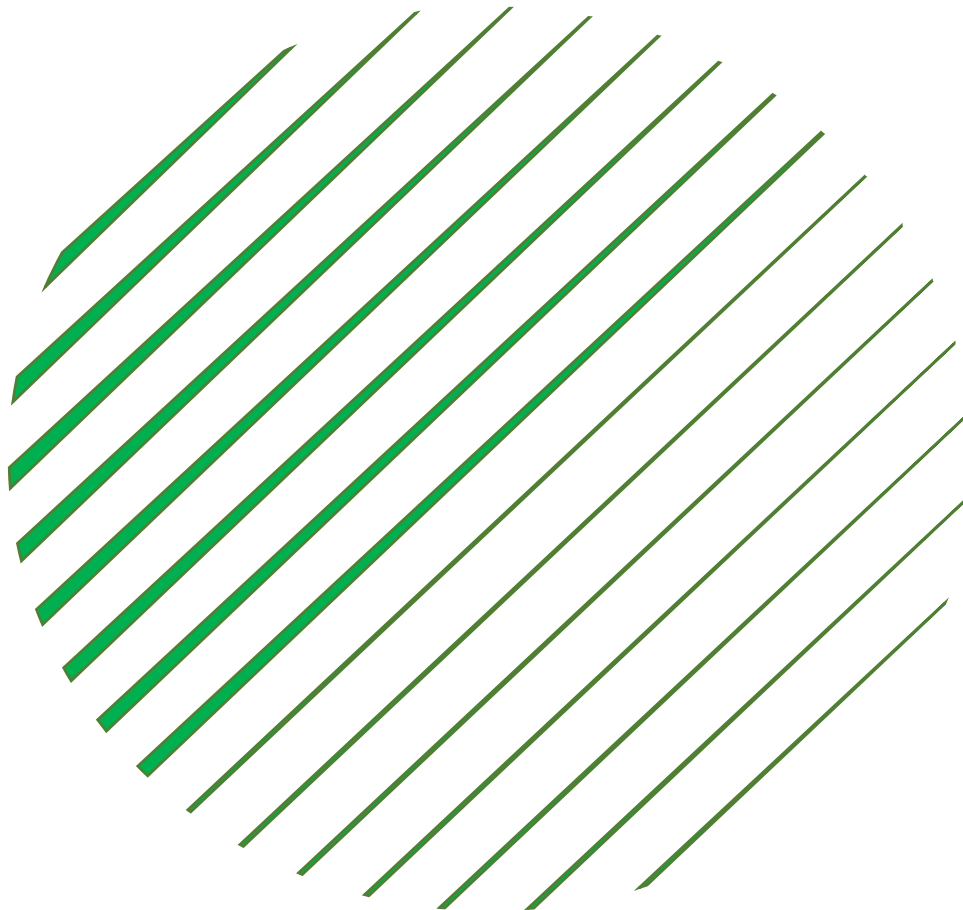


Smoking among young people in Tasmania



MENZIES
Institute for Medical Research

Report #4 - Stakeholder and youth interviews



Seana Gall

Suzie Waddingham

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Executive summary

This report provides a deeper understanding of stakeholder and young people's beliefs regarding why young people smoke, where they access tobacco, and their understanding of tobacco control strategies, including Tobacco 21. A qualitative research design using semi-structured Zoom and face-to-face interviews with stakeholders (government, non-government, including people working specifically with youth) and young people were conducted between March and July 2020. A snowballing technique was used to recruit stakeholders in each Tasmanian region (South, North, North West). This led to recruitment of youth, which was purposive in nature to engage with young people not in mainstream school. Interviews continued until data saturation was reached. Thematic analysis within NVivo was used to interpret the data.

Participants

A total of 29 stakeholder and 12 youth interviews were conducted. 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. Stakeholders were a mix of current smokers, ex-smokers and never smokers. All the young people were current smokers or attempting to quit.

Smoking and young people

Young people that smoked were described in two distinct categories by stakeholders and young people - experimenters (mostly mainstream youth) and regular smokers (mostly vulnerable youth). Vulnerable 'kids' were described as being disengaged with school and/or family, most had friends who were regular smokers. There were myriad reasons provided why young people smoke, common themes across stakeholders and youth included: smoking is a part of life, smoking is used to cope with stress and anger, smoking is a way to fit in and belong, and addiction. In addition, stakeholders identified that young people cannot see themselves in the future and that smoking was a rite of passage, with many vulnerable youths being forced into being 'adults' at a young age.

Access

A clear common theme across stakeholders and young people was that access to cigarettes was easy. The two main sources of supply were parents and other adults (siblings, relatives, friends, strangers, community members), supply was unintentional (stealing a small amount so it goes unnoticed) and intentional. Other sources were peers (sharing, buying singles) and butt runs.

Tobacco 21

Very few had heard of T21 and, following a brief overview of the idea, many pros and cons were discussed. Most stakeholders felt it had merit and was worth trying, as long as it occurred alongside other programs that supported youth, in particular those for cessation and mental health. Young people were supportive of programs that reduced the uptake of smoking but were less sure about T21. Both groups felt it may disrupt supply from friends because older people (e.g. those over 21 years-old) may be 'mature' enough not to supply younger people. Young people thought it would be weird for a kid to hang out with older people, e.g. over the age of 21. The cons were that young people are resourceful and access is easy via sources who are adults. It was thought T21 would be unfair for those who are currently 18-21 and smoking. Both groups found aspects of T21 confusing, e.g. does it mean young people can legally smoke, but shops are unable to sell to them? There was strong concern about the effect on young people who were addicted. Stakeholders were concerned it did not address the underlying reasons for smoking, that it would only be effective for some young people and that people are legal citizens at 18.

Other solutions

There was extensive discussion from both groups about other potential solutions to address smoking uptake in young people. Acknowledging that evidence-based strategies and tobacco control plans exist in Tasmania, we mapped the solutions from the interviews and open-ended responses from the stakeholder survey against two key documents, *Tasmanian Tobacco Control Plan 2017-2021* and *Smoke Free Young People Strategy 2019-2021*. This demonstrated that most of the suggested initiatives are already occurring. Therefore, reach of these activities into the community appears low. The key suggestions included free cessation programs designed for young people, early intervention programs based on empowerment that include education about smoking and coping mechanisms, evaluation of T21 and other tobacco control programs, development of campaigns by young people for young people with a focus on immediate effects of smoking, and addressing the social determinants of health among families and communities.

Conclusion

It is recognised worldwide that smoking initiation that persists into adulthood occurs in adolescence. Recognising that young people smoke for a variety of reasons, with distinct groups of experimenters and regular smokers is central to understanding how to prevent uptake. There was support for T21 but limited understanding of how it would function. There were concerns about a lack of effectiveness due to continued access to cigarettes by young people by other means, lack of alignment with the legal age of other activities and the effects on young people who were addicted. There was strong support for more cessation support for young people that already smoke noting that this is not the intended target for T21 legislation. Using consistent and relevant messages that are designed with young people (both experimenters and regular smokers) was perceived as imperative for addressing smoking according to stakeholders and young people. Increasing understanding of the current frameworks for tobacco control in Tasmania, including how T21 would sit within these, could demonstrate activities and achievements in key areas identified. Ensuring that these strategies are well resourced is likely to be important for decreasing smoking uptake and increasing smoking cessation among young people.

Background

Tobacco 21 (T21) is a policy approach to reduce smoking uptake among young people and has many iterations. The main iterations are based on enacting legislation to increase the minimum legal age of sale or purchase of tobacco products from 18 to 21.¹ In the United States, where the use of Tobacco 21 legislation has been growing among different state and local area jurisdictions in the last 5 years, the President signed legislation amending the Federal Food, Drug, and Cosmetic Act to raise the federal minimum age for sale of tobacco products from 18 to 21 years². In Tasmania, the Hon Ivan Dean MLC, a member of the upper house of the Tasmanian Parliament, has proposed to raise the minimum legal age for the sale of tobacco products from 18 to 21 through an amendment to the Tasmanian 1997 Public Health Act.

We are undertaking a program of research to gain a deeper understanding about smoking among young people and approaches that could be adopted to address smoking in a Tasmanian context (Figure 1). The research serves to inform the debate about Tobacco 21 in Tasmania and to provide robust baseline data to support the evaluation of Tobacco 21 if it were enacted in Tasmania.

The full program of research includes secondary analysis of existing datasets, the views from young people (survey and interviews), the views from stakeholders (survey and interviews) and a scoping review to assess research about Tobacco 21 in other international jurisdictions. This report presents the findings from the **stakeholder interviews** (Figure 1, Box 3) and **youth interviews** (Figure 1, Box 2). Due to a realignment of the planned research approach because of COVID-19, the stakeholder interviews were also used to further understand views about why young people smoke and where they are accessing cigarettes.

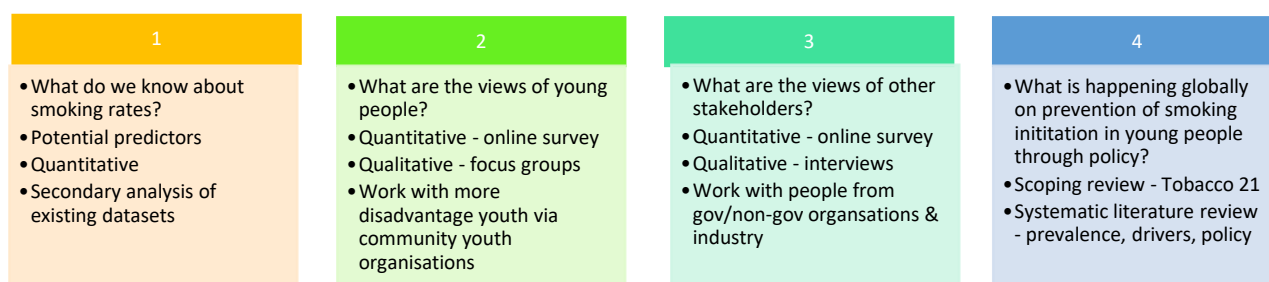


Figure 1. Program of research about T21 in Tasmania

In Tasmania, there are high levels of public support for Tobacco 21. 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.³ There is no published research available with a Tasmanian context that focus on views of young people or stakeholders (who work directly with young people or those that make decisions, influence, or implement tobacco control policy) about T21 and smoking. There is precedence for using qualitative methods to engage with stakeholders in the evaluation and planning of tobacco control strategies around the world including in New Zealand, Scotland and Finland.⁴⁻⁶ It has been noted that in the absence of high quality evidence regarding the effectiveness of novel interventions in tobacco control, and other areas of public health, that stakeholder opinions and recommendations can be useful to inform public debate about the merits of interventions.⁴

What do we know?

Australian data that informs smoking rates among adolescents is limited. Since 1984, the Australian Secondary Students Alcohol and Drug Survey (ASSAD) has been conducted every three years.^{7,8} While this survey is the largest national survey of teenage substance use in Australia, it is a school-based survey and does not capture adolescents who are not engaged with the school system. The ASSAD 2017 national 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 2011 (7%) but the same as 2014 (5%).⁸ This rate equates to 78936 of our secondary school population who are smoking.^{7,8} Further, 7% had smoked at least one cigarette in the last month, again this was significantly less ($p < 0.01$) than 2011 (9%) but there was no significant reduction since 2014 (8%).⁸ The most common source of cigarettes was through peers (48%), however, 18% of current smokers bought their last cigarette.⁸

There is evidence of a higher burden of smoking among young people in Tasmania than the rest of Australia. This is shown using Tasmanian data from the 2014 ASSAD survey. More than 70% of those surveyed agreed that smoking causes illness or harm.⁹ Yet 10% of 12-15 year olds and 31% of 16-17 year olds had used tobacco in the last 12 months.⁹ The percentage of 'current' smokers was higher in Tasmania (6%) compared with national estimates (5%).⁹ As noted previously, these figures do not include young people aged 12-17 years who are not attending secondary school. In 2016, ~18% of the Tasmanian population were aged 10-24 years old; 5.9% 10-14 years, 6.1% 15-19 years and 5.9% 20-24 years of age.¹⁰ Those who either did not attend school, did not disclose if attended school or did not complete year 8,9,10 or equivalent equated to 22.5%.¹⁰ Smoking continues to be more prevalent in areas that are socio-economically disadvantaged.^{11,12} Australia's Health Tracker,¹³ which uses data from the National Health Survey, reported that Australia's highest adult smoking rates are found in the Tasmanian suburbs of Bridgewater/Gagebrook 39% and Risdon Vale 34.4%. All these areas have a Socio-Economic Indexes for Areas (SEIFA) decile number of 1 when ranked, indicating high levels of disadvantage.¹⁴ The number of adolescents who should be attending school but are not are also more apparent in areas of socio-economically disadvantage.¹¹ This indicates a proportion of our youth who are more likely to be current smokers may be missed in existing monitoring and surveillance systems.

