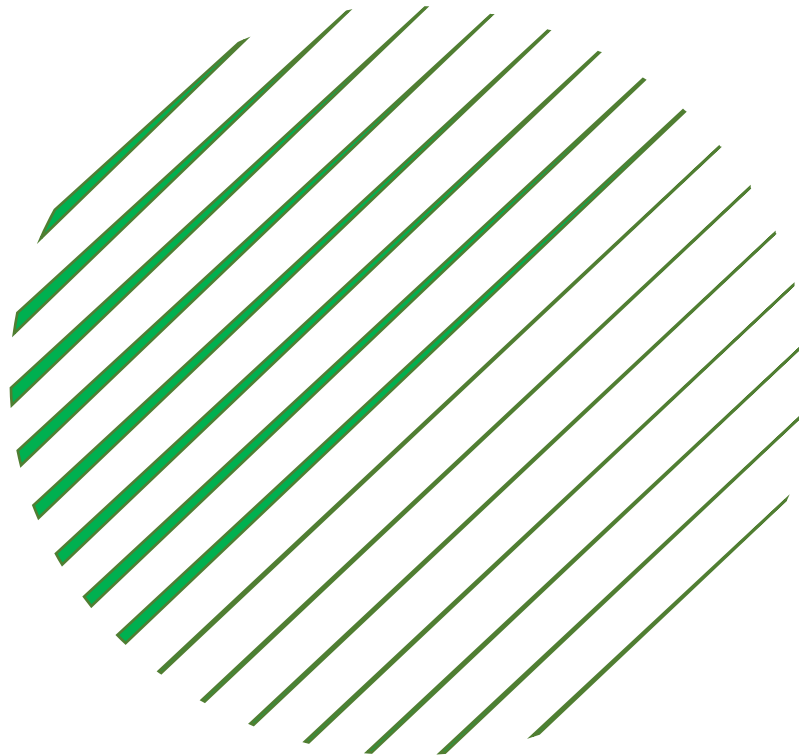


# Smoking among young people in Tasmania



## Report #3 - Online survey of stakeholders



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## Executive summary

This report provides an insight into the attitudes and beliefs of stakeholders working in government, non-government and the retail sector regarding why young people smoke, where they access tobacco, and their understanding of tobacco control strategies, including Tobacco 21. A snowballing technique was used to recruit participants in each Tasmanian region (South, North, North West). The online survey was purpose-designed based on existing instruments and other evidence-based statements.

### *Participants*

A total of 518 government, non-government and retail representatives were invited to participate, 194 partially or fully completed the online survey (response proportion 37%). The strongest response came from the non-government sector. While participants are not necessarily representative of the general Tasmanian community, there was good representation from a range of sectors in each Tasmanian region. This included elected members, medical, not-for-profit, advocacy, legal, education and welfare areas. Most participants were not current smokers but just under half had smoked at some point in their lives.

### *Understanding of tobacco control policy*

The level of awareness and understanding of state and national tobacco control strategies relevant to Tasmania was low. Key action areas that were recorded as the most important included reducing tobacco industry interference, encouraging people to quit, strengthening mass media campaigns, reducing smoking among high prevalence groups and preventing uptake.

While there was some agreement with statements of evidence about smoking uptake, there was not strong alignment. The evidence that had the highest levels of agreement with evidence were: most people who are smokers started before they were 21 (statement aligns with the evidence, 76% agreement), education alone is an effective way to change behaviours (statement does not align with the evidence, 45% disagree) and; most adult smokers wish they never started (statement aligns with the evidence, 71% agreement).

### *Smoking and young people*

Respondents identified parent or sibling smoking, attitudes of peer groups and access to cigarettes as important predictors and influence of smoking uptake. This supports existing evidence and suggests that the Tasmanian context of smoking among young people is similar to elsewhere. Stakeholders believed that most people under the age of 18 access to cigarettes was from a friend (80%), sibling or other relative (70%) that was over the age of 18 years, followed by their parent or carer (61%). There was no difference in responses by sector.

### *Tobacco 21*

The majority (53%) supported that T21 could prevent young people trying or taking up smoking. However, 25% did not agree and a further 19% were unsure. This uncertainty is expected for novel policy approaches that have not been tested in a local context. Plans to evaluate the legislation if it is enacted will be crucial to build the evidence and provide confidence to the community.

Disrupting the supply of cigarettes to young people (peer supply and ability to buy cigarettes), reducing opportunities to become addicted before they are 21 (when most adult smokers start smoking) and de-normalising smoking were cited as the main potential mechanisms for T21 being effective.

Some of the reasons identified that would result in T21 being ineffective included potential development of a black market, a lack of community support and understanding, concern that T21 is prohibition, which does not change people's behaviour, penalising young people and limited evidence to support it. Proposed unintended consequences identified were mainly the creation of a black

market and penalising young people. These present opportunities to consider in the implementation and evaluation of T21.

*Additional ways to support young people to avoid or delay the uptake of smoking*

When asked what else would support young people to never start smoking, respondents most frequently supported family members acting as role models by not smoking (70% agreement), social media campaigns directed at young people (63%) and greater education in schools (62%). It is important to note that education in schools in the form of health promotion only is not known to be effective in reducing smoking uptake. Furthermore, such programs will not reach all young people as some are disengaged with school. Therefore, opportunities to maximise the reach of evidence-based, multisector programs include interventions during primary school (when attendance is highest) and across a range of settings (e.g. mainstream education and alternative education).

**Limitations**

We did not use a random sampling frame to capture stakeholders but rather took a flexible approach to achieve a range of views from different sectors across Tasmania. There was a comprehensive response from the youth sector, which is imperative for forming strategies to support a reduction in smoking uptake among young Tasmanians. Research into stakeholder perspectives of tobacco policy are limited and, as such, questions were derived from a variety of sources, rather than validated instruments. Due to difficulties with engagement with some government and retail sectors, the responses from these sectors are limited and may not be an accurate representation of the whole sector.

**Conclusion**

This survey of stakeholder views demonstrated low awareness of tobacco control strategies and other evidence relevant to the prevention of smoking in young people. There was reasonable knowledge of the major factors influencing uptake of smoking in young people. There are opportunities for further information sharing about effective strategies to prevent smoking uptake in young people with stakeholders. Regarding T21, there was considerable support although many stakeholders remain unsure about the effectiveness of the policy, suggesting that further research and engagement with stakeholders on the policy is warranted. T21 is proposed as only one component of an existing evidence-based tobacco control program in Tasmania. As it is a novel approach, a well-planned and robust evaluation, including unintended consequences, will build the evidence about this strategy to reduce smoking uptake among young people.

## Introduction

Tobacco 21 (T21) is a proposal to reduce the uptake of smoking by raising the minimum legal age for the sale or purchase of cigarettes from 18 to 21 years. There are various versions of T21 around the world with some focusing on purchase and others on sales to people under the age of 21.<sup>1</sup> In Tasmania, there is a proposal to implement a version T21 through an amendment to the Tasmanian Public Health Act 1997. The proposal being considered in Tasmania is to ban the sale of tobacco products to people under the age of 21, rather than purchase. It would therefore result in penalties to the person selling or supplying the product rather than the person purchasing.

A program of research has been designed to understand the context of smoking in young people in Tasmania including understanding and awareness of T21 (Figure 1). This report presents the findings from an **online survey of stakeholders** (Figure 1, Box 3). In the absence of strong evidence of the effectiveness of innovative interventions in public health, stakeholder views are considered to be important contribution to the policy debate.<sup>2</sup>

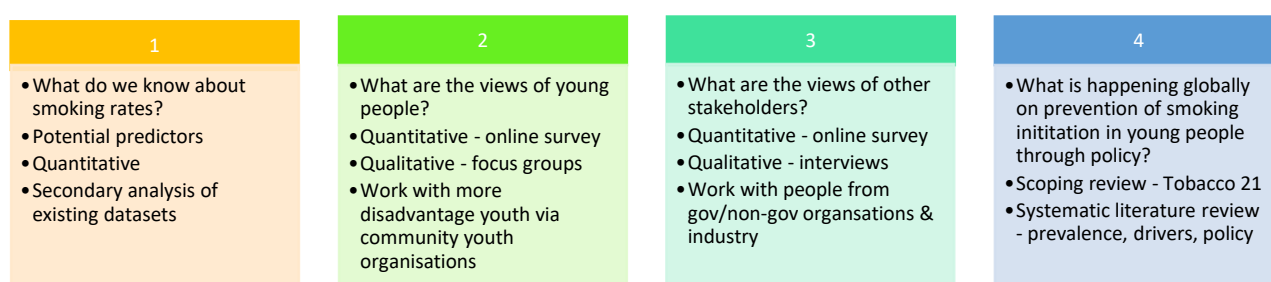


Figure 1. Program of research about T21 in Tasmania

There appears to be high levels of public support for T21 in the general community. A survey of 750 Tasmanians by YouGov Galaxy on behalf of the Eliminating Cancer Initiative demonstrated that 73% of those who responded and 57% of smokers supported the proposed legislation.<sup>3</sup> Recently published results from the National Drug Strategy Household Survey show similarly high levels of support in Tasmania at around 60%.<sup>4</sup> There is therefore some understanding of community awareness and support for T21. In contrast, there is limited understanding, particularly from the Tasmanian context, about stakeholder's knowledge of tobacco control, smoking in young people or T21, specifically.

