Welcome to the Victorian & Tasmanian Jurisdictional Workshop 2019
Welcome to Country
Curious Qs – an introductory exercise

Steve Fisher
Vic / Tas Jurisdictional TIS Workshop

Prof Tom Calma AO
National Coordinator Tackling Indigenous Smoking
Evaluation

Recommendations

Community engagement and partnerships

1. **Regional grant recipients**: Continue involving community members in the design, delivery and evaluation of local TIS programs and sustain use of partnerships to broaden reach, strengthen referral pathways, and support other program objectives including preventing uptake, promoting expansion of smoke free spaces, and changing social norms.

Localised health promotion

2. **Regional grant recipients**: Continue delivering targeted, multi-level, tobacco-focused health promotion.

3. **NBPU TIS**: Provide additional training and information on best practice, multi-level, tobacco-focused health promotion for targeted groups including pregnant women.

Overarching TIS program

17. **Department**: Continue the delivery of the TIS program.

18. **Department**: Commit to funding longer term (at least 4 years) and provide immediate advice about future funding to minimise funding uncertainty and associated staff turnover and underspend.
Stability and impactful

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 (quitskills)
• Continue evaluation to monitor the efficiency and effectiveness of individual programs, including increased regional data collection


11 February 2018
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.
All Grant Recipients are reminded that a condition of receiving TIS funding is for staff to attend:

- Their state or territory jurisdictional meetings
- National meetings of TIS workers, and
- CEO workshops

As appropriate, GRs will be asked why their CEO or senior staff did not attend the CEO workshop or the TIS workers, the national workshop.

Funding for participation is built into GR funding.
Tackling Indigenous Smoking Program Evaluation
Evaluating the impacts of TIS regional grants on smoking outcomes

Ray Lovett & Katie Thurber
Aboriginal and Torres Strait Islander Health Program
Research School of Population Health,
Australian National University

Issues raised by TIS Workers to discuss at the CEO Workshop

- **Increased TIS awareness**
  - CEOs and Managers need to be more awareness about the **TIS Teams roles**, requirements
  - CEO understanding of **TIS expectations around branding**/ co-branding/ stand-alone branding and using TIS resources within the AMS

- **Improved communication**
  - Timely communication please – often people on the ground experience **delays in receiving communication**/ updates due to delays through many levels within the organisations. E.g.: reporting templates, approvals etc.
  - **Communicate information from CEO's meeting** to TIS teams re: what was said etc. or NBPU to add in their newsletter
  - Ensuring continuity of staff by **clear roles, funding** requirements / limitations
CEOs / Grant Recipients to consider

**Delivery Limitations**
- Restricted *weekend work* impacts on service provided
- Restrictions on *leaving office* – aren’t allowed to attend events
- Capacity to *hold weekend events*
- Insists the TIS Team to continue *one-on-one delivery sessions* instead of population health

**Scope of delivery**
- Re-classification of *remote* to recognise extremely remote locations
- Define *region* of delivery
- Title *TIS Educators* or *Officers*
- Attend other *outlying communities* within shire regardless of ACCHO borders
Issues for CEOs

• Funding/Budgets
  • More access/knowledge of TIS Budget
  • TIS Team more ownership and control over budget not the AMS Business Manager
  • Funding being used for other programs ie people be paid salary from TIS $$s when they aren’t in the TIS Team
  • Advise budget to TIS workers on the ground. This will help TIS Workers to plan events

• Resources
  • Better phone – software
  • Humbugging for TIS Resources
  • Internal / Social media access / access to social marketing tools. E.g.: Facebook
  • Re-classification of remote to recognise extremely remote locations
**Issues for CEOs / NBPU / DoH**

- **Partnerships/collaboration**
  - State/ Territory-based:
    - collaboration
    - partnerships
  - **TIS Collaboration** - resources/ working together (like WA)
  - Integration of **TIS throughout all services** – ie sexual health, Mums and Bubs etc
  - **Co-ordinated approach** – State level  i.e.  state carnival, share finance
  - Can we have **more partnerships with other TIS teams** in our State?
  - Work across regions with similar challenges
Issues for CEO, DoH and NCTIS

