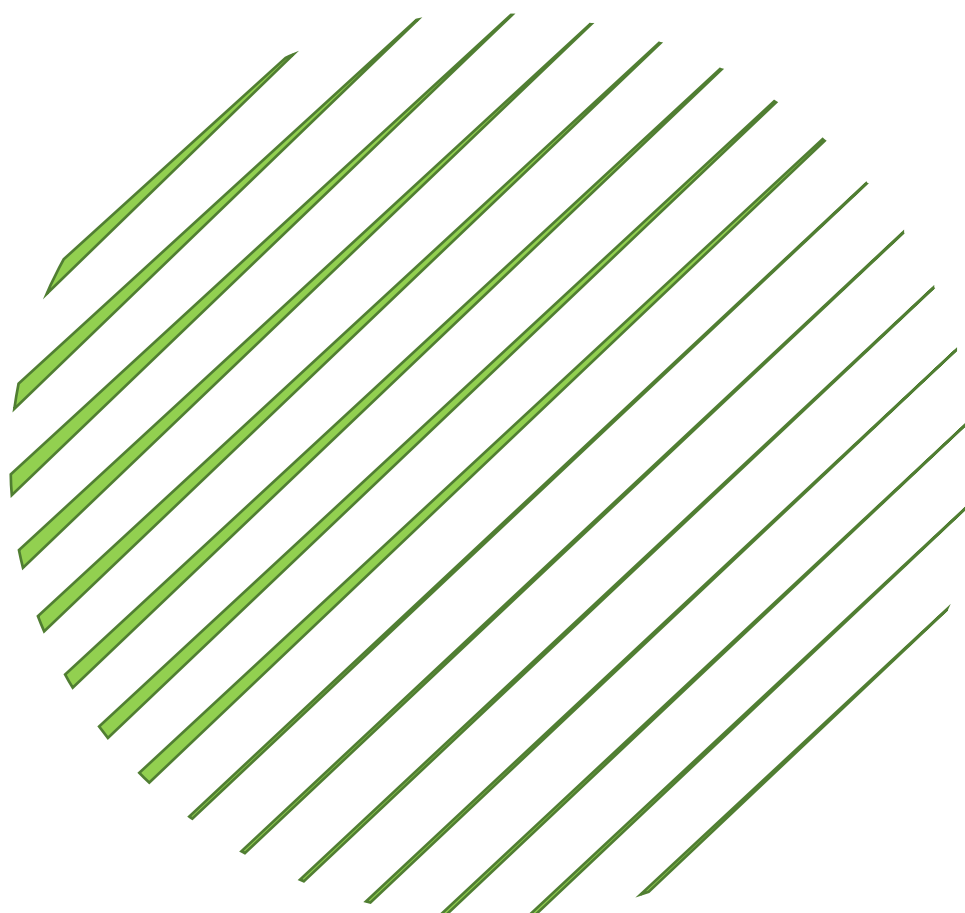


# Smoking among young people in Tasmania



MENZIES  
Institute for Medical Research

**Report #2 - Youth online survey**



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### Suggested citation

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## Executive summary

This aim of this survey was to provide an understanding of young Tasmanian's attitudes and beliefs regarding why young people smoke, where they access tobacco, and their understanding of tobacco control strategies, including Tobacco 21. A purpose-designed online survey with readability to align with a grade 6 literacy level was developed using REDCap. Young Tasmanians aged 15-25 years old were invited to participate between June and July 2020 through youth related organisations in each region (North West, North, South) and Facebook, including paid promotions.

### *Participants*

A total of 781 young people started the survey, 32% did not progress past the screening process with 68% completing the survey. About half of the participants were aged between 15 and 17 years old. Most young people (82%) were attending school and 7% of participants identified as being from an Aboriginal or Torres Strait Islander descent. Just under half of the participants were from areas of low socioeconomic status (SEIFA IRSAD levels 1-4, 45%) and most people spoke English at home (96%).

### *Smoking and young people*

Around 25% of respondents were current smokers, with around 20% being experimenters (either current or former) and the remainder non-smokers. Note that the purpose of this report was not to provide smoking prevalence for young people. Area-level socioeconomic status was not associated with being a current or ever smoker but being older, indigenous or having more friends and family that smoke was associated with an increased likelihood of current or ever smoking. Most young people agreed that it was important to prevent young people from smoking. Around half of all young people believed at least 'a few' people among friends and family were smokers, indicating considerable positive social norms around smoking in this sample. Among people that smoked, more than half had tried to quit with the most popular method being to ask family or friends, try e-cigarettes or stay away from people that smoked.

### *Why do young people smoke?*

Regarding reasons why young people smoke, current smokers more often supported statements related to perceived 'benefits' of smoking, such as pleasure or coping with stress, whereas non-smokers supported statements related to social factors like peer pressure. Most young people accessed cigarettes from people over the age of 18 with few directly purchasing from retailers. These findings are supported by the literature, suggesting that even though this is a convenience sample there is face validity to the findings.

### *T21*

Two-thirds of young people had heard of T21 but, of these, around half did not know the detail of the policy. Around 67% of non-smokers and 45% of smokers agreed or strongly agreed with T21 after being provided with a brief description; however, around 20% remained unsure if they agreed with T21. There were generally high levels of agreement with statements focused on the rationale for T21 such as that it will denormalise smoking, reduce access in young people and prevent addiction. There was also high agreement with common statements provided anecdotally about why T21 might not work such as continued supply from older people and laws not changing behaviours. These reinforced findings from stakeholders in the accompanying online survey.

In free text responses, there was a general sentiment that there was value in seeing if T21 could be effective to prevent smoking uptake. Potential barriers to effectiveness of T21 included how to prevent supply from older people, the black market and that at 18 people are a legal adult. These were concordant with the responses from the stakeholder survey. The confusion around the details and implementation of T21 raised by young people could present an opportunity to increase support for the legislation. Each point of confusion or misunderstanding could be clarified and then promoted.

Once young people understand how T21 will work in practice, their support for T21 may increase as many did state they supported programs to reduce the uptake of smoking among people younger than themselves.

#### *Supporting young people to be smoke free*

Most young people believed that more education in schools, decreasing smoking among families and making access to tobacco products more difficult were important to address smoking uptake. There were striking similarities between the responses from young people and stakeholder. The alignment between these suggestions and the current tobacco control strategies, including the Smoke Free Young People strategy, suggest that further communication and resourcing of these strategies is important.

#### *Limitations*

This survey was based on a convenience sample recruited through youth organisations and social media. It therefore does not necessarily represent the view of all young people in Tasmania. With that said, the associations found here and the levels of support for T21 are very similar to other reports with more population-based samples, suggesting validity to our findings. While this report has been internally peer reviewed by the associated working group it has not undergone independent peer review.

#### *Conclusion*

Factors associated with smoking uptake in young people in this sample of Tasmanians were broadly similar to those identified elsewhere in Australia and internationally. This suggests that interventions effective in reducing smoking uptake elsewhere could be effective here. This survey adds to our understanding of smoking among young people in Tasmania by determining local context and risk factors, which are important for developing approaches to curb the initiation of smoking among young people. This research aligns the abundance of local and international evidence that supports engaging with young people to guide strategies to change behaviours among young people.

Most young people agree with the idea of T21, although support is lower among current smokers. There is a considerable proportion of young people in Tasmania who have not heard of T21 or are unsure if they support it. Most young Tasmanians have smokers in their immediate environment, suggesting pervasive social norms supporting smoking as a behaviour that are associated with a greater likelihood of them smoking themselves. Many young people believe that it is worth trying T21 to see if can be effective to reduce smoking uptake. Promoting that T21 is largely about preventing uptake of regular smoking among young 'kids', rather than targeting current regular smokers, may be an opportunity to further increase support for T21 among young people.

## Background

Tobacco control programs include a range of strategies to reduce the prevalence of smoking at the population level.<sup>1-4</sup> Among potential strategies to reduce smoking uptake, legislation around the minimum legal age of purchase or sale of tobacco products have been proposed.<sup>5</sup> At present, most countries have a minimum legal age of purchase or sale of tobacco products set at 18 years of age. There has been recent interest in raising the minimum legal age of sale or purchase of tobacco to 21 years in Australia and internationally.<sup>5,6</sup>

These policies, often called 'Tobacco 21' or T21, aim to reduce smoking uptake among young people. In Tasmania, there is a proposal to implement a version of T21 that will raise the minimum legal age for the sale of tobacco products from 18 to 21 through an amendment to the Tasmanian Public Health Act 1997. This proposed version of T21 would penalise a retailer who sells to people under the age of 21, rather than penalising the person purchasing the tobacco products. Further, the proposal will not alter the current minimum legal smoking age. Versions of T21 appear to be effective in reducing the prevalence of smoking in target age groups internationally, with evidence predominantly from the United States of America (USA).<sup>7</sup> Of note is that in December 2019, the President of the United States of America raised the federal minimum age for sale of tobacco products from 18 to 21 via the United States Federal Food, Drug and Cosmetics Act, with this change effective immediately.<sup>8</sup> There are several mechanisms by which T21 is proposed to reduce the uptake of smoking. These include disrupting young people's access to tobacco products by creating a greater age gap between peer networks that can legally access cigarettes; increasing the age at which people experiment and transition to regular smoking; and de-normalising smoking.<sup>9</sup>

Of importance when considering the design and implementation of a new policy like T21 is to understand the perspectives of the group that it may affect. Gathering these opinions can assist in ensuring the health policy or program is fit for purpose, can assist in identifying unintended consequences, and can gather information on how to adapt or target the policy or program.<sup>10-12</sup> For T21, the group of people most affected is young people themselves. There are some existing sources of information about smoking behaviours, attitudes, and beliefs among young people in Australia, including Tasmania. The best source of data is the Australian Secondary Students Alcohol and Drug Survey (ASSAD) has been conducted every three years since 1984.<sup>9,13</sup> The ASSAD 2017 Australian data indicated that 5% of adolescents who attended secondary school smoked in the last seven days (referred to as a 'current' smoker), this was significantly less ( $p < 0.01$ ) than the 7% in 2011 but the same prevalence of 5% in 2014.<sup>9</sup> Our analysis of Tasmanian data support these results, showing a general reduction in recent or current smoking over time but with a plateau more recently.

