

# **Tackling Indigenous Smoking Innovation Grant – formative work and preliminary findings**

**Presentation at the WA Jurisdictional Tackling  
Indigenous Smoking WA Workshop**

**The Esplanade Hotel, 30<sup>th</sup> August 2017**



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# Tackling Indigenous Smoking

Telethon Kids Institute researchers, Associate Professor Roz Walker and Dr Paula Wyndow, are working in partnership with Rural Health West and local health staff (including midwives, tobacco action officers and community care workers) from Wirraka Maya Health Service Aboriginal Corporation (WMHSAC) and Puntukurnu Aboriginal Medical Service (PAMS) to develop a women centred, trauma informed approach to stopping smoking.



# Aims of the research

- 1) Explore the function of smoking in Aboriginal women's lives and to discuss issues that influence their smoking such as trauma, violence, stress, and social functioning;
- 2) Design and deliver a relevant, culturally meaningful program that supports women to slow down or stop smoking;
- 3) Address women's smoking in a holistic way, as part of the other health care they receive before, during and after pregnancy;
- 4) Train and support Aboriginal and other staff working directly with Aboriginal women in harm reduction and trauma informed care.



# Who is involved?

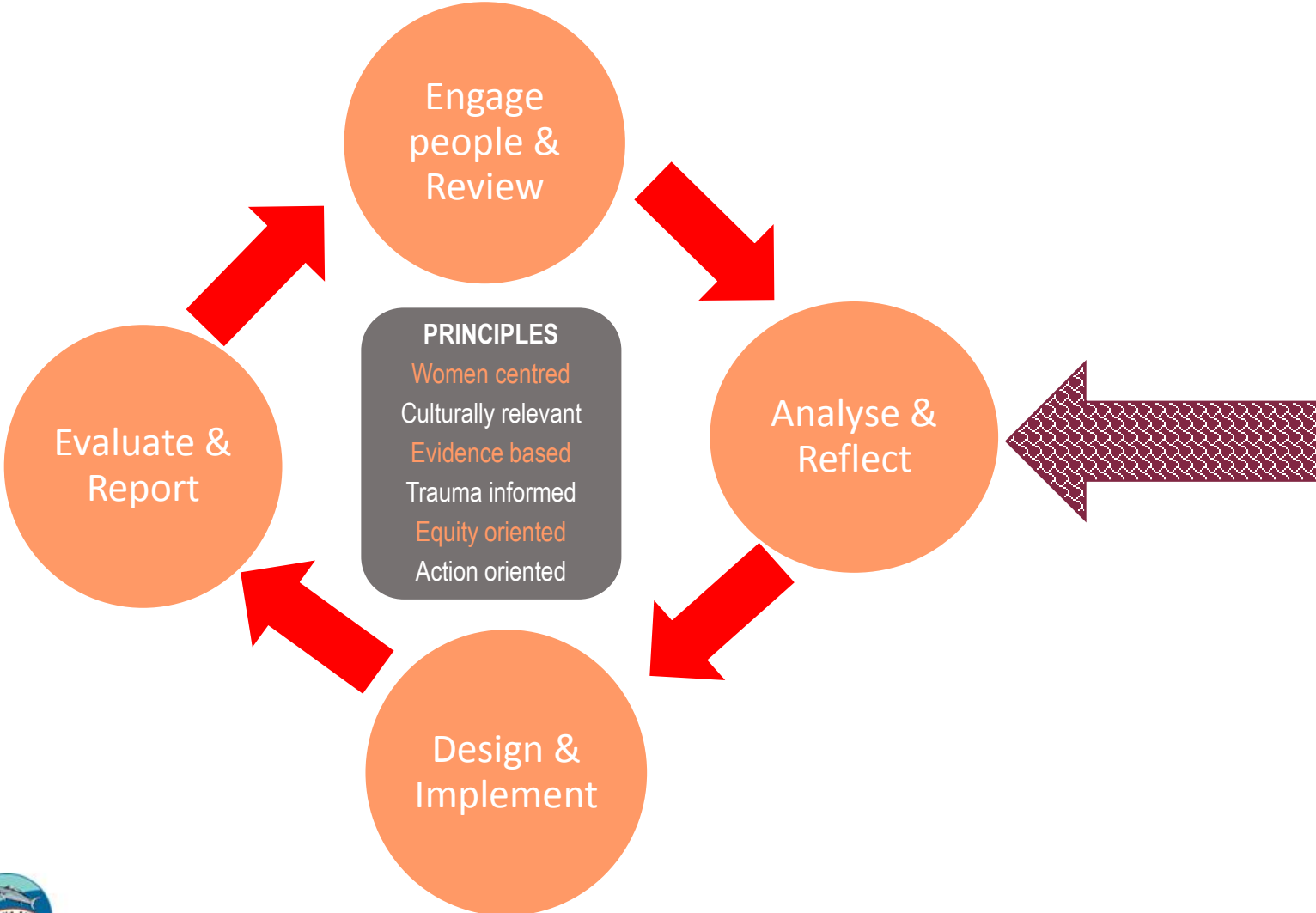
Aboriginal women living in Port Hedland, South Hedland and the communities of Warralong, Jigalong, Parnngurr, Punmu and Kunawarritji



Map adapted from the Department of Aboriginal Affairs 2016  
Aboriginal Communities © DAA September 2016  
[http://www.daa.wa.gov.au/globalassets/pdf-files/maps/state/wacoms\\_daa.pdf](http://www.daa.wa.gov.au/globalassets/pdf-files/maps/state/wacoms_daa.pdf)



# The Process



# Consultations

- A range of focus groups & individual interviews in the designated communities – <50
- Aboriginal women – smokers, ex-smokers, never smoked; pregnant and not pregnant, not mothers, mothers, grandmothers
- Maternal health professionals and allied health
- Other stakeholders outside of health – e.g., education, playgroups, domestic violence support, alcohol and drug counselling

A range of methods used to engage community – BBQ, film, posters of health messaging, community workshop.