- Other
  - More support for TIS Teams and **modelling the message** – walk the talk, **enforce policies** ie how can we **stop smoking in our own organisation** – in uniform, clock off for breaks etc.
  - Increase Aboriginal and Torres Strait Islander **employment**
  - **Population Health** approaches
  - **More opportunity to attend conferences** for broader learning and widening perspectives and networking
  - Drive **strategic strategy planning** - so momentum is developed and maintained
  - **Evaluation framework** asap in consultation with grant recipients
  - Lobbying CIRCA/ NBPU/ DoH for **feedback on TIS Programme performance/ reporting/ national directives**
  - Lack of report **feedback**
  - **Clarity** on / position of scope of delivery
Policy Advice – TIS Workers in **prisons** and **detention centres**

**Formal Advice**

• “...it is Constitutionally permissible for TIS to be delivered in prisons – but IAHP* guidelines states that only to Indigenous prisoners”.

• “TIS policy is currently that it is permissible if we know that the states/territories aren’t doing anything in this space, and the TIS team can demonstrate that this is a priority population group for them ...”

• **DSS Hub Managers have been advised** of this policy advice re Commonwealth funded workers being able to deliver TIS in prisons

* Indigenous Australians' Health Programme
Policy Advice – TIS Workers in *prisons* and *detention centres*

**Response for TIS activities**

- Activity in prisons must still be **POPULATION HEALTH** focussed with *referral* to Quitline etc
- All current rules for TIS funding still apply
- Encourage **other agencies to join the prison visits** ie state and territory govts, ACCHOs, Cancer Councils and Quitline etc
- Establish **clear referral procedures** with the prison health staff
- Utilise NBPU videos where permitted
- Ensure that prison visits **do not distract from other TIS outreach community activities**
Collecting data and monitoring and evaluating activity

Present

• If not already in Activity Plans **ensure prison activity is in the next plan**
• **Report on activity** ie numbers, referrals etc
• Endeavour to identify **smoking behaviour post release**
• Department will advise state and territory government stakeholders through National Expert Reference Group on Tobacco (NERGOT) and Tobacco Policy Officers Group (TPOG)

Future

• The Department will work with CIRCA to:
  • Identify how TIS prison activity is evaluated, and
  • Identifying the outcomes of referrals
About the Tackling Indigenous Smoking Resource and Information Centre

The Tackling Indigenous Smoking Resource and Information Centre (TISRIC) has been developed by the National Best Practice Unit for Tackling Indigenous Smoking (TIS) program. From 2015 the emphasis for organisations delivering TIS activities (regional grant holders) is to:

- make sure their activities are based on evidence of effectiveness (there is information that the activity has worked well to reduce smoking in their region (monitoring and evaluation).
- measure the impact which they are having on smoking in their region.

The TISRIC supports TIS-funded organisations by bringing together information and evidence on what works for tackling smoking in Aboriginal and Torres Strait Islander communities. Providing a space where funded organisations can share their knowledge of what is working in their local community.

Information on the TISRIC is provided to help TIS-funded organisations choose:

- evidence based activities
- resources to support those activities
- information/tools for evaluating and monitoring TIS activities.

The TISRIC is managed and run by NBPU TIS, who will keep it updated with information and tools to help TIS-funded organisations to plan, monitor and evaluate their activities. TIS-funded organisations are encouraged to share information about what is working to reduce tobacco use in their local area. If you have information on making a difference to reduce smoking, please contact NBPU TIS.

Monthly TIS Communique

- targeting major partners in govt and NGO sector working on tobacco control
- won’t duplicate the NBPU newsletter or the National Coordinators Monthly Message but will draw from both
- the targeted partners are also invited to contribute
- Develop better coordinated and targeted activity and allow for collaborative strategies and initiatives
- Enable team leaders and grant recipients to speak with authority and conviction at state and territory coordination meetings
Innovation and Impact

Smoke free workplaces

Smoke free homes & community areas

Apunapima TIS Team at Napranum FNQ

ORIC Yearbook 2015/16
Pg 17

FIGURE 3: Reporting compliance by region as at 30 June 2016
Aboriginal and Torres Strait Islander Smoking

Source: ABS Aboriginal and Torres Strait Islander Health Survey 2012-13
Severe Pulmonary Disease Associated with Using E-Cigarette Products
Centres for Disease Control Health Alert Network
August 30, 2019, 0935 AM ET (9:35 AM ET)

