the community there are many different religious/ethnic identities speaking over 80 languages.

According to a recent study across such categories as education, employment, poverty and individual and family income, the South Asian community scored well below the national averages (Ornstein, 2000). This report indicated that close to 35% of all South Asian families live below the low-income cut-off. The unemployment rate for South Asian youth aged 15 -24 is fairly high -- on average close to 30%. The unemployment rate for youth in general is about 15%. Ornstein terms this a "significant disadvantage". This is indicative of extensive racial inequality and economic polarization in the City of Toronto. Young people in the South Asian community, therefore, face many systemic challenges. However, they are supported by a strong and vibrant network of cultural, religious and social service organizations in and around Toronto, stretching from Durham to Peel.

Objectives

The objectives of this project were to gain insight into teens of South Asian heritage:

- cultural influences on attitudes and beliefs about tobacco use
- level of knowledge and understanding about tobacco use and second-hand smoke
- level of awareness regarding tobacco control programs
- attitudes toward tobacco use, advertising, and other tobacco policies
- needs and preferences regarding smoking prevention and cessation programs.

Methodology

Smaller World Communications was commissioned to complete a literature review that would build on an existing literature review, *Ethnicity and Adolescent Smoking*, completed by Malissa Yang in 1997 for the Ontario Tobacco Research Unit. In addition, focus groups with East Indian teens were conducted to identify issues in this cultural group.

Identification of participants for the study was done by telephone screening to households of South Asian heritage in two Toronto neighbourhoods that have large numbers of South Asian families.

A discussion guide was developed by Smaller World Communications in consultation with members of the Tobacco Working Group. For each key area, questions and discussion probes were developed.

There were four focus groups in total consisting of 31 participants (17 females and 14 males). Participants' age range was 16 to 20 and the grade range was Grade 10 to first year university. Participants came to Canada as recently as two years ago and as far back as 17 years ago. Most participants spoke more than one language and came from a variety of geographic locations with East Indian or South Asian culture.

Results from the Literature Review

Adolescent Subculture and Smoking

Canadian research shows that there may be certain lifestyle and behaviour choices that lead an adolescent to smoking. Predominant factors include lower socio-economic status, unemployment, insecure and

pessimistic outlook, extroverted or introverted behaviour and a poor work ethic. Other influences include traditional values about the family, interest in material things, dependency on group support and approval, positive attitudes toward tobacco use, and poor school performance (Adrian et al, 1995).

Epps et al. emphasize that antismoking messages must come from various sources including the physician's office. Policies that influence the cost of tobacco products, the prevalence of mass media messages that encourage tobacco use, the places where smoking is allowed and the ability of youth to purchase tobacco are also critical. In addition, based on theories of behaviour change, the acceptance of smoking by society is another important factor. Hence policies, which make smoking less convenient, such as, clean indoor air laws and laws restricting tobacco sales are critical.

Smoking Prevalence among Ethnic Teens

The rates of smoking among adolescents in general in North America are increasing (Everett, Husten, et al, 1998). However, in both Canada and the United States, immigrant youth and Blacks and/or Hispanic Americans are less likely to smoke than youth in the mainstream (Gritz et al., 1998; Flint et al., 1998; Khoury et al., 1996; Tang, et al, 1998, US Surgeon General, 1998, Kunz, 1999). In contrast, a study conducted by Mutta (1996), among Punjabi youth in Peel Region revealed that 29% of the teens smoked. This result is similar to the rates for all teens in the Ontario Student Drug Use Study which was also 29% (Centre for Addiction and Mental Health, 1999).

Predictors and Correlates of Adolescent Smoking

Disadvantages of smoking that have been identified by youth include health concerns, appearance concerns and morality (i.e. it is the wrong thing to do).

Investigators have found that youth are influenced by peers both to accept and reject smoking. Other predictors include the need to cope with stress, the need to "fit in", or "achieve social belonging", ease of availability of tobacco, perceived respect (from peers and family), the influence of family (both negatively and positively), and rebellion (Gritz et al, 1998).

