‘These things don’t happen in Greece’: a qualitative study of Greek young people’s attitudes to smoking, secondhand smoke and the smokefree legislation

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Abstract

Greece has the highest smoking prevalence in the European Union, with adolescents having high levels of exposure to secondhand smoke (SHS). In July 2009, national smokefree legislation was implemented in Greece. This study explored Greek young people’s attitudes to smoking, SHS and the impending legislation. Semi-structured qualitative interviews were undertaken with 11 groups of 14- to 16-year-old smokers and non-smokers in May and June 2009. Participants described social worlds in which smoking and exposure to SHS were viewed as normal and acceptable. There was little awareness of the health risks of SHS. Smoking was perceived to be both an inherent part of socializing and highly addictive. The ‘right’ to smoke in public places was thus viewed as greater than that of not being exposed to SHS. There was limited awareness of the impending smokefree legislation. Participants drew on their experience of previous legislation, the perceived rebellious Greek character, and their cynicism about the government in concluding that the legislation would be ineffective. The perceived social norms around smoking and SHS combined with a poor understanding of the health risks and negative attitudes about the impending legislation help to explain the subsequent limited impact of the Greek smokefree legislation.

Introduction

Smoking is responsible for >605 000 deaths in the European region each year [1]. About 28.6% of adults in Europe are daily smokers with rates higher in males (40%) than females (18%), though this gap is decreasing [2]. Greece has the highest per capita cigarette consumption in the world [3,4]. It also has the highest prevalence of adult smoking in the European Union (EU) [5]. Fifty-one per cent of men and 39% of women report that they are daily smokers [6]. Smoking causes ~22 500 deaths a year [1] and this will increase as smoking rates in Greek women have increased dramatically over the past few decades. Despite the high adult prevalence, the Global Youth Tobacco Study found that smoking prevalence among Greek young people was one of the lowest in the EU [7]. However, a review of Greek studies on youth smoking found that prevalence rates varied depending on where the study had been conducted, with rates among 15-year-olds ranging from 10 to 32% and increasing to 50% among 16- to 19-year-olds [8].

Greece is at an earlier stage of the smoking epidemic than countries such as the United Kingdom and United States where smoking in adults and young people has been declining since the 1970s. There has also been less national action in Greece on tobacco control. In 2005, Greece was ranked 20th of 30 countries in Europe on the Tobacco Control Scale, scoring only 38 points of 100 [9]. For example, relatively low rates of taxation mean that cigarettes in Greece are among the cheapest in
the EU. Even this ranking may give an overly optimistic impression of tobacco control in Greece for, as Vardavas and Behrakis [3] have argued, some of these laws have proved to be ineffective due to lack of enforcement and/or poor implementation.

In July 2009, the Greek government implemented legislation banning smoking in certain enclosed public places. This legislation had been voted through parliament in December 2008 at ‘lightening speed and without media coverage’ [3]. It had also been watered down to allow major exceptions such as excluding venues <70 m² (which can be fully smoking or non-smoking) and allowing larger venues to have separate smoking rooms. Over 50 inspectors were employed to enforce the ban with smokers risking fines up to €500 and bar owners up to €20 000 [3, 4]. The partial nature of the 2009 ban, its rushed implementation, the failure of two previous smoking bans in 2002 and 2003 [2] and the high level of smoking in Greece compared with European countries where comprehensive smoking bans have been effective in terms of compliance and in reducing both exposure to secondhand smoke (SHS) and related health effects (e.g. Ireland, United Kingdom, Italy) [10–12], raises important questions about the likely impact of this legislation. In addition, a survey carried out with Greek adults in 2006 found that smokers, particularly heavy smokers, were much less supportive of smokefree public places being introduced than non-smokers and former smokers [13]. Gaining widespread public understanding and support among smokers and non-smokers has been found in other countries to be an essential prerequisite for the successful implementation (and compliance with) smokefree legislation [14], even though smokers may express ambivalence and some resistance to these restrictions on their behaviour [15]. Thus, Greece provides an interesting case study to explore attitudes towards and expectations of the success of this legislation in what has been described as a pro-smoking culture [13].