Youtube ‘The Art of Vape’ 40,269,919 views
FLAVOR MENU

SWEET TOOTH - VANILLA GRAHAM CRACKER
JADE - CUCUMBER MINT + MELON
SCARLETT - LYCHEE
FLATLINE - PINEAPPLE + MANGO + CREAM
RINGER - BLUE COTTON CANDY
CHILLAXIN - REFRESHING MINT
CURIOUS JONGE - BANANAS
HARD CANDY - SWEET TART FLAVOR
CHERRY BOMB - DELICIOUS CHERRY
XXX - KIWI, MANGO, PINEAPPLE
ANDROMEDA - BLUEBERRY + POMEGRANATE
STARSHIP 1 - VANILLA CUSTARD + KIWI
OMEGA - PEACHES AND CREAM
MB0 - WATERMELON + DRAGONFRUIT
SNAKE OIL - MINT + WATERMELON
PLUTO - MELON, BUBBLE GUM + MINT
KEY LIME PIE - KEY LIME + GRAHAM CRACKER CRUST

GORILLA GUTS - BANANA + BUTTERSCOTCH
APPLE DELIGHT - CARAMEL APPLE
APPLE JACKS - LIKE THE CEREAL
T.K.O - RASPBERRY LEMONADE
TATER - NEopolitan ICE CREAM
FRENCH VANILLA
PARADISE - PINEAPPLE, GUAVA, ORANGE
F.U.E.S. - VANILLA CUSTARD
BULLSEYE - N.Y. CHEESECAKE
A-TRAIN - MANGO + PINEAPPLE
SWEET MELON - HONEYDEN + MELON
DOUBLE TAP - STRAWBERRY + DRAGONFRUIT
C4 - BLUEBERRY SHOTCAKE
CREAMY STRAWBERRY - CREAM + STRAWBERRY
ASTRO - APPLE, PEACH, BERRY
LAVA FLOW - PINA COLADA, COCONUT, PINEAPPLE
TIGERS BLOOD - WATERMELON, STRAWBERRY, COCONUT

Source: Boston University https://www.bu.edu/articles/2014/behind-the-vapor/
The Barker Hypothesis

A hypothesis proposed in 1990 by the British epidemiologist David Barker (b. 1939) that intrauterine growth retardation, low birth weight, and premature birth have a causal relationship to the origins of hypertension, coronary heart disease, and non-insulin-dependent diabetes, in middle age.

Epigenetic Inheritance Theory

In a pregnant mother, three generations are directly exposed to the same environmental conditions at the same time.

An epigenetic effect that continues into the 4th generation could be inherited and not due to direct exposure.

Three generations at once are exposed to the same environmental conditions.
Morning Tea
Relaxation DVD
LEAHA
Makin population health promotion happen for TIS
Penney Upton
Keeping Population Health Promotion Happening for TIS
Yesterday we defined Population Health Promotion as........
......a model of working, which identifies how a population health approach can be implemented through action on the full range of health determinants by means of health promotion strategies.
A population health approach aims to.....

• Improve the health outcomes and wellbeing of an entire population*
• Reduce health inequalities

*Population = people within and across a defined locality, region, or nation
Health promotion strategies........

- Enable people to **take control** over their health/wellbeing;
- Health is a **positive concept** and includes social and personal **resources**;
- Require community participation, **partnership working** and attention to the **determinants of health**;
Community based action to improve and maintain population health and reduce inequalities in health
Why does the TIS Program have a Population Health Promotion focus?
1. It takes a broad view of health…….
2. It is an evidence based approach.....
2. It is an evidence based approach.....

- Change social Norms
- Develop supportive environments
- Build capacity for smoking cessation and treatment of tobacco dependence
3. We can reach the population effectively and efficiently........

3 Minutes of Influence

Clinical setting:
1 Brief Intervention

Population Health Promotion:
1 You Tube Video
How do you keep on track with a Population Health Promotion focus?
Through your Activity Work Plans you ......

1. Make sensible, evidence based choices about what population health promotion activities you are going to do with your resources

2. Choose relevant targets you can measure

3. Show clear positive impacts through the work you are doing.
How do you show the impact of your Population Health Promotion activities?
Through your Performance Reports….

