
Chapter Six

THE IMPACT OF THE NATIONAL TOBACCO CAMPAIGN ON INDIGENOUS COMMUNITIES: A STUDY IN VICTORIA

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Abstract

To assist the process of developing a National Indigenous Smoking Strategy, the impact of the National Tobacco Campaign was investigated in Victoria. All five television advertisements were included in the investigation. The research involved group discussions conducted amongst metropolitan and rural Victorian indigenous communities. In order to provide a broad base of information the groups were selected to include adolescents, adults, health and community workers, smokers, ex-smokers and non-smokers.

The 1997–98 National Tobacco Campaign had high levels of awareness and message recall. In particular, the television components of the campaign had affected knowledge of the health effects of smoking. The research identified that the major limitation to the translation of this awareness into quitting action or intention was the high prevalence of smoking in indigenous communities and the relatively low priority placed on tobacco issues.

A common theme throughout the discussions was the importance of the social context to the attitudes and behaviours regarding smoking and quitting. Smoking prevalence was reported to be high within the communities included in the research, which was believed to act as an encouragement to the uptake of smoking and a barrier to quitting. There was a sense that smoking was regarded as the norm.

Tobacco smoking was rated as having a relatively low priority as a health concern. By comparison, other drugs were thought to be more of a concern because their use was associated with more immediate and complex issues including health, social, financial and legal complications. The low priority given to tobacco should be regarded as a major barrier to the success of quit strategies.

To some degree, community health and resource workers reinforced the low priority placed on tobacco. This was partly related to the fact that many were themselves smokers. It was also evident that some lacked the knowledge, skills and relevant local resources to promote quitting. A program that encouraged health and community workers to quit would be an important first step in the development of a National Indigenous Smoking Strategy.

It is also important to acknowledge that quitting was commonly felt to be difficult, with a substantial group (especially older people) believing that they could only successfully quit with the aid of nicotine replacement.

Knowledge of the health effects of smoking was assessed as reasonable, with the exception that certain misunderstandings relating to passive smoking, smoking during pregnancy, marijuana smoking and roll-your-own tobacco, were common. The 1997–98 National Tobacco Campaign and printed Quit resources such as the Quit Book had increased knowledge of the health effects. This was especially the case amongst younger smokers.

The research findings suggested that the development of strategies for quitting would benefit from a community-focussed approach. This would involve the integration of various local community networks in the promotion and delivery of quitting programs. The research identified that a number of influential local sources existed within each of the participating communities. These sources, which are referred to in this report as ‘channels of influence’ because of their potential for influencing community attitudes and behaviours, included various respected community figures such as elders and community workers. The research concluded that their involvement would be important to the acceptance and success of quitting programs.

The relatively high importance placed on the extended family and the social context suggested that quit groups and local support networks for people trying to quit would be appropriate. The research found that indigenous smokers were more likely to access such services if they were available specifically for indigenous people.

The research findings suggested that consideration should be given to targeting older smokers. This conclusion was based on the reported high prevalence of smoking amongst older community members, the observation and reports that many were suffering from smoking-related illnesses and the importance placed on their influence on other members of the communities.

Key Issues Emerging From The Research

ADVERTISING

- Awareness of Quit campaigns, in particular the recent series of TVCs, was high.
- No obvious differences were identified between these indigenous communities and the findings of previous research amongst the general population in terms of either awareness or message out-take from these advertisements.
- The impact of these TVCs on smoking intention also appeared to be similar to that of the general population. This assessment needs to be understood in relation to the observation that those included in the research would probably have scored lower on intention to quit than average.
- Understanding of the health issues conveyed in the recent series of TVCs was generally good. Younger people in particular, frequently described the health effects of smoking in terms of the language and visual imagery of these advertisements.

SMOKING AND QUITTING IN THE INDIGENOUS CULTURE

- The sense of culture and community was found to be a powerful influence, especially amongst the adult population. There was a feeling that indigenous communities were somewhat isolated from the broader local community in terms of health information. This was especially the case in rural areas. This identity needs to be acknowledged and used in development of Quit strategies.
- The channels of influence were felt to be important in relation to the acceptance and promotion of a health message. The role of elders was especially important in terms of influence and participants felt that elders could play an important role in encouraging quitting behaviour. This was especially the case amongst the adult population, while this research suggested that the role of elders was possibly a less critical influence amongst teenagers. A problem was identified in that many of the elders were smokers with some experiencing considerable health effects. These

people would need to be quitting themselves to have a positive influence on other smokers.

