

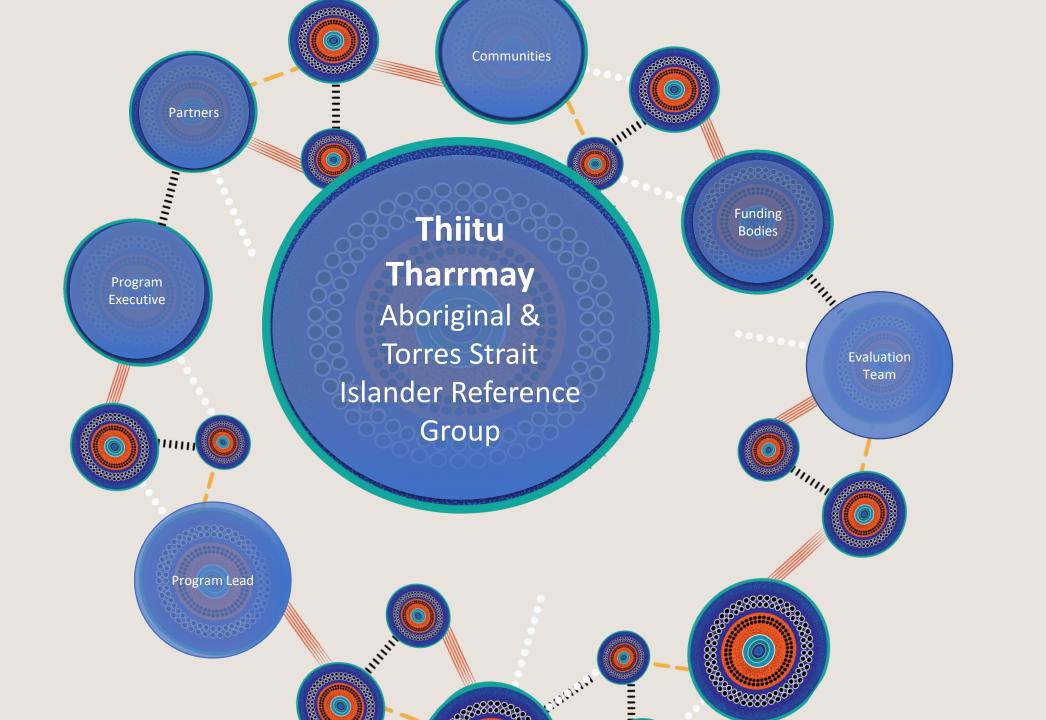
# Tackling Indigenous Smoking program impact and outcome evaluation