TACKLING INDIGENOUS SMOKING PROGRAM
6-MONTH PERFORMANCE REPORT

General Information:
- Please refer to the guidelines provided for help in completing this template.
- National Performance Indicators, outcomes related to each indicator and data measures are outlined at the end of this document.
- Task References:
- Supply numbers where you know them available and provide further explanation if required.
- Additional space is provided for case studies and challenges/obligations.
- When your report is finalised, please also ensure that the Certification by Organisation form is completed.

<table>
<thead>
<tr>
<th>Name of your organisation</th>
<th></th>
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<tbody>
<tr>
<td>Period the report applies to</td>
<td></td>
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<tr>
<td>Date the report was completed</td>
<td>Date</td>
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</tbody>
</table>

INDICATOR 1 – Implementation of evidence-based population health promotion activities aimed at preventing uptake of smoking and supporting the promotion of cessation

Please include details of each of the population health promotion activities you have delivered in the past 6 months.

Note: Projects that target priority groups and have increased reach into communities should be reported on under Indicator 5 (priority groups) and Indicator 8 (reach).

<table>
<thead>
<tr>
<th>Type of activity?</th>
<th>Name of population health promotion activity</th>
<th>How often was the activity delivered in the last 6 months?</th>
<th>Location</th>
<th>Estimated no. of community members reached by activity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Please choose from the drop-down list below]</td>
<td>[Please choose from the drop-down list below]</td>
<td>[Please choose from the drop-down list below]</td>
<td>Include name of neighbourhood, town or region.</td>
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</tbody>
</table>

OMEGA – Final 6-Month Performance Report, June 2021
Through your Performance Reports....

**TACKLING INDIGENOUS SMOKING PROGRAM**

6-MONTH PERFORMANCE REPORT

General Information
- Please refer to the guidelines provided for help in completing this template.
- National Performance Indicators, outcomes related to each indicator and data sources are outlined at the end of this document.
- Text boxes are available.
- Additional space is provided for comments and challenges/insights.
- When your report is finalised, please also ensure that the Certification by Organisation form is completed.

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Please include details of each of the population health promotion activities you have delivered in the past 6 months.

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<table>
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<th>Location include name of neighbourhood, town or region</th>
<th>Estimated no. of community members reached by activity</th>
</tr>
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<tbody>
<tr>
<td>Choose an Item. Click or tap here to enter text.</td>
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</table>
Through your Performance Reports….

**INDICATOR 3 – Increased access to Quit support through capacity building**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quitline Referrals</td>
<td>Number of written referrals made to Quitline in the past 6 months.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of referrals to other services for Quit support in the past 6 months, e.g. medical services, Quit support group.</td>
<td></td>
</tr>
</tbody>
</table>

**Capacity building**

<table>
<thead>
<tr>
<th>Question</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many FTE TIS funded positions does your organisation have?</td>
<td></td>
</tr>
<tr>
<td>How many FTE TIS funded positions does your organisation have that are currently filled?</td>
<td></td>
</tr>
<tr>
<td>How many of the TIS funded staff positions are filled by Aboriginal or Torres Strait Islander people?</td>
<td></td>
</tr>
<tr>
<td>How many non-TIS funded positions with a major focus on tobacco control does your organisation have?</td>
<td></td>
</tr>
<tr>
<td>In the past 6 months, how many TIS funded staff within your organisation have undertaken QuitSkills training?</td>
<td></td>
</tr>
<tr>
<td>In the past 6 months, how many non-TIS funded staff in your organisation (e.g. clinicians) have undertaken QuitSkills training?</td>
<td></td>
</tr>
<tr>
<td>Total number of current staff in your organisation?</td>
<td></td>
</tr>
<tr>
<td>In the past 5 years, how many other organisations have you assisted to establish, maintain or improve the provision of support for smoking cessation, including through providing or organising training?</td>
<td></td>
</tr>
</tbody>
</table>

**Case Study or Success Story (if available)**

Please provide an example of a successful activity related to Indicator 3. Please include how you have monitored the activity and provide any data or information that demonstrates the success of this activity against Indicator 3. 

**Description of challenges and mitigation**

Please provide key challenges/risks in delivering results against Indicator 3 and any strategies or approaches that you are using to address these.
What is a case study/success story?