Achieving the successful implementation of the ban is particularly important for improving the health of children and young people in Greece as they have among the highest reported levels of exposure to SHS in Europe. Ninety per cent of 13- to 15-year-olds report being exposed to SHS in the home in the previous week and 94% in public places [16]. A survey of 13–17 years found that 98% of non-smokers had serum cotinine levels, indicating that they were exposed to SHS [17]. This is of concern as children are more vulnerable to the harmful effects of SHS and often have little control over their exposure [18, 19]. Comprehensive smokefree legislation has also been found to reduce both children’s exposure to SHS and smoking uptake in young people [19–22]. However, we could not find any qualitative studies that had explored Greek young people’s views about smokefree legislation or indeed any studies in countries which are at the same stage of the tobacco epidemic.

The aim of this study, which was carried out in the 2 months prior to the implementation of the 2009 smoking ban, was to explore Greek young people’s attitudes to smoking, SHS and the impending legislation. The intention was not only to provide a more in-depth understanding of adolescents’ views and perceptions on these issues but also to generate contextualized accounts which would help understand the subsequent success or otherwise of the Greek ban and the possible implications for the development and implementation of smokefree legislation in countries at a similar stage of the tobacco epidemic, for example, the former Soviet States in Central and Eastern Europe.

**Methods**

**Study design**

Qualitative semi-structured interviews with small friendship groups were conducted in May and June 2009 in Rhodes. Rhodes is the fourth largest island in Greece and is one of the country’s most affluent regions, being a popular tourist destination. A purposeful sample of 31 participants aged 14–16 years was recruited from four different settings in Rhodes city centre: three public schools and a youth community centre. Nine interviews involved two young people and two involved three participants. Fourteen- to 16-year-olds were selected as at this age many young people start to smoke and also frequent public places which would be affected by the
legislation. The composition of the groups varied by sex (single/mixed) and smoking status (same/mixed).

Potential participants were informed about the study at school assemblies and centre meetings. The interviewer approached potential participants as they left school and handed out information sheets and consent forms. Those opting into the study were given additional information by the interviewer prior to the start of the interview, which took place directly after they had agreed to be interviewed. This explained the purpose of the study and the interviews. Participants were assured of confidentiality and anonymity. Consent forms were completed by all participants. Participants were aware that they could end the interview or turn off the recorder at any time. People and places are not identified to maintain anonymity.

Interviews with small friendship groups were chosen as previous research involving young people, including research on smoking, has found that they help to create a comfortable and supportive environment in which young people can discuss their perceptions and experiences [23, 24]. To further enhance the relaxed nature of the interview and reduce formality, participants chose the interview location. Nine interviews were conducted in cafes, one in a school classroom and the other in a participant’s house.

The interviews were undertaken by one of the authors (I.T.) who is from Rhodes. They lasted between 30 and 60 min. The interviews were based on a topic guide which explored participants’ background (e.g. age, smoking status, family composition), smoking history, experiences with smoking, smoking in school and at home, knowledge and attitudes about smoking and SHS, awareness about and attitudes towards the smokefree legislation and its likely impact and social worlds including school and peer groups.

Analysis

The interviews were recorded (with the participants’ permission), translated into English and transcribed by one of the authors (I.T.). Descriptive thematic analysis was undertaken where emergent themes were identified and the data coded in terms of similarity and contrast of content. The contexts in which smokers deployed these formulations were compared and contrasted. Both authors were involved in the coding and thematic analysis. In the Results, extracts from the transcripts are used to illustrate key themes. Individual participants are identified by sex, age and smoking status.

Ethics

The study complied with the Code of Practice on Ethical Standards for Social Research Involving Human Participants operating in Public Health Sciences at Edinburgh University. Consent to undertake the study was obtained from the three school principals and the head of the youth community centre.

Results

Participants

Seventeen young men and 14 young women participated in the interviews (Table I). Thirteen (41.9%) reported that they were daily smokers. Three-quarters [23] lived with at least one smoker and nearly all [25] lived in homes where smoking was allowed. Only a minority were physically active, being defined as participating in any activity, such as sports, dancing classes or the gym more than once a week.