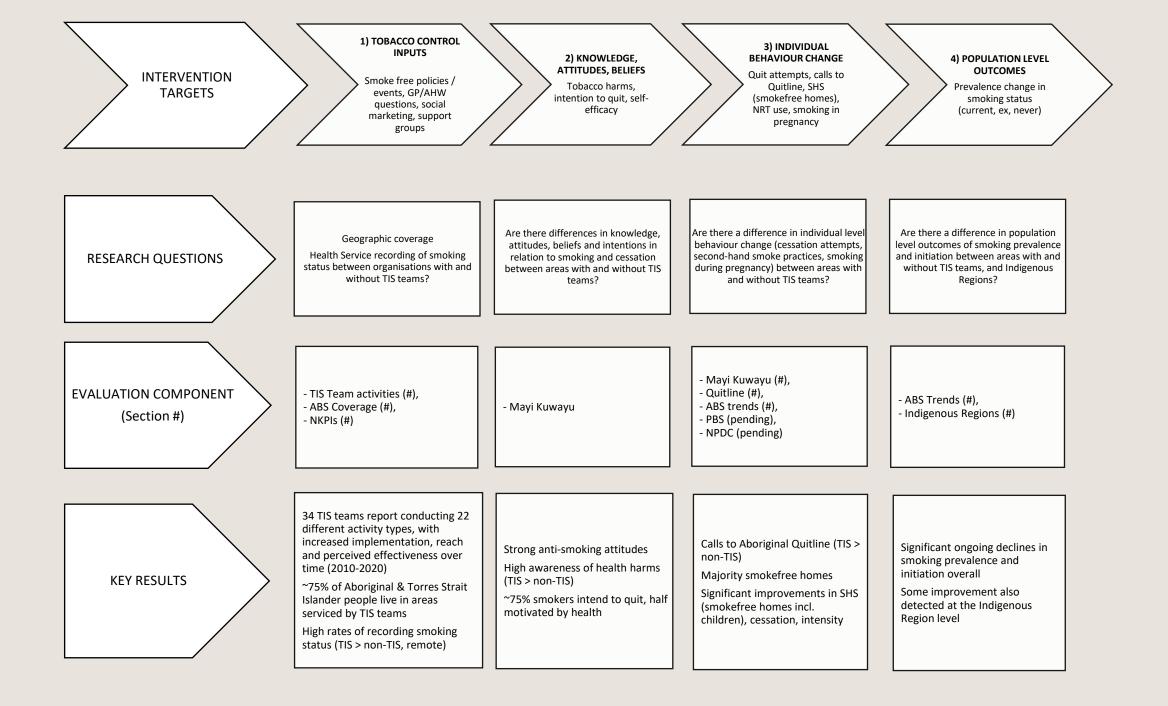
Raglan Maddox PhD MPH Tobacco Free Australian National University May 2022

