

Motivations for cigarette smoking in schooled adolescents: analysis of discussion groups

Motivaciones para el consumo de tabaco en adolescentes escolarizados: análisis de grupos de discusión

Anna Sánchez-Aragón¹, Inma Pastor-Gosálbez¹, Francesc Valls-Fonayet²,
Claudia Maria Anleu-Hernández³, Angel Belzunegui-Eraso¹

¹ Social & Business Research Laboratory, Universitat Rovira i Virgili, 43005 Tarragona, España.

² Grup de Recerca en Infermeria Avançada, Universitat Rovira i Virgili, 43002 Tarragona, España.

³ Medical Anthropology Research Center, Universitat Rovira i Virgili, 43005 Tarragona, España.

ORCID Anna Sánchez-Aragón: <https://orcid.org/0000-0002-9165-651X>

ORCID Inma Pastor-Gosálbez: <https://orcid.org/0000-0003-4913-0722>

ORCID Francesc Valls-Fonayet: <https://orcid.org/0000-0003-2801-2356>

ORCID Claudia Maria Anleu-Hernández: <https://orcid.org/0000-0001-8459-3701>

ORCID Angel Belzunegui-Eraso: <https://orcid.org/0000-0002-6355-1593>

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Abstract

Tobacco is the second most prevalent psychoactive substance after alcohol among students aged 14–18. This article examines adolescents' motivations for smoking through their own discourses in semi-directed discussion groups. The subjects in our study were 131 young people aged 15–17 from nine secondary schools in Tarragona (Spain). The motives identified for tobacco use revolved around eight main dimensions: the pursuit of fun and new sensations, consumption as a rite of passage, consumption due to social contagion and peer pressure, smoking as a form of flirting, influence of the family microsystem (e.g. having parents who smoke), availability and ease of access, addiction and dependence, and low risk perception. Unlike in previous studies, no significant gender differences in smoking motivations were observed. This may be explained by the emergence of new models of femininity constructed on the basis of girls' imitation of certain values associated with masculinity.

Keywords

Tobacco; adolescents; motivation; gender; focus group; qualitative analysis.

Correspondence:

Anna Sánchez-Aragón

Email: annamaria.sanchez@urv.cat



Resumen

El tabaco es la segunda sustancia psicoactiva más extendida entre los estudiantes de 14 a 18 años después del alcohol. El presente artículo examina las motivaciones de los adolescentes para fumar, a través de sus propios discursos en grupos de discusión semidirigidos. Los sujetos de estudio fueron 131 jóvenes de entre 15 y 17 años escolarizados en nueve institutos de educación secundaria de Tarragona (España). Los motivos identificados para consumir tabaco giraron en torno a ocho dimensiones fundamentales: búsqueda de diversión y nuevas sensaciones, contagio social y presión de grupo, consumo como rito de paso, uso de cigarrillos para ligar, influencia del microsistema familiar (p. ej. tener padres fumadores), fácil acceso al tabaco, adicción y baja percepción de riesgo. En contraste con estudios anteriores, no se observaron importantes diferencias de género en las motivaciones para fumar. Este hecho podría explicarse por el desarrollo de nuevos modelos de feminidad contruidos a partir de la imitación por parte de las chicas de algunos de los valores asociados a la masculinidad.

Palabras clave

Tabaco; adolescentes; motivación; género; grupo de discusión; análisis cualitativo.

INTRODUCTION

The World Health Organization (WHO) considers smoking to be one of the main threats to health worldwide, especially for children and adolescents (Lando *et al.*, 2010). According to data from the latest ESTUDES survey on drug use in secondary education by the Spanish Observatory of Drugs and Addictions (OEDA, 2023), after alcohol tobacco is the second most widespread psychoactive substance among students aged 14 to 18. Of these students, 33.4% claim to have smoked at least once in their lives and 21% claim to have done so in the previous month (with 7.5% of this latter group claiming to smoke on a daily basis). The prevalence of consumption is slightly higher among girls than among boys, though boys' consumption is more intensive (on average, schoolboys smoke more cigarettes a day than schoolgirls do (7.5 cigarettes for boys compared to 6 for girls).

Priority objectives of the public health system include preventing or delaying the onset of smoking among adolescents. However, there is uncertainty over how to achieve these aims (Galbe *et al.*, 2020) and how to encourage adolescents to stop smoking. Although various preventive strategies and policies have been designed in recent years (Villalbí *et al.*, 2019), their effectiveness has been called into question (Feliu *et al.*, 2022). In view of the important health implications of early tobacco dependence and the greater difficulty in stopping smoking when this habit has begun at an early age, adolescence would seem to be a good time to provide anti-smoking advice (Galbe *et al.*, 2020; Leal-Lopez *et al.*, 2019). The motivation for smoking must therefore be widely studied and taken into account by public and private administrations and entities (Pérez-Milena *et al.*, 2012).



