



Investing in the future: Best-practice approaches to preventing smoking and vaping uptake by young people



How are you feeling today?



Tired and cranky

I'm OK - hanging in there

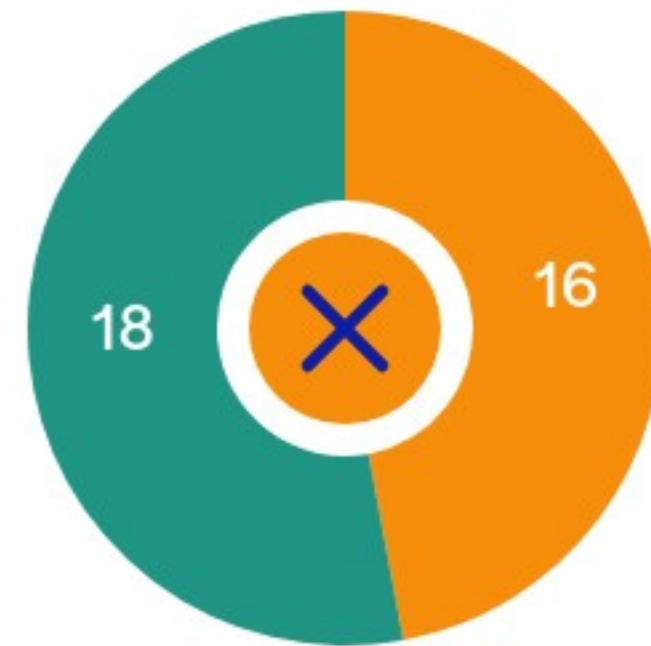
Energised and ready to learn/share ideas

True or False. For Aboriginal and Torres Strait Islander youth

● Truth ● Lie



Most smoking is established during adolescence,



The link between smoking and alcohol use is stronger in than for non-Indigenous youth



Strengths based health promotion is most effective

How does your team work to prevent youth uptake of smoking and vaping?





What does the evidence say works best?

- 12-15 week program across all age groups
- Peer learning
- Peer leadership
- Strengths based
- Culturally tailored workshops
- Grounded in traditional knowledge and values
- Strong and ongoing relationships with communities and partner organizations
- Embedded in wider population health promotion activities
- Target broader determinants not just tobacco (holistic)

Fun Fact:

Youth activities embedded in a broader multi-faceted, multi-level program are more effective:

In Canada public bans reduced youth smoking as well as second-hand exposure (Daley et al 2021)

In the UK smoke free homes increased from 63.0% in 1998 to 93.3% in 2018 and at the same time children's mean cotinine levels dropped

What are the broader determinants of being smoke free for youth in your communities?



You cant be what you cant see

Education

Positive role models.

Peer support

Role models

Continue educating

Education

Education

Sport & healthy lifestyle



What are the broader determinants of being smoke free for youth in your communities?



Positive role models

Education around preventing chronic diseases within community and breaking cycles.

Economic factors

Education

Have more \$ to spend on fun things, kissing is more enjoyable and don't get chicken feet smiles

Social norms.

Socioeconomic + lack of education generation trends

Education at the earliest school age . Knowledge

Positive role models



What are the broader determinants of being smoke free for youth in your communities?



Positive role models Healthy goals eg sport Ability to say No (not always easy)

The right information being delivered. Having positive role models within their community/house. Could be mum, dad, uncles, aunties, cousins ect

Role models

Early intervention programs. Having them around positive role models, promoting healthy living.

Positive role models

Education

Sharing personal experiences.

Positive role models

Champions on community Seeing too many deaths related to smoking



What are the broader determinants of being smoke free for youth in your communities?



Sport

Access to and attendance to school, health services, housing

Promotion of strengths - emphasise % who are smoke and vape free (not the other way around)

Sports participation

Peer group pressure

Continuous education, the right education from the right people, role models, availability, parental role models. Social media and the right information

Role models

Social norms

Education, empowering young people to make informed decisions. Having strong role models and community leaders



What are the broader determinants of being smoke free for youth in your communities?

Smoke free home

Increases Laws around where you can smoke

Cultural expectations responsibility and greater promotion of the health benefits. looking better feeling better

Glenn Clarke is a legend

What does the evidence say is protective against smoking uptake?

- Self-esteem/positive self-image
- Cultural connectedness
- Problem solving skills
- Social and emotional wellbeing
- Self-efficacy
- Family connectedness
- Positive social norms
- Positive opportunities



Do you include the following in your education sessions?



Fun interactive activities

4.4

Facts about the harms of smoking and/or vaping

4.5

Information on the benefits of never smoking/vaping

4.2

Peer leadership

3.2

Social and cultural influences on smoking

3.7

History of tobacco use and colonisation

4.1

Cultural connections

4.2

Something else?

1.3

What do you like most about working with youth?

Learning new cool words

Honesty

It's fun

Giving the right information. It starts with our youth these days no matter if it's smoking cigarettes or vaping

Their sense of humour

Passing on knowledge.

Honesty

Preventative

Watching their responses and interaction

What do you like most about working with youth?