# Milne Bay, PNG

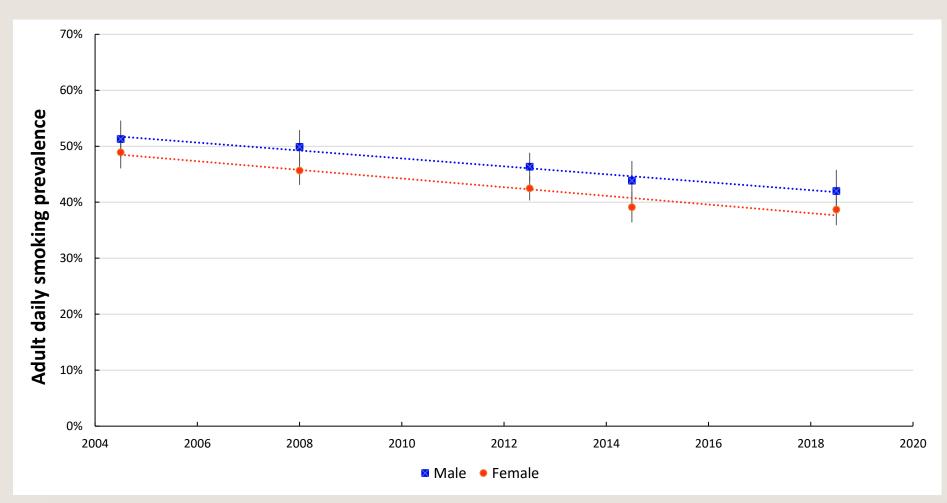






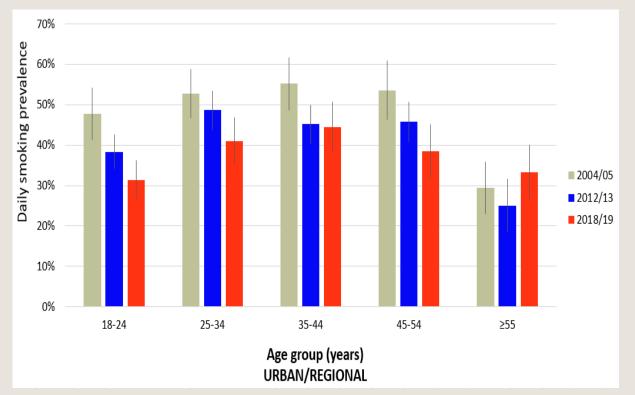


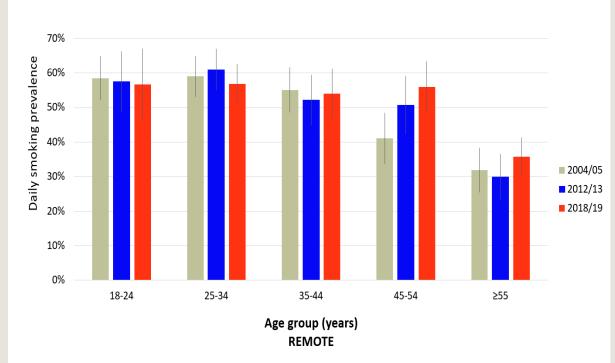
# Smoking rates are declining for Aboriginal and Torres Strait Islander people



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. <u>https://doi.org/10.1111/1753-6405.13049</u>







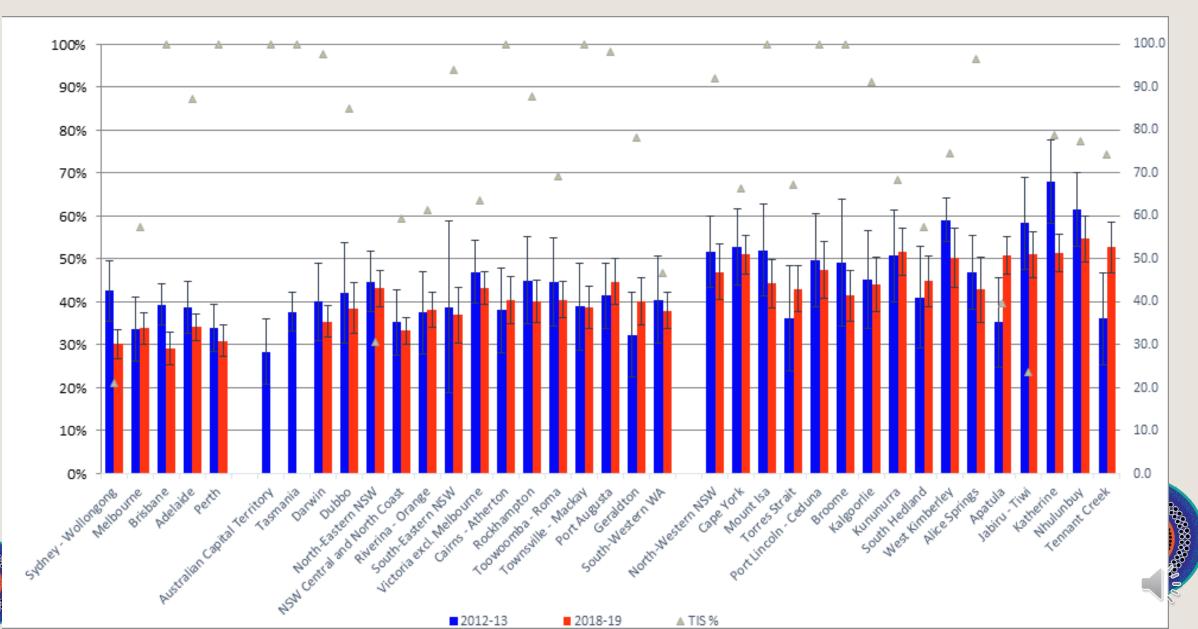
#### \*146,300 daily smokers living in urban/regional settings

