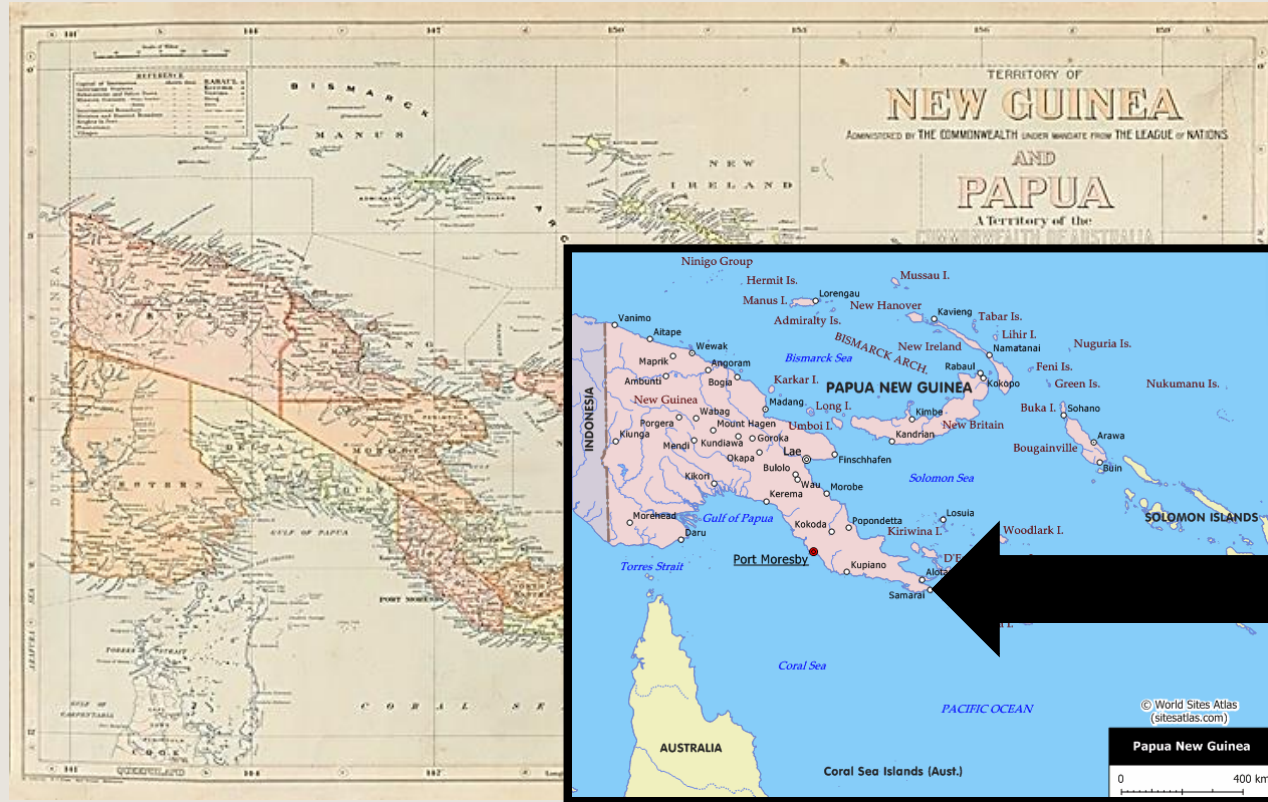
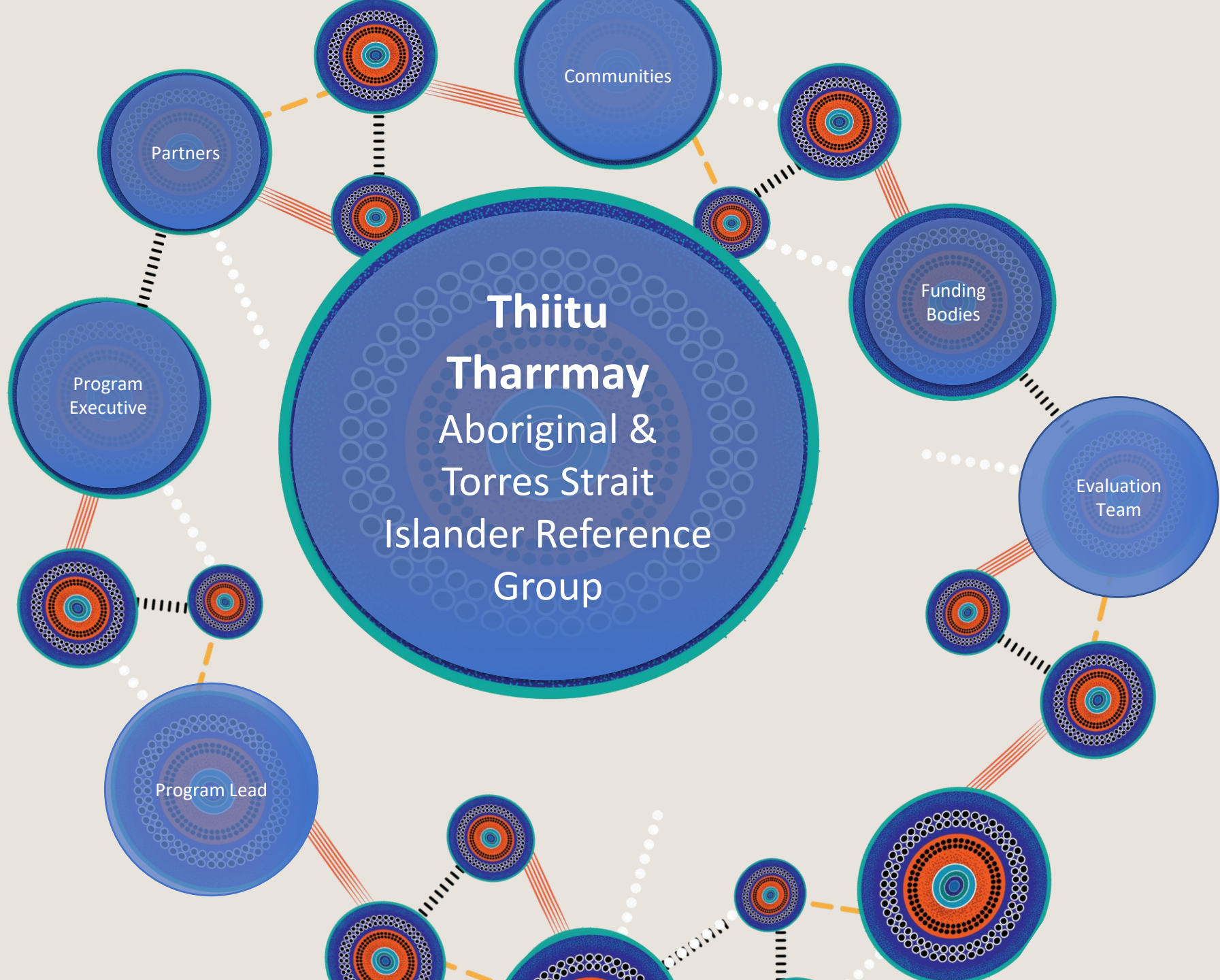


