

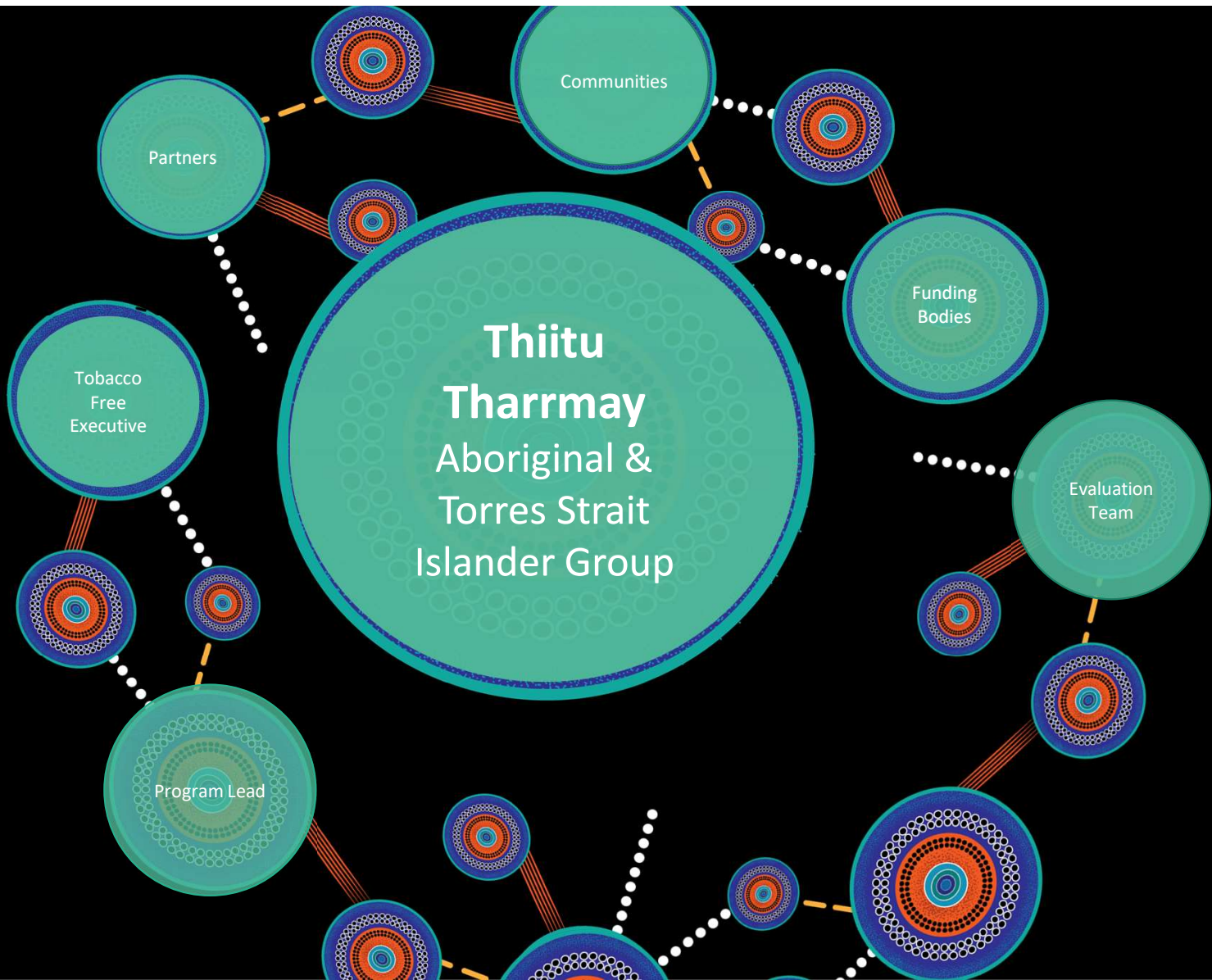
Impact and outcome
evaluation update:
*Indigenous Excellence in
reducing smoking
prevalence*

Raglan Maddox Bagumani (Modewa) Clan
National Centre for Aboriginal and Torres
Strait Islander Wellbeing Research
Australian National University



Milne Bay, PNG







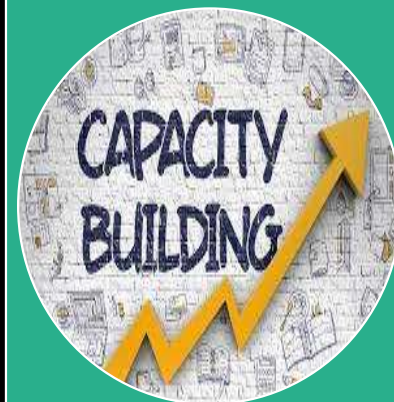
Thriving
Aboriginal and Torres
Strait Islander peoples
(life uninterrupted)