Predictors and Correlates of Adolescent Smoking among Minority Groups

The U.S. Surgeon General's *Report on Tobacco Use Among U.S. Racial/Ethnic Minority Groups* found no one factor determines patterns of tobacco use among racial/ethnic minority groups. Community, family, gender, cultural and societal factors may serve to prevent or encourage ethnic youth smoking. However, the interaction of these factors is complex, diverse and difficult to summarize for a general group of "ethnic minorities".

This brief review of the literature found that ethnic teens were influenced by many of the same factors as mainstream teens. However, when groups were compared to each other, there were some differences seen in both U.S. and Canadian studies.

With respect to the South Asian culture in Canada specifically, the Parkdale project (1995) noted that patterns of immigration for various ethnic or cultural groups influence or affect social behaviours. Women expressed concerns about the double standard that exists in many cultures where it is acceptable for men to smoke, but not women. This was especially true for Tamils from Sri Lanka, who perceive that in their country of origin men smoke because of power. The Tamil group members also suggested that Tamil males in Canada might start smoking from pressure or feeling that they need to fit in. The Punjabi youth study (Mutta, 1996) found that 70% of their sample did not smoke for four main reasons: out of respect for good family values, because smoking is a bad habit, because they did not like smoking, and because smoking is against religious beliefs or practice.

Implications for Smoking Interventions with Ethnic Youth

The area of intervention is the least covered in the literature. The majority of students in the Punjabi study had never talked to any health professionals nor were they aware of any programs. In studies examining mainstream youth, a more comprehensive tobacco reduction strategy has been recommended and achieved to varying degrees in the United States and Canada (Epps et al., 1995).

In 1992, the Ontario Ministry of Health announced the Ontario Tobacco Strategy (OTS), a comprehensive program to reduce tobacco use in the province. The strategy objectives are: 1) to prevent the onset of smoking, 2) to protect non-smokers from environmental tobacco smoke (ETS), and 3) to help smokers quit. Subsequently, organizations with a health promotion mandate have been providing pamphlets and booklets, training professionals, operating toll-free information lines, and collaborating with other community agencies to deliver tobacco reduction messages.

Mutta (1996) found that 43% of the 74 teens that smoked said their smoking practice was influenced by tobacco tax reduction. Thirty-six per cent of the entire sample (smokers and non-smokers) thought that the "law should be enforced with more severity"; 24% thought there should be educational tools used to help with the prevention of smoking; and 30% thought support groups for quitting should be organized.

Results from the Focus Groups

The focus groups did not wholly support the findings from literature, although there were some similarities. There did not seem to be a consistent link between parental smoking and teen smoking, or a link with peer influences. The majority of participants commented that parents tend to be more lenient in monitoring activities and behaviour in Canada than they were in their countries of origin, which may lead to greater opportunity to smoke. However, teens expressed their fear of being caught or of gossip reaching their families or communities.

The teens indicated that they were more likely to start smoking in response to pressures at school, the positive representation of smoking in the media and boredom (lack of leisure activities that appeal to them). There was also the perception that females and males start smoking for different reasons: females smoke because of personal problems, and males because "it is the thing to do". Teens also indicated an age and gender bias against female smokers in their communities: it is more acceptable for an adult male to smoke than other members of the family, especially teenage girls. This is supported by the findings in the Parkdale Community Study (1995).

Participants in the focus groups obtained information about smoking from various sources, and felt information from family, educators, doctors, and the media to be reliable. Most South Asian teens felt comfortable discussing issues related to quitting in a one-to-one setting with a family member and peers who smoked. Some felt it was difficult to discuss quitting with someone with whom they did not have rapport, although rapport was not important to every participant. They also suggested that peer support groups would be helpful.