Tackling Indigenous Smoking program impact and outcome evaluation

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Tobacco Free
Australian National University
April 2022

Milne Bay, PNG





Thiitu Tharmmay
Aboriginal & Torres Strait
Islander Reference
Group

Partners

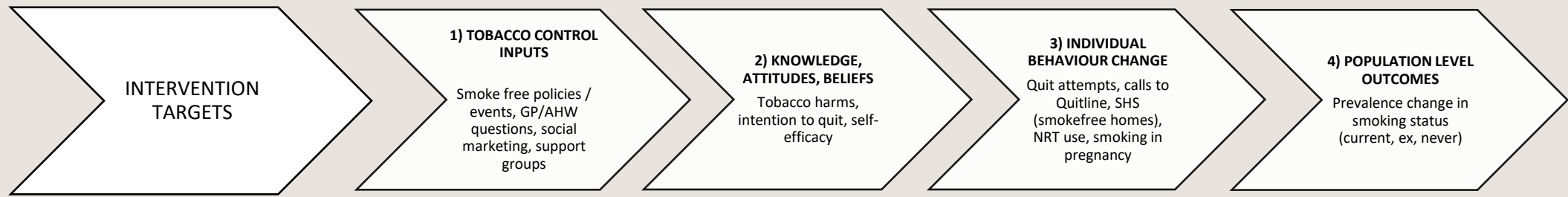
Communities

Funding
Bodies

Evaluation
Team

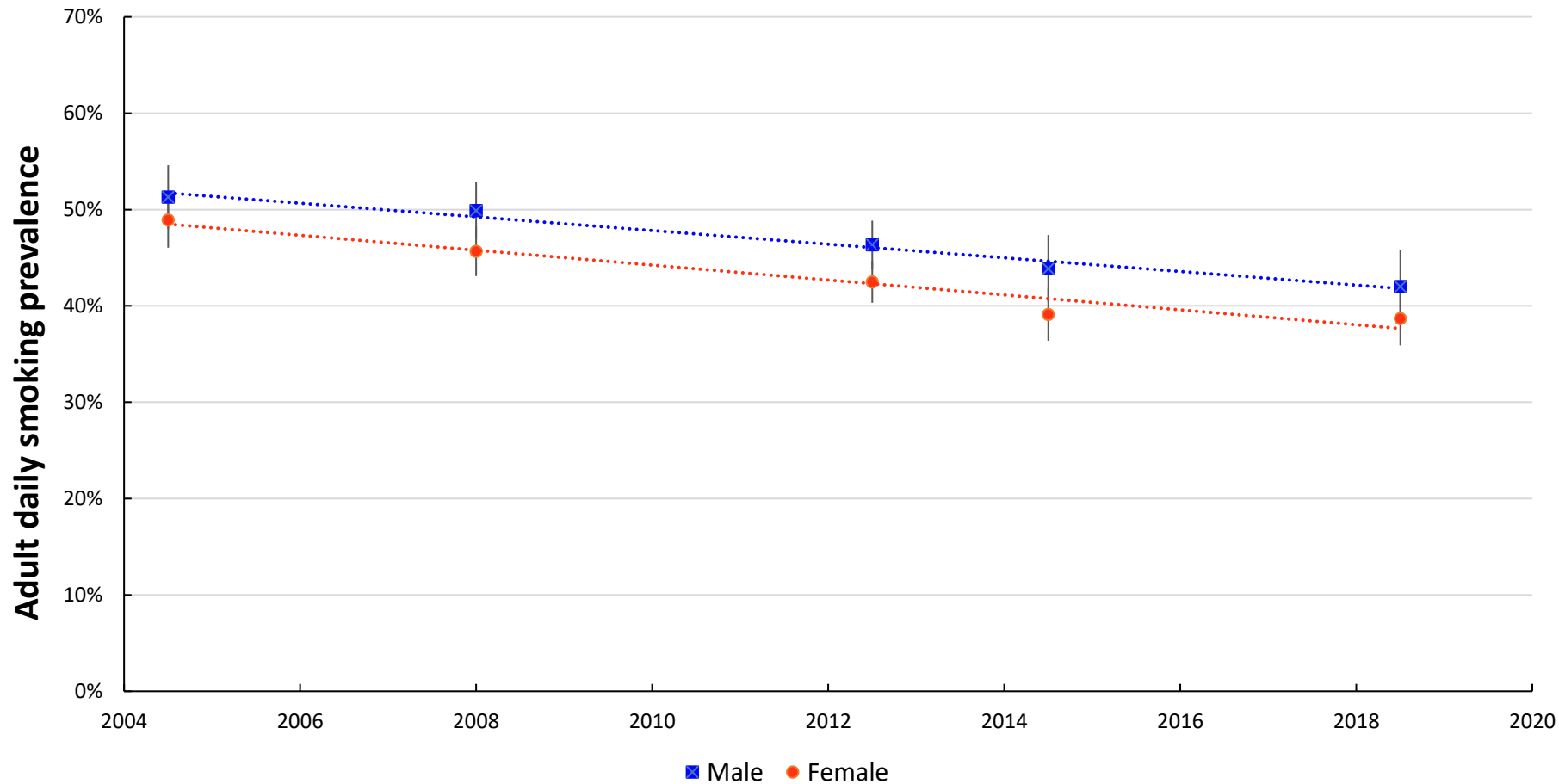
Program
Executive

Program Lead

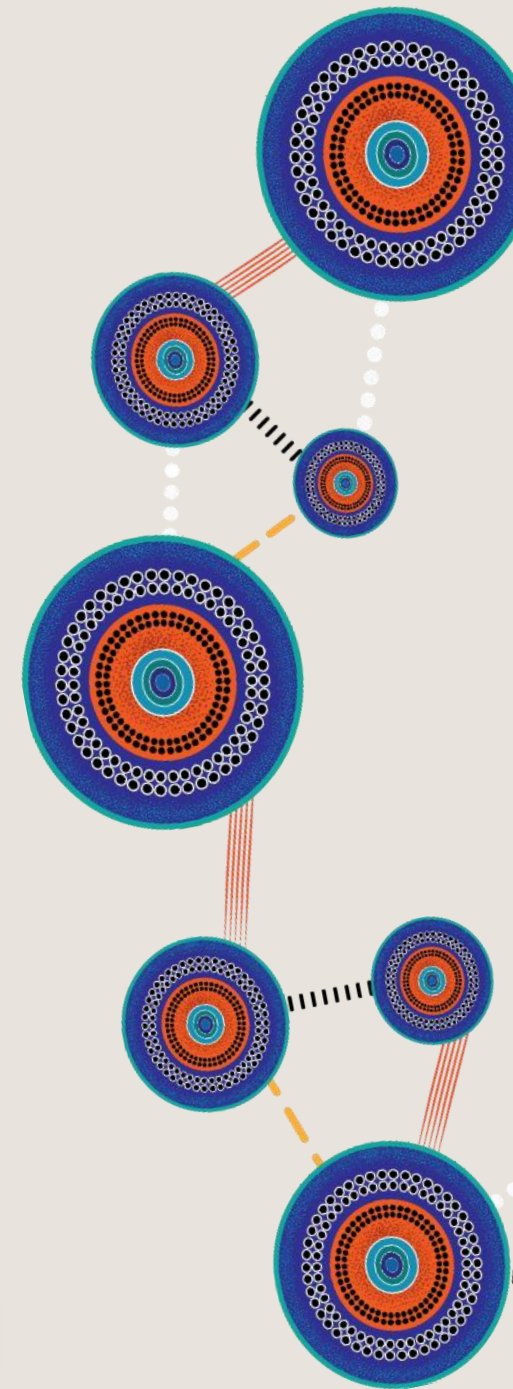


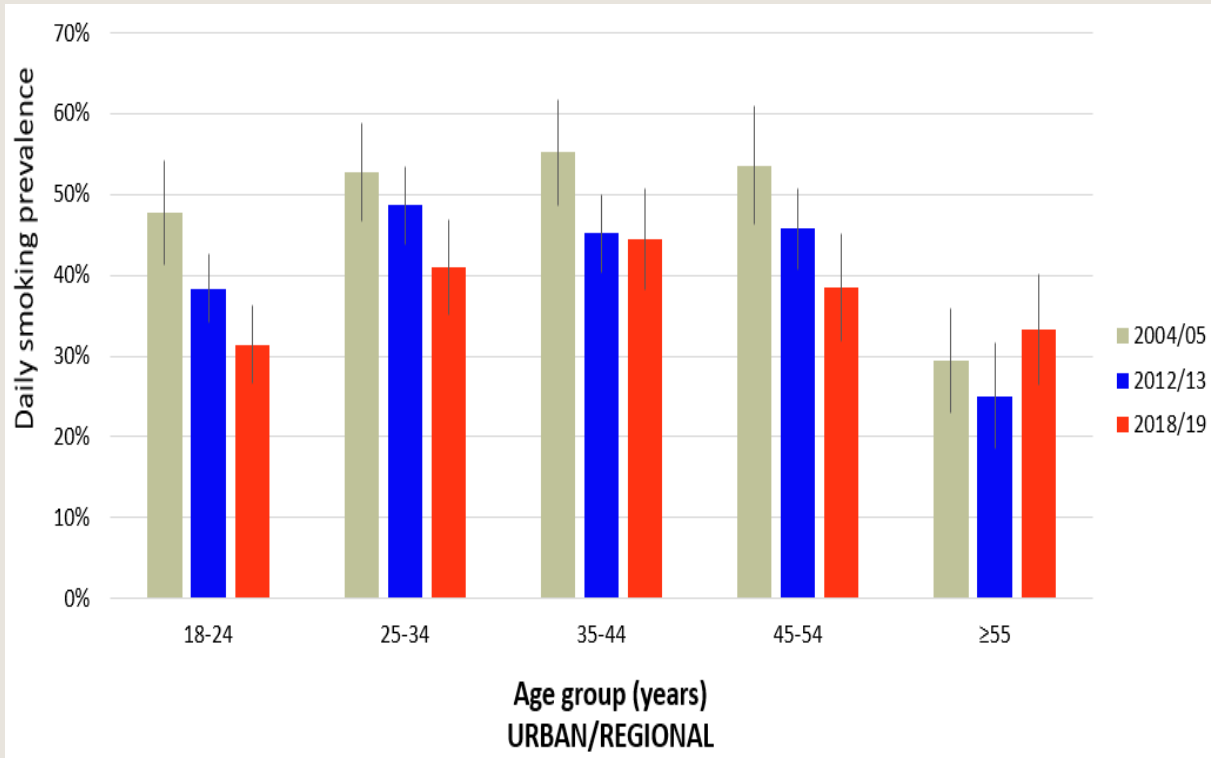
RESEARCH QUESTIONS	Geographic coverage Health Service recording of smoking status between organisations with and without TIS teams?	Are there differences in knowledge, attitudes, beliefs and intentions in relation to smoking and cessation between areas with and without TIS teams?	Are there a difference in individual level behaviour change (cessation attempts, second-hand smoke practices, smoking during pregnancy) between areas with and without TIS teams?	Are there a difference in population level outcomes of smoking prevalence and initiation between areas with and without TIS teams, and Indigenous Regions?