Most young people begin experimenting with smoking in the early to mid-teen years, which has implications for strategies to address smoking uptake. Data from 2016 indicated that the average age at which people aged 14-24 had their first cigarette was 16.3 years.¹¹ Most young people access cigarettes from peers^{15,16} and one of the proposed mechanisms for T21 effecting smoking uptake is by extending the age gap between this average age of first cigarette and the minimum legal age for the sale of cigarettes. It is suggested that this will further disrupt the access to tobacco products through peer networks. Research shows that most people who purchase cigarettes for younger peers are under 21 themselves.¹⁵ It is proposed that creating a larger age gap between the average age of trying a cigarette and the minimum age of peers who can legally purchase cigarettes could disrupt or delay the supply of cigarettes to adolescents.¹⁵

While there is consensus in the literature to engage with young people to understand their reasons for smoking, there is a paucity of qualitative research available that includes young people directly. We addressed this gap with this research, which is presented in two parts – stakeholders and young people.

Stakeholder interviews

Aim

Understand the attitudes and beliefs of stakeholders working in government, non-government and youth specific roles regarding why young people smoke, where they access tobacco, their knowledge and opinions about Tobacco 21 and other potential tobacco control strategies to reduce smoking in young people.

Research questions

1. Why do stakeholders think young people start smoking?
2. What do stakeholders understand about how young people access tobacco?
3. What do stakeholders believe are the major barriers and facilitators to T21 being effective?
4. What tobacco control programs do stakeholders think will have an impact on preventing uptake or reducing smoking in young people?

Methods

A qualitative research design using semi-structured interviews via Zoom software was used to gather stakeholder views. Research questions guided the development of purpose-designed interview questions with prompts. The interview schedule is included in appendix 1.

Recruitment and analysis

A snowballing technique was used to recruit participants, with interviews continued until data saturation was reached. The intention of the Initial engagement with stakeholders was to work with organisations to gather the views of young people. However, this led to introductions to other stakeholders that contacted the researcher to be involved. Recruitment was in part purposive, to ensure there was representation from government and non-government organisations, people who worked directly with young people and organisations that represented minority groups in Tasmania. The interviews concluded as data saturation was reached.

Interviews were transcribed verbatim and analysed using Braun and Clarke's six-phase thematic analysis^{17,18} supported by NVivo software. Analysis was a mix of deductive and inductive in nature as the interview questions provided a framework of concepts and themes were explored under each of these concepts. Themes are presented at a semantic level; however, some interpretative level of analysis will be introduced.

Ethics

Tasmania Social Sciences Human Research Ethics Committee (HREC) provided approval for this part of the research on January 14, 2020 and then approved the amended application to include interviews via Zoom on March 18, 2020. Ethics Ref No: H0018586

Results

A total of 29 interviews were conducted between March and July 2020. The interviews include representation from government (elected members, education, policy, youth), non-government and youth specific organisations (across government and non-government sectors) from each region (North West, North and South). Participants were a mix of current smokers, ex-smokers and never smokers. In the non-government sector, two thirds of the people interviewed worked specifically with youth across a range of social and demographic groups (mainstream and engaged with school to those disengaged with school and/or living with disadvantage). Most views and deep insight about young people came from those who work directly with youth. In addition to the interviews, many informal conversations occurred with a range of people working across government and non-government positions. These conversations occurred with more than 15 community based non-government organisations around the state and people who worked in a range of government roles, including from policy, youth services and education. The information gathered from these informal conversations was used to provide context to the interviews rather than as part of the thematic analysis itself.

Interviews were transcribed verbatim, except the last interview where notes were taken, by this time it was apparent that data saturation had been reached. The process of analysis was guided by Braun and Clarke's six-phase thematic analysis.^{17,18}

Who smokes, why do they smoke and how are young people accessing cigarettes?

Who

There are two distinct perceptions about why young people smoke. These include those who are experimenting and using smoking to 'fit in' and those who are addicted, using it to cope with stress and use smoking as a form of connection and belonging. The latter is like 'fitting in' but is attached to a deeper desire to feel like they are part of something.

Young people were referred to as mainstream or vulnerable (or living in disadvantaged situations). Mainstream were described as being mostly engaged with school, sports and other settings/institutions and come from families with higher socioeconomic position. Vulnerable young people were described as people who were disconnected with family and/or school, not playing sports, were connected with trauma, and come from families with lower socioeconomic positions or living in poverty. While most vulnerable young people that stakeholders worked with were described as from areas of disadvantage (e.g. low socioeconomic areas), there were also young people who were from with higher socioeconomic position. The characteristic in common appeared to be a connection with trauma or anxiety.

"kids who don't, can't, aren't able, for whatever reason, to engage in normal schooling. They're highly at risk and highly vulnerable in various ways" (Participant 6)

"I've kind of got the other side of that where there's groups of young people who are really anti-smoking, and they're young people who've had this access to information, that have lots of opportunities, they play sport, they're busy doing other things that they want to do..."(Participant 27)

Stakeholders perceived mainstream young people were linked with smoking for experimentation, risk taking, rebellious behaviour and less likely to smoke regularly or at all. It was reported that vulnerable young people were more likely to smoke and use smoking to cope with stress or trauma and more likely to smoke regularly.

"...the prevalence would be less among young people who have supportive, positive relationships with family and family". (Participant 5)

“All of the young people that I worked with who were disengaged from school smoked”. (Participant 1)

“...there are a couple that we have and certainly the alternative education program, young people that use our space, they’re all smokers and that’s part of that cultural norms for that group”. (Participant 6)

“... the socioeconomic situation, having peers and parents that are smokers, seems to be a large influence I would gather on young people picking up smoking...young people from the schools, generally I’ve seen it as that they’ve been against it”. (Participant 7)

“Certainly knowing a few of the kids that are... sort of troublemakers, like you see them getting around everywhere smoking. It’s probably not something that’s enforced against in their families, so they feel free to do it wherever they want”. (Participant 21)

“I think much more likely the ones that we won't see smoking will be those who are in stable families...active parents ...And they do tend to be the non-smokers”. (Participant 26)

...local sort of meeting areas, like skate parks, libraries, things like that are a place for kids to sort of come together and try out smoking...” (Participant 21)

“smoking, for them, often revolves around anxiety. It's a calming method for them to be able to face things.” (Participant 26)

There was a common perception that most children are starting to smoke younger than 16, especially those living with stress and who living in vulnerable situations.

“...from my experience the average age would be 9. Sorry, 11 as a regular smoker but 8 and 9 for cigarettes.” (Participant 1)

“I would have thought it’d be more – well not a whole lot younger but maybe average of 14, 15 rather than 16”. (Participant 8)

“The other point of course is that even now with the smoking age at 18, as you know and I know, there are plenty of 14 and 15-year-old kids smoking”. (Participant 15)

“...we are seeing it from as young as eight to ten-year-olds”. (Participant 13)

Why

Much discussion ensued when asked what the common story may be about why young people smoke. Six themes (Figure 2) that started to emerge include:

It is a part of life – this theme is about the idea that smoking is a part of life in a young person’s world, it is what you do as you transition through adolescence to adulthood. In some communities, it was perceived that most adults were smokers and there was a sense that some adults do not approve of their children smoking. However, there was a perception that some adults do not actively try and stop young people from smoking and continued to smoke themselves. The stakeholders felt that this made young people feel like it cannot be that bad. It was noticed that other adults do not see there is an issue with smoking because they grew up with it around them. It was reported as more than generational; it is engrained in the community culture and part of community identity. Not only is it socially acceptable, it is almost an expectation. Those who do not smoke will stand out and be different to the rest of the community.

“...they didn’t really talk about it in a way like it was anything special. It was just something that we do. We wash. We eat. We smoke. We go to sleep, all things that people do so it’s just very much accepted”. (Participant 1)

“...they really don’t have an answer, it’s not something they’ve actually – I don’t think they’ve actually thought about or no-one’s actually asked them that question before. ‘Cause a lot of the time it’s just like “well I just smoke.” (Participant 10)

“The sense I have is that it’s very much young people smoke because they come from a family where people smoke and it is very much a part of their culture and their experience.” (Participant 12)

“The ones who would be using it more often, where it’s not necessarily connected to a sense of belonging, but it’s more like, “That’s just what everyone has always done around me, so that’s just what I’ve taken up... part of a socioeconomic background which that was completely normalised and habituated, and there was nothing wrong with that identity.” (Participant 29)

Trauma and anxiety – another strong theme that was discussed in most conversations was the link between smoking and trauma or anxiety. This discussion mostly came from those who are directly working with young people. It was identified people have seen an increase in mental health issues (anxiety and/or depression) among young people.

“A normalised lifestyle of high stress. Where grandparents, children, their children, are used to a level of exposure to poverty, violence, domestic violence, grief, early death, undiagnosed illness and disability, lack of access to healthcare. That is the life, that is lived, generation to generation”. (Participant 9)

“...when I first started ... the amount of mental health we did in young people was a tiny, tiny amount compared to what we see now”. (Participant 10)

Many spoke of young people smoking (and using other drugs) to cope with stress. It was reported that young people speak of smoking as calming their feelings of anxiety and anger or suppressing their emotions.

“not doing it because their peers are doing it; it’s got nothing to do with anyone else around it. It’s a way of them coping with the stress of life and adapting... it is a coping mechanism” (Participant 2)

“I guess in the main part of that is that smoking, for them, often revolves around anxiety. It’s a calming method for them to be able to face things”. (Participant 26)

“...they have seen their parents stressed with something. What does that parent do? They go straight for the cigarette and basically they say that that’s what they do when they’re stressed so instead of seeing a parent who copes with a stressful situation without a cigarette in their hands it just normalises the whole situation”. (Participant 5)

From discussions, stakeholders believed these young people are more likely to be addicted to cigarettes and learnt from their family that smoking is a way to cope with stress. This pattern of thought was challenged by stakeholders given nicotine is a stimulant and satisfying a craving resulted in the feeling of calm. However, one spoke of a family member in the war feeling calm after a cigarette even though they had never smoked. It was suggested by a stakeholder that one or more of the chemicals added to tobacco could have a calming effect. Regardless, it appears that young people who smoke to cope with stress are more regular smokers who are addicted to nicotine rather than experimenters.

“... a lot of young people talk to us about using smoking as a way to manage their emotions or manage stress and they use it as a coping mechanism. A lot of our young people just said I have to have a cigarette, I have to do this”. (Participant 10)

“he was not a smoker ...and he said for no particular reason he just picked up a cigarette. He wasn’t a smoker, wasn’t particularly interested in it, everyone else had one and he just picked one up. And he described it as taking this very big, deep breath”. (Participant 22)

“I think it's that co-addiction with anxiety, which is significant. If you're just addicted to it and 'I can have it or not have it' that's okay, but it's that other side of 'I'm trying to deal with really difficult stuff and I'm very very anxious' and the only way they know to take time out from that is to have a nicotine hit.” (Participant 26)

Many of those who worked closely with vulnerable and traumatised youth acknowledged that given the multitude of issues that some young people were facing, smoking cigarettes was not priority for them.

“...being from a low socio-economic area, there is a lot more stress involved - are we going to be able to pay the rent this week; are we going to be able to turn on the air-conditioner for some heating; are we going to be able to buy our food for the fortnight? And intergenerational trauma. That’s what I see it as”. (Participant 19)

“...more vulnerable to it or there's a higher likelihood of participating in smoking behaviours. And then combine a number of other factors that might be present in the person's life including stress...” (Participant 5)

“...smoking does make up a big part of people’s lives who have multiple other issues and challenges, and I guess vulnerabilities that they’re facing, and often smoking doesn’t get actually raised as a priority amongst all of those other challenges that people are presenting with...” (Participant 27)

Fit in and belong – This theme included a range of sub-themes; Connection, Belonging, Rebellion, Risk taking, Peer or social pressure, sharing, caring and common ground. The discussion for this theme was around typical development with young teenagers around risk taking behaviour, experimentation and wanting to fit in with peers. For some it seemed to go to a deeper emotional level with young people wanting to feel connected to a group and have a sense of belonging. Many discussed that for disengaged groups of young people, there is a sense of caring and sharing among peer groups and they will go along with what most of their peers are doing. Alternatively, young people will share something like a cigarette to be part of a group.

“...definitely trying to find or belong to something, because everyone wants to belong to a certain group or a certain - or fit in, I guess that’s the right word... You want to fit in in life and find your place.” (Participant 3)

“The ability to try it, to have a go, to follow your mate out who’s smoking and have a discussion and just have a social drag or something like that is there where it may not be within school or other ways that young people come together.” (Participant 7)

“...smoking is a really important part of peer connection, trade and favours...” (Participant 9)

“...part of your way of belonging to the group is to say, “I’m happy to share.” (Participant 15)

“When one of them has cigarettes they tend to share it with the whole group, so it becomes a bit of a – sometimes it becomes a bit of a way of getting people to like them. So they’re like, “Oh, I’ve got

cigarettes today. We can all share it together. You're going to be my friend." A lot of that attachment where they feel like they don't have a lot of connections and family, then they can kind of get it here with the other young people." (Participant 17)

"...coming from a mainstream school of dealing with smokers and things like that, that's quite a bit different because quite often, if you're on the periphery of the smokers and then if you want to be seen as the cool group and want to get into that group, then you need to be a smoker." (Participant 23)

Addiction versus experimentation – Some of the concepts of this theme come up in other discussions, however it was raised enough to warrant further discussion. The belief across most of the discussions was that stakeholders believed that most young people would experiment with smoking while with friends who are also trying tobacco. Those who live in communities where smoking is part of life are likely to experiment younger. It does seem that those who continue to become a regular smoker are from communities where it is almost expected. These young people were perceived to be dealing with trauma and/or anxiety and have come to rely on smoking as a coping mechanism. Everyone who works with young people identified that some young people are addicted to tobacco, not just experimenting.

