

## Summary of 'Tobacco 21' research program

Menzies Institute for Medical Research, University of Tasmania

### Background

The Menzies Institute for Medical Research was engaged to analyse the prevalence of smoking in Tasmania, examine the attitudes and beliefs of stakeholders impacted by the proposed Tobacco 21 (T21) legislation, and review the evidence for T21 laws in other jurisdictions (see figure 1).

Our objective was to address uncertainty regarding smoking in young people in Tasmania, to understand community sentiment towards tobacco control and T21, and to create a clearinghouse of data on smoking that could be used to evaluate T21 if it were implemented.

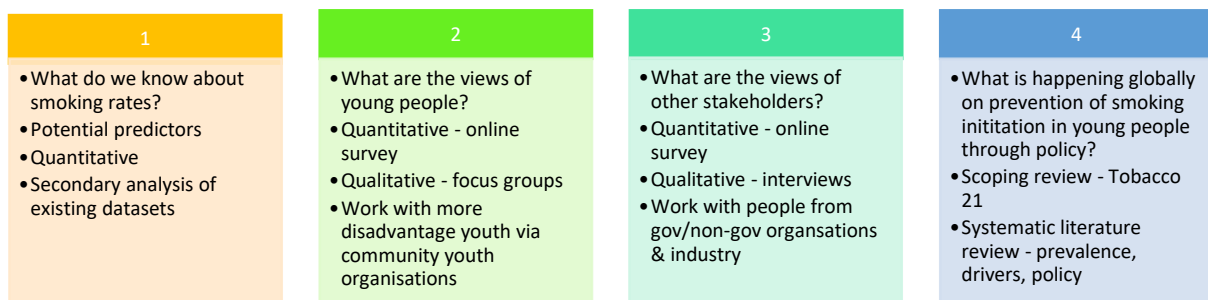


Figure 1. Program of research about T21 in Tasmania

### Methods

The following investigations were undertaken:

- **Secondary analysis of existing data sources** - examined trends in the prevalence of smoking across different surveys over time in target age groups, factors associated with smoking status in young Tasmanians, attitudes and beliefs related to smoking among younger people in Tasmania and the characteristics of people attending compared to not attending school in Tasmania using data from Census, a school-based survey, the National Health Survey and Tasmanian Smoking and Health Survey.
- **Youth online survey** – online survey of more than 500 Tasmanians aged 15 to 25 years to provide an understanding of young Tasmanian's attitudes and beliefs regarding why young people smoke, where they access tobacco, and their understanding of tobacco control strategies, including T21.
- **Stakeholder survey** – online survey of almost 200 government, non-government and retail representatives to understand attitudes and their beliefs regarding why young people smoke, where they access tobacco, and their understanding of tobacco control strategies, including T21.
- **Interviews stakeholders and young people** – a total of 29 stakeholder and 12 youth interviews were conducted to provide 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 T21.

### Key findings

- Smoking prevalence has decreased over time but there is evidence of a plateau in some groups with the Tasmanian prevalence higher than the national average. Current prevalence data does not capture those not engaged with mainstream school, who are more likely to smoke.

- The factors associated with smoking uptake in Tasmania are the same as other places in Australia and around the world. These include aspects of socioeconomic status, such as education levels but not area-level measures; ethnicity and parental or peer smoking.
- Young people who smoke can be described in two distinct groups – experimenters and regular smokers.
- Most young people experimenting with smoking access cigarettes from peer or friends close in age, but parents and older adults are also a source of cigarettes, particularly for regular smokers.
- Across all stakeholder and population groups the prevention of smoking uptake in children was a high priority.
- Stakeholders had a very limited understanding of the current tobacco control strategies in Australia or Tasmania.
- Many Tasmanians, including young people and stakeholders, support or agree with tobacco 21. People thought that it was worth trying even in the face of uncertain evidence.
- There is, however, limited understanding of how the proposed Tobacco 21 (T21) legislation would work in practice including implementation and evaluation.
- Most people agree that T21 would make it harder to access cigarettes, that the tobacco industry target young people and that most adults regret starting smoking.
- Concerns about T21 focus on the potential creation of a black market, that supply will continue to occur from other adults, the effects on young people who are addicted to smoking and that 18 years is seen as the age of majority.
- Young people and stakeholders supported further investment in programs to reduce smoking in young people including more education and targeted cessation support programs (starting in primary school and extending to mainstream/alternative high schools/colleges and youth services).
- There is evidence that raising the age of purchase or sale of tobacco to 21 has decreased the prevalence of smoking in several regions in the USA. There is a lot of variation between these existing studies in terms of how they measured exposure to tobacco 21, how they measured smoking behaviour and the control for confounding factors in analyses. The effect appears greater when there is evidence of compliance with underage sales laws, e.g. through identification checks at point of sale.
- There is indirect evidence of the effectiveness of T21 from studies examining increases in the age of purchase or sale from 16 to 18 in UK and between regions with age of sale at 18 versus 19 in Canada.
- Evaluation of T21 will be important including its potential effect on smoking prevalence, access to cigarettes, attitudes and beliefs about smoking (particularly social norms) and other non-smoking-related effects such as a black market or penalties will be important.

### **Acknowledgements**

Research was conducted by A/Prof Seana Gall and Dr Suzie Waddingham with support from Dr Tan Bui and Dr Sabah Rehman. The research was guided by a working group including researchers, tobacco control experts and Department of Health staff. All projects were approved by the Tasmanian Social Sciences Human Research Ethics Committee. Funding was provided by the Minderoo Foundation and A/Prof Gall is supported by National Heart Foundation of Australia Future Leader Fellowship. We would like to thank the participants in the various components of the research.