At service to
Community



Eliminate
preventable
death/tobacco
related death
and disease



Staff &
student
capacity

Indigenous excellence

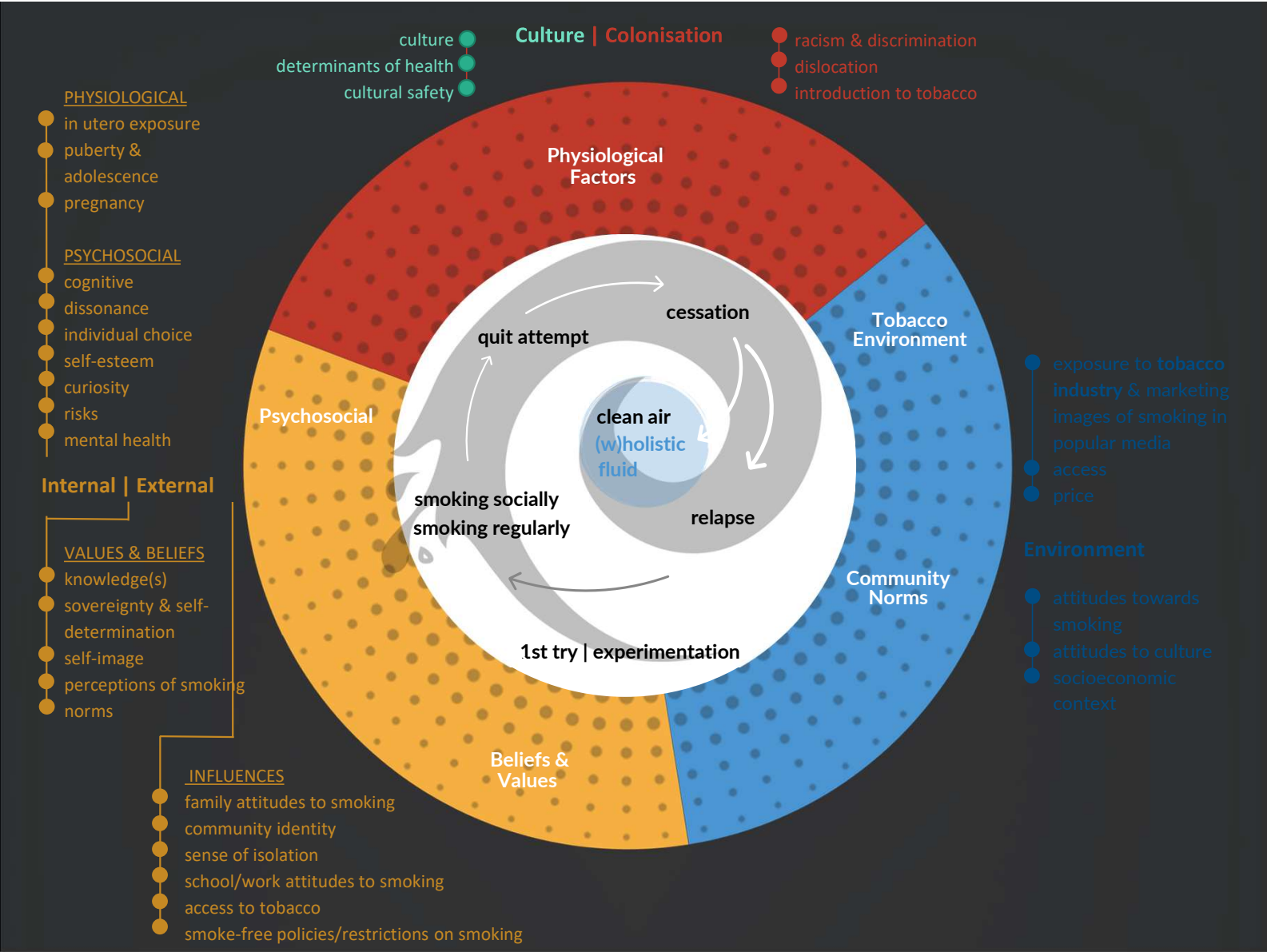
What we'll cover today



Indigenous Worldviews

- Understanding local Indigenous experiences and viewpoints of commercial tobacco and coloniality
- Colonial narratives have tended to:
 - focus on ill health and disadvantage, reproducing deficit discourse
 - centring non-Indigenous peoples, worldviews and Settler Privilege
 - inaccurate notions that there is a biological basis for commercial tobacco use and genetic predisposed to addiction
 - racially inferior and inhuman which have persisted since colonisation





Indigenous specific evidence

- The Aboriginal and Torres Strait Islander smoking epidemic is distinct from the non-Indigenous smoking epidemic.
- Smoking prevalence is similar among males and females, and the epidemic has been protracted.
- New Aboriginal and Torres Strait Islander specific evidence demonstrates that we have previously underestimated smoking's impact

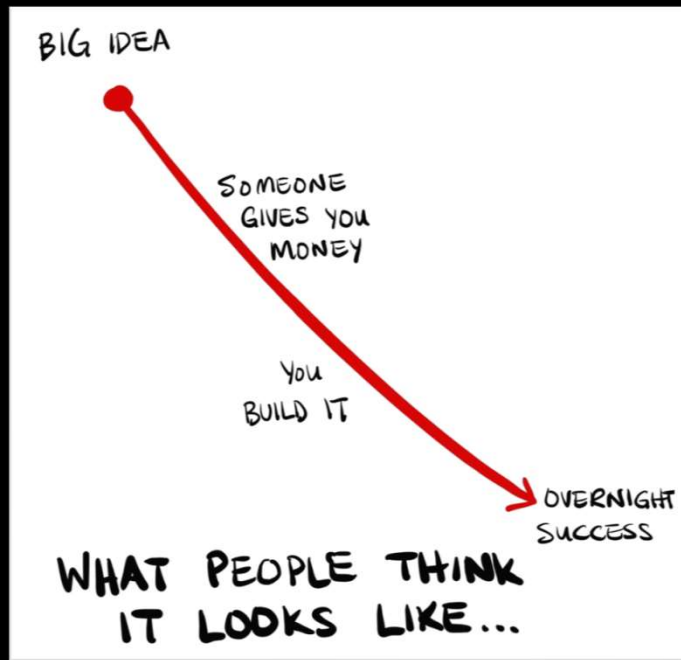


We need Indigenous specific evidence

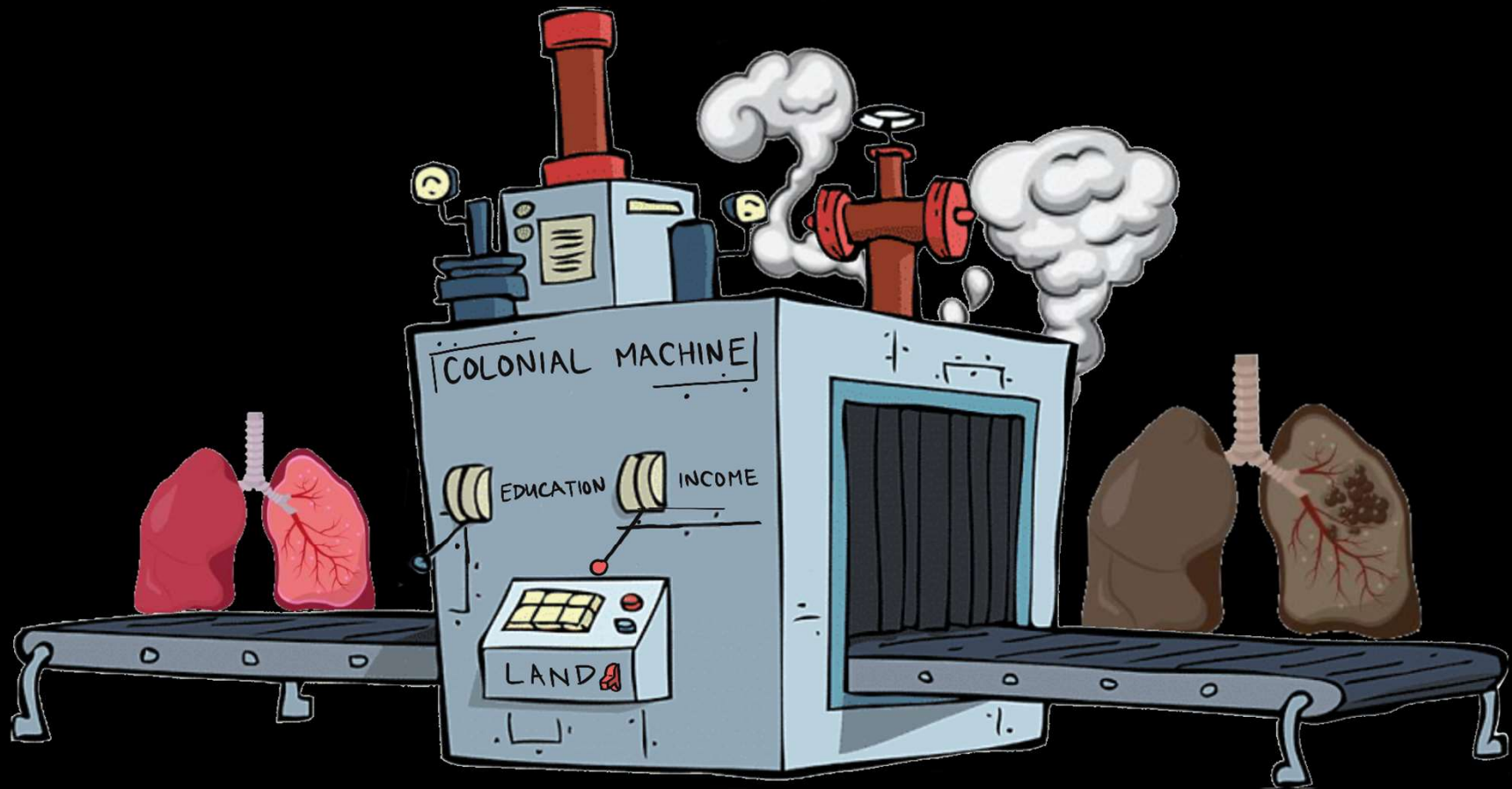
- Smoking causes almost twice as many deaths as we previously realised.
- **Smoking causes more than one-third of all Aboriginal and Torres Strait Islander deaths at any age**
- **Over 10,000 deaths among Aboriginal and Torres Strait Islander peoples in the last ten years.**
- Focusing on older adults, we see that smoking causes **half of Aboriginal and Torres Strait Islander deaths at age 45 years and over.**
- The deadly news is that there is even **more potential than we realised to improve health outcomes** by reducing tobacco use.