Tobacco use is influenced by collective pressures with a greater or lesser degree of subtlety and is associated with the pursuit of new sensations, group cohesion, parental consumption, and various personal factors (Soriano-Sánchez and Sastre-Riba, 2022). To understand this phenomenon, a holistic perspective must be adopted that sees tobacco consumption as a social event that should be understood through the meanings that adolescents themselves attribute to it. From this perspective, the main aim of this paper is to further examine the reasons that lead adolescents to smoke by analysing their discourse in semi-directed discussion groups. As gender differences have been observed in previous studies (Pérez-Milena *et al.*, 2012; Jiménez *et al.*, 2010; 2008; Mendoza and López, 2007), our analysis disaggregated the results for boys and girls to incorporate the gender perspective. Given the high prevalence of tobacco use among adolescents, this paper contributes to a better understanding of the multifactorial aetiology of substance use among young people in order to help improve the planning of prevention strategies.

MATERIALS AND METHODS

A qualitative design was employed via the creation of discussion groups, a technique that is suitable for ascertaining the opinions, perceptions and discourses of participants. The aim of our exploratory study was to identify adolescents' motivations for consuming tobacco.

Our fieldwork was conducted between March and June 2023 by means of twelve discussion groups with an average duration of 43 minutes and involving the participation of 131 adolescents. The characteristics of

these participants are shown in Table I. First, the schools were selected using an intentional sampling method stratified by levels of education (segmentation criterion) and school ownership status (state or private). The participants were then randomly selected by the tutors responsible for each school year, who acted as recruiters and ensured that the inclusion criteria (with regard to gender, age and school year) were satisfied. The selected participants comprised both tobacco users and non-users.

The subjects were adolescents aged between 15 and 17 enrolled in nine secondary schools in Tarragona (Spain). All group discussions were held in school libraries as previously agreed with the tutors. For all discussions the adolescents were arranged in a circle, horseshoe or square to enable everyone to communicate easily with each other and ensure that no adolescent played a dominant role in the group. Each session was attended by two external moderators. To avoid social desirability bias, no teachers or school officials were present. The same semi-structured script was used for all (Table 2). Each session was audio recorded and transcribed verbatim for further analysis. The adolescents were informed about the nature and purpose of the study. They also signed an informed consent form that guaranteed their anonymity and the confidentiality of all disseminated data obtained from the study.

Content analysis was performed by conducting an open and flexible coding strategy as proposed by Deterding and Waters (2021) that was adapted to the discussion groups. Atlas.ti software, which enables text segmenting, coding, the writing of memos, and the creation of supporting diagrams, was used in this process. Open coding was performed



Table 1. Main characteristics and number of participants in each discussion group

School year	School ownership status	Date	Number of participants	Duration (min)	Average age (years)	Girls
10th grade	State-funded private	06/03/2023	10	41	15,2	40%
Vocational education	State-funded private	30/03/2023	14	50	16,5	100%
10th grade	State-funded private	13/04/2023	12	37	15,6	58%
10th and 11th grade	Public	28/04/2023	12	39	16	58%
Vocational education	Public	04/05/2023	9	48	16,4	67%
11th grade	State-funded private	04/05/2023	11	40	16,5	64%
11th grade	State-funded private	11/05/2023	12	42	16,3	67%
10th and 11th grade	Public	12/05/2023	9	46	16	44%
10th grade	State-funded private	31/05/2023	12	43	15,3	42%
10th grade	State-funded private	02/06/2023	12	39	15,5	75%
Vocational education and 11th grade	State-funded private	02/06/2023	13	48	16,7	84%
10th grade	State-funded private	14/06/2023	5	45	15,4	60%

10th grade = Educación Secundaria Obligatoria (ESO); 11th grade = Bachillerato

Table 2. Topics covered in the discussion groups

<ul style="list-style-type: none"> • Reasons for smoking • Ease of access to tobacco and strategies employed to purchase it • Places where tobacco is obtained Perceived risk from sporadic (once a month or less) and habitual consumption of tobacco • Sources of information on psychoactive substances • Tobacco dependence and addiction
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by carefully reading and reviewing the transcripts of the group discussions, which led to the grouping of codes and the formation of categories. We began by fully transcribing the sessions before continuing with line-by-line analysis of the text to identify key terms, assess the saturation of the information, and apply quality indicators (e.g. to ensure that the discussion contents met the objectives of the study; that all adolescents in the groups participated; and that the interventions by the moderators were appropriate and their

recordings were accurate). The next step in the process was to classify the codes into thematic axes in an operation known as axial coding. To improve validity, the results were triangulated among members of the research team (two sociologists who are experts in gender studies, two sociologists, and a professor of social work), who reached agreement on the themes identified. These themes are described below.



RESULTS

Our results are divided into eight categories that emerged from our analysis of the transcripts from the group discussions. Statements made by our participants are shown in Table 3 (their references are indicated by a number in parentheses). In general no significant differences were observed between boys and girls in their explanations for their reasons for consuming tobacco.

The pursuit of fun and new sensations

Experimental curiosity combined with low risk perception is one reason why adolescents take their first drag on a cigarette (1, 2, 3). These youngsters admit that they neither like nor enjoy the taste of cigarettes, though they do enjoy the sensations that smoking produces in them (4, 5). Nicotine reaches the brain and releases dopamine, which gives them feelings of well-being, enjoyment and pleasure (6, 7). Another factor that encourages adolescents to light a cigarette is boredom (8). Smoking gives them something to do and helps them to pass the time.

Consumption as a rite of passage

An adolescent's first experience of smoking acts as a form of ritual that they incorporate into their behaviour as an expression of leaving childhood behind (9, 10, 11) and feeling part of a peer group (12, 13). For some young girls this experience is also associated with a desire to match the behaviours exhibited by boys (14, 15). The eagerness of adolescents to identify with the adult world or older peers, along with their prior inexperience, can increase their vulnerability to tobacco consumption (16).

Consumption due to social contagion and peer pressure

The peer group is a determining factor in the initiation and maintenance of tobacco consumption because sharing the same habits enhances social cohesion, prevents social rejection, and facilitates integration into the group (17, 18). Typically, adolescents who start smoking also have friends who smoke (19, 20, 21, 22), tell them how enjoyable it is, and offer them cigarettes (23). This collective pressure, which may be more or less subtle, may lead adolescents to come into contact with this substance for the first time (24).

Smoking as a form of flirting

The adolescents describe tobacco as a tool that helps them flirt with a person they are attracted to: smoking is a good pretext for a boy to approach a girl, or vice versa, ask for a light or a cigarette, and start talking (25). They also claim that smoking enables them to project an image that some, especially boys, consider attractive (26, 27, 28). Generally, they recognise that the mere act of smoking can confer social status and make them more popular among their peers (29, 30).

Influence of the family microsystem: parents as role models

According to the adolescents in our study, another risk factor for the onset of tobacco consumption is having parents who smoke (31). The habits and attitudes of family members are especially significant because they predispose children to having a favourable attitude towards smoking – even when explicit verbal warnings of its associated dangers are given. Because parents and



other relatives do not lead by example, their authoritarian discourse is poorly understood by adolescents (32, 33).

Environmental factors: availability and ease of access

Although the consumption of tobacco by adolescents is illegal, minors can acquire tobacco easily without encountering any of the obstacles or difficulties one would expect to find given its prohibition (34, 35). Although some adolescents buy or obtain tobacco directly, others do so indirectly from people aged 18 or older (36, 37), especially if they go to a tobacconist's, where they are more likely to be asked to show their ID (38). In general, the adolescents understand that physical appearance plays an important role when they are buying tobacco: shop assistants who are unsure about a customer's age will ask them to produce some form of identification and if they see they are not of legal age they will refuse to sell them a packet of cigarettes or to activate the vending machine (39). For this reason, adolescent smokers try to look older when they go to purchase tobacco (40, 41).

Addiction and dependence

The adolescents recognised that tobacco is a drug that causes dependence (42) and is more addictive than alcohol (43). Some smokers claimed that tobacco helps them to cope with anxiety when their nerves are on edge, such as before an exam (44, 45). In such cases they are not able to give up cigarettes on their own (46) and are more likely to quit smoking only if a friend tries to do so at the same time (47, 48).

Illusion of invulnerability and perception of risk

The adolescents consider tobacco to be a "soft drug" and associate it with respiratory diseases (49, 50, 51, 52) only in cases of chronic, dependent or abusive use (53, 54). Although they obtain information from several channels about the adverse effects of consuming tobacco, they frequently show a lack of concern when it comes to dependence and addiction. In general, the adolescents display an illusion of invulnerability – a perception of reality that leads them to think that the negative consequences of tobacco consumption can only happen to others (55, 56, 57). Although they recognise that nicotine has a strong potential to cause addiction, some adolescents believe that they are immune to the risk of becoming dependent on it (58). This opinion is debunked by regular smokers, however, who recognise the addictive power of tobacco and their lack of control over its consumption (46). The difficulty involved in stopping smoking is also known from the experience lived by other family members (59).

Finally, the adolescents claim that the information they receive from their schools is lacking in preventive usefulness and sometimes even has the opposite effect of reaffirming their inclination towards tobacco consumption (60, 61, 62). They deny the effectiveness of awareness talks (63) primarily due to the tendency for their messages to be overly dramatic (64) and therefore unrealistic (65).