EVALUATION COMPONENT (Section #)	<ul style="list-style-type: none"> - TIS Team activities (#), - ABS Coverage (#), - NKPIs (#) 	<ul style="list-style-type: none"> - Mayi Kuwayu 	<ul style="list-style-type: none"> - Mayi Kuwayu (#), - Quitline (#), - ABS trends (#), - PBS (pending), - NPDC (pending) 	<ul style="list-style-type: none"> - ABS Trends (#), - Indigenous Regions (#)
KEY RESULTS	<p>34 TIS teams report conducting 22 different activity types, with increased implementation, reach and perceived effectiveness over time (2010-2020)</p> <p>~75% of Aboriginal & Torres Strait Islander people live in areas serviced by TIS teams</p> <p>High rates of recording smoking status (TIS > non-TIS, remote)</p>	<p>Strong anti-smoking attitudes</p> <p>High awareness of health harms (TIS > non-TIS)</p> <p>~75% smokers intend to quit, half motivated by health</p>	<p>Calls to Aboriginal Quitline (TIS > non-TIS)</p> <p>Majority smokefree homes</p> <p>Significant improvements in SHS (smokefree homes incl. children), cessation, intensity</p>	<p>Significant ongoing declines in smoking prevalence and initiation overall</p> <p>Some improvement also detected at the Indigenous Region level</p>

