

Population Tobacco Control



Now that contracts are in place for the 2023-2026 funding period, I thought we should reflect on the value of population health promotion and its role in the fight against the harm caused by the tobacco industry. In this research roundup, I share insights from the latest World Health Organization (WHO) report on the [Global Tobacco Epidemic 2023](#) along with some recent examples of successful population health promotion activities in Australia and the USA.

WHO Report on the Global Tobacco Epidemic 2023

The [WHO Framework Convention on Tobacco Control](#) (FCTC) is a global public health agreement. It aims to protect people in all countries from the health, social, environmental, and economic effects of tobacco. Countries (including [Australia](#)) who have signed the convention agree to carry out a range of tobacco control activities outlined in the framework. These activities include population level health promotion activities like those delivered as part of the TIS program. Implementation of the framework is supported by the MPOWER package.

What is MPOWER?

MPOWER is a package of six high impact, cost-effective tobacco control activities shown to reduce smoking prevalence. These population level activities are:

- M** = Monitor tobacco use and prevention policies
- P** = **Protect people from tobacco smoke**
- O** = **Offer help to quit tobacco use**
- W** = **Warn about the dangers of tobacco**
- E** = Enforce bans on tobacco advertising, promotion, and sponsorship
- R** = Raise taxes on tobacco

Some of these activities – such as monitoring tobacco use, enforcing advertising bans and raising taxes – are implemented by state, territory and federal governments. The TIS program plays a significant role in protecting the health of Aboriginal and Torres Strait Islander people by focusing on the **'POW'** of MPOWER. The population health promotion activities that you do every day to **Protect** people from tobacco smoke, **Offer** (promote) help to quit tobacco, and **Warn** people about the dangers of tobacco, are the reason that the TIS Program is a success.

Every two years, the WHO reports on the progress made in tobacco control internationally. Each report focuses on one of the MPOWER activities. The focus of the [latest report](#) is 'Protecting people from tobacco smoke'. WHO reports that many countries are making considerable progress on this activity. However more efforts are needed to protect people from the harms of tobacco and second-hand smoke. The report highlights that:

- The scientific evidence is clear: there is no safe level of second-hand smoke.
- Every year, 1.3 million people non-smokers die from exposure to second-hand smoke. Smoke-free public environments not only protect bystanders but can also help de-normalise the act of smoking across society.
- Informing people of the dangers of second-hand smoke is important to ensure support for smoke-free environments and effective protection.



WHO Recommends Population Health Promotion Activities

Population health promotion activities are an important feature of global tobacco control and are highly recommended by the WHO.

Research evidence shows that these tobacco control activities are working in Aboriginal and Torres Strait Islander communities, e.g., the [Mayi Kuwayi Study](#).

To build the evidence base and to ensure we continue to encourage positive changes to smoking behaviours in Aboriginal and Torres Strait Islander communities, it is important to monitor and evaluate TIS program work.

Collecting good local data will help you see what works best for your communities. This information can also be used to improve your TIS program activities



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Where does Australia stand?

Australia has successfully implemented several evidence-based tobacco control strategies. These include on-going tax increases on tobacco, widespread public education through mass media campaigns, banning tobacco advertising and the introduction of smoke-free laws.

This year, the Australian Government proposed introducing new laws to protect Australians against the harm caused by [tobacco](#) and [vaping products](#). If the new laws are passed, changes include:

- updated graphic warnings on cigarette packaging;
- standardised sizing for tobacco packets and products;
- a ban on menthol in tobacco products
- no more advertisement of vapes;
- a ban on certain flavours, colours, and other ingredients in vapes;
- 'pharmaceutical-like' packaging for vapes;
- a ban on single use, disposable vapes.

These new laws could help reduce smoking rates as well as make it harder for the tobacco industry to advertise products like vapes, that attract young people.

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Examples of Population Health Promotion Activities

The first paper I reviewed this month explores '**P**' – how we protect people from tobacco smoke. [Brooks et al., \(2020\)](#) discuss the current state, the challenges, and the future of smoke-free environments in Australia. Smoke-free environments have been one of Australia's great success stories in tobacco control. However, inconsistent implementation of smoke-free legislation across Australia, as well as the increasing use of vapes, undermines the impact of these smoke-free environments. It is vital to review current smoke-free policies to ensure they include the use of vapes.