- The potential influence of community workers on smoking attitudes and behaviours was also important (see below).

SMOKING ATTITUDES AND BEHAVIOURS

- Smoking was not regarded as a major concern. There are two possible explanations for this:
 - (i) Smoking rates appeared to be relatively high, and so smoking was considered normal.
 - (ii) Other drugs (especially alcohol) were considered to have greater impact, due to the immediacy and complexity of their effects.
- The modelling of smoking behaviours by parents, grandparents and community elders was common and should be regarded as an influence on the uptake of smoking by young people. Young people commonly talked about being supplied with cigarettes by their parents. It appeared that parents who were smokers almost expected that their children would take up smoking. Further, parents who smoked generally felt that they could not prevent their children from taking up smoking because it was something they did themselves.
- The acceptance of sharing of goods within the culture was believed to contribute to high smoking rates and to make quitting more difficult. Cigarettes were reported as being always available and sharing them was felt to be part of the ritual of community and friendship.

QUITTING ATTITUDES AND ATTEMPTS

- It was apparent that the number of quitting attempts was lower than amongst the general population.
- It was also apparent that quitting intention was lower than amongst the general population.
- Approaches to and beliefs about quitting demonstrated limited expectation of the role or usefulness of Quit or Quit resources in the process.
- Peer influence was reported as a major barrier to successful quit attempts.

This observation was related to the high incidence of smokers, the easy availability of cigarettes and the communal role of cigarettes and smoking. In addition, adults (especially those aged 40+) believed they would be more successful at quitting if their peers were quitting at the same time.

- Quitting was commonly regarded as too hard. Nicotine patches and nicorettes were generally seen as the only hope for quitters.

KNOWLEDGE AND UNDERSTANDING OF HEALTH EFFECTS

- Knowledge of health effects of smoking was assessed as good.
- Participants commonly spoke about health effects in similar language to that mentioned in Quit resources and advertisements. This finding suggests that the recent series of TVCs increased awareness of different health effects.
- In particular, heart and circulatory diseases were referred to as commonly as respiratory diseases, which tends to refute the hypothesis that smoking is not acknowledged as being linked to heart disease within the indigenous community.
- Some myths about smoking appeared common, including:
 - Passive smoking is worse than smoking.
 - Roll-your-own tobacco is not as bad as filtered cigarettes.
 - Smoking cigarettes is better (or worse) than smoking marijuana.
 - Smoking during pregnancy is not harmful.

OTHER QUIT RESOURCES

- Printed resources were generally claimed to be of limited value, however the research suggested that the usefulness of these resources may be greater than was recognised or expressed by participants. Evidence was as follows:
 - (i) Several participants were observed to read the resources during the groups or take them away afterwards (especially the Quit Book and the pregnancy pamphlet).
 - (ii) In most of the groups there was at least one person who took quite an intense interest in some of the printed resources.

(iii) Apart from comments that printed materials needed to be indigenous specific, no obvious differences were observed in comparison with previous research findings related to the general population.

- Poster resources were frequently requested, especially by health workers. They felt it was important that these be specifically related to indigenous people. This could be achieved through the use of information that is specific to local communities, and/or by using images of well-known indigenous identities.

QUIT GROUPS

- The idea of quitting groups received a mixed response ranging from complete lack of interest to much enthusiasm.
- The notion of quit groups probably has particular value for older (40+) smokers who are experiencing effects of smoking and want to quit, but find their peers' smoking behaviours to be a barrier to quitting.
- The strong community sense amongst these groups would be expected to contribute to the success of quit groups.
- Participants commonly report being unlikely to attend groups with the general community, reflecting the need for a quitting strategy to specifically target indigenous people.
- A common theme from participants was a desire for groups to be conducted by indigenous people who were ex-smokers.

INDIGENOUS TARGETED RESOURCES

- The groups prompted considerable debate about whether printed resources should be specific to indigenous people. Older people and health workers believed that printed materials needed to be indigenous specific, or at least include indigenous content and they especially felt that this was the best approach for targeting young people. Younger people did not necessarily agree however, and several commented that it made no difference to them whether resources were targeted at indigenous people. There was a trend for younger people to identify themselves with the

broader youth culture, rather than the indigenous culture specifically. This was most apparent in the metropolitan groups.