The ASSAD survey data also gives some insights into the attitudes and beliefs of young people about smoking.<sup>14</sup> Among Tasmanian children attending school, current smokers report that they obtain their cigarettes most often from friends (50%) or that someone bought it (15%), with only 7% reporting that their parents supplied the cigarettes. Around half of the supply from others is reported to be from people over the age of 18 years. Nationally, it has been noted that the proportion of young current smokers reporting that they purchase their own cigarettes has decreased over time, whereas the proportion who get someone else to purchase form them has increased. In Tasmania, 75% of children at school reported that they were 'certain not to smoke' in the next year, which was similar to the national figure of 79%.

Our accompanying report on analysis of Tasmanian data from ASSAD provides further evidence regarding the association between socioeconomic status and smoking within families on young people's smoking. It also demonstrates high levels of literacy regarding the risks associated with

smoking, but that smokers are less likely to agree with these statements. The ASSAD survey included some questions on support for policies and programs to reduce smoking among young people but did not specifically ask about T21.

While the ASSAD survey is the largest national survey of substance use among teenagers in Australia, it is a school-based survey with a low response proportion. In the most recent ASSAD survey in 2017, only 17% of schools approached participated. Although two-stage stratified sampling was used and the required sample size was reached, the low response proportion may introduce bias to the sample. Also, as ASSAD is delivered within in schools, it does not capture adolescents who are not engaged with the mainstream school system. Of people aged 15 or over in Tasmania, 77.5% reported completing year 10, 11 or 12 <sup>15</sup> This suggests that there is a considerable group of young Tasmanians that are not attending school and therefore not included in the ASSAD survey.<sup>15</sup> Our analyses of children not attending school in Tasmania demonstrated that several characteristics associated with a higher prevalence of smoking (e.g. living in a lower socioeconomic status area, identifying as Indigenous and living in a rural area) were more common in children not attending school. It is therefore possible that the prevalence of smoking among young people in Australia is higher than reported through these school-based surveys. This may also extend to the generalisability of the other information in ASSAD regarding attitudes and beliefs of young people about smoking.

We are conducting a program of research to better understand the context of smoking among young people in Tasmania to inform the debate about T21. The program includes secondary analysis of existing datasets, capturing the opinions of young people and stakeholders through surveys and interviews and a systematic review about the evidence for Tobacco 21. This report presents the findings from the **Youth online survey** (Figure 1, Box 2). The purpose of this youth online survey is to supplement the data provided by the secondary analysis of existing datasets, particularly with regard to young people’s opinions regarding T21 and policies or programs to reduce smoking uptake or increase smoking cessation among younger people.

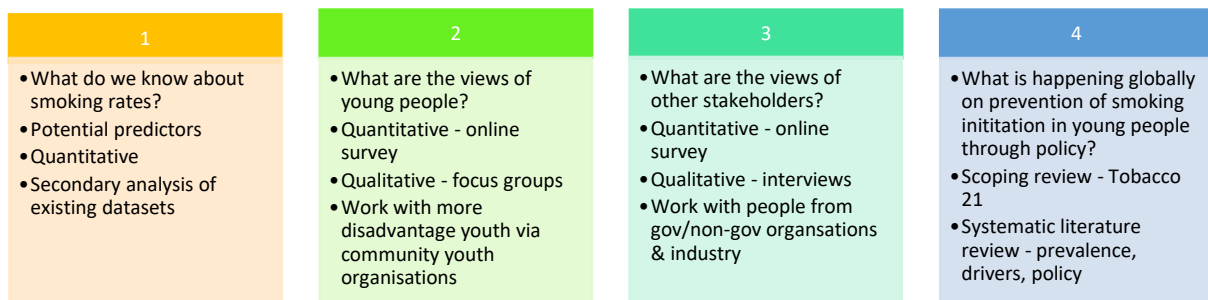


Figure 1. Program of research about T21 in Tasmania

## Research aim

The aim of the study was to explore the attitudes and beliefs of Tasmanian young people about why young people smoke, how young people access tobacco and their knowledge of tobacco control programs, including Tobacco 21.

## Methods

Our program of research originally included focus groups with young people, defined as under 25 years of age. Considerable engagement and planning had occurred with community organisations in each region with ethics approval gained in early March 2020. Due to the COVID-19 pandemic, we were required to change from focus groups to a series of individual interviews with young people, the results of which are provided in a separate report<sup>16</sup>. To ensure we captured information from a wide range of young people we developed an online survey to distribute to young Tasmanians. We obtained an ethics amendment to undertake the survey. Due to ethical considerations, including the consent of people under 18 years, the survey was open for young people aged 15-25 years. This formative research is exploratory and inductive. An important aspect of the sampling was to engage with the hardest to reach youth in the most disadvantaged areas who were unlikely to be included in the school-based ASSAD survey. This was achieved with support from key community-based organisations around Tasmania who work directly with young people living in areas of low socioeconomic advantage.

A purpose-designed, anonymous, online survey using REDcap (Appendix 1) was developed to capture demographic data, questions about the context of smoking among young people, the level of understanding about the proposed Tobacco 21 legislation and other ideas about what could support young people to avoid smoking. The online survey included questions from the Ipsos MORI - Smoking, Drinking And Drug Use Survey (SDD) 2016 for 10-17 year-olds, the Australian Secondary Students' Alcohol and Drug Survey (ASSAD), the National Drug Strategy Household Survey (NDSHS) from 2004 for children aged  $\geq 14$  years and from 2016 for 12-13 year-olds. Some of the questions were adapted from questions asked in our associated stakeholder survey. The readability of the survey was aimed at a grade 6 level. The survey was peer-reviewed and piloted with a small group of young people.

To align with the National Statement on Ethical Conduct in Human Research<sup>17</sup>, a comprehensive information sheet preceded the survey followed by a series of screening questions that participants had to get correct to access the survey questions. This process provided assurance that young people understood the intent of the research before commencing the survey, which indicated implied consent. This process was used to allow young people to participate without parental consent but to ensure that they fully understood what was required and their rights as a research participant.

## Recruitment

Convenience sampling was used to recruit young people, however, to promote participation of young people in each region distribution of the survey was also stratified with promotion occurring through youth related organisations in each region (North West, North, South). A Facebook page with paid advertising was used to promote the survey to the target age group in Tasmania. We aimed to obtain the views of 300 young people (100 from the South, North and North West of Tasmania). Participants could enter a draw for one of fifteen \$50 vouchers after they had completed the survey, there was a link to a separate survey where they could leave their details. The link ensured their survey responses remained anonymous. The survey was kept open for two months (June and July). As the survey was distributed as a public link, a response rate could not be calculated.

## Analysis

Data was extracted from REDCap and analysed using the statistical analysis software Stata (version 16.0). Answers to open-ended questions was managed using NVivo. Descriptive statistics were used to report demographic information and summery responses for questions. Where appropriate, chi square, t tests or ANOVA were used to examine associations between variables.

## Ethics

Tasmania Social Sciences Human Research Ethics Committee (HREC) provided approval for this part of the research on March 20, 2020 and amendments approved on May 01, 2020. Ethics Ref No: H0018541

## Results

A total of 781 young people opened the survey (Table 1). Of these, 85 did not continue beyond the information sheet and 136 young people did not progress through the screening process to start the survey. There was n=527 who completed the survey.

*Table 1. Survey participation including screening process.*

Participation level	n
Commenced	781
Continued after reading information sheet	696
Opened first screening questions	661
Continued past last screening question	560
Completed survey	527

Of those who completed the survey, around half were aged 15-17 years old (Table 2). Eighty percent of respondents attended school (including TAFE or university). Around 3% of those under the age of 18 were not attending school. Most reported that the culture their family comes from is Australian (74%) and 7.4% identified as being Indigenous Australian people (Aboriginal or Torres Strait Islander people). Most (96%) spoke English as their main language at home.

*Table 2. Characteristics of survey respondents*

	n	%
Age group		
15-17	256	49%
>17	271	51%
Attending school		
No	93	18%
Yes	432	82%
Aboriginal		
No	470	89%
Yes	39	7%
Prefer not to say	16	3%
Language spoken at home		
English	504	96%
Other	23	4%
Area-level socioeconomic status		
1/2	151	29%
3/4	86	16%
5/6	57	11%
7/8	131	25%
9/10	90	17%



When asked about their current smoked status, 24% (n=123/521) reported that they current smoked cigarettes at some level (Figure 2).

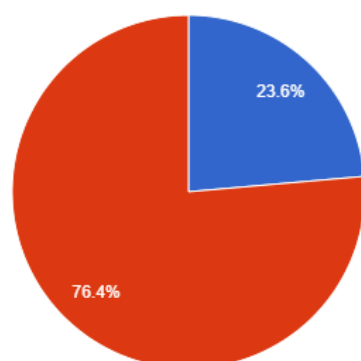


Figure 2. Percentage of young people reporting any current use of cigarettes

For those who responded that they do not smoke cigarettes at all, we asked if they had ever tried a cigarette (from ‘one puff’ to ‘sometimes smoke’). Of those who responded to this question (n=362), 25% had tried a cigarette before while 75% had never tried a cigarette. For analysis we collapsed smoking into two categories: not currently smoking (n=404, includes never, tried once or used to smoke) and currently smoking (n=116, includes people that sometimes smoke up to smoking more than 6 per day). The mean (SD) age that people first tried their cigarette was 16.12 (SD 2.5) with a range from 7 to 22 years.