Smoking rates are declining for Aboriginal and Torres Strait Islander people

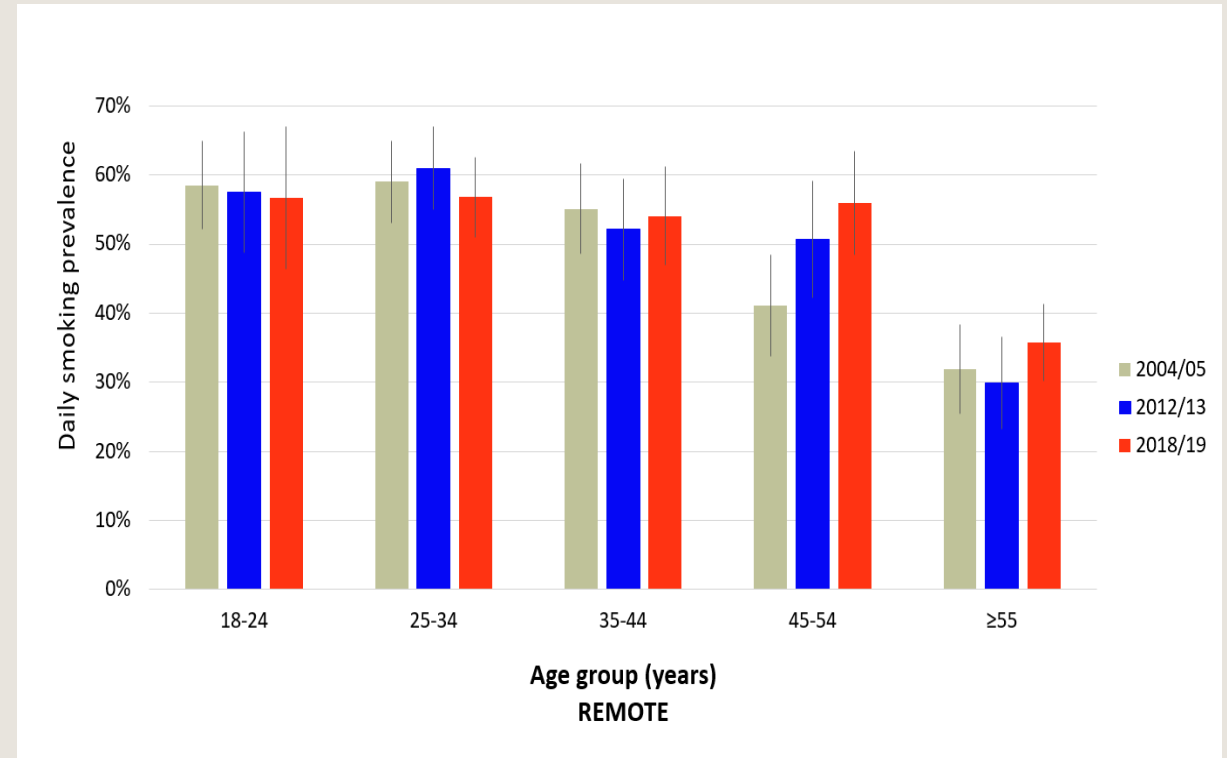


Maddox, R., Thurber, K.A., Calma, T., Banks, E. and Lovett, R. (2020), Deadly news: the downward trend continues in Aboriginal and Torres Strait Islander smoking 2004–2019. *Australian and New Zealand Journal of Public Health*, 44: 449-450. <https://doi.org/10.1111/1753-6405.13049>





