

## Tackling Indigenous Smoking program impact and outcome evaluation

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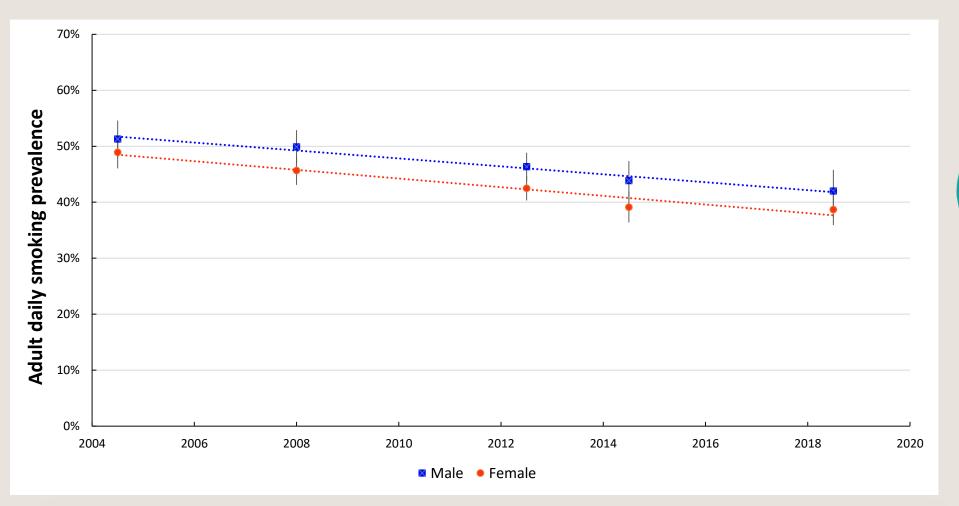
# Milne Bay, PNG



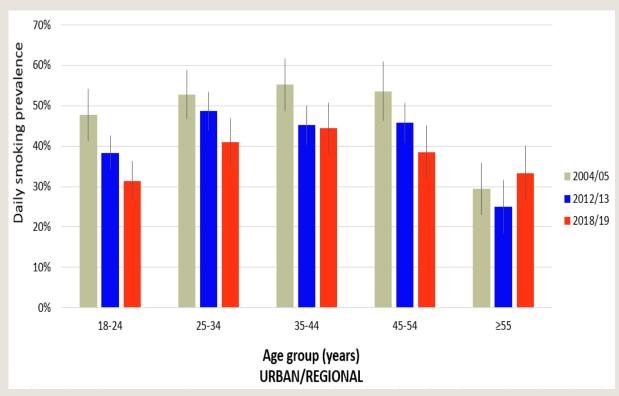


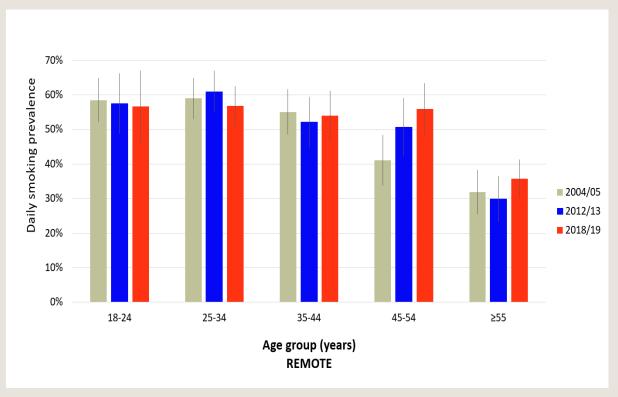


# Smoking rates are declining for Aboriginal and Torres Strait Islander people



Maddox, R., Thurber, K.A., Calma, T., Banks, E. and Lovett, R. (2020), Deadly news: the downward trend continues in Aboriginal and Torres Strait Islander smoking 2004–2019. Australian and New Zealand Journal of Public Health, 44: 449-450. https://doi.org/10.1111/1753-6405.13049