### \*49,000 daily smokers live in remote areas

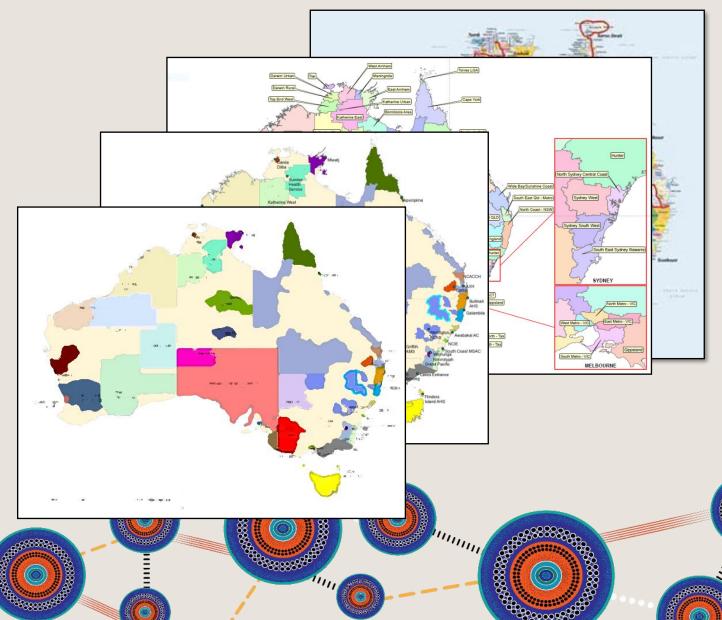
Maddox, R., Thurber, K.A., Calma, T., Banks, E. and Lovett, R. (2020), Deadly news: the downward trend continues in Aboriginal and Torres Strait Islander smoking 2004–2019. Australian and New Zealand Journal of Public Health, 44: 449-450. <u>https://doi.org/10.1111/1753-6405.13049</u>



### 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 Aborginal 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.

### TACKLING INDIGENOUS SMOKING

# 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

### Promotional resources

- 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

#### <u>Events</u>

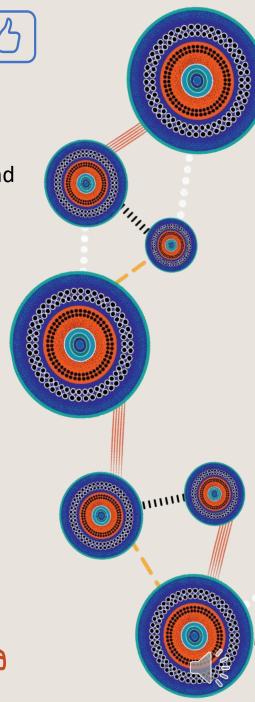
- 16. World No Tobacco Day
- 17. NAIDOC
- 18. Fun runs