Educating passing on knowledge

Educating the next generation

Thier honesty

Prevention is better than cure

Rewarding

Their energy

Their the "gap" that is referred to in closing the gap. They are the future and key to change

Glenn is a legend

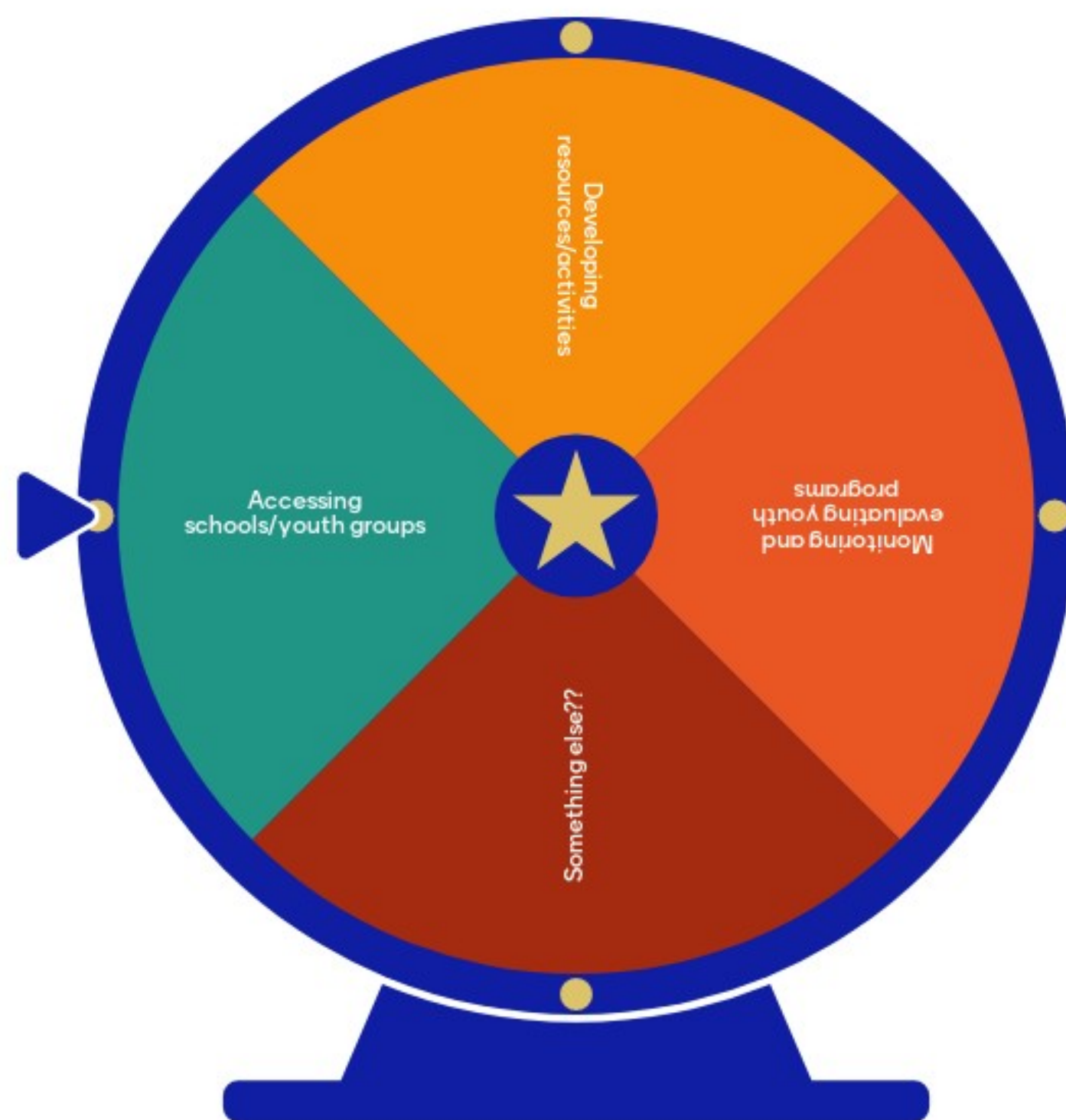
The realisation we have been there done that

What do you like most about working with youth?

Their innocence

Resilience

Which of these is a challenge for your team when running youth programs?



Rank these guidelines for work with youth:



What next? What would you find most useful to support in future work with youth?



School-based education and awareness activities

It is important to provide health promotion for primary and secondary school age people. There is evidence that school-based activities have an increased chance of working if they:

- are interactive
- include social influences and peer leadership
- use culturally appropriate activities
- are tailored for the age of the children.



Graduates of the Deadly Choices Tobacco Education Program

Linking school-based interventions into wider community activities as part of a multi-component program also seems to boost impact. This is thought to be because the effects of school-based smoking prevention programs are sustained when changes in the larger community are also present and when there is reinforcement of the program over time. A **review of the evidence** also recommended that 15 or more sessions are delivered to young people at school, at least up until the ages of 14 or 15 years.