ROLE OF COMMUNITY HEALTH WORKERS

- Overall, the behaviours and attitudes of indigenous health and community workers reinforced the notion that cigarettes were of relatively little concern, the main reasons for this were:
 - (i) Dealing with other drug issues (especially alcohol) and their more obviously destructive associations (for example, family violence) was considered a higher priority.
 - (ii) Smoking impact was acknowledged as more long term. Workers felt that their clients' needs tended to be focussed on the immediate.
- Smoking was also sometimes used as a means of developing rapport with their clients. In this sense, smoking seemed to have strong symbolic meaning within the community in terms of both bonding between people and acting as a pacifier. These issues were felt to affect the success of Quit strategies.
- Many of the community and health workers were themselves smokers. This had a number of implications:
 - (i) They did not regard smoking as a significant problem to be dealt with immediately.
 - (ii) They did not see themselves as having the right to encourage others to quit when they smoked themselves.
 - (iii) They did not believe that smokers would listen to them promoting a Quit message.
 - (iv) They believed that their own unsuccessful quitting attempts would reinforce the difficulty of the process to their clients.

Background

As part of formative research for a National Indigenous Smoking Strategy the Victorian Smoking and Health Program (Quit) evaluated the impact of the National Tobacco Campaign on indigenous communities.

The National Tobacco Campaign targets smokers aged 18–40, and has not specifically targeted indigenous Australians. However, some anecdotal evidence has been received from communities in the Northern Territory indicating a positive response to the television commercials used during the campaign. Further qualitative research through the Northern Territory Health Services is planned to elucidate these findings.

For an effective targeted National Indigenous Tobacco Strategy it is important that health information, education resources and programs that are developed are regarded as culturally relevant and appropriate. In order to do this, an understanding of the attitudes, beliefs and behaviours in relation to smoking within these communities is required. Further insights are expected to be provided through gaining an understanding of the impact of a mainstream anti-tobacco marketing strategy on indigenous communities. Relatively little such information currently exists.

Research Objectives

The overall objective of the research was to assess the impact of the National Tobacco Campaign on selected indigenous communities. Specifically, the research aimed to:

- Identify the level of awareness of the five National Tobacco Campaign television commercials* amongst a sample of indigenous communities.
- Identify the level of understanding of the five National Tobacco Campaign television commercials amongst a sample of indigenous communities.
- Identify the level of concern about health issues raised in each of the five National Tobacco Campaign television commercials amongst a sample of indigenous communities.
- Identify the response and likely impact of each of the National Tobacco Campaign television commercials amongst a sample of indigenous communities.

* This research includes the later released advertisements, *Brain* and *Call for help*, in addition to those from the first phase of the campaign.

Further, the research aimed to assess the relevance and acceptability of particular Quit services, namely the Quit Book and the Quitline, amongst a sample of indigenous communities, and to explore whether any other quitting programs could be valuable for this target group.

SPECIFIC INFORMATION OBJECTIVES

To achieve these overall aims, a number of specific information objectives were addressed by the research.

- In relation to smoking generally:
 - What are the beliefs and attitudes regarding the health effects of smoking?
 - What are the beliefs, attitudes and behaviours regarding quitting smoking?
 - What knowledge, experience and attitudes do the target group have with regard to Quit and Quit services and resources?
- In relation to the TVCs:
 - How familiar is the target audience with the advertisements?
 - How do they respond to the advertisements?
 - How do the advertisements affect their feelings about smoking?
 - What are the key messages derived from the advertisements?
 - What is liked and disliked about the advertisements?
 - How relevant does the target audience regard the advertisements?
- In relation to Quit services and resources:
 - What expectations does the target audience have of these services and resources?
 - What knowledge and experience does the target audience have with these?
 - How useful have they found these services and resources to be?
 - How relevant does the target audience regard the services and resources?
 - What are the most/least useful aspects of them?
 - What barriers are experienced to using Quit services and resources?
 - What other resources would be useful/acceptable?
 - What other intervention strategies would be useful/acceptable?
 - How relevant are Quit's resources to the indigenous communities?
 - What resources or interventions could be more relevant to indigenous communities?

Method

● OVERALL APPROACH

The research used a qualitative approach of focus group discussions. Recruitment of participants to the group discussions was organised by workers from the local indigenous organisations. Facilities for the conduct of focus groups were selected in each location to enable and encourage free and open discussions. Guidance was sought from the Quit Aboriginal Project Coordinator with regard to selection of appropriate facilities.

Participants were paid at market rates (\$35 per session) for their attendance. This payment was only made to those health professionals who were required to participate outside normal working hours.

Each group lasted approximately 1–2 hours and was audiotaped, with the permission of participants, for the purpose of the research. Quotations used in this report include a reference to the target group from which the person came, in terms of whether they were a smoker, ex-smoker or non-smoker, adolescent, adult or health worker. To maintain anonymity of participants, the location of the group has not been noted.

