

# Smoking as an informed choice among young adult Māori and Pacific smokers

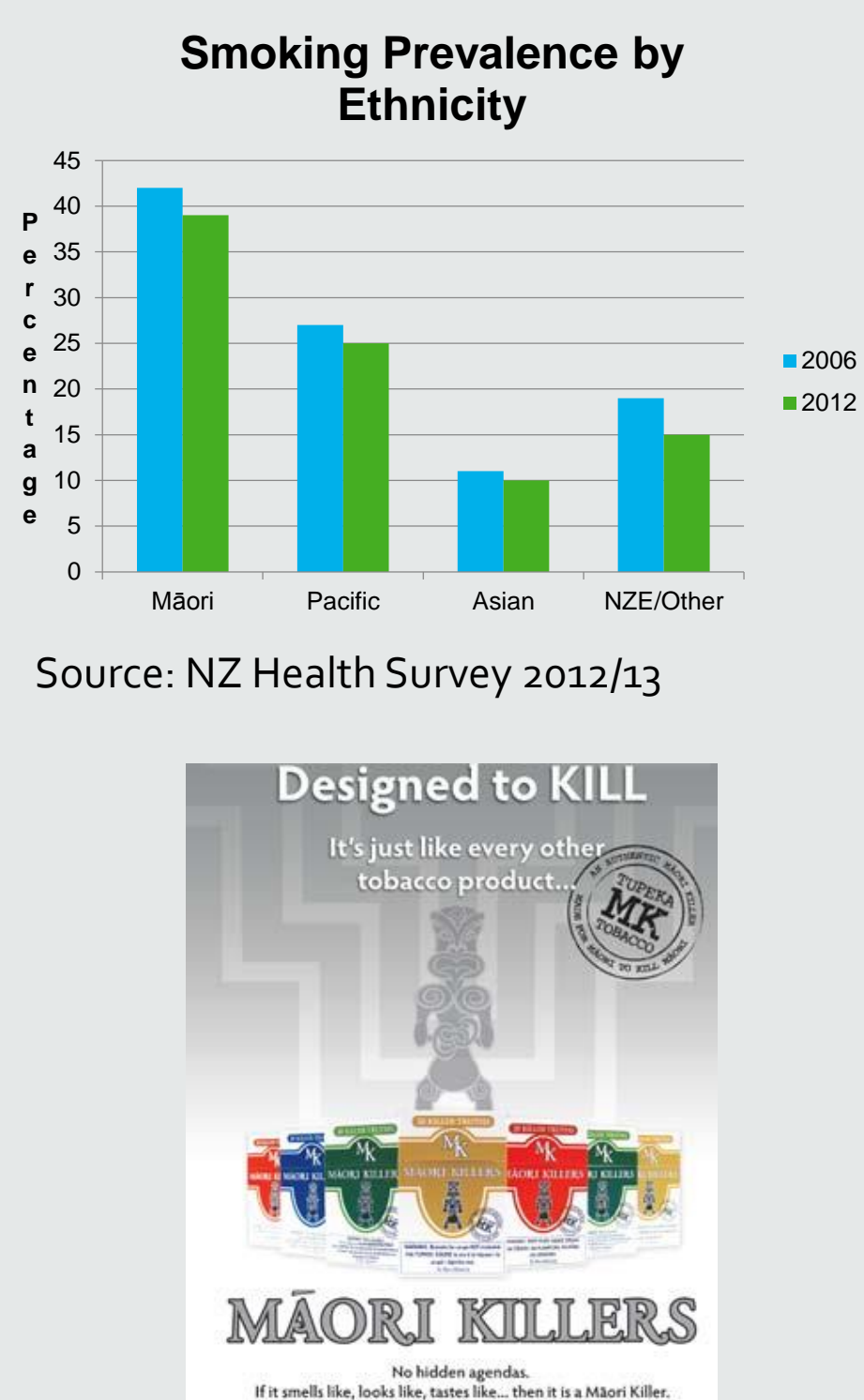


H Gifford | Whakauae Research Services, Whanganui, New Zealand  
S Erick | ASH NZ, Auckland, New Zealand  
D Tautolo | AUT University, Auckland, New Zealand

R Gray | Department of Public Health, University of Otago, New Zealand  
J Hoek | Department of Marketing, University of Otago, New Zealand

## Overview

- New Zealand has striking disparities in smoking prevalence, which is much higher among Māori and Pacific peoples than among NZ European.<sup>1</sup>
- Tobacco companies have successfully argued that smokers make “informed adult choices” to smoke. This argument has not been critically evaluated.<sup>2</sup>
- We examined how young adults who had started smoking aged 18+ took up smoking and whether they made informed choices.
- This poster reports findings for Māori and Pacific young adults.



## Theoretical Framing

### Informed Choice Framework

Chapman and Liberman proposed an informed choice framework<sup>3</sup> that comprised four phases:

- General awareness that smoking is harmful and poses serious health risks;
- Specific awareness of these health risks;
- Knowledge of the likelihood the risk will apply and the consequences of a diagnosis;
- Personal acceptance of those risks.

Tobacco companies interpret “informed choice” as meeting the first criterion but the latter three are crucial to an active decision.



## Research Aim

To explore smoking uptake among young adult Māori and Pacific smokers and the extent to which they made informed choices to smoke.

## Methods

- We interviewed 20 young adult smokers and quitters using in-depth interviews.
- Participants were recruited using whanaungatanga networks and via social media and community advertising and selected to maximise diversity.
- A semi-structured protocol explored participants’ smoking histories, probed the informed choice framework phases, and examined how knowledge had changes over time. Interviews lasted 25-50 minutes.
- The authors used a thematic analysis approach to review and interpret the transcripts, and discussed and agreed on the themes identified.<sup>4</sup>
- Ethical approval was received from the University of Otago Human Ethics Committee (via a delegated authority).



## Results

We analysed four themes: contradictory identities; the informed choice framework, and participants’ understanding of addiction.

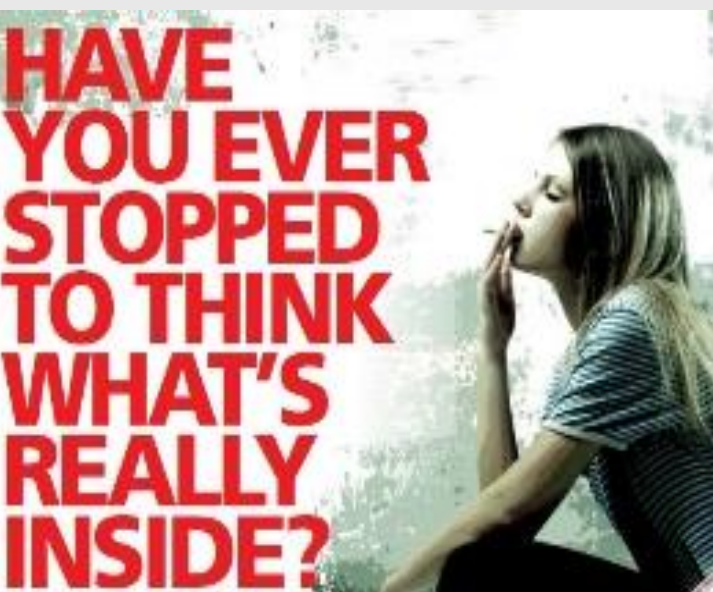
### Contradictory Identities

- Contradictory identities were evident in two ways:
- Participants reported changing from having strong non-smoker identity to smoking because tobacco was so easily available: “*I knew it was wrong because I knew I did not want to smoke when I grew up but I ended up eating my words and I’m smoking.*”
  - Pacific participants reported smoking as a means of assimilating with a new culture and as smoking increased in their social networks: *when I’m with him, you know he always encourages me know oh we’ll go halves you know instead of you know having a full one.*



### Informed Choice Framework

- Few participants progressed beyond a general awareness that smoking is harmful; recall of specific risks was low, and risk understanding and acceptance even lower.
- Many recalled receiving education messages but these did not offset the cool image they sought: *You know when you smoke, people think like, oh this is so cool, this is so cool and stuff like that. But you know deep within your heart its really bad.*
  - Many could recall risks they saw in warning labels, but few recalled more than five specific harms.
  - Understanding and acceptance of risk was generally low, and participants privileged their personal experience over health information: *I see some people that smoke every day but nothing’s happened to them.*



### Addiction

- Few participants had contemplated becoming addicted to smoking
- Most had made an unthinking transition and then recognised they were addicted: *you kind of slip.. in to being a smoker because suddenly you realise that... what started as, you know, just assistant to another recreational activity becomes actually the driving force behind it .... just suddenly, suddenly you’re addicted and, and you don’t quite realise it until it’s too late.*
  - Some were preoccupied with immediate stresses: *I was too busy focused on all the negative stuff so I just keep going not thinking about the consequences.*
  - Understanding of addiction was retrospective and tinged with regret: *I actually thought that, you know, maybe a year later that it was strange how little I thought about it, the fact that I was actively taking up a highly addictive, you know, substance.*



## Discussion

- While participants met some of the informed choice criteria, few knew more than a small number of specific risks and none met all criteria.
- Behaviour was characterised by:
  - Low levels of deliberate choice;
  - Strong environmental influences, and
  - A clear tendency to think for and in the moment rather than about future consequences.<sup>5</sup>
- Informed choice frameworks need to consider the environments in which young Māori and Pacific smokers grow up.
  - Where smoking is seen as normal, transitions are likely to be unthinking.
- Several participants had not previously considered they might become addicted;
  - They reported an unconscious transition from being a non-smoker to a social smoker to an addicted smoker.
- Participants reflected more on risks once addicted
  - Several experienced regret for the harm they might face and the costs they were incurring.



## Policy Implications and Conclusions

- Tobacco companies’ claims that smokers make “informed adult choices” were not supported by participants’ experiences.
- Despite all having started smoking after age 18, when they were legally adults, none met all the criteria set out in Chapman and Liberman’s framework.
- Policy makers need to consider how environments that facilitate smoking uptake could be modified to support smokefree behaviour; particular attention could be given to:
  - Smokefree homes;
  - Decoupling smoking and alcohol use;
  - Exploring how addiction might be explained so young adults gain insight into the future regret smokers experience.

### References:

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