Area-level socioeconomic status was not associated with an increased prevalence of being an ever or a current smoker (Table 3). Increasing age, not attending school, identifying as Indigenous and having more peer and/or family smoke were associated with both ever and current smoking. With adjustment for age, only the associations between being Indigenous and having more peer or family smoke were associated with a greater prevalence of ever or current smoking.

Table 3. Characteristics associated with ever or current smoking among online survey respondents

	Ever smoking				Current smoking			
	Unadjusted		Adjusted <sup>a</sup>		Unadjusted		Adjusted <sup>a</sup>	
	PR	(95% CI)	PR	(95% CI)	PR	(95% CI)	PR	(95% CI)
Age	<b>1.09</b>	<b>(1.06, 1.11)</b>			<b>1.11</b>	<b>(1.06, 1.16)</b>		
Not attending school	<b>1.37</b>	<b>(1.15, 1.65)</b>	0.92	(0.74, 1.15)	<b>1.51</b>	<b>(1.09, 2.07)</b>	1.01	(0.68, 1.48)
Indigenous	<b>1.45</b>	<b>(1.12, 1.88)</b>	<b>1.37</b>	<b>(1.08, 1.73)</b>	<b>1.95</b>	<b>(1.27, 3.00)</b>	<b>1.89</b>	<b>(1.25, 2.86)</b>
Area-level SES <sup>b</sup>	0.99	(0.94, 1.06)	1.02	(0.96, 1.08)	0.98	(0.88, 1.09)	1.00	(0.90, 1.12)
Peer/family smoking <sup>c</sup>	<b>1.63</b>	<b>(1.49, 1.78)</b>	<b>1.55</b>	<b>(1.40, 1.71)</b>	<b>2.11</b>	<b>(1.76, 2.53)</b>	<b>2.01</b>	<b>(1.66, 2.42)</b>

<sup>a</sup>adjusted for age; <sup>b</sup>per quintile from lowest to highest; <sup>c</sup>per 2 smokers; bold values, p<0.05

Among current smokers who responded to this question (n=116), 55% had tried to give up previously (Table 4). The most common actions taken were to spend time away from friends who smoke, ask family or friends for assistance, use an e-cigarette or nicotine replacement therapy.

Table 4. Actions taken by current smokers to try to quit smoking

	n	%
Asked an adult at school (e.g. teacher, school nurse)	14	19%
Asked family or friends	30	40%
Use electronic cigarettes (e-cigarettes)	35	46%
Used any nicotine replace therapy (patches, gum or similar)	22	29%
Been to see your family doctor or GP	13	17%
Contacted Quitline	13	17%
Looked on the Department of Health website	12	16%
Not spent time with friends who do smoke	44	58%

Most people reported that ‘a few’ of their friends or people they knew smoked (56%, Figure 3). Looking by smoking status, more smokers reported that all, most or about half (73%) smoked than non-smokers (18%,  $p < 0.001$ ).

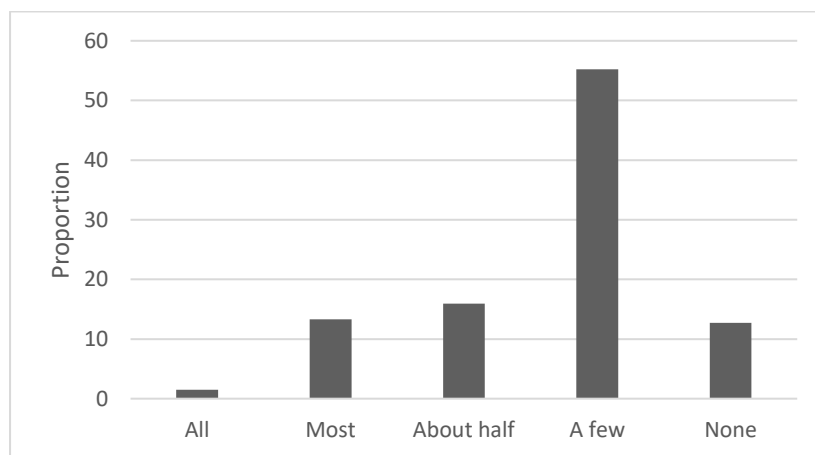


Figure 3. What proportion of your friends and people you know smoke?

Most respondents agree that is very important to extremely important to prevent young people from ever taking up smoking (82%, Figure 4). People who were not smokers more often reported that it was ‘extremely’ important to prevent young people smoking than current smokers (54% versus 21%,  $p < 0.001$ ).

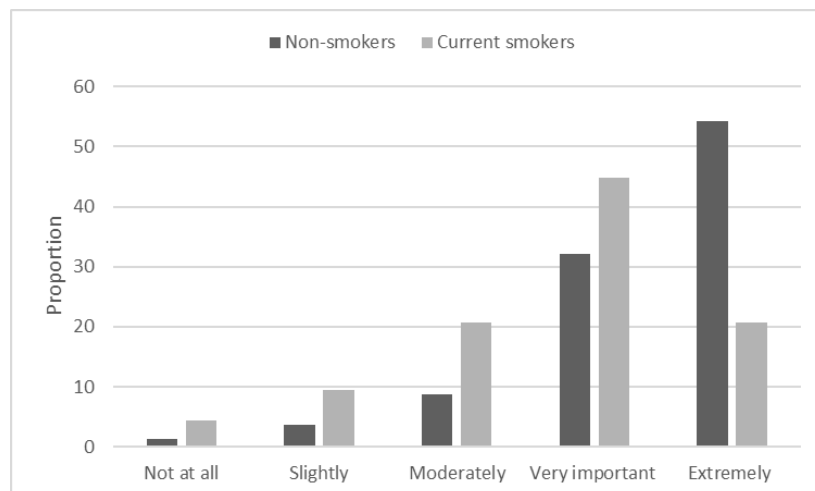


Figure 4. Rating of how important it is to prevent young people smoking by smokers and non-smokers

Respondents were asked to indicate their level of agreement with several statements about why young people smoked. Most young people agreed or strongly agreed with all statements with the exception of the statement about wanting to stay slim, where less than 20% agreed or strongly agreed (Table 5).

Looking by smoking status, compared to non-smokers, young people that were current smokers more often agreed/strongly agreed with statements about relaxation (60% vs 49%), coping with stress (72% vs 60%), pleasurable feelings (71% vs 62%) and weight loss (24% vs 16%, all  $p < 0.05$ ). In contrast, compared to smokers, non-smokers were more likely to agree or strongly agree about wanting to fit in (72% vs 41%), feeling pressured into it (55% vs 35%), exciting to break the rules (63% vs 43%), and wanting to look cool (76% vs 50%, all  $p < 0.05$ ).

Table 5. Agreement with statements about reasons why young people smoke

	Strongly disagree	Disagree	I am not sure	Agree	Strongly agree
Helps people to relax	4%	22%	23%	44%	8%
They are addicted	2%	14%	17%	50%	17%
Because parents or siblings smoke	2%	12%	24%	49%	14%
Cope with stress	2%	12%	24%	46%	16%
Look cool	5%	12%	14%	40%	30%
Exciting to break the rules	7%	16%	18%	40%	19%
Friends pressure them into it	8%	21%	20%	37%	14%
Because it gives them a good feeling	1%	9%	26%	53%	11%
Live with smokers	2%	11%	27%	45%	15%
Want to stay slim or lose weight	21%	35%	27%	13%	5%
Fit in with peers	5%	10%	17%	48%	20%

## Access

The most commonly reported way for young people to access cigarettes was from a friend over the age of 18, followed by a relative over the age of 18 (Figure 5). In general, there was agreement between smokers and non-smokers regarding how young people access cigarettes with the exception of purchasing from a shop, which was more often reported by smokers (35%) than non-smokers (25%,  $p = 0.037$ ). Further examination showed that this did not differ by age with people under and over the age of 18 equally reporting that cigarettes were obtained from a shop.

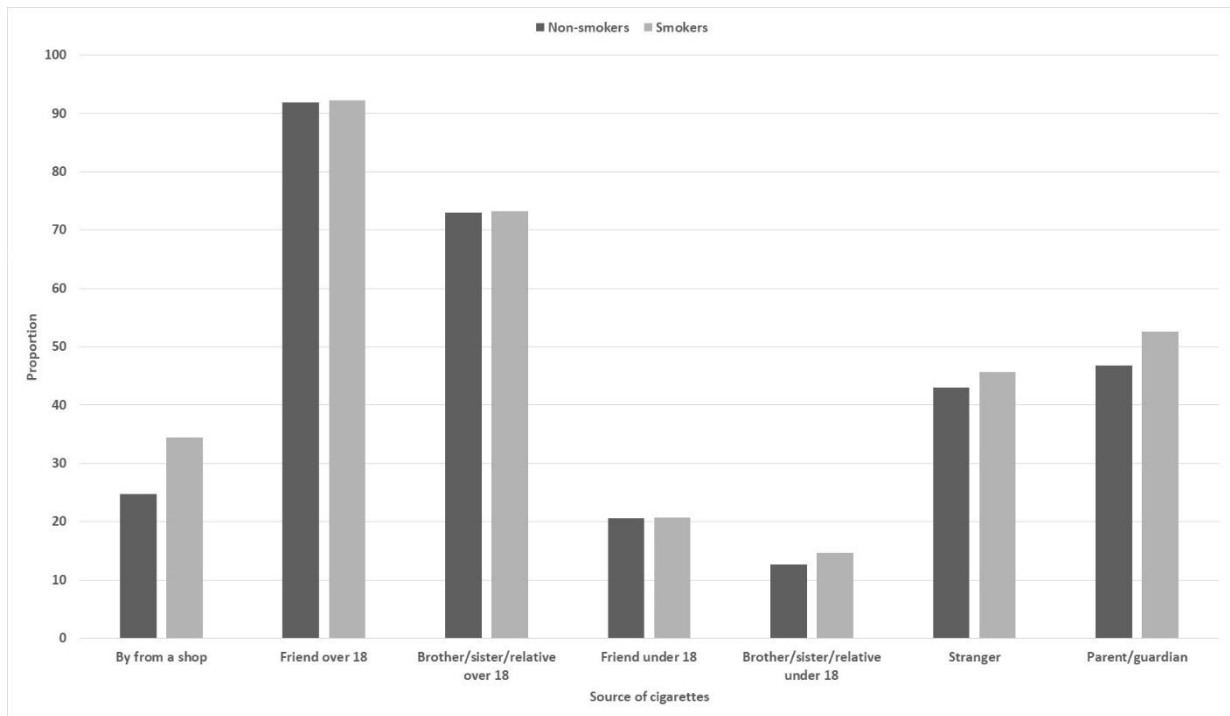


Figure 5. Access to cigarettes in young people reported by smokers and non-smokers

### Exposure to smoking among friends and family

Respondents were asked to indicate who among their friends and family were smokers (Figure 6). Smokers indicated that a higher proportion of friends and family were smokers compared to non-smokers with the difference statistically significant ( $p < 0.001$ ) for all categories except other relatives. We calculated the total number of smokers in a young person's environment by summing all people that smoked. Only 15% had no smokers in their environment and these were all non-smokers.