Do the work



Context



**Pre-colonization
60,000_{BC}-1788**

- Strong connection to country
- No-sedentary lifestyle
- Absence of many common disease in Europe
- Customs and laws to ensure land and people are cared for and protected

**Dispossession
1788-1885**

- Frontier wars
- Disease epidemics, small pox
- Reduction in population
- Reduced access to Country
- Disruption of social and cultural practices, etc.

**Conflict and violence
1788-1928**

- Military and Settler violence
- Further reductions in population
- Abduction, rape, poison of water holes and food
- Massacres
- Development of racist constructs (e.g. – primitive, doomed race, savage, etc.)

**Protectionism
1838-1970s**

- Establishment of government as the protector of Aboriginal and Torres Strait Islander peoples
- Limitation of Rights
- Segregation
- Forced Relocation
- Enforced restrictions on mobility, marriage, education and cultural practices
- Enforced welfare dependence – **payment in rations of flour, sugar, tea and tobacco**

**Removal of children
1814-1980s**

- Stolen Generations
- Children removed from their families to be 'education and civilised'
- Deaths of children in care
- Fear of removals for children, families and communities
- **Bans of outdoor advertising and sports sponsorships (1980s)**
- **Increased penalties for sales to minors**
- **Rotating text health warnings**
- **Smoke free policies in public service and large companies**
- **NRT gum for sale OTC**
- **First state based anti-smoking TV campaigns**
- **NHMRC education poster/leaflet campaign**
- **Indexation of duties and increases in state franchise fees**

**Assimilation
1937-1969**

- Unequal remuneration and rights for workers
- Deficit based health research on Aboriginal and Torres Strait Islander peoples
- Overcrowded living
- Lack of access to clean water, sewerage, and cleaning
- Lack of access to health care

**Self-determination
1972-1996**

- 'Top down' approach to self-determination
- Rise in racial violence within the criminal justice system
- Escalation of incarceration rates and suicide
- **The Daube Effect**
- **Widespread smoke free policies**
- **ACT bans smoking in public places**
- **NRT patches approved for sale**
- **Minimum age of purchase - 18 years**
- **Federal court ruling against the Industry for advert that downplayed health harms**
- **Tobacco Advertising Prohibition Act (1992)**
- **World Conference on Tobacco and Health (1990)**
- **Excise increases**

**Intervention and apologies
1996-2010s**

- Political denial of colonial wrongdoing
- Abolition of the Aboriginal and Torres Strait Islander Commission
- Northern Territory Intervention
- Discrimination
- Infringement on the right to self-determination
- **2005 Social Justice Commissioners' Report**
- Point of sales display bans
- Varenicline on PBS
- Rotating Graphic Health Warnings
- Low tar, lights and mild product descriptors dropped
- General NRT sales permitted
- Increasing smoke free policies
- National Tobacco Campaign and More Targeted Approach
- WHO FCTC
- Reduced fire risk standards

2010 & beyond

- **Rotating graphic health warnings**
- **Regional Tackling Smoking and Healthy Lifestyle Program ↔ Tackling Indigenous Smoking Program**
- **NRT on the PBS**
- **Plain packaging**
- **Widespread point of sale display bans**
- **Increased excise**
- **Tightening restrictions on internet advertising**
- **COVID-19**
- **National Tobacco Strategy 2023-2030**
- **WHERE TO NEXT?**



Sources:
 Sherwood 2013; Healing Foundation 2020;
 Lovett et al. (2017). Deadly progress: changes in Australian Aboriginal and Torres Strait Islander adult daily smoking, 2004–2015;
 Scollo et al. Plain packaging: a logical progression for tobacco control in one of the world's 'darkest markets'. *Tobacco control* vol. 24, Suppl 2 (2015): ii3-ii8. doi:10.1136/tobaccocontrol-2014-052048

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://healthinfonet.ecu.edu.au/key-resources/publications/40328/>



What are we going to do?

1. Define boundaries:
mapping TIS areas

2. Analyse existing data

3. Analyse new data:
Mayi Kuwayu Study

4. Bring findings together

5. Evaluation Report, publications, community feedback

Ongoing discussions and feedback



2. Analyse existing data / Data return & knowledge exchange

**ABS nationally
representative surveys**

**The National Perinatal
Data Collection**
(smoking during pregnancy)

Health services data

**Pharmaceutical
Benefits Scheme**
(stop smoking medications)

Quitline
(quit attempts)