Knowledge about and awareness of the impending ban

Participants talked freely and sometimes animatedly about smoking and the impending ban. While all were aware that a smoking ban was going to happen at some point, there was considerable confusion about exactly when this would be. Most were under the impression that the ban would not be implemented until 2010.

I’m telling you, this ban you’re talking about will come much later than the month you say. (Female, 15, smoker)

One month? But they said in 2010! (Male, 16, smoker)
There was also a lack of understanding about what the law would cover. While a few were aware that smoking would not be allowed in some public places, many thought that smoking would still be allowed in specific areas in cafes, restaurants and bars and appeared astonished when the law was explained to them. Particularly striking was the lack of participants’ understanding about the law’s purpose. Almost no one mentioned that it was about protecting people from SHS. Rather it was framed as being about forcing smokers to quit smoking.

OK not those extreme measures. Forcing them to do something is a bit stupid. (Female, 15, non-smoker)

It is very difficult to do that {quit} and I’m quite unsure whether forcing them to stop will have any successful result. (Female, 16, non-smoker)

Indeed, some of the younger participants voiced their impression that the smoking ban would be enforced by the police ‘chasing’ smokers to quit smoking. Given this interpretation, it was perhaps not surprising that many (smokers and non-smokers) expressed their resistance to legal attempts to force smokers to quit, describing smoking as being as a personal choice, and that such restrictions would unfairly reduce smokers’ (including their own) liberties.

It’s your choice to start smoking! No one forces you! (Female, 16, smoker)

Expectations about the impact of the ban

While several participants were aware that smoke-free legislation had been successfully implemented in several European countries, only two thought that this would be the case in Greece and even then this might take some time. Most thought that the law would have little impact, expressing reservations about whether the law would be properly implemented, enforced and obeyed by smokers. Some felt that various loopholes (‘windows’) or ways of getting around the law or exploiting the exemptions would be found enabling bars and cafes to stay smoking. Several participants also expressed the view, unprompted, that there was a lack of awareness about the law among bar owners.

I believe it can’t be applied. I don’t know if it can be applied in a proper way, because everyone … .

There are little windows. They have already found these little law windows and in the end all the places will be again for smokers. (Two males, 16, non-smokers)

There is no information man, there is no help for all those bar and cafe owners. In other countries they would help them to do it right! Here you have nothing! (Male, 16, non-smoker)

Even if implemented, participants questioned whether there would be enough police to enforce the law, particularly given the number of venues in Rhodes, that the police lacked training and there would be little motivation for bar owners to comply as they would be hurt financially through loss of custom.

If one owner says that they are not allowed to smoke and the customers have already ordered,
he won’t kick them out because he wants the money. So he will let them stay there and smoke. So I don’t think anything will really change. And the police, I don’t think that they will do anything about it. (*Male, 16, non-smoker*)

Most participants also thought that smokers would ignore the law and there would be little or no self-policing.

I can’t see it happening here. Smokers will not accept it. (*Female, 16, smoker*)

In explaining and justifying their opinions about the likely limited impact of the ban, participants drew on two key narratives or themes: the Greek character and current political context and the perceived dominant social norms around smoking and exposure to SHS in Greece. These are each considered in turn.

**Greek identity, character and political context**

All participants, irrespective of their opinions about the ban or their smoking status, expressed the view that the ban, in attempting to constrain smokers’ behaviour, was incompatible with the dominant Greek character and therefore would be resisted or, more likely, rejected. Greeks were portrayed (often with pride and sometimes frustration) as being inherently non-conformist, rebellious, free-spirited, libertarian, individualistic and even somewhat selfish and egotistical.

This is how Greeks are. They don’t give a damn about things like that. It’s in our blood to not follow things that make our lives a bit inconvenient. That’s in our DNA. (*Female, 16, non-smoker*)

We Greeks I think, we are egoists, and big ones I should say. Greeks like disobeying the law and going against the system. They like to obey only themselves! (*Female, 15, non-smoker*)

Thus, while it was recognized that smokefree legislation had been successful in some Western/Northern European countries, which were characterized as being more law abiding and conformist (i.e. non-Mediterranean), it was suggested this would not be the case in Greece. Numerous examples were given of previous laws on smoking and other issues that had been or were being ignored.