A discussion protocol based on the information objectives identified above was designed prior to conducting the groups.

A Market Access facilitator conducted the groups. The Quit Aboriginal Project Coordinator and the Quit CEO each observed a selection of the groups.

TARGET RESPONDENTS

Five main target groups were identified for inclusion in the research:

- teenagers, aged 16–18, smokers;
- teenagers, aged 16–18, non-smokers;
- adults, aged 19–40, smokers;
- adults, aged 19–40, non-smokers; and
- health and community professionals.

The research comprised 15 group discussions, including six with adults, five with teenagers and four with community and health workers.

A total of 96 participants attended the groups, including 43 adults, 30 teenagers and 23 community and health workers. The groups were conducted in four locations: Shepparton, Warrnambool, Geelong and Fitzroy. The table below outlines the groups conducted at each location.

It is important to note that the community and health workers who attended the Geelong group were all from different regions of Victoria, including Geelong, Mildura, Swan Hill, Morwell and Bairnsdale. They all worked in the alcohol and drug field and the group was conducted at the beginning of a two-day seminar they were attending that included training, resources and information provided by Quit.

TABLE 6.1 OVERVIEW OF GROUPS

Group no.	Location	Group details	No. of attendees
1	Shepparton	Teen smokers	7
2	Shepparton	Teen non/ex-smokers	7
3	Shepparton	Adult smokers	7
4	Shepparton	Adult non/ex-smokers	7
5	Shepparton	Health & community workers	2
6	Warrnambool	Teen smokers	6
7	Warrnambool	Adult smokers	9
8	Warrnambool	Adult non/ex-smokers	4
9	Warrnambool	Health & community workers	6
10	Geelong	Health & community workers	7
11	Fitzroy	Teen smokers	5
12	Fitzroy	Teen non/ex-smokers	5
13	Fitzroy	Adult smokers	8
14	Fitzroy	Adult smokers	8
15	Fitzroy	Health & community workers	8

Findings On The National Tobacco Campaign

In each of the groups participants were asked for their responses to Quit advertising campaigns. The research focussed on the 1997–98 National Tobacco Campaign with television and radio advertisements being played during the sessions (including the later-released *Brain* and *Call for help* advertisements). While the original report contains detailed findings from each of the specific information objectives, this chapter includes only those detailed findings directly pertaining to the National Tobacco Campaign.

Overall, the groups gave no indication that awareness of, or exposure to, the campaign was any different amongst the indigenous and non-indigenous populations. Similarly, the results of this research program gave no reason to believe that indigenous people received the campaign messages any differently to the non-indigenous population.

“I don’t think there is [any difference between the aboriginal and non-aboriginal population regarding effectiveness of recent TV campaigns] I mean they are targeting smokers, all lungs are the same.” (Health worker)

Awareness of the television campaign was very high, with nearly all participants recalling having seen each of the advertisements in the series. Variations in awareness of the advertisements appeared to be closely related to the media buy for each of them, in terms of both exposure and recency. That is, *Artery* and *Brain* tended to be top-of-mind in terms of unprompted recall.

Initial reactions to the ‘push’ advertisements, in particular *Artery* and *Brain*, were that of disgust (such as nausea or turning away). Several participants indicated these advertisements stimulated discussion about smoking amongst both smokers and non-smokers. They noted that the advertisements had been talking points while they were being shown. Several smokers also reported that these advertisements prompted thoughts about the health effects of smoking, and for a few, thoughts about, or actions towards, quitting smoking.

“And everyone knows about ‘em. You mention smoking and they say they turn it over ‘cause you can’t stand looking at it, or you know it’s gross, whatever.” (Adult non-smoker)

"I quit for three months when I saw that ad ... Straight away."

(Adolescent smoker)

"That ad last year, I think that's what put me off." (Adult smoker)

"It makes you think about giving up, about what the smoke's doing to your body." (Adult smoker)

"I still think you need graphic ads like these ... it gives you that little kick." (Adult smoker)

"Those ads were great because the kids are actually looking at them and they are thinking this is mum and dad here ... they'll see the benefits of those in a few years time when the kids are not taking up smoking as much as they are at the moment." (Health worker)

Some participants, primarily older smokers who had experienced health effects from smoking, but who believed they could not quit, reported that they were unable to watch these advertisements. Their behaviour during the groups, where they turned away or closed their eyes while the advertisements were shown, was consistent with these comments.