The tool



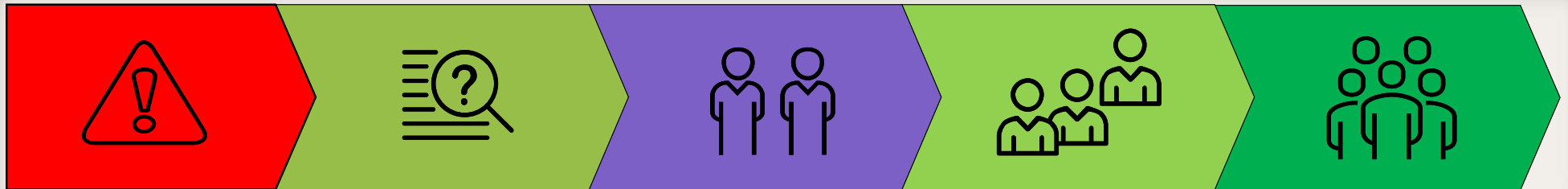
Type of activities



Frequency of activities



Reach of activities



NO TIS TEAM

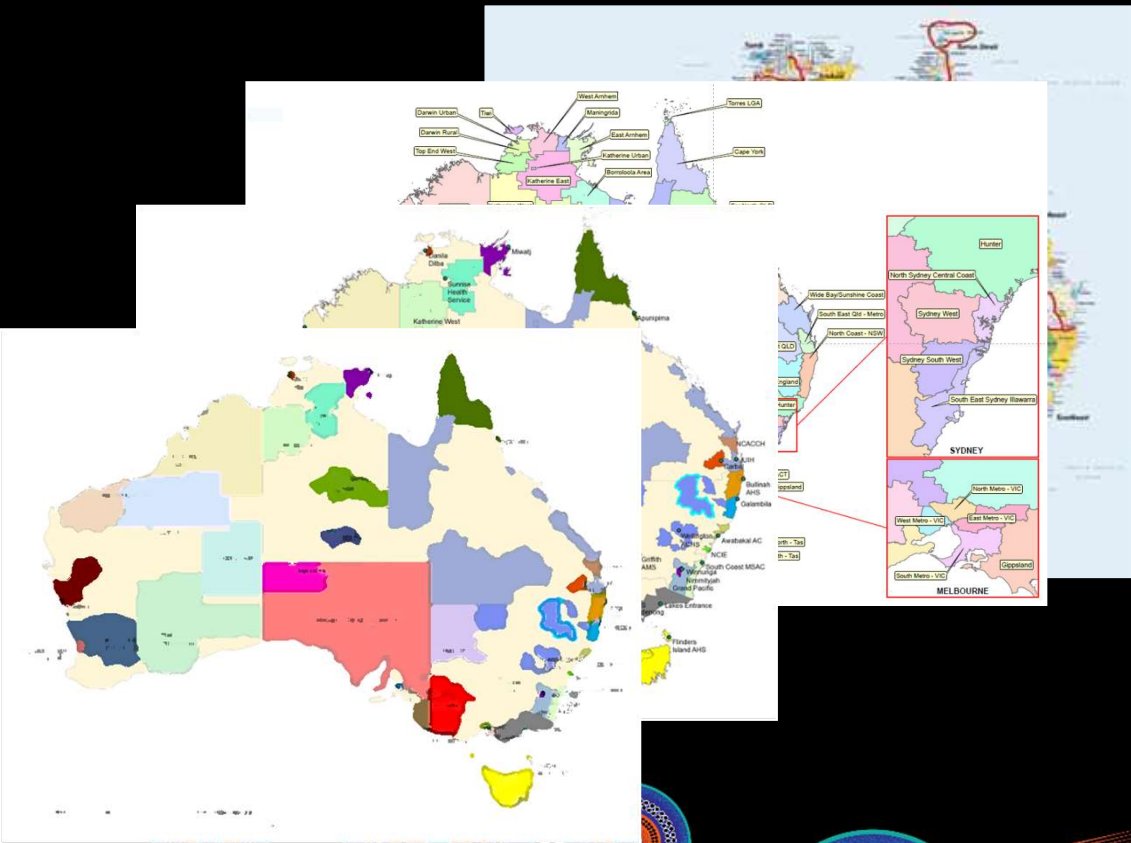
NO ACTIVITY

LOW
ACTIVITY

MEDIUM
ACTIVITY

HIGH
ACTIVITY

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

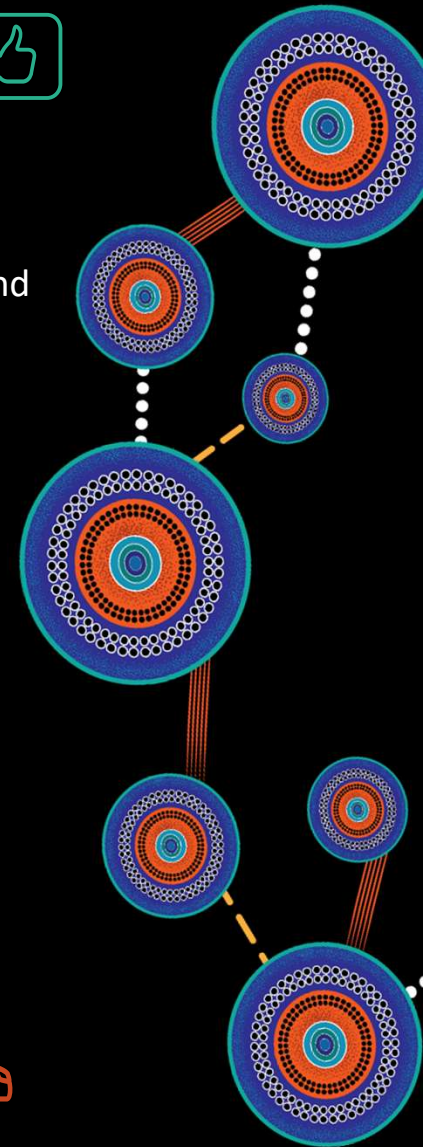
16. World No Tobacco Day
17. NAIDOC
18. Fun runs

Cessation supports

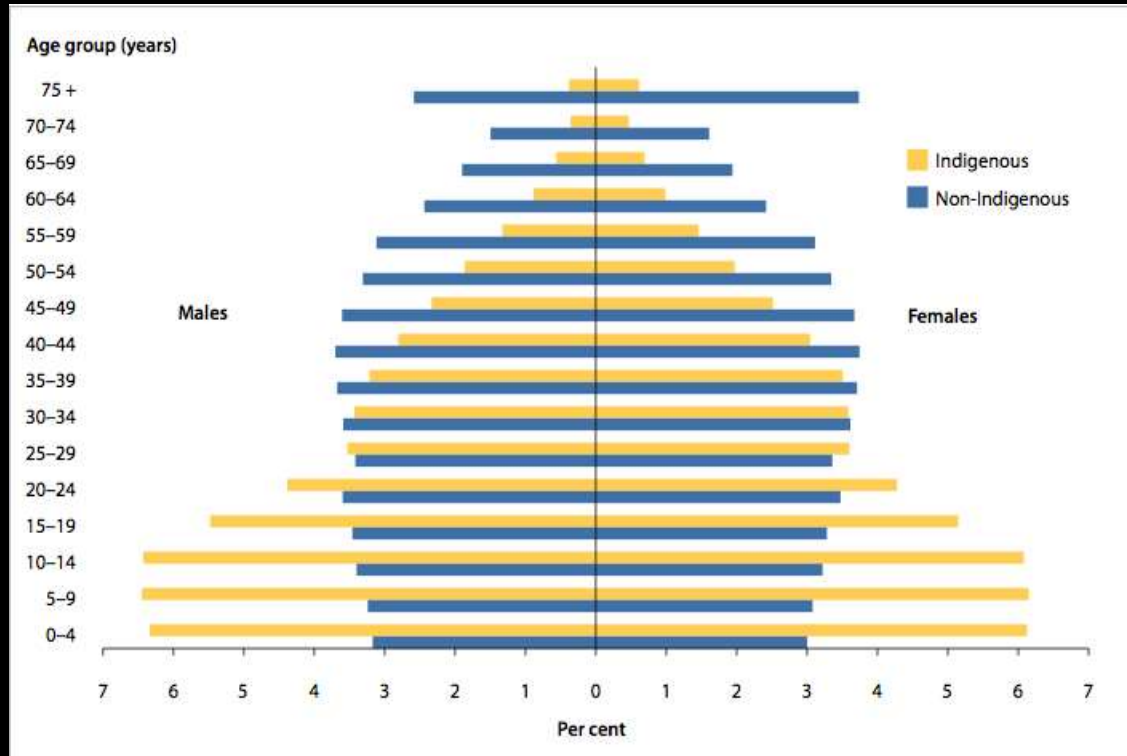
19. One-to-one or group smoking cessation support
20. Provision of stop smoking medications
21. Brief interventions