There have been a small number of studies conducted internationally aimed at capturing stakeholder opinion regarding tobacco control policies. In New Zealand, a qualitative study of 15 stakeholders including politicians, senior policy analysts and leading tobacco control advocates captured opinions on nine potential interventions to address smoking in young people ranging from social marketing campaigns, to smoke free areas to T21.<sup>2</sup> The researchers found that of the nine interventions, only two were rated as high priorities (smoke free areas and social marketing) based on potential effectiveness and likely political support. T21 was rated as a moderate or low priority with a low likelihood of political support and mixed views about potential effectiveness. A study in Scotland with 10 tobacco control stakeholders regarding their views about their national tobacco control strategy identified key successes and barriers to their strategy.<sup>5</sup> Of note is that among potential future directions for tobacco control strategies, raising the age of purchase of cigarettes to 21 was mentioned by stakeholders. Capturing knowledge about stakeholders understanding of T21 and the context of smoking in young people may assist with developing and implementing policies related to preventing smoking uptake. It can also identify areas where greater communication and education about smoking and young people may be required.

## Research aim

The aim of this survey was to understand the attitudes and beliefs of stakeholders working in government, non-government and the retail sector regarding why young people smoke, where they access tobacco, and their understanding of tobacco control strategies, including T21.

## Methods

A purpose designed online survey was developed to capture knowledge about existing state and national tobacco strategies, understanding about why young people smoke and specifically about the proposed T21 legislation. Items were collated based on discussion with key stakeholders and opinions of experts in tobacco control. The survey was peer-reviewed and piloted with a small group of stakeholders before dissemination. Data from the online survey were collected through Research Electronic Data Capture (REDCap) and analysed using Stata and NVivo.

### Recruitment

The project involved the distribution of an online survey to government (local, state and national politicians, state government departments) and non-government organisations, industry bodies and people specifically working with youth. All local, state and national Tasmanian politicians were invited to participate in the survey. Contact information was sourced from public websites. Other government and non-government contacts were obtained through snowballing where one conversation led to further contacts. People who work in the retail industry were accessed through a random sample of shops that sell tobacco in each region. Formative conversations took place with a small number of key stakeholders to gather advice about how to structure the research so participants felt comfortable to talk with full anonymity.

### Government

Local government in Tasmania is comprised of 29 local council areas and 263 elected council members. Names and emails were collected from public websites and each council member was invited to participate in the survey. State government is comprised of the House of Assembly (Lower House), 24 members, and Members of the Legislative Council (Upper House), 15 members. All members were invited to participate. All Federal government Senators and House of Representatives members from Tasmania were invited to participate (17 members). Other people working in public health, primary health, the youth sector (57) were invited through snowballing recruitment (names of people who would be interested in research about young people and smoking). A total of 367 people working in government were invited to participate in the survey.

### Non-government

Recruitment of non-government participants occurred via snowballing with key stakeholders identified through conversations with community organisations and people who work in the area of tobacco control. This continued until saturation, where no new stakeholders were provided. In addition, people who heard about the research from other stakeholders contacted the researcher. In total, 80 people representing 54 organisations in Tasmania were invited to participate.

### Retailers

Initial attempts to engage with the retail sector were disrupted due to COVID-19 during March to May 2020 as the retail sector were under extra pressure during this time. In June, a random sample of shops that sold tobacco in each region (North West, North, South) were contacted by phone by a researcher who explained the project and asked if they wanted to participate. We also contacted 11 state-wide retail organisations or associations by email or phone, five organisations were willing to participate. In total, 90 retail representatives were contacted and 73 agreed to participate. Through

loss to follow up, some changing their mind and incorrect email addresses, 52 organisations were sent a survey from REDCap. For one organisation with multiple stores a public link was created to allow easy distribution to key staff.

## Data collection

We used a mixed-method online survey with quantitative and qualitative elements. The survey was purpose-designed in REDCap, a secure web application for building and managing online surveys and databases (Appendix 1). Each person invited to participate (government, non-government, youth specific stakeholders, retailers) was sent an individual one-use link to the survey to assist with the tracking of response rates and to avoid duplicates. The exception being the state-wide retailer that was sent a single public link nearing the end of data collection. For more secure data control, government, non-government and retail responses were collated in separate projects within REDCap. Data were combined into a single database for analysis.

## Analysis

Data were extracted from REDCap and analysed using the statistical analysis software Stata (version 16.0) and answers to open-ended questions was managed using NVivo. Analyses are mostly descriptive with chi square, t tests or Anova used to examine if responses differed by sector (government, non-government, retailers/others) with a p-value <0.05 used to indicate statistical significance.

## Ethics

Tasmania Social Sciences Human Research Ethics Committee (HREC) provided approval for this part of the research on January 14, 2020. Ethics Ref No: H0018586

## Results

Response proportion for each sector were collated separately (Table 1). It is important to note that the research adopted a flexible approach to suit each sector, which likely influenced response proportions. While the response rate for the non-government sector appears higher than others, recruitment for this sector was purposive including snowballing technique. In contrast, all local, state and federal government elected members were sent the survey, without prior engagement with the research team, contributing to the lower response proportion. The retail sector was more difficult to engage, as reflected by the lower response proportion in that group.

**Table 1. Response proportions by sectors invited to participate**

Sector	Invited to participate	Surveys partially of fully completed	Response proportion
Government	367	114	31%
Non-government	80	48	60%
Retailers	71	32	45%
Total	518	194	37.5%

The most common sector represented in the survey (Table 2) was government including elected members (49%) followed by non-government (32%). Among respondents, 34% reported that they worked directly with the youth sector. The vast majority were not current smokers (94%) but almost half (48%) had been a smoker at some time in their life. Among people that had ever smoked, the median age they had first had a cigarette was 15 (interquartile range 13, 16 years). Responses that differ by sector or region will be highlighted, otherwise there were no differences in response between sector or region.

**Table 2. Characteristics of respondents**

	n	%
Sector		
Government	94	49%
Non-government	62	32%
Retailers	23	12%
Other	15	8%
Works directly with youth		
Yes	63	34%
No	122	66%
Current smoker		
No	175	94%
Yes	12	6%
Ever smoker		
No	90	52%
Yes	84	48%

Awareness of the various tobacco control strategies relevant to Tasmania was low (**Table 3**). Around half of all respondents had heard of local strategies but less than 15% had knowledge of the detail within the plans. Awareness was lowest for the Healthy Tasmania Five Year Strategic Plan, which 40% of respondents reporting they were 'not aware' of that strategy. Awareness did not differ according to sector.

**Table 3. Awareness of tobacco control strategies**

Strategy	No		Yes, understand detail		Yes, unsure of detail		No response	
	n	%	n	%	n	%	n	%
National Tobacco Strategy	35	18%	17	9%	118	60%	24	12%
Tasmanian Tobacco Control Plan	54	28%	22	11%	90	46%	28	14%
Smoke Free Young People Strategy	59	30%	23	12%	84	43%	28	14%
Healthy Tasmania Plan	66	40%	23	14%	78	47%	27	13%



Looking in more detail at the National Tobacco Strategy, respondents were asked to rank each of the 9 areas of the strategy by their level of importance (**Table 4**). There were mixed levels of importance for each area of the strategy with no clear pattern of the most important area within the strategy. Both protecting public health strategies from tobacco industry interference and increasing access to evidence-based cessation services were highly rated as most important (20%), whereas the most commonly rated as least important was reducing the affordability of tobacco products (16%). An alternative way of examining these items is the mean importance rating (**Figure 2**), which demonstrated that the most highly rated areas were reducing tobacco industry interference, increasing access to cessation services, strengthening mass media campaigns and reducing smoking among high prevalence groups.

**Table 4. Proportion of participants rating each area of the National Tobacco Strategy from most to least important**

	Most Important	2	3	4	5	6	7	8	Least Important	No response
Protect tobacco control policies from industry interference	19%	8%	5%	5%	3%	4%	3%	3%	11%	39%
Strengthen mass media campaigns	7%	15%	8%	8%	8%	8%	5%	7%	2%	32%
Reduce the affordability of tobacco products	6%	4%	6%	5%	9%	6%	9%	12%	16%	28%
Build programs and partnerships to address smoking in Indigenous people	4%	6%	13%	10%	7%	11%	7%	3%	3%	37%
Reduce smoking among high prevalence groups	8%	12%	13%	12%	9%	5%	4%	5%	1%	31%
Eliminate advertising, promotion and sponsorship of tobacco products	7%	5%	5%	8%	12%	7%	10%	8%	5%	33%
Regulation of tobacco products (e.g. manufacturing)	2%	8%	8%	8%	10%	9%	11%	9%	6%	29%
Increase smoke free areas	4%	6%	8%	7%	7%	10%	11%	8%	9%	29%
Increase evidence-based cessation services	20%	12%	8%	7%	7%	7%	8%	9%	5%	18%