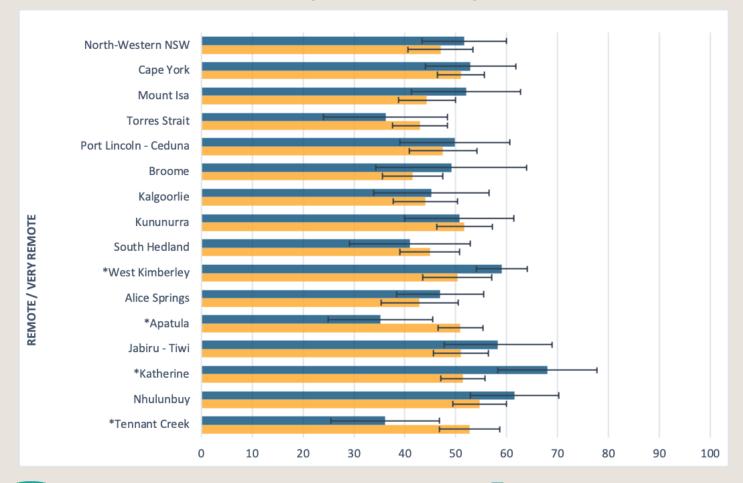
\*146,300 daily smokers living in urban/regional settings

\*49,000 daily smokers live in remote areas

Maddox, R., Thurber, K.A., Calma, T., Banks, E. and Lovett, R. (2020), Deadly news: the downward trend continues in Aboriginal and Torres Strait Islander smoking 2004–2019. Australian and New Zealand Journal of Public Health, 44: 449-450. https://doi.org/10.1111/1753-6405.13049

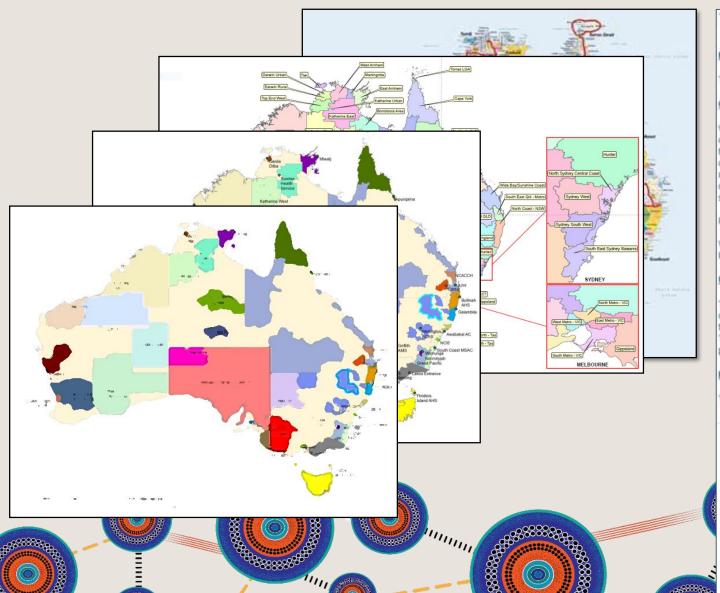


# Daily Smokers by Indigenous Region 2012/13-2018/19





### 1. Defining boundaries and intensity



#### Tackling Indigenous Smoking Program Activity Intensity Tool

#### Project Title

Tackling Indigenous Smoking: Regional Grants Impact and Outcome Assessment General

#### Outline of the Project

We want to look at the changes in smoking for Aboriginal and Torres Strait Islander peoples living in areas with a TIS team, compared to those without one. To do this, we need to map out who is being reached by TIS services. We will begin by using the boundaries provided by the Department of Health from the TIS funding agreements. We would like to work with you to develop a more detailed understanding of service reach. We would like to know where your service has high levels of activity, moderate levels of activity, and lower levels of activity. We would also like to find out from you how these activity levels changed over time, and whether there were any times during the funding period that your team was unable to provide TIS services.