"I assume it's quite easy to just light one up, especially if you're asked hundreds and hundreds of times, and you just decide you will try one day, and that just becomes more regular and regular and regular." (Participant 3)

"...that peer pressure and desire to fit in, and it's connected to partying and those kinds of events...this goes with kids who are partying and using cigarettes occasionally, those tend to be kids who pick it up, put it down, but from a higher socioeconomic backgrounds or middle class backgrounds." (Participant 29)

"they are addicted and they need that cigarette for a number of purposes...I can't think of one that is doing it because of peer pressure or they're doing it to be cool....they would still 110% need to go out and have their cigarette and that's the case." (Participant 23)

"...certainly by the end of ... we've had students in the past who are climbing the walls, their nicotine addiction is at that level..." (Participant 14)

"And I think part of understanding addiction, and nicotine addiction, is also understanding how it operates in the body and those internal little triggers that it generates, like what's going on at a physical level. People need lots of different ways of understanding how to quit smoking". (Participant 20)

A sub-theme that was raised is the insidious creep of nicotine addiction. It was acknowledged by stakeholders that many young people do not think they will become addicted as it occurs quietly, almost in an incidental way. It was also raised that marijuana use is popular among some groups of young people in Tasmania. As tobacco is mixed with marijuana, this could also lead to an incidental nicotine addiction.

A person may indulge a little bit more and suddenly discover that they feel like smoking a little bit more, but still not perhaps aware or allowing themselves to think that's it's become a problem and it's become entrenched in your routines and behaviours, grafted on to a lot of your routines and behaviours by the time you're aware that it's become an issue. (Participant 5)

"Kids smoke weed like cigarettes. I think there's got to be a relationship between those behaviours." (Participant 9)

"I think it's still quite social in our demographic. It's a social thing. They're also mixing it with marijuana. Quite often that's how a lot of my young people have started smoking tobacco is that they've started it at the same time as marijuana." (Participant 11)

"...we have young people that say, "No I don't smoke", and then they talk about using cannabis ... they're actually using nicotine with their cannabis." (Participant 12)

"The cannabis link's come up a fair bit because of adding the tobacco in with the cannabis and incidentally getting addicted without even meaning to be." (Participant 15)

Cannot see themselves in the future – There were two elements to this theme, young people being focused on getting through immediate issues and young people feeling indestructible so messages about ill health do not relate to them. This was an interesting theme as many social marketing campaigns integrate messages about adverse health outcomes associated with smoking in the future. It seems that young people are not thinking that far ahead.

"...there is the future unknowns, and that is more about live life for today, don't worry about public health messages and everything else...or other people, who just think, "Oh well life's short, it doesn't matter, you know, X, Y, Z problems are going to get me first. It'll be ages," who can't really think beyond the day or the next week..." (Participant 15)

"I think there's that general adolescent mentality of well, I'm young and I'm indestructible and I'll worry about that when I'm 50 or whatever. That is a future me problem rather than a current me problem and I'm living in the now and I live day to day, and I do what I want kind of approach." (Participant 24)

"In some ways 'I'm going to die before then' is a very common statement...It's not that they can't think past the next year, but they give up hope. The biggest issue we have with our kids in this sense is hopelessness." (Participant 26)

A sub-theme of this is the concept of health literacy, it is possible that some young people do not relate to their health in the future as their health literacy levels are low. This notion does align with several comments about the higher smoking rates among young people who are disengaged with school and missing educative opportunities to build their health literacy skills.

"I still think in a lot of the areas it comes down to health literacy, that knowledge about bodies, health, access to services, what to do if and how to deal with stress, how to deal with normal life issues and stuff. Health literacy is absolutely shocking in so many different areas." (Participant 10)

"Wealthier people, better educated people, are able to understand a more complex understanding about a health process, disease process..." (Participant 20)

"I hear continually, 'Oh, the kid's not really coping in Year 9 or Year 8; they'll just drop out, that's fine, it doesn't matter'. And that's a very typical storyline from intergenerational issues in families." (Participant 26)

Rite of passage – The final theme was smaller but was raised by those who worked closely with young people and those who did not. This was discussed in the context of some young people having to 'grow up' when they were still young and deal with 'adult' situations. This is reinforced for young people who grow up surrounded by adults smoking, as they believe that this is one of the behaviours that adults do. For some communities, it is completely normal to see young people smoking.

"...in lots of ways and smoking is just one of those – part of a rite of passage kind of process..." (Participant 6)

“...there’s no real thought goes into it, I think it’s their peers do it, including parents, other members of their community, and they just start smoking. It often coincides with the use of cannabis and alcohol. I think it’s a rite of passage stuff for most kids...” (Participant 15)

“...probably relevant to peer pressure is it’s a rite of passage for a lot of kids. You know, it’s just something you do as part of growing up, you want to experiment. And you particularly want to experiment with something which is prohibited.” (Participant 22)

Unfortunately, for some children making adult decisions and living autonomously comes at a young age.

“These are children who have been forced into adulthood really from age 10, quite often. They lose significant caring responsibilities, and also live with a very significant degree of independence. I think smoking for them is part of performing adulthood.” (Participant 9)

Because that’s what they see adults doing in their lives, and because they feel like an adult, even if they’re 10 or 12 or 14, they feel like that inside, because they have gone through so much already by that age, that becomes part of their performance of being grown up. (Participant 9)

“...young people are making an adult choice...it’s about making that adult choice, “I’m going to be an adult and I’m going to decide to do this for me and see what it’s like.” (Participant 16)

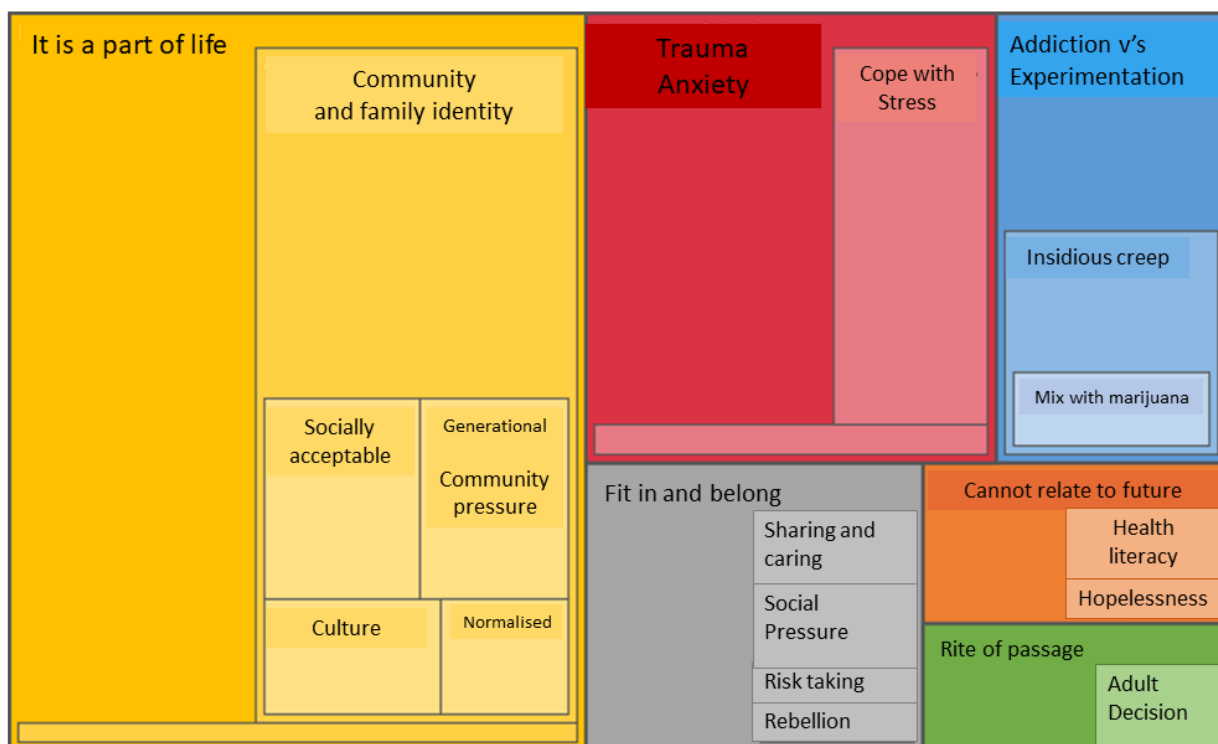


Figure 2 - Themes that characterise reasons why young people smoke

Access

From the stakeholder's experience, the main source of tobacco for young people comes from parents including parents willingly sharing but also through the child taking without their knowledge, as well as other adults (Figure 3). Those who reported parental supply as being the most predominant source were those who worked closely with young people. From discussions, it seems many young people first experiment with smoking through taking cigarettes from parents without their knowledge.

"There's one ... that manipulates ... parent into purchasing them for her. But the rest, parents are voluntarily purchasing cigarettes for their children." (Participant 19)

"There'd be a number of cases where mum or dad would smoke, would have a pack at home, they'd take one or mum or dad would just give it to them." (Participant 15)

"I do remember a few conversations now where they said, "I used to nick it out of mum's purse because she'd never notice." (Participant 1)

"Some parents are aware their kids are taking them, or taking tobacco, but sort of turned a bit of a blind eye because they're smokers". (Participant 25)

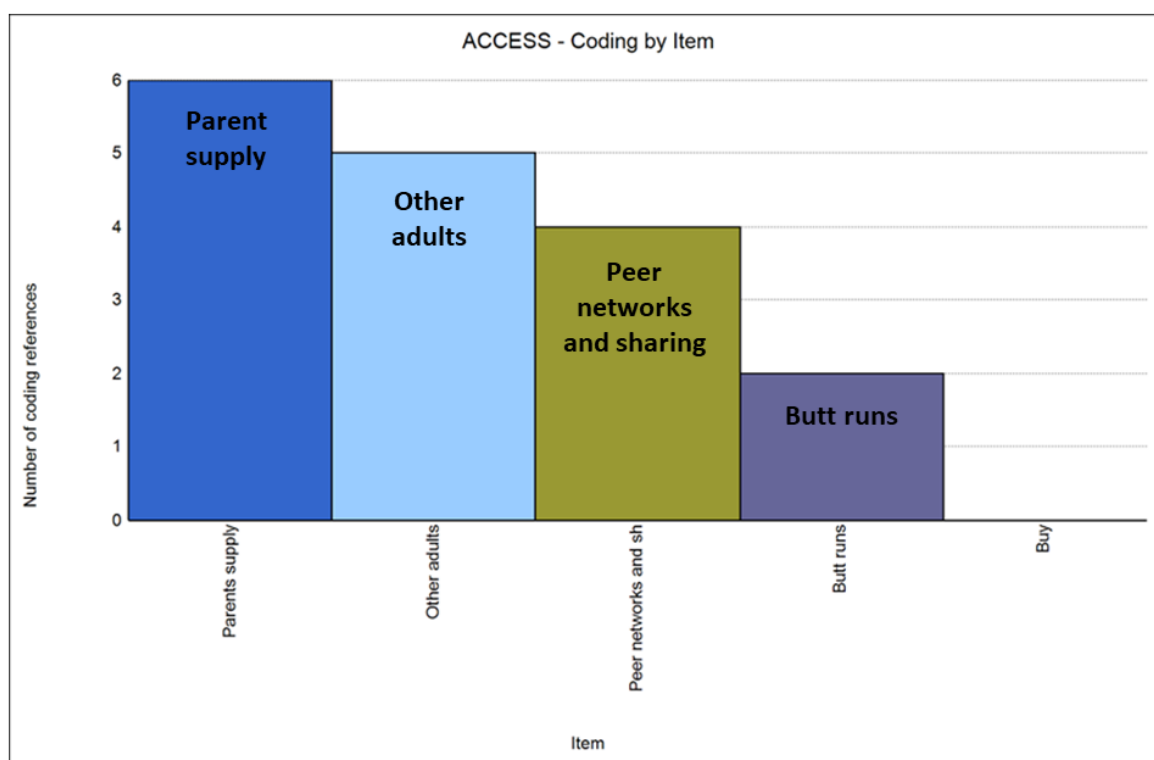


Figure 3 - Main ways young people access tobacco

Other adults included relatives (Grandparents, Aunts, Uncles, cousins), siblings and strangers. Other adults also refer to small scale 'black market' including buying from a secondary source; asking adults to purchase for you or buying single cigarettes of an older peer network. There were also potentially criminal activities known in the community such as meat runs (this is where young people steal meat from a supermarket for particular community members and get paid cigarettes or money, which they use to access cigarettes).

"some people who are approached in the community that might just be quite happy to accept a free cigarette or two in order to buy a packet." (Participant 2)

“family network, an older sibling or cousin or friend who has an older sibling or cousin and they might be in a blended age peer group themselves...” (Participant 5)

It was discussed that because of this supply chain, parents could be inadvertently supplying other young people as there is a strong sense of sharing among young people, especially in poorer neighbourhoods where they appear to pool resources.