"I can't watch them things ... 'cause I know I need to stop." (Adult smoker)

The messages received from the push advertisements were quite clear. One of the key messages was that smoking-related diseases developed over time. This was seen to be related to the message that every cigarette was a part of the damage. As previously mentioned, the language participants used in descriptions of the health effects of smoking, especially amongst younger smokers, clearly demonstrated that some of the specific health messages of this campaign had been picked up.

"Because it builds up heaps, and gets worser and worser." (Adolescent non-smoker)

(Lung) "Killing you slowly. Killing yourself slowly." (Adolescent smoker)

(Tumor) "You mightn't have cancer straight away, but it can happen to you later." (Adolescent smoker)

(Lung) "The older ya get, that's what can happen to you if you keep smoking." (Adult smoker)

The young age of the smokers portrayed in the 'push' advertisements (smokers in their thirties) was mentioned occasionally in terms of whether it was a realistic age to have died from smoking-related illness. Some doubt was expressed especially in relation to *Brain*.

(Brain) "That's young, that's too young to die of cigarettes." (Adolescent smoker)

(Brain) "I just think that you'd have to be a heavy smoker for your brain to get that bad a brain at 38. But then there might be other factors, like it might run in the family, stroke." (Adult smoker)

"The only one that scares me is the brain one ... but I don't reckon that happens." (Adolescent smoker)

As mentioned previously, some participants' descriptions of the 'push' advertisements indicated they were confused by some of the content. This was especially relevant with some of the younger smoker groups.

(Artery) "He said you'll choke." (Adolescent smoker)

(Artery) "Choke to death." (Adolescent smoker)

(Artery) "Asthma attack." (Adolescent smoker)

(Lung) "Cause if that were true, wouldn't all the holes be at the bottom of your stomach, so if they're rotting wouldn't they break off?" (Adolescent smoker)

A tendency was observed in some groups for adolescent smokers to externalise the 'push' advertisements by describing the organs as objects, such as tubes (*Artery*) and sponges (*Lung*) rather than parts of the body. It seemed that the use of such language might have had the effect of making the advertisements less personal. By comparison, adult smokers appeared more willing to relate the advertisements back to their own bodily functions.

(Artery) "And when they squeeze that stuff out of the tube." (Adolescent smoker)

(Tumour) "I mean you don't see those effects, you know, within yourself, but when it's actually shown like that." (Adult ex-smoker)

"You're virtually looking at you body, that's what you bodies going to end up looking like. The insides anyway. That's what's going to happen to you." (Adult smoker)

Reactions to the 'pull' advertisement, *Call for help*, were quite mixed. It was clear that the advertisement provided some information about the Quitline, as evidenced by the descriptions participants gave about this service. However, because most did not regard the service as personally relevant they seemed to have similarly disregarded the relevance of the advertisement.

"We don't need that sort of telephone service, because we have other things ... we've got our resources for that already, the doctors [at the Aboriginal Health Service] with the chewies or the patches." (Adult smoker)

Discussion of the Quit advertising campaigns, as with other Quit resources, prompted much debate about the value of using indigenous talent in communications. Many participants were of the opinion that indigenous people would be more likely to take notice of advertisements and publications that portrayed indigenous people. This was particularly the case amongst older smokers and health workers. Teenage smokers, on the other hand, were less likely to believe that this would make any difference to them.

"But I'll guarantee you, if you have a TV running in there you'll have a group of people talking around it. You get a didgeridoo come on the TV ... and straight away there's silence, everyone wants to have a look ... it would make a bigger impact because they're concentrating on it 'cause you've got their attention and their interest." (Health worker)

"The only thing is that when it comes to aboriginal people, they will not relate to [Quit TVCs] because they don't see a black face ... I've heard the kids say, 'Oh yeah, but that's only white fellas'. They do." (Health worker)

"They work, but I think we need to have black heads in amongst those campaigns." (Health worker)

"If there was an aboriginal face ... aboriginal people would take notice straight away. And they'll relate to it more." (Health worker)

"It wouldn't make a difference if there were Koories or not." (Adolescent non-smoker)

"We're all the same ... that's just people with a chip on their shoulder." (Adolescent smoker)

While there was recognition and acceptance that media based campaigns, such as the 1997–98 National Tobacco Campaign were appropriate for indigenous

people as well as the general population, the groups provided a number of suggestions regarding the value of various specific indigenous strategies. These involved both general principles on which such strategies needed to be based, and specific directions for program development.

The key principles identified for Quit strategies and programs included:

- need to be locally based and include local content;
- should involve elders and significant community members in their design and delivery; and
- must have broad community focus.