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

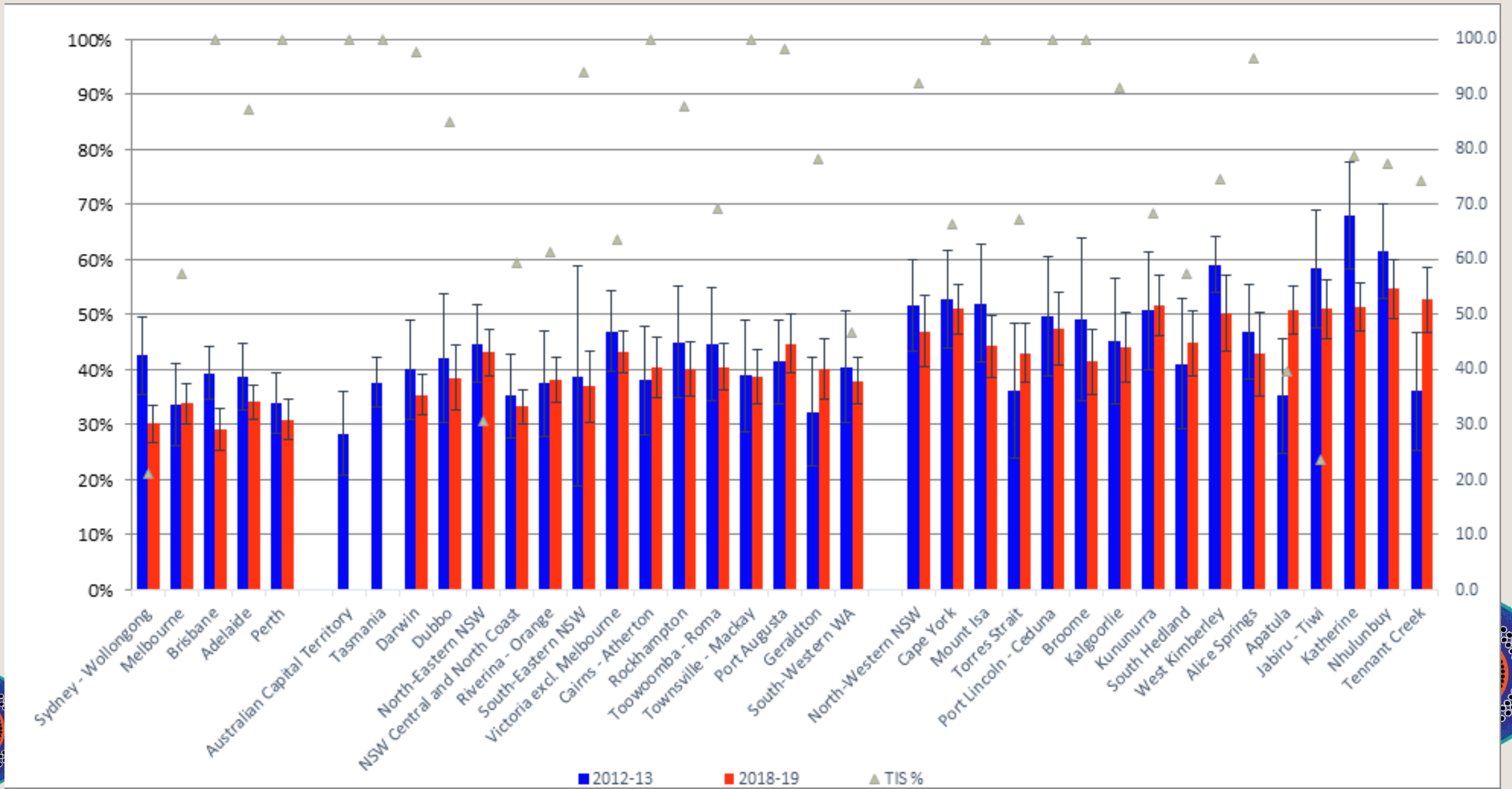


***49,000 daily smokers live in remote areas**

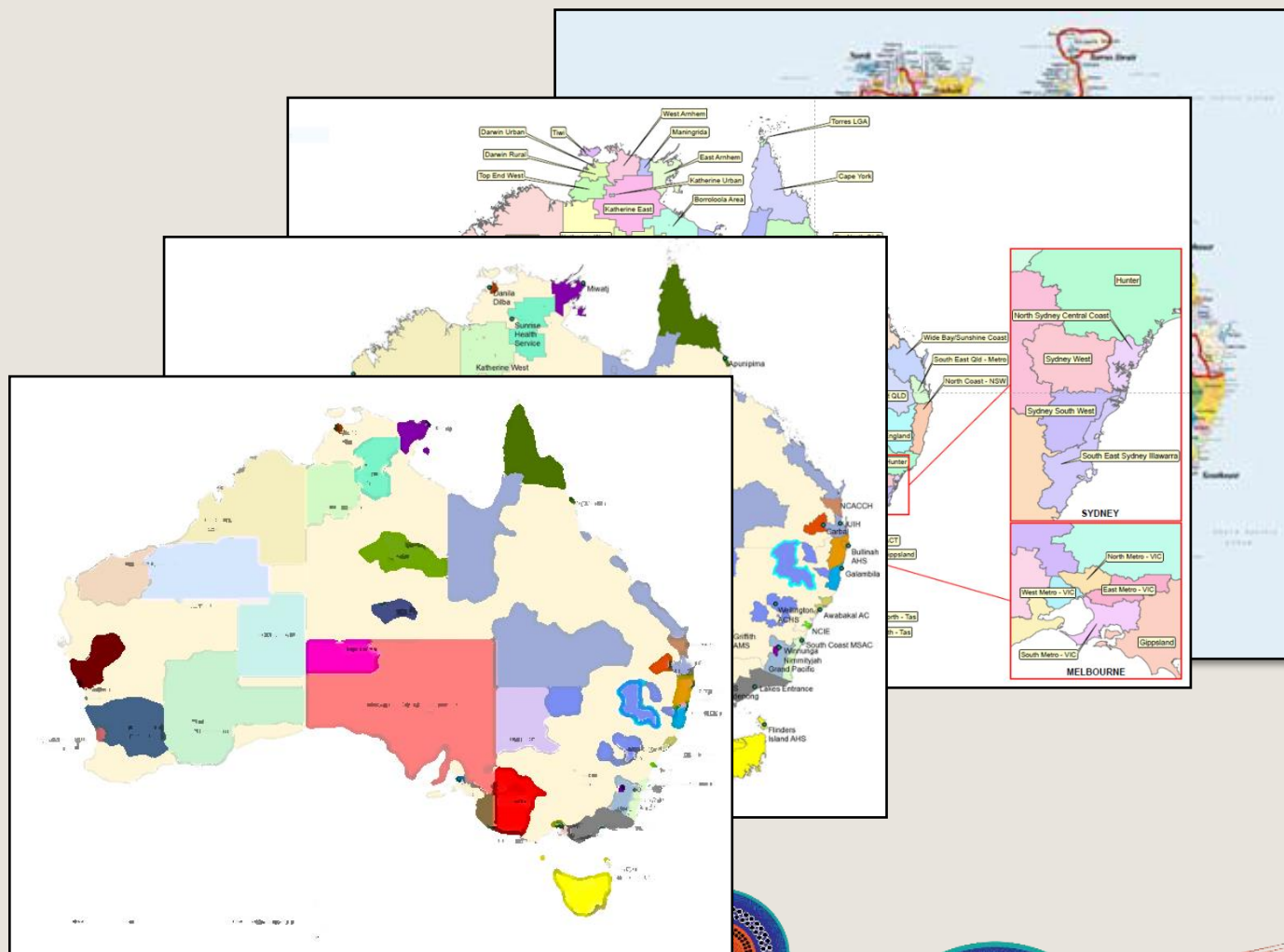
Maddox, R., Thurber, K.A., Calma, T., Banks, E. and Lovett, R. (2020), Deadly news: the downward trend continues in Aboriginal and Torres Strait Islander