Some participants felt that public health nurses were a knowledgeable resource, but one that is difficult to talk to because of a perceived lack of availability. Some participants were afraid to talk to their parents and preferred to talk to someone like a public health nurse. Teens also expressed a comfort level in talking to someone that may understand their culture but would not condemn their smoking behaviour.

The role of health promotion agencies in reducing tobacco use in general was not well understood by the participants. The responses were varied. The activities of public health were seen to include mass media campaigns, restaurant inspections and signs, and warnings on cigarette packages. Comments indicate confusion regarding what aspects of programming public health and other levels of government such as Health Canada and the Ontario Ministry of Health and Long-Term Care conduct.

Some participants felt that policies like no-smoking signs and fines were not effective; people in restaurants do not pay attention to the signs, and it is still easy to buy cigarettes from local vendors if you are under age.

Participants indicated they would like to see a range of activities related to smoking prevention. For some participants, seeing South Asians represented in mass media campaigns was important, but they also stated that they did not feel they needed to be singled out as they associated with teens from other cultures. Participants felt that just hearing about the effects of smoking had little impact on them. They were more inclined to change their habits once they heard and met people whose lives had been affected by tobacco products.

South Asian teens discussed having appealing leisure time options as a smoking prevention strategy. Some males were interested in sports activities and a teen resource centre. Participants in the all-female group were interested in music as a leisure activity. Participants thought that smoking in schools could be better prevented by stricter rules about smoking on school property and having smoke detectors in the washrooms. Other program suggestions included communicating anti-smoking messages through music and effective commercials, group discussions, a phone-in radio show with a teen host, the Kid's Help Phone, and access to an information centre / help in places that teens frequent, such as the mall.

Key Recommendations

1. The City of Toronto should continue to support tobacco control programs targeted to youth, such as Not to Kids which reduces early tobacco use and later cancer risk. Establishing this multi-component, multi-disciplinary initiative as a standard program is key to a comprehensive approach to tobacco-related cancer prevention.
2. The City of Toronto should support alternatives to youth smoking by
 - a) Developing and delivering community recreation programs that are engaging, culturally relevant and accessible to the ethno-racially diverse youth population of Toronto, and
 - b) Supporting community organizations that provide tobacco prevention and cessation programs to young people.
3. The City of Toronto should advocate
 - a) to the provincial government to make cancer prevention a priority by implementing such tobacco reduction policies as smoke-free indoor workplaces and increased taxes on cigarettes;
 - b) to the federal government to pass Bill S-15, which provides a source of funding for comprehensive youth tobacco programming.

Recommendations for Prevention

Based on the findings from the literature and the focus groups, parenting practice in the mainstream and in ethnic families could be examined further to enhance parents' involvement and the setting of limits with teenage children. Factors such as religious or community involvement also seem to curb South Asian teens starting to smoke.

Community programs could be developed that address the broader determinants of smoking such as confidence issues, lack of involvement in activities, perceptions of smoking in the family, and information on the health risks of tobacco. A wide range of programs across different sectors, including the recreation and education sectors is needed to provide teens with more meaningful leisure activities that would decrease the chance of starting smoking.

For teens in general:

- The City of Toronto should continue to support tobacco control programs targeted to youth, such as Not to Kids which reduces early tobacco use and later cancer risk. Establishing this multi-component, multi-disciplinary initiative as a standard program is key to a comprehensive approach to tobacco-related cancer prevention.

Rationale for Recommendation:

The rationale for the above recommendation arises from the analysis of the themes in the focus groups.

These were:

- Access to tobacco is easy;
- Smoking on school property rarely results in negative consequences;
- The Tobacco Control Act (TCA) is not vigorously enforced.

The goal of Not to Kids is to educate tobacco retailers and the community at large about the Tobacco Control Act (1994) and to decrease the number of stores selling and persons supplying cigarettes to children under 19. Toronto has 212,000 youth ages 12-19. With 25% of our adolescents smoking in 1999, this means there are 53,000 adolescent smokers in our city. (OSDUS, 1999)

- Tobacco-related messages from health agencies and government should be communicated through channels that are suitable to youth. This would include youth radio and TV programming, the Internet, peer-to-peer education and activities in community settings that youth often frequent such as malls.