Table 3. Verbatim quotes classified by category

The pursuit of fun and new sensations

1. The first time, you feel like you want to try it to know how it will make you feel and how it will taste (10th grade, state-funded private school, 16 years old, male).
2. The first time you smoke or drink, you do it because ... you're experimenting (vocational education, state-funded private school, 16 years old, male).
3. I know some people who wanted to start smoking just to see if they got hooked ... to show that they wouldn't get hooked or that if they did they could stop (vocational education, state-funded private school, 17 years old, female).
4. You get used to it but it tastes bad. It's not a taste that ... (vocational education, state-funded private school, 17 years old, female).
5. I don't like the taste but I like the feeling you get from smoking. If someone brings an e-cigarette, it's better because it has a flavour (10th grade, state-funded private school, 15 years old, male).
6. Smoking reduces anxiety. (11th grade, state-funded private school, 17 years old, female).
7. I have a good time when I smoke [...]. I'm more active and it makes me feel better. I'm not going to lie to you ... (10th grade, state school, 16 years old, female).
8. I think, if I don't light a cigarette, what do I do? (vocational education, state-funded private school, 17 years old, female).

Consumption as a rite of passage

9. The first time you drink or smoke, you do it because ... it's like starting a new phase (11th grade, state-funded private school, 16 years old, female).
10. You try it because you want to look cool [...] and think you're grown up (vocational education, state-funded private school, 17 years old, female).
11. I used to think that because I was smoking I was grown up (vocational education, state-funded private school, 16 years old, female).
12. One person smokes, and so does another, so you think 'why not me?'. Well, I'm going to smoke too (vocational education, state-funded private school, 17 years old, female).
13. I'd see my friends smoking and say "right, I want to smoke too", even if I ended up coughing and spluttering (vocational education, state-funded private school, 17 years old female).
14. I was with a boy who smoked and I didn't want to be left behind (vocational education, state-funded private school, 17 years old, female).
15. The first time I smoked [...] I was with my best friend and he started smoking because he wanted to look cool. He gave me a try and, because I wanted to look cool too, I invited him home and we went onto the landing and smoked (vocational education, state-funded private school, 16 years old, female).
16. You see the grown-ups smoking and say, "I want to be like them" (10th grade, state-funded private school, 15 years old, male).

(Table continued on next page)



Consumption due to social contagion and peer pressure

17. Society makes it very difficult for you. If you see everyone in your age group smoking and you're the only one who isn't ... In the end, it affects you because it makes you think that what you're doing ... it makes you feel different (vocational education, state-funded private school, 16 years old, female).
18. If everyone is smoking and you're not, you feel like a weirdo (vocational education, state-funded private school, 16 years old, female).
19. I can be at home and not smoke but then the next day, if I'm with a friend who smokes, I smoke a cigarette (10th grade, state-funded private school, 16 years old, male).
20. All my friends smoke and I ... well, I've tried it. I'm not mad about it but when I'm at a party with friends, I have a drag, but that's all (vocational education, state-funded private school, 17 years old, female).
21. If you hang out with people who smoke, you end up smoking too (vocational education, state-funded private school, 16 years old, female).
22. I have friends who didn't smoke but after two years of being with people who smoke every day, they ended up trying it and now they smoke too (vocational education, state-funded private school, 17 years old, female).
23. If you go out for the night and you're in that atmosphere and you're not so aware of what you're doing and everyone is offering you a cigarette, you'll probably end up smoking, even if it's just at that moment (vocational education, state-funded private school, 17 years old, female).
24. You go out with your friends and they keep on saying "Go on, have a go". And then it happens again and again and then that's it, you're hooked (11th grade, state school, 16 years old, female).

Smoking as a form of flirting

25. Some people smoke as a way to flirt with someone. They go up to a girl and ask, "Have you got a light?" (11th grade, state school, 16 years old, male).
26. Some people think smoking makes them more attractive (10th grade, state-funded private school, 15 years old, male).
27. They think that if they smoke, others will notice them more (10th grade, state-funded private school, 15 years old, male).
28. Many people do it [smoke] to get attention (10th grade, state school, 16 years old, male).
29. I know people who smoke to look more cool (11th grade, state school, 17 years old, male).
30. There are people who say, "You smoke? Wow, how cool!" (10th grade, state-funded private school, 15 years old, male).

Influence of the family microsystem: parents as role models

31. In my family everyone smokes. How do you expect me not to smoke in the future if I've grown up with people who smoke? People all around me smoke, my parents smoke ... Whether you like it or not, you get influenced by your family, your friends, and other people (vocational education, state-funded private school, 16 years old, female).
32. Sometimes I'm smoking on the balcony with my parents and suddenly one of them will say, "don't smoke, it's bad for you". They tell me that with a cigarette in their mouth. I just laugh in their faces

(Table continued on next page)



because, look, you're telling me that but what about you? (vocational education, state-funded private school, 17 years old, female).

33. My sister smokes and she can't tell me "Don't smoke" because she's doing the same thing (vocational education, state-funded private school, 16 years old, female).