“...one kid where one parent’s like yeah I’m the cool parent, I’ll let you take four cigarettes to school. So, three of the parents probably don’t know, or three of the families probably don’t know, but probably one.” (Participant 21)

Other ways of accessing tobacco included peer networks (sharing supplies or buying ‘singles’) and ‘butt runs’ (this is where young people walk the streets and collect butts then roll their own). Very few young people appear to buy their cigarettes. When this does occur, as identified earlier, there appears to be a range of older people available who will make the purchase for young people.

“...simple economics; if cigarettes are expensive you tend to pool your resources.” (Participant 15)

“because most ... aren’t on an income, is picking up cigarette butts, so they go for butt runs and they collect it all and then someone just buys papers and filters and they, yeah, take them all, undo all the cigarette bits and put them all together.” (Participant 17)

“...when kids are desperate they butt-seek and they reprocess butts.” (Participant 26)

“But it is easy to get and if they’re selling for a dollar each, it’s a bit of an enterprise for some of these people that are over eighteen.” (Participant 25)

Tobacco 21 legislation

Stakeholder understanding of Tobacco 21

There was very little understanding about the Tobacco 21 legislation across those working in government and non-government organisations. Many had not heard of it before and for those who had, there was a range of misunderstandings about the intent. Some of the misunderstandings include who will be penalised.

“...so my understanding is just that. That they’re looking at raising the legal age of purchase in Tasmania.” (Participant 1)

“...illegal to smoke unless you’re 21, or perhaps even buy cigarettes unless you’re 21.” (Participant 3)

“Yeah, I have heard of it. I don’t know a lot of it to be honest but my understanding was it would just be that you wouldn’t legally be able to buy if you were under 21 but I don’t know a lot about it.” (Participant 7)

“To be honest, I haven’t actually. Like, I’ve heard stories around changing the age, but I probably haven’t specifically heard of the Tobacco 21 strategy, or how it was worded, but I have heard of stories of changing the law to 21.” (Participant 21)

“If you are young and you are 18 and your caught with cigarettes, like what happens there, like is the shopkeeper that get punished or does the young person get in trouble or not.” (Participant 18)

“I think firstly to get public support, I think there’s a misconception around who will be penalised.” (Participant 11)

Could Tobacco 21 reduce the level of young smokers?

In the interviews, stakeholders were asked about their understanding of the T21 bill. The researcher then read each stakeholder the same script about the bill and asked how they thought the idea of T21 could be effective and in what ways may it be ineffective. There was in depth discussion from all stakeholders and while there was a small number who firmly opposed the bill, most felt it had merit for some young people, particularly those who are experimenting with smoking. It was felt that it might not be as effective for those who already smoke on a regular basis that were more likely to be addicted and already had access to tobacco now. The themes that emerged were based on reasons why stakeholders thought the bill would and would not be effective to reduce the prevalence of young smokers (Figure 3).

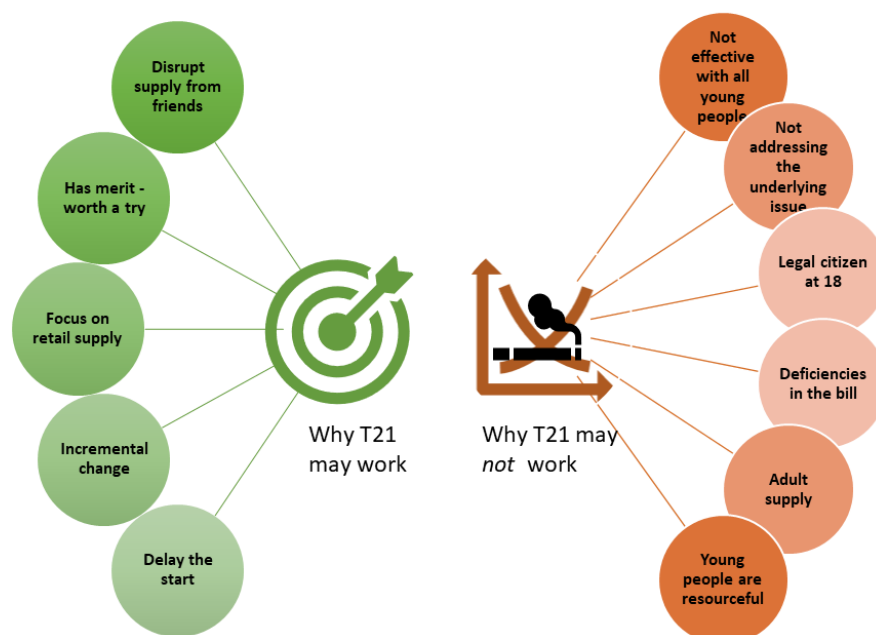


Figure 3 – Reasons why T21 may or may not be effective for reducing young people's smoking.

Major reasons that stakeholders believe T21 could be effective

Most participants felt that despite the concerns articulated above, the T21 had merit and was worth trying. This was, in part, because they felt that trying the legislation was better than doing 'nothing'. Most (smokers and non-smokers) felt the bill was a good idea because something had to be done to prevent young people becoming addicted. They talked about the need to prevent these young people moving into adulthood with an expensive and harmful habit that would impact other options, such as renting a house. Stakeholders felt that one of the reasons for some of the economic impacts not being felt during younger years related to the fact that many young people were not spending money to smoke when they are young due to obtaining cigarettes from others without cost or purchasing single cigarettes. The stakeholders felt that these young people would not feel the true financial impact of the habit until it was too late, and they were addicted.

Other points raised were that T21 would be effective by disrupting the peer supply, particularly in relation to creating greater distance between younger and older people that could legally buy cigarettes. Many stakeholders felt that a positive of T21 was that it was focused on the retailers, not the young people directly. People thought that this was more likely to be able to be enforced and addressed the moral issue of selling cigarettes, which were thought to be a damaging product. Stakeholders believed that T21 could be effective in terms of pushing out when young people might start transitioning to regular smoking. There was also support for the notion around T21 being an incremental change in society, where it would begin to shift community sentiment about smoking as a normal behaviour.

It has merit and worth trying

"It might deter some youth and I guess the government's standpoint would probably be, well, if we can do that for some, then that's better than none at all." (Participant 2)

"It's really exciting to potentially be the first jurisdiction in Australia to be trialling or piloting something like this...if a place like Tasmania can't try out these sorts of initiatives then probably no one can." (Participant 8)

"I was thinking about Tobacco 21 and the argument about prohibition doesn't work, but then if you compare it with when we stopped cigarettes in pubs people thought that was never going to work, and yet what we've seen is that pubs actually became more popular and had increased people attending because of it." (Participant 12)

"I think, importantly, what – it sets in a culture around smoking – that it sends that message, that broader health message that smoking isn't something, as a society, that we want anymore, that it is on the fringe...So yeah, I think it's about creating a fairer playing field for these people, for their health. And they're very vulnerable and bearing huge inequalities, let's take one away, if we can." (Participant 16)

"The people who actually work with people in poverty and hand out food, they know how much money is getting spent. So I think to get the bill through, it needs to speak to more reasons why it's collectively good, as well as individually good, and part of that is the public health budget." (Participant 20)

"I think governments have got to be bold and be prepared to be paternalistic because 'business as usual' has got us to this place. So nothing is going to change unless we change the way we do business." (Participant 22)

Disrupting supply from friends

"I completely agree with it. I think you need to disrupt the chain of supply. The good thing about putting it to over 21 is obviously it's another three years of fortuity for those people who are looking at supplying. So if you're 22 and there's a 16 year old or younger there's a big age range. A 22 year old should hopefully look at a 16 year old and see a child." (Participant 1)

"So a 14-year-old is very unlikely to be able to have the same social group as a 21-year-old, to be able to get smokes from. So I think that that's a real advantage in that the accessibility is making it even harder to get. It might just delay that wanting to try that something..." (Participant 16)

"I think that's important mainly because if you look at the 18 year olds, they probably don't have too many financial responsibilities at 18, they are still enjoying living at home, no bills to pay, things like that, but by the time you get to 21..." (Participant 21)

Focus on retail supply

"...not increasing penalties to users or people trying to purchase which is a positive in that way, just to those supplying, so that in many ways it will reduce that. I certainly wouldn't quite be as immediately supportive perhaps of things that are more moving to criminalise – people trying to purchase or those who do purchase who are underage and so on." (Participant 6)

"I think it could be quite effective. In terms of it's legislated. So it's not a voluntary thing. Retailers have to comply, or they'll face some kind of fine I'm assuming ... I mean there's such a small percentage of young people smoking anyway that it would hardly make an impact to profits of retailers." (Participant 8)

"We need more focused on the social corporate drivers, and less on the individual people and what their actions are." (Participant 20)

"I honestly don't feel for people that have business in cigarettes, sell cigarettes, I actually think that to me that's just, it is what it is and if you've got a business that sells cigarettes you've got to find another way of getting people into your shop." (Participant 25)

Delay the start

"So the trying is the one bit, but it's the actual addiction thing and, in fact, if it happened later is the less likelihood of them becoming addicted long-term. So I think that's a real bonus; the longer you can move it, the better it will be and depends on the addiction level." (Participant 16)

"It's about stopping people from starting. Stopping people from starting. That's what it all comes down to. Because once you give up, once you have that nicotine habit, and it does not take long to form, does not take long to form at all, it's about stopping the access and delaying that ability to start. So I completely support this Bill, I really do." (Participant 19)

"the legal age to eighteen, people are starting much younger. So it simple maths, it's a three year frame where people are sneaking it earlier, at least if you make it twenty-one it's eighteen. If you make it eighteen it's fourteen/fifteen." (Participant 25)

Incremental change

"I think that's really important in terms of addressing public health messages because some things need incremental change and I see this as another step in that incremental change to being completely smoke free." (Participant 16)

"this is the best thing on the table at the moment and sometimes you've got to take small steps...trying to find a sweet spot where he makes some progress and has some hope of political support for it. And that might be the most clever course of action." (Participant 22)

"But I also know that within five years of actually doing it that we'd be settled into a new routine, it would become the norm." (Participant 25)

Major reasons that stakeholders believe T21 may not be effective

There were a few who were strongly opposed to the bill and many others who had doubts that the bill would effectively disrupt the supply to young people, especially for those young people who access it easily now. It was recognised that it may be effective for some children on the fringes of mainstream.

"...waste of time. I mean, because there are young people now who are under 18 that are accessing it so it's not going to make any difference. And we're not a police state so how are you going to monitor it?" (Participant 13)

"I think legislation in this area is generally very ineffective, and as I say I think it'd be difficult to police, and secondly I think there are a number of tools that one could find as to a way around it." (Participant 15)

"Yeah, look, I think I can see merit. I still don't know if it would have an effect... I think there is a risk that it might not have an impact when they are finding ways to access cigarettes." (Participant 17)

Six themes emerged from discussions about the reasons why the T21 concept may not work to reduce the number of young people smoking. The themes 'young people are resourceful' and 'adult supply' were the most common theme across several interviews. Participants believe a legislation like T21 will not having an impact on the current supply pathways for those young people who already smoke regularly. Other themes include, 'not addressing the underlying issues', 'deficiencies in the bill', 'it won't be effective for all young people' and 'legal citizen at 18.'

Young people are resourceful – In several discussions it was raised that many young people, especially those from 'tough' backgrounds, are resourceful. Being resourceful and finding a way can be considered positive attributes in life. Some used this point to talk about the importance of looking for the strengths among young people, rather than focussing on the negative. Regardless, many felt this attribute will result in many young people finding a different way to access cigarettes.

"...young people will do what it takes to do what they want to do. They're already at risk in what they're doing in their lives. It could further place them at risk between the 18 and 21 age group." (Participant 2)

"...they will find other means to, or other people to, help them get access, that they would search for and find, locate, identify and find people that can help get access to it...tobacco reaches people in different ways, I think, and I don't know that this policy is going to change that." (Participant 5)

"Never underestimate the ingenuity of people to get around regulations and legislation when they want something. Whether the age is 18 or 19 or 20 or 30 I don't think it matters, I think that's missing the point." (Participant 15)

"...young people are resourceful, so they find ways to do what they're not – they know they're not supposed to do or their family have the right to tell them not to do." (Participant 18)

"I think the illegality is a non-issue for our students. It stops them access, maybe easy access. It means they've got to go to other means to do that, but their means are obviously sufficient enough to provide... ultimately, though, I don't think it would make any difference. If they react to it, they'll find a way around it.." (Participant 26)

"those young people who are just facing the most barriers, and who basically are the poorest of the poor in our state. I think it makes it a bit harder for them, but it will be something that they would be able to get around, but it would just be harder, and possibly more expensive." (Participant 27)

Adult supply – There was a strong theme that the largest supplier of cigarettes to young people were parents and other adults, both directly (e.g. supplying on request) and indirectly (e.g. the young person taking without their knowledge). Therefore, many felt that the supply to young people would not be disrupted because adults would continue supplying cigarettes.