A story that shows the impact your activities have against one of the program indicators. The focus could be:
It should include evidence of impact:

‘The event was really well organised and it was great to see everyone respect the no smoking signs’
Exercise: Writing a success story

• Each table has been allocated one of the program indicators;
• We invite you to write a success story related to this indicator;
• Please use the template provided to help you put your success story together.
Thank you for participating

You can find more information and resources for writing case studies/success stories on TISRIC:

Lunch
Boorais & smoke
don’t mix
VAHS
Effective communication for building partnerships

Steve Fisher
Two important questions for TIS workers in talking about their work to other people:

Why should you be interested in what I am telling you?

How do I get you interested?
We need to be **engaging**.

Interesting
Confident
Inspiring

**But most of all, engaging**

What does that look like?
The classic ‘Elevator Pitch’

Pitch your elevator speech...

...but don’t pitch it TOO much.

HELP!

HELP!
Mary G and ‘the little room that goes ping’
How it works

The idea is to be disciplined enough to get your message across to someone in a lift before it reaches the 7th floor.

Who you are
Name and organisation

What you do
What TIS does in your area

Why audience should engage with you
Why is this important to the other person
Ways of practising the pitch for TIS

- **Vision Pitch**: describes a desired future
- **Question Pitch**: begins with a question to engage audience
- **Twitter Pitch**: description using 140 characters or less
- **Pixar Pitch**: 6-sentence formula used to describe every Pixar film story
- **Client-led Pitch**: starts with a description of what clients ask for and need
Tips for writing an ‘Elevator Pitch’

• Get attention: think relevant, not recent
• Learn about your audience
• Be specific
• Focus on skills-base
• ‘Connect the dots’
Partnerships for Tackling Indigenous Smoking

What we can offer

- Connection to community
- Expertise on tobacco related topics
- Resources for quit support and prevention

What we can gain

- Amplify our messages
- Expertise on other topics
- Greater ability to deliver resources

and more…
The value of partnerships

Partnerships enable us to:

- Incorporate diverse thinking and values
- Share workloads and resources
- Develop new service models
- Access new people to work with

[QLD government & CheckUp Australia]
Types of partnership

Continuum based on:

- Commitment
- Change required
- Risk involved
- Levels of interdependence
- Power
- Trust
- Willingness to share turf

Networking

Coordinating

Cooperating

Collaborating
Ingredients for success

- Open, quick communication
- Clear purpose
- Mutual commitment
- Enthusiasm from both sides
- Add value for both partners
- Respect
- Patience
- Careful planning

[QLD government & CheckUp Australia; VicHealth 2011]
Thanks for participating.
Afternoon Tea
Quitline Enhancement Project
Quit Tasmania

Sam Kluk - Aboriginal Quitline Counsellor
Tess Strong - QEP Aboriginal Liaison Officer
Acknowledgment of Country

On behalf of Cancer Council Tasmania, I would like to acknowledge the Aboriginal people of the country we’re standing on, the Traditional Custodians of the land on which we meet, and pay my respects to their Elders past, present and emerging. We also extend that respect to other First Australians who are present today.
Focus of QEP: 2018 - 2022

- Building, maintaining and strengthening relationships with Aboriginal Health Services, organisations and communities

- Identifying and responding to local communities’ needs

- To strengthen the relationship between GP/Health professionals and Aboriginal Quitline Service

- To retain and strengthen the position of Aboriginal Quitline Counsellor

- Benefits of QEP for CCT
Relationships

- Regular visits to Aboriginal organisations statewide

- Attendance at community events e.g. Men’s Sheds, Community lunches, wellbeing events

- Supporting staff at Aboriginal Health Services and other organisations

- Identifying and responding to local communities’ needs

- Resources
Relationships with GP and Health Professionals

- To strengthen the relationship between general practitioners and the Aboriginal Quitline Service. Focus on improving response to pregnant women who smoke, including referral to the Quitline.

