



Policy and Practice Brief

Our most recent two papers using the follow-up surveys are about the impact of *advertising* on quitting and about *cannabis use* by smokers.

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In 2018, we will continue to use the surveys to answer more research questions which were previously prioritised with our participating ACCHSs and in our research leadership group.

Advertising

Health promotion staff should continue to use local material that they have developed at their health service which talks about the dangers of smoking or that encourages quitting, if available.

In the follow-up survey, we found that more smokers who had noticed local advertising in the past 6 months had made a quit attempt in that period. As in the baseline survey, this association with quitting was greatest for local advertising rather than for either mainstream advertising or other Aboriginal and Torres Strait Islander advertising.

Advertising only has a short term impact, as has been shown in other settings. We did not find that noticing advertising before the baseline survey was associated with increased quitting between the baseline and follow-up survey.

Cannabis use

Health staff helping Aboriginal and Torres Strait Islander tobacco smokers to quit should also talk about cannabis, as it is so commonly used and mixed with tobacco.

We did not find consistent evidence that cannabis use is or is not an obstacle to quitting smoking tobacco. As yet, the broader research evidence is not clear whether it is better to advise smokers to quit smoking tobacco and cannabis separately or together.

More evidence is needed about the most effective ways to support quitting for people who smoke both tobacco and cannabis.



Presentations

Maureen Davey and David Thomas presented the cannabis results at the Oceania tobacco control conference in Hobart in October, and David presented the preliminary findings about what factors at baseline predicted making and sustaining a quit attempt between the baseline and follow-up surveys.

Key findings

At the conference, Tina Goodwin from our project partner organisation the Tasmanian Aboriginal Centre presented the inaugural Tariana Turia Award to Hone Harawira for his tobacco control work for Māori and Pacific Island people in New Zealand. Staff from other partner organisations also attended and talked about their tobacco control work.



Other news

At the same time as the Oceania tobacco control conference, the Australian Bureau of Statistics released a report on national trends in Aboriginal and Torres Strait Islander smoking over the 20 years from 1994 to 2015. It shows that each year more Aboriginal and Torres Strait Islander smokers are successfully quitting, fewer young people are taking up smoking, and so there are fewer smokers.

Health staff can use these statistics as part of an encouraging message about how individuals can become part of this positive change in Aboriginal and Torres Strait Islander communities by quitting smoking themselves or not taking it up in the first place.

These statistics can also be used to justify continued investment in Aboriginal and Torres Strait Islander tobacco control programs.

The report is available at:

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/4737.0>

We surveyed 2,522 Aboriginal and Torres Strait Islander smokers and non-smokers between April 2012 and October 2013 from 35 locations (baseline surveys). We resurveyed 49% (849/1721) of the eligible smokers and recent ex-smokers from the baseline survey (follow-up surveys) one year later between August 2013 and August 2014. At the same time as the follow-up surveys, we surveyed a further 597 smokers for the first time.

Advertising

- More smokers who recalled seeing local anti-tobacco advertising in the six months before the follow-up survey (compared to those who did not) had made a quit attempt (58% vs 39%). There was no significant effect of recalling seeing either mainstream messages or Aboriginal and Torres Strait Islander messages that were not from the local area.
- Advertising has only a short impact. A year after the baseline survey, we could no longer detect any impact of recall of seeing anti-tobacco advertising.

Cannabis use

We examined both our Talking About The Smokes (TATS) results from the 1301 smokers surveyed between August 2013 and August 2014 and results from 2580 smokers surveyed between April 2012 and February 2013 for the Australian Bureau of Statistics' National Aboriginal and Torres Strait Islander Health survey (NATSIHS).

- Cannabis use is common among Aboriginal and Torres Strait Islander smokers (TATS: 24%, NATSIHS 32%). Almost all of these cannabis smokers mix it with tobacco (TATS: 92%).
- Cannabis use was inconsistently associated with making a quit attempt in the past year (TATS Odds ratio: 0.66, NATSIHS Odds Ratio 1.19)
- In both surveys we consistently found that more Aboriginal and Torres Strait Islander smokers also used cannabis if they were men, younger, unemployed, from non-remote areas and if they more frequently drank 5 or more alcoholic drinks in a day.

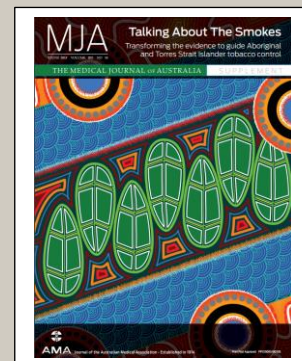


For more information

- Nicholson A, Borland R, Sarin J, Bennet P, Davey M, Van der Sterren A, Stevens M, Thomas D. Associations between advertising recall and quitting in a national cohort of Aboriginal and Torres Strait Islander smokers. *Aust NZ J Public Health* 2017;41:444-45. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/1753-6405.12645/full>
- Thomas DP, Davey ME, Panaretto KS, van der Sterren AE. Cannabis use among two national samples of Aboriginal and Torres Strait Islander tobacco smokers. *Drug Alc Rev Early View* 4 Sep 2017. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/dar.12609/pdf>

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The series of 15 baseline papers is available at:
<https://www.mja.com.au/journal/2015/202/10/supplement>



Talking about the Smokes is a national research project led by a partnership between Menzies School of Health Research, NACCHO and all its Affiliates, University of Melbourne, and Cancer Council Victoria, together with 34 ACCHSs and the Torres Shire Council. It is funded by the Australian Government Department of Health.