“...where it becomes generational – I think the parental supply, I don’t know how you’re ever going to stop that really and the theft from adults as well. That’s always going to occur because water always finds a way. If there’s a hole it’ll find a place to leak.” (Participant 1)

“You’re not going obviously control it in all cases and certainly not with the family and parent handing it on anyway...” (Participant 6)

“I just think these are kids where mum and dad smokes, sister/brother smokes, it’s a family thing. I don’t think this is going to change their access because for whatever reason at 13 or 14 they’re accessing anyway.” (Participant 12)

Not addressing underlying issues – This was a strong theme about addressing underlying issues that vulnerable young people face; trauma, anxiety, and myriad social issues including having a safe place to live. It was felt that many children are dealing with stressful situations and looking for a coping mechanism. Therefore, it was felt that unless trauma was reduced or anxiety and other mental health issues addressed, the habits used to cope, such as smoking, will continue. Another underlying issue was helping young people to find ways to cope that do no harm. Health literacy is known to be low in Tasmania. Young people who are disengaged with school may have limited skills and knowledge to understand there are other choices. This theme was strongly supported in open-ended responses from the stakeholder survey.

“So unless you can improve education and health literacy I still think how do we get these people then to effect change? So okay well you can make it 21 but we know they’re still going to be able to access that through friends, family, whatever else so those people are still potentially going to smoke. Yes, we might stop some who can’t access it because they were buying it themselves but I still think unless we can change the whole health literacy of these people it’s not going to change.” (Participant 10)

“And I also think that really vulnerable groups that we work with – so some people will say, “Well, smoking is the least of their worries.” (Participant 16)

“...has this worked to stop people smoking or not, then that might be missing a whole lot of other aspects of reasons why people smoke. It’s almost like needing to get to the reasons rather than just telling people they shouldn’t be smoking or ...” (Participant 18)

“I found a lot of times, with legislation that relates to the young people that I work with, often it doesn’t address the underlying social issues that lead to the sorts of behaviours that these legislations are trying to prevent or to stem or to curb in some way. And so, I find it really frustrating, that “Oh, let’s just change the age, and problem solved,” when actually you’re not looking at what’s causing them to lean towards that behaviour in the first place...”(Participant 24)

Deficiencies in the bill – There was a range of suggested deficiencies in the T21 proposal identified. Many felt it was important to have a clear process for implementation and monitoring if T21 were enacted. Some of the concerns were about using the law or prohibition to address an issue that is deeply related to community norms, culture, identity politics and intergenerational habits. This led to questions from stakeholders about how such a law would be enforced. There was also some concern if the law would extend to community members supplying young people, beyond retailers. Also related to retailers, some stakeholders were unsure if T21 meant that a young person working in a

shop that sold to someone under 21 would be penalised too. An interesting point was raised that stakeholders saw the distrust young people have of adults because they see adults making poor decisions. This meant that young people do not trust them to make the best decisions, which extended to laws like T21. The evidence about T21 and theory behind it was questioned. These views were also present in the open-ended questions from the stakeholder survey.

Legislation not the answer

"...by legislating it, in my opinion I don't think it will change because there is so much cultural change that needs to occur alongside that as well." (Participant 13)

"I think what you've got is a cultural issue, and utilising the law is not always an effective tool for changing culture...I think legislation in this area is generally very ineffective" (Participant 15)

Enforcement

"...go to a place like Dan Murphy's where you can buy alcohol and cigarettes, what kind of reasoning is there around the fact that you can still access alcohol at 18 but cigarettes at 21." (Participant 13)

"I think the law would be very hard to enforce" (Participant 15)

Distrust in adult advice

"And that feeling of why should I listen to adults now because you ... up the world basically? So there's a rebellious thing that I'm hearing from a lot of young people of why should we tell them what to do and why should we say they can't do this or can't do that or should do this and should do that? Well we've done a pretty bad job of a lot of things." (Participant 10)

"...in a lot of the collective cultures you could be 50 and your mother can still ask you to stop smoking but over here your life is your life and your life alone so, no, you can determine what goes on in your body, nobody else can do that, not even your mum or dad." (Participant 18)

Evidence

"...they do have some good evidence coming out of America, - A: Well I've seen that, but I wonder about that evidence because I think as I read that in evidence there's a whole range of factors that go into the issue. The other thing about Americans, the American market is different ..." (Participant 15)

"Yeah, now a lot of men grow up a lot from 18 to 21 obviously, but an awful lot don't and I bet a disproportionate number of them smoke. I don't know, it's a bit of a wild assertion but I think if that's the safe guard in this Bill, if that logic is the safe guard that the older person will be more cautious, I'd like to see the evidence. I'm sceptical of it." (Participant 22)

"...by moving the legal age to 21, is it a shift of - instead of the age of taking up smoking being 16, does that then shift to 18 for example? And what are the perceived benefits of that additional two years? Are there any or is it just a delaying of the inevitable and it just shifts from one age group to another?" (Participant 24)

Not effective with all young people- It has already been identified that there is no one size fits all approach that will work to address smoking in young people, as they come from different backgrounds, many used the term 'class' to describe these differences. It was discussed that low SES communities work differently to other higher SES communities. In lower SES communities, stakeholders saw that young people functioned more as a collective (e.g. more are disengaged from school, parents may be unemployed, no organised sport) compared with middle to upper 'class' children who functioned in settings (e.g. children go to school, play organised sport, parents work, live in a secure home

environment). The young people in more disadvantaged areas were believed to more likely to pool resources, spend their spare time with others from the neighbourhood and make their own rules. These were viewed as strengths of these young people. Other strengths within these communities of young people were elements of caring and sharing of goods. In some ways it was felt that although T21 was intended to address low SES communities where young people are more likely to smoke it may not affect these children as much. It was felt the bill may have an impact on some of the 'mainstream' kids.

"I think if we're even more paternalistic towards young people, saying what they can or can't do they will just get more rebellious." (Participant 6)

"I think there's just that really big divide between the kids that will follow rules, follow laws, versus the kids that laws are not going to make any difference for." (Participant 12)

"But then for my – so the kids in this realm of the world, I can't see it having any impact at all, not – unless there's an older brother or sister who's 18 and they don't have – and their parents – I think it would be minimal, maybe a 10% impact to my kids." (Participant 23)

"I think probably, it's more targeting that middle range of young people, who are at risk of taking up smoking, but I don't think it's going to be as effective - I think this is what you're asking - on those young people who are just facing the most barriers, and who basically are the poorest of the poor in our state." (Participant 27)

Legal citizen at 18 – This theme is about having 18 as the age when someone becomes an adult and can make their own decisions. Part of this theme is about young people being able to vote and make other 'risky' choices but then not being able to choose to buy tobacco products, which are a legal substance. These sentiments were echoed in the stakeholder online survey.

"I find it philosophically it's difficult to have a special rule for 18 to 21-year-olds. If you want to make 18-year-olds legal citizens then putting in a subset of rules that doesn't apply to everybody seems to me a bit problematic." (Participant 4)

"I don't think it's a good idea and I just don't see the, yeah, I don't see the reasoning in it. Unless you are going to raise all other things to 21 and tell everyone in Tasmania that that's when people can make adult decisions and legislate it. But we need to, that's a bit of a message in itself that young people in Tasmania can only make these decisions when they turn 21 and that is when we decide that they are able to do that." (Participant 13)

"...turning 18, you can have alcohol, you can have other things, I think it could cause issues with young people being like, "Well, I should be able to have access to these products because I'm legal", whatever ages. I wonder how much of an impact that would have being told that you can't just because you're 18 that you can do other things." (Participant 17)

What needs to be considered to support young people

Overall, through the discussions it was clear that stakeholders felt we needed to invest more in all young people. This was suggested to be achieved by creating programs with consistent messages about smoking for communities, families, and young people in or out of mainstream education.

While many supported the idea of T21, people questioned there was enough evidence to support T21 and whether the resources could be used more effectively elsewhere. Conversely, stakeholders acknowledged that novel ideas that 'do no harm' are worth trying if they are implemented with

resources to support enforcement, monitoring and evaluation to measure the effectiveness of the approach.

Most people offered other thoughts about what would support young people. There appears to be key concepts that came out of the discussion (Figure 4). A focus on smoking at a population level (e.g. bans, making smoking inconvenient and a focus on the retail supply); programs that focus on family and community support to address social determinants of health and; support for young people at a broad level beyond a focus on smoking (e.g. free cessation products, empowering young people, building life skills, making messaging consistent and relevant to all young people). The intent of the latter is about showing people the pathways out of poverty and learning about other choices.

The strongest discussion, which related all of these key concepts was around was holistic support for young people and their families at a broad level. In relation to young people, this included themes around supporting youth in terms of empowerment and life skills. Stakeholders stressed the importance of making messages around smoking relevant to all types of young people. There was also a lot of discussion about needing to support cessation, acknowledging that many young people support this because many young people who smoke are addicted to tobacco.

Under the theme of empowerment are sub-themes that include:

Pathways without smoking – many examples were given of linking young people to a sport that they were passionate about, especially one with some risk like mountain bike riding, wind surfing or a sport that they are/were good at. Stakeholders felt it was important to show them opportunities to have a fulfilling life.

Early intervention – Stakeholders raised that most young people attend early primary school, in contrast to higher levels of secondary school. It was felt that this makes early intervention programs in primary school the best time to provide help with coping mechanisms and support before they transition to high school.

Work with young people – it was clear from a range of stakeholders that to make a change in the behaviours of young people, they need to be involved in the creation of a solution. To make a change, the underlying behaviours and motivations of young people need to be better understood.

Health literacy –having consistent messages about aspects of smoking and alternative positive choices. There was discussion of the need for programs that reach young people who are engaged or not engaged with the mainstream school system. This also intersects with the theme around starting these programs in early primary school and continuing until year 12.

Pathways out of poverty –this sub-theme recognises that there is a pathway out of poverty and if young people had less trauma, stress or anxiety issues then they would be less likely to smoke as a coping mechanism.

Other themes under the broad concept of supporting youth beyond smoking prevention includes free cessation programs. Stakeholders noted that although the cost of cessation products is similar to cigarettes, many young people are not buying their cigarettes. There was discussion about the need for support from services that are not fragmented, were respectful and non-judgmental. All these themes connect with codes that appear in other themes within this broad concept.

The other concepts were more straightforward, focus on smoking specific initiatives that are pitched at a population level rather than an individual level and support should extend to community and family support that address social determinants of health.

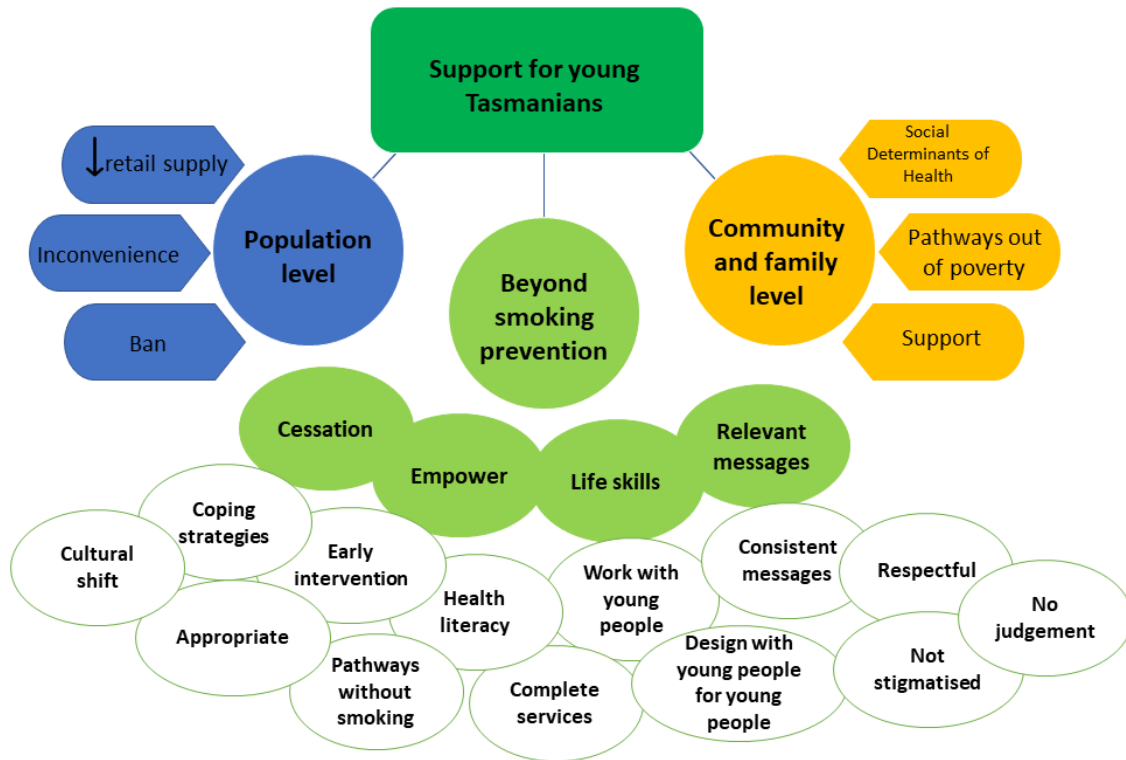


Figure 4 – There were three broad concepts suggested to support young people to prevent or delay smoking; smoking specific strategies at a population level, community and family support to address broader social determinants of health and supporting youth beyond smoking prevention.

Youth interviews

Methods

The research with young people was originally going to include focus groups around the state. Considerable engagement and planning had occurred with community organisations in each region and a full ethics application was approved in early March 2020. Due to COVID-19, the direction of the research shifted, and an ethics amendment was submitted and approved to use an online survey and Zoom interviews instead of face to face focus groups.

