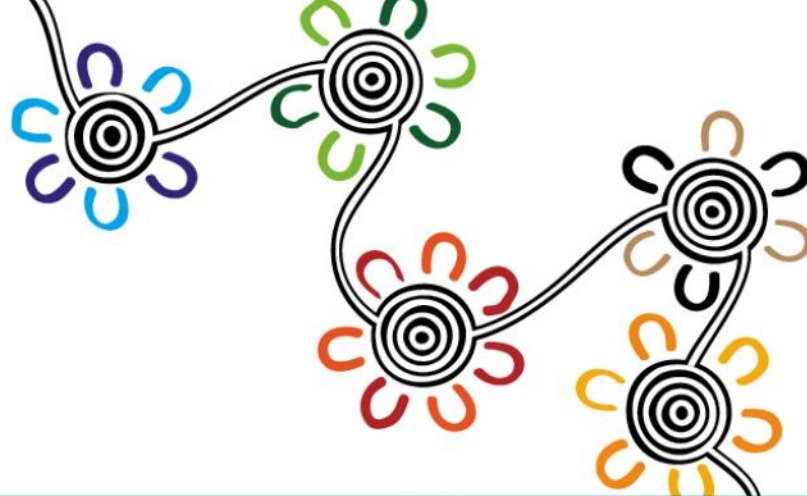


NATIONAL BEST
PRACTICE UNIT

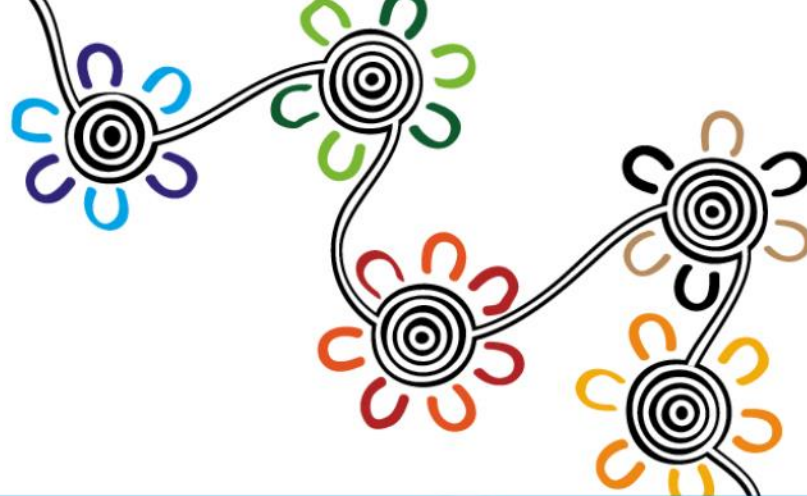
**TACKLING
INDIGENOUS
SMOKING**



Welcome to the Western Australian TIS Jurisdictional Workshop 2018

NATIONAL BEST
PRACTICE UNIT

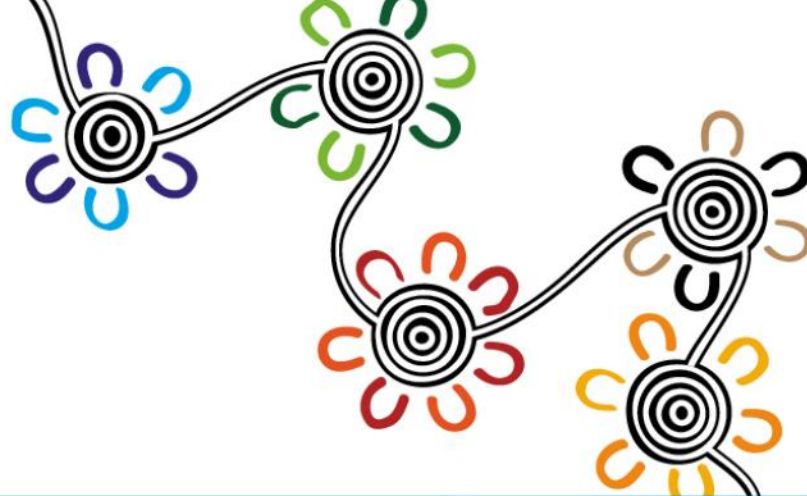
**TACKLING
INDIGENOUS
SMOKING**



Welcome to Country

NATIONAL BEST
PRACTICE UNIT

**TACKLING
INDIGENOUS
SMOKING**



‘My state rules’ Steve Fisher

NATIONAL BEST
PRACTICE UNIT

**TACKLING
INDIGENOUS
SMOKING**



TIS Program Update

Professor Tom Calma AO

TIS NBPU WA Regional Workshop 2018

Smoking & Prevention

24 May 2018



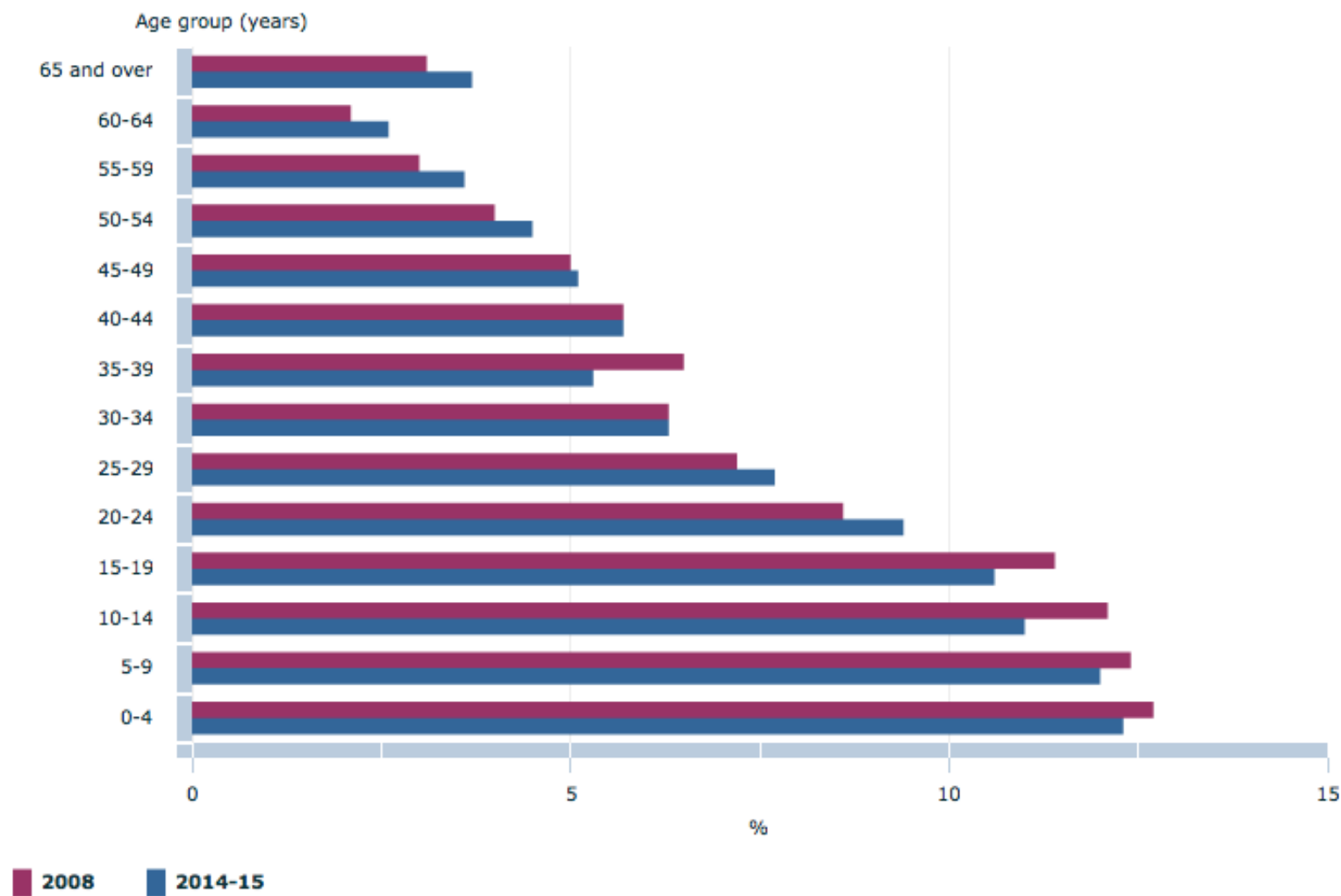
Prof Tom Calma AO



National Coordinator Tackling Indigenous Smoking



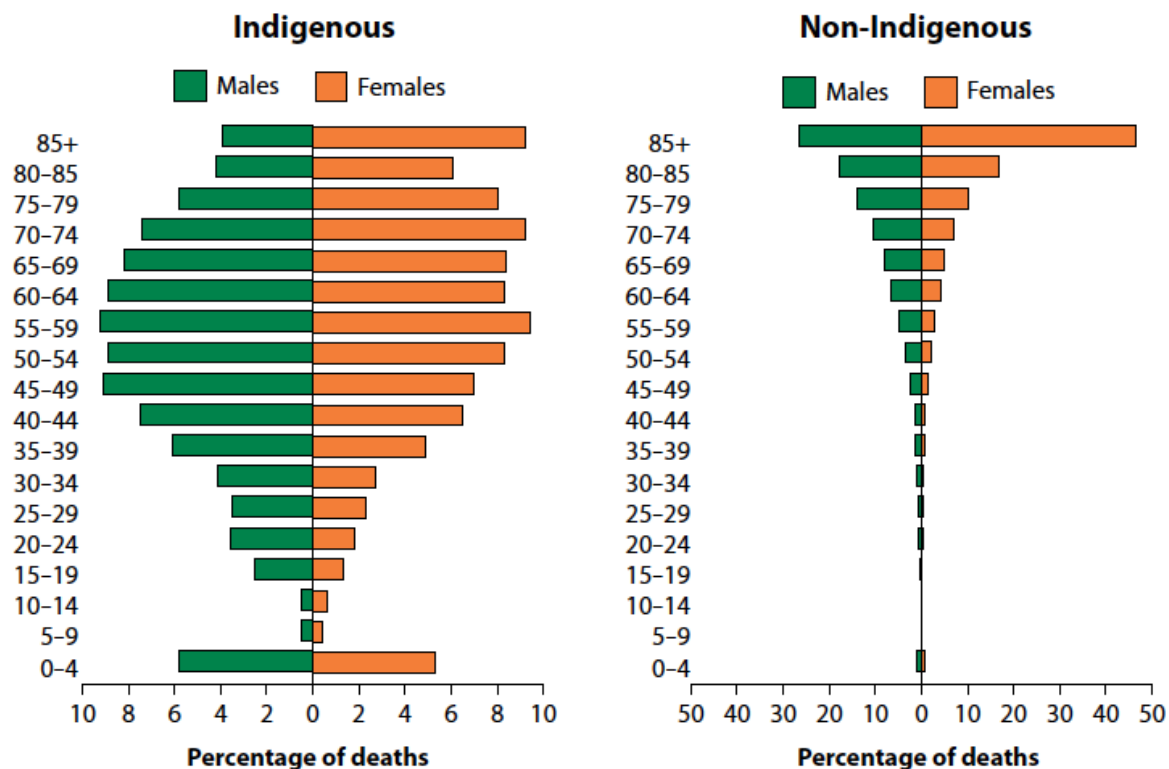
Figure 2.1. Aboriginal and Torres Strait Islander population, by age group — 2008 and 2014–15



63% < 30yo

46% < 20yo

Figure 7.17



Note: Indigenous data for Vic, Tas and ACT were of insufficient quality for the reporting period.

Age distribution of proportion of deaths, by age and Indigenous status, NSW, Qld, SA, WA and NT, 2007-2011

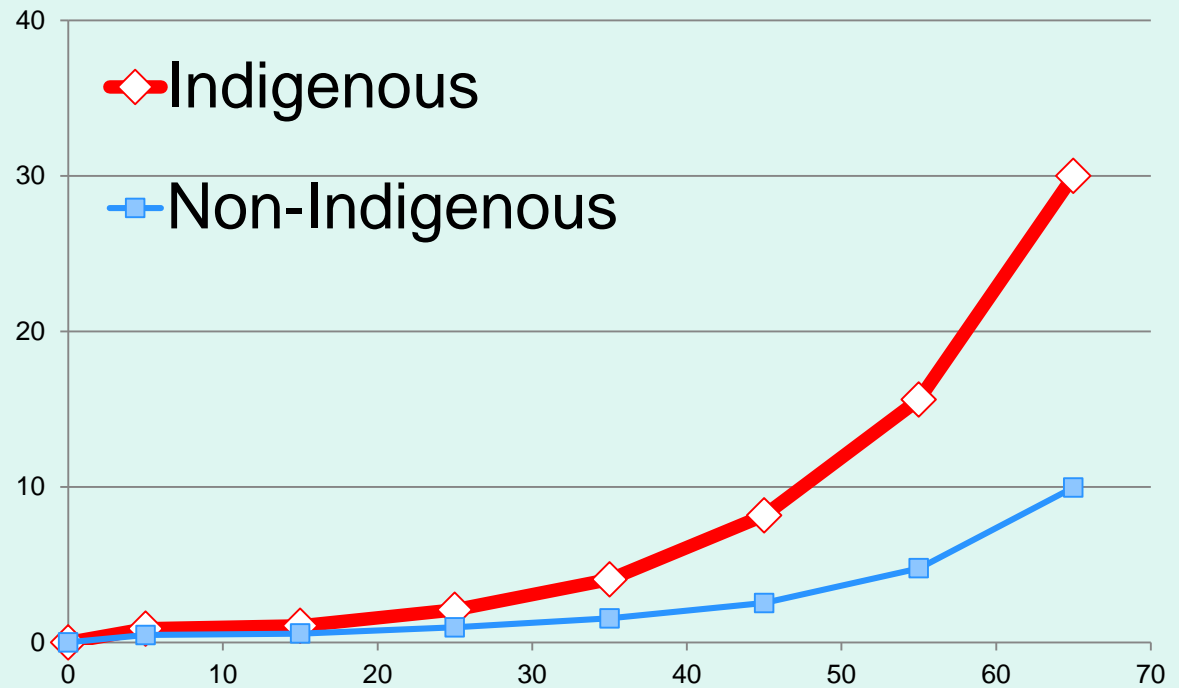
AIHW Australian
Health Status
Report 2014

Risk of death to age 65, by Indigenous status, Australia 2010

Dead by age 65:

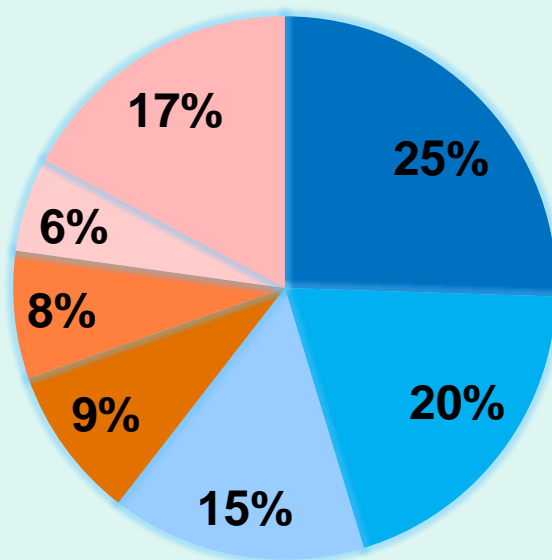
**30% Indigenous
Australians**

**9% non-
Indigenous
Australians**



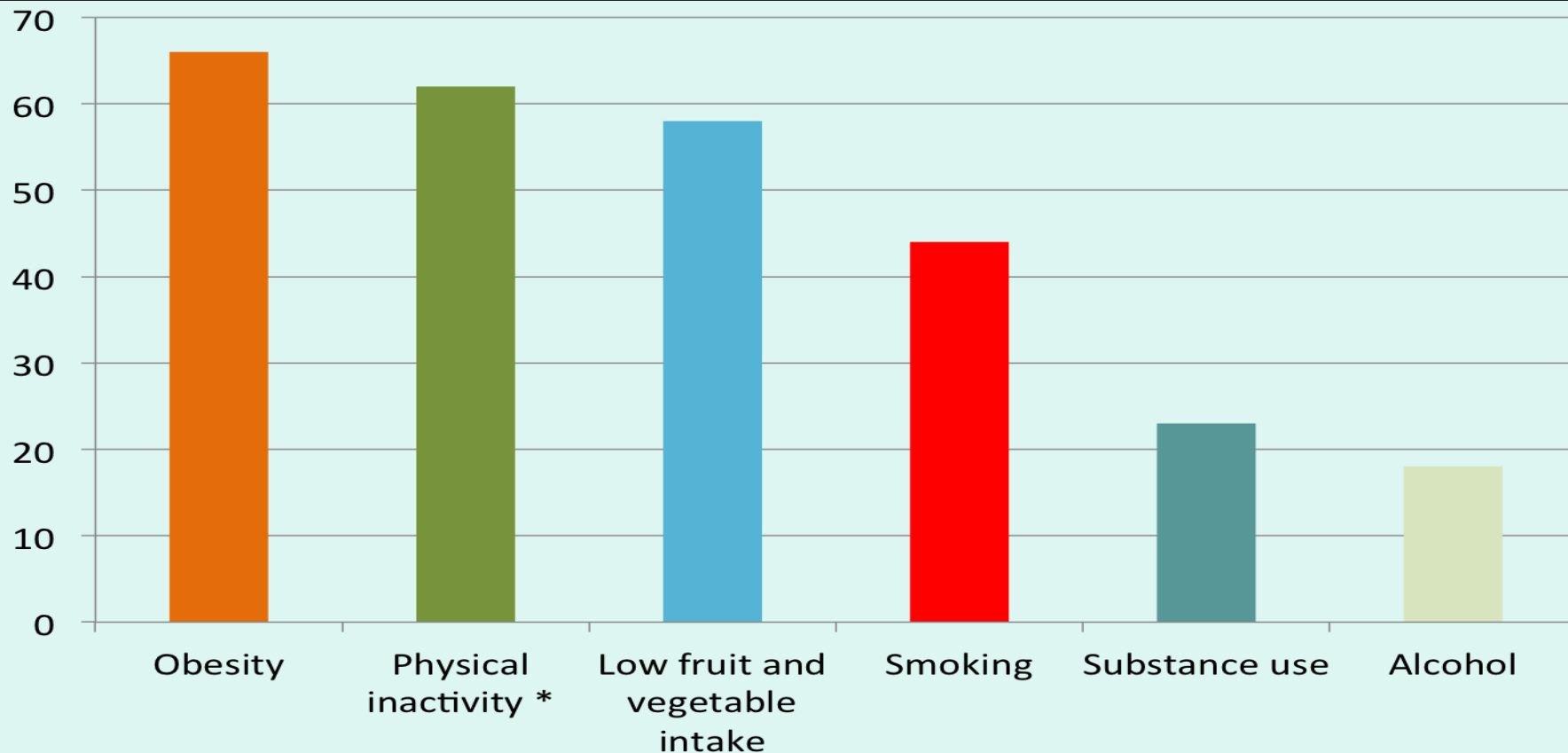
Broad causes of death

- ▶ Most common broad causes of death in Indigenous peoples



- Cardiovascular disease
- Cancer
- External causes
- Endocrine, metabolic & nutritional disorders
- Respiratory diseases
- Digestive diseases
- Other causes

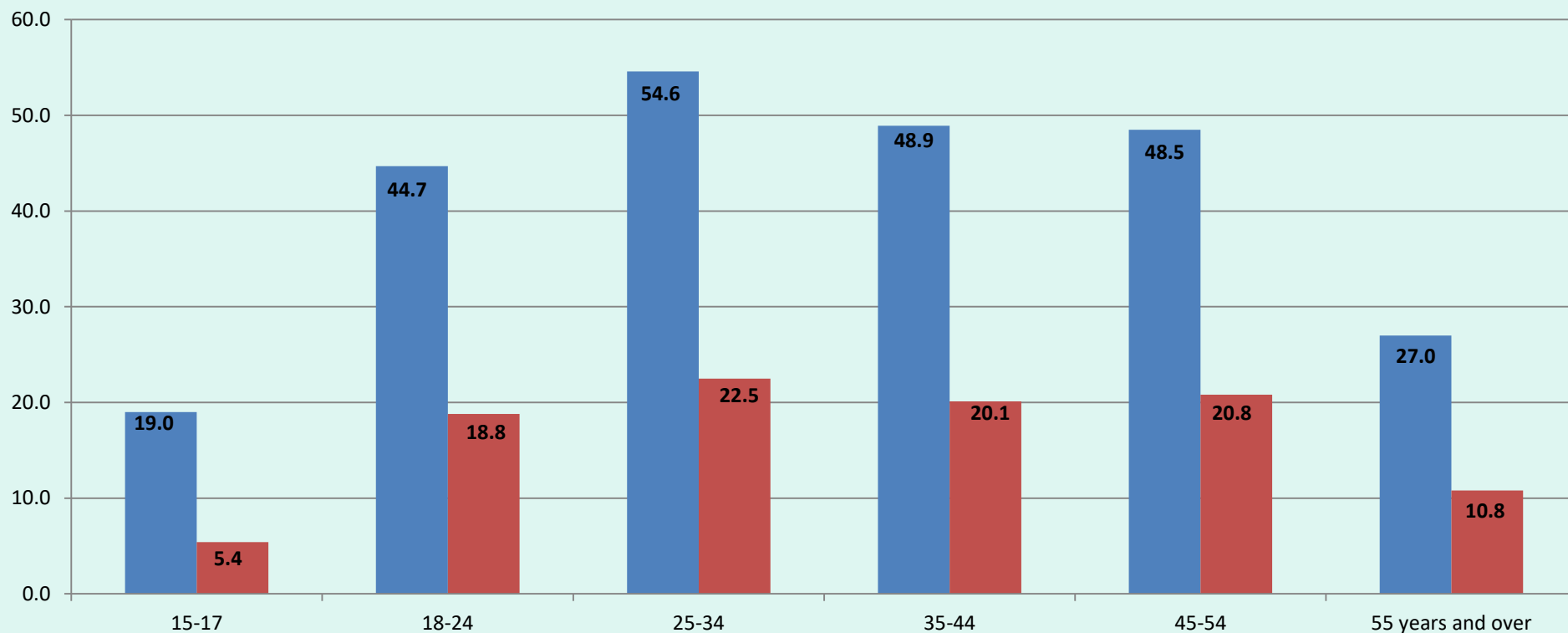
Chronic Disease Risk Factors – 2012-13 (popⁿ impact)



Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report

Aboriginal and Torres Strait Islander Smoking

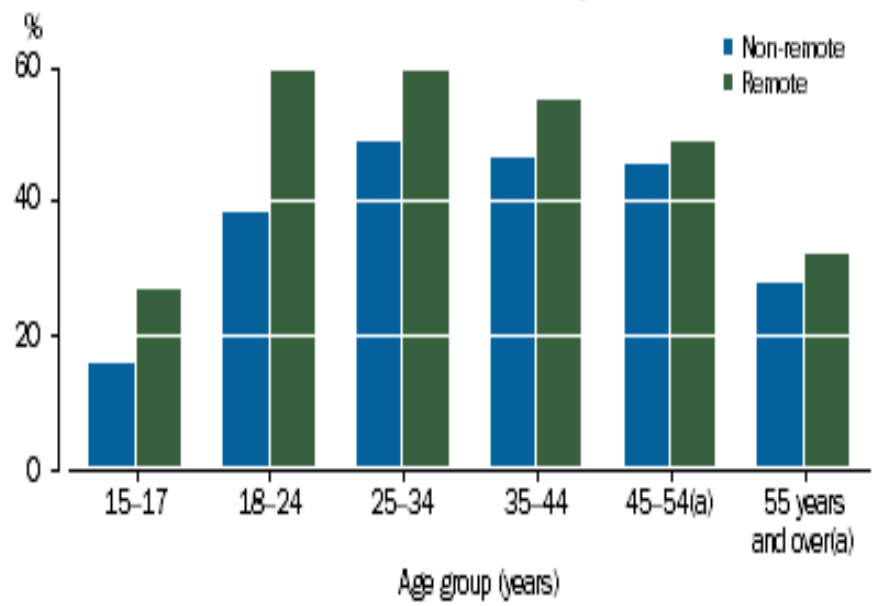
■ Aboriginal and Torres Strait Islander ■ Non-Indigenous



Source: ABS Aboriginal and Torres Strait Islander Health Survey 2012-13

*Data for non-Indigenous people are for 2011-12, from the Australian Health Survey 2011-13.

CURRENT DAILY SMOKERS BY REMOTENESS AND AGE, Aboriginal and Torres Strait Islander people—2012–13



(a) Difference between non-remote and remote rate is not statistically significant.

Source: 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey

Lifestyle factors

Smoking and passive smoking

Smoking is a major cause of cancer in humans, and is responsible for one in five of all deaths in Aboriginal and Torres Strait Islander peoples in Australia (Vos et al. 2007). Indigenous Australians generally take up smoking at an earlier age, continue to smoke for longer and make fewer quitting attempts than non-Indigenous Australians (CCA 2007).

In 2010, Indigenous Australians were 2.2 times as likely as non-Indigenous Australians to smoke tobacco (38% compared with 18% after age-standardisation). Further, among current smokers, on average Indigenous Australians smoked 46 cigarettes more per week (147) than non-Indigenous Australians (101) (AIHW 2011a).

Evidence indicates that active and for some cases, passive smoking, can cause cancers of the following sites:

- bladder
- cervix
- kidney
- larynx
- liver
- lung
- myeloid leukaemia
- nasal cavity and nasal sinuses
- oral cavity (lip, mouth, tongue)
- oesophagus
- pancreas
- pharynx
- stomach.



NATSISS 2014 / 15

- The proportion of Aboriginal and Torres Strait Islander children aged 0–14 years who were **living in a household** in which there was at least one daily smoker was **56.7% in 2014–15, down from 63.2%** in 2008 (Table 8).
- About **six in 10 (60.3%)** Aboriginal and Torres Strait Islander people aged 15 years and over were **living in a household** in which there was at least one daily smoker in 2014–15 (Table 16), **down from 67.5%** in 2008.
- In 2014–15, the proportion of Aboriginal and Torres Strait Islander people aged 15 years and over who were **daily smokers** was **38.9%, down from 44.6%** in 2008 and 48.6% in 2002. Between 2002 and 2014–15, there was a significant **improvement in non-remote areas** (down 11.4 percentage points) (Table 1).

What is the Tackling Indigenous Smoking initiative?



National Indicators

1. Quality and reach of community engagement
2. Organisations involved in tobacco reduction in the region
3. Building capacity to support quitting
4. Referrals to appropriate quitting support
5. Supporting smoke-free environments

The New TIS Program up to 30 June 2018

- Grant Recipients (GR)
- Whole of service approach – **population health** + smoking cessation
- Greater discretion to GR – **outcomes focused**
- No healthy lifestyle funded
- **NCTIS**
- **Quit Skills support & Quitline enhancement**
- Dedicated TIS policy section at national office – **amalgamated in March 2017 – Preventive Health & Renal Policy Section**
- Grants Services Division - Health State Network (HSN)
- NBPU
- Evaluation Framework

What is Tackling Indigenous Smoking initiative?

- National Coordinator Tackling Indigenous Smoking
 - National Best Practice Unit
 - Grants – 37 orgs funded (GRs) – *national coverage*
 - Evaluation Framework
-
- Quit skills training
 - Quitline enhancement
 - Targeted / Innovation projects – pregnant mothers, youth and remote

Innovation Grants 2016/17

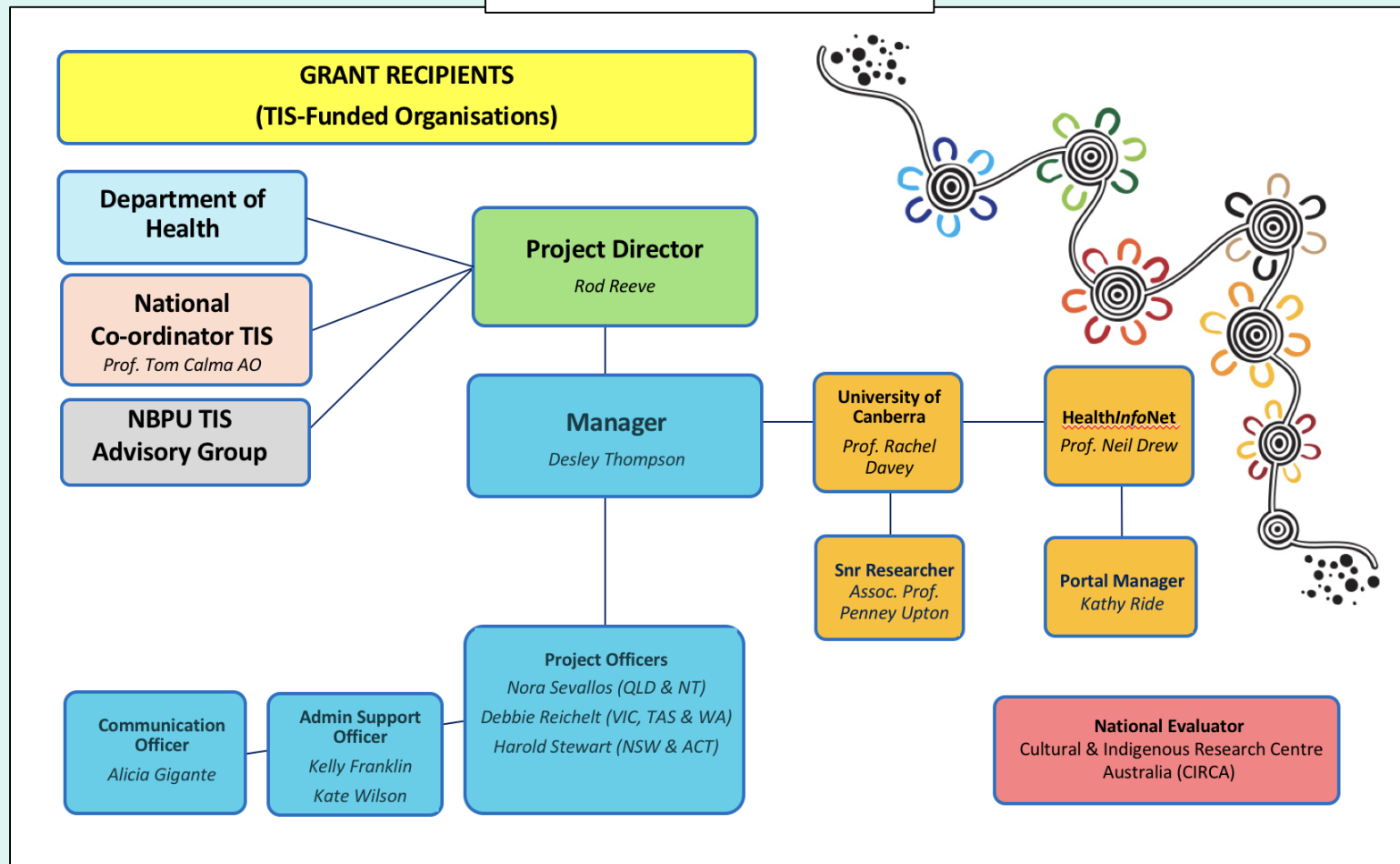
The innovation projects have now commenced. The projects are as follows:

- [Aboriginal Males Shedding the Smokes - Aboriginal Health Council of South Australia Inc.](#)
- [Growing a smoke-free story - Metro South Hospital and Health Service, Queensland Health](#)
- [The Top End Smoke-Free Spaces Project - Aboriginal and Development Services Aboriginal Corporation \(ARDS\)](#)
- [Smoking, Nutrition, Alcohol and Physical Activity - National Drugs and Alcohol Research Centre, University of New South Wales](#)
- [The Balaang and Binjilaan Women Tobacco Intervention Project - South Coast Women's Health & Medical Corporation](#)
- [Growing the S - Northern Territory Department of Health](#)
- [Tackling Indigenous Smoking Innovation Grant Project - Western Australian Centre for Remote and Rural Medicine Ltd](#)

OUT: No New Grants

<http://www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-tis-innovation-grants>

NBPU - TIS



Victorian Aboriginal Quitline 2016 to 2017

Quitline



Aboriginal Quitline	2016	2017	+ / - Previous Period
Total Aboriginal callers	247	328	+ 32.8%
- referred by Health Professionals	45	107	+ 137.8%
- callers on callback	116	185	+ 59.5%
Highlights	2016	2017	Notes
Organisation 1 (shared-care model introduced) (won VicHealth Award)	0	35	Additional 19 referred non-Indigenous people (parents and partners)
Organisation 2 (now has visiting Tobacco Cessation Workers fortnightly)	12	26	116% increase of referrals



Smoking cessation training for tackling Indigenous smoking

Cancer Council SA provide free smoking cessation training across Australia for those who work with Aboriginal and Torres Strait Islander people.

Trainings provide participants with the knowledge, skills and confidence to support Aboriginal and Torres Strait Islander people to think about their smoking and make some changes.

The following free trainings are available to those working with Aboriginal and Torres Strait Islander people:

Quitskills

- three-day competency based training
- gain knowledge, skills and confidence in supporting clients' smoking cessation
- basic motivational interviewing skills
- receive three units of competency and an academic transcript from TAFE SA

Graduates of the Quitskills course can now undertake:

Quitskills refresher course

- one-day attendance based training
- updated smoking cessation information including nicotine replacement therapy
- motivational interviewing skills

Motivational interviewing training

- two-day competency based training
- enhance basic skills in motivational interviewing and it's applicability in supporting Aboriginal and Torres Strait Islander people to think about their smoking and make some changes
- receive one unit of competency and an academic transcript from TAFE SA
- this competency combined with the three Quitskills competencies gain an academic smoking cessation skill set.

Nurses and other registered health professionals are eligible for Continuing Professional Development points (CPD).

Register your interest in completing these trainings at atsitraining@cancersa.org.au

QUITSKILLS

Quitskills for remote communities



Remote Communities

This nationally recognised program is aimed at Aboriginal Health Workers and those working in remote Aboriginal and Torres Strait Islander communities.

Quitskills for Remote Communities consists of a two-day classroom-based training, as well as the provision of necessary support for participants to organise and run a community information session to share the skills and knowledge learnt.

The training focuses on supporting smoking cessation and providing participants with the knowledge, skills and confidence to share information on smoking and smoking cessation. The training is tailored to the context of a remote community setting.

The course covers the following topics.

- Tobacco in Australia
- Social determinants of health
- Health consequences
- Cessation methods and products
- Supporting clients to cease or cut down smoking
- Stakeholders who can help support your strategies
- Legal and organisational policies and procedures
- Developing a Behavioural Change Plan

Participants successfully completing the course will be issued with the following competency:

- Assess readiness for and effect behaviour change (HLTPOP014)

NBPU initiated and supported initiatives

- Health/InfoNet **TIS Portal**
- NBPU TIS website
- Social media accounts
- Mailing list/ register protocols
- eNews
- Promotion strategy
- Performance monitoring, analysis and reporting systems in association with program evaluators

Engagement with grant recipients and other stakeholders and disseminating evidence and information on best practice for the TIS program

NBPU TIS team works with grant recipients to discuss

- **Priorities for NBPU TIS organisational support and workforce development** including developing and implementing **local performance indicators**
- **Existing systems** for data collection and reporting
- **Process and timing for reviewing grant recipient action plans**
- **Tackling Indigenous Smoking Resource and Information Centre**
 - **Prev called National Operational Guidelines see Portal**

A man with short dark hair, wearing a red t-shirt, stands in the foreground with his hands on his hips, smiling. In the background, two children are playing soccer on a green lawn in front of a white house with a grey roof. A semi-transparent graphic with the text "DON'T MAKE SMOKES YOUR STORY" is overlaid on the image.

DON'T
MAKE
SMOKES
YOUR
STORY

Leveraging the mainstream



Murri Rugby League Carnival

27-30 September
Briggs Rd Sporting Complex, Ipswich
smoking, drug & alcohol free event



Come see your mob play to win \$50,000 in the open Mens, \$8000 in the Womens and the U15 Boys play for state selection.

patron
Lionel Morgan

Teams also playing for
Men - Qld Murri selection tour to USA
U15 - Murri selection to PNG and U16 Allstars
Women - Qld selection for Allstars to play NSW Kooris

All players
Compulsory Health checks (QAIHC & IUIH)
Under 15 player 90% attendance at school
Over 18 enrolment forms (AEC)



MY DEADLY CHOICE IS
"TO GET A HEALTH CHECK
& QUIT SMOKING"
TAMANA TAHU



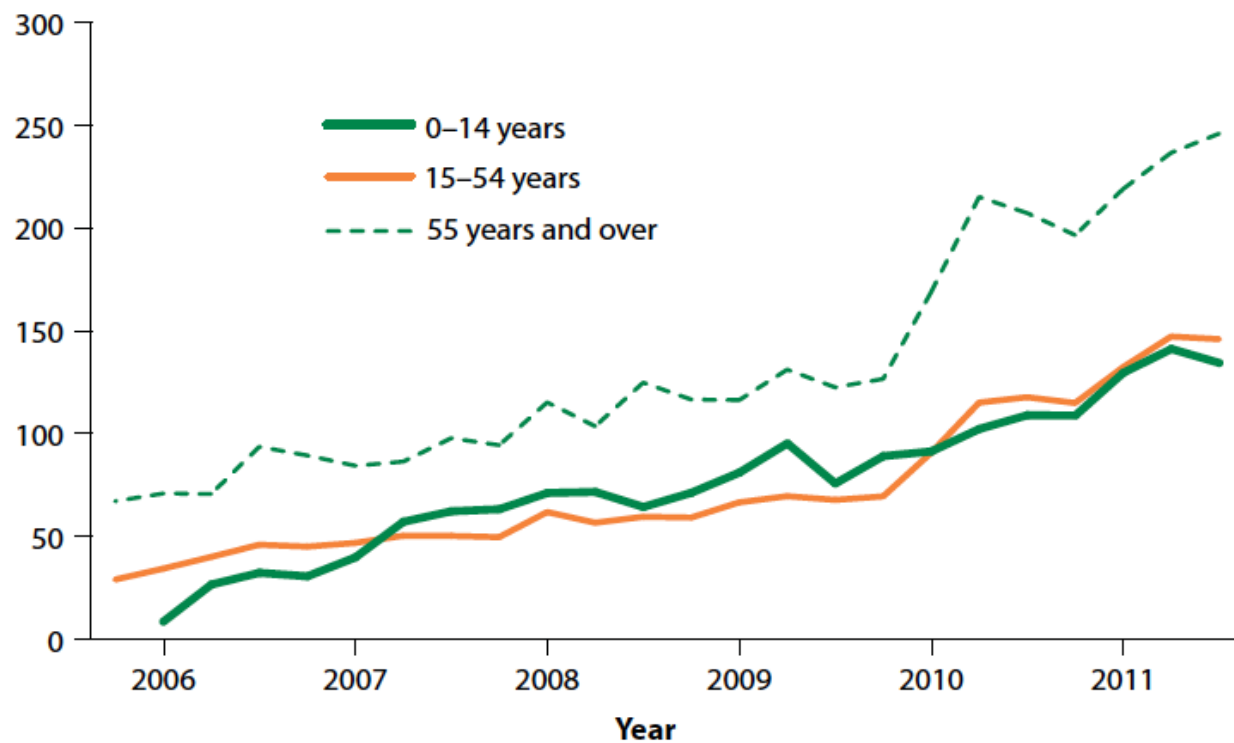
<ul style="list-style-type: none">• 50 plus service & career stalls• funfair carnival rides (free)• market stalls• traditional arts & crafts <p>troy@murrirugbyleague.com.au</p>	<p>NOMINATION FEES*</p> <p>mens \$2,750 womens \$1,650 u15 boys \$385 *includes jersey, shorts, socks</p> <p>tony@murrirugbyleague.com.au</p>	<p>TICKETS</p> <p>adult \$12 adult concession \$8 junior \$5 4 day passes also available</p> <p>www.murrirugbyleague.com.au</p>
---	--	--



Targeted sports
social media
campaigns

Figure 7.11

Health checks per 1,000 people



Source: AIHW 2013.

Rate of MBS health checks for Indigenous Australians, by age, 2006–2011

AIHW Australian
Health Status
Report 2014



**Information
Booths
reach the
community
especially if
associated
with
activities**

MDAS and Mildura Central combine to promote smoke free message

Max Thorburn 31 March 2018

It'll be impossible to miss the Smoke Free message at Mildura Central shopping centre from this week.



A partnership between Mildura Central and Mallee District Aboriginal Services has brought about the installation of bright, new covers over the bollards delineating the Smoke-Free zone at the shopping centre entrances.

"We thought it was a great opportunity to take the Smoke-Free message to the community, both Indigenous and non-Indigenous," said Nathan Yates MDAS Regional Coordinator for Tackling Indigenous Smoking.

"It was a fantastic gesture by Mildura Central to allow us to use the bollards, **free-of-charge to install the covers and get the message to around 4,000 people a day** who come into Mildura Central," he said.

The bollards, which define **the required 15-metre smoke free area around the building**, will be used to **promote quit smoking messages and programs**, as well as relevant upcoming events such as NAIDOC.

"The bollards simply define the smoke-free zone – this project means we're able to take the next step and give people a point of reference for **where they can go for support to quit or reduce their smoking**," he said.



Talking About the Smokes project and the Tackling Indigenous Smoking program



Issue 32 / 21 August 2017

Mass-reach anti-smoking campaigns
must return


*The evidence tells us that we need
a mix of approaches*

No Smokes NINTI INNOVATION FOR REMOTE ONE AUSTRALIA

Google Custom Search Search teachers and health workers

home the facts your health quitting fun blog

smoking calculator



no smokes guest bloggers

Our bloggers share their thoughts on the impact that smoking has on them, their friends and family. Read their inspiring stories. [more...]



My QuitBuddy

IS PACKED WITH SPECIAL FEATURES
TO GET YOU SMOKE-FREE

[Click here for more information](#)





Tobacco and its
environmental impact:
an overview

... the estimated **discarded waste** from global cigarette consumption in 2014 could be anywhere **between 340–680 million kg**. It does not include the weight of remnant tobacco and other by-products of the discarded waste.

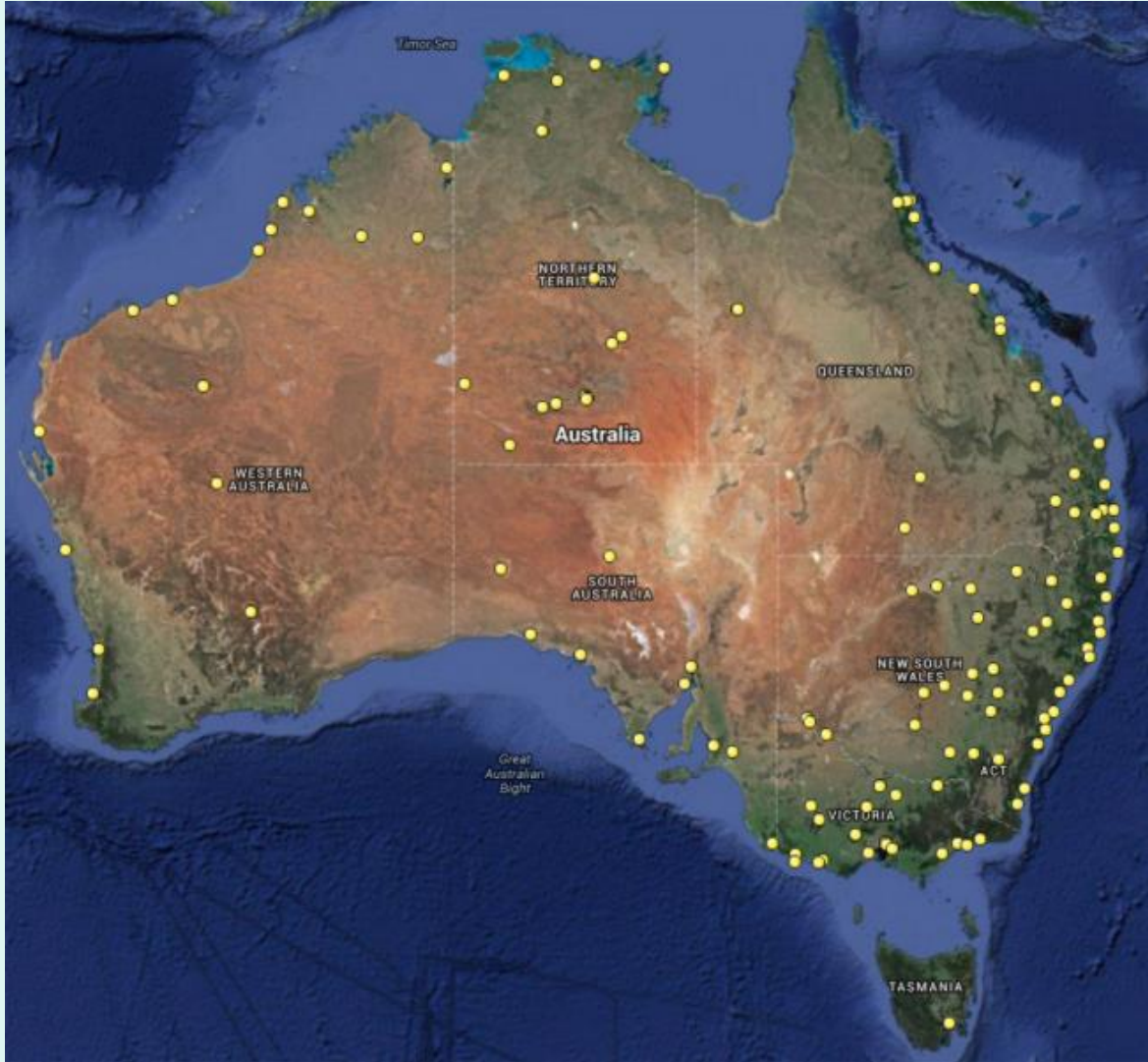
... **other waste** products associated with tobacco use such as the **2 million tonnes** of paper, ink, cellophane, foil and glue that are used in tobacco product packaging.

... standard toxicity assessment protocols to show that **cigarette butts soaked in either fresh or salt water** for 96 hours have a lethal concentration that **killed half the exposed test fish**.

<http://apps.who.int/iris/bitstream/handle/10665/255574/9789241512497-eng.pdf;jsessionid=458B1BF6595E38BD6A465E1BD445B085?sequence=1>

What do we need to focus on?

- **Evaluation** findings
- Demonstrate **reach**
- Demonstrate **impact**
- Demonstrate **community buy-on**
- Demonstrate **responsiveness** and **resilience**



NACCHO

140+ member orgs

TIS

37 Grant Recipients

Other providers

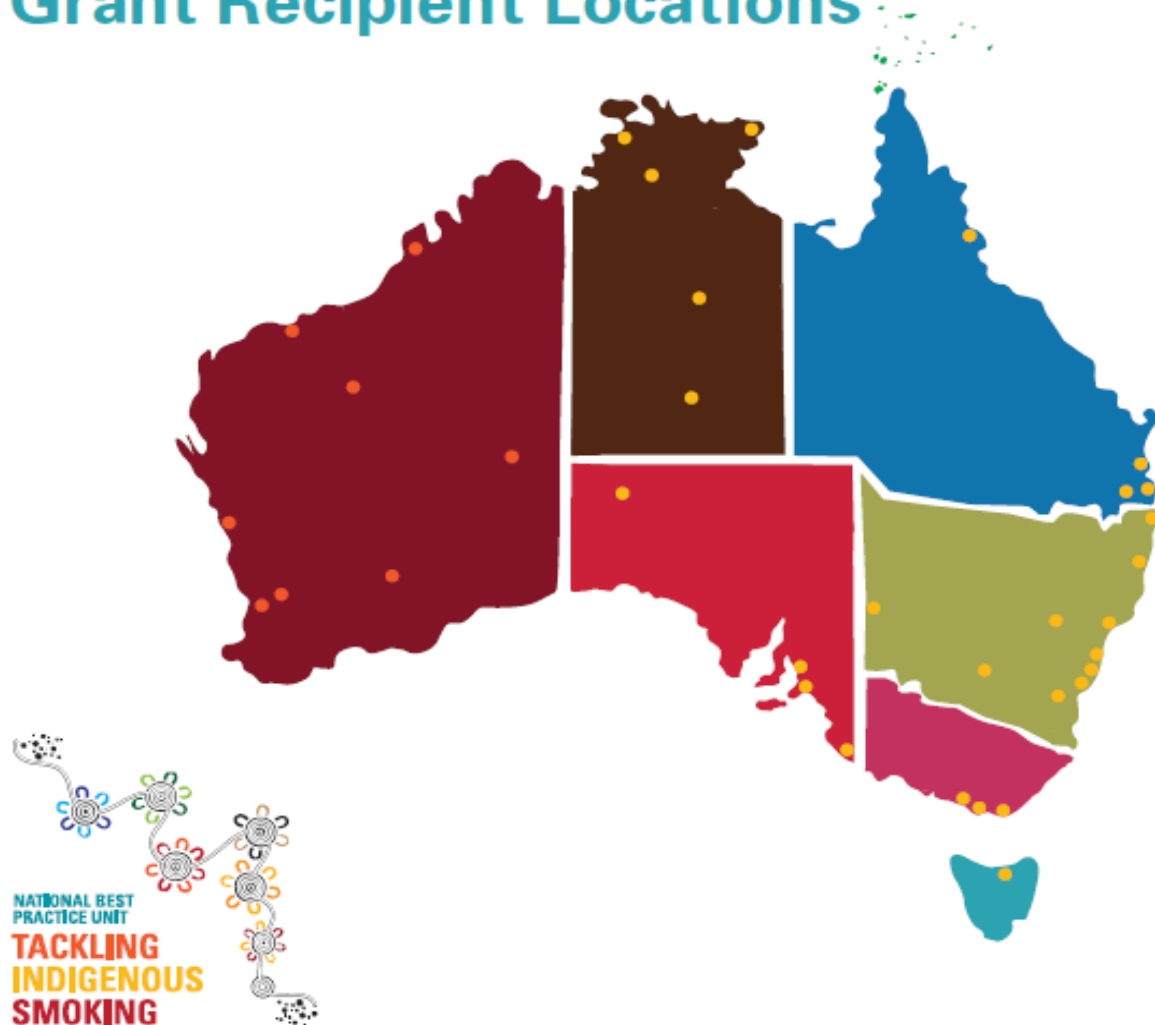
Clinical

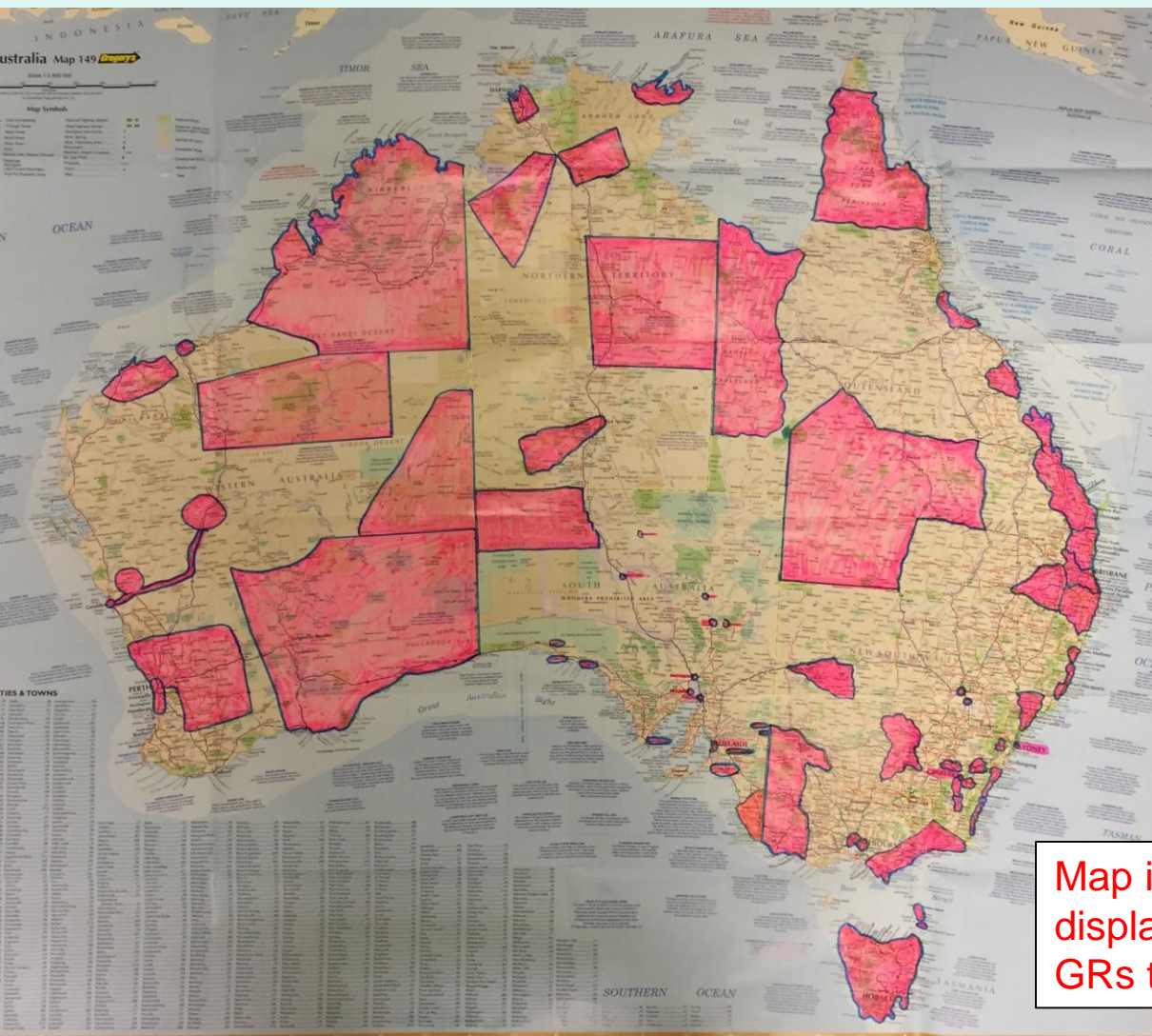
Pop Health teams

NGOs

<http://www.naccho.org.au/member-services/www-what-where-when-in-aboriginal-health/>

Grant Recipient Locations





Do services cover the State/ Territories?

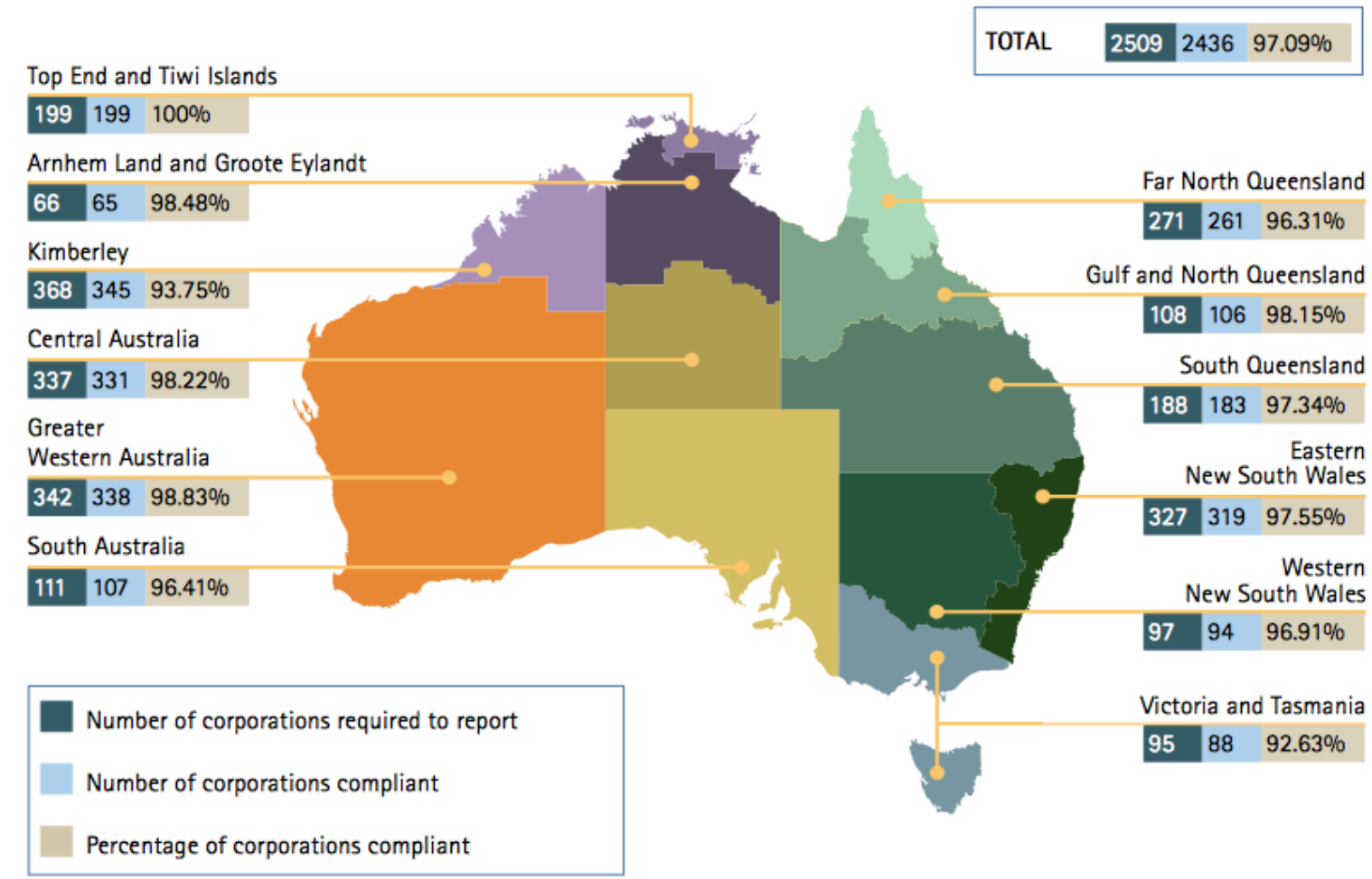
- The TIS Program is considered a national program.
- Funding is not just to support the GR Organisation but a geographic region sometimes covering multiple ACCHO regions

Map is not complete and is displayed to seek inputs from GRs to confirm service areas

Quick Runs

- Smoke free workplaces
- Local events
- Commonwealth, State / Territory & Local Politicians
- Media engagement
- Uploading to the TIS Portal
- Contracting / engaging support to achieve outcomes

FIGURE 3: Reporting compliance by region as at 30 June 2016



Tackling Indigenous Smoking Program 2018 - 22

- We must **learn from** past experience
- We must **gather the evidence** as we deliver our services
- We must **perform** – strategically and regionally
- We must **report accurately** and **timely**
- We must **leverage the support of** the community, NGOs and other stakeholders including States/ Territory and local Govts

<http://www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-tis-lp>

Health
infoNet

TIS
Portal



Australian Indigenous
Alcohol and Other Drugs
Knowledge Centre

*Providing the evidence base to reduce harmful AOD use in
Aboriginal and Torres Strait Islander communities*

Type keywords  Quick access 

A-Z topic index

Tobacco

Alcohol

Illicit Drugs

Prescription Drugs

Volatile Substances

Policies

Workforce

Home » Tobacco » Tackling Indigenous Smoking portal 

Tackling Indigenous Smoking portal



Welcome to the Tackling Indigenous Smoking (TIS) portal. This portal hosts information for organisations funded through the national Tackling Indigenous Smoking program, but will also be useful for people working in the many other initiatives that support Aboriginal and Torres Strait Islander people to quit smoking or to reduce the prevalence of smoking in Aboriginal and Torres Strait Islander communities.

This portal is where you will find information on the Tackling Indigenous Smoking Resource and Information Centre (TISRIC). The TISRIC has been developed by the National Best Practice Unit for Tackling Indigenous Smoking (NBPU TIS) and is tailored to the needs of TIS organisations, with information on: planning your activities and interventions; activities that work; resources that work; and how to determine how well your activities work.

You will also have access to publications, resources, and information about projects and activities that relate to tobacco cessation. Workforce information includes job opportunities, funding sources and other organisations interested in tobacco control. The events section has information on courses and training, conferences, workshops and other events. These resources have been brought together in one place to help you in your job to support your clients and communities.

This web resource also links to the TIS Yarning Place and many social media platforms to encourage information sharing and collaboration among TIS-funded organisations.

About the Tackling Indigenous Smoking Resource and Information Centre



Planning



Activities that work



Resources that work



Does your program work?



Bibliography



About TIS Programme

Contact NBPU TIS



ABOUT NBPU TIS

NATIONAL BEST PRACTICE UNIT
**TACKLING
INDIGENOUS
SMOKING**

Follow NBPU TIS

Tweets by @TISprogramme

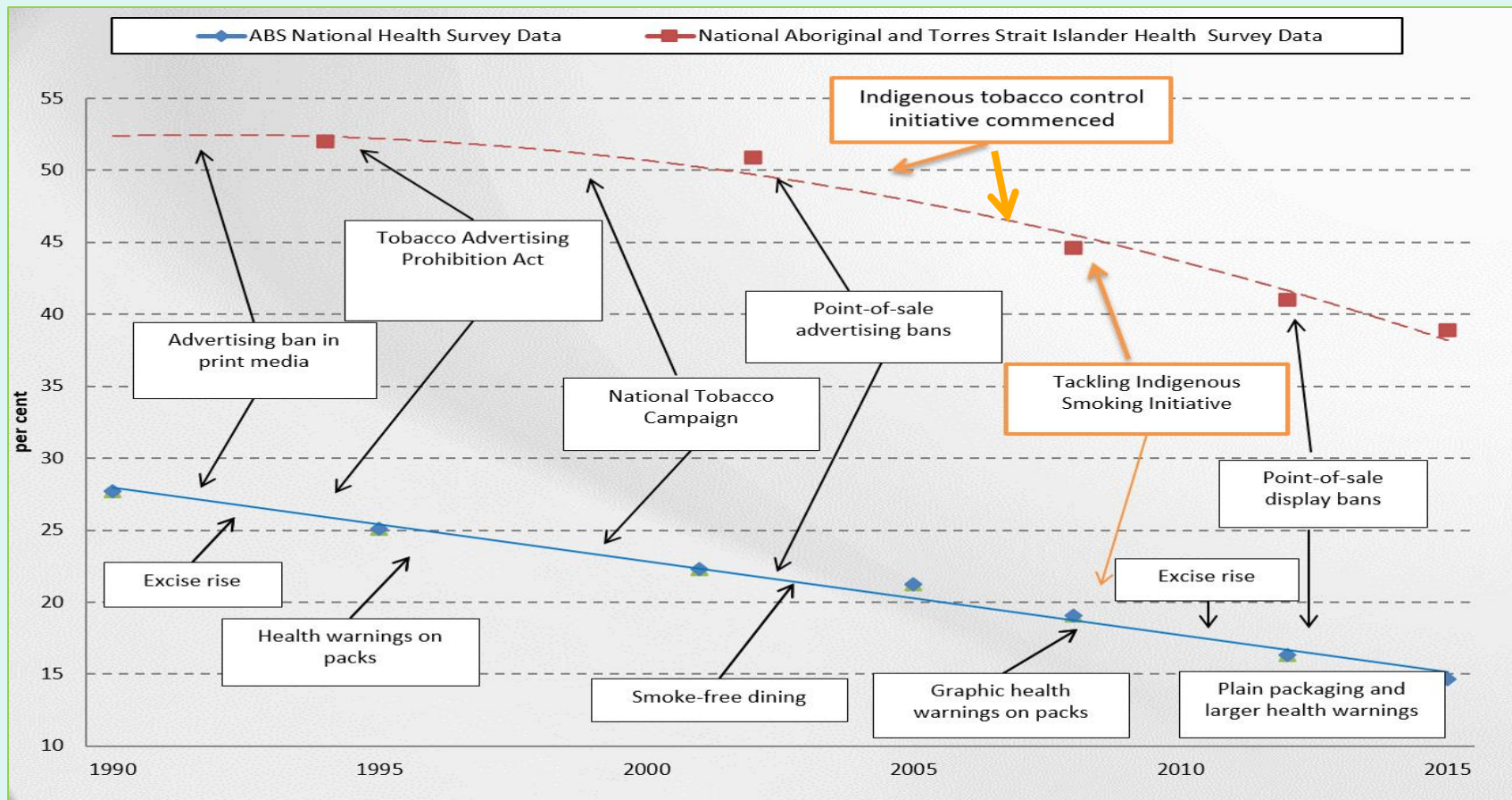


NBPU TIS
@TISprogra...

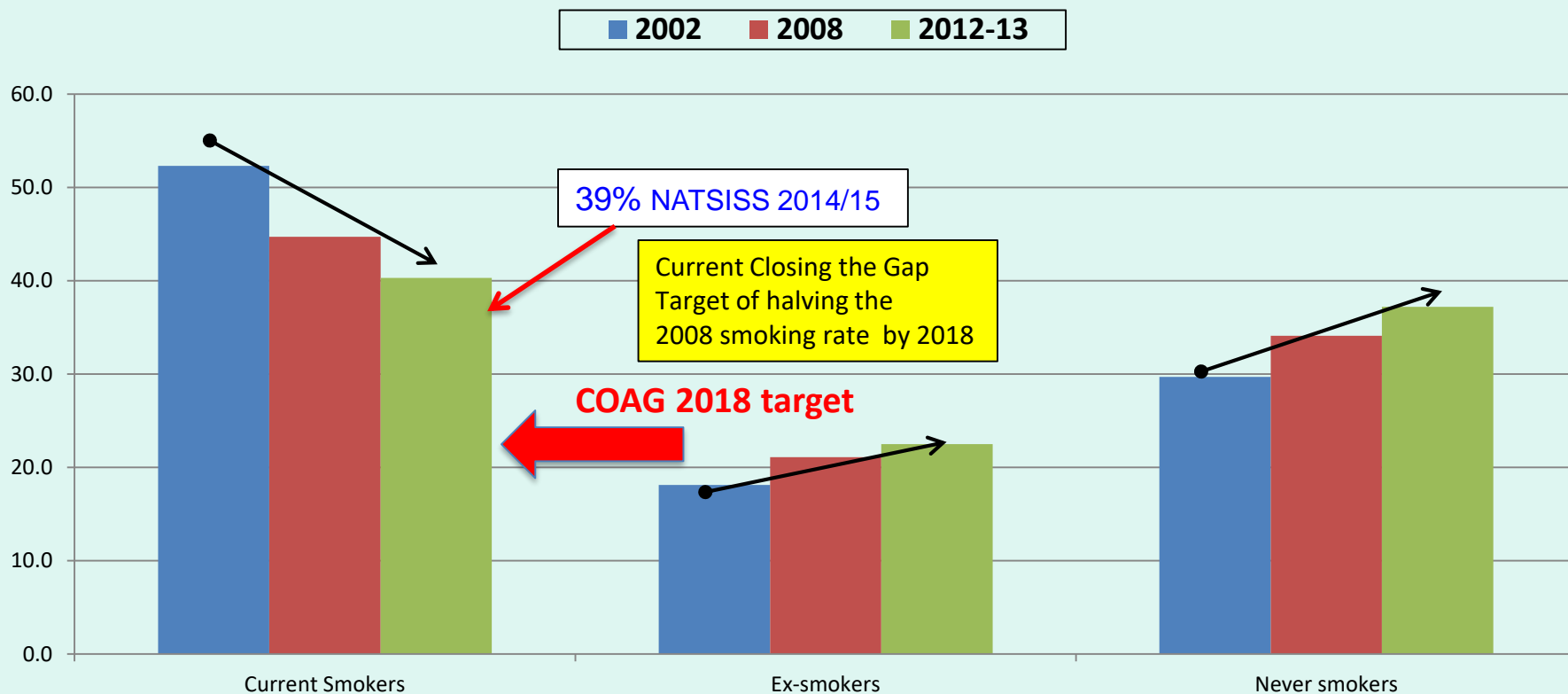
Anyinginyi Health
Aboriginal Corporation
have a vacancy open
for a #TIS Team Leader
! Applications close
Monday 26 February.

<http://aodknowledgecentre.net.au/aodkc/aodkc-tobacco/tackling-indigenous-smoking>

The Tobacco Control Story



Aboriginal and Torres Strait Islander Smoking



Source: ABS Aboriginal and Torres Strait Islander Health Survey 2012-13

Perspective

The Aboriginal and Torres Strait Islander smoking epidemic: what stage are we at, and what does it mean?

Raymond Lovett^{a,d}, Katherine A Thurber^a and Raglan Maddox^{b,c}

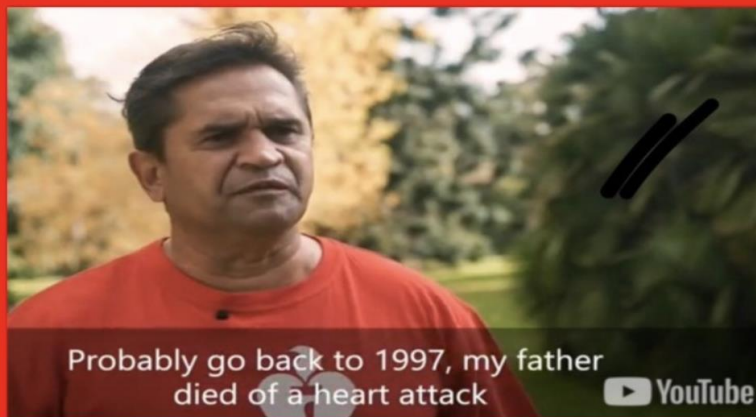
- Central to the model is the **long delay between smoking and its associated cancer mortality**; even when the prevalence of smoking begins to decline, smoking-attributable mortality continues to increase, reflecting the smoking behaviours **of up to three decades earlier**.^{3,4}
- The burden of tobacco-related cardiovascular disease **is likely to continue to decline in the short term** as smoking prevalence continues to decline. The burden of tobacco-related **cardiovascular diseases** among Indigenous people **decreased between 2003 and 2011**, while the burden of tobacco-related **cancer and respiratory disease increased**.¹

Aboriginal and Torres Strait Islander Peoples are **70%** more likely to die from heart disease

<https://nacchocommunique.com/2018/01/19/naccho-aboriginal-heart-health-heartaust-nickysmessage-heart-disease-is-the-number-one-killer-of-aboriginal-and-torres-strait-islander-peoples/>

ABORIGINAL HEALTH NEWS ALERT

nacchocommunique.com



Heart Disease is the main cause of death for **Aboriginal and Torres Strait Islander Peoples**



Here are the URL links to the App – alternatively you can type NACCHO into both stores and they come up!

iPhone/iPad

ios.giveeasy.org/naccho

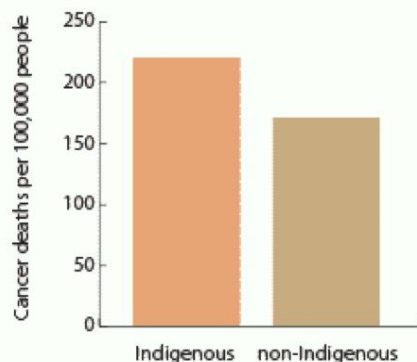
Android

android.giveeasy.org/nacho



Lessons learnt

**Indigenous Australians
more likely to die from
cancer than non-
Indigenous Australians**



Cancer mortality gap widening

1998 —————> 2012

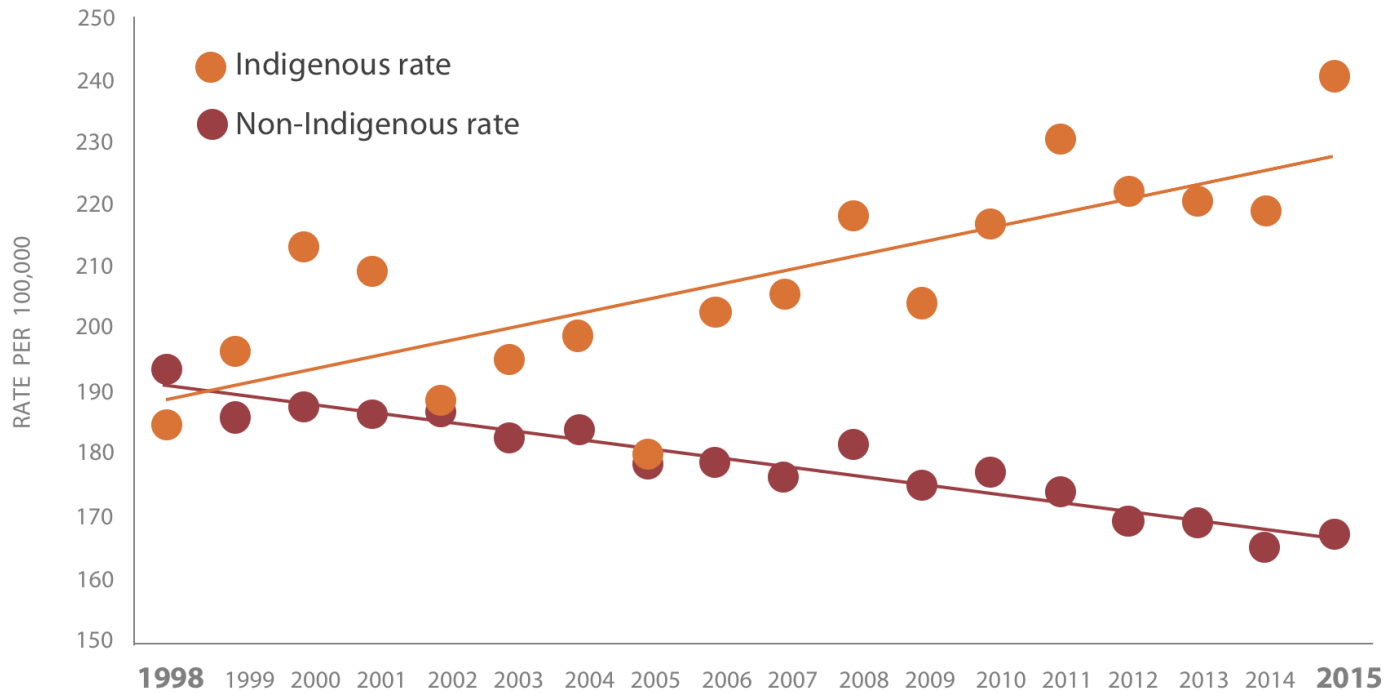
16% ↑
increase

Indigenous cancer death rate

↓
10% decrease
non-Indigenous
cancer death rate

1. Australian Institute of Health and Welfare 2014. Cancer in Australia: an overview, 2014. Cancer series No 90. Cat. no. CAN 88. Canberra: AIHW.
2. Australian Institute of Health and Welfare 2015. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Cat. no. IHW 147. Canberra: AIHW.
3. Australian Institute of Health and Welfare 2015. The health and Welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Cat. no. IHW 147. Canberra: AIHW.

Cancer mortality over time



Australian Institute of Health and Welfare analysis of the National Mortality Database. Data obtained from NSW, QLD, WA, SA and NT.

21%

13%

What is the
Tackling
Indigenous
Smoking
initiative
from
1 July 2018?



IN: Regional data collection in selected regions and priority groups – pregnant mothers and remote residents

Stability and impactful

**ABORIGINAL HEALTH
NEWS ALERT**
nacchocommunique.com



**Min Ken Wyatt MP announces a
\$183.7 million 4 years funding
commitment #ClosingTheGap
Tackling Indigenous Smoking**



The revamped TIS program will:

- *Continue the successful Regional Tobacco Control grants scheme including school and community education, smoke-free homes and workplaces and quit groups*
- *Expand programs targeting pregnant women and remote area smokers*
- *Enhance the Indigenous quitline service*
- *Support local Indigenous leaders and cultural programs to reduce smoking*
- *Continue evaluation to monitor the efficiency and effectiveness of individual programs, including increased regional data collection "*

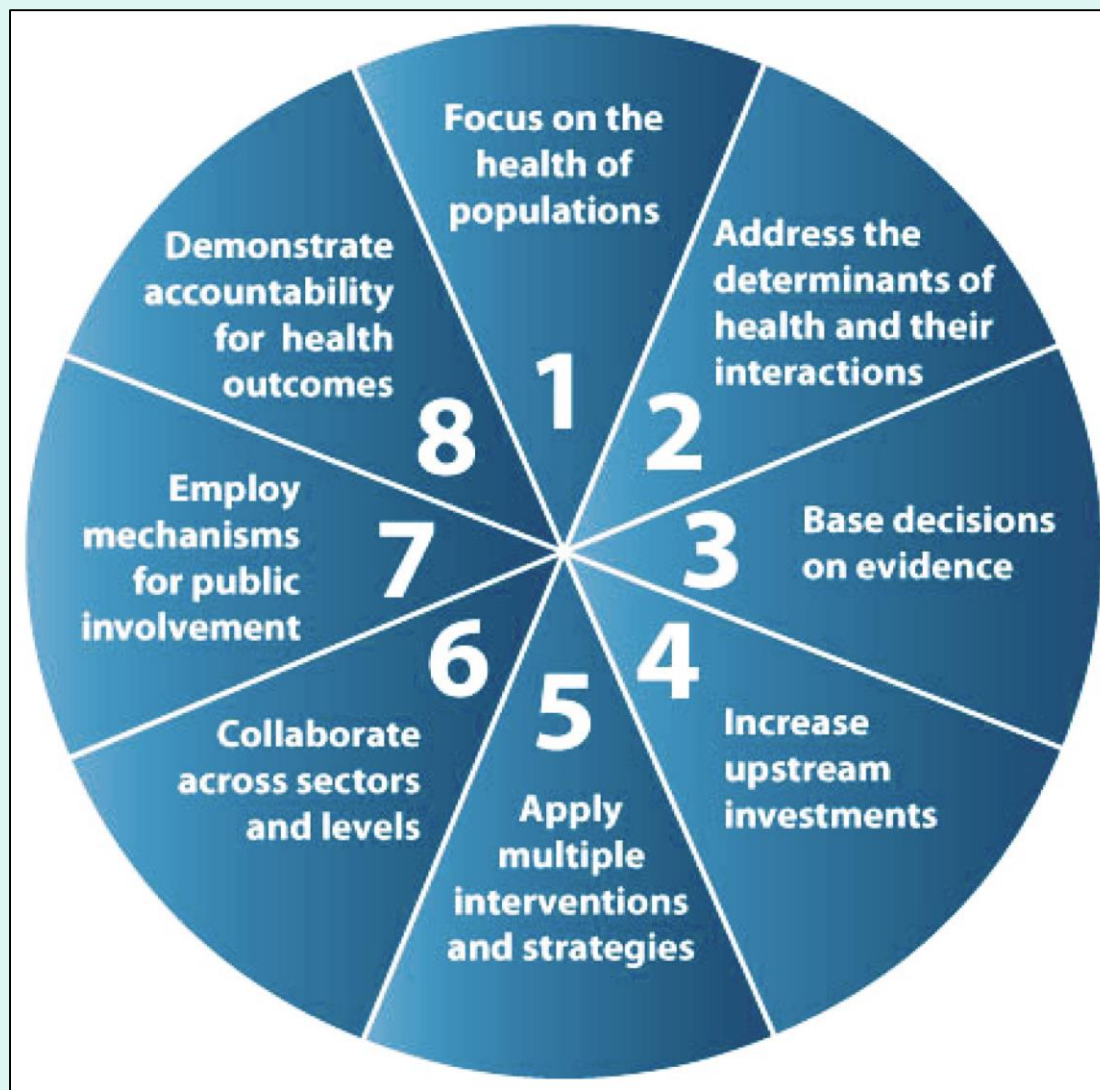
Extract from letter that went Grant Recipients

For the TIS program going forward, there will be specific requirements for TIS organisations, namely all will be required to:

- prioritise **evidence-based population health approaches** with **maximum reach** within their identified TIS region;
- ensure that Indigenous people **who do not attend** Aboriginal Community Controlled Health Services (ACCHS) or Aboriginal Medical Services (AMS') **are targeted and reached**; and
- provide evidence of **how their primary health care funding** (where provided by the Commonwealth) **is being used to complement TIS activities** as part of a larger mix of tobacco cessation interventions.

Population Health approach

<http://cbpp-pcpe.phac-aspc.gc.ca/population-health-approach-organizing-framework/>



ABORIGINAL HEALTH NEWS ALERT

nacchocommunique.com

NACCHO Members Deadly Good News Stories From #WorldNoTobaccoDay events



ABORIGINAL HEALTH NEWS ALERT

nacchocommunique.com



NACCHO Chair Matthew Cooke

"Smoking is responsible for one in every five deaths among Aboriginal and Torres Strait Islander

Smoking rates among Aboriginal people are two and a half times that of non-Indigenous Australians – 41% of Aboriginal and Torres Strait Islander people are daily smokers.

In some communities that estimate is as high as 83%." Matthew Cooke

"Aboriginal health in Aboriginal hands" #WNTD2017



Aboriginal Health @NACCHOAustralia · 7s
 .@Matt_Cooke86 thank you @DaveGillespieMP for attending #Burunga2017 with Ted #ntpol #dontmakesmokesyourstory #QuitSmoking @KenWyattMP



World No Tobacco Day, 31 May 2018

Tobacco and cardiovascular disease

World No Tobacco Day 2018 will focus on the impact tobacco has on the cardiovascular health of people worldwide.

Tobacco use is an important risk factor for the development of coronary heart disease, stroke, and peripheral vascular disease.

Despite the devastating harms of tobacco to heart health, and the availability of solutions to reduce tobacco-related death and disease, knowledge among large sections of the public that tobacco is one of the leading causes of CVD is low.

[More on World No Tobacco Day](#)



<http://www.who.int/campaigns/no-tobacco-day/2018/en/>



<https://www.humanrights.gov.au/our-work/race-discrimination/projects/national-anti-racism-strategy-and-racism-it-stops-me-campaign>

No one is born hating another person because of the colour of his skin, or his background or his religion. People learn to hate, and if they can learn to hate, they can be taught to love, for love comes more naturally to the human heart than its opposite.

Nelson Mandela

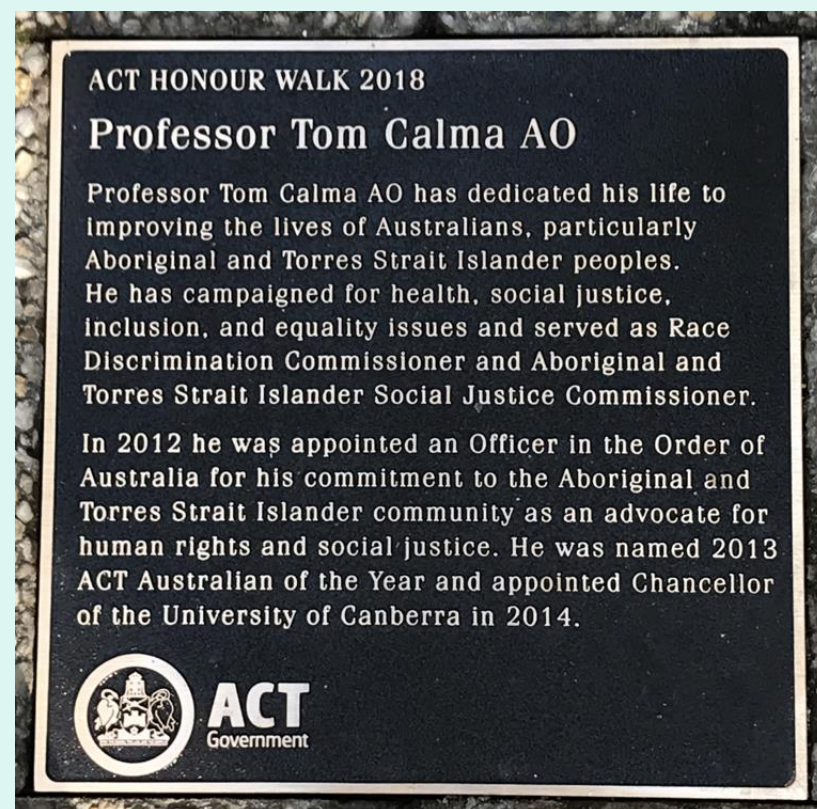
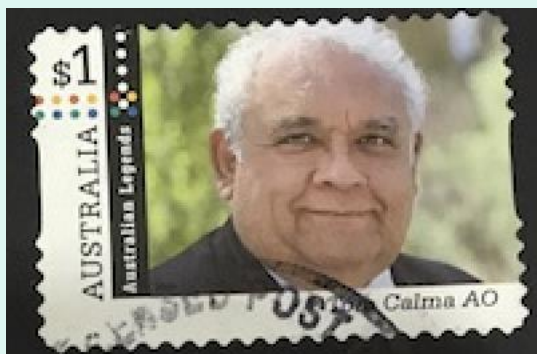


**“From self respect comes dignity;
from dignity comes hope; and
from hope comes resilience”**

The Pledge is: As a citizen of the world community, I stand with the United Nations **against** Racism, Discrimination and Intolerance of any kind.

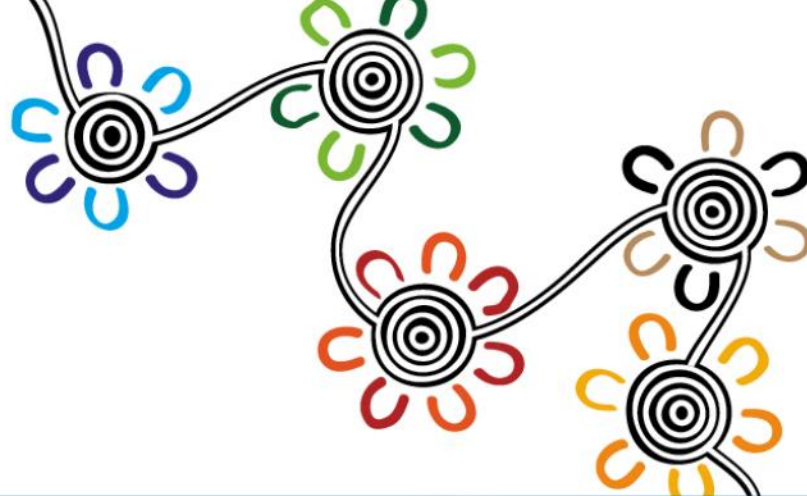
Throughout my life **I will try to promote** equality, justice and dignity among all people, in my home, my community and everywhere in the world.

United Nations Pledge against Racism December 2001



NATIONAL BEST
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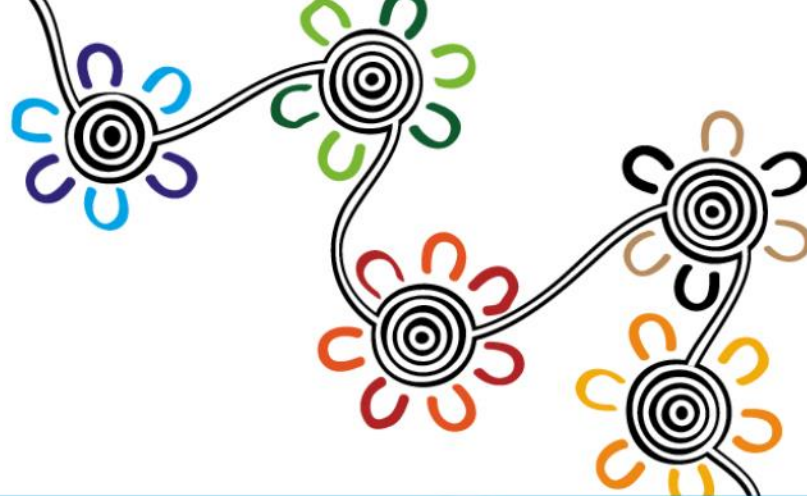
**TACKLING
INDIGENOUS
SMOKING**



Morning Tea

NATIONAL BEST
PRACTICE UNIT

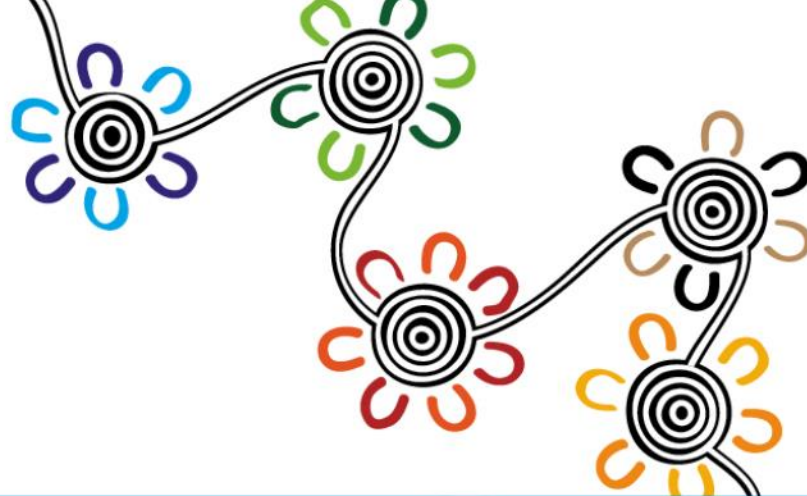
**TACKLING
INDIGENOUS
SMOKING**



Department of Health TIS Update

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**TACKLING
INDIGENOUS
SMOKING**



QALT Mental Health Resource

Jen Keen, Jody Hansen,
Sharene Kocsis



Tobacco, AOD and Mental Health

Tackling Indigenous Smoking Jurisdictional Workshop



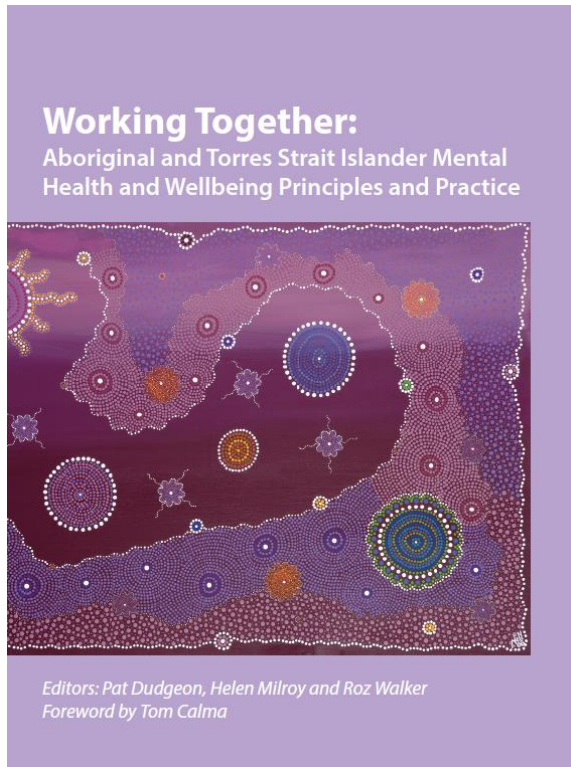
May, 2018

*We acknowledge the **Wadjuk** people as the traditional custodians of the land
we are meeting on today.*

We pay our respects to Elders past, present and future.



Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice



Chapter 8 Harmful Substance Use and Mental Health Edward Wilkes, Dennis Gray, Wendy Casey, Anna Sterne, and Lawrence Dadd

Source: www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/working-together-aboriginal-and-wellbeing-2014.pdf 0

Current Substance Misuse (previous 12 months) – Persons 14 years or Older by Aboriginal Status, 2004

Substance	ATSI %	Non-ATSI %
Tobacco	52.0	22.5
Alcohol Abstainer	21.3	16.1
Short term high risk	52.0	35.5
Long term high risk	22.7	9.7
Cannabis	23.0	11.3
Meth/amphetamines	7.0	3.2
Pain killers/analgesics (non-medical use)	6.0	3.1
Inhalants	1.0 approx	0.4
Heroin	0.5 approx	0.2
Injected drugs	3.0	0.4

Source: AIHW, (2005, 2006). Cited in Working Together, 2014

Changes in Prevalence of Substance Misuse 1993/94 – 2004, by Aboriginal Status

Substance	ATSI (percentage change)	Non-ATSI (percentage change)
Tobacco	-4	-22
Alcohol	15	-14
Cannabis	5	-13
Meth/amphetamines	204	10
Pain killers/ analgesics (non-medical use)	107	7
Injected drugs	50	-20

Source: Commonwealth Department of Human Services (CDHSH) 1996: AIHW 2005,2006.
Cited in Working Together, 2014.

Hospitalisations for Mental and Behavioural Disorders, 2005-06

Disorder	Male Observed	Expected	Ratio	Female Observed	Expected	Ratio
Mental disorders due to psychoactive substance misuse	2436	538	4.5	1331	400	3.3
Schizophrenic, schizotypal and delusional disorders	1517	558	2.7	1035	412	2.5
Mood disorders	1111	906	1.2	1816	1790	1.0
Personality and behaviour	93	51	1.8	143	168	0.8
Organic mental disorder	81	34	2.4	71	30	2.3
Other mental disorders	266	186	1.4	183	264	0.7
TOTAL	5504	2273	2.4	4579	3064	1.5

Source: Australian Bureau of Statistics (ABS) and AIHW 2008. Cited in Working Together, 2014.

Current Daily Smokers in WA 2014-15

	Indigenous	Non-Indigenous
Major Cities	38.3%	12.8%
Inner Regional	37.8%	13.6%
Outer Regional	58.4%	23.9%
Remote	52.5%	
Very Remote	42.9%	
TOTAL	43.1%	14%
High/Very high Levels of psychological distress	36.3%	9.6%

Source: National Aboriginal and Torres Strait Islander Social Survey, Australia, 2014–15 ABS (2016).

Current Levels of Smoking Amongst Disadvantaged Groups

Population Group	Percentage who smoke
Australian General Population	15.1%
People in Low Socioeconomic Groups	24.6%
People experiencing unemployment	27.6%
People with Mental Illness	32.4%
Sole parents	36.9%
Aboriginal and Torres Strait Islander people	47.7%
People living with psychosis	66%
People in prison	74%
People experiencing homelessness	79%
People with Substance Use Disorders	85%

Source: Australian National Preventative Health Agency, 2013



Source: Quitline Aboriginal Liaison Team 2018



Source: Quitline Aboriginal Liaison Team 2018

Physical wellbeing - Feeling strong and healthy

Mental wellbeing - Being better able to manage your thoughts and feelings

And feeling a strong connection with family, kinship systems, community, and country.





Source: Quitline Aboriginal Liaison Team 2018

Nicotine Dependence

“Nicotine dependence is the most common substance use disorder among individuals with mental illness”.



Source: Hall and Prochaska, 2009

People living with mental illness and are more likely to:

- Smoke
- Smoke more
- Higher levels of nicotine dependence
- Carry a higher health and financial burden
- They may smoke longer, have less access to cessation support, and have lower quitting rates.
- This is also true for people dependent on AOD



Source: (<http://www.tobaccoinaustralia.org.au/chapter-7-cessation/7-12-smoking-and-mental-health>, March, 2018)
(Mendelsohn and Wodak, 2016)

1. Mental Health & AOD are Priority areas as their smoking rates are much higher. People with mental health concerns who smoke die younger, and most likely of the effects of smoking. Men 15.9 years and **Women 12 years**.

They are likely to experience poor quality of life in the final ten years.

2. People who are dependent on AOD are more likely to die from smoking-related illness than from the other drugs.

Substance users are likely to smoke at higher rates, smoke more heavily, and start earlier.

Both those who are dependent on drugs and health professionals underestimate the risk of smoking compared to other drug use.



Source 1: (<http://www.tobaccoinaustralia.org.au/chapter-7-cessation/7-12-smoking-and-mental-health>, March, 2018)

Source 2: (Mendelsohn and Wodak, 2016)



- When asked most people living with mental illness say they would like to quit
- Clinicians and clients are sometimes concerned that the stress of quitting smoking will make their condition worse – quitting can improve symptoms and lead to reduction in some medications
- Quitting helps relieve stress, anxiety and improves quality of life long term.

- Most AOD dependent clients are motivated to quit.
- Most have tried to quit repeatedly.
- Common fear is that quitting tobacco will jeopardise recovery from other drugs.
- Quitting smoking improves long-term abstinence from other drugs.
- Smoking can trigger relapse to other drugs.
- Relapse in smoking is more to occur likely when other drugs are used.

Source: (Mendelsohn and Wodak, 2016)



What can we do?

- Be willing to have the conversation.
- Express belief that the client can begin/recommence the quitting journey – cut down or quit.
- Provide information and psycho-education about nicotine effects, health effects, and the benefits of quitting.



- Ensure that the client is linked in with their AMS, GP or doctor as some medications need to be monitored and reduced.
- GPs can also assist client to access psychological services. And some areas have Traditional Healers.
- Clients are more likely to quit successfully and maintain this with combination NRT.
- In addition, NRT and supportive counselling has been shown to support cut down and quit attempts.
- Know our referral networks - Information exchange enhancing collaborative partnerships.



New brochure: Smoking & Mental Health

My Quitting Plan

People have lots of reasons for smoking:

Physical – Things like craving nicotine. **Feelings** – Sadness, anger, grief, happiness.

Habits – Routines like having a smoke with your morning coffee.

The main reasons I smoke are:

☐ Physical _____

☐ Feelings _____

☐ Habits _____

My main reasons for wanting to quit are:

Focusing on the good things about quitting can help you to stay on track.

Quitting will help me to:

Knowing what gets in the way helps you plan ahead and manage.

What gets in the way of my quitting:

How I'm going to manage that:

You don't have to do it all by yourself. Identify the people who could help, like family or community members, health workers, your doctor or Quitline counsellor 13 7848.

My support people who can help me:

Setting a start date helps you prepare and begin your quit attempt.

My start day is: _____

Signs your body is healing

When you quit smoking you may have some withdrawal symptoms. This is a sign that your body is repairing. Symptoms may take up to 30 days to disappear, but the health benefits will begin immediately.

Common withdrawal symptoms are:

- Coughing
- Feeling grumpy
- Difficulty concentrating
- Feeling restless
- Upset stomach
- Feeling hungry
- Cravings
- Angry/sad
- Tingles in hands and feet
- Anxious for no reason
- Headaches


Managing cravings

Cravings only last a few minutes, and get less over time. When you have a craving, remember it will pass.

The 5 Deadly Ds

These can be useful when managing cravings


- Delay using
- Deep breathe
- Drink water
- Do something different/distract yourself
- Dial Quitline 13 7848 and talk with a counsellor



Support is available

If you are thinking about quitting the smokes there are a lot of people who can help you:

- Doctor or GP
- Nurse
- Chemist
- Aboriginal Health Worker
- Tackling Indigenous Smoking Worker
- Family and friends
- Community members who have quit
- Quitline Counsellor




Contact

Quitline. 137848

Quitline counsellors will support you in a positive and respectful manner, and you can ask to speak with an Aboriginal counsellor.


Monday to Friday 7.00am to 8.00pm
Saturday 12.30 to 3.30pm
(One hour earlier during daylight savings).



Government of Western Australia
Department of Health


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Funded by the Australian Government
Department of Health

Illustration: Patrick Berry
TDS 28/08/14 p. 2/2018



Quitline. 137848

Smoking and Mental Health



Brief Intervention training:

Specific to working with clients who smoke, have mental health, alcohol and other drug concerns, or both.

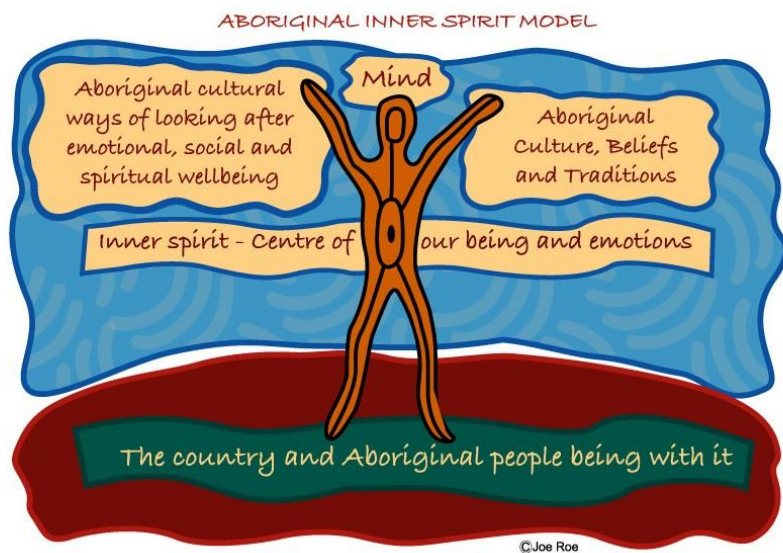
To raise awareness within the health workforce to identify and understand the interconnecting relationship between social determinants, mental illness, alcohol and other drugs, and tobacco.

Topics:

- Interaction between smoking, mental health and other drugs,
- Ways to work with these clients, including enhancing collaborative partnerships within your community.
- Incorporating some of the models from the Strong Spirit Strong Mind Aboriginal AOD, a culturally secure approach to AOD and Mental Health.

Many of the Aboriginal AOD workforce across WA have trained in the Strong Spirit Strong Mind Aboriginal Ways of Working.





Source: Strong Spirit, Strong Mind Aboriginal Programs

What Quitline can do:

- Aboriginal counsellors and others trained in culturally secure approaches
- Quitline counsellors have specialist training in working with clients with mental health concerns and will provide an open ended callback service, for as long as it takes
- If quitting is not an option clients can be supported to cut down
- Can help your client monitor their NRT and ensure it is used properly
- Can be around to provide support when you're not available





For brochure resources:
www.health.wa.gov.au/ordering

For training in brief intervention,
 community engagement support, and
 poster resources contact:

Jody.hansen@mhc.wa.gov.au

Jennifer.keen@mhc.wa.gov.au

Quitline Aboriginal Liaison Team Posters Order Form			To order complete form, scan and email to Jody.hansen@mhc.wa.gov.au		
	Size A4 A3	Quantity MAX 20		Size A4 A3	Quantity MAX 20
Dad and Bub			Babies		
	Size A4 A3	Quantity MAX 20		Size A4 A3 A2	Quantity MAX 20
Walking with Prams			Smoke free Community		
	Size A4 A3	Quantity MAX 20		Size A3 A2	Quantity MAX 20
Bin the smokes			Stages of Change Journey to Quit Smokes		
	Size A4 A3 A2	Quantity MAX 20		Size A4 A3 A2	Quantity MAX 20
Community Kids selfie			Pets are affected too		

Strong Spirit Strong Mind Aboriginal Programs
(SSSMAP)

Strong Spirit Strong Mind Aboriginal Programs (SSSMAP)



Acknowledgement to Country

We acknowledge the Whadjuk peoples as the traditional custodians of the land and waters.
We pay our respects to Elders past, present and emerging.



The Team

- Situated under the Alcohol, Other Drugs and Prevention Services Directorate within the MHC
- Team consists of 10 FTE
- The SSSMAP team is staffed by 70% = (7/10) Aboriginal people
- Cliff Collard, Sumi Paull, Ursula Swan (currently on secondment), Sharene Kocsis, Karina Clarkson, Angela Hanslip, Darelle Ellis, Wayne Flugge, Jody Hansen and Jennifer Keen

The Team

Skills, talents and qualifications include – Health Promotion, Education, Social Work, Nursing, Psychology, Mental Health, Counselling and Finance.

Team Responsibilities

- All SSSMAP staff have designated portfolios, regional areas and working groups
- Registered Training Organisation (RTO) management and compliance
- Workforce development
- Culturally secure training – Ways of Working with Aboriginal Peoples
- SSSM culturally secure resources and websites
- Cultural consultancy, support and advice through the Aboriginal Advisory Group

Team Responsibilities

- Reconciliation Action Plan (RAP) coordination
- Cultural calendar events
- National and state representation on working parties and steering committees
- Suicide prevention
- FASD

Training

Nationally recognised training in:

- Certificate III in Community Services
- Certificate IV in Alcohol and other Drugs
- Ways of Working with Aboriginal People Parts 1 and 2
- FASD training
- QALT training
- Volunteer AOD Counselling training
- Other culturally specific training as requested/required

Strong Spirit Strong Mind Aboriginal Programs (SSSMAP)

Strong Spirit Strong Mind Resources



Resources

- Brochures, Story telling Boards, Story Telling, Cards and Flipcharts
- BBV
- Quitline Aboriginal Liaison Team (QALT)
- FASD
- VSU

***resource order form can be downloaded from our website (only for WA)**

SSSM Metro Project

Project activities include the development of:

- prevention campaign
- an Aboriginal Youth Network Group
- targeted AOD strategies for Aboriginal young people

For more information on the Metro Project, please contact the Community Programs teams on: communityprograms@mhc.wa.gov.au

Any questions?

Contact details SSSMAP

- Email: sssmap@mhc.wa.gov.au
- Website: www.strongspiritstrongmind.com.au
- Phone: 08 6553 0600
- SSSMAP located at the
Mental Health Commission
1 Nash Street
Perth WA 6000

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**TACKLING
INDIGENOUS
SMOKING**



Population Health: Mental Health & Smoking

Steve Fisher

NATIONAL BEST
PRACTICE UNIT

**TACKLING
INDIGENOUS
SMOKING**



Lunch

NATIONAL BEST
PRACTICE UNIT

**TACKLING
INDIGENOUS
SMOKING**

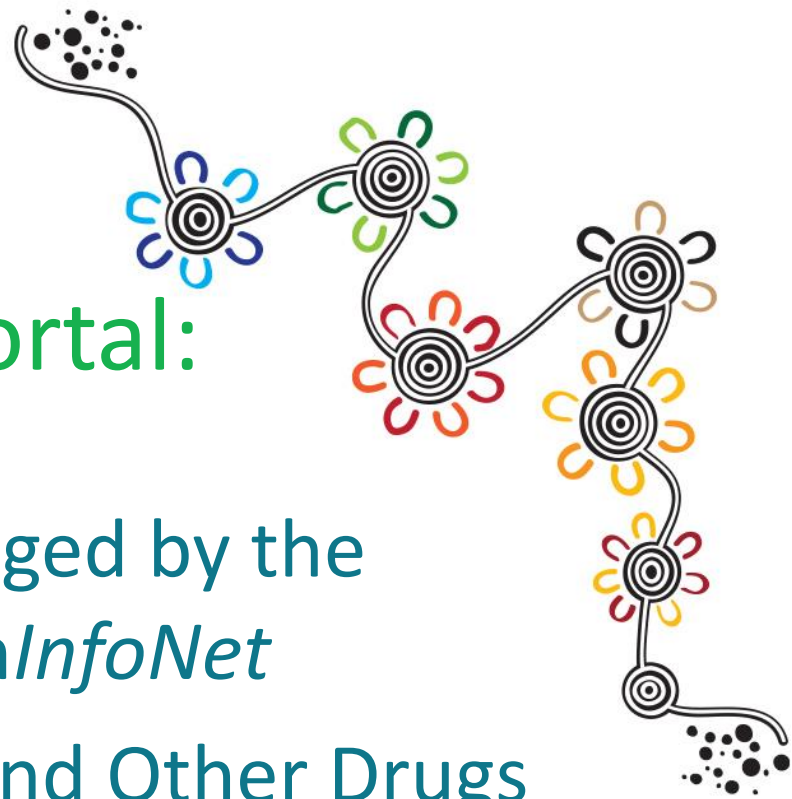


TIS Portal

Millie Harford-Mills & Kathy
Ride

The original Tackling Indigenous Smoking portal:

- Designed, created and managed by the Australian Indigenous Health *InfoNet*
- Located within the Alcohol and Other Drugs Knowledge Centre website

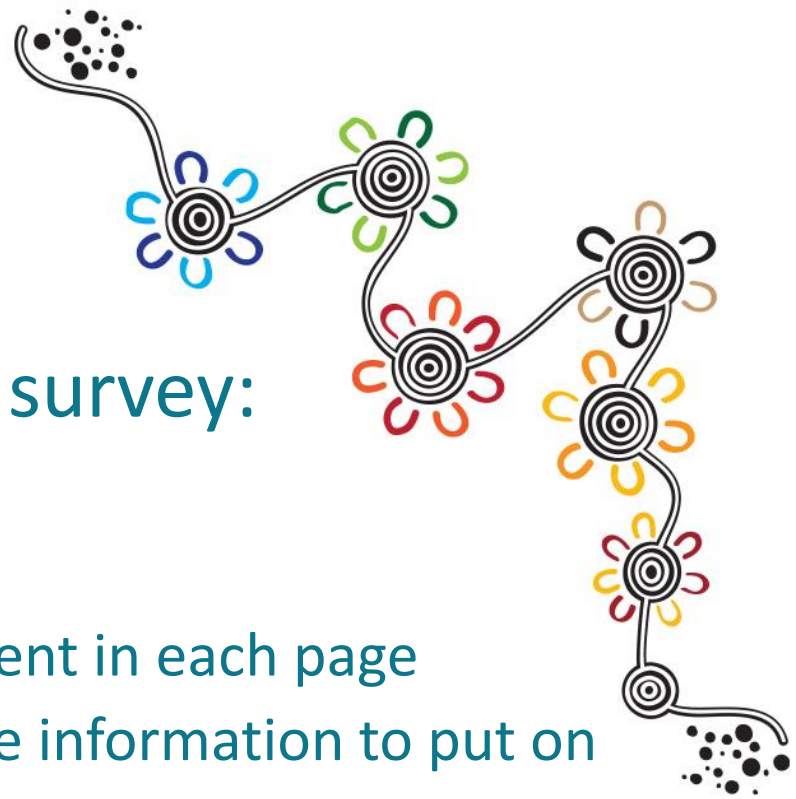


Why change?



- A year of use from the Grant Recipients and people in the sector
- Lots of feedback (including CIRCA reviews)
- The HealthInfoNet and Knowledge Centre websites were moving to responsive design
- A new website would let us have a custom-built navigation and pages specifically for TIS

GR survey results

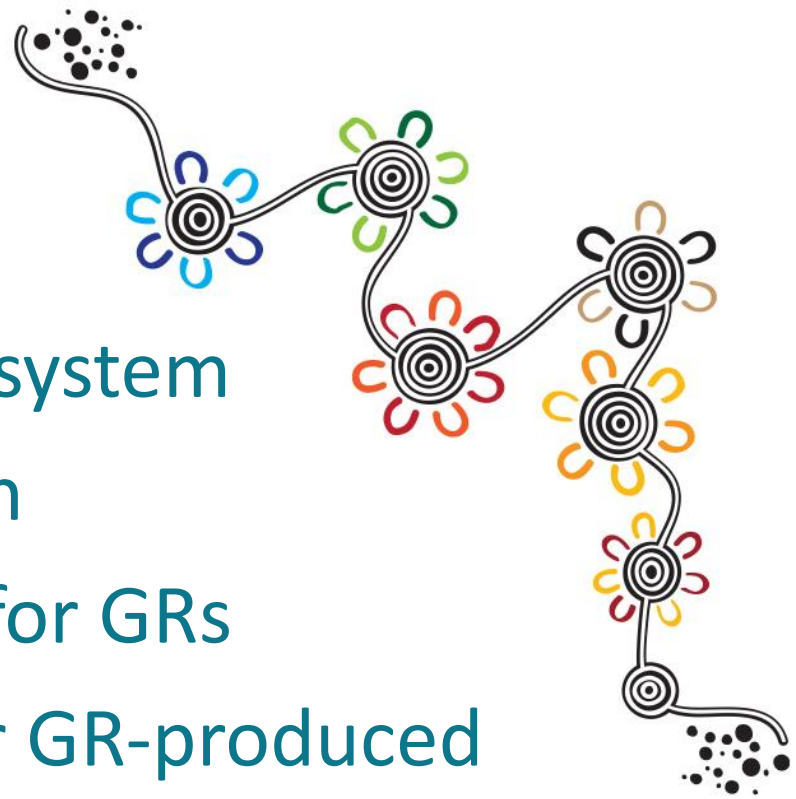


Consistent messages from the survey:

- The TIS portal is hard to use
- A search function would be useful
- Make it easier to find specific content in each page
- Make it more obvious how to share information to put on the portal
- Add a news section
- Add a section specifically on resources produced by the GRs

What did we do?

- Created a new navigation system
- Added of a search function
- Developed a new section for GRs
- Included a new section for GR-produced resources



Now what?

- Still a few changes that will be happening to the TIS website over the next few weeks
- Think of it as a living resource!
- Some things we can't change
- Lots of ways GRs can have input into the website:
 - What do you like or don't like about the GR pages?
 - What kinds of content do you want to see or not see?
 - Send us content to personalise your sections



Live tour



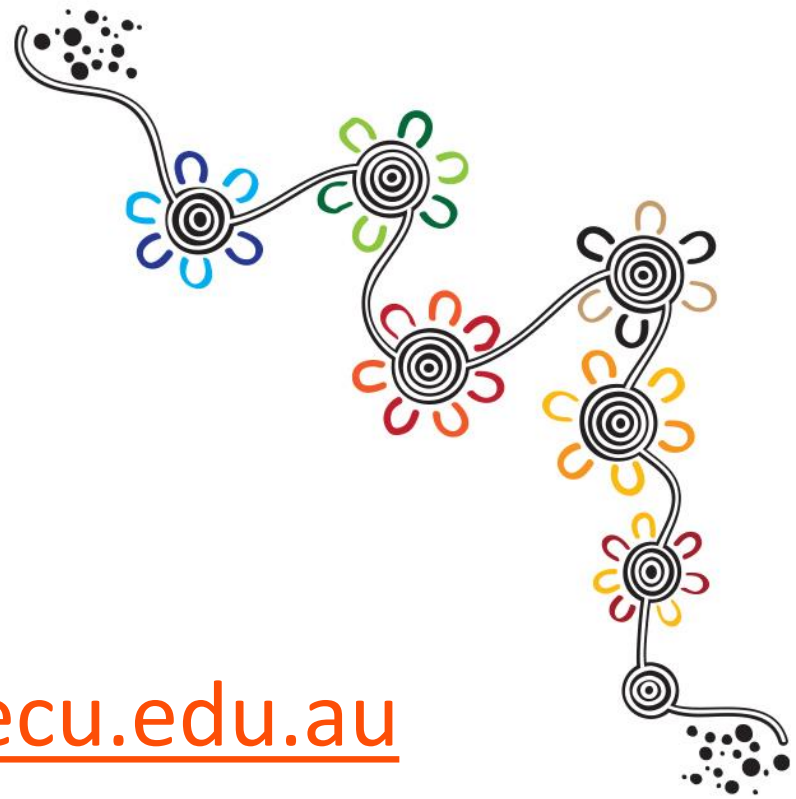
Please contact me!

Millie Harford-Mills

Senior Research Officer

Ph: (08) 9370 6358

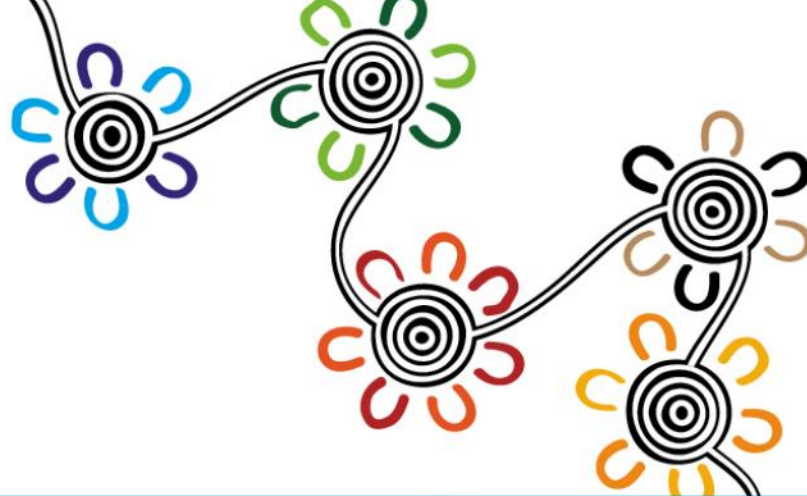
Email: m.harford-mills@ecu.edu.au



Thank you!

NATIONAL BEST
PRACTICE UNIT

**TACKLING
INDIGENOUS
SMOKING**



Quitskills: Working with youth & pregnancy

Lou Jayleigh & Carolynanha
Johnson



Aboriginal and Torres Strait Islander
Quitskills Program

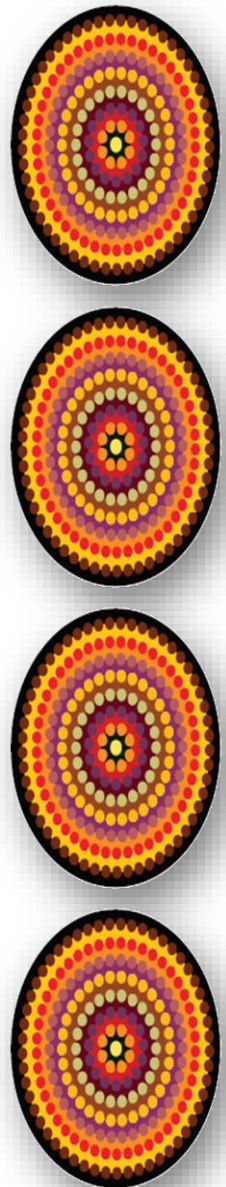


Maternal Health Quitskills

Quitskills

for Maternal Health Workers

Carolynanha Johnson
Trainer and Educator



Acknowledgement of Country



Maternal Health Quitskills

Why maternal health Quitskills?

Cultural Model

Smoking rates

Migration of Identity

Benefits of quitting

Second hand smoke

NRT

Consequences of smoking to mum and bub

Maternal Health Quitskills

Broader approach

Addressing smoking

Context of issues

Reducing the focus on the individual

Include partnerships

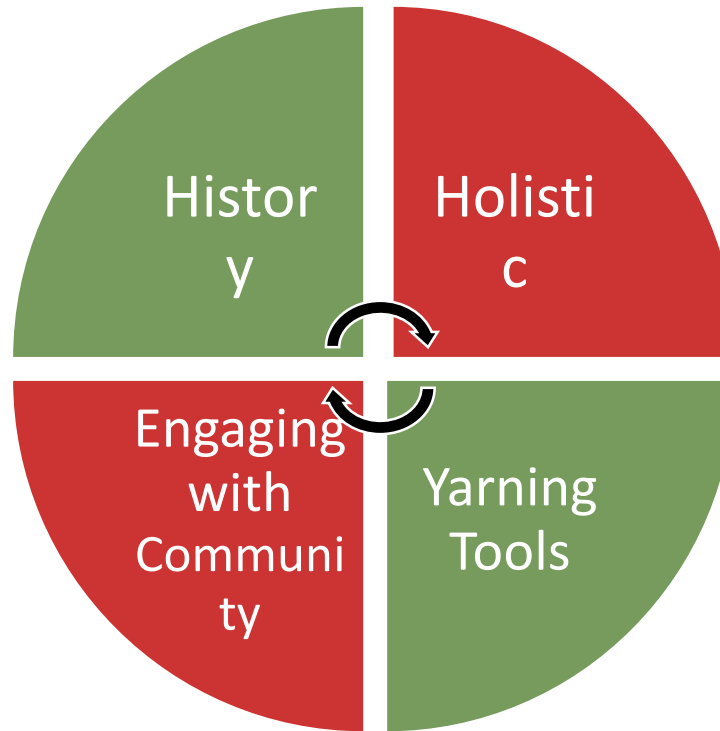
Empowering language

Evidence based approaches

Smoking cessation

Incentives

Aboriginal Cultural Model for Training



Model by Carolynanha Johnson and Terry Stewart

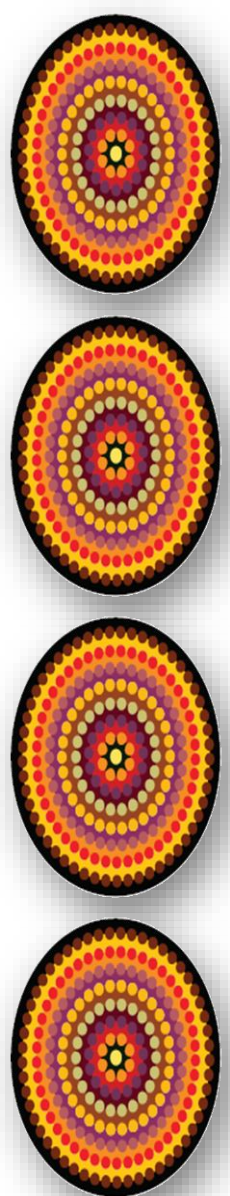
Group Brainstorm

Do you think cigarette smoking is an 'issue' with the pregnant women you work with?

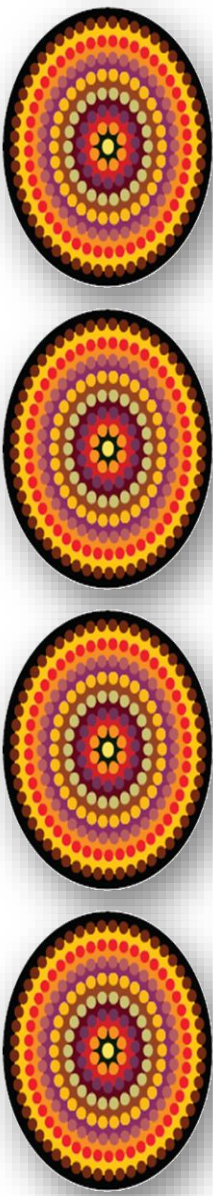


What are some of the factors that you think influence this?

Pregnant Women - Smoking rates

- 
- Aboriginal and Torres Strait Islander Women smoking rates during pregnancy 49.3%
 - Some areas are up to 67%.
 - 12% rest of the population
 - Most significant *reversible* risk factor

Additional considerations*

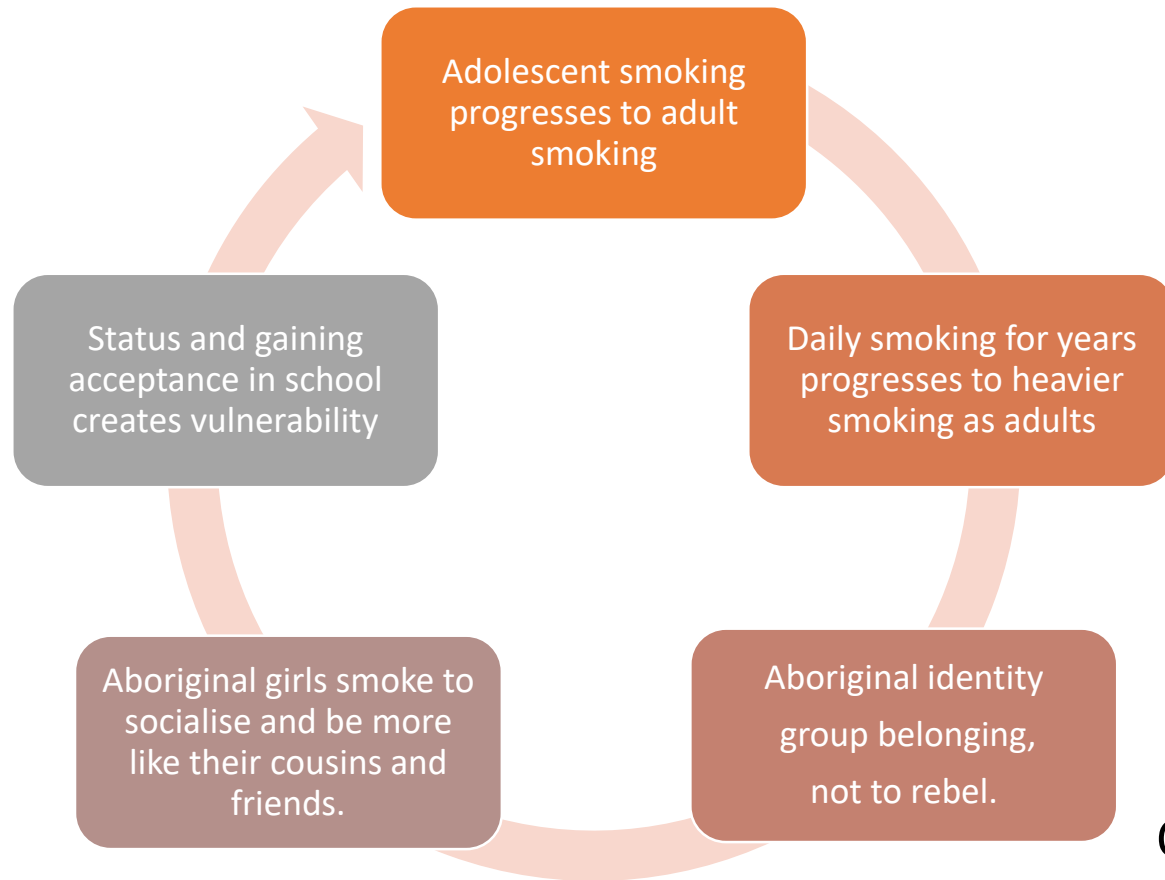
- 
- Smoking is embedded
 - Anxiety and guilt from quitting
 - Smoking habit used to help cope?
 - Quitting has potential to disrupt relationships, therefore, partner's role is influential
 - Undermining women's rights?
 - Increasing marginalisation and stigma
 - Victim blaming and focussing on the individual
 - Must address the root causes of smoking

* Catherine Chamberlain, "Interventions to promote smoking cessation in pregnancy" 2009

Chewing and Pituri / Mingkulpa

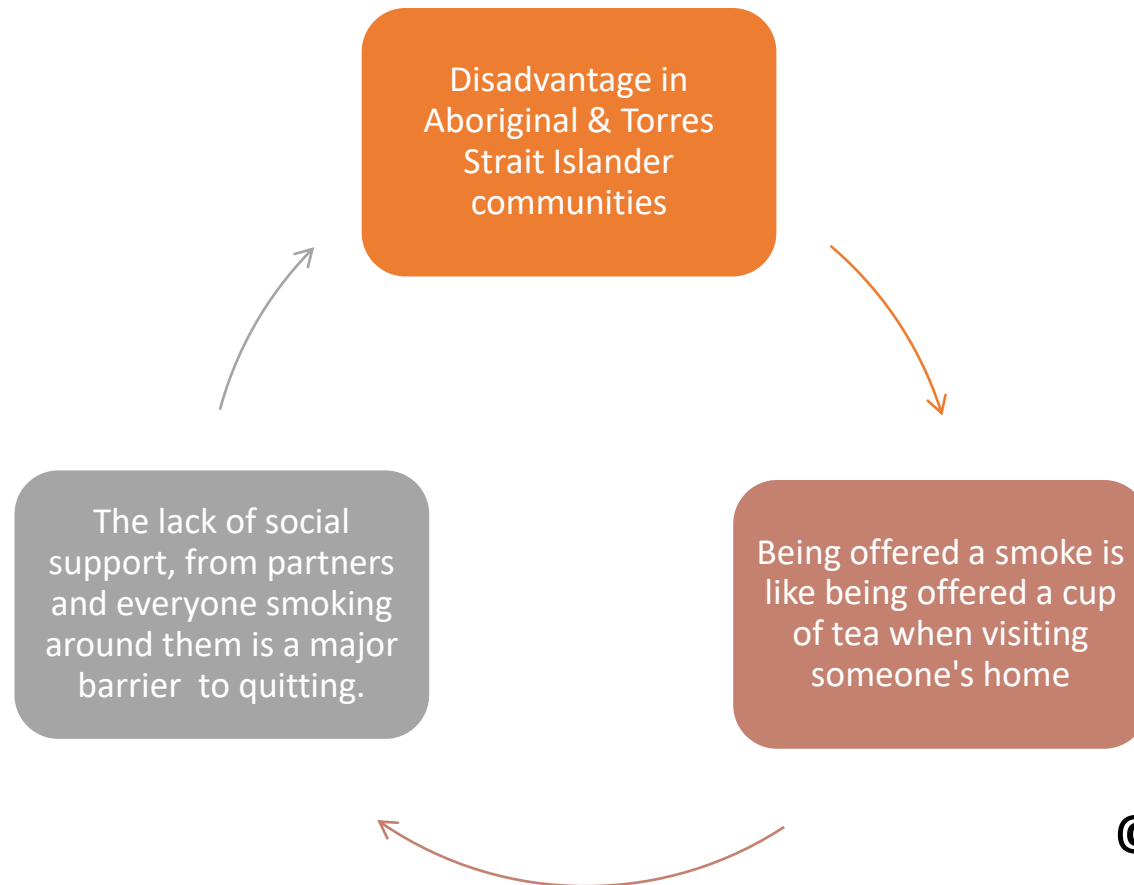
- Many Australian plants contain nicotine
- South western Queensland, Gulf of Carpentaria, south to Lake Eyre in SA.
- Mingkulpa – Western Desert People
 - Nicotine content may be more potent / Indigenous Knowledges
- Sacred ritual significance
- Mood-enhancing effects
- Sustenance on long journeys
- Symbolised friendship
- Highly valued commodity
- Not smoked – What is the practice in your local community?

Smoking Journey of Aboriginal Women



© C Johnson

Why do people keep smoking?



© C Johnson

Pregnant Women

Aboriginal and Torres Strait Islander women face many barriers to quitting smoking.

- Lack of support and access to health professionals
- Lack of education around the health consequences of smoking
- Multiple life stressors and traumas
- The normalisation of smoking
- High smoking rates
- Effects of colonisation



Consequences of Smoking During Pregnancy

For babies born into smoky households, maternal smoking is associated with

- Lung under-development
- Airflow limitation
- An increase in the risk of respiratory infections
- Development of airway hypersensitivity
- Asthma
- Increased risk of chronic inflammatory conditions in babies' lungs
- May be more susceptible to Chronic Obstructive Pulmonary Disease (COPD) in adulthood
- Oxidative stress causing harm to developing babies*

*University of Technology Sydney (UTS) - 2017

Unborn and New Babies*

Tobacco smoking in pregnancy is the most preventable risk factor for poor maternal and infant health outcomes.

Some of these include:

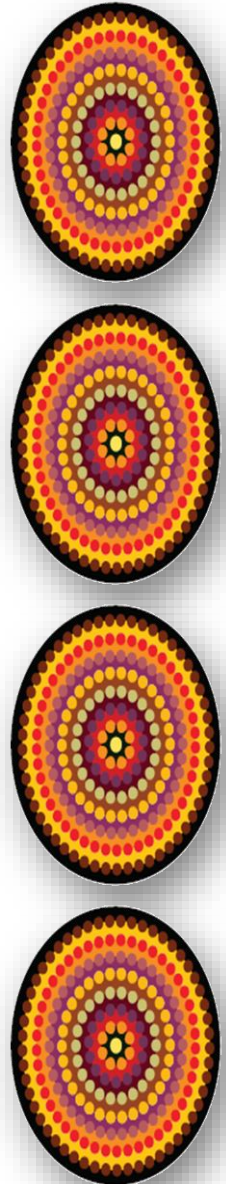
- Learning and cognitive behavioural problems
- Small or growth restricted baby (low birth weights)
- Premature (early) births
- Higher risk of Sudden Infant Death Syndrome
- Still births, miscarriage
- Respiratory issues
- Chronic ear problems
- Increased risk of Meningococcal disease



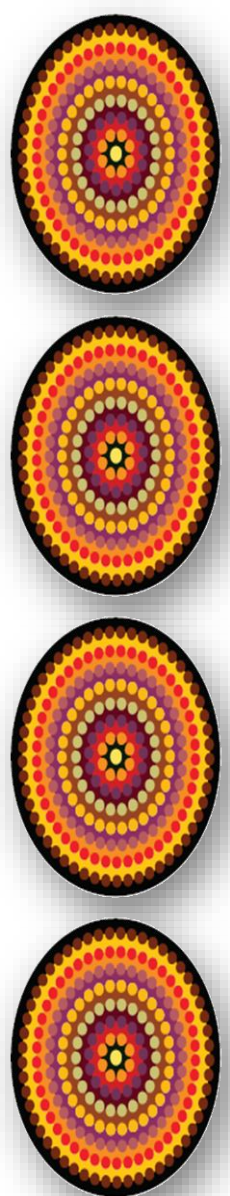
*<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/>

Benefits of quitting

- Mother and baby will get more oxygen, almost immediately
- Less risk of a premature birth
- Less risk of many illnesses and diseases
- More energy, and breathe more easily
- Food will taste better
- More money to spend on other things
- Feeling great about the achievement!

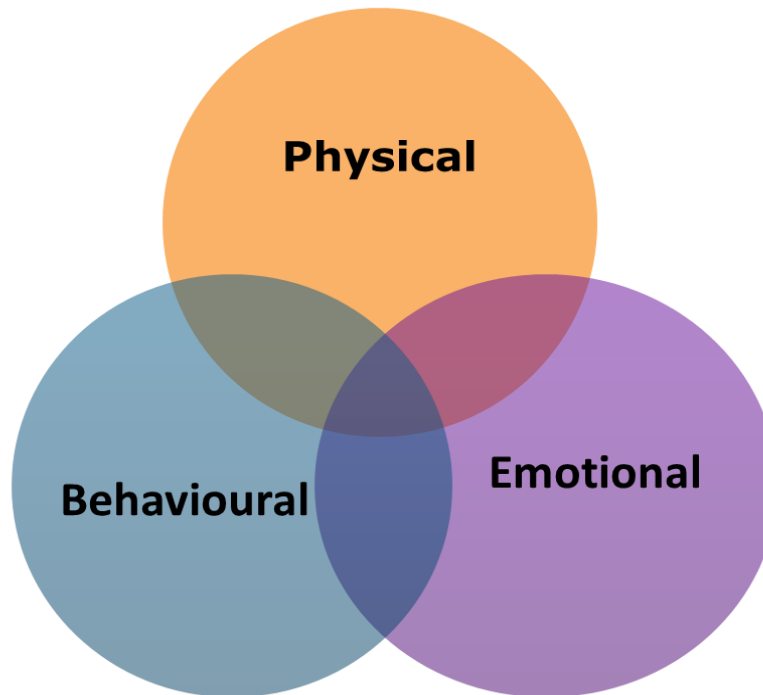


Second hand smoke

- 
- Ultra-fine particles
 - Estimated to cause 600,000 deaths annually*
 - In children:
 - May cause poorly developed babies
 - Low-birth weight
 - Sudden Infant Death Syndrome (SIDS, or Cot Death)
 - Ear ache
 - Increased risk of meningococcal disease
 - Heart disease and obesity

*Ref: World Health Organisation 2014

Remember the 3 Aspects?



Dispensing Nicotine Replacement Therapies (NRT)

- State laws may vary
- Check the laws in your state
- If your state laws prevent you dispensing NRT the next section is for information ONLY
- Always refer pregnant women to GP for guidance around NRT*

*Refer to RACGP Smoking Cessation Guidelines

Therapeutic Goods Administration

Regulation changes to NRT around pregnant and breastfeeding women - 2007

- Combination therapy
- Pregnant and lactating women





NRT recommendations for pregnant women*

- Consider NRT if quit attempts are unsuccessful and the woman is motivated to quit
- The risks and the benefits need to be explained to the woman
- Oral NRT is the first line option
- Smaller doses to larger doses – full course of 8 weeks
- Patches can be used, but removed at bedtime

*Royal Australian College of General Practitioners (RACGP)
Recommended Smoking Cessation Treatment for Pregnant Mothers

Behavioural Counselling and Nicotine Replacement Therapies (NRT)*

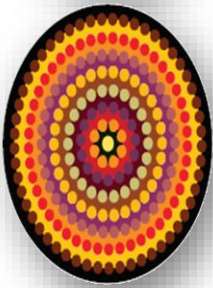


Address 3 aspects: Physical, Emotional, Behavioural



Offer Counselling and other support

Remember the 4 Ds



Recap: Try quitting cold turkey – give it a week. If unsuccessful, try some lozenges or mouth spray or gum – give it a week – refer to GP Guidelines*



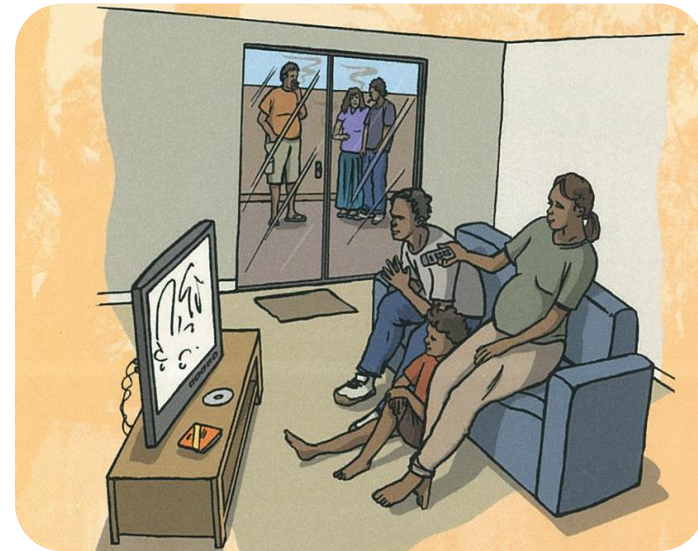
If unsuccessful, try a patch, perhaps with a low dose lozenge or gum (Combination of therapies) *NB remove patch before bedtime**

* RACGP Guidelines, July 2014 – consult GP to discuss possible risks and benefits

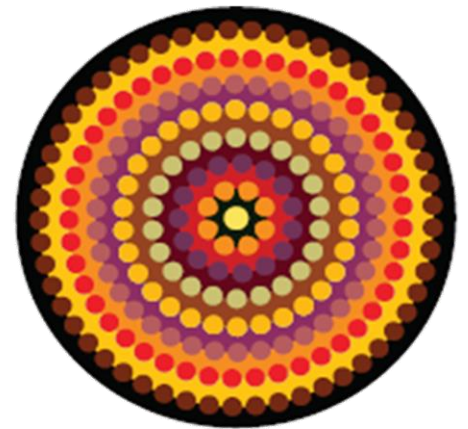
Pregnant Women and Quit Attempts

Pregnancy can be the best time to encourage a quit attempt.

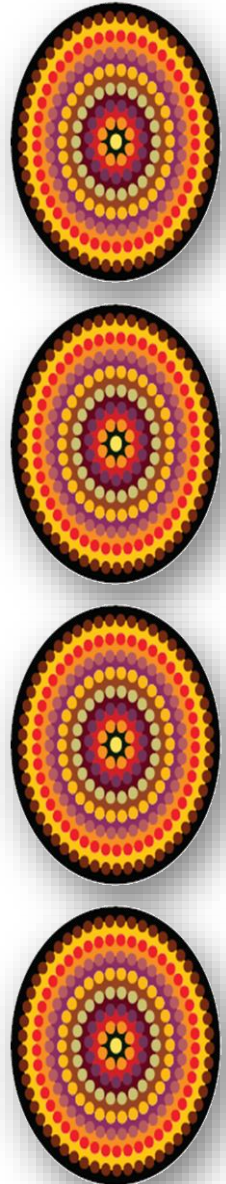
- Mums are motivated for self and baby
- Additional support from health workers and family
- May decrease morning sickness



Understanding Smoking and Quitting

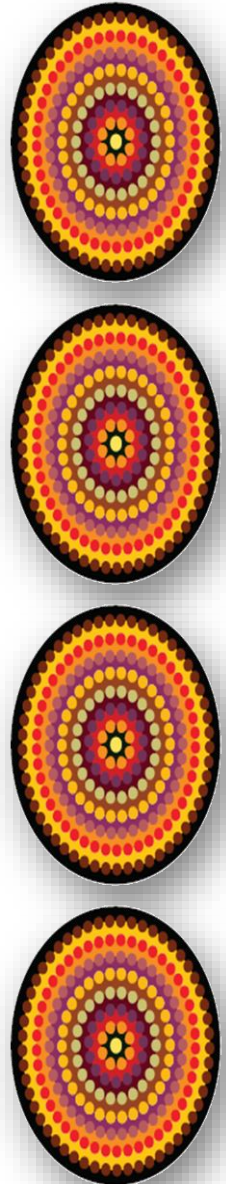


Migration of Identity



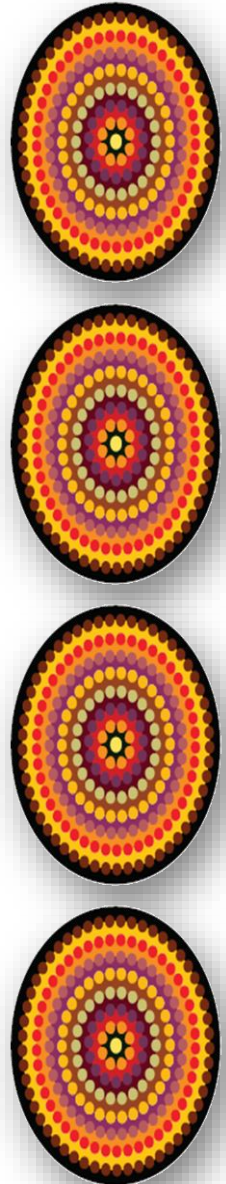
Migration of Identity

Separation



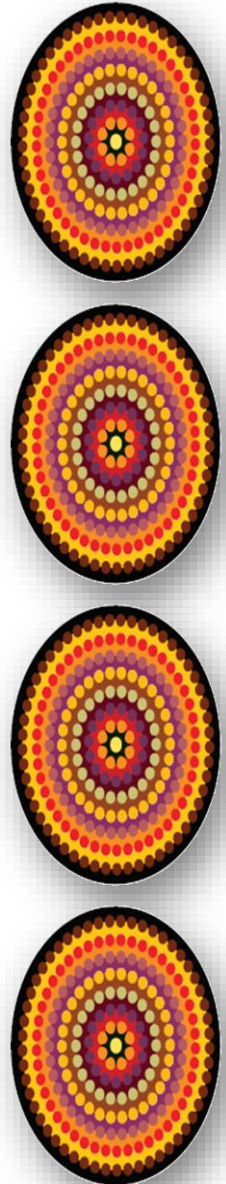
Migration of Identity

Liminal phase



Migration of Identity

Reincorporation phase



Baby Basket items

Tote Bag – Nappy Bag

Tissues

Nail care kit

Small first aid box

Baby hat

Rubber ducky

Teddy bear

Baby Blanket / Shawl



Sample: Record of Health Worker contact

Client ID / Name:.....

Baby due date:.....

Date	Progress	Baby Product	NRT product	Signed Client
	<ul style="list-style-type: none">• Going well• Some worries• Wants closer monitoring• Likes the NRT• Wants to continue using NRT• Doesn't like the NRT• Wants to try another NRT	<ul style="list-style-type: none">• Choose from the items in baby pack	Gum/Spray/lozenge/inhalator Patch (First visit give NRT in lunch box)	

Signed Health Worker Date:

Signed Primary Healthcare Manager..... Date:






© C Johnson

Sample: Record of Health Worker contact

Record of Health workers contact with client and allocation of baby products for the basket.

Clients Id/Name:.....Susan Jones.....

Baby due date:.....AUGUST 2017.....

Date	Progress	Baby Product	NRT product	Signed Client
	<ul style="list-style-type: none"> • Going well • Some worries • Wants closer monitoring • Likes the NRT • Wants to continue using NRT • Doesn't like the NRT • Wants to try another NRT 	<ul style="list-style-type: none"> • Choose from the items in baby pack 	Gum/Spray/lozenge/inhalator Patch (Present NRT in lunchbox)	
1/2/17	First visit, going to try the gum.	Baby shampoo	Gum	
8/2	Going good. Wants to keep using gum	Baby Soap	Gum	
15/2	OK. Some worries Try another NRT	Baby Blanket	Spray mist	
22/2	Spray mist is good Baby is well.	Baby wipes	Spray mist	
1/3	Going well. spray mist is good	Baby bib	Spray mist	
8/3	DNA.	—	—	

Signed Health Worker..........DATE: AUGUST 2018.

Signed Primary Healthcare Manager..........DATE: AUGUST 2018

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Support for Health Workers

Other resources:

www.quitnow.gov.au

- Quit for you – Quit for Two App
- My Quit Buddy App
- <https://www.youtube.com/watch?v=qzqIPJHI-LA>
- iCanQuit Calculator

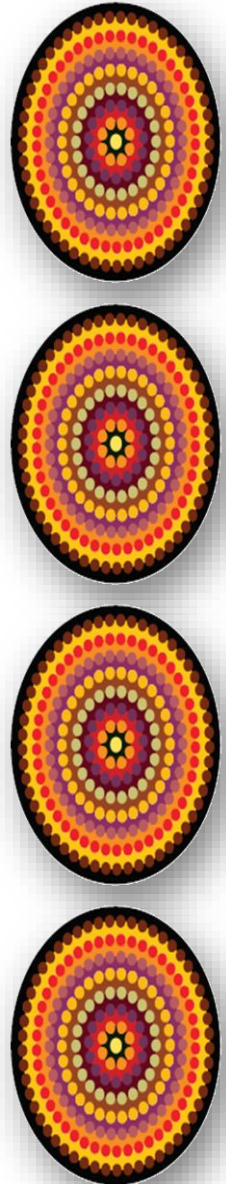
Cancer Council SA – Cost Calculator

Facebook - Quitskills

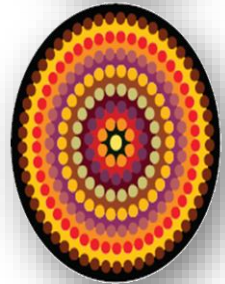
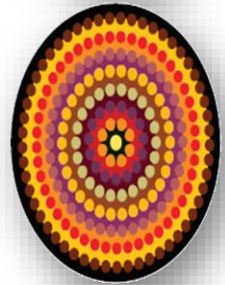
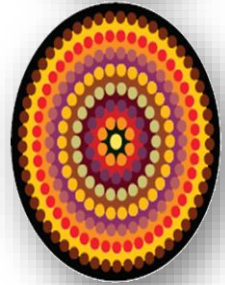
Quitline 137848



A little story.....



Preparation for the next generation



Conversations about Smoking

- A woman is thinking about quitting because she wants to start a family.

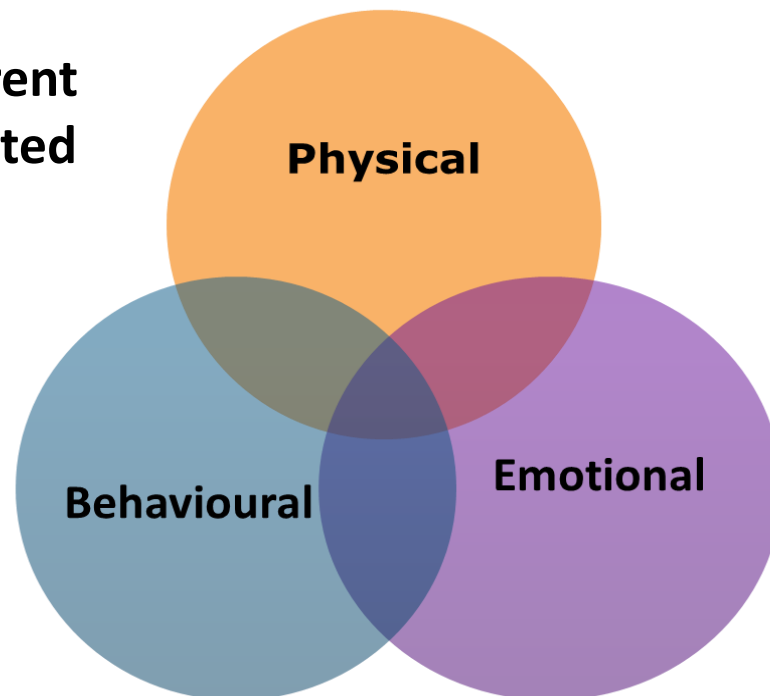
How can you support her to stay smoke free and maintain a smoke free environment once the baby is born?

Discuss:

- assessing nicotine dependence,
- determining triggers,
- establishing benefits to healthy choices and motivations.

Conversations with Young People

How might the conversations be different from a long term addicted smoker?



Conversations with Young People

PHYSICAL

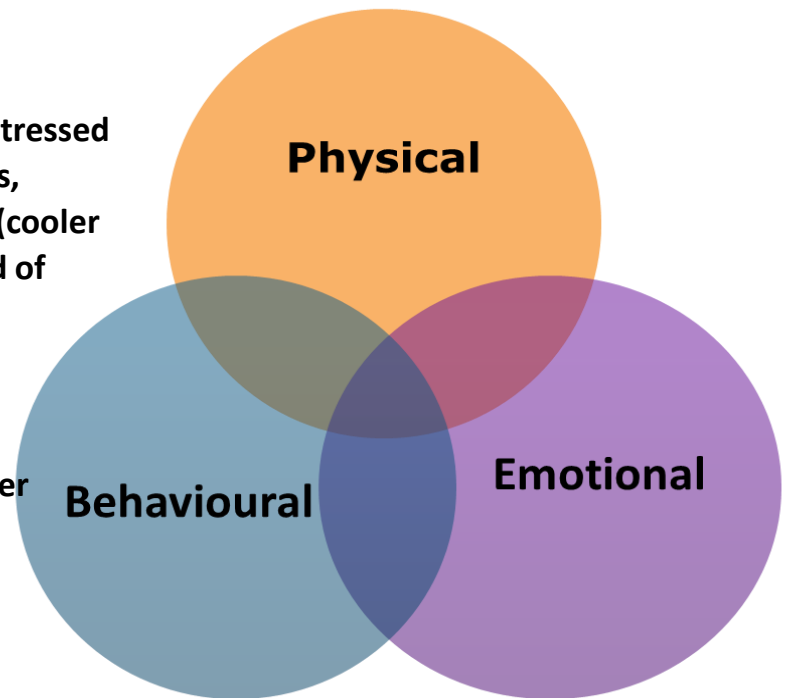
Hunger, appetite suppressant, addiction to nicotine

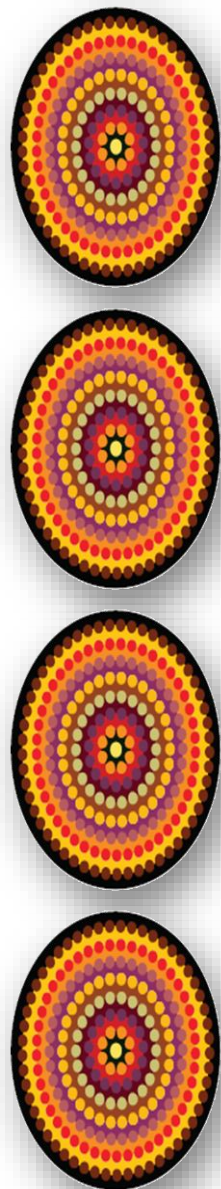
EMOTIONAL

High expectations from family and friends, boredom, stressed at home and school, happy, love the social connections, feeling rebellious, mixing with others – possibly older (cooler people), bullying, grief, loss, rejection. That first period of intense social intimacy.

BEHAVIOURAL

Walking to school, at school, walking down the street, lighting up for the family, easy access. Mixing with other substances. Juvenile justice system.





Migration of Identity Activity

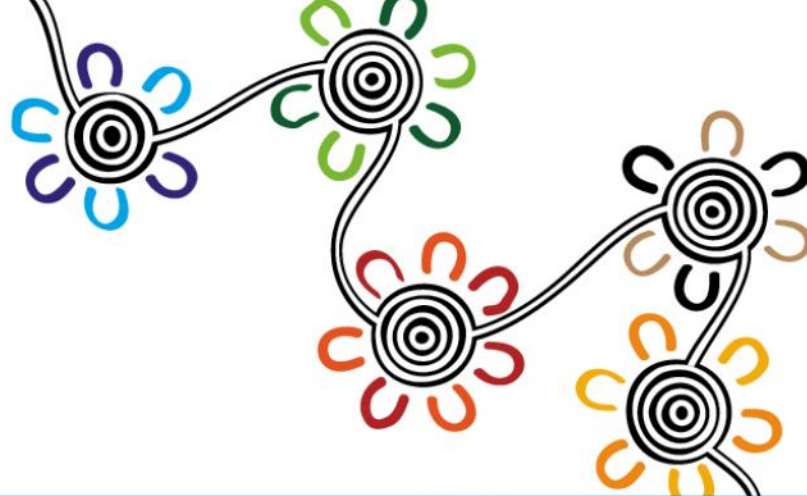
SUSAN – Young Pregnant Mother

Any Final Questions?



NATIONAL BEST
PRACTICE UNIT

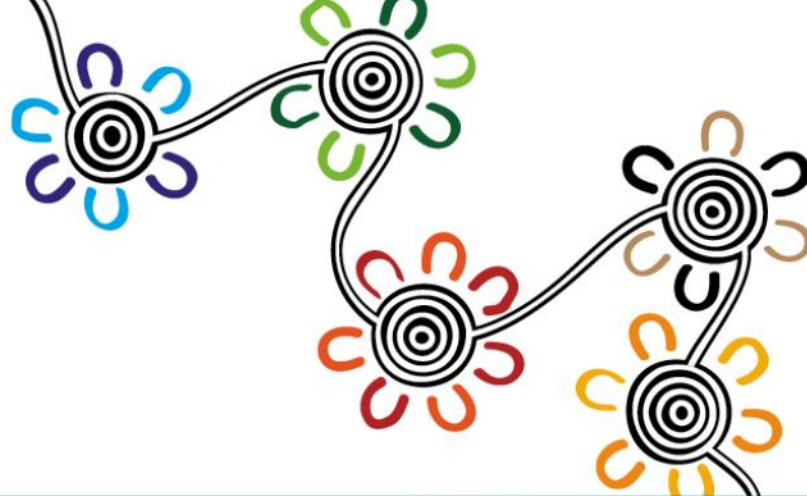
**TACKLING
INDIGENOUS
SMOKING**



Afternoon Tea

NATIONAL BEST
PRACTICE UNIT

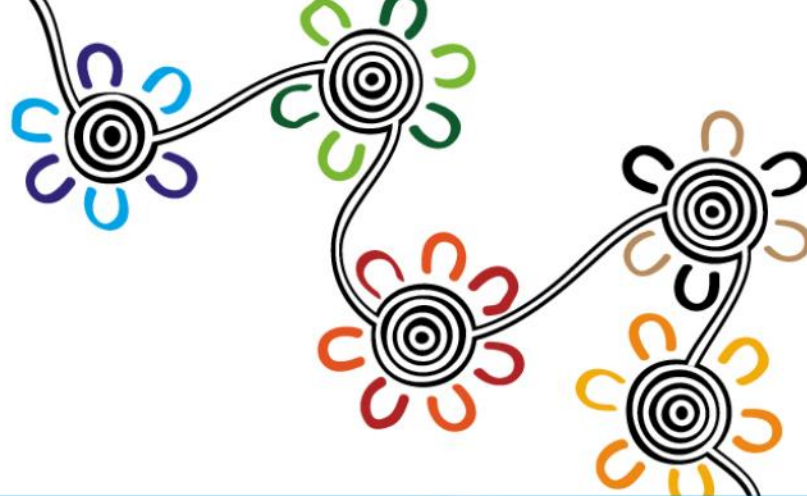
**TACKLING
INDIGENOUS
SMOKING**



WA's vision for World No Tobacco Day 2018

NATIONAL BEST
PRACTICE UNIT

**TACKLING
INDIGENOUS
SMOKING**



Wrap-up & Closing Remarks

TIS NBPU WA Regional Workshop 2018

Round-up

24 May 2018



Prof Tom Calma AO



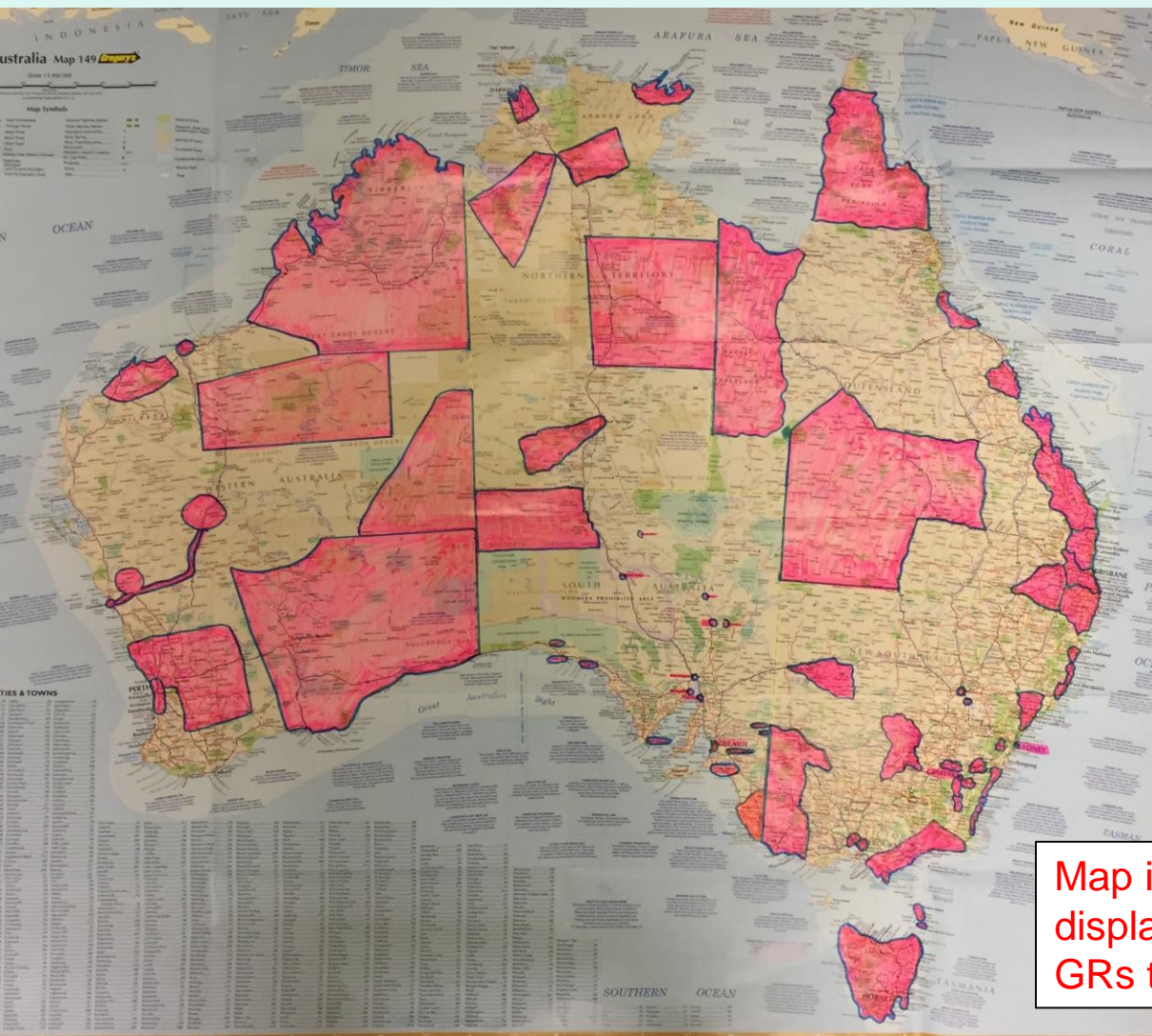
National Coordinator Tackling Indigenous Smoking

National Indicators

1. **Quality** and **reach** of community engagement
2. Organisations involved in **tobacco reduction** in the region
3. **Building capacity** to support quitting
4. **Referrals** to appropriate quitting support
5. Supporting **smoke-free environments**

What do we need to focus on?

- **Evaluation** findings
- Demonstrate **reach**
- Demonstrate **impact**
- Demonstrate **community buy-on**
- Demonstrate **responsiveness** and **resilience**



Do services cover the State/ Territories?

- The TIS Program is considered a national program.
- Funding is not just to support the GR Organisation but a geographic region sometimes covering multiple ACCHO regions

Map is not complete and is displayed to seek inputs from GRs to confirm service areas

Quick Runs

- Smoke free workplaces & homes
- Local events – World No Tobacco Day
- Commonwealth, State / Territory & Local Politicians
- Media engagement
- Uploading to the TIS Portal
- Contracting / engaging support to achieve outcomes – partnerships within & outside host
- Ambassadors and mentors

ARTHUR BEETSON
FOUNDATION

QAIHC
Queensland Aboriginal
and Islander
Health Council

MURRI
RUGBY LEAGUE

Murri Rugby League Carnival

27-30 September
Briggs Rd Sporting Complex, Ipswich
smoking, drug & alcohol free event

Come see your mob play to win \$50,000 in the open Mens, \$8000 in the Womens and the U15 Boys play for state selection.

Teams also playing for
Men - Qld Murri selection tour to USA
U15 - Murri selection to PNG and U16 Allstars
Women - Qld selection for Allstars to play NSW Kooris

patron
Lionel Morgan

All players
Compulsory Health checks (QAIHC & IUIH)
Under 15 player 90% attendance at school
Over 18 enrolment forms (AEC)

Home of the
Yagara People
Ipswich
Murri Rugby League

50 plus service & career stalls
• funfair carnival rides (free)
• market stalls
• traditional arts & crafts

NOMINATION FEES*
mens \$2,750
womens \$1,650
u15 boys \$385
*includes jersey, shorts, socks

TICKETS
adult \$12
adult concession \$8
junior \$5
4 day passes also available

troy@murrirugbyleague.com.au tony@murrirugbyleague.com.au www.murrirugbyleague.com.au

50th ANNIVERSARY
1962-2012

AFIP
AUSTRALIAN FOOTBALL INSTITUTE

City of Ipswich

Griffith UNIVERSITY

Indigenous Times

FOGS
QUEENSLAND

infern

Targeted sports
social media
campaigns

MY DEADLY CHOICE IS
**"TO GET A HEALTH CHECK
& QUIT SMOKING"**
TAMANA TAHU

Targeting women's sport
&
Fun walks

Tackling Indigenous Smoking Programme 2018 - 22

- We must **learn from** past experience – **build on success**
- We must **gather the evidence** as we deliver our services
- We must **perform** – strategically and regionally
- We must **report accurately** and **timely**
- We must **leverage the support of** the community, NGOs and other stakeholders including States/ Territory and local Govts

<http://www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-tis-lp>

Stability and impactful

**ABORIGINAL HEALTH
NEWS ALERT**
nacchocommunique.com



**Min Ken Wyatt MP announces a
\$183.7 million 4 years funding
commitment #ClosingTheGap
Tackling Indigenous Smoking**



www.smokefreecommunity.com.au
#BEADLYREADY #READYTO SMOKE FREE!

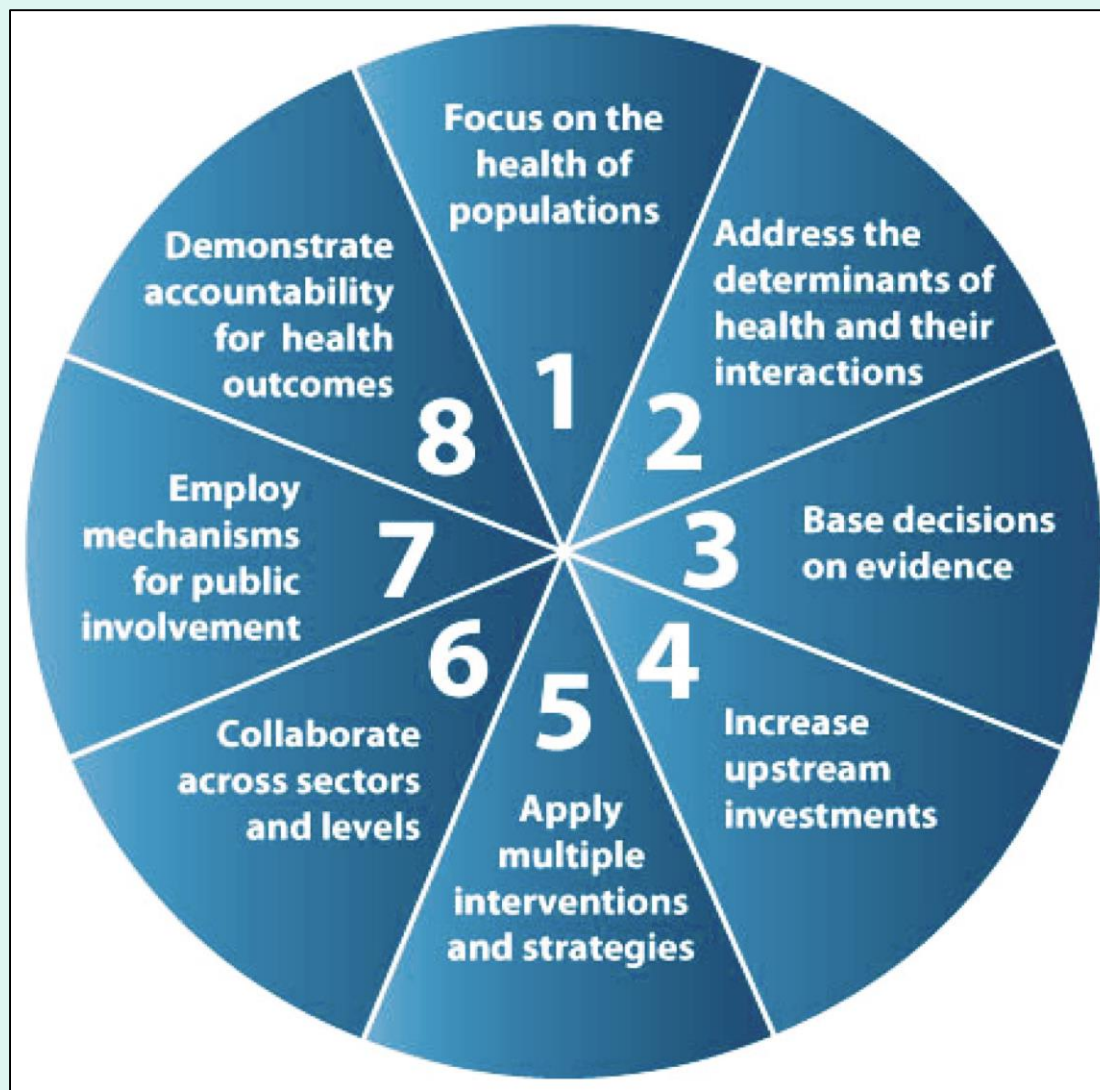


The revamped TIS program will:

- *Continue the successful Regional Tobacco Control grants scheme* including school and community education, smoke-free homes and workplaces and quit groups
- Expand programs *targeting pregnant women and remote area smokers*
- Enhance the Indigenous *quitline* service
- Support *local Indigenous leaders and cultural programs* to reduce smoking
- *Continue evaluation* to monitor the efficiency and effectiveness of individual programs, *including increased regional data collection "*

Population Health approach

<http://cbpp-pcpe.phac-aspc.gc.ca/population-health-approach-organizing-framework/>



Grant Agreement for 2018-22

For the TIS program going forward, there will be specific requirements for TIS organisations, namely all will be required to:

- prioritise **evidence-based population health** approaches with **maximum reach** within their identified **TIS region**;
- ensure that Indigenous people **who do not attend** Aboriginal Community Controlled Health Services (**ACCHS**) or Aboriginal Medical Services (AMS') **are targeted and reached**; and
- provide evidence of **how their primary health care funding** (where provided by the Commonwealth) **is being used to complement TIS activities** as part of a larger mix of tobacco cessation interventions.

Celebrate – we are doing a
great job



Aboriginal Australians are the oldest continuous culture on Earth, confirms a new genetic study. (Credit: Getty Images)