

# Using Dialogic Knowledge Exchange to Address Tobacco Use Among Marginalized Youth



Robin Repta, MA, Rebecca J. Haines, PhD,  
Joy L. Johnson, RN, PhD  
& Katherine L. Frohlich, PhD



# Presentation Outline



- Overview of project
- Methodology
- Results
- Ethical knowledge exchange with youth



# Project Overview



- Why are lower socio-economic status (SES) youth more likely to smoke?
- Reflexivity among practitioners
- Knowledge about the social context of tobacco use
- 25 one-to-one interviews with practitioners
- 27 focus group discussions with youth
- Promote dialogue between practitioners and youth

# Theoretical background: Social Context



- “We use the prefix ‘social’ (as in social context), not to downplay the importance of biology or physical environment... but to underscore the importance of social relations and social structures. It is the local configuration of social relations... that constitute context...” (Poland et al. 2006: 60).



# Method



<b>Vancouver</b>	<b>Montreal</b>
Low smoking rates	High smoking rates
Public indoor smoking ban since 1996	Public indoor smoking ban since 2006
Both urban centres with inner-city schools	
Census data used to identify high and low SES schools	'Index defavorise' used to identify high and low SES schools
All youth = 13-19 years old, smokers, spoke English or French	

# Results - Practitioners



- Individual level influences, peer pressure and ‘risky’ behaviours:
- “Why kids would start smoking? I think there’s still, I know people hate to hear **peer pressure**, but I still think that the social context of being one with the group is important and...there’s a lot of risk-takers... there’s **high-risk behaviour** that goes hand-in-hand of course with smoking.”

[Female practitioner, Tobacco Education Group]

# Results - Practitioners



- ‘Youth lack awareness’:
- “Quite often **people just don’t know** what the different damaging things [are] that tobacco can do to them, **particularly the youth**, because they tend to have the...very sort of ‘nothing’s going to get me’...you know?”

[Male practitioner, Non profit tobacco reduction association]

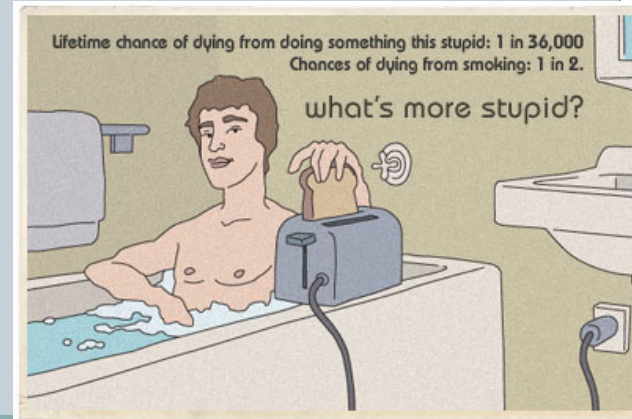
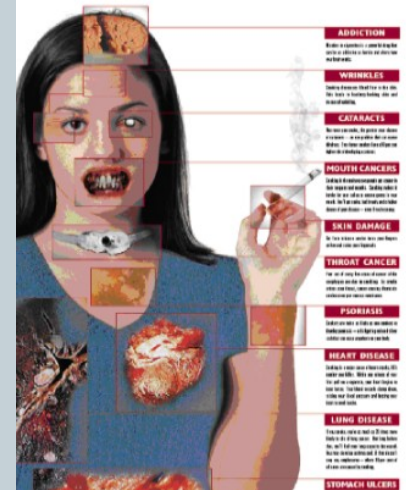
# Results - Youth



- Youth are critical of tobacco control: too 'extreme', becoming redundant
- “It seems redundant because I mean **there's nobody who doesn't know smoking is bad for you**, I mean you learn in school, you learn from commercials, you learn from advertisements, you learn from your parents or whatever...I think there should be less put on that, maybe more put on other things, because I mean... **we already know.**”  
[Female smoker, age 16]

## Poster Child

EIGHTY-FIVE PER CENT OF SMOKERS START BEFORE THEIR 18TH BIRTHDAY.  
DON'T BECOME A TOBACCO INDUSTRY POSTER CHILD.