The mean number of smokers reported was 2.5 (SD 1.8) noting that this is an underestimate as some categories represented groups that could have more than one person (e.g. 'friends'). People that were current smokers reported a greater number of smokers in their environment (mean 3.8 SD 1.7) than non-smokers (mean 2.3 SD 1.7,  $p < 0.001$ ), which supports the regression analyses shown earlier (Table 3).

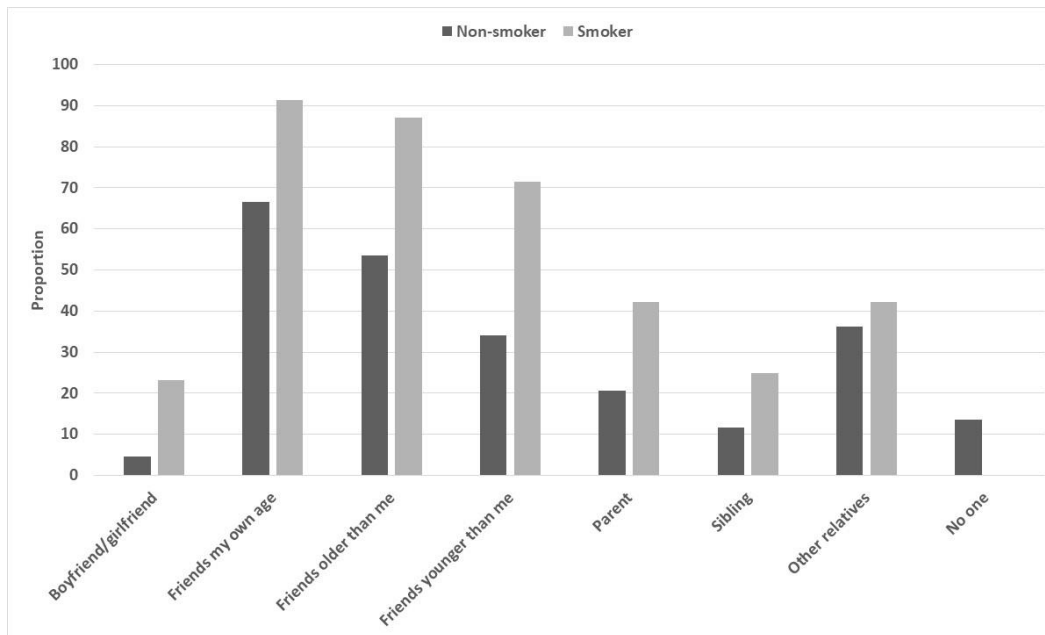


Figure 6. Proportion agreement with people smoking among peers and family in smokers and non-smokers

## Tobacco 21

Two thirds of those who responded had heard of Tobacco 21, although 27% did not know the details (Table 6). These proportions were similar by smoking status and area-level socioeconomic status.

Respondents were presented with some basic information about T21 including that it would be about sale rather than possession of tobacco products. More non-smokers (67%) than smokers (45%) agreed or strongly agreed ( $p < 0.001$ ) with the T21 proposal.

Table 6. Knowledge and agreement with T21 by smokers and non-smokers

	Non-smoker	Smoker
Heard about T21		
Yes	32%	40%
Yes, but unsure of detail	28%	25%
No	37%	30%
Unsure	4%	6%
Agreement with T21		
Strongly disagree	7%	21%
Disagree	8%	13%
I am not sure	17%	21%
Agree	25%	30%
Strongly agree	42%	15%

Smokers (Figure 8) were less likely to agree or strongly agree with the statements about how T21 might work than non-smokers (Figure 7). The exception was for statements about the tobacco industry, most adult smokers wishing they had never started, and community understanding associated with T21 support, which were equally agreed on by smokers and non-smokers.