Other

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



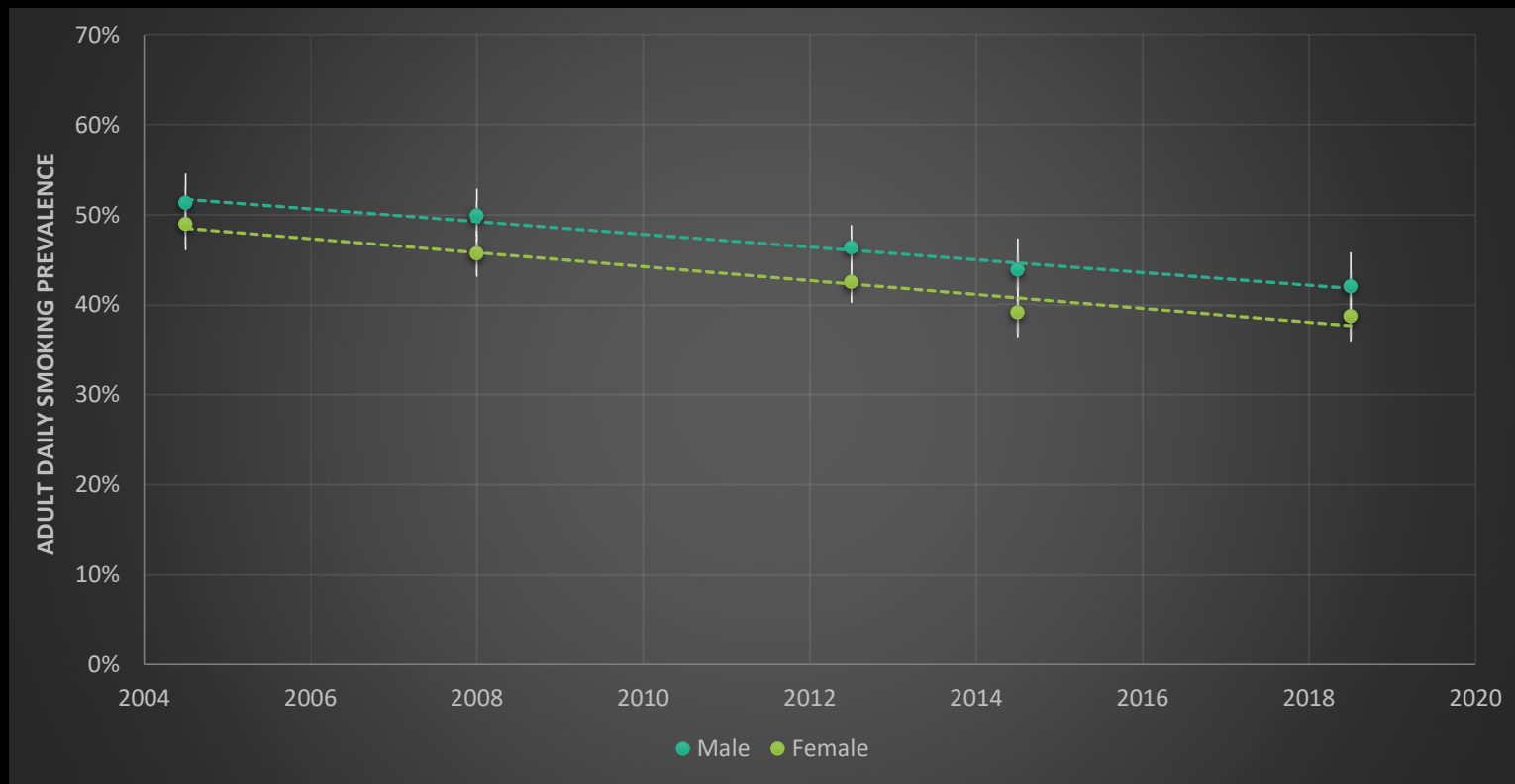
Population profile



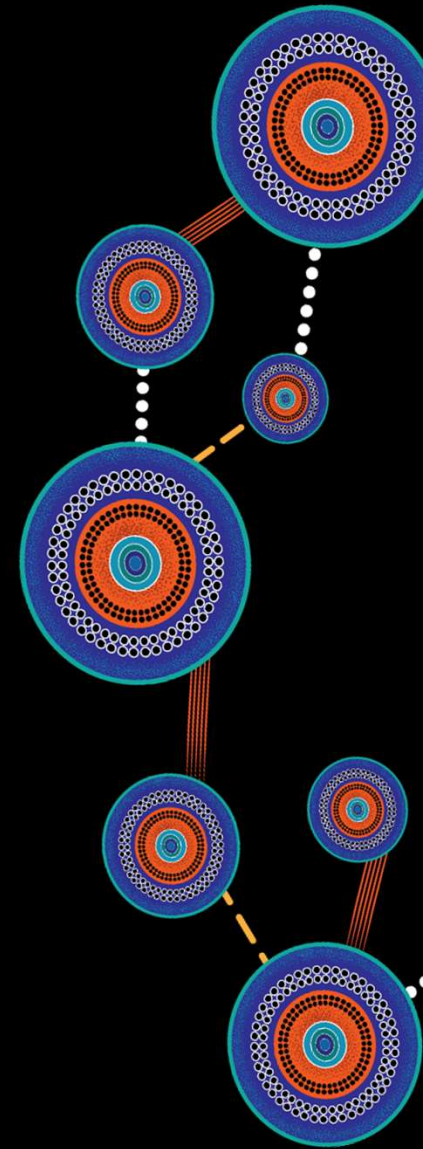
Source: ABS, Experimental Estimates of Aboriginal and Torres Strait Islander Australians.