# What women have told us about smoking

## What they don't like about smoking

- Wastes money that could be spent on other things
- Hurts their health – get puffed out, hard to breathe
- Worry about catching cancer
- Passive smoking
- The smell
- Getting told off

## What they do like about smoking

Smoking is linked with yarning and telling stories



# Why they smoke

- Young age of starting (12-15 years)
- Normalisation - family smoke
- Nothing to do
- Peer pressure
- Addiction
- Stress – lot of worry things
- Smoke when things get hard – calming
- When drinking
- Teenagers smoke to be silly





# What they told us about stopping

## The hard things for them

- Eat more
- Family and friends smoking around them
- No tips on how to smoke less or quit
- Tried patches – too sweaty, felt different
- Quit spray didn't work
- Haven't seen any nicotine gum – heard of it

## The hard things watching others try to quit

- See them get angry or stressed from stopping, get into arguments
- Worry about Bumpers



# Deadly stuff they have done

- Slowed down their smoking
- Drank tea while yarning, instead of smoking
- Made quit attempts
- Talked to family about quitting
- Talked about withdrawal symptoms & know that some people don't know about them
- Saw that smoking didn't fit with their life goals



# Deadly stuff they have done

- Taught their children about meditation, being healthy & strong
- Not smoked around their children
- Made their homes smoke free
- Stopped on their own when the reason was big enough
  - e.g. pregnancy, illness
- Quit



# What they have told us they need

- Information about smoking and its effects on your body and baby
- The clinics, the schools, the hospitals to link in with women and talk about motherhood and being healthy
- Local videos & resources – E,g, [Puyu Paki](#) (Don't smoke – give it up) – (Feb 2015 - PAMS)
- Safe places to go
- Women's centre
- More fun things to do – cooking, dancing, camps, music, performance
- To see different ways to live – more healthy ways
- People who genuinely care and believe in them



# Using a gender lens

## Women

- Part of cultural expectations to have a baby young
- Girls are always child minding from a young
- They value their relationships
- Women want to have their own spaces at school and in the community to talk about women's business
- If women get too big for their boots they get cut down
- At a young age – girls drinking, smoking, getting pregnant
- Girls smoke more when not at school
- Relocation to give birth
- Partners smoking make it hard to quit

## Boys

After boys have been through Lore many boys (some as young as 14) come back big fellas – stop going to school, get girlfriends - not connected to anything.

# What we have learned

Women like to know the facts about smoking

Many people have tried to slow down or quit smoking

To use open questions – e.g. ask people to tell you what they know about smoking

The importance of preventing young people from starting smoking

The importance of culturally relevant messages and resources

The importance of having a stable and trained workforce

Not to assume that everyone knows or understands the links between smoking and health outcomes

To challenge health professionals beliefs that smoking is the least of people's worries

To assume that with the right support anyone can quit smoking

The importance of building on strengths

Communities need support to create smoke free places and strategies to reduce second hand smoking

The importance of young people being offered alternative ways to live

Mothers are teaching their children about meditation/anger management



# What would a smoking cessation program for women look like?

Culturally secure  
Women centred  
Trauma-informed



# What would a smoking cessation program for women look like? Individual/Family level

- Clear maternity pathway – continuity of care
- Clear referral pathway for pregnant women and new mothers who are smoking
- Clear and consistent messages about smoking and its effect on health for mum **and** bub
- Local resources about smoking
- Meaningful work to do
- More time on country
- Access to NRT
- Prenatal packages/baby baskets
- Incentives
- Something for the men to do – men's groups, men's shed, CDEP, work



# What would a smoking cessation program for women look like? – Community/organisational Level

- Women's centre for women's business
- Healing or safe place to go
- Somewhere safe to stay in Hedland or Newman
- Trained health professionals in trauma, brief intervention, motivational interviewing
- Smoke free places in the community
- Regular smoke free events with information about smoking
- Community Care Workers to link women and their families in with service providers
- Education about smoking in the schools – from young age 6/7 years

# Legislative level/strategic level

- Cost of cigarettes – unintended consequences
- Gross pictures on packets effective
- Smokemart in Hedland
- Smoke free areas – e.g., cars
- Long term investment in communities



# What we heard and saw

- Strength
- Passion for food
- Love for country
- Love for family
- Care
- Dreams
- Opportunities

## Biggest challenges

- Ensuring women have access to culturally secure maternity care - continuity
- Staff turnover in the region

## Next steps

Co-design a smoking cessation program with community & health professionals

# Acknowledgements

The Tackling Indigenous Smoking Innovation Grant is funded by the Australian Government Department of Health and administered by Rural Health West

We would like to acknowledge the Quitline Aboriginal Liaison Team for some of the beautiful images contained in this presentation.