For ethnic (South Asian) teens:

4. The City of Toronto should support alternatives to youth smoking by
 - a) Developing and delivering community recreation programs that are engaging, culturally relevant and accessible to the ethno-racially diverse youth population of Toronto, and
 - b) Supporting community organizations that provide tobacco prevention and cessation programs to young people.

Rationale for Recommendation:

Youth attending the focus groups indicated that recreational programming at school and in the community frequently did not appeal to them because of their personal interests and cultural background. Youth indicated that they smoke because activities that interest them are not readily available.

Since more than 50% of Toronto's population is foreign-born, it is important to provide suitable programming that will engage youth. Studies show that youth that are physically active are less likely to be involved in tobacco use.

- Agencies with a health promotion mandate should use tobacco-related health promotion strategies that are culturally appropriate to the ethnic groups in Toronto. There should be a focus on health in general (including health risks of tobacco), self-esteem, critical thinking skills, anger management, effective communication with parents and peers.
- Community based programs that address parenting in the Canadian context should be provided to families in a culturally appropriate manner. The programs should offer information about the influences on youth tobacco use and protective factors such as parental abstinence and close cultural and religious ties.
- Governmental and community agencies with a responsibility for providing awareness and education should work in partnership to support mass media campaigns targeting youth generally and ethnic youth specifically.

Recommendations for Protection

Since some of the participants felt that policies like no-smoking signs and fines were ineffective, more resources should be allocated to enforcement activities. More awareness of the effects of second-hand smoke in settings such as the home and workplaces should be emphasized in education campaigns.

5. The City of Toronto should advocate
 - a) To the provincial government to make cancer prevention a priority by implementing such tobacco reduction policies as smoke-free indoor workplaces and increased taxes on cigarettes;
 - b) To the federal government to pass Bill S-15, which provides a source of funding for comprehensive youth tobacco programming.

Rationale for Recommendation:

"Uniform and effective protection against ETS exposure in the workplace will help to ensure a safe working environment for all Ontario workers. It will also indirectly support workers who are trying to quit and may also help youth not take up smoking as they leave school and enter the workforce for the first time." (OTRU, 2000)

Ontario has the lowest price cigarettes compared to surrounding states and all the other provinces. "Ontario has the lowest tobacco tax in the country. If the price per carton in Ontario were raised to the Canadian weighted average of \$36.24, the additional revenue from Ontario tobacco taxes would amount to at least \$270 million per year." (OTRU, 2000)

"Youth, in particular, are sensitive to price increases. Increasing cigarette prices has been used effectively in Massachusetts, California and elsewhere to discourage youth from starting to smoke and to encourage established smokers to cut back on consumption. Raising the low price of cigarettes must be the first priority in preventing tobacco smoking among youth." (OTRU, 2000) A 10% increase in price lowers general consumption by 3-4% and adolescent smoking by 15%.

- The City of Toronto should advocate to the Minister of Health and the Province of Ontario to provide adequate, stable funding to Health Units throughout the Province to effectively educate the public and enforce legislation.

Recommendations for Cessation

- Cessation programs should be offered that are culturally- and age-appropriate. This requires a close collaboration with the specific ethnic community.
- Agencies with a health promotion mandate should collaborate with the appropriate cultural groups to provide improved promotion and access to information about quitting.

Rationale for Recommendations:

Awareness of culture and its dynamism is an important factor in any smoking program for South Asian teens but cultural identity is quite individual and may or may not play an important role in the cessation effort of the teen. Cessation programs should be structured to offer one-to-one assistance with a South Asian person and should allow the establishment of good rapport with the teen seeking help. 'Peer-to-peer' cessation programs may also be effective for South Asian teens. Youth indicated that they were not aware of the programs that were available to them.

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