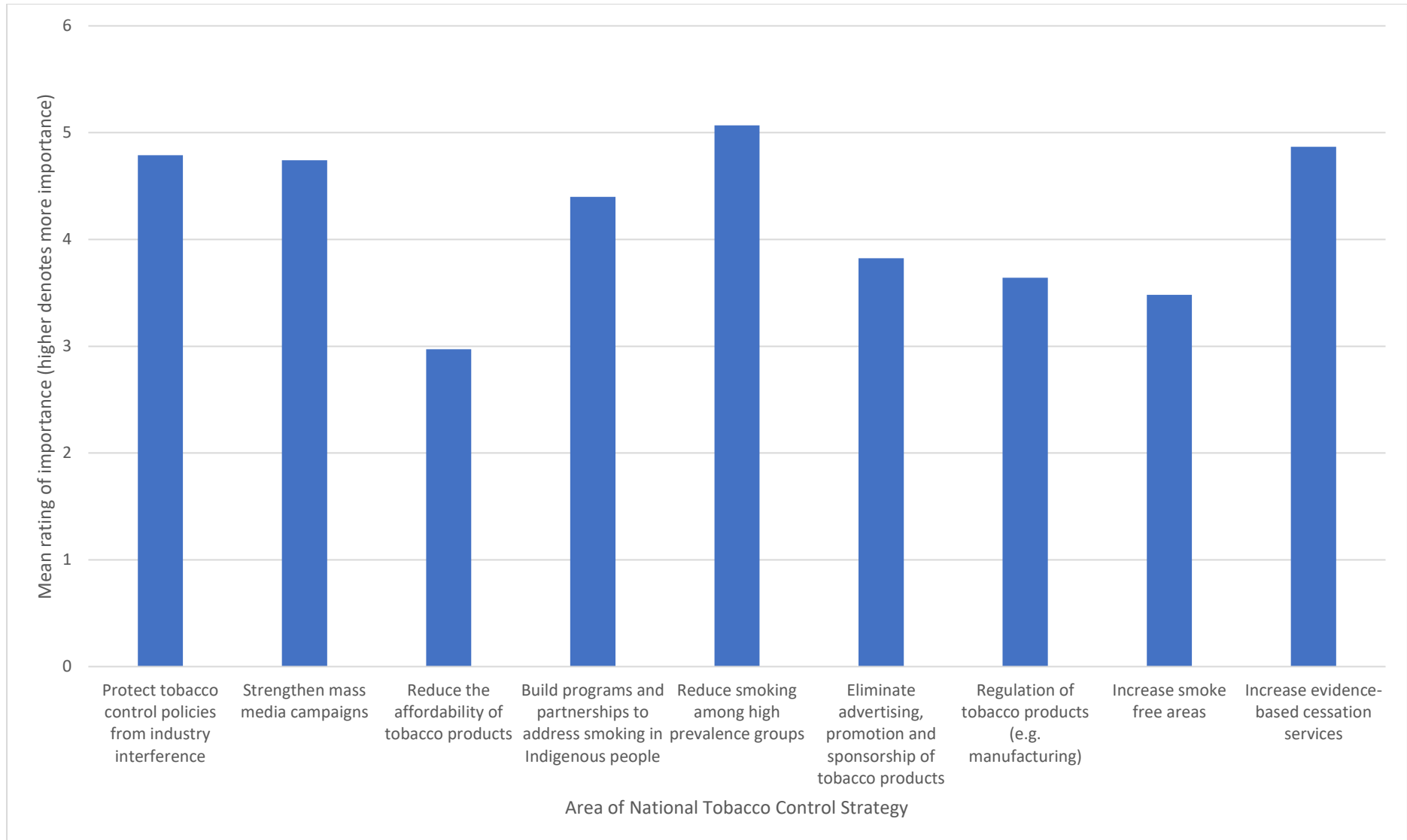


Figure 2. Mean ratings of importance for each area of the National Tobacco Strategy

The priority area of the Tasmanian Tobacco Control plan that was most frequently rated the ‘most important’ was preventing uptake and denormalising smoking, followed by encouraging people to quit (*Table 5*). The least important area was strengthening the evidence base (47% rated as least important).

**Table 5. Respondent rating of importance of priority areas of the Tasmanian Tobacco Control Plan**

Priority area	1= Most important	2	3	4 =Least Important	No Response
Encourage and help all people who smoke to quit for good	22%	26%	20%	5%	27%
Prevent smoking uptake and denormalise smoking	39%	20%	7%	9%	25%
Reducing smoking by high prevalence groups	9%	20%	35%	11%	26%
Strengthen and integrate the evidence base	12%	11%	11%	47%	18%

Respondents were asked to rate the importance of a range of predictors of smoking uptake based on the evidence in the literature. The predictor with the most frequent ‘extremely important’ ratings were parent or sibling smoking (48% rated as extremely important), attitude of peer group to smoking (51%) and access to cigarettes (33%). In contrast, those factors with the most frequent ‘not at all important’ responses were genetics (24%) and wanting to lose weight (14%).

*Figure 3* shows respondent’s ratings of factors influencing smoking uptake among young people ranked from those with the highest proportion rating ‘very or extremely important’. This visualisation supports the previous table demonstrating that family and peer smoking were deemed as very important, as were attitudes and beliefs about smoking by family and peers. Genetics, weight loss and aspirations to be ‘adult’ were not deemed to be important factors influencing smoking uptake by respondents.

Many open-ended responses supported the results shown in figure 3. These included themes around rite of passage (aspiration to be an adult); seeing smoking in movies (images in the media); being part of social groups (wanting to ‘fit in’ with peers) and; rebellion (engages in risk taking behaviour). Other comments included coping with stress and historic influences (smoking in the army).

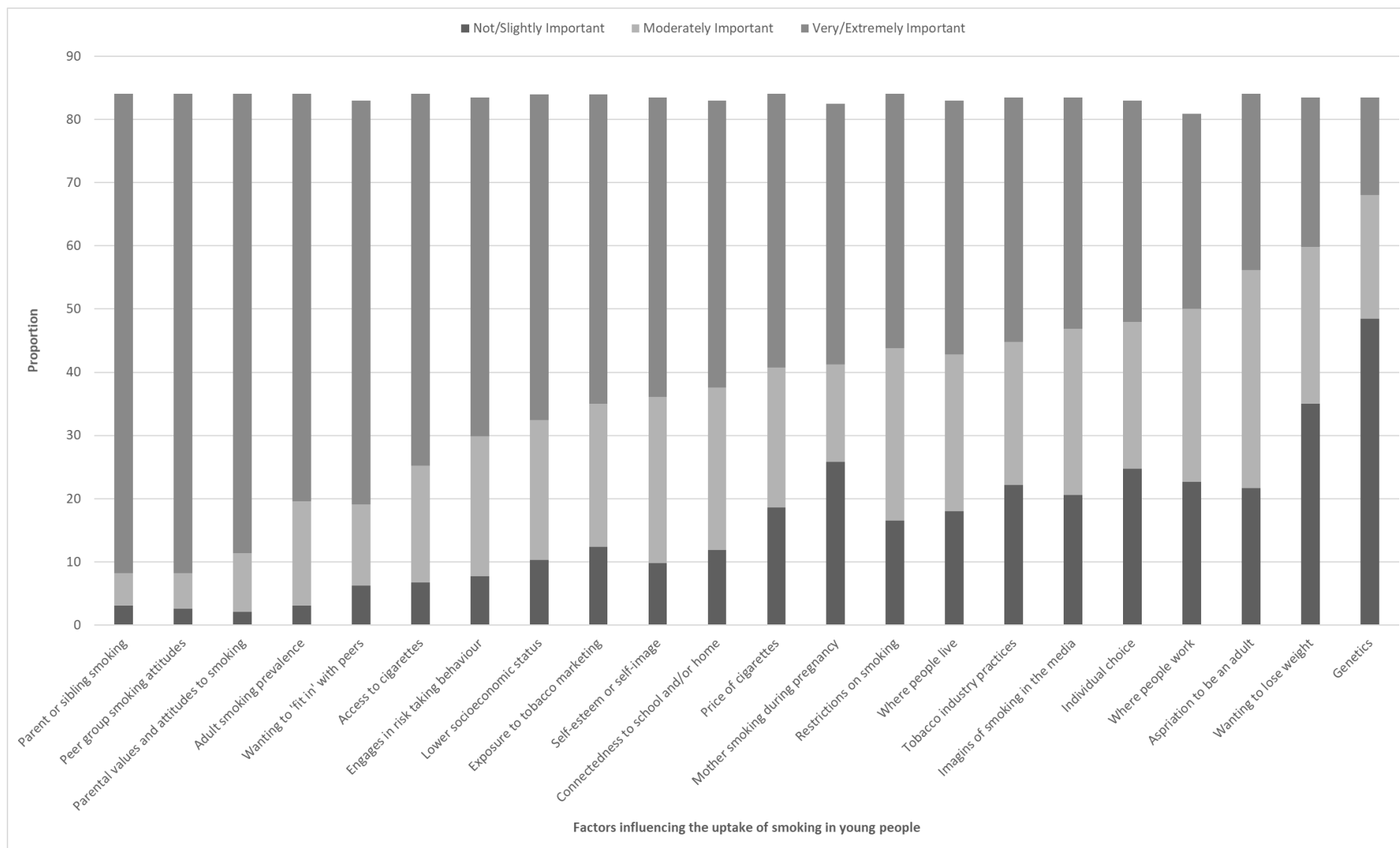
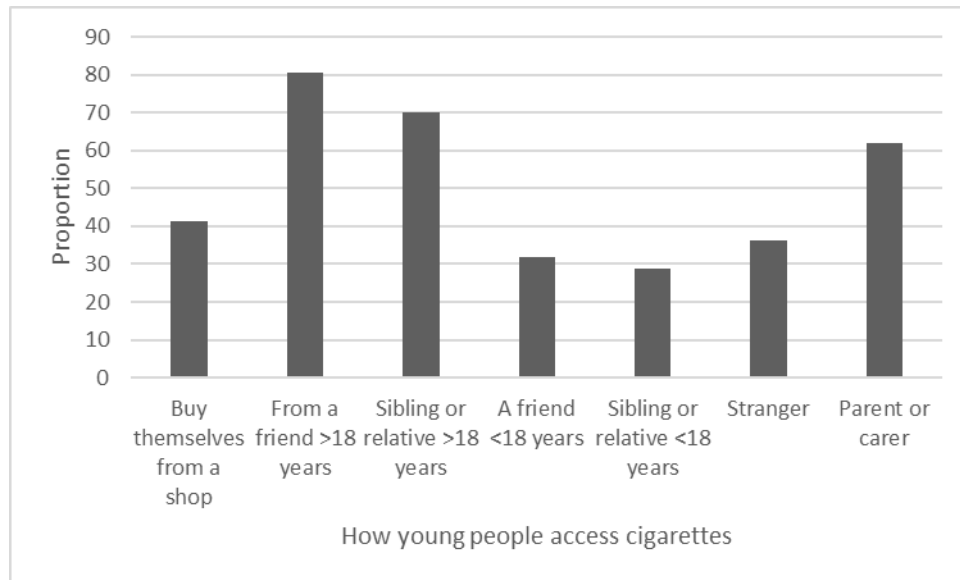


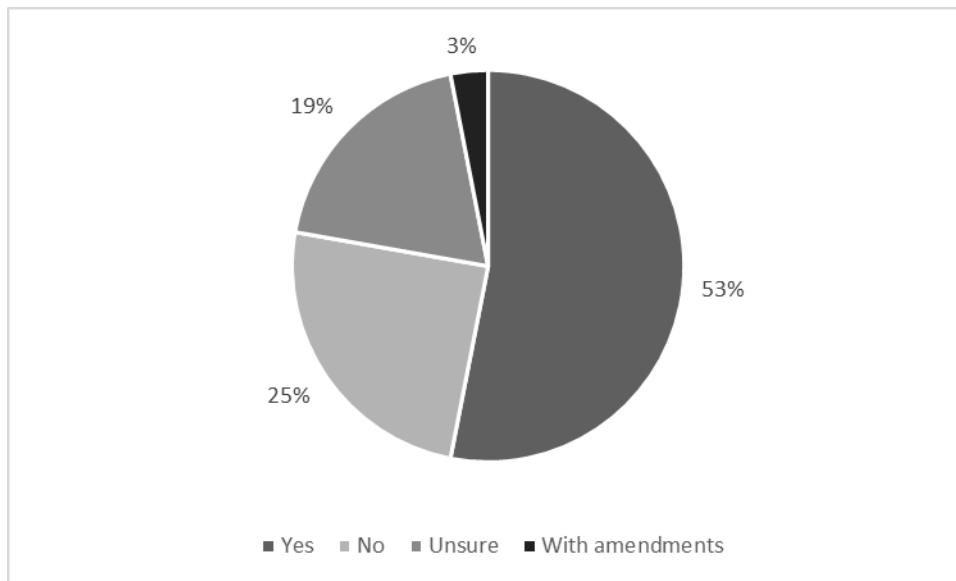
Figure 3. Factors influencing smoking uptake in young people ranked by factors rated most important to least important

Respondents believed that people under the age of 18 most commonly accessed cigarettes from a friend (80%), sibling or other relative (70%) that was over the age of 18 years, followed by their parent or carer (61%). There was no difference in responses by sector. Open-ended responses included: stealing from family members or a shop, picking cigarette butts up from the street, buying in small amounts when buying marijuana, buying online and getting them from ‘random’ people.



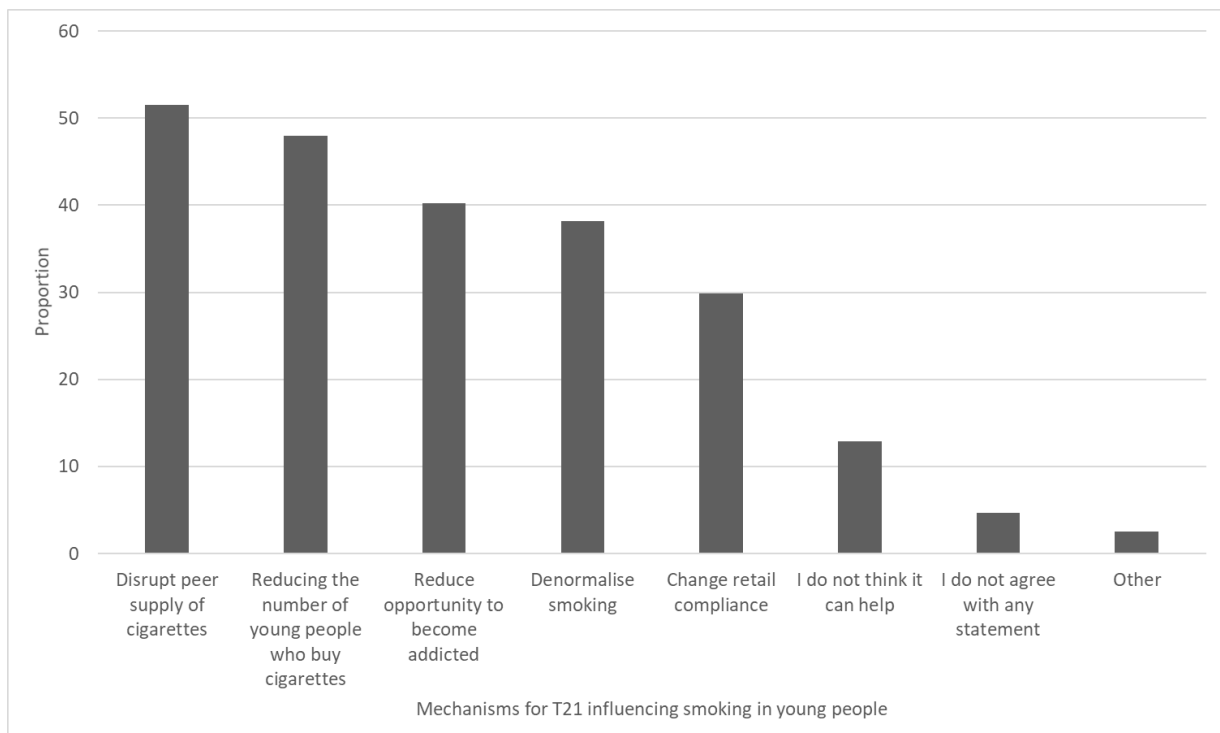
**Figure 4. Proportion of respondents reporting where or from who young people under 18 years access cigarettes**

Respondents were asked if they thought that the T21 Bill proposed by Ivan Dean to increase the minimum legal age of sale of cigarettes to 21 could support current tobacco control policies to prevent young people smoking (**Figure 5**). Among respondents (84%), 53% reported they believed the Bill would prevent young people trying or taking up smoking, 25% did not think it would prevent smoking in young people and 19% were not sure. There were no statistically differences in responses by sector; however, while between 50% and 56% of those across all sectors said the policy would work, those in the non-government sector more often reported being unsure (28% versus 18% in government or 9% in retail/other sector). Suggestions for amendments to the T21 Bill included further support for health promotion for adults and young people regarding the dangers for young people (beyond becoming addicted); easy access to smoking cessation, more restrictions regarding smoking in public places, an option to extend the age if the evidence shows a positive effect, and media campaigns.



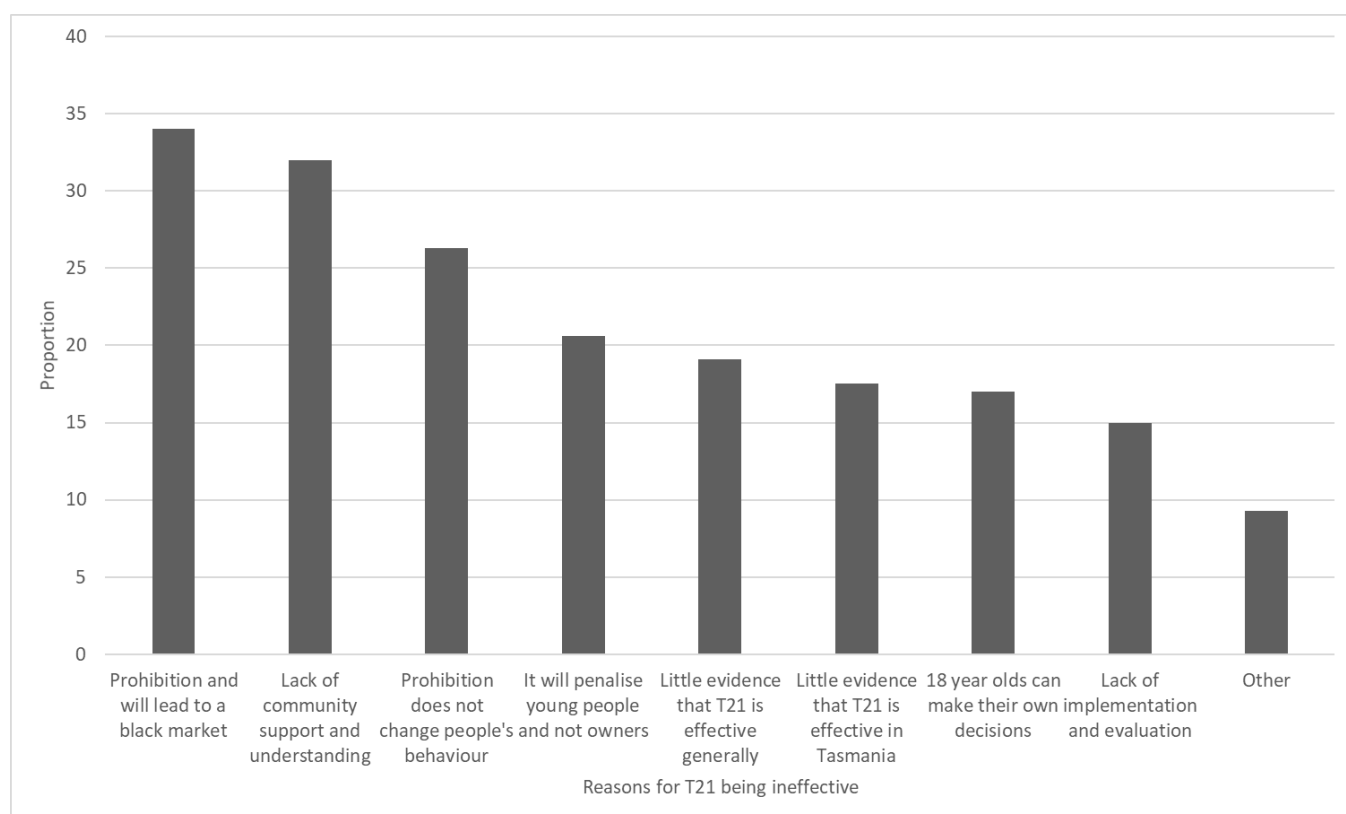
**Figure 5. Will T21 prevent young people from starting to smoke?**

Respondents were asked to indicate the potential mechanisms by which T21 might be effective in reducing smoking in young people. Respondents could choose multiple responses, including none, (Figure 6). The most frequent responses regarding ways that T21 might be effective in reducing smoking in young people were disrupting supply, reducing direct purchasing and reducing opportunities to become addicted. There was no difference by sector. Looking at the total number of potential mechanisms, 16% of people did not indicate any mechanisms whereas 44% agreed with three or more potential mechanisms by which the policy might affect smoking in young people. This also did not differ by sector. Those who provided an open-ended response felt that for T21 to be effective, concurrent education and promotion of the legislation would be required.



**Figure 6. Proportion of respondents agreeing with potential mechanisms for T21 influencing smoking uptake in young people sorted from most to least frequent responses**

The corollary of the previous question was asked regarding ways that T21 might not be effective in reducing smoking (*Figure 7*). Respondents could mark all, or no, responses. The most frequent responses were that it would be ineffective due to leading to a black market and due to a lack of awareness and understanding in the community. Few respondents believed that it would be ineffective due to 18-year olds being able to make their own decisions or due to a lack of implementation or evaluation. There were no differences in agreement between sectors. Looking at the total number of reasons for ineffectiveness reported by respondents, 17% reported no reasons, 32% reported one reason and 30% reported three or more reasons why T21 would be not be effective. There was no difference in the total number of reasons for ineffectiveness by sector. A number of respondents who provided an open-ended response noted that the young people they work with have no issues with access as their source include guardians, older siblings, a network of older peers and as such, it won't make a difference for many young smokers. Some also commented on the potential issue of having different ages for different 'liberties' like voting and drinking. Questions were also raised about surveillance, reducing freedom of choice and dealing with the backlash from adults (over 18).

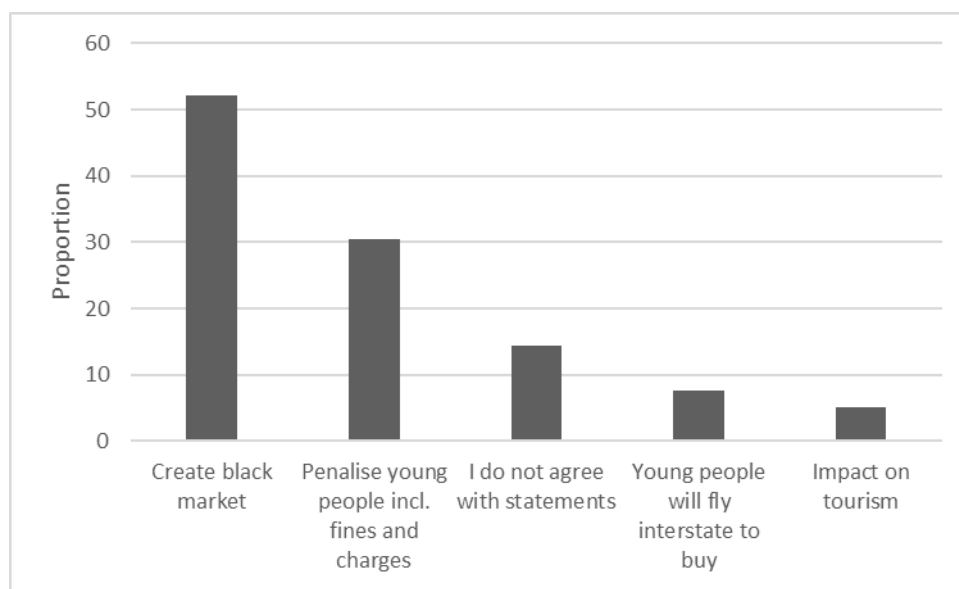


**Figure 7. Proportion of respondents agreeing with potential reasons for T21 being ineffective at influencing smoking uptake in young people sorted from most to least frequent responses**

Respondents were asked to agree with statements regarding potential unintended consequences of implementing T21. The most frequently reported unintended consequence was the creation of a black market (52%), followed by the potential for penalising young people directly through fines or criminal charges (30%). Agreement with unintended consequences did not differ by sector. Deeper explanation was provided with concerns that enforcement of T21 could be seen to target poorer communities and these communities could be 'over-policed'. There was discussion of the fact that the root cause of



smoking will not be addressed by T21, which is a supply-side measure. There was concern that violating T21 could lead to young people working in retail being charged. It was suggested that strategies are developed to curb smoking among CEOs, politicians and highly affluent people. It was also noted that some of the unintended consequences of T21, including a black market, buying online and risky ways to access cigarettes, are already happening. Finally, it was pointed out that there could be some positive unintended consequences, such as increasing the political will to restrict tobacco industry activities and strengthening the evidence that could lead to other jurisdictions enacting similar legislation.



**Figure 8. Unintended consequences from implementation of T21 ranked from most to least agreement**

Respondents were asked to indicate their level of agreement with statements regarding smoking and young people that are commonly cited in the rationale for implementing T21. There was agreement (>70%) with statements regarding most young people starting before the age of 21 and that adult smokers wished they had never started. There was also reasonably high disagreement (around 40%) with statements about regulation being ineffective and education alone being effective at preventing smoking. There was considerable uncertainty regarding statements about brain development and addiction (28%), tobacco industry targeting of young people (23%) and policy effectiveness for smoking prevention (20%). There were no differences in the level of agreement with statements by sectors.

**Table 6. Level of agreement regarding statements about smoking and young people**

	Disagree/ Strongly Disagree	Unsure	Agree/ strongly Agree	No response
Brain does not fully develop until age 25, making smoking more addictive in young people	6%	28%	49%	16%
Most people who are smokers started before they were 21	1%	6%	76%	16%
Regulation and legislation are an ineffective way to prevent smoking	38%	20%	25%	17%
The tobacco industry target marketing to young people	13%	23%	47%	16%
Policy is an effective way to prevent smoking	21%	20%	43%	16%
Education alone is an effective way to change behaviours	45%	15%	21%	19%
Most adult smokers wished they had never started	2%	11%	71%	16%

Respondents were asked to indicate their agreement with statements about what else would support young people to never start smoking (Figure 9). The most frequent response was for family members to act as role models for young people by not smoking (70% agreement), followed by social media campaigns directed at young people (63%) and greater education in schools (62%). Fewer respondents believed that an outright ban on smoking would support young people to not start smoking (30%). There were no differences in agreement with statements based on sector.