This formative research is exploratory and inductive. An important aspect of sampling for this type of research is to engage with the hardest to reach youth in the most disadvantaged areas. This was achieved with support from key community-based organisations around Tasmania who work directly with young people who live in areas of low socioeconomic advantage.

Zoom interviews were organised with various organisations who worked with disengaged youth. The original focus group questions were adapted for interview and the semi-structured interview was designed to answer the research questions. The interview schedule is included in appendix 2.

Recruitment and analysis

A snowballing technique was used to recruit participants and interviews continued until data saturation was reached. Initial engagement with stakeholders was about working with organisations to gather the views of young people, this led to these organisations facilitating interviews with young

people. Recruitment was in part purposive to ensure there was representation of youth disengaged from school or living in a low socioeconomic area.

As a layer of protection and alignment with 'The National Statement on Ethical Conduct in Human Research', a youth worker was required to be in the room with the young person while a researcher was either present or in the meeting via Zoom. Information and consent forms were provided to the youth worker and the young person, both had to be signed prior to any data collection. To save time in the interview, a pre-questionnaire to collect demographic information was completed prior to the interview. Interviews took between 20 and 30 minutes.

Interviews were transcribed verbatim and analysed using Braun and Clarke's six-phase thematic analysis^{17,18} supported by NVivo software. Analysis was a mix of deductive and inductive in nature as the interview questions provided a framework of concepts and themes were explored under each of these concepts. As a form of validation, open-ended responses to questions in the youth online survey were categorised and considered alongside the themes that emerged from the interviews. Themes are presented at a semantic level. Because the interviews were conducted with a specific demographic, within text quotes from interviews and the survey are deliberately not labelled to protect the anonymity of participants and to mitigate any risk of stigmatisation.

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 12 interviews were conducted with young people in each region (participants aged 13-19 years old). All children were considered vulnerable and disengaged from school, family, or both. Qualitative data management software program NVivo was used to support data analysis but quotes verbatim reported here are limited to protect participant anonymity. In addition, some open-ended responses will be incorporated verbatim to support themes. Almost all the young people interview smoked in the last 4 weeks, all started before they were 15 with the youngest age of starting smoking at 9 years-old.

Why smoke

A range of reasons why young people smoked were provided. The largest theme was based around being surrounded by smoking; it is a part of life (*"We don't talk about it, just cigarettes are a part of life", "Honestly, it just feels like breathing"*). Many spoke of parents and other family members smoking. This led to them being curious and because family were smoking, they thought it was okay (*"I'm like oh well, they didn't hurt them so it might not hurt me"*). Many spoke of more specific reasons why they smoke. One theme was connected to emotions, this was about smoking when angry or stressed to calm down (*"I smoke because it usually calms me down when I'm angry", "Just the anger that's inside me, it helps to calm down a bit."*). This was something they reported as feeling and also observing that others around them did.

The next themes were closely connected. One was smoking to go with the flow e.g. to fit in, just join in, experiment or to be cool (*"My family smoke, so I just joined in", "It wasn't peer pressure but more just wanting to fit in with them", "When I was little I thought I looked cool when I did it"*). Another theme was smoking to be social with friends, as 'all' their friends smoke (*"But I do smoke more with friends – all my friends smoke"*).

Another theme was based on discussions about being addicted to smoking (*"If I don't get a smoke I feel cranky, I feel addicted because I cannot go without"*) with many young people sharing how they have attempted to quit (*"Yes, sometimes, like they'll say 'Oh, I quit' and then I'll see them the next day smoking a cigarette. And I'm like oh well, because I've said I'm going to quit heaps of times", "I've been trying to quit recently, but I've got back on the cigarettes", "I just get too angry and then I'll just go back to it."*). This theme was supported by open-text response from the youth online survey. Other reasons were for pleasure, e.g. to get 'a head spin' (*"I like the head spin, you draw back for 10 seconds"*), and that it was not something they had thought about, they just smoked (*"Most friends smoke, we sometimes talk about quitting but mostly everyone just smokes"*). .

Supply

All spoke of easy access to cigarettes. Some people were over the age of 18 so were able to buy themselves. Others reported asking older friends, family or strangers to buy for them (*"I'll give you one or two out of a pack' and they're like 'Yeah, all right.'"*). Parent supply was common, mostly directly through their parents giving them cigarettes (*"...her dad didn't really like care about buying cigarettes and stuff", "I either go back to mum and dad and then get them off them"*), but some were taking them without their parent's knowledge, just 1 or 2 at a time (*"I was only stealing one or two at a time"*). Sharing was also a common supply source (*"I started to buy them myself, now I share. It goes both ways – we share rollies"*). Young people were resourceful when it comes to accessing cigarettes and many said that when they were younger, they were less likely to pay for cigarettes (*"...never used to buy any, friends shared them with me"*) or bought 'singles', rather than a whole packet (*"It was easy to get a single once, or if you had rollies and stuff and you knew how to roll, it was just 50 cents"*). These sentiments were supported by open-text response from the youth online survey.

Smoking in conversation

Participants were asked if they talk about smoking in conversation. Initially, many said they did not really talk about it, everyone just smoked (*"...we don't really talk about smoking too much, my friends", "we sometimes talk about quitting but mostly everyone just smokes", "There are those graphics with the photos, no one takes any notice and no one talks about it"*). However, latter discussions revealed they had talked with friends and family about quitting (*"Dad says to quit as my lungs are still developing", "I was talking to my mum about it and she said, "Stop smoking." Then I went, "Yeah, right on"*) and the health consequences later in life (*"had the operation ... they removed her lungs and after that, she cut back a lot... I hate her doing that. I always tell her off for it"*). Many of them had attempted to quit or said they were planning on quitting one day. Most had been unsuccessful with their attempts (*"we always say we quit but we don't quit though, it never happens", "I've been trying to quit recently, but I've got back on the cigarettes"*). There was a range of health consequences discussed, most were long term effects (cancers, emphysema, asthma) (*"Probably she wouldn't have gotten emphysema if she didn't smoke", "when you're young I guess you don't really think about the cancer, and I reckon some young people would be like I'm not going to get it anyway"*) but some were more immediate. An immediate change discussed was the shortness of breath, hair smelling and coughing up black gunk (*"I didn't expect it to come on so fast. I knew eventually it was going to completely just shred my lungs, but I expected it to be when I was in my early 40s", "...how your hair and your nails smell and stuff like that"*). Some were good at sport and now unable to participate (*"Out of breath, out of breath, not being able to do more physical activities", "I was pretty good at running, but then I started smoking"*). Overall, most of the young people were not happy they were smoking and felt young kids should not start smoking (*"Kids definitely shouldn't be smoking"*).

Tobacco 21 – will it work?

Most people had not heard of Tobacco 21, except for one person who articulated the intent of the legislation very well. There was strong alignment with views shared in the interviews and open-text survey responses. Most were supportive of policies and programs that will reduce smoking among young people (*"I just think it should be there for them in a lot younger ages. So in primary school, they should be teaching kids about smoking and stuff and how it's not good"*). Some felt that T21 could work for kids who are accessing tobacco from people 18-21 now because a 21-year-old maybe mature enough not to be buying for younger people (*"I'm not sure, maybe people that are 21 are more mature and don't buy kids' smokes, maybe that as well because I know there's a lot of immature 18-year olds and 19 and so on"*, *"I do think it's probably better because we are really young, and I feel like if we are 21, I guess we are old enough, then, and we've experienced life, I guess, to make that decision when we're a little bit older"*). There was discussion about how it is 'weird' to be hanging out with friends that are that much older (*"I probably wouldn't be hanging out with 21 year olds ... because I've been told ...about not hanging out with these people because they're a lot older and it's a bit weird"*, *"It should be done, but I think it's a bit weird ... if a 21-year-old buying smokes for a 16-year-old"*). This appears to support the arguments for T21 effectiveness through peer supply disruption.

However, the consensus was that it would not make a difference to how young people they knew were currently accessing cigarettes (*"it is just as easy to get it from someone who is 21 or over"*, *"it's pretty easy to find, there's a lot of places to get cigarettes anyway."*). Again, there was strong alignment with views shared in the interviews and open-text survey responses. The disconnect between being an adults at 18, yet not being able to smoke was raised (*"... legal age to join the military or police is 18... people can fight for their country but must wait 3 years to have a cigarette?"*, *"Because I want to buy my own smokes soon"*). They felt it would be unfair to those who are currently 18, 19 or 20 as they have already been legally accessing cigarettes (*"I reckon it will just be a pain for people who are 18. It's just when they're 17 I guess they're already addicted, they're like I don't have to go and ask people to buy cigarettes, and then boom, they put it up to 21"*). They were also trying to work out what happens if you can legally smoke at 18 but you are unable to buy them (*"That's stupid because if you can't buy them, how are you going to smoke them? There's no point making it 21 or whatever it is, because if you can smoke when you're 18 but you can't buy them there's no point"*). They wondered what happens with drinking and the inconsistency of being able to able to drink alcohol at 18 but not smoke (*"If it's legal to drink at 18 then you should be allowed to smoke even if it's harmful"*). Another reason they did not support it was that many young people are addicted (*"if someone is addicted – what will they do if they cannot get a cigarette?"*), and if they are not able to access cigarettes it would make them angry (*"It won't stop people from getting cigarettes and it'll just piss everyone off"*).

Other solutions

The biggest theme was around cessation, many spoke about attempting to quit but it did not work for them. The reason cessation was unsuccessful include side effects of nicotine replacement therapy with one person speaking of the patches burning (*"I tried nicotine patches but it burnt my skin"*) and another said that the inhalers made them nauseous (*"I had this little vapour sort of looking thing, but it was nicotine ... that taste, that made me sick"*). Others shared they had thought about quitting but that it was too hard if their friends are not trying to quit at the same time. Because of the social aspect of being in a group and going with the flow, all those who talked about this said they would try to quit if all of their friends were but did not think it would work otherwise (*"If everyone was also quitting it would be easier because socially smoke with friends"*).

Another theme was around starting intervention early for children by sharing consequences that happen quickly, rather than in the future when they are older. Some of these immediate

consequences discussed include shortness of breath (and subsequent inability to do their chosen sport), hair smelling, wrecks your voice, makes your tongue 'go bad' and 'coughing up gunk' (*"I can't really play football if I'm smoking", "I used to be a cross-country runner but I can't do that anymore."*). They felt it was important for 'kids', know what is in a cigarette and the immediate as well as the long-term consequences (*"I think more young teens need to more what's actually in a cigarette. Like, the stuff that - all the chemicals and all that shit, because all you look at is a bit of paper and tobacco. Tobacco - you think, tobacco, oh, it's fine, but you actually need - like, kids actually need to know what's in tobacco, like what's - how is that cigarette made and why is it so bad?"*). It was interesting that even though most of them were children themselves they spoke about people younger than them as being 'kids', which seemed to mostly refer to primary school aged children.

It was also mentioned that the advertising campaigns need to be more targeted to young people by focusing on the immediate effects and 'what is in tobacco', e.g. the harmful ingredients (*"All of the ad campaigns have grown ups on them. You'll never see a young, a youth kid on it"*). They talked about not relating to anti-smoking messages about potential health consequences in the future.

Common themes

There were several common themes across stakeholders and young people (Table 1). The interviews suggest that 'mainstream' youth are those who are more likely to experiment with smoking while 'vulnerable' youth are more likely to be regular smokers. It appears that stakeholders (two thirds of whom directly work with youth) had an understanding about some of the reasons why young people smoke. Both stakeholders and young people described young people's main access to tobacco being more so from older people and parents.

Very few had heard of the Tobacco 21 concept and there were a range of reasons identified why T21 may or may not work. Both stakeholders and young people agree that while the theory behind disrupting supply has merit, this would probably work for those young people who are experimenting, but not for those regular smokers who have a range of resourceful ways they access cigarettes. The main point of difference between stakeholder young people's views were reasons why T21 may not work.

During the discussion with stakeholders, young people and via open-ended response on the stakeholder online survey (see report #3) a plethora of other solutions were offered (Table 2). To capture and summarise these solutions, we have categorised ideas against Tasmania's current *Tasmanian Tobacco Control Plan 2017-2021* and *Smoke Free Young People Strategy 2019-2021*. These demonstrate that many of the proposed activities already exist within the current tobacco control framework for Tasmania. It is likely to be necessary to increase the visibility of the tobacco control plan, the Tobacco Control Coalition and the underlying working groups to provide people with confidence that there are already co-ordinated efforts in these areas. The T21 proposal becomes one component of this system focused on the prevention of smoking under action area 2 in the Tobacco Control Plan and in the Smoke Free Young People strategy. To improve efficiencies for resource allocation, it is important to strengthen existing evidence-based drivers, rather than 're-inventing the wheel'. These may also identify opportunities to reduce fragmented approaches, consistent and unified approaches were highlighted through interviews as being important aspects to support young people. The solutions offered by stakeholders and young people could provide perspectives to strength current strategies.