See the law about helmets! Every now and then you hear that a 16 year old boy died driving his motorbike, because he was not wearing his helmet and no one does anything. Do you think that smoking laws and other laws such as this one will succeed? Honestly! No one cares in this country about anything! Smoking is the last thing. (*Female, 15, non-smoker*)

It’s the same with the smoking and non-smoking areas we had some years ago. We had it for one month or so and then back to smoking in the whole place. (*Male, 16, non-smoker*)

In addition, there was a widely expressed disenchantment with, and alienation from, the political process. The government was characterized as being inept and lacking the power and authority to implement legislation, not just on tobacco control. Not only did participants voice a lack of respect for the government and other political authorities but also cited examples of perceived widespread corruption which further eroded respect for and motivation to comply with legislation.

When the head of the nation doesn’t respect the people why should the people respect them and their laws? (*Male, 16, smoker*)

It’s all about corruption. They ask us to behave and obey a law when the people that govern us don’t obey anything and are corrupt. (*Female, 16, smoker*)

**Smoking as a social norm**

Smoking was generally perceived to be a widespread and indeed normative behaviour among adults and young people. While it was recognized that not all young people smoked, and some would
choose not to, several participants stated that many would inevitably become smokers over the next few years. This reflected a widespread perception of the need to fit in with the dominant social norm of smoking, particularly when socializing with friends. Although there was some awareness of the health risks, many participants described being a smoker as a positive active choice, something which they enjoyed and which was deeply embedded in their social relationships and social worlds.

You know exactly why you do it. Coz you like it. (Male, 16, smoker)

You are mature at that age and you do it just coz you want to do it. Coz you are a fan of cigarettes. (Male, 16, smoker)

It’s more like a friendship habit. Something I do when I am with certain people. When I am feeling like somehow not right then I will go and find my friends smoke a fag with them. (Male, 16, smoker)

One male smoker described smoking as being a ‘social need’, which not only formed a crucial part of current friendships but also had an additional functional value of being used to meet new people.

Smoking is a social need which is not compared and cannot be compared with any of the other social needs. In addition to that you will meet people.

You will ask for a lighter and you can always start a conversation that easy. (Male, 16, smoker)

Smoking was perceived as being so deeply embedded in some friendship groups that non-smokers talked about being willing to be exposed to their friends’ smoke in order to enjoy the socializing and intimate times that smoking was part of, even if they found the smoke unpleasant or knew that it might be harmful to them.

I think that the strongest thing is that smoking is a form of communication. It’s a very nice way of socializing. I have to say that the best moments are when I sit down with my girls and they all smoke and we talk and stuff. It’s the best time. I love these moments! And I am sitting there knowing that I am harming myself but its fine coz I like it. At some point maybe I will go for a walk to get the smell a bit away but I really envy the moment their having fag and talking about stuff. (Female, 16, non-smoker)

**Smoking as an addiction**

Running in parallel to, and to some extent linked to, participants’ discourse of smoking being a social norm was the discourse of smoking being an addiction that was very difficult or even impossible to overcome. Some participants described their own experiences of being addicted to smoking which, in combination with ‘enjoying’ smoking, meant that they had no desire to quit and no expectation that they ever would.

They can’t understand some thing like how much we like it and how much addicted we are! (Female, 14, smoker)

Non-smokers also described their fear of becoming addicted as being a reason for not smoking. Both smokers and non-smokers drew on the observed behaviour of friends and longer term smokers, usually their parents, to illustrate the perceived powerful nature of the addiction which made quitting impossible. One participant described how her mother had relapsed after 18 years.

My parents stopped for a month coz me and my sister tried hard to make them quit but at some point they started smoking again. They can’t stop smoking. (Female, 15, non-smoker)

No-one really quits smoking. Never man never! Even the ones who say that they quit, maybe they don’t carry a pack with them but after period of time they will smoke a fag again. There could be a month period that they haven’t smoked but at some point they will smoke. You can’t quit. (Female, 15, smoker)
Expectations about the social impact of the ban

Given the perceived highly addictive nature of smoking, participants overwhelmingly thought that it would be impossible for normal social relations and leisure activities to continue if smokers could not smoke in public places. There was little or no consideration that new patterns of behaviour might be established where smokers would go outside to smoke and then return to their friends. Rather participants talked about their fear that the impending smokefree legislation (if implemented) would radically disrupt friendships, with people having to choose to go to smoking or non-smoking venues or even stay at home.