The second paper looks at '**O**' how we offer (promote) help to quit tobacco use. [Khan et al., 2022](#) investigate the impact of the '10,000 Lives' program on Quitline services. This Queensland initiative partnered with local champions and other programs (e.g., 'Deadly Choices') to promote the use of smoking cessation services. The '10,000 Lives' program substantially increased the use of Quitline and quit attempts among the population, including Aboriginal and Torres Strait Islander peoples.

The final paper focuses on '**W**' how we warn people about the dangers of tobacco use ([Miller et al., 2022](#)). This American study evaluated the feasibility of a Facebook campaign about the risks of tobacco smoke exposure during pregnancy. Two versions of the message – an infographic and a video – were promoted. Cost, reach and engagement of the two approaches were compared. The campaign was found to be cost-effective and successfully able to reach and engage people using Facebook. This study adds to the growing body of research supporting the use of social media for population health promotion, including messaging about the harms of smoking during pregnancy.

You can read more about these papers on the next page.



In-depth Paper Reviews

Brooks, A., Buchanan, T., & Oakes, W. (2020). Smoke-free environments: current status and remaining challenges in Australia. *Public Health Research and Practice*, 30(3). <https://doi.org/10.17061/phrp3032022>

This paper highlights the success of smoke-free environments in Australia and how they have directly contributed to reducing smoking prevalence. Smoke-free environments:

- encourage people who smoke to make quit attempts;
- support people who no longer smoke to stay quit;
- protect the health of people who do not smoke, including children.

Widespread support for smoke-free environments has also led to changes in social norms and expectations about smoking in Australia. Smoke-free legislation is controlled by state and territory governments in Australia. This means there are different laws across the country. For example, while all states and territories require enclosed public spaces to be smoke-free, the definition of 'enclosed' is not the same everywhere. Likewise, in some states outdoor spaces such as beaches, public pools, and sports grounds are required to be smoke-free, while in other states and the territories, these spaces are not identified in the legislation. However, community support for making these outdoor areas smoke-free is driving change.

Take Home Message

Supporting the development of new smoke-free policies, and reviewing existing policies and their implementation is an important population health promotion activity. Policies should address vaping as well as smoking. Supporting smoke- and vape-free zones will protect people from the harms of second-hand smoke and vape aerosols. Public support for smoke-free environments is generally strong.

Key Findings

- Smoke-free environments are essential for reducing smoking prevalence.
- Smoke-free environments protect the health of people who do not smoke.
- There is a lack of consistency in implementing smoke-free environments across Australia. This means some places including high roller rooms in casinos, prisons, community housing, residential mental health facilities, and multi-unit residences continue to expose people to tobacco smoke.
- Vapes challenge the way we think about 'smoke-free.' Vapes do not produce smoke, but they do emit harmful aerosols. Exposure to second-hand and thirdhand aerosols from vapes undermine the success of our smoke-free policies.

Khan, A., Green, K., Medlin, L., Khandaker, G., Lawler, S., & Gartner, C. (2022). Impact of the '10,000 Lives' program on Quitline referrals, use and outcomes by demography and Indigenous status. *Drug and Alcohol Review*, 41(7), 1499-1509. <https://doi.org/10.1111/dar.13499>

This Queensland study investigated the impact of the '10,000 Lives' program. This program partnered with local champions, relevant programs (e.g., 'Deadly Choices'), hospitals, and community organisations to promote the use of Quitline in Central Queensland. The researchers looked at the impact of the '10,000 Lives' program on priority population groups including Aboriginal and Torres Strait Islander people. In particular they looked at the impact on the number of:

- people completing the Quitline program;
- people staying quit for at least 3 months after completing the Quitline program;
- monthly referrals to Quitline for Aboriginal and Torres Strait Islander peoples.

They did this by comparing the number of referrals, completions, and successful quits before and after the launch of the '10,000 Lives' program.

Take Home Message

Partnerships between Aboriginal and Torres Strait Islander led community programs (like those funded by TIS), local champions, and cessation services like Quitline can help raise awareness and uptake of smoking cessation support services, leading to an increase in sustained quit attempts.