It is important to note that the information from this interview will not be published or shared with the Department of Health.

We are inviting all TIS Coordinators (or a representative from the TIS team) to participate in an interview. We would like at least one person from each of the 37-41 current TIS teams to be involved.

#### Use of Data and Feedback

The information you share with us will help us see if higher levels of TIS activity are linked to improvements in smoking outcomes. We will not share this information with other TIS services, or with other parties. We will provide the information from your service back to you, so that it can be used for future planning. We will provide updates on our research through the TIS Communique and may present at a TIS workshop. A summary of the evaluation findings will be made available to all participants.

#### Project Funding

This project is funded by the Australian Government Department of Health.



## Together, we came up with these categories

### **Smokefree policies**

- 1. Smokefree workplaces
- 2. Smokefree cars
- 3. Smokefree homes
- 4. Smokefree sport and community events

### Mass media/social media campaigns

- 5. TV media campaigns
- 6. Radio media campaigns
- 7. Print media campaigns
- 8. Facebook social media campaigns
- 9. Instagram social media campaigns
- 10. Twitter social media campaigns

### <u>Promotional resources</u>

- 11. Promotional posters
- 12. Promotional pamphlets
- 13. Promotional smokefree signs and branded vehicles

### Community education & engagement

- 14. Community education and training
- 15. Community engagement, social activities and events

#### **Events**

- 16. World No Tobacco Day
- 17. NAIDOC
- 18. Fun runs

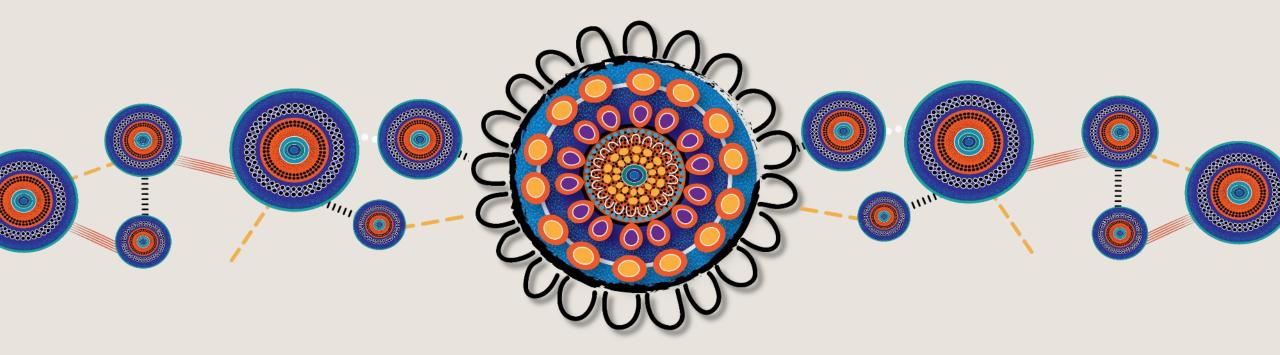
#### **Cessation supports**

- 19. One-to-one or group smoking cessation support
- 20. Provision of stop smoking medications
- 21. Brief interventions

#### Other

- 22. Anti e-cigarette/anti-vaping activities
- 23. Other





## **ABS TIS Coverage**

- TIS Coverage: approx. 75% of the Aboriginal and Torres Strait Islander adult population
- Non-TIS Coverage: approx. 130,000 (119,000-145,000) adults, including:
  - 56,000 (46,000, 66,000) current smokers may not have access to TIS.
- TIS exposure is lowest in remote areas