smoking 2004–2019. *Australian and New Zealand Journal of Public Health*, 44: 449-450. <https://doi.org/10.1111/1753-6405.13049>



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.

**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

Events

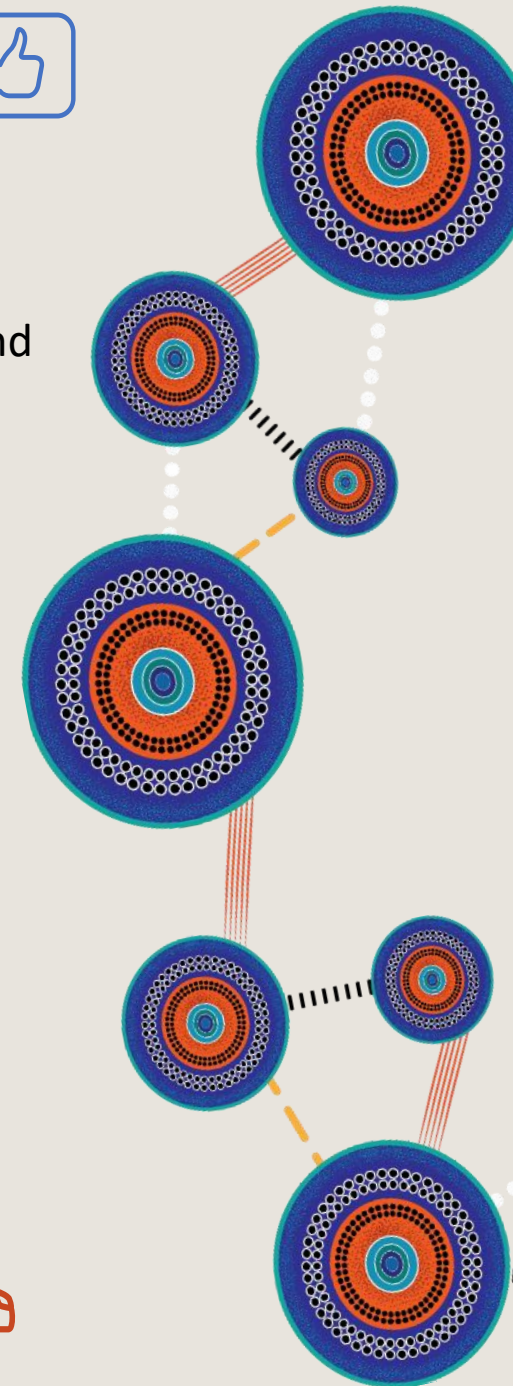
16. World No Tobacco Day
17. NAIDOC
18. Fun runs