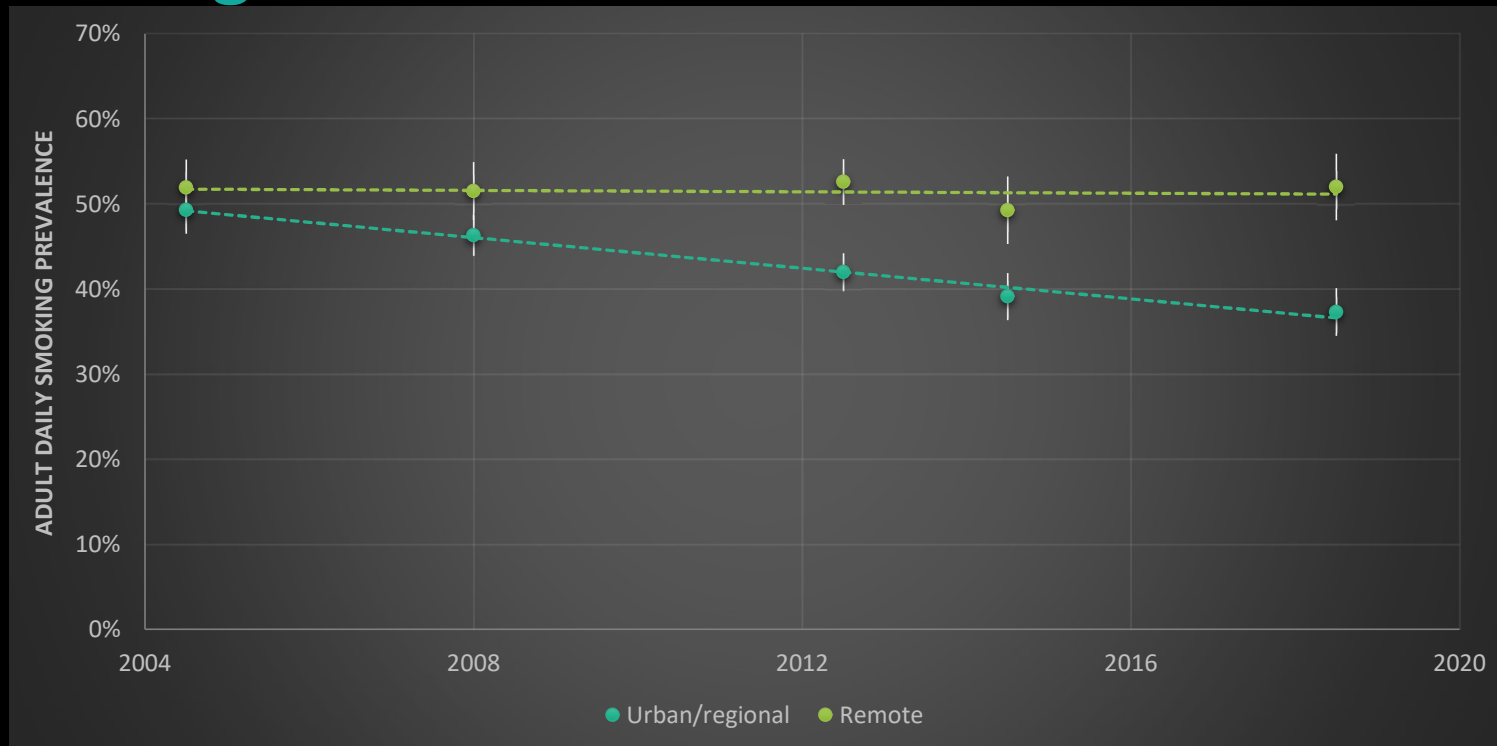
Smoking rates are declining for Aboriginal and Torres Strait Islander people



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>

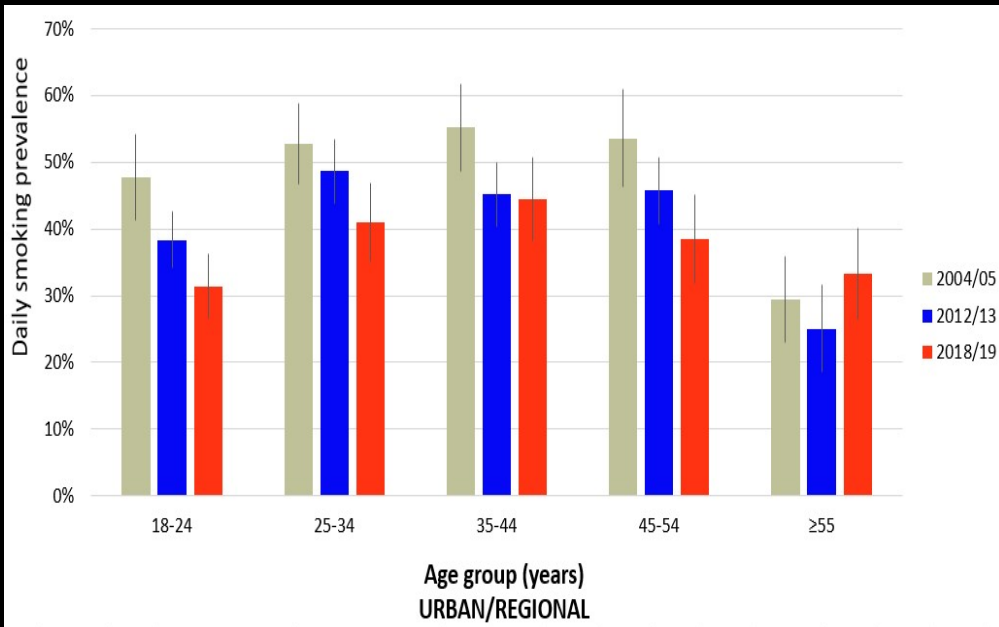


Aboriginal and Torres Strait Islander smoking

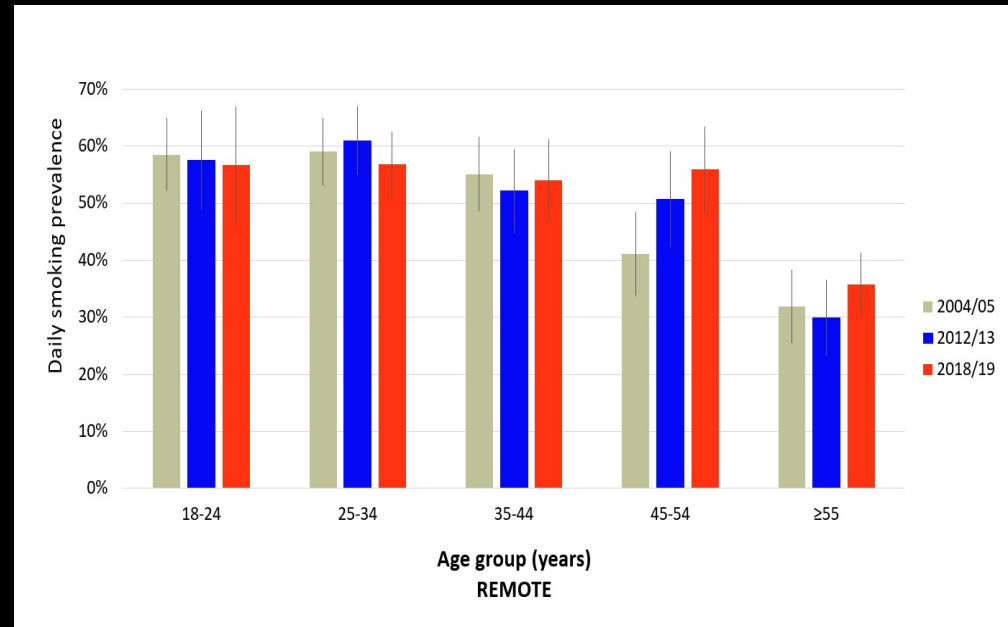


Maddox, R., Thurber, K.A., Calma, T., Banks, E. and Lovett, R. (2020), Deadly news: the downward trend continues in Aboriginal and Torres Strait Islander smoking 2004–2019. *Australian and New Zealand Journal of Public Health*, 44: 449-450. <https://doi.org/10.1111/1753-6405.13049>