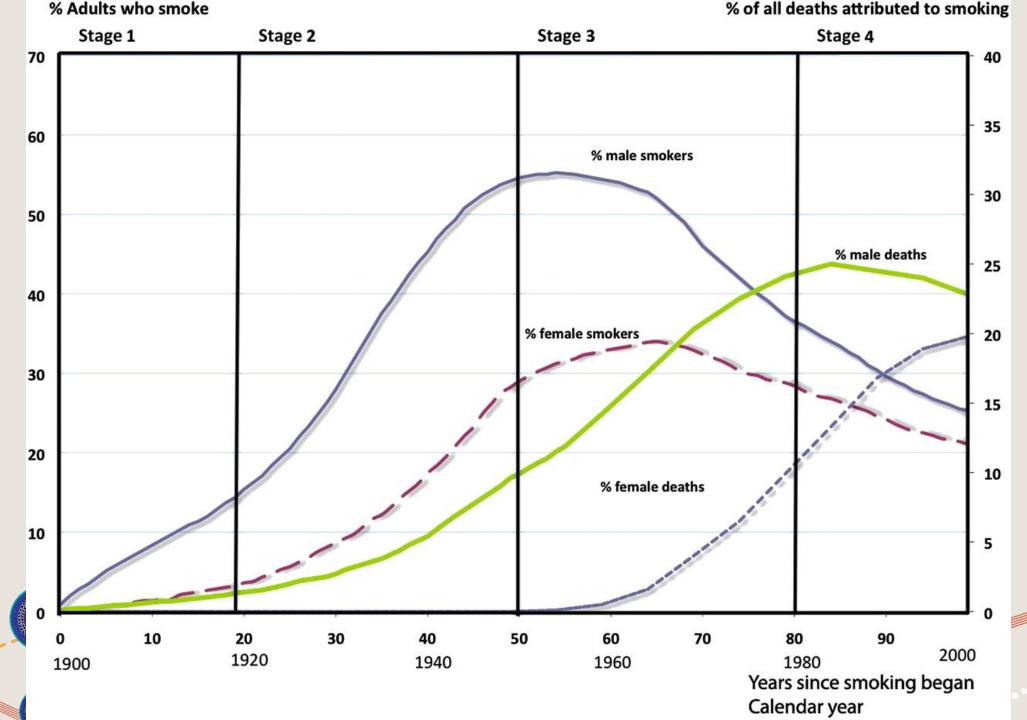
	TIS-exposed					Non-TIS-exposed			
	Overall	By geographical context				Overall	By geographical context		
		Urban	Regional	Remote			Urban	Regional	Remote
Total population									
n	358,000 (374,000, 341,000)	133,000	169,000	56,000 (72,000, 39,400)		128,000 (113,000, 145,000)	52,000	38,000	38,000 (22,000, 55,000)
%	73.6 (76.8, 70.2)	71.7	81.6	59.7 (76.2, 41.9)		26.4 (23.2, 29.9)	28.3	18.4	40.3 (23.8, 58.1)
Current smokers									
n	155,000 (165,000, 144,000)	41,000	81,000	33,000 (44,000, 23,000)		56,000 (46,000, 66,000)	18,000	16,000	22,000 (12,000, 33,000)
%	73.5 (78.4, 68.5)	69.4	83.9	60.0 (78.5, 41.1)		26.5 (21.6, 31.5)	30.6	16.2	40.0 (21.5, 58.9)
Female current smokers of reproductive age <sup>a</sup>									
n	57,000 (60,000, 52,000)	14,000	28,000	14,000 (17,000, 9,000)		21,000 (17,000, 25,000)	7,000	6,000	7,000 (4000, 12,000)
%	73.2 (77.5, 67.5)	66.6	82.1	65.6 (81.2, 44.4)		26.8 (22.5, 32.5)	33.4	17.9	34.4 (18.8, 55.6)
Young current smokers <sup>b</sup>									
n	31,000 (34,000, 29,000)	9000	16,000	7000 (10,000, 5000)		11,000 (8000, 13,000)	2,000	4,000	5,000 (2000, 7000)
%	74.5 (81.1, 69.4)	80.7	80.6	58.4 (82.4, 40.0)		25.5 (18.9, 30.6)	19.3	19.4	41.6 (17.6, 60.0)