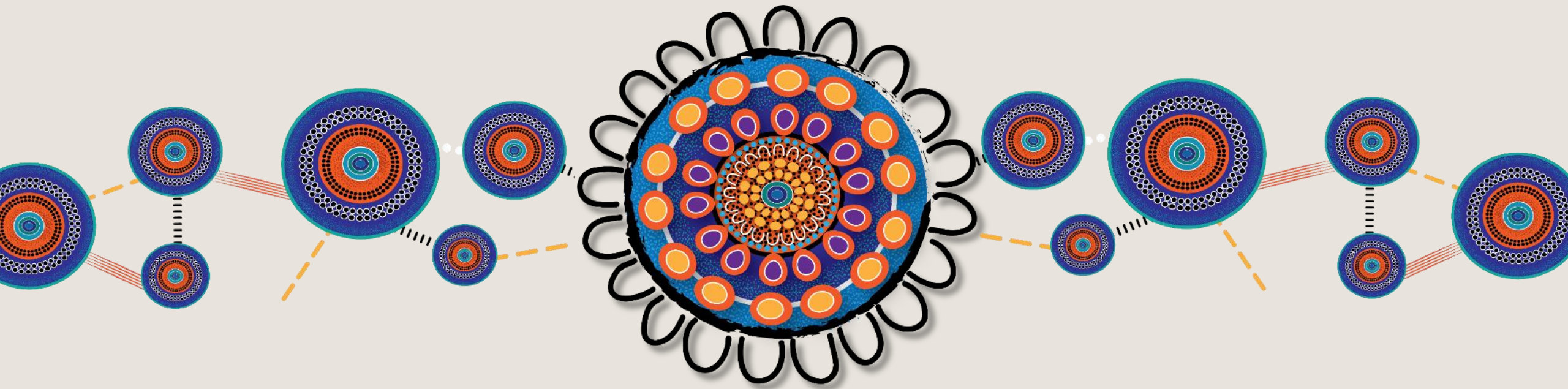
Cessation supports

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

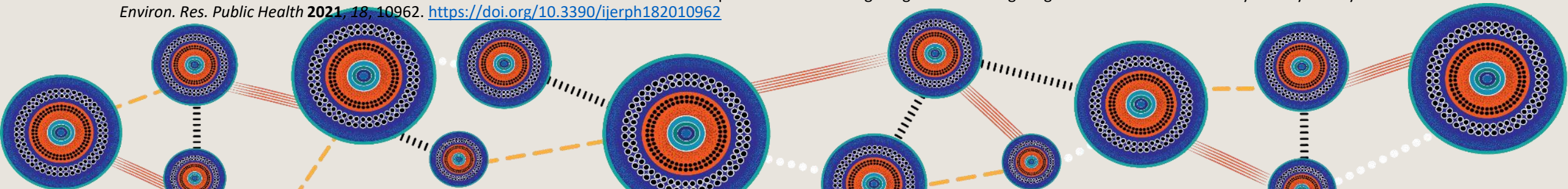
- TIS Coverage: approx. 75% of the Aboriginal and Torres Strait Islander adult population
- Non-TIS Coverage: approx. 130,000 (119,000-145,000) adults, including:
 - 56,000 (46,000, 66,000) current smokers may not have access to TIS.
- TIS exposure is lowest in remote areas