Environmental factors: availability and ease of access

34. Sometimes they don't even ask your age (10th grade, state school, 16 years old, female).

35. They were already selling me tobacco when I was 14 (11th grade, state-funded private school, 17 years old, female).

36. I have friends who, if they see someone passing a tobacconist or a bar, they stop them and ask them to buy them cigarettes (vocational education, state-funded private school, 17 years old, female).

37. I ask a friend who's 18 to buy me some (11th grade, state-funded private school, 17 years old, female).

38. It's more difficult in a tobacconist's (vocational education, state-funded private school, 16 years old, female).

39. It's how you look: if you're tall or if you've got a beard, they sell it to you (vocational education, state-funded private school, 16 years old, male).

40. You put a bit of make up on and I think you can easily look grown up (vocational education, state-funded private school, 15 years old, female).

41. When we go out in a group, the ones who look older buy it (11th grade, state-funded private school, 17 years old, female).

Addiction and dependence

42. You get hooked on tobacco very quickly (11th grade, state school, 17 years old, male).

43. Tobacco is more addictive than alcohol but marijuana is more addictive than tobacco. It's easier to give up alcohol (10th grade, state-funded private school, 15 years old, female).

44. If I don't smoke a cigarette before studying, I can't concentrate (vocational education, state-funded private school, 16 years old, female).

45. Smoking helps you relax (10th grade, state school, 16 years old, female).

46. I can't stop [smoking]. I'm addicted to it (vocational education, state-funded private school, 16 years old, female).

47. Either all my friends agree to quit smoking with me or I can't do it (vocational education, state-funded private school, 17 years old, female).

48. It's very difficult to stop smoking if everyone around you smokes. I can't avoid smoking if everyone around me is smoking (vocational education, state-funded private school, 17 years old, female).

Illusion of invulnerability and perception of risk

49. Tobacco makes your lungs turn black (10th grade, state-funded private school, 15 years old, female).

50. You can get lung or tongue cancer (10th grade, state school, 16 years old, male).

51. Your lungs can fill up with water (10th grade, state school, 17 years old, male).

(Table continued on next page)



52. Tobacco affects your lungs and your respiratory and cardiovascular systems ... and your brain too, right? (10th grade, state-funded private school, 16 years old, male).
53. Sometimes it doesn't harm you (vocational education, state school, 17 years old, male).
54. I think it might be bad for you in the future but if it's just a little when you're a teenager (vocational education, state-funded private school, 17 years old, female).
55. The problem is you can't imagine the side effects. You think, "That won't happen to me" (vocational education, state-funded private school, 16 years old, female).
56. Sometimes you hear, "One in 1,000 people have this", and you think, "Why is it going to affect me?" (vocational education, state-funded private school, 17 years old, female).
57. They say, "You're going to get lung cancer", and it's like they're saying, "What on earth do you think you're doing?". But that's not going to happen to me (11th grade, state-funded private school, 16 years old, female).
58. For me personally, it wouldn't be so difficult [to stop smoking]. I just think, "I'll give it up when I want to". It wouldn't be a problem for me (10th grade, state-funded private school, 15 years old, male).
59. I always explain a load of daft things to my mother and she just goes on and on (10th grade, state-funded private school, 16 years old, male).
60. You get tempted by anything that's forbidden: if a sign on a door says "do not enter", you want to know what's in there (11th grade, state-funded private school, 16 years old, female).
61. Whenever anyone says, "Don't do it", you're going to do it. We're 17 years old after all (vocational education, state-funded private school, 17 years old, female).
62. You feel like you want to do it more. When they try to scare you, you want to do things even more (11th grade, state-funded private school, 17 years old, female)
63. They've come to give us loads of talks. They're ok but, in all honesty, they're not much use (10th grade, state-funded private school, 15 years old, male).
64. More than informing you, they scare you (10th grade, state-funded private school, 15 years old, male).
65. They warn you about situations that are unfeasible or outright impossible (10th grade, state-funded private school, 15 years old, female).

10th grade = Educación Secundaria Obligatoria (ESO); 11th grade = Bachillerato



DISCUSSION

The onset of tobacco consumption usually occurs during adolescence as a way to symbolise leaving one's childhood behind. At that age, smoking is associated with the pursuit of fun and new experiences while fostering group cohesion and, for some young girls, aligning oneself with the behaviours of boys. This study examines the significance of these factors in relation to the initiation and continuation of smoking in a population of Spanish schooled adolescents.

Unlike studies conducted in previous decades (Pérez-Milena *et al.*, 2012; Jiménez, 2010; 2008; Becoña and Vázquez, 2000), no significant gender differences were observed in the reasons provided by adolescents for consuming tobacco. This result has been described as a process that involves breaking away from some of the codes of femininity and masculinity that are traditionally associated with substance use and abuse (Romo-Avilés *et al.*, 2018). Although we know that consumption rates among women are increasing, in Spain qualitative research that addresses this phenomenon from a gender perspective is limited.