- To strengthen the relationship between health professionals (General Practice, Aboriginal Health Workers, allied health) and the Aboriginal Quitline Service.
Aboriginal Quitline Counsellor

- Quitline counselling – mainstream and Aboriginal
- Community capacity building
- Monthly visits to organisations
- Attendance at events with FIAAI TIS team
- Attendance at Quit Cafes and Men’s Groups
Benefits of QEP for CCT

- Reconciliation Action Plan completed
- Cultural awareness training
- Openness to diversity in the workforce
Aboriginal Liaison Officer

- Strong community connections and involvement
- Passionate about improving health for Aboriginal peoples
- Focusing on smoking cessation
Quit Victoria
Glen Benton
Tackling Indigenous Smoking
Vic/Tas Jurisdictional Workshop 2019

Glen Benton
Partnerships Officer – Aboriginal Quitline
Acknowledgement of Country
About Me…

Glen is a Wiradjuri man from regional NSW. Glen has been a counsellor, support worker and professional mentor for 15 years in both Aboriginal and non-Aboriginal organisations.

Glen is the Partnerships Officer for Aboriginal Quitline and an Aboriginal Quit Specialist as well.
What is a smoking addiction?
And how to understand it...To be able to quit...

Knowledge is power!
Aboriginal Quitline

What’s the difference?
• Same Aboriginal counsellor the whole way through the quitting journey.
• Yarning and narrative – Storytelling focus.
• Client autonomy to set the pace and focus of sessions.
• AQL clients can bring non-smoking issues into the session to assist them in progress to quit.
• Cultural Safety is our main service focus.
• The right to self-identify and self-determine is given to everyone who we work with.
• Needs respected around ‘men's and women's business.’
• Normal confidentiality and privacy agreements/boundaries apply.
Who are our Aboriginal Quit Specialists?

Hello, I’m Jamara. I’m a proud Butchulla and Meriam Mir woman. I’m passionate about helping our community quit, my job is rewarding and I get to speak to a variety of community members.

Hi there, I’m Tokerau. I’m a proud Indigenous Pacific woman. I’ve been with the Aboriginal Quitline since it began in 2011, supporting many people to quit smoking. Smoking isn’t part of our cultures, so let’s chat about giving it up.

Hi, I’m Glen. I’m a proud Wiradjuri man. I’ve come back to Aboriginal Quitline after a few years away because I am really passionate about seeing our communities healthy and thriving. I believe that smoking is something that we can all leave in the past as we continue to embrace and reconnect with our true history.

quit.org.au
facebook.com/AboriginalQuitline
READY TO STOP SMOKING? NOT READY? NOT SURE? LET’S HAVE A YARN.

The Aboriginal Quitline is a culturally safe space to have a yarn about smoking and quitting.

It is a confidential service with friendly Quit Specialists available to talk to you about your smoking history and how we can help you quit!

Did you know that the best chance to quit the smokes is by using nicotine replacement therapy products plus talking to Aboriginal Quitline?

We offer a free call-back service and we’re here for you 8am to 8pm Monday to Friday.
Triggers for prompting quit attempts

- Health professionals advice
- Something said by family/friends
- Someone else stopping
- Smoking restrictions
- Nicotine Replacement Therapy ad
- Government ad
- Health warning
- Just decided
- New treatment

Percent
0 5 10 15 20 25

www.rjwest.co.uk – Smoking Toolkit Study. Available at: http://www.smokinginengland.info/sts-documents/
TIS Workers…

One of the toughest jobs in our Support Community.
Ways to start a yarn about quitting…

Open Questions vs Closed Questions.

• Open questions:
  “What do you think about about quitting smoking?”

• Closed Questions:
  “Do you want to quit smoking?”
Ways to start a yarn about quitting...

• Empathy statements:
  “I get the sense that smoking, and trying to quit has got you feeling stressed out? What’s it been like to deal with that lately?”
Join Our Podcast

Quit Stories - Podcast
A Collaboration Of
Aboriginal Quitline Victoria
Winda-Mara Aboriginal Corporation
Goolum Goolum Aboriginal Co-Operative
Ask a question on AQL facebook
For Quit-Tips.

Quit-Tip Of The Week
Let us know the questions you have about ways to cut down and quit smoking...And we'll answer them for you.
An example of Quit-Tips

Quit-Tip of The Week

#4
How To Deal With Side-Effects From NRT Patches
Let us know your ideas…

Glen’s email:

glen.benton@cancervic.org.au

Aboriginal Quitline on Facebook:

facebook.com/Aboriginalquitline

13 78 48

Quit.org.au
Thank You!
Workshop reflections
Haydyn Bromley
Wrap-up & closing remarks
Tom & Desley