# The Tackling Indigenous Smoking program: Mayi Kuwayu Study findings

TIS areas compared to non-TIS areas were associated with significantly higher prevalence of:

- of smoke free homes
  - 15% (PR 0.85;95%CI:0.74,0.97) among all participants, and
  - 18% (PR0.82, 95% CI: 0.70, 0.95) among people who smoke
- indicators of lower nicotine dependence
  - smoking ≥21 cigarettes per day by **21%** (PR 0.79;95%CI:0.62,<1.00),
  - smoking a first cigarette within 5 minutes of waking by **13%** (PR 0.87;95%CI:0.76,<1.00).







### WHAT DID WE FIND?

- We found health risks linked to current and past smoking.
- People who *never smoke* live an **extra 10 years**, compared to those who smoke.
- People who smoke have **4 times** the risk of early death.
- More cigarettes = increased risk of early death.

  No amount of smoking is safe.
- Quitting smoking at any age = lower risk of early death.
- Smoking causes half of all deaths of people aged 45 years and older.



Smoking causes **one third of all deaths** at any age.



Smoking has taken away over **10,000** Aboriginal and Torres Strait Islander peoples lives in the last 10 years.

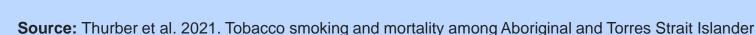


The negative impact of smoking on families and communities has always been underestimated.

We have Aboriginal and
 Torres Strait Islander specific evidence about smoking and death for the first time.

We need to expand tobacco control efforts because they are saving lives.





### Effective program characteristics

- Multi-faceted, incorporating multiple aspects, involving collaboration with different sectors
- ©Culturally safe
- Use holistic approaches to address the social determinants of health

#### **SMOKING RATES**

- % of people who quit and stay quit
- % of women who smoke during pregnancy
- Smoking initiation

#### **ATTITUDES TO SMOKING**

- Behaviours related to quitting (e.g. calls to Quitline; stop smoking medications)
- Attitudes about smoking and quitting

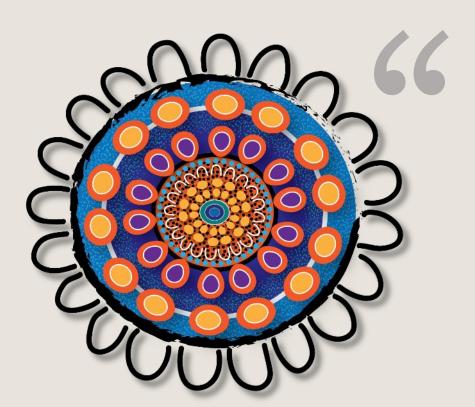
#### **EXPOSURE TO SMOKING**

Second-hand smoke exposure, including such as smoke-free homes

**Source:** Colonna et al. (2020). *Review of tobacco use among Aboriginal and Torres Strait Islander peoples*. Perth: Australian Indigenous HealthInfoNet. https://healthinfonet.ecu.edu.au/key-resources/publications/40328/



# The WHO Framework Convention on Tobacco Control



...the need to take measures to promote the participation of [I]ndigenous individuals and communities in the development, implementation and evaluation of tobacco control programmes that are socially and culturally appropriate to their needs and perspectives...

## Next steps and questions

Data	Status			
ABS nationally representative surveys (2002-2018/19)	Crude analysis underway			
National Perinatal Data Collection (NPDC)	Pending jurisdictional release			
Health services data (nKPI)	Pending release: Department of Health			
Pharmaceutical Benefits Scheme (PBS)	Pending release: Department of Health			
Quitline	Analysis underway			
Mayi Kuwayu Study	Wave 1 complete			

- TIS Teams
- Department of Health
- ANU TIS Evaluation Team:
  - Shavaun Wells
  - Rubijayne Cohen
  - Eden Barrett
  - Emily Colonna
  - Christina Heris
  - Katie Thurber