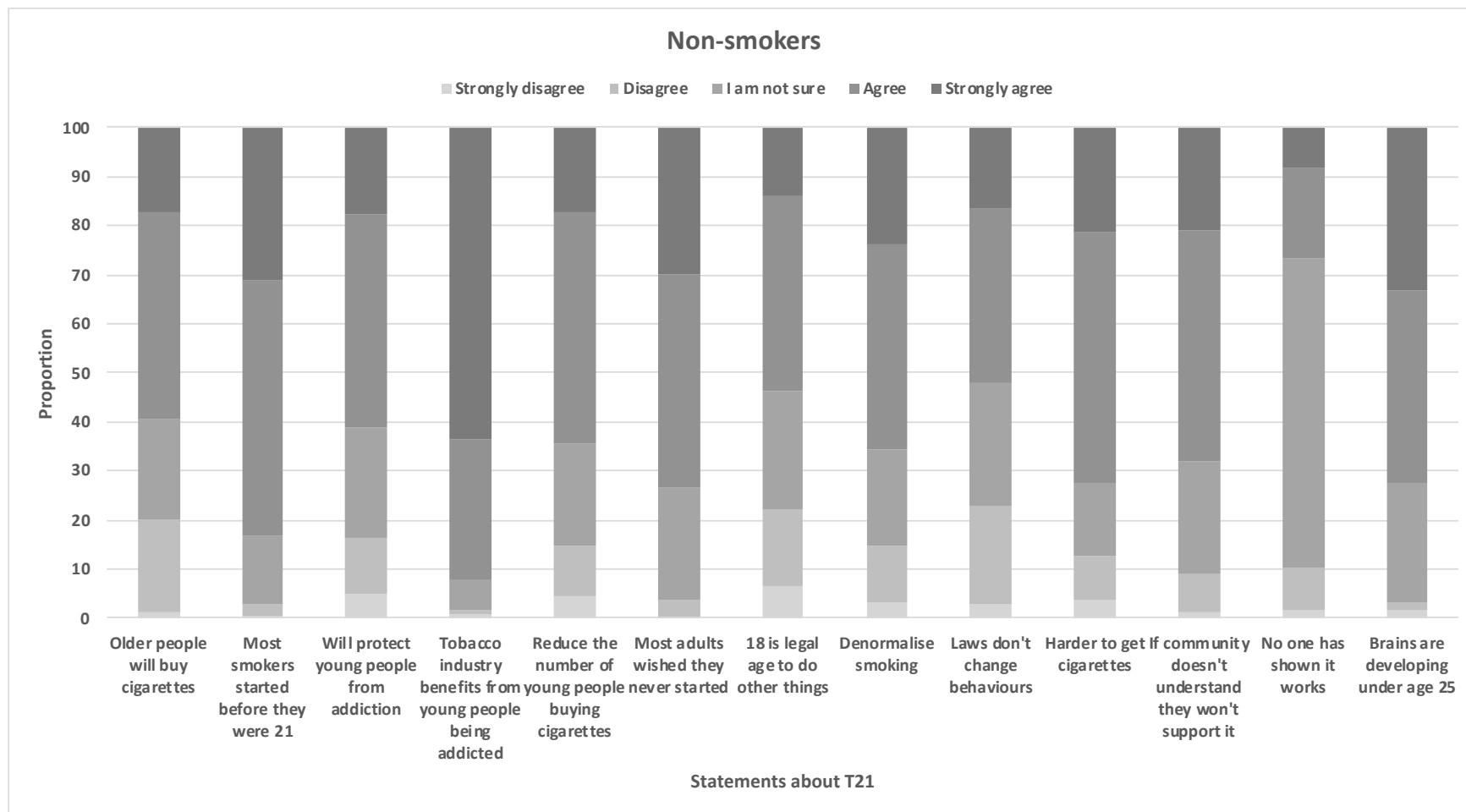


Figure 7. Agreement with statements about T21 by non-smokers

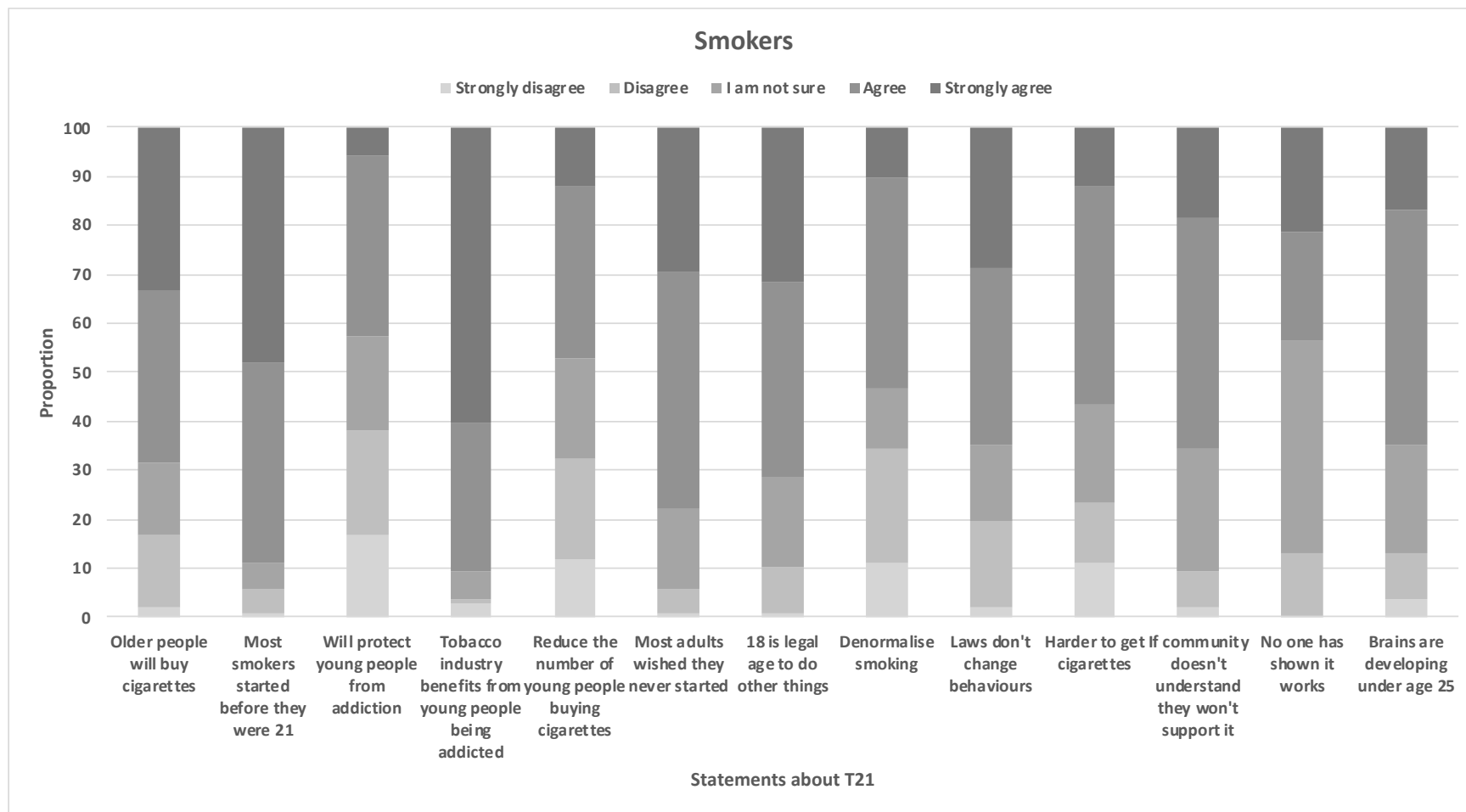


Figure 8. Agreement with statements among T21 by smokers

The survey provided participants an option to share more detail about why they agreed or disagreed with T21 with extensive responses shared in this open-ended section. There was a strong sentiment that T21 was 'worth a try'. The responses that explained why people thought T21 was 'worth a try' also showed that many young people have a sound understanding about the long-term health smoking related implications and a few smokers spoke of the insidious creep of tobacco addiction. They shared that they started young to 'experiment' and 'fit in' and then quickly became addicted. Further, there was acknowledgement that many young people are addicted to nicotine, rather than experimenting, with respondents feeling that these people would require further support for cessation. Although we surveyed young people (15-25 years old), some responders did not identify as a young person themselves. Rather, they identified 'young people' as being in school. There were many statements emphasising how important it was to prevent or delay smoking initiation among 'young people'. As Figure 7 and 8 show, the agreement level about T21 reducing the number of young people buying cigarettes and protecting young people from addiction was more prominent among non-smokers compared with smokers.

There were a range of positive and negative opinions about the idea of T21. The positive opinions were based around disrupting supply to 'kids' in early teens (12-14 years), as this was identified as a common age to experiment with smoking. Many expressed that while a total ban would be better, it was unrealistic so disrupting supply to delay experimentation was 'better than nothing'. It was felt that by delaying the initiation, people may be more mature and understand the addictive nature of tobacco. People identified that in schools that go to year 12, there are 18 year-olds in the same environment, which makes access to cigarettes easy. People felt T21 may disrupt supply within these environments. One young person wondered if people realised that before the war the minimum age for smoking was 21 years. Many raised T21 as an opportunity to also strengthen education programs for young people (in schools and youth centres) about smoking but also mental health support, including coping mechanisms for stress that are not detrimental to health. The other potential benefit identified by respondents was the health and economic consequences; reducing smoking can save people money, save the health system money, improve quality of life, and save lives.

There were also some negative opinions regarding T21. A number of young people disagreed with T21 as they felt it would not stop young people smoking as access to cigarettes is 'easy'. This was the main reason young people thought T21 would not work. A plethora of examples and scenarios for accessing tobacco was shared, that highlighted the problem-solving skills and resourcefulness of young people. Another key theme that was raised was the legal age for other activities and the personal choice argument. Many spoke of people's 'right to make decisions about their life' because 'at the end of the day...we are indeed trusted to make other responsible decisions'. This was partly because they felt removing choice about smoking at 18 years old was illogical, given you could vote and drink alcohol at 18. Respondents posed some scenarios where T21 might be confusion, such as if people aged between 18 and 21 were in a pub, they could drink alcohol and smoke, but shops could not sell them their cigarettes. Other negative consequences identified were: accessing tobacco from the illegal market (black market) or unsafe sources, the requirement for a delicate approach to enforcing the law, that prohibition makes an illegal substance 'potentially more appealing', young people may lean more on alcohol and increased crime rates (as people who are addicted cannot just stop). These were interesting parallels with the responses given in the stakeholder online survey, as well as the interviews with stakeholders and young people.

When participants were asked to rate their level of agreement with a range of other solutions that might curb smoking initiation among young people, 'more education in schools' rated the highest (43%, Figure 9). Other solutions rated by participants were 'decreasing family smoking' (40%), 'making it



harder to get cigarettes' (39%) and 'increasing the price of cigarettes' (37%). A further 39% of responders agreed with a focus on retail access with 29% agreeing with 'a limit on the number of shops selling cigarettes' and 'increasing the minimum legal age' of accessing cigarettes. Of note was that smokers agreed less than non-smokers with all of these ( $p < 0.05$ ).

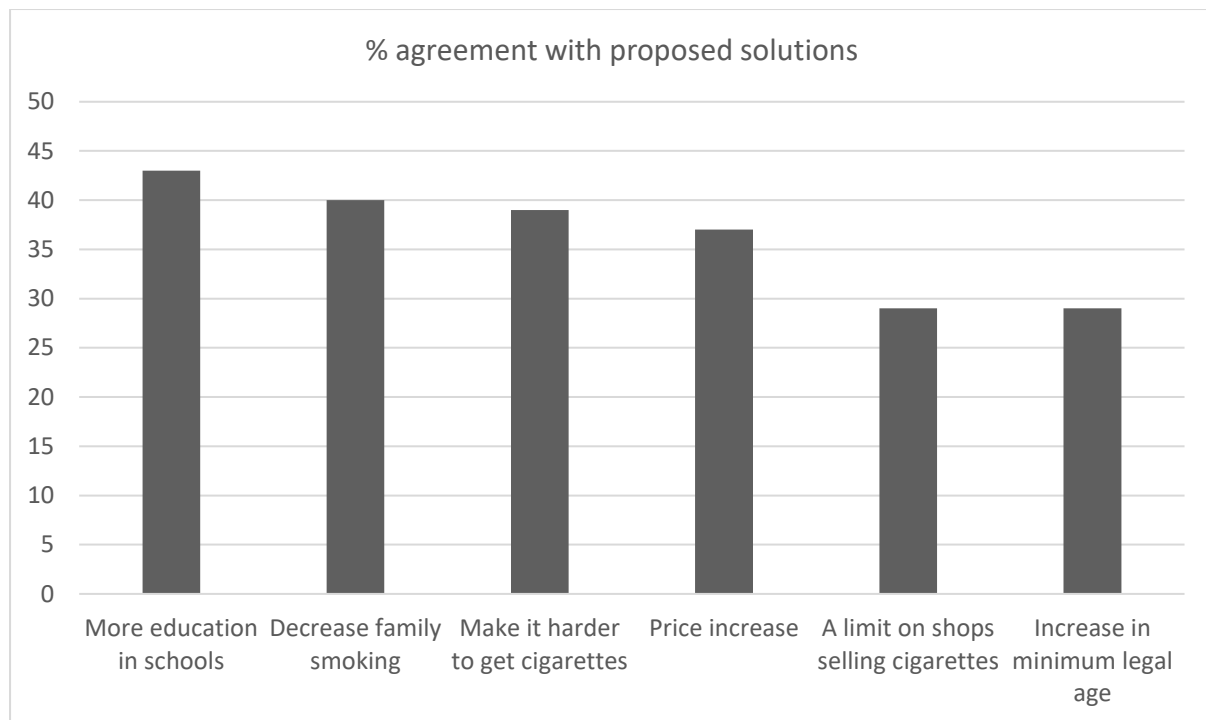


Figure 9. Agreement with proposed solutions to reduce smoking uptake

Participants were also given an opportunity to share their thoughts in more detail about potential support. As Figure 9 reflects, more education in schools was the solution with the strongest support, the deeper level of detail provided was to include much early intervention through education programs (about smoking, the manipulative approaches used by the tobacco industry and about mental health support, especially other ways to cope with stress) in schools and youth services. Many spoke of the need to address the stress and mental health issues among young people, which may in turn help to reduce smoking. Many responders felt that advertising campaigns should be tailored better for young people, so it is relatable and relevant. It was suggested this could be achieved by 'young people speaking to young people'. The other aspect of media raised was to remove all smoking in teenage television or movies; 'less romanticisation of smoking in the media'. Also, in line with Figure 9, a focus on family and friends was discussed, in particular parents, to reduce the visibility of smoking in a young person's environment. Many also felt that stopping selling, limiting access and making smoking illegal were all strong approaches that would address the issue. Of note, while increasing the price of cigarettes further and vaping were raised, there was very little discussion about either of these options being a potential solution.

