In 2012, the Cancer Institute NSW commissioned a survey into tobacco-related knowledge, attitudes and behaviour among Aboriginal people in NSW. This fact sheet outlines the survey results, which highlight a need for ongoing intervention and awareness through culturally-appropriate tobacco resistance and control programs that are supported by the Aboriginal community.

Survey method

The Aboriginal Smoking and Health (ASH) Survey was conducted over the phone during November and December 2012. A total of 507 Aboriginal people from NSW, aged 16 years and over, were contacted, with a response rate of 34 per cent.

Aboriginal people were purposefully recruited through a range of community contacts and agencies involved in Aboriginal service provision across the state (for example, through Aboriginal Community Controlled Health Services). Survey participants were asked about their tobacco-related knowledge, attitudes and behaviour; and those that currently smoke, or have ever smoked, were asked about their experiences quitting.

The research was reviewed and approved by the Population and Health Services Ethics Committee and the Aboriginal Health and Medical Research Council of NSW Ethics Committee.

This research and report has been developed in consultation with the ASH Survey Advisory Committee.

The survey work and data analysis was conducted by the Social Research Centre.

Key findings

Smoking rates

The 2012 NSW Adult Population Health Survey estimates that 32 per cent of Aboriginal adults in NSW are current smokers. However, smoking was more common among the Aboriginal Smoking and Health Survey respondents, with 43 per cent being daily or occasional smokers. This difference is likely due to differences in methodology between the studies and, in particular, the smaller purposive sampling strategy used for the Aboriginal Smoking and Health Survey. A further quarter of the survey respondents (25%) were ex-smokers and 32 per cent had never smoked. The respondents considerably overestimated the prevalence of smoking. On average, they estimated that 63 per cent of adults generally, and 73 per cent of Aboriginal adults smoke tobacco products. This is considerably higher than smoking rates for Aboriginal people in the NSW Adult Population Health Survey data.

Awareness of the health effects of smoking

Of the current and ex-smokers surveyed, 81 per cent believed that smoking had already done harm to their body and almost all respondents (96%) could name at least one smoking-related disease. The majority of current smokers (84%) believed they would become seriously ill if they continued to smoke.

Smoking cessation

Around three quarters of current smokers (78%) indicated a desire to quit in the next six months, with 58 per cent of current smokers reporting they have strong feelings about quitting immediately.

Most of the 219 smokers surveyed (86%) said they had already tried to quit at least once in their lifetime, although only one-third (35%) had made an attempt in the past six months. Of those smokers who have had at least one quit attempt, the most common motivation was health reasons (47%) followed by the influence of family and children (35%).
Aboriginal Smoking and Health Survey: Key findings

Attitudes towards their continued smoking are generally negative: most wish they'd never started (90%); many feel embarrassed about being a smoker (47%); and more than half are uncomfortable smoking in public places (58%) and in front of family (52%).

The most common reasons that smokers (who have tried to quit) gave for starting again were being stressed or nervous (48%) and social pressures (44%), such as being around other smokers, in social situations generally, and situations where alcohol is being consumed. The average number of quit attempts by ex-smokers was 4.2 with only 27 per cent reporting they were successful on the first attempt.

Quit support services

Most of the smokers surveyed (82%) were aware of at least one cessation support service or method. The quit method most frequently used by smokers and ex-smokers was going ‘cold turkey’ or cutting down. The methods or services that were identified as ‘most helpful’ in their last quit attempt were going ‘cold turkey’, or advice from a doctor or Aboriginal Health Worker.

Figure 1. Use of strategies to quit smoking (ever and last attempt), and perceived helpfulness

<table>
<thead>
<tr>
<th>Base: Smokers who had tried to quit smoking (n=316)</th>
<th>Ever used (%)</th>
<th>Used on last quit attempt (%)</th>
<th>Helpful (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Cold turkey’ or cutting down</td>
<td>93</td>
<td>76</td>
<td>85</td>
</tr>
<tr>
<td>Advice from a doctor</td>
<td>54</td>
<td>36</td>
<td>84</td>
</tr>
<tr>
<td>Changed to mild, light or low tar tobacco products</td>
<td>53</td>
<td>34</td>
<td>58</td>
</tr>
<tr>
<td>Nicotine replacement therapy or prescribed medication</td>
<td>49</td>
<td>34</td>
<td>77</td>
</tr>
<tr>
<td>Advice from an Aboriginal Health Worker</td>
<td>41</td>
<td>26</td>
<td>85</td>
</tr>
<tr>
<td>Quitline</td>
<td>13</td>
<td>7</td>
<td>-</td>
</tr>
</tbody>
</table>

Anti-tobacco advertising

The majority of respondents (71%) could recall (unprompted) at least one anti-smoking advertisement, including the graphic health warnings on cigarette packets (23%) and the ‘Parents’ campaign (19%), which was active from August to October 2012, just prior to the survey.

Without prompting, only seven per cent recalled seeing the Aboriginal-specific campaign ‘Break the Chain’, which last aired in April 2011—18 months prior to the survey. When prompted, 77 per cent of respondents recognised the campaign and, of those that saw ‘Break the Chain’, 78 per cent reported taking positive action as a result, (e.g. thinking of quitting (65%), cutting down (53%) and trying to quit (23%)).

Other tobacco control policies and measures

The survey revealed strong support from all respondents for the following tobacco control measures:

- Banning flavoured cigarettes (86%)
- Licensing fees for tobacco retailers (82%)
- Plain packaging (71%)
- Increasing the price of cigarettes (70%)

Almost all respondents support bans for smoking in playgrounds (96%) or in cars with children (96%), but fewer support bans in other public spaces, such as beaches (77%) and outdoor drinking areas (55%).

Conclusions

Smoking was more common among the Aboriginal people in community and agency groups in NSW who were purposively sampled for this study than smoking in the NSW Aboriginal population generally (43% versus 32%). Perceptions of the prevalence of smoking were correspondingly higher, with respondents considerably overestimating the proportion of Aboriginal people who smoke (73%).

The majority of smokers had a desire to quit in the next six months and were quite negative about their continued smoking. They have high awareness of available cessation support and services; however, usage of these services is low. The most common quit method is ‘cold turkey’, highlighting the need to increase smokers’ self-confidence in their ability to successfully quit.

Doctors and Aboriginal Health Workers were considered helpful, and are appropriately placed to engage smokers in brief interventions. These interventions should include strategies to increase self-efficacy, address the pressures influencing smokers to relapse, and provide referrals to specialist services, such as Quitline and prescriptions for nicotine replacement therapies.

This should form part of a multi-component tobacco resistance and control program that is supported by the Aboriginal community, and includes continued anti-tobacco media campaigns and smoke-free legislation and policies.

References: