Welcome to the Western Australian TIS Jurisdictional Workshop 2018
Welcome to Country
‘My state rules’
Steve Fisher
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

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

Note: Indigenous data for Vic, Tas and ACT were of insufficient quality for the reporting period.
Risk of death to age 65, by Indigenous status, Australia 2010

Dead by age 65:

30% Indigenous Australians

9% non-Indigenous Australians
Most common broad causes of death in Indigenous peoples

- Cardiovascular disease: 25%
- Cancer: 20%
- External causes: 17%
- Endocrine, metabolic & nutritional disorders: 15%
- Respiratory diseases: 12%
- Digestive diseases: 9%
- Other causes: 6%

Aboriginal and Torres Strait Islander Smoking

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

%  

Age group (years)  

15–17  18–24  25–34  35–44  45–54(a)  55 years and over(a)  

Non-remote  

Remote  

(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.
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 Resource and Development Services Aboriginal Corporation (ARDS)
- **Smoking, Nutrition, Alcohol and Physical Activity 'SNAP'** - National Drugs and Alcohol Research Centre, University of New South Wales
- **The Balaang and Binjilaang Aboriginal Women Tobacco Intervention Project** - South Coast Women’s Health & Welfare Aboriginal Corporation
- **Growing the Smoke Free Generation** - Northern Territory Department of Health
- **Tackling Indigenous Smoking Innovation Grant Project** - Western Australian Centre for Remote and Rural Medicine Ltd

NBPU - TIS

GRANT RECIPIENTS
(TIS-Funded Organisations)

Department of Health

National Co-ordinator TIS
Prof. Tom Calma AO

NBPU TIS Advisory Group

Project Director
Rod Reeve

Manager
Desley Thompson

Project Officers
Nora Sevallos (QLD & NT)
Debbie Reichelt (VIC, TAS & WA)
Harold Stewart (NSW & ACT)

University of Canberra
Prof. Rachel Davey

Snr Researcher
Assoc. Prof. Penney Upton

HealthInfoNet
Prof. Neil Drew

Portal Manager
Kathy Ride

National Evaluator
Cultural & Indigenous Research Centre Australia (CIRCA)

Communication Officer
Alicia Gigante

Admin Support Officer
Kelly Franklin
Kate Wilson
### Victorian Aboriginal Quitline 2016 to 2017

<table>
<thead>
<tr>
<th>Aboriginal Quitline</th>
<th>2016</th>
<th>2017</th>
<th>+ / - Previous Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Aboriginal callers</td>
<td>247</td>
<td>328</td>
<td>+ 32.8%</td>
</tr>
<tr>
<td>- referred by Health Professionals</td>
<td>45</td>
<td>107</td>
<td>+ 137.8%</td>
</tr>
<tr>
<td>- callers on callback</td>
<td>116</td>
<td>185</td>
<td>+ 59.5%</td>
</tr>
</tbody>
</table>

#### Highlights

<table>
<thead>
<tr>
<th>Organisation 1 (shared-care model introduced) (won VicHealth Award)</th>
<th>2016</th>
<th>2017</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td>35</td>
<td><strong>Additional 19 referred non-Indigenous people (parents and partners)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organisation 2 (now has visiting Tobacco Cessation Workers fortnightly)</th>
<th>2016</th>
<th>2017</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td></td>
<td>26</td>
<td><strong>116% increase of referrals</strong></td>
</tr>
</tbody>
</table>
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 its 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 atsintraining@cancersa.org.au

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 (HLTPO014)
NBPU initiated and supported initiatives

- HealthInfoNet 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
Leveraging the mainstream
Targeted sports social media campaigns
Figure 7.11

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

Source: AIHW 2013.
Information Booths reach the community especially if associated with activities
“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.

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.
ABORIGINAL HEALTH NEWS ALERT
nacchocommunique.com

Talking About the Smokes project and the Tackling Indigenous Smoking program

Mass-reach anti-smoking campaigns must return

The evidence tells us that we need a mix of approaches

No Smokes

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
… the estimated discarded waste from global cigarette consumption in 2014 could be anywhere between 340–680 million kg. is 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

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Total Required</th>
<th>Total Compliant</th>
<th>Compliance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top End and Tiwi Islands</td>
<td>199</td>
<td>199</td>
<td>100%</td>
</tr>
<tr>
<td>Arnhem Land and Groote Eylandt</td>
<td>66</td>
<td>65</td>
<td>98.48%</td>
</tr>
<tr>
<td>Kimberley</td>
<td>368</td>
<td>345</td>
<td>93.75%</td>
</tr>
<tr>
<td>Central Australia</td>
<td>337</td>
<td>331</td>
<td>98.22%</td>
</tr>
<tr>
<td>Greater Western Australia</td>
<td>342</td>
<td>338</td>
<td>98.83%</td>
</tr>
<tr>
<td>South Australia</td>
<td>111</td>
<td>107</td>
<td>96.41%</td>
</tr>
<tr>
<td>Far North Queensland</td>
<td>271</td>
<td>261</td>
<td>96.31%</td>
</tr>
<tr>
<td>Gulf and North Queensland</td>
<td>108</td>
<td>106</td>
<td>98.15%</td>
</tr>
<tr>
<td>South Queensland</td>
<td>188</td>
<td>183</td>
<td>97.34%</td>
</tr>
<tr>
<td>Eastern New South Wales</td>
<td>327</td>
<td>319</td>
<td>97.55%</td>
</tr>
<tr>
<td>Western New South Wales</td>
<td>97</td>
<td>94</td>
<td>96.91%</td>
</tr>
<tr>
<td>Victoria and Tasmania</td>
<td>95</td>
<td>88</td>
<td>92.63%</td>
</tr>
</tbody>
</table>

- Number of corporations required to report
- Number of corporations compliant
- Percentage of corporations compliant
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

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.

More on this topic...

About TIS Programme
Contact NBPU TIS

About NBPU TIS

NATIONAL BEST PRACTICE UNIT
TACKLING INDIGENOUS SMOKING

Follow NBPU TIS

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

The Tobacco Control Story

- Advertising ban in print media
- Tobacco Advertising Prohibition Act
- National Tobacco Campaign
- Point-of-sale advertising bans
- Tackling Indigenous Smoking Initiative
- Point-of-sale display bans
- Excise rise
- Health warnings on packs
- Smoke-free dining
- Graphic health warnings on packs
- Plain packaging and larger health warnings

Indigenous tobacco control initiative commenced
Aboriginal and Torres Strait Islander Smoking

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

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

Lessons learnt

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

Cancer mortality gap widening

Cancer mortality over time

Indigenous rate

Non-Indigenous rate


Rate per 100,000

150 160 170 180 190 200 210 220 230 240 250

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

NACCHO Members
Deadly Good News Stories
From #WorldNoTobaccoDay events

NACCHO Chair Matthew Cooke
“Smoking is responsible for one in every five deaths among Aboriginal and Torres Strait islander people. 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

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
Professor Tom Calma AO has dedicated his life to improving the lives of Australians, particularly Aboriginal and Torres Strait Islander peoples. He has campaigned for health, social justice, inclusion, and equality issues and served as Race Discrimination Commissioner and Aboriginal and Torres Strait Islander Social Justice Commissioner.

In 2012 he was appointed an Officer in the Order of Australia for his commitment to the Aboriginal and Torres Strait Islander community as an advocate for human rights and social justice. He was named 2013 ACT Australian of the Year and appointed Chancellor of the University of Canberra in 2014.
Morning Tea
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.
Chapter 8
Harmful Substance Use and Mental Health
Edward Wilkes, Dennis Gray, Wendy Casey, Anna Sterne, and Lawrence Dadd

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

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

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

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

## Hospitalisations for Mental and Behavioural Disorders, 2005-06

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

Current Daily Smokers in WA 2014-15

<table>
<thead>
<tr>
<th></th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Cities</td>
<td>38.3%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Inner Regional</td>
<td>37.8%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Outer Regional</td>
<td>58.4%</td>
<td>23.9%</td>
</tr>
<tr>
<td>Remote</td>
<td>52.5%</td>
<td></td>
</tr>
<tr>
<td>Very Remote</td>
<td>42.9%</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>43.1%</td>
<td>14%</td>
</tr>
<tr>
<td>High/Very high Levels of psychological distress</td>
<td>36.3%</td>
<td>9.6%</td>
</tr>
</tbody>
</table>

## Current Levels of Smoking Amongst Disadvantaged Groups

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

Source: Australian National Preventative Health Agency, 2013
Source: Quitline Aboriginal Liaison Team 2018
Impacts of Social Determinants on Aboriginal Health

Source: Quitline Aboriginal Liaison Team 2018
Quitting is better for Mental Health and Social and Emotional wellbeing

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.
Who are our clients?

Source: Quitline Aboriginal Liaison Team 2018
“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 - relaxed, happy, numb.
  - Habits - Routine like having a smoke with your morning coffee.

My main reasons for smoking are:

- Physical:
  - __________________________
- Feelings:
  - __________________________
- Habits:
  - __________________________

My main reasons for wanting to quit are:

- Physical:
  - __________________________
- Feelings:
  - __________________________
- Habits:
  - __________________________

Smoking & Mental Health

Managing cravings

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

The 5 Deadly Dees

- These can be useful when managing cravings:
  - Stay busy
  - Deep breaths
  - Drink water
  - Do something different/distract yourself
  - Call Quitline 13 7848 and talk with a counsellor

Support is available

- If you are thinking about quitting the smoke there are a lot of people who can help you:
  - Doctor or GP
  - Nurses
  - Pharmacists
  - Aboriginal Health Worker
  - Tackling Indigenous Smoking Worker
  - Family and friends
  - Community members who have quit
  - Quitline Counsellor

Quitline 13 7848

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

Monday to Friday 7:30am to 8:30pm
Saturday 13:30 to 9:30pm

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Funded by the Australian Government
Department of 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.
Aboriginal Inner Spirit Model

Aboriginal cultural ways of looking after emotional, social and spiritual wellbeing

Mind

Aboriginal Culture, Beliefs and Traditions

Inner spirit - Centre of our being and emotions

The country and Aboriginal people being with it

Alcohol and other drugs can weaken your spirit and your connections with family, community and country.

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 helps your client monitor their NRT and ensure it is used properly

- Can be around to provide support when your not available
For brochure resources:

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

Jody.hansen@mhc.wa.gov.au

Jennifer.keen@mhc.wa.gov.au
Strong Spirit Strong Mind Aboriginal Programs (SSSSMAP)
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 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
Population Health: Mental Health & Smoking

Steve Fisher
Lunch
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!
Quitskills: Working with youth & pregnancy
Lou Jayleigh & Carolynanha Johnson
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 Carolyanha 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

Adolescent smoking progresses to adult smoking

Aboriginal girls smoke to socialise and be more like their cousins and friends.

Status and gaining acceptance in school creates vulnerability

Daily smoking for years progresses to heavier smoking as adults

Aboriginal identity group belonging, not to rebel.

© C Johnson
Why do people keep smoking?

Disadvantage in Aboriginal & Torres Strait Islander communities

The lack of social support, from partners and everyone smoking around them is a major barrier to quitting.

Being offered a smoke is like being offered a cup of tea when visiting someone's home

© 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
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?

- Physical
- Emotional
- Behavioural
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
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

<table>
<thead>
<tr>
<th>Date</th>
<th>Progress</th>
<th>Baby Product</th>
<th>NRT Product</th>
<th>Signed Client</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• 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</td>
<td>• Choose from the items in baby pack</td>
<td>Gum/Spray/lozenge/inhalator Patch (First visit give NRT in lunch box)</td>
<td></td>
</tr>
</tbody>
</table>

Signed Health Worker .................................................. Date: ..................

Signed Primary Healthcare Manager .................................. Date: ..................
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

<table>
<thead>
<tr>
<th>Date</th>
<th>Progress</th>
<th>Baby Product</th>
<th>NRT product</th>
<th>Signed Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2/17</td>
<td>First visit, going to try the gym</td>
<td>Baby shampoo</td>
<td>Gum</td>
<td></td>
</tr>
<tr>
<td>8/12</td>
<td>Going good, wants to keep using gum</td>
<td>Baby Soap</td>
<td>Gum</td>
<td></td>
</tr>
<tr>
<td>1/12</td>
<td>OK. Some worries, try another NRT</td>
<td>Baby Blanket</td>
<td>Spray mist</td>
<td></td>
</tr>
<tr>
<td>2/1/12</td>
<td>Spray mist is good, baby is well</td>
<td>Baby wipes</td>
<td>Spray mist</td>
<td></td>
</tr>
<tr>
<td>1/3</td>
<td>Spray mist is good, baby bibo</td>
<td></td>
<td>Spray mist</td>
<td></td>
</tr>
<tr>
<td>8/3</td>
<td>DNA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signed Health Worker: Date: August 2017

Signed Primary Healthcare Manager: Date: August 2017

© C Johnson
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
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?
Afternoon Tea
WA’s vision for World No Tobacco Day 2018
Wrap-up & Closing Remarks
TIS NBPU WA Regional Workshop 2018

Round-up

24 May 2018

Prof Tom Calma AO

National Coordinator Tackling Indigenous Smoking
<table>
<thead>
<tr>
<th>National Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Quality and reach of community engagement</td>
</tr>
<tr>
<td>2. Organisations involved in tobacco reduction in the region</td>
</tr>
<tr>
<td>3. Building capacity to support quitting</td>
</tr>
<tr>
<td>4. Referrals to appropriate quitting support</td>
</tr>
<tr>
<td>5. Supporting smoke-free environments</td>
</tr>
</tbody>
</table>
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
Targeted sports social media campaigns

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

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

My Deadly Choice is
“TO GET A HEALTH CHECK & QUIT SMOKING”
Tamanana 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

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

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