## Discussion

The purpose of the youth online survey was to understand young people's attitudes and beliefs about smoking, programs to prevent smoking and, specifically, the T21 legislation. A convenience recruitment strategy was adopted, therefore views shared do not necessarily represent the sentiment of all young people in Tasmania. However, participants from different regions of the state, smoking status and from a range of socioeconomic backgrounds were represented. An online survey was not part of the original research plan, however, it was added to our program of research during COVID-19 as it was unknown if we would be able to access young people via interviews or focus groups. The information gained through the survey was an ethically acceptable process for interviewing young people under 18 and provided extensive insight from current smokers and non-smokers about curbing smoking initiation and reducing smoking rates.

Associations between personal characteristics and smoking status found in survey participants are supported by those in the literature. This demonstrates the similarities of young smokers in Tasmania to elsewhere in Australia, or internationally. We found that increasing age, identifying as an indigenous Australian and having more friends and family that smoke were associated with a higher prevalence of ever and current smoking. These findings support determinants of smoking risk identified in other research<sup>18-23</sup> and are strongly supported in our stakeholder and young people interviews (report 4)<sup>16</sup> and secondary analysis of existing data (report 1).<sup>24</sup> Somewhat surprisingly, area-level socioeconomic status was not associated with being an ever or current smoker. This may demonstrate shortcomings of area-level socioeconomic variables that cannot capture individual level variables such as parental education or occupation, that may be more closely linked to smoking uptake. The lack of an association between area level socioeconomic status and smoking is confluent with those from our secondary analysis of existing data (report 1)<sup>24</sup> and is supported by stakeholder interviews (report 4).<sup>16</sup> These findings somewhat challenge current thinking about socioeconomic status as a driver of smoking among young people. As shown in our secondary analysis of existing datasets (report 1)<sup>24</sup>, socioeconomic status does become associated with smoking as people get older. Demonstrating the similarity in the factors associated with smoking in this convenience sample to other population-based samples provides confidence in the validity of the findings from this survey. They also show the commonalities in predictors of smoking across different settings, which may be informative for translation of interventions to reduce smoking uptake that have been successful in other places.

Most young people reported having at least 'a few' people that smoked among friends or family, with this much greater among current smokers. Noting that young people are known to overestimate smoking among their peer group,<sup>25</sup> the high level of smoking among friends and family is concordant with high population levels of smoking in Tasmania. If young people perceive that many people smoke in their environment this normalises smoking as a behaviour, which is associated with an increased risk of smoking uptake.<sup>26</sup> This supports efforts to reduce smoking prevalence among adults and expand smoke free areas to denormalise smoking, as outlined in the Tasmanian Tobacco Control Plan.<sup>27</sup> There was an overall agreement by most young people that it is important to prevent the uptake of smoking among young people. Although young people who did not smoke were more likely to report it was 'extremely important' than current smokers, which is supported by other research.<sup>28</sup> This suggests an underlying sentiment among young people in Tasmania that programs and policies to prevent smoking uptake are warranted.

Half of those who identified as smokers had tried to give up. Surveys of the general population in Australia support that there is a strong desire of people that smoke to quit, with more than half trying to quit in the last 12 months.<sup>29</sup> This was also evident in the interviews with young people. On the one

hand they spoke about finding a way to smoke regardless of legislation but, on the other hand, they also spoke of trying to give up or not wanting to smoke for the rest of their life.<sup>16</sup> Attempts to give up were also identified in the interviews and it was raised by stakeholders and young people that the current programs designed to help people quit might not be relevant for young people. This mis-match between available cessation support and the needs of young people has been identified elsewhere<sup>30</sup>. The survey showed that many young smokers have friends who smoke. Given the social aspect of smoking, small group cessation programs focused on young people have the potential to support them to quit, which was raised in the interviews.<sup>16</sup> There is evidence that group programs are as effective as individual programs in low SES communities.<sup>31</sup> Contest and incentive-based programs have been shown as effective approaches<sup>32</sup> and may also appeal to young people. The Tasmanian Tobacco Control plan has a priority area around cessation and younger people are identified as a priority population.<sup>27</sup> Furthermore, there is a purpose designed Smoke Free Young People Strategy that seeks to specifically address uptake and cessation among young people.<sup>33</sup> Further promotion and resourcing of the activities within these plans may provide greater support young people to successfully quit smoking.

It is well established that there are a multitude of reasons why young people smoke.<sup>20,23,34,35</sup> Interestingly, in this survey, non-smokers and smokers had different views about why young people smoked. The two main reasons identified by smokers (relaxation and coping with stress) concurred with findings from the interviews<sup>16</sup> and 'coping with stress' is acknowledged in the Tasmanian Smoke Free Young People strategy<sup>35</sup>. The two main explanations for being a smoker that non-smokers agreed with were wanting to 'fit in' and feeling pressured into it. While fitting in was a key theme in the interviews,<sup>16</sup> feeling pressure was not a strong theme. In the interviews, 'fitting in' was discussed as a way to 'go with the flow' but also as a form of connection and belonging<sup>16</sup>. It is possible that during experimentation with smoking the behaviour it is about fitting in, but as the habit is formed becoming an addiction, the reasons why young people smoke change. These may then shift to more 'adult' reasons including to cope with stress. Adult smokers commonly report using smoking to manage stress;<sup>36</sup> however, research has demonstrated that self-reported stress levels are actually lower in people that quit smoking compared to those that continue.<sup>37</sup> The discourse around differences between experimenters and regular smokers are not new concepts.<sup>21</sup> Consideration of the reasons why people smoke depending on their stage of smoking may provide some opportunity to target programs and policies. Using frameworks that recognise various layers of risk and protective factors at different stages of a child's life and points of influence, such as the socio ecological model, may support children more broadly.<sup>38</sup> The different views of why people smoke from smokers compared with non-smokers has been found elsewhere<sup>34</sup> and emphasises the importance of engaging with young smokers to enable a targeted and relevant approach to curb smoking initiation<sup>23</sup>.

Among this sample of young people, most reported that access to cigarettes was from older adults (siblings, relative, strangers and older friends) and parents. These access points are in contrast to other local findings that have shown a strong link to peer networks for accessing tobacco<sup>39</sup>. This may relate to how people define friends versus older adults, with 'adult' distributors of tobacco mostly found to be predominantly from younger adults aged 18-21 years old.<sup>40</sup> The differing classification of people by age among young people was also seen in the interviews where children aged in the late teen years referred to 'kids' when meaning people in the younger teen years. In contrast, people aged 21 were seen as being much older and 'mature' adults. Taking this into account, our findings highlight that there is a high reliance on people over the age of 21 supplying tobacco, which is supported by qualitative research with young people elsewhere<sup>41</sup>. This would suggest a greater disruption to supply to younger people who smoke if the legal age of sale were increased.

Around 60% of young people had heard of T21 with around 70% of non-smokers and 45% of smokers agreeing with the proposal. These levels of support are similar to those reported among the general adult population in Australia<sup>42</sup> and specifically among youth in the United States.<sup>43</sup> There was, however, considerable proportions of people that had either not heard of T21 or were unsure if they agreed with the policy. This indicates that further promotion of the policy, its intent, and the evidence behind it may be necessary if it were to be implemented. Respondents generally 'agreed' or 'strongly agreed' with statements about the mechanisms by which T21 is proposed to be effective. There was a strong sentiment among young people that T21 is 'worth a try'. In free text responses, a considerable group of young people even supported more extreme policies such as banning smoking, with other researchers also findings reasonable levels of support for aggressive tobacco control policies.<sup>44</sup> There were strong similarities in terms of the responses between these younger people and the stakeholders.

Of relevance to the potential importance and effectiveness of T21 are the current changes in Tasmania's school system. Historically in Tasmania, high school finished at grade 10. People that wanted to study a trade went to TAFE and people who wanted to go to university, went to College to study year 11 and 12. The changing landscape is for high school to finish at grade 12 with several government schools now expanding to offer classes up to grade 12. At present, most 18+ year olds who are studying year 11 and 12 do so on a different campus to the high school. As the structure changes, there will be more 18- and 19-year olds mixing with younger peers. This was identified by young people in free text responses as a possible reason to support T21 and its effectiveness. It was felt that T21 may be an opportunity to prevent 18 year olds in a school environment supply cigarettes to younger people in the same school.

While support for T21 was reasonably high, there were a range of reasons provided as to why it may not be effective to reduce smoking uptake. A main reason young people (both smokers and non-smokers) felt that T21 was not going to be effective was the access to tobacco is easy and this will not change by raising the age of sale. Compliance with underage sales laws in Tasmania is very high, e.g. <5% of retailers are found to violate the law currently, suggesting that direct sales to people under 21 years would be low under T21. However, secondary supply to young people by other adults could still occur, which might undermine T21. Of relevance is information from the interviews with young people, including smokers, that felt that 21 year olds were much older and less likely to be in peer groups with people under 18 years of age. We note recent efforts by the Tasmanian Department of Health to address secondary supply (see [smokefree.den.org.au/secondary-supply](http://smokefree.den.org.au/secondary-supply)). Further resourcing to address this aspect of supply of tobacco products to young people including interventions may be required to fully realise the potential of T21 to disrupt supply to younger people.