Table 1. Common themes across stakeholder and youth interviews

Concept	Theme - Stakeholders	Theme - Young people
Who is smoking?	Mainstream youth – experimenting Vulnerable youth – regular smokers	Vulnerable kids (disengaged with mainstream school and/or family) - Were regular smokers and most of their friends smoke
Why are young people smoking?	Part of life – expected Trauma and anxiety – use as a coping mechanism Fit in and belong Addiction v’s experimentation Cannot see themselves in the future Rite of passage	Part of life – surrounded by smoking Use to cope when stressed or angry Fit in with social groups who smoke – all friends smoke Identify with being addicted, many had tried to quit Pleasure
Access when under 18 years	Parents (intentional supply and young people stealing from them) Other adults (older siblings, relatives, friends of siblings, strangers) Peers (sharing, buying singles) Butt runs (collect butts off the street and make own)	Access is easy Other adults (older siblings, relatives, friends of siblings, strangers – give or swap 1-2 cigarettes to buy) Parents (intentional supply and stealing from them) Peers (sharing, buying singles) Butt runs (collect butts off the street and make own)
Tobacco 21	Few had heard of it Very limited knowledge about it	Few had heard of it
Will it work - pros	It has merit and worth trying Disrupting supply (from friends) Focus on retail supply Delay the start Incremental change	Supportive of programs that reduce smoking among young people Disrupting supply (from friends aged 18-21) 21-year-old maybe mature enough not to supply younger people It is weird for a young person to hang out with older people
Will it work - cons	Young people are resourceful Adult supply Not addressing the underlying issues Deficiencies in the bill Not effective with all young people Legal citizens at 18	Not make a difference, access is easy Unfair (for those who are 18, 19, 20 at time legislation enacted) Confusing (does it mean you can legally smoke, but you cannot buy them) Many people are addicted (feel angry if don’t have a smoke)

Table 2 - solutions offered according to current Tasmanian tobacco control strategies

Action areas	Stakeholder interviews	Youth interviews	Stakeholder survey
<i>Tasmanian Tobacco Control Plan 2017-2021</i>			
Action area 1 Encourage and help all people who smoke to quit for good.	Free cessation for young people in and out of school (youth specific organisations, alternative education)	Recognise addiction among young people. Have Quit programs that are designed for young people and free	Incentivise cessation. Improved access to smoking programs. Support parents to quit for their kid's sake. Campaigns about the positives of quitting.
Action area 2 Prevent smoking uptake and de-normalise tobacco use.	Pathways without smoking. Early intervention. Broad support beyond smoking (empowerment, life skills and coping mechanisms), making smoking inconvenient. Focus on retail supply.	Immediate effects, how quick can get addicted, what is in tobacco (roll your own and tailored)	Remove positive smoking images. Total ban on any tobacco advertising. Positive behaviour and safe-risk opportunities (free sport/rec/mental health/mentor access)
Action area 3 Reduce smoking by high prevalence groups.	Consistent and unified messages about smoking for communities, families, and young people in or out of mainstream education. Address the root cause – coping with stress.	Early intervention – primary school. Consistent and relevant messages including immediate effects	Support social determinants of health, especially educational outcomes. Work with families that live in poverty around aspirations out of poverty. 'Bridges out of poverty'
Action area 4 Strengthen and integrate the evidence base	Evaluate T21 and other initiatives		Use evidence-based programs
<i>Smoke Free Young People Strategy 2019-2021</i>			
Action area 1 Youth campaign	Develop with young people. Make it relevant, cannot think about the future		Focus on quitting pitched at young people. Focus on immediate effects -smell, kissing an ash tray. Make marketing more relevant that tobacco marketing. Use sport heroes or role models who have stopped. Smoking is uncool, being sick from smoking is uncool. Peak young people's speak. Empowering

Action areas	Stakeholder interviews	Youth interviews	Stakeholder survey
Action area 2 School support	Consistent messages about smoking for communities, families, and young people in or out of mainstream education.		Promote young people as being positive role model for adults. Find positive ways to cope with stress. Raising education levels was a view strongly presented in the stakeholder interviews and survey, it was noted by many that higher education levels is know to be associated with lower smoking levels.
Action area 3 Normalise smoke free	Pathways out of poverty and without smoking.		Remove smoking from media and films. From smoking as being uncool
Action area 4 Cessation support	Free cessation for young people in and out of school (youth specific organisations, alternative education)	Recognise addiction among young people. Have Quit programs that are designed for young people and free	Promote quitting for young people and make it appropriate for young people (not adults). Make cessation free for young people. Have fully funded cessation support workers for high schools and colleges. Incentives for people who don't smoke. Improved access to smoking programs. Promotion of stories about quitting from young people who have quit.
Action area 5 Adult role modelling	Addressing Social determinants of health among families/communities		Improve financial literacy and economic opportunities of not smoking. Use social media, film, sport influencers to be role models.

Other suggestions offered to curb the uptake of smoking include:

- Increasing price.
- Messaging around smoking being uncool.
- Consistent message relevant to young people whether it is at school, GP, community organisation, sport.
- Invest more in education. Address underlying disadvantage and stigma
- Regulation of contents to make less palatable and less addictive
- Restorative justice for young people
- Ban from a certain age
- More resources for health promotion and public health campaigns
- Be respectful and engaging
- Maintain prohibition on e-cigarettes
- Comprehensive education programs linked from primary school to high school, not one-off talks

- Early intervention and follow-through to year 12
- Empower young people to build self-esteem and self-efficacy to make positive health decisions and be able to cope with stress.
- Immediate effects
- Realistic and relevant messaging
- Not focus on 'don't smoke' but provide information so young people can make an informed choice
- How easy and quickly addiction happens and how hard it is to give up later
- What they will be giving up as a young adult cost wise (holidays, rent, new clothes)
- Help if there are problems in family or social networks
- Support broader than smoking

Discussion

The purpose of the stakeholder and youth interviews was to provide depth to our understanding about smoking in young people, programs to prevent smoking and, specifically, the T21 legislation. The research identified common themes including that there was limited awareness of tobacco control activities in Tasmania; that young people who smoke are influenced by a range of drivers including peer, family and 'stress'; and that few people have detailed knowledge of T21. There is concern regarding the evidence to support to T21 and the potential for some negative impacts. There was broad agreement that it is worth trying and could work to disrupt peer supply, particularly to those experimenting with smoking.

The recruitment strategy was purposive, and views shared do not represent broad community sentiment. However, participants were from different regions of the state and worked in a range of settings (youth, government, non-government, education, research, policy, advocacy, medical, social services) who were representing youth from a range of backgrounds (engaged with education, disengaged from education and/or family, minority groups, connected with sport, not connected to recreational activities, rural and urban dwelling). In addition, data saturation was reached across the interviews. A snowballing strategy was used to recruit stakeholders, this style of recruitment encompass purposive sampling as we wanted to interview stakeholders from each region and include people working closely with youth right through to policy makers who have limited contact with youth. A possible limitation is that those who were opposed to T21 would not participate in interviews. We would argue that there were a mix of opinions captured from those who are advocating for any efforts to reduce smoking to those who completely opposed T21.

The young people recruited by purposive sampling to capture those who were disengaged with mainstream education in acknowledgement that health literacy levels are low in Tasmania¹⁹ and these young people may not have the literacy levels to complete the survey. None of the young people interviewed completed the online survey and their opinions could have been missed without the interviews. We recognised the importance of incorporating views from young people who are in mainstream education (captured in ASSAD²⁰), who are less likely to smoke, as well as those who are not in education, who are more likely to smoke²¹. As shown in our online survey reports (reports 3 and 4), young people who are non-smokers are more likely to support programs to reduce smoking compared with smokers. To be successful to change behaviour, it is known that you must engage with and understand the population whose behaviour you want to change²²⁻²⁴. They are also best placed to share which strategies would relate to young smokers.

A range of studies have attempted to understand why young people smoke using self-reported surveys^{21,25,26}. They acknowledge that a limitation of self-reported surveys is risk of recall bias. The purpose of including qualitative approaches in research includes; triangulation, completeness and

strengthening quantitative data by allowing more depth to people's attitudes and beliefs²⁷. The flexibility that comes with a mixed method approach allows engagement with participants who may have limited online access, low literacy levels or prefer to speak with someone about the topic.

The interviews have provided a much deeper interrogation about why young people may smoke. Understanding the 'why' is essential for developing strategies to support healthy behaviours. There were common themes among stakeholders and youth, but the sub-themes provided a range of different insights from each group within each theme.

Stakeholders and young people provided consistent descriptions of the groups of young smokers. The phenomenon that smoking initiation typically occurs in adolescents is global^{21,28}. The average age that Australian's aged 14-24 first had their first cigarette was 16.3 years in 2016¹¹ and 16.6 in 2019²⁹, however, both stakeholders and young people felt the average age in Tasmania is younger. Given that the online survey results from our research (report 4) concurred with the Australia's health report, it may be that the perceptions from those who participated in interviews related to more vulnerable groups. Vulnerable young people are more likely to be from low socioeconomic areas with lower education attainment, these are known to be associated with higher smoking levels^{28,30,31}. It is possible that youth who are more likely to be regular smokers had their first cigarette younger than the broader population.

Our research describes smokers as experimenters (unlikely to become a regular smoker) and regular smokers. This idea aligns with other theories, which pool all young people as experimenters with some being social smokers and some becoming regular smokers³¹. Interviews indicate that youth who come from families and communities where smoking is common, have friends who smoke, live in areas of low SES, are vulnerable and are not engaged with school are more likely become regular smokers. These predictors are supported in other literature^{30,32,33} and our analysis of existing datasets. Other predictors of smoking³⁰ that were not apparent in the Tasmanian context included exposure to tobacco marketing and smoking in films or in the media.

There were also common themes in the reasons provided by stakeholders and young people for why young people start smoking. 'It's a part of life' was a phrase used by stakeholders and young people, although they did describe these slightly differently. Stakeholders spoke of intergenerational and cultural aspects, normalised behaviour and social acceptance to describe the sub-theme named family and community identity. These are predictors that have been identified previously^{30,32,33}. They also spoke about role modelling as a sub-theme of 'it's a part of life', young people are great observers and if role-models around them are saying 'don't smoke' but the role-model smokes themselves, that message will be ineffective. This phenomenon is apparent in other health behaviours as well³⁴. If family or mentors make a certain health choice, this is an indirect endorsement for young people that the choice must be alright (*"I'm like oh well, they didn't hurt them so it might not hurt me"*). As well as been surrounded by smoking and thinking it was acceptable to smoke, which created curiosity about smoking, many young people did not know why they smoked. They did not give it much thought because it is something that everyone does. These insights provide interesting perspectives given that many young people have a good understanding about long-term health consequences²⁰, yet because people around them smoke they may not think these consequences relate to them. This also reinforces discussion of the neurodevelopmental immaturity of young people in terms of making decisions about potentially risky behaviours.³⁵

Interestingly, many stakeholders identified personally with the 'class' they were describing (*"in our demographic..."*, *"we see..."*), while others noted that they did not identify with low SES communities (*"I am not in that class"*). This was discussed when exploring community identity (*"culture of*

belonging") and the expectation that young people will smoke eventually so starting young will not matter. It was raised that people could feel ostracised if they do not smoke. On the other side of community expectation is that many lower SES communities do not see themselves as an 'aspirational' class and being a non-smoker is part of that aspirational society ("*the anti-smoking stuff is for people who run around in lycra outfits, people who are vegetarians*"). While this theme has been discussed in the literature, the interviews have provided a deeper understanding about the reasons why this theme may predict smoking^{25,32,33}. The counterpoint to this perception, that the age of initiation being not important, is evidence that the earlier someone starts the greater their risk of addiction,^{36,37} health problems and a lower likelihood of quitting.³⁸

There were strong links discussed between trauma and 'anxiety' and how young people use smoking to cope with stress or anger. Stakeholders from different sectors noted that trauma and anxiety among young people seemed to have increased in recent times. An increased number of young people experiencing anxiety was identified through the stakeholder interviews. In Australia, anxiety disorders are now the second highest burden of disease among young Australians (aged 5-14 years old)³⁹. Some stakeholders who have worked outside of Tasmania did feel the levels of anxiety were higher in this state than others. Young people did not discuss trauma and anxiety but they all talked about using, and observing others using, smoking to 'calm down' when stressed or angry. For those young people who had attempted to quit, stakeholders and youth, spoke of young people feeling angry, which was relieved with a cigarette. The use of cigarettes to manage stress is commonly reported amongst adults⁴⁰ and the co-occurrence of smoking with mental health is well recognised.⁴¹ However, some researchers have shown that self-reported stress levels are lower in people that quit smoking compared to those than continue.⁴²

Fitting in and going with the flow are part of a usual developmental pathway for young people.^{43,44} Using smoking as a pathway to connection and belonging is another deeper level of understanding about why some young people smoke. Young people spoke of feeling like when they were 'younger', even though they are young, they thought it was cool ("*When I was little I thought I looked cool when I did it*") and wanting to fit in so they 'just joined in'. Those who worked intimately with young people spoke of some strength-based reasons why young people smoke with friends that included belonging, feeling connected, sharing, caring, and making friends. These are potentially positive attributes of young people that influence why young people may smoke, which could be harnessed to improve health behaviours. Indeed, the success of peer led interventions to address smoking and other risky behaviours is a testament to this effect.⁴⁵

There was a lot of discussion across stakeholder and youth interviews about addiction versus experimentation. Young people spoke of their addiction not being acknowledged, they felt it was expected they could just stop or go for a full day without a cigarette. Nicotine dependence can occur quickly after smoking initiation³². Recognising that many regular young smokers are addicted, and providing cessation support, could be a way to engage young people and reduce the prevalence of smoking among this group. Stakeholders also felt that there is a population of young people who are of school age who are addicted to nicotine and programs to support them should be a focus alongside other interventions. The Tasmanian's Smoke Free Young People Strategy includes cessation support, so building upon that framework should be a priority.

