

# Tobacco Control News

Research Round Up June 2023

## Hello TIS teams,



I want to share three new pieces of evidence this month. Two of these ([Heris et al., 2023](#) and [Cameron et al., 2023](#)) are peer-reviewed journal articles, both reporting research with Aboriginal and Torres Strait Islander peoples. The third one is a [research report](#) prepared for the Department of Health and Aged Care by a team of researchers from Cancer Council Victoria.

The article by Heris et al. identifies a number of factors that protect Aboriginal and Torres Strait Islander youth from starting smoking, as well as those factors that increase the risk of taking up smoking. The paper includes a number of recommendations for using this information when building community-led tobacco prevention programs, making this useful evidence for TIS.

Cameron et al. report the implementation, impact and acceptability of the Quit for New Life (QFNL) program, a large-scale smoking cessation initiative for women having an Aboriginal baby. QFNL ran in NSW until 2018. Whilst TIS does not deliver cessation programs, teams are expected to refer people to culturally safe services. It is therefore important to be aware of what people want from cessation support and what works. Although the program is no longer funded, some of the services involved have continued to offer some of the QFNL supports. You can read more about this [here](#).

Finally, the study from Wakefield et al. estimates smoking and vaping rates for Australians aged 14 years and over from February 2018 to March 2023. Whilst the study didn't include data from remote regions and does not report Aboriginal and Torres Strait Islander specific smoking and vaping rates, it does highlight a worrying Australian population trend: the increase of youth vaping and an associated increase in smoking. You can read my in-depth summaries of these studies below.

### In depth paper reviews Aboriginal and Torres Strait Islander focused Research

Heris, C. L., Cutmore, M., Chamberlain, C., Smith, N., Simpson, V., Sherriff, S., Wright, D., Slater, K., & Eades, S. (2023). Don't Follow the Smoke-Listening to the Tobacco Experiences and Attitudes of Urban Aboriginal Adolescents in the Study of Environment on Aboriginal Resilience and Child Health (SEARCH). *International journal of environmental research and public health*, 20(5), 4587. <https://doi.org/10.3390/ijerph20054587>

The Study of Environment on Aboriginal Resilience and Child Health (SEARCH) is cohort study of the health and wellbeing of Aboriginal and Torres Strait Islander children from urban and regional NSW. SEARCH focuses on community identified health issues. The qualitative study reported here built upon earlier quantitative SEARCH studies. The study used yarning and a card sorting task to explore the smoking and non-smoking experiences, attitudes and beliefs of 32 participants aged 12-28 years. The main aim was to identify the factors that protect against starting smoking as well as those factors that increase the risk of smoking. The paper provides a number of recommendations for using this information when building community-led tobacco prevention programs.

#### Take home message

Young people strongly connected to community and culture with a clear future focus (e.g., career aspirations) were empowered to resist smoking even in 'high smoking' environments (self-efficacy). Participating in sport and fitness, good social relationships, and non-smoking environments were also protective against taking up smoking. Smoking prevention programs for youth should build cultural connections and draw on community strengths. The study also recommends that programs are led by young people and include interactive activities to engage youth and address the broader determinants of smoking. This includes activities to reduce stress and promote good physical and mental wellbeing. These activities should be complemented by social marketing campaigns to reduce the status and appeal of smoking and increase young people's confidence to be smoke-free.



Cameron et al. report the implementation, impact and acceptability of the Quit for New Life (QFNL) program



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## Key findings

- Participants who did not smoke had firm intentions to never smoke. People who smoked socially knew it was not good for them but expressed no intentions to quit because they didn't smoke often. People who smoked regularly intended to quit in the future or were actively cutting down.
- Smoking was described as a way to deal with stress. Having to deal with life's challenges including an unstable home life, grief and family illness was also a barrier to quitting. Participants described being ready to quit at a time in the future, once they had stability in their lives.
- Participants had good knowledge of the health and financial harms of smoking and of second-hand smoke. People who smoked socially believed the level of harm was less for them compared to people who smoked regularly.
- Peer pressure, boredom, alcohol and other drug use, and exposure to role models who smoked (e.g., family members) were seen as reasons for starting to smoke.
- Having parents who did not smoke, strong rules and expectations around smoke-free homes, sporting aspirations, and a 'healthy mindset' (not being bored and drifting into other activities) were believed to protect against taking up smoking.
- Participants had little knowledge of the history of tobacco control in Australia or how it was introduced to Aboriginal and Torres Strait Islander people by colonial settlers.
- Participants had little experience or knowledge of vaping. Those who did were younger (secondary school age) and described peers vaping in the classroom.

## Study limitations

The study included participants from only two sites in regional and urban NSW, so may not reflect the views and experiences of youth from communities in different states and territories, or other settings (e.g., remote NSW).

Vaping rates and access to vapes has increased a lot since these yarning circles took place in 2019. Participants' limited experience and knowledge of vaping may reflect the 2019 context – young people are more likely to have vaped, or know others who vape in 2023.

Vaping rates and access to vapes has increased a lot since these yarning circles took place in 2019.



Cameron, E., Bryant, J., Cashmore, A. et al. (2023). A mixed methods evaluation of Quit for new life, a smoking cessation initiative for women having an Aboriginal baby. *BMC Health Services Research* 23, 532. <https://doi.org/10.1186/s12913-023-09496-3>

The Quit for New Life (QFNL) program was a large-scale smoking cessation initiative run in NSW until 2018. The evaluation reported here looked at:

- how the program was implemented;
- uptake and impact on smoking behaviours;
- stakeholder views of the program.

