

WHAKAHĀ O TE PĀ HARAKEKE

REALISING THE VISION FOR A SMOKEFREE FUTURE

Welcome to the Whakahā o Te Pā Harakeke quarterly newsletter

We are continuing to make good progress with the Whakahā programme and the varied projects we have underway. Movements in and out of lockdown and from Alert Levels to Traffic Lights has complicated data collection and meant we have had to move much of our work to an online mode. It's exciting to see earlier findings from projects, particularly from work our summer students have helped lead, and we expect to share findings from all three whenu throughout the year. Do check out our [website](#) (created by the talented team at Hāpai te Hauora) for more information on our wider team and the mahi we are doing.

The Whakahā o Te Pā Harakeke programme is conceptualised around a whariki, created from three whenu that comprise strands of related projects that are interwoven with miro, which represent our overarching themes. Our miro detail our shared commitment to reducing health inequities, which we will achieve by developing evidence to reduce smoking prevalence among priority groups, and promoting the achievement of Smokefree Aotearoa for all peoples in New Zealand.

WHENU HIGHLIGHTS

WHENU 1

Evidence for smokefree interventions, equity and endgames

The EASE project (ITC) is planning for the wave 4 data collection. This is due to get underway in July 2022. We have been doing a lot of work on preparing the questionnaire and adapting it so that the project is well placed to evaluate the impact of the measures included in the action plan. We are also working on our recruitment methods in order to boost Pacific participation in the next wave. Work is also underway to develop outlines for initial outputs from the wave 3 and 3.5 datasets. We will be presenting (virtually) some findings from an analysis of support for and perceived impact of key action plan measures at the Society for Research on Nicotine and Tobacco (SRNT) conference in Baltimore in March. Work is also underway based on analysis of W1/W2 data including an investigation of the determinants of quitting and quit success, the association between alcohol drinking and smoking/quitting, and an analysis of the impact of standardised packs.

WHENU 2

Reducing the appeal, availability and accessibility of tobacco

Several of the whenu rua projects are underway and being written up. We're delighted that Lizzie Strickett is supporting analysis of the whānau interview data; Lizzie developed a korowai framework and it will be exciting to see how her interpretation of the data proceeds. We are moving ahead with phase one of the retailer project where we will develop case studies of retailers who have voluntarily delisted tobacco. This project has ethics approval and we have received excellent support from the Cancer Society UTIG members, who are helping us identify possible study participants.

Miriama (Ama) Tomasi led the Pacific study within the social supply project. Ama was one of our summer students and we benefitted greatly from her community networks, which helped us recruit study participants. We are currently writing up this work and will be embarking on the general population and Māori data collection shortly. The vaping relapse MS is nearly ready for resubmission.

WHENU HIGHLIGHTS continued

WHENU 3

Evidence to Action

Study 3.1: This work has been affected by COVID delays. The key informant interviews are concluding and data analysis is underway. Our priority is to develop an initial statement concourse to inform Study 3.2 (Q-Method). We are aiming to have the initial concourse by the end of April.

SUMMER PROJECTS

Young adults' perceptions of the Smokefree generation proposal

Ell Lee explored how young people perceived the Smokefree generation proposal outlined in the Government's Smokefree Action Plan. She interviewed 20 people aged 17 or 18 and asked them to imagine the policy would come into effect next year (and would thus apply to several participants) before probing their views on the policy. Some felt the SFG impinged on their autonomy; they saw retaining personal freedoms as more important than the potential benefits an SFG policy could bring and favoured less intrusive measures. However, several supported the SFG; this latter group took a longer term perspective and thought the potential societal benefits outweighed any individual loss of independence.



smokefreegeneration.org.au

Social supply of tobacco among Pacific young people

This study involved interviews with several young Pacific people who discussed their experiences and knowledge of tobacco supply. Participants talked about the role tobacco played in managing stress (for themselves and their aiga) and spoke of the varied stresses that affected their day to day well-being, particularly the challenge of managing negative stereotypes. They outlined multiple ways in which young people access tobacco, via friends, family and affiliates, using social, commercial, and social-commercial supply routes. Participants also had important advice that those who did not smoke had used to resist offers of tobacco. Several suggested remembering their cultural and religious values, and recognising they could define themselves without using a product that would undermine who they were and aspired to be.



Photo by Polina Tankilevitch from Pexels

Pharmacists' views of supplying tobacco

Charika Muthumala explored pharmacists' views on supplying tobacco; when the number of retail outlets is greatly reduced, tobacco supply via a small number of pharmacies would ensure availability (albeit at a limited level) in smaller communities as well as large urban settings. Importantly, it would also create an opportunity for health professionals to offer advice when supplying tobacco. As a registered pharmacist, Charika's background gave her a unique ability to understand participants' business model. None of Charika's 16 participants enthusiastically embraced the idea of supplying tobacco; while some saw how this model aligned with the SF 2025 goal and felt they could support it, practice impediments such as storage and consultation space, or workload increases, led them to feel it would not be practicable to take on this role. Others strongly opposed the idea of supplying a product they knew would harm customers and felt doing so would present an insurmountable challenge to their ethical responsibilities.



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