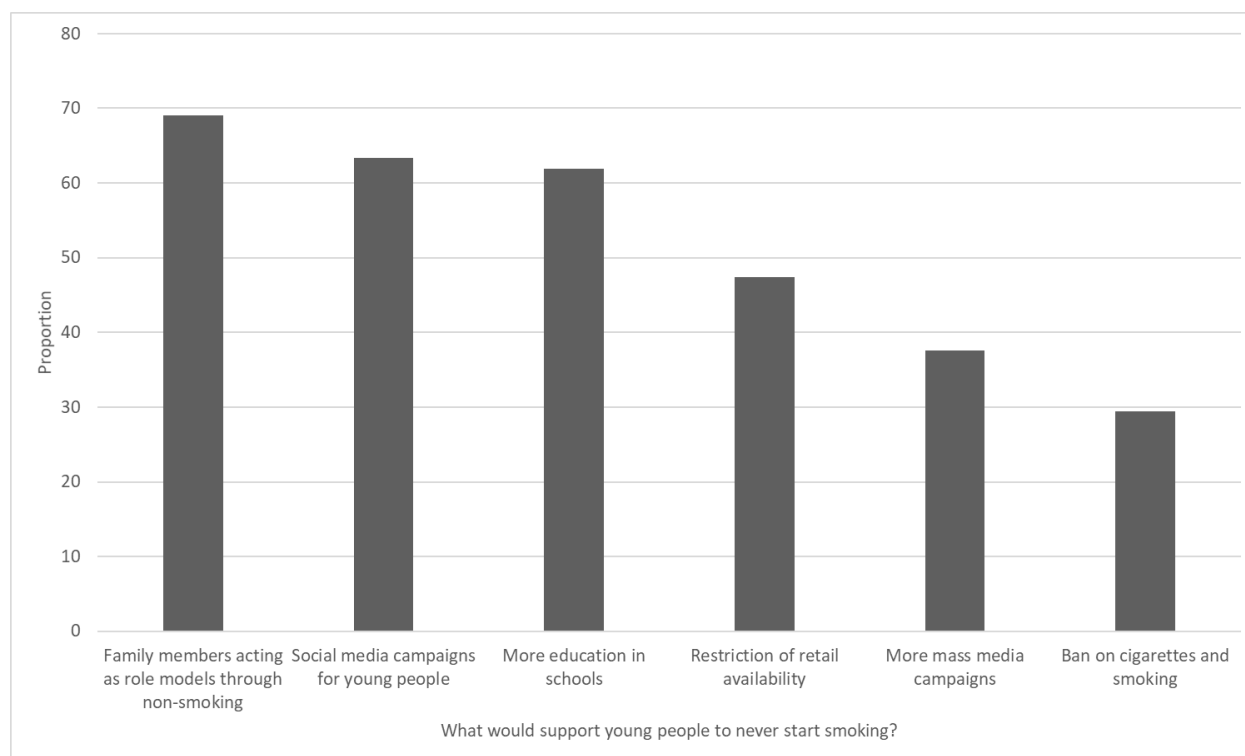


Figure 9. Agreement with ways to support young people to not smoke ranked from most to least agreement

Other suggestions included in the open responses section included more support for cessation (free or incentivise), engaging young people’s attention elsewhere (e.g. sport, art, clubs, activities) or a combination of strategies. Participants suggested elements to incorporate in school and community education programs including: more information about immediate health effects, comparisons of healthy organs versus unhealthy organs, taking them to a medical facility to meet someone with a smoking related illness, use realistic harm minimisation messages, messaging about it being uncool to be sick from smokes, the impact on other people around them, use sports people to share the message and teach them opportunities that do not have smoking involved. Other points raised was that the government make money from tobacco but that there was a need to focus more on money saved overall from a reduction in smoking, showing young people what life without smoking can look like and relevant examples about what they are giving up by spending money on cigarettes (e.g. trip to Melbourne, rent, new outfit).

## Discussion

The purpose of this online survey was to capture stakeholder understanding about smoking in young people, including predictors of uptake, programs to prevent smoking and, specifically, the T21 legislation. As a non-random sampled survey with targeted recruitment, the survey does not represent broad community sentiment. The limitations of this type of survey must be acknowledged when interpreting findings including response bias where only people with strong views about smoking in young people, or T21 more specifically, respond. Although overall there was a 35% response proportion, most individual items had between 10% and 15% non-response. These have been considered where necessary when interpreting findings.

We found low levels of awareness of tobacco control strategies used to address smoking in the Australian and Tasmanian population. While 43-60% of responders had heard of national and state tobacco control strategies, less than 15% of respondents knew of any of the strategies in detail. Further, one third of responders had no awareness of current state tobacco control strategies (Tasmanian Tobacco Control Plan and Smoke Free Young People Strategy). These documents are the underlying foundation upon which smoking prevention programs for young people are based. Nearly 40% not aware of the Healthy Tasmania Plan, which includes smoking as a target risk factor. They are carefully planned, strategic documents that use up-to-date evidence to inform priorities to prevent smoking with most also including implementation and evaluation plans. It is concerning that few stakeholders in Tasmania are aware of these strategies, with awareness low across all sectors. It is recommended that there are efforts made to increase awareness of these strategies to increase literacy around current priorities and evidence-based activities to address tobacco use in Tasmania.

Tobacco control strategies, including the National Tobacco Strategy<sup>6</sup> and the Tasmanian Tobacco Control Plan<sup>7</sup>, typically have priority areas under which specific programs or activities are focused. We asked respondents to rate the areas within the National Tobacco Strategy (9 areas) and the Tasmanian Tobacco Control Plan (4 areas) from most to least important. There was limited agreement among respondents regarding the most or least important areas of the National Tobacco Strategy, but protecting public health policy from interference from the tobacco industry and increasing access to evidence-based cessation services were the mostly highly rated (20%), while the least important were reducing the affordability of tobacco (16% e.g. through taxes or excise) and protecting public health policy from tobacco industry interference (11%). It is of potential importance that reducing affordability of tobacco was not highly rated given that the price of tobacco is one of the most effective levers to increase cessation at a population level.<sup>8-10</sup> Of note is that the National Tobacco Strategy does not have a priority area around smoking prevention, however, prevention is one of the guiding principles and is reflected across many actions in the strategy. It is a missed opportunity to not have smoking prevention as a national priority in tobacco control. In terms of the Tasmanian Tobacco Control Plan, preventing uptake and denormalising smoking (39%) and encouraging quitting (22%) were most frequently rated as the most important. Continued advocacy regarding the need to prioritise smoking uptake within the national tobacco control framework is warranted. Increasing awareness of the most effective components of tobacco control programs may also be needed to ensure good political and community support for strategies to increase smoking cessation and reduce smoking uptake.

The uptake of smoking by a young person is known to be multifactorial.<sup>11</sup> It includes a range of individual and environmental factors. An in-depth understanding of what drives a young person to experiment with smoking or transition to regular smoking is vital to inform effective programs to address this issue. We asked respondents to rate the importance of a range of factors that can increase a person's risk of becoming a smoker, with these items derived from literature reviews.<sup>11,12</sup> Most stakeholders recognised the importance of social norms around smoking including by having parents, siblings and friends that smoked. Some individual factors such as being a person that engages in risk

taking behaviour and self-esteem were rated as highly important to smoking uptake whereas others, such as genetics, individual choice and desire to lose weight were less highly rated.

Stakeholders knowledge of the most important factors that influence smoking uptake were generally in agreement with the evidence-base, e.g. social norms and individual characteristics, but there were some outliers. These included less acknowledgement of the importance of the role of tobacco industry practices and images of smoking in the media, which have been shown to be drivers of smoking behaviour in young people.<sup>13-16</sup> Of potential relevance to the debate around T21 is awareness of tobacco industry practices in shaping public policy and a greater awareness of the activities of the tobacco industry among stakeholders may be important for moving forward with tobacco control policies. For example, it may be of benefit to increase awareness among stakeholders of attempts by the tobacco industry to influence government policy, e.g. indirectly through 'front' organisations, or by leveraging loopholes in point of sale legislation to continue to promote and advertise tobacco.<sup>16-19</sup>

A key mechanism by which T21 is proposed to be effective is through disrupting peer supply of cigarettes to young people. This is suggested to occur by creating a wider gap within peer networks between those who can and cannot legally obtain cigarettes, based on the premise that most peer groups contain people of similar ages. This potential mechanism is supported by the fact that most young people in the Australian Secondary Student's Alcohol and Drug Survey report obtaining cigarettes from someone over 18<sup>20-22</sup> with fewer reporting that it was provided by parents or siblings, or that they purchased themselves. We found that stakeholders also believed that young people mostly obtained their cigarettes from people over the age of 18, either a friend or relative, but a considerable proportion also believed that parents or carers were supplying their children with cigarettes (60%). In our accompanying qualitative research with stakeholders and young smokers, parental supply was also raised as common way to access cigarettes. This was both through parents directly supplying their children, but also by children taking their parent's cigarettes without their knowledge. We note recognition of this fact by the Tasmanian Department of Health in recent years including development of resources specifically targeting parental supply (see [smokefree.den.org.au/secondary-supply](http://smokefree.den.org.au/secondary-supply)). These resources promote that parental (or other adult) supply to underage people can be met with a maximum penalty of \$20,000 under the Public Health Act 1997. Given the importance of disrupting supply of cigarettes through peer networks to the potential impact of T21 on smoking uptake, it may be necessary to provide further information on where young people obtain their tobacco to stakeholders. Increasing awareness among stakeholders that peers are also a common source of cigarettes may increase support for the policy, along with increasing awareness of the other existing strategies to combat other points of supply. Confirmation of the extent to which T21 does disrupt peer supply networks following its implementation would be a useful addition to the evidence base.

Among this group of government, non-government and retail sector stakeholders, 53% reported that they thought T21 would support current tobacco control strategies to reduce smoking uptake. We found that support was similar across the three different stakeholder sectors. There were 25% of people who thought that it would not prevent smoking uptake and 19% who were unsure. These mixed opinions with regard to age-based policies were also reported by investigators in New Zealand in a qualitative study of tobacco policy experts. They found that opinions ranged from highly supportive to 'ambivalent' with regards to T21 and the 'tobacco free generation'.<sup>2</sup> When considered in concert with stakeholders agreement with ways in which T21 might be effective, it is clear that there is a lack of understanding of the policy and its evidence base. While almost half of respondents agreed that T21 would disrupt peer supply of cigarettes and believed that it would denormalise smoking and reduce opportunities to become addicted, there were also clear concerns by around a third of respondents about the potential for a black market to develop and a lack of community support and understanding. If T21 were implemented, there would be a need to carefully monitor these potential unintended consequences. We note that concern regarding the 'black market' were raised in this online survey and interviews with stakeholders. Discussion directly with young people who smoke,

provided in an accompanying report, suggest that a 'black market' already exists with people that are under 18 years already getting their cigarettes outside of the mainstream economy. The extent to which a small shift in the proportion of the population who can legally obtain cigarettes (e.g. from 18 to 21 years) would change this 'black market' is uncertain but should be included in evaluations.

These present potential opportunities to improve communication about T21 including how it is proposed to prevent uptake and how it would be evaluated. The issues around the different versions of T21 around the world (e.g. penalties focused on supplier versus purchaser) and the somewhat limited empirical evidence of its effectiveness are likely contributing to this uncertainty. The concerns around creation of a black market if people were restricted from legal supply of tobacco products requires further investigation. It is widely reported that literature on illegal tobacco is of poor quality with a lack of reproducibility. To our knowledge no published research on T21 has examined whether there has been a creation of a black market and this should be included in future research. We will seek to address the uncertainty through the updated systematic review of effects of T21 on smoking uptake as part of this research. Regarding concern about the lack of support and understanding about the policy at the community level, other surveys have demonstrated high levels of community support<sup>4</sup> and through this program of research we will report on young people's perspectives directly. Ensuring that stakeholders are aware of the very high levels of public support for policy of this kind from national surveys may also be important.

There are several central arguments used by advocates for T21 to support its implementation. These include the neurodevelopment of young people and their susceptibility to addiction under the age of 25, the fact that most smokers transition to regular smoking before the age of 21 and that legislation is an effective tool to prevent smoking uptake.<sup>23</sup> Anecdotally it was believed that many stakeholders were not accepting of these central arguments. We found that stakeholders generally agreed or disagreed with these statements in line with 'evidence'. We do note that some of the evidence for these arguments is not based on original research but rather synthesis of research from other areas. The area where there was less certainty among stakeholders was regarding the effectiveness of policy and education programs to address smoking. Given the large amount of high-quality evidence from Australia and internationally demonstrating the numerous government policies that have had an effect on smoking cessation and uptake, e.g. plain packaging, tax increases and advertising,<sup>9,10</sup> it may be of use to provide summaries of this evidence to increase stakeholder awareness of evidence for these types of interventions. Similarly, there is a large body of evidence demonstrating that programs focusing on providing only health promotion style education to prevent smoking uptake are not effective. However, researchers in other jurisdictions internationally have also reported that stakeholders believe education-based strategies are important for achieving reductions in tobacco use.<sup>24</sup> The evidence of effective strategies for smoking prevention should be more clearly communicated to stakeholders.

Stakeholders were asked to identify other ways that young people could be supported to not start smoking. Options included family role modelling, social media campaigns targeted at young people, media campaigns aimed at the general population, retail availability, education programs and bans on cigarettes or smoking. The most frequent response by stakeholders was ensuring good role modelling by family members, followed closely by social media campaigns focused on young people and education in schools. Having parents and other family members that smoke is clearly linked to a higher uptake of smoking.<sup>25</sup> In the context of a population where there is high smoking prevalence among people of childbearing age, including pregnant women, it will be an ongoing challenge to denormalise smoking in some families and communities. However, successive Tasmanian Tobacco Control Plans have included people of childbearing age as a priority group<sup>7</sup> with focused activities, for example targeted mass media campaigns. There has been a concomitant reduction in smoking prevalence in this group, which could explain some of the reductions in smoking prevalence seen in younger people.<sup>7,21,26-28</sup> There was strong support for social media campaigns focused specifically on young people, which follows from recommendations made within the Tasmanian Tobacco Control plan.<sup>7</sup> The

existence of the Smoke Free Young People Strategy, managed by the Tasmanian Department of Health, and its associated Smoke Free Generation brand should be more broadly promoted and resourced. A pilot study using social media to disseminate the Smoke Free Generation messages was well received by young people and resulted in increased use of the program website,<sup>29</sup> which could form a platform for further dissemination. Social marketing programs focused on young people were also identified as a priority to reduce smoking among young people in New Zealand in a qualitative study of tobacco policy experts,<sup>2</sup> while stakeholders in Scotland recognised that mass media campaigns were an important component of future tobacco control strategies.

The survey included stakeholders from a variety of backgrounds including elected members of the local, state and federal governments; non-government organisation staff including youth workers, retailers and others such as those from medical, legal or advocacy backgrounds. There was surprisingly little variation in responses to all questions based on the sector of the stakeholder, suggesting an underlying community sentiment towards tobacco control and T21 more specifically, that matches what is seen in the general community. Other researchers have also reported similar experiences, including retailer perceptions and beliefs about potentially contentious issues such as policies that might restrict their business practices.<sup>30</sup> These findings highlight the importance of considering a range of views from different stakeholders in developing policies related to tobacco control.

The strengths and limitations of this survey should be acknowledged. We did not use a random sampling frame to identify stakeholders but rather took a flexible approach to achieve a range of views from different sectors across Tasmania. There was a comprehensive response from the youth sector, which is imperative for forming strategies to support a reduction in smoking uptake among young Tasmanians. Research into stakeholder perspectives of tobacco policy are limited and as such questions were derived from a variety of sources, rather than validated instruments. Due to difficulties with engagement with some government and retail sectors, the responses from these sectors are limited and may not be an accurate representation of the whole sector.

## Conclusion

This survey of stakeholder views demonstrated low awareness of tobacco control strategies relevant to the prevention of smoking in young people. There was reasonable knowledge of the major factors influencing uptake of smoking in young people. There are opportunities for further information sharing about effective strategies to prevent smoking uptake in young people with stakeholders. Regarding T21, there was considerable support although many stakeholders remain unsure about the effectiveness of the policy. This suggests that further research and engagement with stakeholders on the policy is warranted including a well-planned, robust evaluation if it were implemented in Tasmania.

## Supplementary results

Table 7. Ratings of importance of factors that influence smoking uptake

Factors influencing smoking uptake	Not at all important	Slightly important	Moderately important	Very important	Extremely important	No response
Adult smoking prevalence in the general population	1%	3	16	37	28	16
Exposure to tobacco marketing	3%	9	23	27	22	16
Parent or sibling smoking	2%	2	5	28	48	16
Attitude or values about smoking in peer group	1%	2	6	25	51	16
Tendency to engage in risk taking behaviour	1%	7	22	29	24	16
Genetics	24%	24	20	12	4	16
Images of smoking in the media	5%	15	26	23	14	16
Restrictions on smoking	4%	12	27	23	18	16
Individual choice	6%	19	23	20	15	17
Mother smoking during pregnancy	8%	18	15	15	26	18
Connectedness to school and/or home	4%	8	26	30	15	17
Parental values and attitudes to smoking	1%	2	9	31	41	16
Access to cigarettes	3%	4	19	26	33	16
Price of cigarettes	6%	12	22	23	20	16
Aspiration to be an adult	6%	15	35	15	12	16
Lower socioeconomic status	4%	6	22	26	26	16
Self-esteem or self-image	4%	6	26	28	19	16
Tobacco industry practices	7%	15	23	18	21	16
Wanting to lose weight	14%	21	25	17	7	16
Wanting to 'fit in' with peers	2%	5	13	35	29	17
Where people live	7%	11	25	24	16	17
Where people work	9%	13	27	18	13	19

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## Appendix 1 - Stakeholder online survey

### T21 stakeholders online survey

What are the attitudes and beliefs of adult stakeholders about tobacco control measures, including T21? Tobacco 21 project; raising the legal minimum age for the sale of tobacco products.

PARTICIPANT INFORMATION SHEET - Online survey

Research team General email: tobacco.research@utas.edu.au

Associate Professor Seana Gall, Menzies Institute for Medical Research.

Contact email: seana.gall@utas.edu.au

Dr Suzanne Waddingham, Menzies Institute for Medical Research

Contact email: Suzanne.waddingham@utas.edu.au

1. Invitation You are invited to participate in a research study that uses an online survey to gather views from Tasmanians about tobacco control programs, which aim to reduce the initiation of smoking among our youth. We are particularly interested in what you think about raising the Minimum Legal Age (MLA) for the sale of cigarettes from 18 to 21 years old (called T21 here within).

2. What is the purpose of this study? This study aims to understand the views of stakeholders working in government, non-government, youth specific and industry sectors about the T21 concept and other tobacco control programs.

The study is funded by the Minderoo Foundation, a philanthropic organisation that supports research and evidence-based programs to improve eight key initiatives. One of these is the Eliminating Cancer Initiative. This project is part of the formative component of the research. Another part of formative research is talking to young people aged 12-21 about their views of tobacco programs, including T21. If the bill is passed for a trial, then an extensive evaluation of T21 will ensue.

3. Why have I been invited to participate? You are eligible to take part in this study because you have been identified as a key stakeholder who makes decisions about policy, influences policy or implements policy. While we want to understand the views of those in a Tasmanian context, we also want to understand the views of those who work at a broader Federal level and those who specifically work with young Tasmanian people.

Your participation is voluntary, and it is your choice if you take part or not. The survey is completely anonymous, and data will be aggregated broadly by the following categories: government, non-government, youth specific and industry.