The theme 'cannot relate to the future' may be important for future campaigns that target young people. The older person dying of cancer or even the pictures on the packets of cigarettes do not reach young people. It was discussed that for many living in trauma, they cannot think past next week and feel a sense of hopelessness. For others, it is the cognitive stage they are in and they feel indestructible without the cognitive ability to think in abstract ways⁴⁶ or join the dots between their choices now and

into the future, so they do not notice the insidious creep. The need to focus on the immediate detrimental effects of smoking for young people is acknowledged within the Smoke Free Young People Strategy and the associated Smoke Free Generation brand⁴⁷. Resources provided to young people through this website and in a previous social media marketing campaign also focused on these types of messages (e.g. effects on skin and hair). Of note is that Australian research has shown that adult-focused campaigns, which tend to focus on longer term health effects, are associated with smoking prevalence in adolescents when delivered at the appropriate intensity.⁴⁸ Of note is that mass media smoking campaigns in Tasmania over the past several years have been over the level reported in this study to reduce youth smoking.⁴⁹

The idea of learning adult behaviours from observing, then playing out those behaviours is not a new phenomenon. However, it was interesting that the rite of passage theme was prominent among stakeholders but not young people. This may be due to young people not identifying with this or due to cognitive dissonance that this is a reason why they may smoke. Forced adulthood among some young people links with trauma and stress, maybe young people articulate this connection differently to adults. The importance of parental smoking in influencing offspring smoking is well recognised.⁵⁰

Stakeholders and young people reported more adult supply than supply through peer networks, which is at odds with ASSAD data²⁰ and international evidence⁵¹. Even when looking at parental supply alone (intentional or incidental), this was reported as a more common source of tobacco than getting from friends in these interviews with established regular smokers. Butt runs, where used cigarettes are collected, the tobacco extracted and re-rolled into cigarettes, were also a source of tobacco not identified in published research. The potential public health implications in terms of infection control may be of importance with this practice, particularly in light of the current pandemic. The reasons for the differences between the ASSAD reports and these discussions directly with young people and stakeholders may related to the definition of access categories differently or young people not admitting in written surveys at school about stealing or access from willing parents. It is also likely that young people going to mainstream schools, described by young people and stakeholders are 'experimenters', have a different way of accessing tobacco that is more focused on peer supply. These people are potentially more affected by interventions that disrupt supply through peer networks

Findings support current evidence that most young people do not buy cigarettes from a shop.²⁰ This research provides further context in that we found they also do not tend to pay for them, which means they are not likely to be impacted by economic implications about smoking. If young people did pay for their tobacco, they pooled resources or bought singles. The use of 'roll-your-own' cigarettes were the most common form of smoking, which has been identified among young people in Tasmania²⁰ and among adults in Australia²⁹, but smoking tobacco with marijuana was another common form of smoking.

The apparent black market for cigarettes, for the 5% to 10% of young people under the age of 18 in Tasmania that smoke, is worth discussing. One of the concerns from many stakeholders was the creation of a black market for tobacco products if the age of sale increases from 18 to 21 years with T21. It would appear from interviews with stakeholders and young people that this black market already exists with secondary supply from a range of adults in the community. As noted in other reports for this project the fact that this is a violation of the Public Health Act that in theory can result in a fine of \$200,000 dollars is important with Department of Health resources also promoting this message.⁵²

Tobacco 21

Most people had not heard of or had limited knowledge of the T21 legislation, which validates the findings from the online survey. Many believe it would be worth trying and fundamentally supported the theory that 21-year olds are going to be mixing in different circles than 18 years and under. Most recognised that T21 could work with the experimenters or those on the fringes of mainstream but could not see it influencing regular smokers. Many did not think this was a reason not to try it, rather suggesting that additional resources are invested into strategies to support regular smokers. These included free cessation and early intervention regarding smoking and stress management, connecting with social support and building self-efficacy. Related to this discussion was how changes in the education framework in Tasmania to align with other states would mean that school goes to year 12. If the minimum legal age of sale for tobacco products stays as is, this will mean that 18-year-olds who are legally able to access cigarettes are allowed on the school grounds. This was provided as a justification for T21 to be used to 'future proof' against smoking rates worsening.

Main areas of concern relate to the legislation not being able to evoke a big enough barrier to cigarette access because the supply chain currently relies on older people. It was also raised that it will not impact people who are addicted, as they will find a way, or it adds 'another cog in the supply chain'. Recognition of the potential impacts on different parts of the smoking initiation process is necessary, with stakeholder and young people highlighting the potential impact on the 'mainstream' experimenters, e.g. the types of people included in ASSAD, so changes in smoking prevalence from young people are likely to be focused on the baseline reported within recent ASSAD documents.

There was considerable uncertainty regarding the structure of the legislation and who it was intended to affect. Clarification of where T21 sits within a tobacco control framework that addresses supply and demand may be useful in this context. Clear communication of how penalties related to violating the minimum legal age of sale laws are implemented may also be necessary. Of note is that the proposed changes with T21 to the Public Health Act would only be regarding the age that violation occurs (e.g. 18 compared to 21) while the penalties would apply now as they do to the person that sells the product.

There was discussion about why cigarette access should be different to voting or buying alcohol. The historical development of the age of majority as 18 years is important to consider in this context. There are arguments to be made around the different risk profiles of alcohol compared to smoking, but the harms associated with alcohol consumption are also vast. The potential incongruence with the ages in different parts of the law will need to be carefully considered including any legal or ethical concerns. Of note is that other analyses of T21 from this perspective have suggested that T21 is ethically sound due to its prevention of harm outweighing other potential negative consequences.⁵³

Overall, it appears that while stakeholders and young people are unsure how effective T21 could be among young regular smokers, the main issues in discussions related to a lack of understanding about the detail and implementation of the bill. It was noted that without this clarity, the legislation may not be supported or would be a waste of resources. It was felt without thorough planning, including engaging with the community (stakeholders, parents, young people), it is unlikely for it to successfully disrupt supply. Regarding the evidence of T21 on smoking uptake or prevalence, the systematic review of studies of the effectiveness of the legislation on smoking in other parts of the world being conducted as part of this research program will add much needed clarity.

There were extensive discussions about other strategies to support young people as many people believed that the T21 legislation had merit, but they also felt more was needed. This recognises the underlying reasons why young people smoke besides experimenting as part of normal risk-taking

behaviours. Most supported the idea of T21 but wanted more than a silo approach. This is where greater promotion of the relentless, coordinated efforts of public health in Tasmania in tobacco control warrant further promotion. The community including stakeholders should be made aware of the existing frameworks and strategies including the evaluations of their progress. In this way, people can see that T21 would be another piece of the puzzle to address smoking in young people. Several also wanted the issue of addiction among young people to be recognised, this is not about just preventing people starting to smoke as many young Tasmanians are addicted. It is important to consider long-term effects on health but for young people who developmentally live in the moment, immediate health effects are more relevant to them²⁵. As noted these are highlighted as priorities in both the Tasmanian Tobacco Control Plan and the Smoke Free Young People Strategy, although greater resourcing to ensure full implementation would be welcomed.

There was strong consensus that intervention should start early (primary school) and continue into high school with a coordinated and consistent program (not just one-off talks) that extend to other young people's settings^{21,26}. The suggestions extended to include support for young people to manage instances of trauma, which lead to anxiety and stress. Further, the perception was strong that we need to consider addressing broader social factors such as education attainment, recreational opportunities for young people and working with parents, alongside smoking programs. These approaches are supported in research elsewhere²¹.

Limitations

The young people in the interviews were not representative of all Tasmanian youth. While this may be seen as a limitation, this was deliberate to strengthen our overall research. Currently, the best available evidence about young people and smoking comes from ASSAD data, which targets the mainstream school setting. Also, as low education achievement is associated with higher levels of smoking²¹, these young people may have difficulty navigating an online survey, especially with the screening process that is part of the online survey. Of note, none of those who were interviewed were willing to complete the survey but the reasons for this are unknown. Even though the online survey was designed with a readability level of grade 6, we specifically targeted young people disengaged from mainstream school to capture a sample that can be combined with those who completed the survey and would be overall, more representative of Tasmanian youth.

Conclusion

It is recognised worldwide that smoking initiation that persists into adulthood occurs in adolescence. Recognising that young people smoke for a variety of reasons, with distinct groups of experimenters and regular smokers is central to understanding how to prevent uptake. There was also strong support for more cessation support for young people that already smoke but this is not the intended target for T21 legislation. Using consistent and relevant messages that are designed with young people (experimenters and regular smokers) was perceived as imperative for success according to stakeholders and young people. Promoting the current frameworks for tobacco control in Tasmania that demonstrate actions in key areas identified but also ensuring these are well resourced is likely to be important for decreasing smoking uptake and smoking cessation among young people. There appears to be support for trying T21, particularly if its implementation and impact is evaluated.

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Appendix

Appendix 1 - Guiding interview questions for stakeholders

1. In which sector do you currently work?
2. Do/did you work in a role that specifically works with youth (young people aged 12-25)?
3. What best describes the background of the youth you work with? (added as interviews progressed as stakeholders discussed these aspects)
4. Do you have a sense of how many of them smoke? (added as interviews progressed as stakeholders discussed these aspects)
5. What is a common story about how young people start smoking?
Prompts: why do you think people start smoking?
6. Where do young people get cigarettes?
Prompts: how do young people afford cigarettes? If they don't buy them, where do they get them?

Tobacco 21

7. What is your understanding of the private Bill submitted by Hon Ivan Dean to amend the Public Health Act to increase the minimum legal age for the sale of cigarettes to 21 (named Tobacco 21)?
Prompts: Do you know what it is about? Do you know what it will change? Can you describe what it intends to do?

After answering this question – read script explaining the Bill

The aim of Tobacco 21 is to disrupt the access of cigarettes to young people by penalising the retailer for selling to people under the age of 21. It also aims to create a distance of age between people who can easily and legally access cigarettes and their younger peers who often access cigarettes through their friends.

8. In what ways do you think Tobacco 21 could be effective to stop young people starting to smoke?
Prompts: What do you think is good/promising about T21 Why do you think T21 will work? What are the enablers to make T21 successful?
9. In what ways do you think Tobacco 21 could be ineffective to stop young people starting to smoke?
Prompts: What do you think are issues or problems with T21 Why don't you think it will work? What are the barriers to make T21 successful?
10. What do you think would support young people to never start smoking?
11. Do you have any other comments to make about T21?

Appendix 2 – Semi structured questions for youth interviews

Demographic information

Will be filled out after consent form is signed and before data collection commences. This will be on a separate sheet and will not have an identifier.

Do you go to school, college or TAFE?

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

If you ticked the box for 'yes' or 'other', 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)?

- No
- Yes
- Other (do you want to tell us a bit more about this)

What is the postcode where you live? _____

What is your month and year of birth? Month _____ / Year _____

Have you smoked cigarettes in the last four weeks?

- No
- Yes

Have you smoked cigarettes in the last seven days?

- No
- Yes

How many cigarettes did you have yesterday?

General ice-breaker questions

1. **Do you smoke?**
2. **What is your story about how you started smoking?**

Prompts: Where did you or your friends first try a cigarette? How does trying cigarettes start with young people? Why do you smoke? Why do young people smoke?

3. **Where do young people under 18 get cigarettes?**

Prompts: Buy from a shop? If they don't buy them, where do they get them?

4. **Cigarettes are expensive. How do young people afford cigarettes? (added as interviews progressed as stakeholders discussed these aspects)**

Views about smoking

5. **What do young people say about smoking? Do you talk about smoking?**

Prompts: Do you talk about smoking with friends or family? Do people think it is good/bad? Do people worry about any effects to their health? Do young people worry about being addicted or think about how hard it could be to stop?

6. **Do you think the help that is available for people to give up smoking is useful for kids?**

Prompts: Like QUIT, no smoking in some public places, cost? Do any of these programs change how young people get cigarettes or try a cigarette?

Tobacco 21

7. **What have you heard about Tobacco 21?**

Don't prompt for this question, see what they say

8. **There might be a new law that changes the minimum legal age of selling cigarettes to 21 (called Tobacco 21). How will that change how people under 21 access cigarettes?**

Prompts: What do you think about the idea? Will it change how people get cigarettes? Do you think it will work to stop young people from trying a cigarette or starting to smoke?

9. **Do you think Tobacco 21 idea could be harmful in any way?**

If yes, in what way

The Tobacco Industry are a business who want people to get addicted to nicotine, because it makes them money. Until 25, our brains are still developing. Smoking is more harmful to our brain during this time and young people are more likely to become addicted. Most people who are smokers started before they were 21. Most adult smokers wished they never started.

10. **Now you know some more details, how have your views changed?**
11. **What do you think would support young people to never start smoking?**