

Māori women’s perspectives and experiences with smoking and vaping

Main related findings and implications

Main related findings (from interviews with 83 Māori women)	Implications for public health messaging or policy
<p>A number of barriers to vaping were identified, including the initial cost of the kit, learning to use the device and inhale properly, and overcoming the urge to smoke.</p> <ul style="list-style-type: none"> Women who had tried vaping and returned to cigarette smoking tended to do so within two weeks. 	<p>Encourage persistence with vaping in the early uptake phase</p>
<p>There was broad agreement that good information on vaping and vaping-related harm was not easily available.</p> <ul style="list-style-type: none"> Those who vape and still smoke generally believed that there was insufficient information available about the benefits of vaping versus smoking. There was some uncertainty about whether or not vaping was less harmful than tobacco cigarettes. 	<p>Provide smokers with clearer information about the relative harms of vaping versus smoking tobacco cigarettes</p>
<p>Participants who had successfully quit smoking generally didn’t switch to vaping-only immediately; there was usually a period of ‘dual use’ of vape and cigarette.</p> <ul style="list-style-type: none"> Participants tended to take three months to fully quit smoking once they started vaping. Participants perceived themselves as vapers (and non-smokers) generally around two to three months after they started vaping. 	<p>Recognise that switching to vaping can be challenging, it takes time, and requires a change of self-perception</p>

Rationale for the research

The Government's aspirational goal is for New Zealand to be smokefree by 2025, with fewer than 5% of New Zealanders smoking. By 2018, the Government aimed for daily smoking to have fallen to 10% and Māori and Pacific adults' daily smoking rates to have fallen to 19% and 11% respectively. The *2016 NZ Health Survey* indicated that 14% of European/other adults were daily smokers, down from 18% in 2006/07. For Māori women, daily smoking rates declined from 42% to 36%. In 2016/17, Māori women were **3.4 times** as likely to be current smokers as non-Māori, after adjusting for age.

The Health Promotion Agency/Te Hiringa Hauora (HPA) wanted to learn more about women's vaping and smoking to support the development of an informational website, and a marketing campaign, encouraging the switch to vaping (which is known to be significantly less harmful than smoking) as a pathway to quitting smoking. HPA wanted to understand behaviours, knowledge, barriers and what messaging could support the campaign (eg, promotion of better health outcomes or cost savings), and motivators (why they did and why they did not vape). Kāhui Tautoko Consulting Limited was commissioned to conduct the work in 2018.

Research scope

The target audience for this research was **Māori women aged between 17 and 34** years across four target segments, with a goal of reaching 20 Māori women per segment:

- Segment 1: Regular vapers and ex-smokers.
- Segment 2: Regular vapers and smokers.
- Segment 3: Regular smokers who do not vape.
- Segment 4: Those who tried vaping but have gone back to smoking.

Participation

A total of 83 Māori women from across four regions in New Zealand were individually interviewed to capture perspectives from women in both urban and rural areas.

The first step to vaping

When asked why participants in the vaping groups started vaping there were similar themes: to quit smoking; to save money because of the increasing cost of cigarettes; to be healthier or address a specific health condition (eg, respiratory or breathing condition); to reduce addiction to nicotine; and because of encouragement or pressure from family and friends. People who influenced participants to vape included other family members (grandparent, parent, children or partner) and friends.

Beliefs prior to vaping

Prior to vaping, vapers' (ex-smokers) beliefs were that vaping contained less nicotine; was cheaper than smoking; was less harmful than smoking; looked cool and smelt nice; was better for you if you are pregnant and can't quit smoking cigarettes, and would provide the same satisfaction as cigarettes.

Barriers to vaping

Barriers that vapers had to overcome included quitting smoking; affordability (the initial cost of the kit); and peer pressure about how vaping 'looked'. Vapers (who no longer smoke) said it was not difficult to learn to vape, although some did feel there were barriers to their uptake of vaping and sticking with it to become a vaper. These included the initial cost of the kit; learning to inhale properly and overcoming the urge to smoke. Participants got most of their support when learning to vape from vape shops, workmates and family/friends. Participants felt more advice (including videos) should be available online and in doctors' offices.

For smokers the main barrier to initiating vaping was their own thoughts and perceptions about being able to quit smoking. For those who vaped (and returned to smoking) the participants identified barriers such as lack of self-belief; an expectation of peer pressure from family and friends; anticipated public judgment about vaping in public; and concern that the nicotine 'hit' would not be the same.

Benefits and perceptions of vaping

Vapers (ex-smokers) felt they were perceived more positively since vaping. **Participants perceived themselves as vapers (and non-smokers) generally around two to three months after they started vaping.** Participants said that they wanted to eventually become vape and smokefree, and they wanted this for better health. They also wanted to save money by not buying vape consumables or cigarettes.

Those participants who vape and still smoke said they thought vaping was less harmful. This group felt there was insufficient information available about the benefits of vaping versus smoking.

Participants were asked about benefits they have experienced since vaping. Vapers (ex-smokers) said they felt healthier and breathed easier, including less coughing. Being able to quit smoking was another benefit. Participants also said they smelled better (themselves and their clothes) and/or they had saved money. Twelve of the 20 participants who have never tried vaping agreed that insufficient information was available about the differences.

Smoking behaviours

Those that **vape and no longer smoke** were asked if they gave up smoking immediately once they started vaping, or if it took longer. **It typically took three months to fully quit smoking once they started vaping.** Vapers (ex-smokers) generally commented that switching from smoking to vaping was hard at first because it was a different way of smoking – the nicotine ‘hit’ wasn’t as powerful and getting accustomed to using the vape kit was sometimes challenging.

The group that **tried vaping but returned to smoking** said they did so primarily for two reasons: vaping was less satisfying than smoking, and they

had issues with the use of vaping kits. **Women who had tried vaping and returned to smoking generally did so within two weeks,** primarily because the cravings for smokes/nicotine hit from smoking were stronger than their desire to remain vaping. They did not feel the same satisfaction as they did from smoking and continued to carry smokes around for fear this would happen. When the participants were asked if they might eventually stop smoking completely, or whether this was a goal, they gave a definite ‘yes’ response. The main reasons for wanting to quit smoking were to save money and/or to feel healthier.

Participants who smoke **and** vape said they still smoke for several reasons: preferring to smoke when they drink or socialise; still trying to give up smoking; cigarettes were thought to be better at dealing with stress and cigarettes are more convenient to access. This group was asked what would motivate them to quit smoking. When the participants were asked if they might eventually stop smoking completely, or whether this was a goal, they gave a definite ‘yes’ response. The two main reasons for this were for better health (a longer life and to work towards getting fitter) and for saving money (it was stated that while vaping was cheaper, not vaping or smoking is even better).

The participants who **smoke but have never vaped** were also asked if they had a goal of quitting smoking and, if so, whether they thought vaping would help on that path. Participants were also asked what encouragement they would need to move to vaping. Participants felt that they were unlikely to vape as they still enjoyed smoking and did not feel their cravings would be met from vaping. Participants indicated that they would consider vaping if there was better information on benefits; if vape kits were free; and if access was easier (available at more outlets).