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

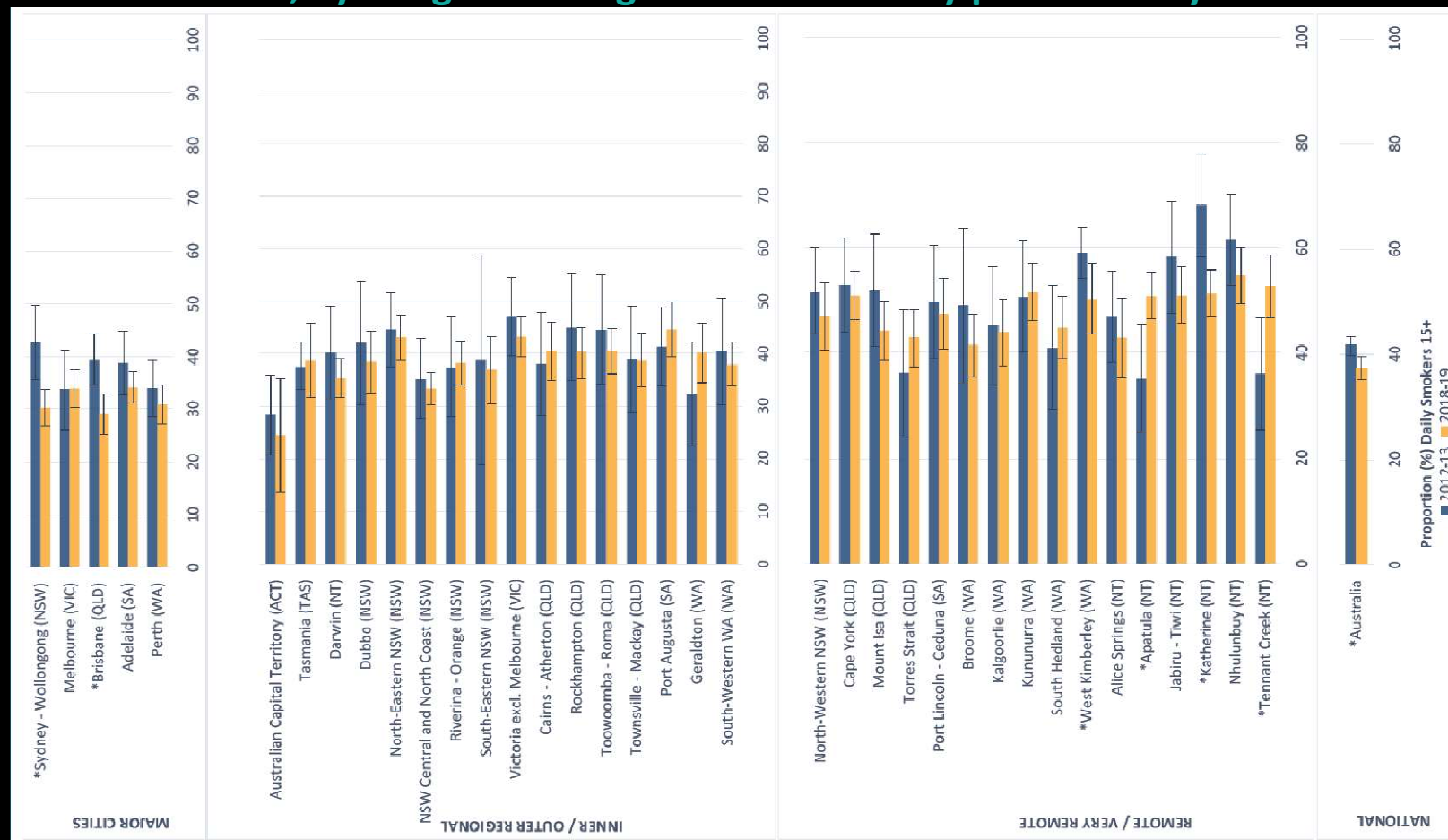


*49,000 daily smokers live in remote areas

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 smoking prevalence, Aboriginal and Torres Strait Islander peoples 15+, 2012-13 and 2018-19, by Indigenous Region and nationally presented by remoteness



Source: Heris, Christina, et al. "Deadly declines and diversity—understanding the variations in regional Aboriginal and Torres Strait Islander smoking prevalence." *Australian and New Zealand Journal of Public Health* 46.5 (2022): 558-561.

Overall anti-smoking attitudes, knowledges and beliefs

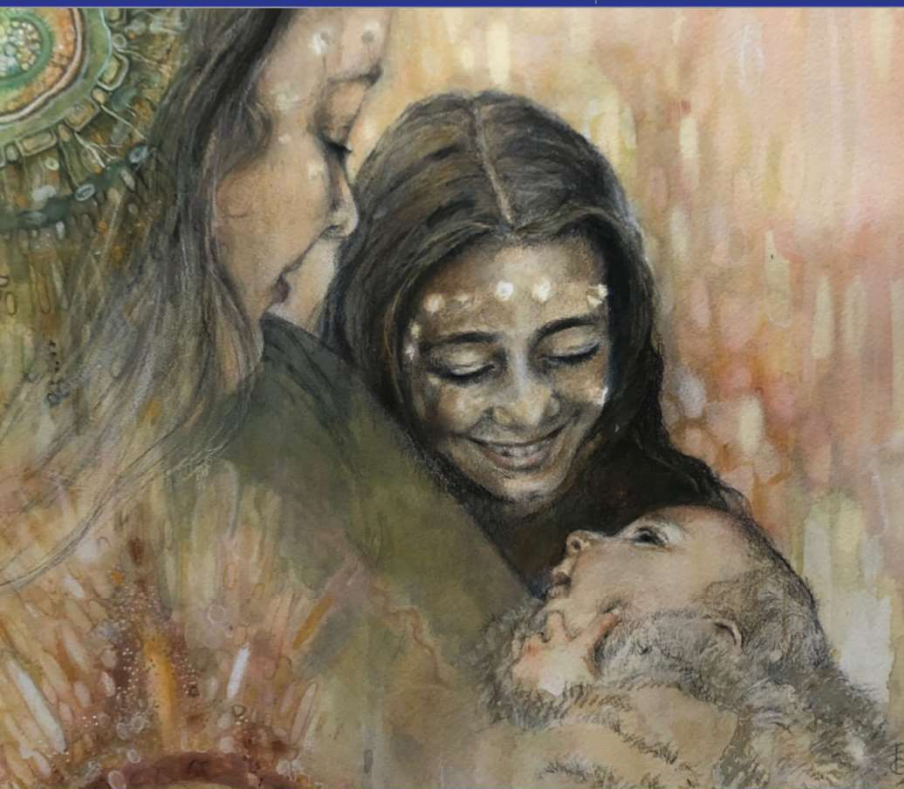
76% current Aboriginal and Torres Strait Islander people who smoke **want to quit** and approximately 70% **wish they never took it up**

60% reported community disapproval of smoking

Motivators for quitting were personal health, cost, and health of family for current and past smokers

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>





Methods

Research team

The research methods and the research team members' world views have influence on: perspectives, values, and conduct of the Which Way? study; levels of engagement in the study; and interpretation of the study the findings.^{31,32} The study was conceptualised and led by one of us (MK, Wiradjuri woman), in partnership with Aboriginal communities and women (HL.