4. What will I be asked to do? To complete the survey, read each point and commence the survey. By completing the survey you have provided implied consent. At the end of the survey there will be a submit button. We expect the survey will take approximately 10 minutes to complete.

5. Are there any possible benefits from participation in this study? We know that Tasmanians are wanting to protect and support our youth so they can avoid becoming addicted to tobacco. There is limited research available that asks stakeholders who make decisions about policy, influence policy or implement policy what they view as barriers and enablers to changing the smoking rates or about the T21 concept. There is no published research about such views in a Tasmanian context. There are some ad hoc reported opinions published in the media but no systematic and coordinated effort to collect and synthesise these views in a Tasmanian context.

This project will provide detailed information about the views from stakeholders working in government and non-government organisations about tobacco control approaches, including T21. The information will be used to inform the collation of a current, relevant and accurate portfolio of evidence and artefacts so politicians can make an informed decision about T21. The data can also serve to support other baseline data for the evaluation of the pending T21 legislation and will also be informative for other interventions, as well as for monitoring and surveillance.

We do not expect direct benefits for participants in this study. However, this study will advance our knowledge and understanding of stakeholder views about smoking programs and T21 in a Tasmanian context.

We have taken measures to ensure your participation is secure and confidential. There is an opportunity to participate in a one-one interview if you would like to have further discussion about the topic. Details for this opportunity are at the end of the survey or you can contact Suzie Waddingham directly.

6. What if I change my mind during or after the study? Once you have completed and submitted the online survey, your data may have been included in the analysis and it will not be possible to remove it because it will have been de-identified.

7. What will happen to the data when this study is over? Data will be non-identifiable. In accordance with the UTAS Management of Research Data Procedure, data will be securely archived for five years from the date of publication. Disposal will occur by deleting any relevant files and shredding any paper-based copies of data.

All data in this study will be secure and completely anonymous. All data will be reported in an aggregated form using the following categories: government, non-government, industry. We may also report on youth specific responses.

A report and summary of the whole research will be completed and publicly available. Participants are welcome to contact us if they wish to be notified of the report completion. Results of the full research may be disseminated through journals, conferences or media.

8. What if I have questions about this study? If you have any queries, concerns or issues with this study, please feel free to contact us:

• tobacco.research@utas.edu.au

24/08/2020 9:35pm

projectredcap.org



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 ss.ethics@utas.edu.au. The Executive Officer is the person nominated to receive complaints from research participants. You will need to quote H00185869. How can I agree to be involved? If you are willing to participate, by completing this survey you are providing implied consent.

Thank you for your time.



- 1 In which sector do you currently work?
- Government organisation
  - Non-Government organisation
  - Industry
  - Other

Please provide details

\_\_\_\_\_

- 2 Do you work in a role that specifically works with youth (young people aged 12-25)?
- Yes
  - No

- 3 Do you identify as a current smoker?
- Yes
  - No

Have you ever smoked?

- Yes
- No

If yes, how old were you when you first tried a cigarette?

\_\_\_\_\_

- 4 Are you aware of the current National Tobacco Strategy (part of the National Drug Strategy 2017-2026)?
- Yes - but I am not familiar with the detail  
 Yes - I am familiar and understand the detail of the strategy  
 No

There are nine action areas in the current National Tobacco Strategy, please rank these from 1 (most important) to 9 (least important)

	1	2	3	4	5	6	7	8	9
Protect public health policy, including tobacco control policies, from tobacco industry interference	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strengthen mass media campaigns to: motivate smokers to quit and recent quitters to remain quit; discourage uptake of smoking; and reshape social norms about smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continue to reduce the affordability of tobacco products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bolster and build on existing programs and partnerships to reduce smoking rates among Aboriginal and Torres Strait Islander people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strengthen efforts to reduce smoking among populations with a high prevalence of smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eliminate remaining advertising, promotion and sponsorship of tobacco products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consider further regulation of the contents, product disclosure and supply of tobacco products and alternative nicotine delivery systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce exceptions to smoke-free workplaces, public places and other settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide greater access to a range of evidence-based cessation services to support smokers to quit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 
- 6 Are you aware of the Tasmanian Tobacco Control Plan?  Yes - but I am not familiar with the detail  
 Yes - I am familiar and understand the detail of the strategy  
 No
- 

There are four action areas in the Tasmanian Tobacco Control Plan, please rank these 1 (most important) to 4 (least important)

	1	2	3	4
Encourage and help all people who smoke to quit for good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevent smoking uptake and de-normalise tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce smoking by high prevalence groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strengthen and integrate the evidence base	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



8 Are you aware of the Smoke Free Young People strategy?

Yes - but I am not familiar with the detail  
 Yes - I am familiar and understand the detail of the strategy  
 No

9 Are you aware of the Healthy Tasmania Five Year Strategic Plan?

Yes - but I am not familiar with the detail  
 Yes - I am familiar and understand the detail of the strategy  
 No

- 10 How important do you think it is to prevent today's children from ever taking up smoking?
- Not at all important  
 Slightly important  
 Moderately important  
 Very important  
 Extremely important

How important do you think the following factors are in influencing smoking uptake in young people?

	Not at all important	Slightly important	Moderately important	Very important	Extremely important
Adult smoking prevalence in the general population, e.g. social norms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposure to tobacco marketing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental or sibling smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attitude or values about smoking in peer group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tendency to engage in risk taking behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Images of smoking in the media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restrictions on smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mother smoking during pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connectedness to school and/or home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental values and attitudes to smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Price of cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspiration to be an adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower socioeconomic status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-esteem or self-image	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco industry practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wanting to lose weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wanting to 'fit in' with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where people live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where people work	<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

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12 Where, or from whom, 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

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Please provide details

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- 13 The Private Members Bill submitted by Hon Ivan Dean proposes an amendment to the Public Health Act to increase the minimum legal age for the sale of cigarettes to 21 (named Tobacco 21).

- Yes  
 No  
 Unsure  
 With alternative amendments

Do you think this could support existing tobacco control policies to prevent young people under the age of 21 from trying a cigarette or starting to smoke?

What amendments do you suggest?

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- 14 Tobacco 21 is aimed at preventing the sale of smoking products to people under 21, and penalises retailers who sell to people under this age.

In what ways do you think Tobacco 21 could be effective to stop young people starting to smoke?

(select all that apply)

- Denormalise smoking  
 Disrupt the peer supply of cigarettes  
 Reduce the opportunity for becoming addicted  
 I do not think it can help  
 Reducing the number of young people who buy cigarettes  
 Changing retail compliance  
 Other  
 I do not agree with any of the above statements

Please provide details

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- 15 Tobacco 21 is aimed at preventing the sale of smoking products to people under 21, and penalises retailers who sell to people under this age.

In what ways do you think Tobacco 21 could be ineffective to stop young people starting to smoke?

(select all that apply)

- The policy will lead to prohibition - which does not work to change behaviour  
 The policy will lead to prohibition - which will cause a black market  
 If the community does not support the initiative because they do not understand clearly what the Tobacco 21 legislation aims to achieve.  
 The policy will not be well implemented or evaluated  
 There is little evidence that Tobacco 21 is effective to reduce smoking uptake generally.  
 There is little evidence that Tobacco 21 is effective to reduce smoking uptake in Tasmania.  
 If young people are penalised, rather than the shop owners  
 An 18-year-old should be able to make their own decisions  
 Other  
 I do not agree with any of the above statements

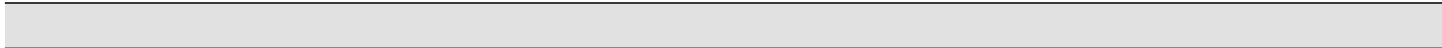
Please provide details

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- 16 In your opinion, what might be some unintended consequences of Tobacco 21?

(select all that apply)

- It may impact on Tasmania's tourism  
 Young people will fly interstate and buy in bulk  
 It will create a black market  
 Penalising young people selling to underage persons, e.g. fines or criminal charges  
 Other  
 I do not agree with any of the above statements



17 The intended purpose of the T21 legislation is to reduce uptake of smoking among young people.

- Yes
- No
- Unsure

Do you think this outweighs possible unintended consequences of implementing Tobacco 21 policy?

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Please provide details



**Indicate your level of agreement with the following statements.**

	strongly disagree	disagree	unsure	agree	strongly agree
The brain does not fully develop until around the age of 25 and this makes smoking more addictive in young people.	<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"/>
Regulation and legislation is an ineffective way to prevent smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Tobacco Industry specifically target their marketing towards young people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policy is an effective way to prevent smoking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education alone is an effective way to change behaviours.	<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"/>

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

(select all that apply)

- More education of children in schools (e.g. talks, counselling)
- Family members should act as good role models (e.g. not smoking)
- A ban on cigarettes and smoking
- Laws that restrict the number of places where cigarettes can be bought
- More anti-smoking campaigns (e.g. TV advertisements)
- Social media campaigns specific to young people

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

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20 Do you have any other comments to make about T21 or policies to reduce smoking uptake in Tasmania more generally?

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Thank you for taking the time to complete this survey.

There is an opportunity to participate in a one-one interview if you would like to have further discussion about the topic.

Please email [tobacco.research@utas.edu.au](mailto:tobacco.research@utas.edu.au) to arrange a time for an interview.