The scientific literature has highlighted how, in girls, managing moods and controlling weight have been particularly relevant in relation to smoking (Pérez-Milena *et al.*, 2012), with cigarettes viewed as an important tool for controlling appetite (Jiménez, 2008). Other reasons that have traditionally driven adolescent girls to consume tobacco are to emphasise their femininity, enhance their attractiveness, and make them appear more interesting or modern (Jiménez, 2010; Becoña and Vázquez, 2000). This symbolic significance is largely due to the influence of

mass media, which for decades have portrayed an attractive, seductive, and elegant image of female smokers. These myths in the context of adolescent and youth cultures no longer hold the same influence over the social representations of tobacco consumption. As we mentioned in earlier paragraphs, the reasons for smoking are becoming increasingly similar between boys and girls.

One of the most significant factors behind the onset of tobacco consumption for both sexes is belonging to a peer group. In adolescence friends' opinions begin to matter – often more than the opinions of one's own family. The discourses of the adolescents in our study demonstrate that belonging to a group is usually linked to the adoption of certain deeply rooted rituals within the group itself. These may include sometimes risky behaviours that are implicitly accepted as the norm within that group (Romo-Avilés *et al.*, 2016; Pons and Buelga, 2011). In this way, friends act as role models to be followed or even imitated in one's decision to smoke, which may be taken unconsciously or without thinking due to external pressure. In line with Londoño (2010), our results suggest that adolescents experience two forms of pressure that encourage them to smoke. One of these is direct and the other is indirect. The first comes from explicit expressions that induce adolescents to consume tobacco (invitations to smoke), while the second and indirect form of pressure stems from social situations that drive young people to consume, such as social interaction with friends who smoke. In minors pressure from friends (whether direct or indirect) can evoke feelings of rejection that cause them to seek approval from others.

Another reason why adolescents consume tobacco is that smoking promotes a greater



degree of social distinction within their peer group. One expression that often crops up in their discourse is “cool.” “Being cool” or “acting tough” are strong reasons for starting smoking, which, as the literature shows (e.g., Jiménez, 2008), aligns with an adolescent ideal characterised fundamentally by popularity and by engaging in transgressive behaviours. Smoking is generally viewed as an action that enhances one’s personal image. For boys, this means that smoking increases their attractiveness. On the other hand, one of the reasons that girls smoke is rooted in their desire to feel equal to boys in their behaviours and to improve their social standing relative to them. Other benefits cited for consuming tobacco include experiencing pleasure, reducing tension, and alleviating discomfort or negative moods (Codinach-Danés *et al.*, 2024; Bonilha *et al.*, 2013; Julià *et al.*, 2012; Becoña and Míguez, 2004).

The parental model of consumption is also a factor that influences substance use among adolescents (Belzunegui-Eraso *et al.*, 2020). This is consistent with the findings of other studies that suggest that the likelihood that adolescents will smoke increases as the frequency of tobacco consumption by their parents increases (Urrutia-Pereira *et al.*, 2019). Some studies have observed that substance use in the home predisposes children to adopt a favourable attitude towards such behaviour and that adolescents whose father, mother or sibling consumes drugs display a lower risk perception than those whose family members do not (García-Barba *et al.*, 2019; Espada *et al.*, 2008).

Alongside these social factors, the perception of risk plays a primary role in the initiation of substance use, in that the lower the perceived risk, the greater the likelihood of consumption

(OEDA, 2023). Despite receiving numerous messages through various sources on the adverse effects associated with drug use, it is common for young people to exhibit a lack of concern about dependence and addiction. The ‘illusion of invulnerability’, the perception whereby young people believe that negative consequences such as those resulting from substance abuse will only happen to others (Lapsley and Hill, 2010), is sometimes mentioned as a characteristic of adolescent thinking (Mietzel, 2005). Numerous studies report this as one of the reasons why even adolescents who are accurately informed about this issue still consume tobacco (Pons and Buelga, 2011). This phenomenon has been called the “information paradox” (Belzunegui-Eraso *et al.*, 2020).

Future studies should take a gender-sensitive approach to explore the differences between the sexes and identify specific factors that influence the distinctive consumption behaviours of adolescent girls, who are often more stigmatised by drug use. This should help to better understand the contexts and forms of consumption that may be challenging the traditional notions of masculinity and femininity and facilitate the formulation of preventive strategies.

Limitations

The approach taken in this study satisfied two essential qualities of a good participatory model: horizontal communication and symmetrical relationships between all members of the group. However, this article also has certain limitations especially when it comes to three factors. First, since our study focused on adolescents who were still at school, we were unable to analyse the experiences and



discourses of adolescent school leavers, whose experiences may well be different. Second, because the adolescents who took part in our discussion groups went to the same school and already knew each other, this could have conditioned certain expressions. It should also be noted, however, that our study included both state schools and state-funded private schools, which may have helped to introduce variety into the group dynamics and the perspectives of the participants. Third, since the reality of our subjects relates to a subjective perception prone to inaccuracies, there may be additional reasons for smoking that were not identified in this study. We should also mention that tobacco use by the young population is a multi-causal behaviour that involves several moderating variables, such as personality traits, environmental influences and macrosocial factors. Not every variable that influences and determines tobacco use have been evaluated in this study.