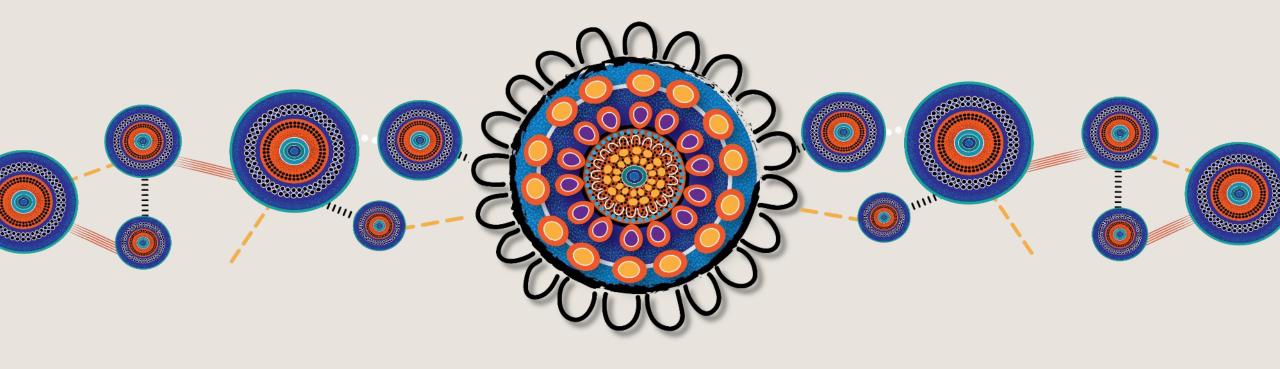
#### Cessation supports

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

#### <u>Other</u>

- 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

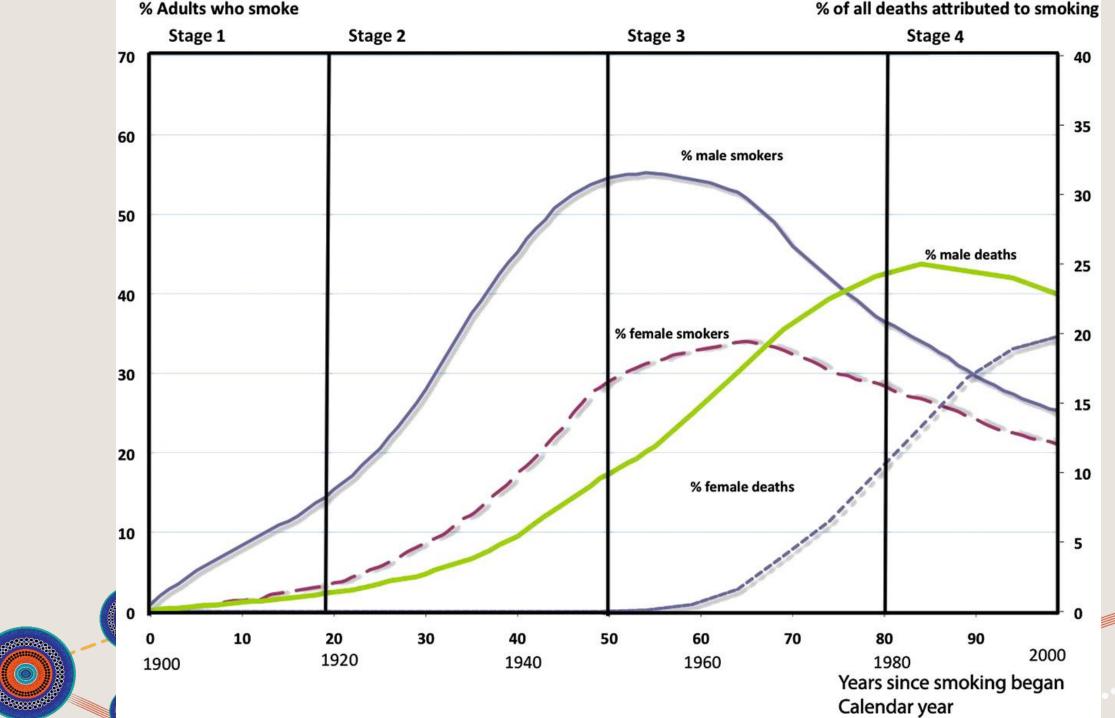
### The Tackling Indigenous Smoking program: Mayi Kuwayu Study findings

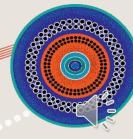
TIS areas compared to non-TIS areas were associated with significantly higher prevalence of:

- 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).</li>

Source: Cohen et al. 2021. Tobacco Related Attitudes and Behaviours in Relation to Exposure to the Tackling Indigenous Smoking Program: Evidence from the Mayi Kuwayu Study. Int. J. Environ. Res. Public Health 2021, 18, 10962. https://doi.org/10.3390/ijerph182010962







### 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.

Source: Thurber et al. 2021. Tobacco smoking and mortality among Aboriginal and Torres Strait Islander



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 smoke
% 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. <u>https://healthinfonet.ecu.edu.au/key-resources/publications/40328/</u>



### 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)	Analysis underway
National Perinatal Data Collection (NPDC)	Pending jurisdictional release
Health services data (nKPI)	Analysis underway
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
  - Lisa Whop
  - Ray Lovett