The Tackling Indigenous Smoking program: Mayi Kuwayu Study findings

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

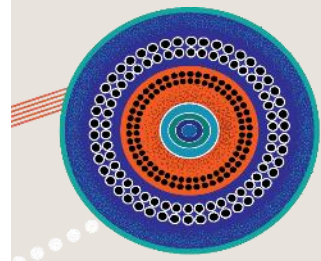
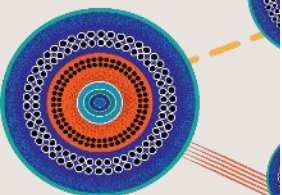
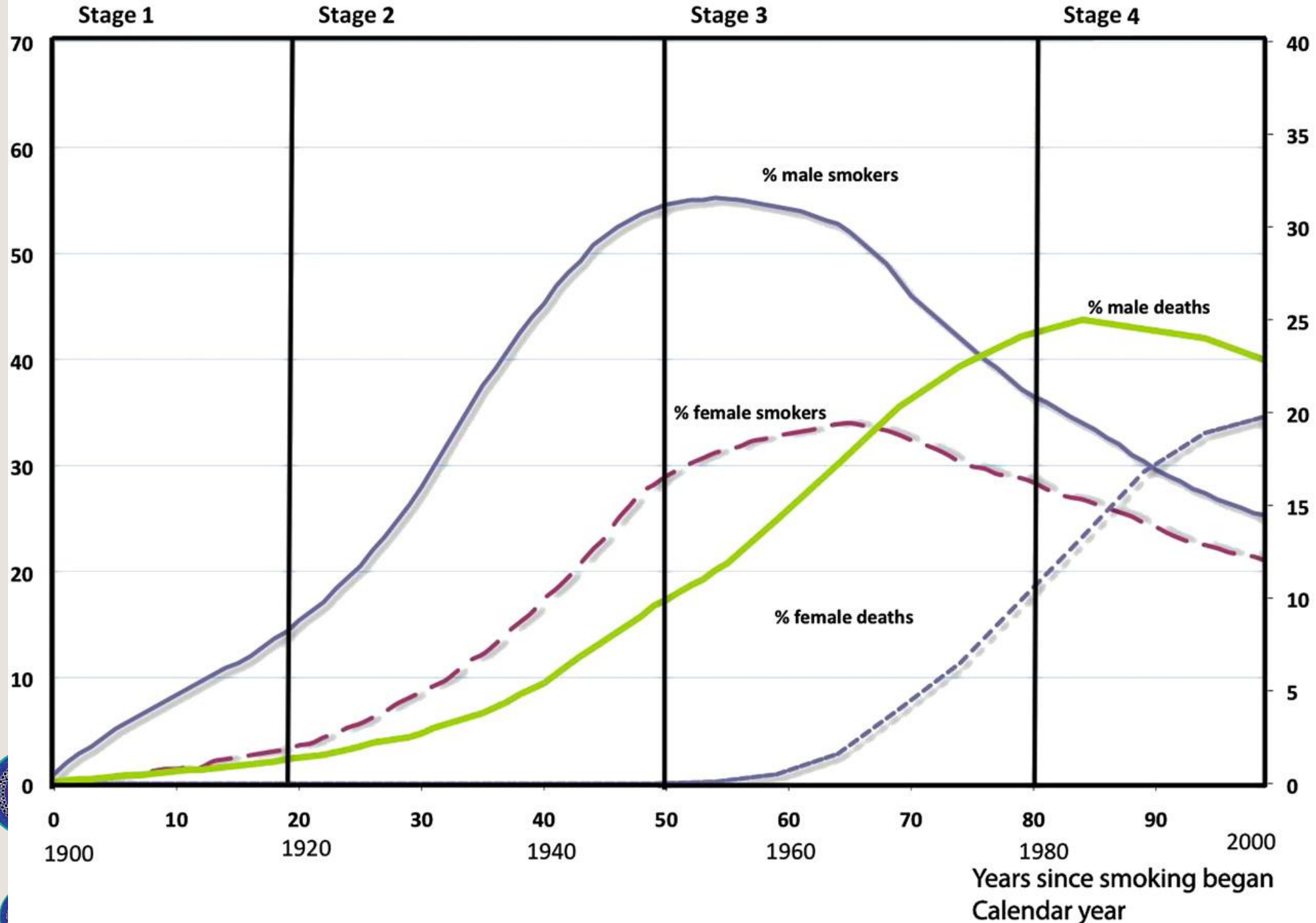
- of smoke free homes
 - **15%** (PR 0.85;95%CI:0.74,0.97) among all participants, and
 - **18%** (PR0.82, 95% CI: 0.70, 0.95) among people who smoke
- indicators of lower nicotine dependence
 - smoking ≥ 21 cigarettes per day by **21%** (PR 0.79;95%CI:0.62,<1.00),
 - smoking a first cigarette within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

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>




% Adults who smoke

% of all deaths attributed to smoking



WHAT DID WE FIND?

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

4 More cigarettes  = increased risk of early death.
No amount of smoking is safe.

5 Quitting smoking at any age = lower risk of early death.

6 Smoking causes **half of all deaths** of people aged 45 years and older.



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



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

SO WHAT?



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

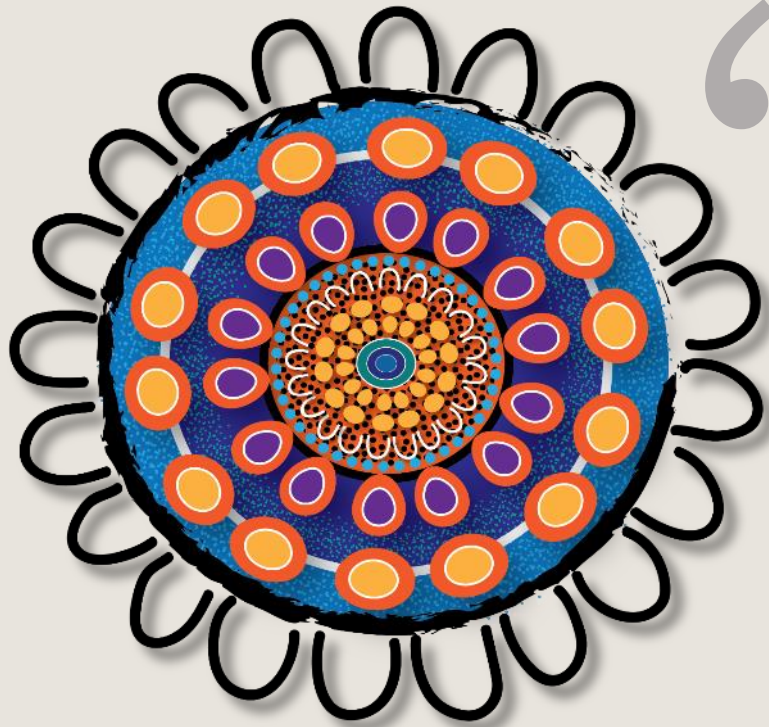
EXPOSURE TO SMOKING

- ◎ 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. <https://healthinonet.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)	<i>Analysis underway</i>
National Perinatal Data Collection (NPDC)	Pending jurisdictional release
Health services data (nKPI)	<i>Analysis underway</i>
Pharmaceutical Benefits Scheme (PBS)	Pending release: Department of Health
Quitline	<i>Analysis underway</i>
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



The Deadly News since 2004...

**Many
lives saved**



9.8% reduction

50k

**Almost 50,000
fewer daily
smokers**

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>