There was also considerable confusion about 18 being the age of adulthood, representing the right to vote and drink alcohol, yet concern that T21 would remove the right for adults to choose to smoke. However, the 'legal' age for some other activities such as driving a car, renting a car, sexual consent and taking out some insurances do differ. There was also confusion about the legal age of smoking being 18 but retailers are not able to sell to them to people under 21. The issue regarding the age of majority at 18 years was also raised in the interviews with stakeholders and young people. One analysis of whether T21 is ethically sound from this perspective concluded that its prevention of harm outweighed other potential negative consequences on people's personal freedom.<sup>45</sup> Clarification of these aspects of T21 are needed, with some able to be explored as part of an evaluation if it were implemented. Promoting the details of T21 may increase support from young people, given the survey does show a high level of support for programs that prevent the uptake of smoking in young people.

Respondents were asked about other programs or policies that might reduce smoking among young people. Key elements included early intervention in schools and youth centres and coping mechanisms for stress. Building the capacity of young people to manage stress and trauma in ways that are not destructive to their health is widely supported in the interviews<sup>16</sup> and literature<sup>34,38,46</sup>. Young people agreed that most adults wish they never started, the tobacco industry target young people and the responses to the open-ended answers indicate that young people have a good level of knowledge about the harm that comes from tobacco. This may seem at odds with their suggestion for early intervention in schools and youth centres, but there is a subtle difference. It is well known that knowledge alone does not lead to behaviour change<sup>47,48</sup>, especially among school-aged people whose cognitive stage of development is about living in the 'here and now'<sup>49</sup>. However, knowledge may delay experimentation<sup>34</sup>. Further, ongoing comprehensive programs that are informed by the target group and address several ecological layers (e.g. supportive environments, social determinants of health, links to community-based support, consistent messaging, supporting policies) are known to be effective approaches to reduce smoking uptake<sup>47,48</sup>. Approaches to tobacco control that have a combination of strategies (political leadership, mass media, limiting availability and support for cessation) have been perceived as successful.<sup>50</sup> Interestingly, young people identified that all smoking in teenage television or movies should be removed. Despite many changes in regulation to control the promotion and advertising of smoking, the tobacco industry are known to spend half of their marketing budget, \$5 billion a year, on incorporating scenes of tobacco scenes in children movies.<sup>51</sup> Broadly speaking the strategies are identified by young people are in Tasmanian tobacco control plans,<sup>35,52</sup> and have been identified in the stakeholder surveys.<sup>16</sup> A coordinated approach to map the various programs currently available in Tasmania to prevent smoking uptake may serve as a first step to unify and promote interventions. There is a need to increase community understanding of existing tobacco control strategies but also to increase their reach to ensure they are available to all Tasmanians.

### **Strengths**

During COVID-19 there were two choices; put the research on hold or adapt our research approach to fit in with restrictions. We were able to adopt a flexible and varied approach, which was developed in consultation with youth workers that resulted in good engagement with young people from around Tasmania. The online survey also served as an opportunity to trial engaging with young people while aligning to ethical considerations by adding a screening process into the survey. The information collected provided another layer of validation into our research. Although the survey did not comprise a random sample, thus we cannot say it is representative of the general Tasmanian population in this age group, we did have good heterogeneity in terms of smoking status and socioeconomic status. Surveys of this nature are not useful for reporting the prevalence of behaviours for the whole population but are useful for inferential analyses.<sup>53</sup> In support of the potential generalisability is the striking similarity in support for T21 between this survey and others in Australia<sup>42</sup> and the US.<sup>43</sup>

### **Limitations**

Self-reported surveys are associated with response bias<sup>54,55</sup>. To mitigate this limitation, we included opportunities to expand their thinking in two open-ended questions and conducted interviews with young people (report 4<sup>16</sup>). There was a large number of young people who did not get through the screening process within the survey (n=221), we were not able to capture if this was due to how the questions were asked, whether young people did not understand the research or any other reason. There were few people under 18 who participated in the survey and that were not in school, demonstrating the difficulties in accessing this group of people. To address this limitation, the interview component of this research project specifically targeted people in that group.

## Conclusion

In this convenience-based online survey of young people in Tasmania, we found reasonable levels of agreement with T21 but also uncertainty regarding the detail of the evidence supporting it and how it would be implemented. Factors associated with smoking uptake in young people in this sample of Tasmanians were broadly like those identified elsewhere in Australia and internationally. This suggests that interventions effective in reducing smoking uptake elsewhere should be equally effective here. This survey adds to our understanding of smoking among young people in Tasmania by determining local context and risk factors, which are important for developing approaches to curb the initiation of smoking among young people<sup>56</sup>. This research aligns the abundance of local and international evidence that supports engaging with young people to guide strategies to change behaviours among young people.

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## Young Tasmanian's views about smoking 2020

Tobacco 21 project; Young Tasmanian's views about smoking and smoking programs This survey is for young people aged 15-25 years old.

Before you start the survey, we want to make sure you understand what the project is about.

There is some information below about the research project.

Once you have read the information and are happy to do the survey, click the START option.

You will be taken to some questions to make sure you understand what the research project is about. If you get these questions right, you can start the survey.

We will group the views of young people into the regions of Tasmania - North West, North and South.

Once you submit the survey, you are giving consent for us to use the information you shared. No one can tell who did the survey.

PARTICIPANT INFORMATION SHEET - Online survey

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1. Invitation You have been invited to be part of a research project that asks young people to share their views about smoking. We would like to know what you think about things being done in your community to reduce smoking in young people. 2. What is the project about? This project aims to understand young people's views about smoking and about programs that support people to avoid smoking, or that help people to stop smoking. For example, one idea being talked about in Tasmania is changing the minimum legal age of selling tobacco to 21 years.

Not many projects have asked young people about these things.

The study is funded by the Minderoo Foundation, who support research projects that learn about ways to reduce the risk of cancer. This project is being run by Suzie Waddingham. Suzie works in research at the University of Tasmania, also known as UTAS.

3. Why have I been invited to participate? Because you are a young person living in Tasmania aged 15-25 years. 4.

What will I have to do? Once you have read through this information and decide to do the survey, you can click the START option. Then you will have a few questions to complete so we can be sure you understand the research and then you can start the survey.

The survey will take about 10 minutes.

All the surveys are 100% confidential. This means we do not know who was invited to complete the survey and who filled out the survey. No one will be able to tell if you do this survey. You do have an option to provide us with your details to go into the draw for a \$50 voucher, but your details are not connected to your survey in any way. 5. How will the results of the project be used? The information will be kept in a password protected file and will be destroyed nine years after the project finishes.

A report and summary of the whole research will be available after August, 2020. You are welcome to contact us after August if you would like a copy of the report. Results of the full research may be shared in Tasmania, in journals, at conferences or through the media. 6. Are there any benefits from doing this study? This project is about giving young people a chance to voice their views about smoking and smoking programs that aim to prevent people becoming addicted to smoking.

We do not expect benefits for young people straight away. But this project will help us to understand what could help you and your friends not start smoking in the first place. 7. What if I change my mind during or after the survey? If you decide you do want to finish once you have started the survey, you can decide not to submit the survey and your responses will not be used.

Once you have submitted the survey, we are not able to remove your views as we have no way of tracking who completed the survey. 8. What will happen to my information when this study is over? Information collected will be securely stored for nine years from the date of collection. Then it will be destroyed by deleting any relevant files and shredding any paper-based copies of information. There is no way to identify who completed each survey.

With your consent, survey information may be shared and used for future research projects in the same general area of this research (smoking related research).

9. What if I have questions about this study? If you have any questions, concerns or issues with this study, please feel free to contact the research team at tobacco.research@utas.edu.au or 08 4221 4221. 

free to email us: [tobacco.research@utas.edu.au](mailto:tobacco.research@utas.edu.au) This study has been approved by the Tasmania Social Sciences Human Research Ethics Committee. If you have concerns or complaints about the conduct of this study, you can contact the Executive Officer of the HREC (Tasmania) Network on (03) 6226 2975 or email them [ss.ethics@utas.edu.au](mailto:ss.ethics@utas.edu.au). The Executive Officer is the person nominated to receive complaints from research participants. You will need to quote H001854110. How can I agree to be involved? If you click the START option, you will be taken to a few questions to check you understand the project.

Then you can start the survey. Your answers will not be used unless you click the submit button at the end of the survey.

By completing the survey, you have provided consent for your answers to be used in the research project.

Remember there is no right or wrong answer, just your own views.

If at any time you or any of your friends need support, you can contact:

24 hours a day, 7 days a week; Kids helpline (1800551800) - [www.kidshelpline.com.au](http://www.kidshelpline.com.au)

Business hours, week days; Headspace (Devonport 6424 2144, Launceston - 6335 3100, Hobart 6231 2927) - [www.headspace.org.au](http://www.headspace.org.au)

Thank you for your time.

---

START

- Yes  
 No

---

Thank you for being willing to complete the online survey, your views are really important.

To make sure you can consent to completing the survey, we need to check that you understand what the research is about. The next few questions are about the research information you have just read.

If you answer each question correctly, you will be taken to the survey. If you do not answer all of the questions correctly you will be given two options. You can choose to have another read of the information sheet and try again, or, you can end the survey.

Thank you. Take care

---

The project aims to understand young peoples views about smoking and smoking programs. This is to help young people have their say because not many projects ask young people what they think.

True  
 False

---

Sorry, you need to answer these questions correctly so we know you understand what the research is about. This is important for your consent to use answers for the research study.

Press 'Next Page' to read your options.

---

No one will be able to tell if I did the survey

True  
 False

---

Sorry, you need to answer these questions correctly so we know you understand what the research is about. This is important for your consent to use answers for the research study.

Press 'Next Page' to read your options.

---

A summary report will be available after August, 2020. Results may be shared in Tasmania, in journals, at conferences or in the media.