Because let’s say a club says this is the smoking and the club next door non-smoking. From a group of 10 people 6 will go to the smoking club and the other 4 to the non-smoking club. Someone will have to go to the other club for sure. Seriously what they are trying to do here now I think that it will be the end of friendships and tearing groups apart. (Male, 16, smoker)

Going to cafes each day with their friends to socialize over coffee and cigarettes was seen as an inherent part of Greek social life, irrespective of age. A few also talked about how inconceivable it would be to go to the ‘Bouzoukia’ (popular night clubs with live traditional Greek music) and not smoke.

They won’t sit like fools in the Bouzoukia doing nothing. It’s impossible. Otherwise they will have to stay at home and have fun there and smoke and drink the whole night at home. (Male, 16, smoker)

Exposure to SHS as a social norm

Participants were aware that smoking was a health risk, in particular a cause of lung cancer, though their knowledge was often limited with several challenging the validity of the health claims. Indeed most of the participants stated that they had received little or no health education in school about the risks of active smoking and none on the risks of SHS. It was therefore perhaps not surprising that they showed very little awareness or concern about the risks of breathing in other people’s smoke. Rather SHS was seen more as an irritation (e.g. smell) than a potential risk to health. Even the irritating or unpleasant aspects of SHS tended to be discounted by participants as something that they had got used to or had even developed ‘immunity’ to.

Doesn’t bother me at all. The only times that I could say that I am bothered is when my sister finishes her food quicker than us and lights up a fag. I tell her to go away or to not smoke coz it’s not really nice smoking while you are eating. (Female, 16, non-smoker)

There aren’t any people who can’t stand it. After a while you have immunity and you get used to it. (Male, 16, smoker)

Most had grown up and lived in homes which had few or no restrictions on smoking (Table I). Thus exposure to SHS was perceived as generally commonplace in the home, and elsewhere, and unproblematic. The onus was described as being on the non-smoker to remove themselves from the exposure if it troubled them, rather than for smokers to modify their behaviour.

I am not really bugged from it to be honest. I am used to it since I was young. I am usually not bothered when someone smokes in front of me. (Male, 16, non-smoker)

If I can’t stand it or I think that I don’t like it anymore I will just leave. (Female, 15, non-smoker)

Indeed when asked what they would do if they saw someone smoking in a no-smoking area after the ban came in, most respondents said that they would do nothing or only say something in what they described as ‘extreme’ cases if, for example, someone had asthma. Both smokers and non-smokers suggested that it would be rude to complain and
described people who did so as being ‘nerds’ and ‘buzz kills’.

I would never tell someone to stop smoking just coz I am in the same place as him. It’s rude and that’s going too far. (*Female, 16, non-smoker*)

Nah I wouldn’t. Why would I be the nerd and the buzz kill doing that? It’s his own right to do what he wants. I won’t be on his head commanding him.

Who am I to tell him what do with his smokes? (*Female, 16, non-smoker*)

Smoking in public places was perceived as being a greater right than not being exposed to SHS. Challenging this ‘right’ would not only go against social norms and practices but would be unlikely to be effective and might only cause trouble.

**Discussion**

The young people interviewed in this study, both smokers and non-smokers, portrayed a picture of their social worlds, and social life more generally in Greece, in which smoking and exposure to SHS was perceived as normal and acceptable. Most had grown up and lived in homes with smokers which had few or no restrictions on smoking. They socialized in cafes and other leisure venues where smoking was not only viewed as being the norm but an inherent part of enjoyable social relationships, even among non-smokers. While there was some limited awareness of the health risks of smoking, few were aware of any health risks from exposure to SHS. Thus, it was perhaps not surprising that, even among non-smokers, the rights of smokers to smoke unhindered in public places was seen as greater than the rights of others not to be exposed to their smoke.