# Results - Youth



- ‘Peer pressure’ is outdated, practitioners don’t understand social influences:
- “...They always emphasize on peer pressure but I don’t, **I think like 90% of people are their own selves to make their own decisions** nowadays... it’s not just, like, ‘Oh my god, I want to fit in with these people’...”  
[Boy smoker, age 16]

# Results - Practitioners



- Smoking as a ‘dumb’ or ‘bad’ choice – reinforces idea that smoking is a personal struggle:
- “I think that in terms of the attitudes in our community, it’s certainly changed dramatically in that youth do see smoking as, um, as a **‘dumb’ choice...**”

[Female practitioner, Health authority]

# Results - Youth



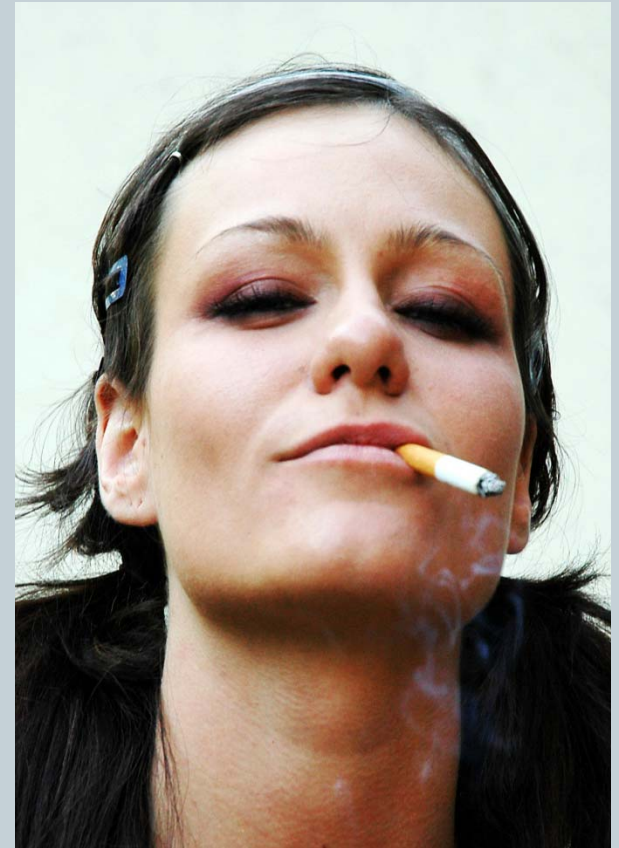
S: I don't know, **it's become like such a trend** like to people, like, the tight pants and, like, the skinny jeans... I think especially right now everyone's trying to go through that, like, I'm artsy, like, my parents don't love me like...

C: 'I go downtown, **I drink all the time, like, I do drugs and stuff** and they're all trying to, like

S: --Rebel--

C: **It's such an image now, like, and smoking goes along with that image.**

[Female smokers, S age 17, C age 16]