CONCLUSIONS

Despite its growing social devaluation, for adolescents cigarette consumption plays a central role in defining their social identity and constructing the image they wish to project. Despite the efforts of preventive programmes aimed at reducing the use of tobacco and other toxic substances, official surveys indicate that the use of certain substances has increased. This finding highlights the urgent need to pay special attention to the sex and gender variables and develop new preventive approaches focused on optimising the effectiveness of interventions while avoiding androcentric bias in the discourse and strategies implemented. Understanding which

factors influence tobacco consumption is of the utmost importance and deserves priority attention in the public healthcare field on account of the effect tobacco consumption can have on our organism and the physiological and social vulnerabilities inherent in adolescence. It is on the basis of this knowledge that effective prevention strategies specifically aimed at adolescents should be designed. This article has presented elements that, intertwined with the gender system, provide explanatory insights into tobacco consumption in a sample of adolescents.

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Ethical considerations

This study was approved by the Ethics Committee of Universitat Rovira i Virgili (CEIPSA-2021-PDR-39) and conducted with the authorisation and support of Tarragona City Council, via its Addiction Prevention Committee, and of the Department of Education of the Generalitat de Catalunya. All participants and their legal guardians were informed about the study and its procedure, and anonymity of the data was ensured at all times. Participation in the discussion groups was voluntary for all adolescents, who signed an informed consent form having received prior authorisation to do so from their legal guardians and their schools' directors.



Conflict of interests

The authors declare they have no conflict of interest.

REFERENCES

- Becoña, E. y Míguez, M. C. (2004). Ansiedad y consumo de tabaco en niños y adolescentes. *Adicciones*, 16(2), 91–96. <https://doi.org/10.20882/adicciones.407>
- Becoña, E. y Vázquez, F. L. (2000). Las mujeres y el tabaco: características ligadas al género. *Revista Española de Salud Pública*, 74(1), 13–23. <https://doi.org/10.1590/S1135-57272000000100003>
- Belzunegui-Eraso, A., Pastor-Gosálbez, I., Rial-Aran, L., Valls-Fonayet, F., Fernández-Aliseda, S. y Torres-Coronas, T. (2020). Substance Use among Spanish Adolescents: The Information Paradox. *International Journal of Environmental Research and Public Health*, 17(2), 627. <https://doi.org/10.3390/ijerph17020627>
- Bonilha, A. G., de Souza, E. S., Sicchieri, M. P., Achcar, J. A., Crippa, J. A., Baddini-Martínez, J. (2013). A motivational profile for smoking among adolescents. *Journal of Addiction Medicine* 7(6), 439–446. <https://doi.org/10.1097/01.ADM.0000434987.76599.c0>
- Codinach-Danés, E., Obradors-Rial, N., González-Casals, H., Bosque-Prous, M., Folch, C., Colom, J. y Espelt, A. (2024). Policonsumo de tabaco y cannabis: Relación con la salud autopercebida y el estado de ánimo en adolescentes de la Catalunya Central-Proyecto DESKcohort. *Adicciones*, 36(1), 81–92.
- Deterding, N. M., Waters, M. C. (2021). Flexible coding of in-depth interviews: A twenty-first-century approach. *Sociological Methods & Research*, 50(2), 708–739. <https://doi.org/10.1177/0049124118799377>
- Espada, J. P., Pereira, J. R. y García-Fernández, J. M. (2008). Influencia de los modelos sociales en el consumo de alcohol de los adolescentes. *Psicothema*, 20(4), 531–537.
- Feliu, A., Martínez, C. y Fernández, E. (2022). Luces y sombras para la salud pública: análisis crítico de la legislación sobre el tabaco en España. *Gaceta Sanitaria*, 36(1), <https://dx.doi.org/10.1016/j.gaceta.2021.07.001>
- Galbe, J. G., Rando, Á., San Miguel, M. J., Colomer, J., Cortés, O., Esparza, M. J., Gallego, A., García, J. Pallás, C. R., Mengual, J. M. (2020). Prevención del consumo de tabaco en la adolescencia. *Revista de Pediatría de Atención Primaria*, 22(88).
- García-Barba, M., Giménez-García, C., Castro-Calvo, J., Nebot-García, J. E., Ballester-Arnal, R. (2018). ¿Existe relación entre el consumo de alcohol de los padres y el de los adolescentes? *Revista INFAD de Psicología. International Journal of Developmental and Educational Psychology*, 2(1), 229–238. <https://doi.org/10.17060/ijodaep.2018.n1.v2.1216>
- Jiménez-Rodrigo, M. L. (2008). Una profecía que se cumple a sí misma: Tras los mitos del consumo femenino adolescente de cigarrillos. *Libberadictus*, 101, 11–17.
- Jiménez-Rodrigo, M. L. (2010). Consumos de tabaco y género. *Eguzkilore*, 24, 71–95.