We did not find any previous qualitative studies which have explored young people’s views around SHS and smokefree legislation. However, the findings of this study are in marked contrast to qualitative studies in Scotland and Canada where, even prior to the introduction of smokefree legislation, adult smokers had started to re-frame themselves and their smoking behaviour as being ‘considerate’ [15, 26]. That is, they were aware of increasing dislike among non-smokers of being exposed to SHS and thus attempted to moderate the smoking in public in considerate ways. This has been accompanied by an increase, in recent years, in reported smoking restrictions in people’s homes and reductions in children’s exposure to SHS in countries such as the United Kingdom [19, 25, 27]. None of the smokers in our study talked about modifying their behaviour in any way. Rather, it was seen as the responsibility of non-smokers to modify their behaviour by removing themselves, if they found it unpleasant, and non-smokers seemed to accept this. Smoking was viewed by many as being not only enjoyable but also highly addictive, making it impossible to change patterns or levels of smoking in public or in the home.

Given participants’ views and experiences, it was not surprising that nearly all of them thought that the impending smokefree legislation would be ineffective. This view was compounded by a general expression of cynicism in relation to the Greek government’s ability to effectively implement, and for cafe and bar owners and customers to abide by, the law. Drawing on their experience of the ineffectiveness of previous legislation on this and other issues and the rebellious independent Greek character, it was though that the legislation would be ignored and/or loopholes created to get around it.

It has been argued by Barratt [28] that there are three reasons why individuals obey laws, including smokefree legislation:

(i) They chose to: it fits the pattern of behaviour they wish to adopt;
(ii) Peer pressure: while not accepting the law, they want to fit in with everyone else to avoid social exclusion;
(iii) Fear of the consequences: fear of punitive sanctions outweighs the desire not to comply.

There was little evidence of any of these motivations or attitudes among our participants. This contrasts with countries like Scotland, where there has
been widespread compliance with the smokefree legislation, where qualitative studies among adult smokers prior to the implementation of the legislation found a greater awareness of the health risks of SHS, a desire not to expose others to SHS (particularly children) in public and private spaces, and pre-legislative moves towards more no-smoking public areas [15, 18]. There was also considerable investment in media campaigns to build public awareness and support prior to the legislation and enforcement of the law afterwards [14]. These media campaigns framed the smokefree legislation as being about protecting the health of workers and also highlighted the health risks of SHS. In addition, media campaigns highlighted the availability of free effective National Health Service smoking cessation services.

This study was limited in scope, involving a small sample of young people in one part of Greece. Given that Rhodes is one of the more affluent parts of Greece, with many inhabitants being engaged in or exposed to the tourist industry and/or tourists, it may be that the views expressed by the young people in this study might not reflect those of Greek young people more generally. While caution is therefore needed in extrapolating from these findings, they do help to explain why the Greek smokefree legislation has subsequently proved to be ineffective, with the Greek government announcing only months after its introduction that it would be reviewing the law as ‘the ban on smoking in most bars and cafes is not being adhered to nor applied properly’ [29]. It also supports the experience in other countries that in order for smokefree legislation to be effective, it needs to be comprehensive (no exceptions), have widespread public understanding and support and its implementation be properly resourced and enforced [14, 30]. This also has implications for and poses particular challenges for countries at a similar stage of the tobacco epidemic, which have taken relatively little previous action on tobacco control, including health promotion campaigns on the risks of SHS, and where there is thus limited public understanding or support for this measure. This highlights the need for effective health promotion programmes in schools on smoking and SHS, as well as specific media campaigns on these issues aimed at adults and young people. The findings from the study highlight the importance of conducting qualitative research with key target groups so that these health promotion programmes and campaigns can be tailored to address cultural and social attitudes and norms on smoking and exposure to SHS. More research is also needed in countries where smoking is perceived to be the norm to explore what motivates young people who are not smokers not to take up smoking, as well as the meaning and role of smoking for young people in different socio-demographic groups.

In conclusion, as set out in the World Health Organization’s international Framework Convention on Tobacco Control [31], in order for smokefree legislation to be effective, it needs to be part of a comprehensive national tobacco control strategy that also addresses the wider determinants of smoking.

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**Conflict of interest statement**

None declared.

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