All of the answers will be grouped by:

suburb  
 individuals  
 region (North West, North, South)  
 council area  
 street

---

Sorry, you need to answer these questions correctly so we know you understand what the research is about. This is important for your consent to use answers for the research study.

Press 'Next Page' to read your options.

---

I can decide not to finish the survey.  
If I do not press submit, my information is not saved.  
If I do press submit, I cannot remove my answers because researchers do not know who filled in the survey.

True  
 False

---

Sorry, you need to answer these questions correctly so we know you understand what the research is about. This is important for your consent to use answers for the research study.

Press 'Next Page' to read your options.

---

The Kids helpline is available 24 hours a day, 7 days a week.

True  
 False

---

Remember, the Kids helpline is available 24 hours a day, 7 days a week. If you or anyone you know needs help, the number is 1800 551 800.

---

If I have questions about the research, there are no contact details in the information sheet about how to make contact with the people running the study.

- True  
 False

---

Sorry, you need to answer these questions correctly so we know you understand what the research is about. This is important for your consent to use answers for the research study.

Press 'Next Page' to read your options.

---

All information from the surveys are kept on a password protected computer. The survey is completely anonymous.

- True  
 False

---

Sorry, you need to answer these questions correctly so we know you understand what the research is about. This is important for your consent to use answers for the research study.

Press 'Next Page' to read your options.

---

How old are you?

- I am 14 years old or younger  
 I am 15-17 years old  
 I am 18-25 years old  
 I am 26 years old or older

---

Sorry, you must be between 15 - 25 years old to complete this survey.

Press 'Next Page' and end the survey.

---

Do you agree that the information you share can be used for other smoking related research (individual answers will not be used)?

- Yes  
 No

---

What is your date of birth ?  
(day/month/year)

\_\_\_\_\_

---

Where did you first hear about this survey?

- The Link  
 Cornerstone  
 Youth, Family and Community Connections  
 Colony 47  
 Migrant Resource Centre  
 Anglicare  
 Pulse Youth  
 Working it out  
 NW Action for youth  
 City Mission  
 Facebook  
 Other

---

Write where you heard about the survey if not listed above

\_\_\_\_\_

---

Do you go to school, college or TAFE?

- Yes  
 No  
 Other (such as university or other training facility)

---

Please provide details (for example, are you doing an apprenticeship or at TAFE or uni)

\_\_\_\_\_

---

Do you go to school, college or TAFE most of the time, when you are meant to be there (for example, Monday to Friday for school)?

- Yes  
 No  
 Other

---

Do you want to tell us a bit more about that?

\_\_\_\_\_

---

What is the postcode where you live?

\_\_\_\_\_

---

What is your country of birth?

\_\_\_\_\_

---

What culture does your family come from?

- Australian
- Arabic
- Chinese
- Dutch
- English
- German
- Greek
- Irish
- Italian
- Korean
- Lingnan
- Nepalese
- Netherlands
- New Zealand
- Scottish
- Spanish
- Tigrinya
- Vietnamese
- Other

---

What culture does your family come from?

\_\_\_\_\_

---

Are you of Aboriginal or Torres Strait Islander  
decent?

- Yes
- No
- Prefer not to say

---

What is the main language spoken in your home?

- English
- Arabic
- Cantonese
- Dutch
- German
- Greek
- Italian
- Korean
- Mandarin
- Nepali
- Spanish
- Tigrinya
- Vietnamese
- Other

---

Please write the main language you speak at home

\_\_\_\_\_

**The next questions are about cigarettes. This means tobacco cigarettes. Remember that your name is not on the survey. Read the following statements carefully and tick the box next to the one which best describes you.**

Do you smoke cigarettes at all?

- Yes  
 No

Read the following statements and tick the box next to the one that best describes you

- I have never smoked  
 I have only ever tried smoking once  
 I used to smoke sometimes but I never smoke a cigarette now  
 I sometimes smoke cigarettes now but I don't smoke as many as once a week  
 I usually smoke between one and six cigarettes a week  
 I usually smoke more than six cigarettes a week

Just to check, read the statements below carefully and tick the box next to the one which best describes you

- I have never tried smoking a cigarette, not even a puff or two  
 I did once have a puff or two of a cigarette, but I do not smoke now  
 I did smoke a full cigarette once, but I do not smoke now  
 I do sometimes smoke cigarettes  
 I have smoked a cigarette in the last four weeks

How old were you when you first tried smoking a cigarette, even if it was just a puff or two.

\_\_\_\_\_ (Write in the box what age you were as a number)

About what age were you when you smoked your first full cigarette (even if it is the same answer as the question before)?

\_\_\_\_\_ (Write in the box what age you were as a number)

Have you ever tried to give up smoking?

- Yes  
 No

Have you ever done any of the following things to help you give up smoking?

- Asked an adult at school (e.g. teacher, school nurse)  
 Asked family or friends  
 Use electronic cigarettes (e-cigarettes)  
 Used any nicotine products (patches, gum or similar)  
 Been to see your family doctor or GP  
 Phoned QUIT smoking helpline  
 Looked on the Department of Health website  
 Not spent time with friends who do smoke  
 (Please tick any that you have tried)

About what proportion of your friends and people you know smoke tobacco?

- All  
 Most  
 About half  
 A few  
 None



---

10 How important do you think it is to prevent young people from ever taking up smoking?

- Not at all important
- Slightly important
- Moderately important
- Very important
- Extremely important

**We would like to hear from you why you think young people smoke. Below are some things people say about why people of your age smoke. Some people agree with them and some disagree. What do you think?**

	Strongly disagree	Disagree	I am not sure	Agree	Strongly agree
People of my age smoke because it helps young people to relax.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People of my age smoke because they are addicted to cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People of my age smoke because their parent(s) or sibling smoking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People of my age smoke because it helps them cope with stress in their life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People of my age smoke to look cool in front of their friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People of my age smoke because they find it exciting to break the rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People of my age smoke because their friends pressure them into it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People of my age smoke because it gives them a good feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People of my age smoke because other people they live with smoke.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People of my age smoke because they want to stay slim or to lose weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People of my age smoke because they want to 'fit in' with peers who smoke.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide details

---

12 Where, or from who, do you think young people under 18 years old access cigarettes?

(select all that apply)

- Buy them from a shop
- A friend who is 18 or over
- A brother/sister or other relative who is 18 or over
- A friend who is not yet aged 18
- A brother/sister or other relative who is not yet 18
- A stranger who was able to buy cigarettes
- A parent/legal guardian
- Other

Please provide details

---

12 Do any of these people that you know smoke cigarettes?

(select all that apply)

- My boyfriend or girlfriend
- Some friends my own age
- Some friends older than me
- Some friends younger than me
- My mother, father or step-parent
- My brother or sister
- Other relatives
- No, none of my friends or family smoke

13 Have you heard about the possible change in Tasmanian law that would mean shops could only sell to people aged 21 years or older?

- Yes
- Yes but I don't know anything about it
- No
- Unsure
- Comment

Comment

---

The new law we are talking about is sometimes called Tobacco 21. This would mean cigarettes could only be sold to people aged 21 or older. Shops would be fined if they are caught selling to people under 21 years old. The current law allows people 18 years or older to buy cigarettes.

- Strongly disagree
- Disagree
- I don't know
- Agree
- Strongly agree

Do you agree with Tobacco 21?

---

Please provide details about your answer. Why do you think that?

---

## There are different views about the Tobacco 21 law and smoking.

### What do you think?

	strongly disagree	disagree	unsure	agree	strongly agree
Tobacco 21 will not work because people will just get older people to buy the cigarettes .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people who are smokers started before they were 21.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco 21 will help to protect young people from getting addicted to tobacco.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The tobacco industry benefits if people get addicted to nicotine, because they will keep buying cigarettes and it makes them money.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco 21 will reduce the number of young people who buy cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most adult smokers wished they never started.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some people think that the age of 18 is when we are allowed to do other things like vote or join the army, so we should also be allowed to buy tobacco at this age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco 21 will help to spread the message that smoking is not normal for young people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changing the law does not work to change people's behaviours, like smoking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco 21 will make it harder to get cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If the community does not understand Tobacco 21, they will not support it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No one has shown that increasing the age for the sale of cigarettes to 21 works to reduce smoking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Our brains are still developing until 25, so young people are more likely to get addicted to nicotine.



---

Now you know some more details or have read different views about Tobacco 21, how have your views changed? We will ask the same question again to check.

Do you agree with Tobacco 21?

- Strongly disagree  
 Disagree  
 I don't know  
 Agree  
 Strongly agree

---

Do you think any of the following programs or actions would support young people to never start smoking or to give up smoking?

(select all that apply)

- More education of children in schools (e.g. talks, counselling)  
 If family members do not smoke  
 A ban on cigarettes and smoking  
 A limit on how many shops can sell cigarettes  
 More anti-smoking campaigns for young people (e.g. TV advertisements)  
 Social media campaigns for young people  
 An increase in the minimum legal age that shops can sell cigarettes  
 A price increase on cigarettes  
 Make it harder to get cigarettes  
 Other

---

19b What else do you think would support young people to never start smoking?

---

Thank you for sharing your views with us.

If you ever need support, please reach out to your local community youth service or Kids helpline (1800551800) - [www.kidshelpline.com.au](http://www.kidshelpline.com.au) or Headspace (Devonport 6424 2144, Launceston - 6335 3100, Hobart 6231 2927) - [www.headspace.org.au](http://www.headspace.org.au)

---

Thank you for being willing to complete the online survey, your views are really important.

To make sure you can consent to completing the survey, we need to check that you understand what the research is about.

Because you have answered a question about the research incorrectly you have been brought to this note. You can choose to:

1. Have another read of the information sheet and try again - [Click here to take you back to the information sheet](#)
2. End the survey by clicking on the submit button below.

Thank you. Take care