- Julià, A., Escapa, S., Marí-Klose, M. y Marí-Klose, P. (2012). Factores de riesgo psicosociales en el consumo de tabaco de los adolescentes: estados de ánimo negativos, grupo de iguales y estilos parentales. *Adicciones*, 24(4), 309–317. <https://doi.org/10.20882/adicciones.81>
- Lando, H. A., Hipple, B. J., Muramoto, M., Klein, J. D., Prokhorov, A. V., Ossip, D. J. y Winickoff, J. P. (2010). Tobacco is a global paediatric concern. *Bulletin of the World Health Organization*, 88(1), 2. <https://doi.org/10.2471/BLT.09.069583>
- Lapsley, D. K. y Hill, P. L. (2010). Subjective Invulnerability, Optimism Bias and Adjustment in Emerging Adulthood. *Journal of Youth and Adolescents*, 39, 847–857. <https://doi.org/10.1007/s10964-009-9409-9>
- Leal-López, E., Sánchez-Queija, I. y Moreno, C. (2019). Tendencias en el consumo de tabaco adolescente en España (2002–2018). *Adicciones*, 31(4), 289–297. <https://doi.org/10.20882/adicciones.1111>
- Londoño, C. (2010). Resistencia de la presión de grupo, creencias acerca del consumo y consumo de alcohol en universitarios. *Anales de Psicología*, 26(1), 27–33. <https://revistas.um.es/analesps/article/view/91931/88551>
- Mendoza, R. y López, P. (2007). El consumo de tabaco en el alumnado español pre-adolescente y adolescente: diferencias de género. *Adicciones*, 19(4), 341–355. <https://doi.org/10.20882/adicciones.294>
- Musitu, G., Suárez, C y del Moral, G. (2014). Reflexiones en torno al consumo de alcohol en adolescentes. En M. T. Laespada Martínez (Ed.), *Consumo de alcohol en jóvenes y adolescentes: una mirada ecológica* (pp. 29–66). Universidad de Deusto.
- Observatorio Español de las Drogas y las Adicciones. (2023). Informe 2023. Alcohol, tabaco y drogas ilegales en España. Madrid: Ministerio de Sanidad. Delegación del Gobierno para el Plan Nacional sobre Drogas.
- Pérez-Milena, A., Martínez-Fernández, M., Redondo-Olmedilla, M., Álvarez Nieto, C., Jiménez Pulido, I. y Mesa-Gallardo, I. (2012). Motivaciones para el consumo de tabaco entre los adolescentes de un instituto urbano. *Gaceta Sanitaria*, 26(1). <https://doi.org/10.1016/j.gaceta.2011.03.021>
- Pons, J. y Buelga, S. (2011). Factores asociados al consumo juvenil de alcohol: Una revisión desde una perspectiva psicosocial y ecológica. *Psychosocial Intervention*, 20(1), 75–94. <https://doi.org/10.5093/in2011v20n1a7>
- Romo-Avilés, N., Marcos-Marcos, J., Marquina-Márquez, A. y Gil-García, E. (2016). Intensive alcohol consumption by adolescents in Southern Spain: The importance of friendship. *International Journal of Drug Policy*, 31, 138–146. <https://doi.org/10.1016/j.drugpo.2016.01.014>
- Romo-Avilés, N., Marcos-Marcos, J., Tarragona-Camacho, A., Gil-García, E. y Marquina-Márquez, A. (2018). “I like to be different from how I normally am”: Heavy alcohol consumption among female Spanish adolescents and the unsettling of traditional gender norms. *Drugs: Education, Prevention and Policy*, 25(3),



262–272. <https://doi.org/10.1080/09687637.2016.1259390>

Soriano-Sánchez, J. G. y Sastre-Riba, S. (2022). Predictores asociados al consumo de tabaco en adolescentes: una revisión sistemática. *Retos*, 46, 1065–1072. <https://doi.org/10.47197/retos.v46.93114>

Urrutia-Pereira, M., Soléb, D., Chong, H. J., Badellinod, H., Acoste, V., Castro-Almarrales, León, M.G., Avalos, M.M., Fernández, C. C., Sisul-Alvariza, J. C., Oliano, V. J., y Rinelli, P. N. (2019). Youth tobacco use in Latin America: What is the real extent of the problem? *Allergologia et Immunopathologia*, 47(4), 328–335. <https://doi.org/10.1016/j.aller.2018.09.010>

Villalbí, J. R., Suelves, J. M., Martínez, C., Valverde, A., Cabezas, C. y Fernández, E. (2019). El control del tabaquismo en España: situación actual y prioridades. *Revista Española de Salud Pública*, 93, e1–e16.