Interviews were carried out with six clients and 35 stakeholders, including QFNL coordinators, smoking cessation advisors, health promotion managers, midwives, and Aboriginal Health Workers. Routine data from before and after the implementation of the program were compared to establish uptake of cessation support and impact on quit rates.

## Take home message

Smoking cessation rates were similar before and after implementation of the program. However, women smoked fewer cigarettes in the second half of pregnancy after the program was introduced. This indicates the program did have an impact on smoking behaviours. Both clients and stakeholders felt the program addressed smoking in a culturally appropriate way and clients were satisfied with the support received. Baby's health was seen as a motivator to quit, making pregnancy a good time to address smoking. Including other family members in the program helped with successful quit attempts.

## Key findings

- Program implementation was different across clinics, depending on local needs.
- Just over a fifth (21%) of women took up quit support. This included follow up support (12%), NRT (11%) and Quitline referral (9%).
- Before the start of the QFNL program, 19% of women who smoked successfully quit. This rate did not change significantly after the program was introduced (18%).
- Women smoked fewer cigarettes in the second half of pregnancy after the introduction of QFNL activities, whether or not they took up offers of quit support.
- Women who did take up support from QFNL smoked fewer cigarettes in the second half of pregnancy than those who did not.
- Clients who were unable to quit blamed themselves rather than the support they received for not quitting.
- Some clients did not see smoking as a problem, particularly if they had other pressing issues in their lives.

## Study limitations

- Routine data re: QFNL support uptake was captured through a free text box, added to the Aboriginal Maternal and Infant Health Service Data Collection (AMDC). Comparison to locally collected health service data suggests this box was not always completed. QFNL uptake may therefore be higher than reported here.
- Only a small number of clients were interviewed and their views may not represent the views of all service users.

## Australian Research

Wakefield, M., Haynes, A., Tabbakh, T., Scollo, M., Durkin, S. (2023). Current vaping and current smoking in the Australian population aged 14+ years: February 2018-March 2023. Report prepared for the Australian Government Department of Health and Aged Care.

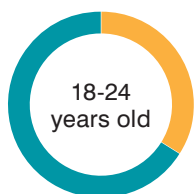
This study used data from the Roy Morgan Research Institute national 'Single Source' monthly survey of Australians (aged 14 years and over) to estimate smoking and vaping rates from February 2018 to March 2023. Data were collected from five capital cities: Sydney, Melbourne, Brisbane, Perth, and Adelaide. Six-monthly population prevalence of smoking and vaping is reported for five age groups: 14-17 years, 18-24 years, 25-34 years, 35-49 years, and 50+ years.

Current smoking was defined as using factory-made cigarettes and/or roll-your-own. Current vaping was defined as using one of the following in the last month:

- device with fillable cartridge (mod system);
- device with pre-filled cartridge (pod system);
- disposable device;
- other.

### Take home message

Despite some limitations, this study highlights a worrying trend – the increase of youth vaping and an associated increase in smoking. Study findings show a strong association between vaping and smoking – this extraordinary increase in smoking by youth can only really be explained by vaping leading to smoking. However, we should not forget that the smoking and vaping rates reported in this study relate to the broader Australian population – they are not Aboriginal and Torres Strait Islander specific. Also, smoking and vaping rates in remote and very remote regions, and in the state and territories not covered by the survey (NT, ACT and TAS) may well be different to the rates reported here.



In early 2023, just over a third of people who vaped were under 25 years of age (34%).



1 in 5 (19.8%) were described as current vape users.

### Key findings

- Smoking (11.8%) was still more common than vaping/dual use (8.9% exclusive vaping or dual users) at the total population level, although age differences in the popularity of smoking v. vaping were clear.
- At the population level, vaping rates increased considerably between 2021 to early 2023.
- This increase was most notable among younger respondents (35 years and under).
- In early 2023, just over a third of people who vaped were under 25 years of age (34%).
- Of all age groups, vaping was most common in the 18–24-year-old population – in early 2023 just under 1 in 5 (19.8%) were described as current vape users.
- 17.4% of 25–34-year-olds and 14.5% of 14–17-year-olds were described as current vape users.
- Vaping was more common than smoking in those aged under 35 years in 2023.
- In contrast smoking (10.7%) was more popular than vaping (2.5%) in the over 50s age group.
- At the population level, smoking rates remained fairly stable from 2018 to 2023, however in some age groups smoking rates did change.
- From 2018 -2023 smoking rates remained stable for the over 50s age group, and dropped by a couple of percentage points for 18–49-year-olds;
- However, smoking rates increased from 2.1% in 2018 to 12.8% in 2023 for the 14-17 year old population.

### Study Limitations

The 'single source' survey interviews over 50,000 Australians each year, meaning it is a very robust source of information. However, from 2020 COVID-19 restrictions meant that changes had to be made to how data were collected. This included moving from household sampling and face to face interviewing to telephone sampling and interviewing. Increasing numbers of 'mobile only households' means that not all household in Australia will have a phone number listing. Because of this, not everyone has an equal opportunity of being invited to interview. This might have affected the accuracy of prevalence estimates.

Study data were only collected from the five big cities. Whilst 64% of the Australian population aged over 14 years lives in these cities, this does mean that 36% of the population are not represented in this data. We know that smoking rates are higher in rural and remote areas, and that vaping rates are probably lower.

Findings are reported at the general population level. We know that there are differences in smoking rates for the non-Indigenous and the Aboriginal and Torres Strait Islander population. Vaping rates may also differ.

Smoking rates increased from 2.1% in 2018 to 12.8% in 2023 for the 14-17 year old population.