Key Findings

- Referrals for Aboriginal and Torres Strait Islander people more than tripled after the introduction of the '10,000 Lives' program from 180 to 550 referrals.
- Around half of all Aboriginal and Torres Strait Islander referrals were self-referrals, both before and after the introduction of the '10,000 Lives' program (Self-referrals pre-program = 98 or 54%, self-referrals post-program = 278 or 50.5%).
- The number of Aboriginal and Torres Strait Islander people completing the Quitline Program after the introduction of the '10,000 Lives' program quadrupled from 24 to 108 – that's four times more people using Quitline.
- The number of Aboriginal and Torres Strait Islander people who were still not smoking three months after completing the Quitline program also quadrupled after the introduction of the '10,000 Lives' program from 7 to 31.
- The number of Aboriginal and Torres Strait Islander people who had taken up any kind of quit support quadrupled after the introduction of the '10,000 Lives' program from 9 to 36.

Study Limitations

- A number of other tobacco control initiatives were running locally at the same time as the '10,000 Lives' program. This means it is not possible to say that the changes in Quitline uptake and sustained quitting were only due to the '10,000 Lives' program. However, the data analysis strongly supports the contribution of '10,000 Lives' to the positive outcomes described.
- The study used the routine data collected by Quitline as part of their service delivery. It can be challenging to use data that is collected as a part of service delivery to answer research questions as there may be gaps in the information that has been recorded. For example, only a quarter (25%) of all Quitline clients completed the final evaluation call which established if people were still smoke-free three months after completing the Quitline program. This means we do not know how successful the Quitline support was for the majority (75%) of program completers.

Miller, C. A., Jung Kim, S., Schwartz-Bloom, R. D., Bloom, P. N., Murphy, S. K., & Fuemmeler, B. F. (2022). Informing women about the risks of exposing babies to tobacco smoke: outreach and education efforts using Facebook "boost posts". *Translational Behavioral Medicine*, 12(5), 714-720. <https://doi.org/10.1093/tbm/ibab158>

This American study evaluated the effectiveness of health messages delivered via Facebook for changing smoking behaviour during pregnancy. Messaging focused on how smoking in pregnancy increases the risk of a child being born with attention-deficit/hyperactivity disorder (ADHD). The message was delivered using either an infographic or a one-minute video animation (with voice over). Boosted posts were used to increase the chance that the message would be seen by the target audience (pregnant women). During the two-week campaign the infographic and video were targeted to 18–45-year-old women whose profiles were associated with keywords such as pregnancy, prenatal care, or childbirth. Message reach and engagement was evaluated using Facebook metrics. The content of comments on the posts was also reviewed.

Take Home Message for TIS

Boosting posts on Facebook is a practical, cost-effective way to promote health messages to specific populations. Evaluating factors like reach, engagement and the content of the comments offers valuable evidence that can be used to improve future campaigns. It is also important that the message will be delivered in a way that will appeal to the target audience.

Key Findings

- The campaign was successful in reaching the target audience at a relatively low cost. The infographic reached approximately 60,000 people and the animated video reached about 16,000 people.
- The video was viewed 26,388 times, but received no reactions, shares or comments.
- Engagement with the infographic included:
 - 648 reactions (e.g., Likes, Wow, Sad and Angry)
 - 749 shares
 - 221 comments
- Just over a quarter of the comments (27.8%) included a personal narrative related to ADHD (20% of all comments) or smoking (22% of all comments).
- A small number of comments (4%) had a positive tone (e.g., "this was interesting"), whilst 17% demonstrated a negative response to the message (e.g., "this is stupid"), smoking (e.g., "smoking is horrible"), or other commenters (e.g., "says the lady lining her lungs with tar").
- More than one in five comments (21.5%) expressed uncertainty about the message (e.g., "where's the proof") whilst only 12% expressed message support or acceptance (e.g., "#truth").
- Using trained facilitators to provide evidence-based responses to comments such as "where's the proof" may be beneficial in future campaigns.

Study Limitations

- It is not clear why the video post generated no reactions, shares or comments. Possible explanations include Facebook algorithms which determine who the video post was delivered to, or the video itself lacking appeal or interest. For example, the same design features and graphics were used for the video that were used for the infographic – this may have decreased the video appeal since videos usually convey information differently than text or static images.
- It is not known whether exposure to these messages were linked to changes in behaviour, such as increased intentions to quit smoking or smoking cessation.

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