Evaluated school-based health education activities for Aboriginal and Torres Strait Islander young people, include the **Deadly Choices** program, an interactive education program of eight weeks which encourages young people to be positive lifestyle role models. Since 2010 this program has been delivered to more than 250 Aboriginal and Torres Strait Islander students across 20 schools and training centres throughout South East Queensland and has been found to have a positive impact in the urban setting on students' knowledge, attitudes and self-efficacy regarding leadership, chronic disease and the impact of risk factors including smoking. These are recognised as important steps towards reducing the number of young people taking up smoking and increasing the number of young people who quit smoking.

For more information on strategies for engaging children and young people to promote anti-smoking messages, view the NBPU TIS's ***Child youth and engagement resource package***.

Vaping: an emerging priority for action

Around 14% of all Australian secondary school students aged 12-17 years have tried e-cigarettes. Almost half of youths who said they had ever tried vaping had not previously smoked a cigarette. We do not currently have Aboriginal and Torres Strait Islander specific data on vaping, but anecdotal evidence suggests vaping is an emerging issue in urban and regional communities. This is a concern because evidence suggests:

- vaping can be a gateway to smoking
- it is not harm free
- e-cigarettes can contain high levels of nicotine (even if labelled as nicotine free)
- nicotine is a toxin, especially for young people – it affects brain development.

Much of the e-cigarette market is owned by the tobacco industry and evidence suggests that the industry is targeting youth through marketing on social media, particularly Instagram. This marketing glamourises vaping and presents it as being 'cool'. Products are misrepresented as being harm free and even as healthy. Vaping flavours such as bubble-gum, banana milkshake and strawberry slushie appear to be designed to appeal to young people.





Child and Youth Engagement

92 views • Mar 22, 2019

0 DISLIKE SHARE SAVE ...



NPBU TIS
10 subscribers

SUBSCRIBE

An important part of the TIS teams' work is providing health promotion for children and young people from kindergarten through primary to secondary school age. Youth work is an important

Child and youth engagement resource package





SUMMARY BRIEF: REVIEW OF GLOBAL EVIDENCE ON THE HEALTH EFFECTS OF ELECTRONIC CIGARETTES

PURPOSE

This document summarises key findings from the review of the health effects of e-cigarettes (“vaping”), commissioned by the Australian Department of Health and conducted by the National Centre for Epidemiology and Population Health.

APPROACH

Systematic reviews of the current global evidence were conducted, incorporating data from major international reviews and primary research studies.

KEY POINTS

- Smoking is Australia's leading cause of death and disability, responsible for >20,000 deaths annually and 8.6% of disability-adjusted life-years lost. It is estimated to cause 8.7 million deaths each year worldwide.
- Over time, smokers in Australia are increasingly motivated and able to quit and smoking is continuing to decline in Australia, including for Aboriginal and Torres Strait Islander peoples. A key and increasing driver of progress is declining smoking initiation in youth.
- The large majority of people quitting smoking successfully do so unaided.
- E-cigarettes or “vapes” are a diverse group of battery-powered or rechargeable devices that aerosolise a liquid (often referred to as “e-liquid”) for inhalation.
- At least 32 countries ban the sale of nicotine e-cigarettes, 79 countries – including Australia – allow them to be sold while fully or partially regulating them and the remaining 84 countries do not regulate them at all. In Australia, nicotine e-cigarettes are legal only on prescription, for the purpose of smoking cessation.
- Standard e-liquids include water, propylene glycol and vegetable glycerine and often contain flavourings and nicotine in freebase or salt form. Use of e-cigarettes results in inhalation of a complex array of chemicals. An Australian review of toxicological analyses of non-nicotine e-cigarette emissions identified 243 unique chemicals. Thirty-eight were listed poisons, one was not permitted in e-cigarette liquids, and three exceeded cut-off levels for the relevant Standard. Twenty-seven chemical reaction products were identified, including carbonyls such as acetaldehyde, acetone, acrolein and formaldehyde, which have been associated with adverse health outcomes in humans.
- Use of e-cigarettes is increasing and is greatest in young people in Australia. In 2019, 11% of the total Australian population aged 14 and over reported ever having used e-cigarettes, around a quarter of people aged 18-24 reported ever-use and 5% of this group reported current use. Over one-third of current e-cigarette users in Australia were aged under 25, and half were aged under 30.
- In Australia, in 2019, 53% of e-cigarette users were also smokers (“dual users”), 31% were past smokers and 16% had never smoked. Among people aged 18-24, half of all current e-cigarette users had never smoked. Hence, the majority of e-cigarette use is not for smoking cessation, particularly at young ages.
- There is strong evidence that non-smokers who use e-cigarettes are three times as likely to go on to smoke combustible tobacco cigarettes as non-smokers who do not use e-cigarettes, supportive of a “gateway” effect.
- There is limited evidence that freebase nicotine e-cigarettes are an effective aid for quitting smoking when used in the clinical setting. Use of e-cigarettes by smokers trying

Professor Tom Calma AO, Tackling Indigenous Smoking National Coordinator, discusses new vaping laws. Share



And if you try to bring nicotine
vapes into Australia

Watch on  YouTube

Vaping laws