# Results summary

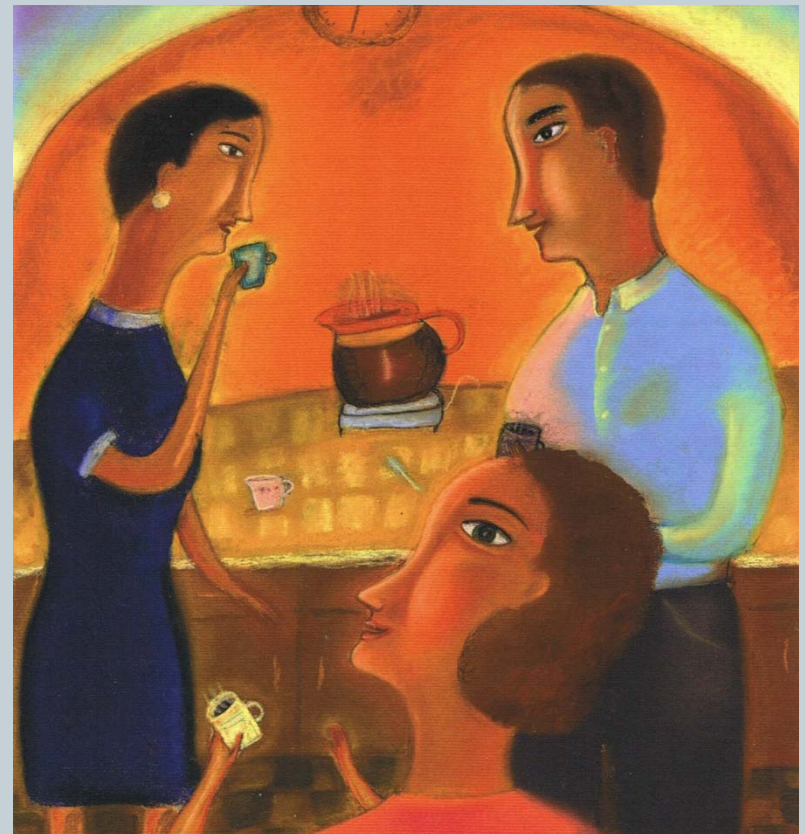


- **Practitioners suggested individual-level initiatives:**
  - Funding for nicotine replacement therapy
  - Address 'peer pressure'
  - Socio-cultural and family influences of smoking
- **Targeted approaches for at-risk youth**
- **Deterministic perspective concerning familial smoking**
- **Youth think current tobacco control initiatives are out of touch with their lives and not addressing the 'real' issues**

# Knowledge Exchange



- Exchange day: a safe space to encourage dialogue
- Collaborative process
- Labonte et al.'s “story dialogue method”
- Workshop format
- Case studies



# Dialogical research



- “*Dialogue* begins with recognition of the other’s unfinalizability. Within a dialogical relation, one person can never say of another, “This is who such a person *is*.” One can say, at most, “This how I see this person now, but I cannot know what she or he will *become*.” Dialogue depends on perpetual openness to the other’s capacity to *become someone other* than whoever she or he already is. Moreover, in a dialogical relation, any person takes responsibility for the other’s becoming, as well as recognizing that the other’s voice has entered” (Frank, 2005: 967).

# Challenges



- **Scheduling practitioners and youth**
- **Asking youth to speak to health professionals about their experiences**
- **A more equitable approach? Producing a video...**

# The video



- **Currently creating a video based on youth's experiences**
- **Professional actors**
- **Dramaturge hired to write the script**
- **Youth acting as advisors to the production team**
- **Video is a tool to foster discussion, only one piece of the KE process**



# Video Script



*Images of Public Health administration and Tobacco Control bureaucracy environments: imposing buildings, echoing hallways, offices, communications equipment, cubicles, maybe someone settling in or shuffling at a desk, etc.*

**[Practitioner Intro]** *Collage of overlapping voices:*

Interviewer: So I want to start off by asking just generally, what it is that you do?

- Practitioner 1: I work with Ministry of Health and Health Canada on tobacco prevention programs and tobacco cessation programs for youth /
- Practitioner 3: My position is tobacco reduction coordinator /
- Practitioner 5: Right, I'm a prevention specialist /
- Practitioner 7: I'm a youth support worker in the school /

# Video Script



*The Focus Group settles in: forms are signed, name tags are stuck on, the Dictaphone is switched on.*

- Interviewer: Ok. If everyone could please make sure your cell phones are turned off? So if we can go around the table and you can say your name just so the recorder can pick it up, and maybe how long you've smoked for? [The following youth presentations progressively overlap, so it becomes a burble of introductions.]
- Brian: I guess, I start? Okay, is it like an interview? So, Brian, I'm fifteen, I've been smoking since I was twelve.
- Oscar: I'm Oscar, I'm fifteen and I've been smoking for two years.
- Sharon: Sharon, sixteen, I've been smoking for three years.
- Katie: I'm Katie, I've been smoking for four years and I'm sixteen as well.
- Trisha: I'm Trisha, um, I'm fifteen, I think I started smoking in grade nine so that was, like, two years ago.
- Cass: Uh I'm Cass, close to seven years, a few months shy, I think. And I'm seventeen. [girls laugh]

# Video Script



## ***[Young Smokers Today]***

- Brian: It feels pretty cool.
- Oscar: I don't know, it feels good.
- Terry: The head rush. Uhhh, I don't know.
- Warren: Yeah it makes you relax.
  
- Sue: Expensive.
- April: It's expensive. Old people don't like us. I don't know, I want to quit.
- May: It's hard to find a smoke.
- Nikki: People stare at us funny, like older people, like they give us dirty looks when they probably did it when they were younger.

# Conclusion



- Tobacco control is not meeting the needs of youth, marginalized or privileged youth
- More knowledge exchange work is needed to bridge these two groups and to inform tobacco control