SB). Our team brings together Aboriginal and Torres Strait Islander lived experience (MK, CC, HL, SB), Indigenous lived experience (RM), and expertise in Aboriginal health services (PH, HL, SB), Indigenous tobacco research (MK, CC, CH, RM) and epidemiology (CH, EB, AM, RM). Which Way? is co-owned and governed by Aboriginal partnering communities.³⁰ Aboriginal and Torres Strait Islander people were involved in all aspects of the study, from survey development through to manuscript writing and dissemination of the study findings. Which Way? used integrated knowledge translation embedding knowledge users to ensure Aboriginal and Torres Strait Islander community and health care delivery relevance, privileging Indigenous knowledge and scientific excellence.

The Which Way? study

A cross-sectional survey targeting Aboriginal and Torres Strait Islander women of reproductive age (16–49 years) who were smokers or ex-smokers was conducted online during the period July to October 2020. The full survey is available online ([Supporting Information](#), Table 1).

Survey items were informed by previous publications (including a report on a national tobacco survey),³³ validated measures for smoking and quitting, and Aboriginal knowledge through Which Way? project partners (including female Aboriginal health workers). An iterative co-design process was used, in which one of us (MK, Aboriginal researcher) and Aboriginal community partners informed the survey item categories. The preliminary survey was then reviewed by the research team to establish face and content acceptability and validity, and later pilot tested for feasibility and acceptability with 15 Aboriginal women known to the research team.

Ethics

The Which Way? study was developed by, and is co-owned with, Aboriginal communities in regional and urban New South Wales. The project upholds ethics principles of research with Aboriginal and Torres Strait Islander peoples in line with the National Health and Medical Research Council's *Guidelines for ethical conduct in Aboriginal and Torres Strait Islander health research*, the Aboriginal Health and Medical Research Council's *AHMRC ethical guidelines: key principles (2020) V2.0* and the international CONSIDER statement. Ethics approvals were obtained from the Aboriginal Health and Medical Research Council (1603/19) and the University of Newcastle (H-2020-0092). All participants provided informed consent.

Acknowledgements: Michelle Kennedy is funded by an NHMRC Early Career Fellowship, grant number 1158670. This study was funded by the National Heart Foundation Aboriginal and Torres Strait Islander Award, grant number 102458. The funding bodies were not involved in the conduct of this research. We acknowledge the partnering services and staff for their time and commitment to this long-term project, including the Dhanggan Gudjagang team, Yerin Eleanor Duncan Aboriginal Health Centre, Tamworth Aboriginal Medical Service, Nunyara Aboriginal Health Clinics, and Waminda South Coast Women's Health and Welfare Aboriginal Corporation. We also acknowledge all the Aboriginal and Torres Strait Islander women who contributed to this research project — thank you for sharing your experiences with us, it is our honour to privilege your voices.

Smoke free behaviours: Mayi Kuwayu cross-sectional

Quit attempts

- Among current smokers
 - 45% tried to quit
 - 48% tried to reduce smoking
- Among past smokers
 - 66% quit unaided
 - 67% quit more than 5 years ago

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>



Smoke free behaviours: ABS trends

- From 2002-2018/19 significant improvements in **initiation, cessation, smokefree homes and smoking intensity**
 - An average annual relative increase in **successful quit attempts of +1%**
- Largest improvements were in the number of:
 - Smokers living in **smokefree homes**
 - **Children** living in **smokefree homes**
 - People smoking **15+ cigarettes** per day



Opportunities: moving beyond incremental success

- Could there be some opportunities to improve:
 - Referrals for cessation supports?
 - claim/generate revenue through MBS cessation supports?

“Smoking cessation is everyone's business”



Smoke free behaviours: Quitline

- At least **12,000 Aboriginal and Torres Strait Islander Quitline clients** between 2016 to 2020, nationally
- An average of **~2,500** people contacted the Quitline each year
- This represents approximately **1–2%** of all Aboriginal and Torres Strait Islander **current smokers**
 - **TIS areas: 1.2–1.6%** of current smokers
 - **Non-TIS areas: 0.8–1.0%** of current smokers
- Referrals: approx. **2/3 (66%)** of clients were referred by **third parties**
 - **1/3 (31%)** of third-party referrals were made by Aboriginal and Torres Strait Islander services

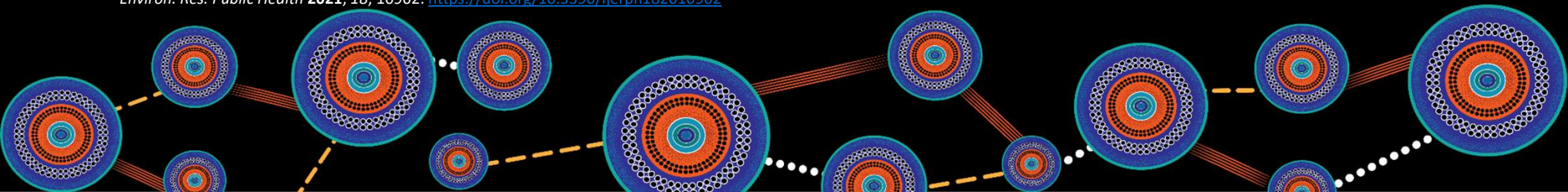


The Tackling Indigenous Smoking program: Mayi Kuwayu Study findings

TIS areas compared to non-TIS areas were associated with significantly higher prevalence of smoke free homes

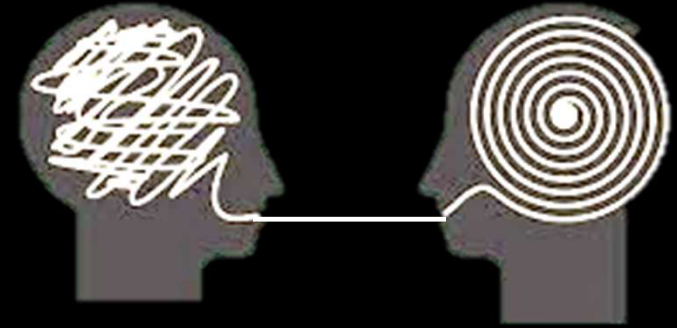
- **15%** (PR 0.85;95%CI:0.74,0.97) among all participants, and
- **18%** (PR0.82, 95% CI: 0.70, 0.95) among people who smoke
- indicators of lower nicotine dependence
 - smoking ≥ 21 cigarettes per day by **21%** (PR 0.79;95%CI:0.62,<1.00),
 - smoking a first cigarette within 5 minutes of waking by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



E-cigarettes and *confused* messaging?

- Urgent action is needed to ensure nicotine e-cigarettes are accessed by people who are trying to quit smoking.
- Communities continue to discuss 'e-cigarettes'
 - harming children,
 - hampering efforts to reduce smoking and nicotine use, and
 - undermining school and parenting messages about the harms of e-cigarettes and tobacco, especially among children, young people and people who do not smoke



Locally tailored, culturally safe communication



SolidMOB smoke free stories



What's your smoke free story? videos



Don't make smokes your story: real life stories



Anti smoking campaign: Jack Wilson, Australian Ninja Warrior Finalist



Don't smoke - William Finau (rugby player - Newcastle Knights)



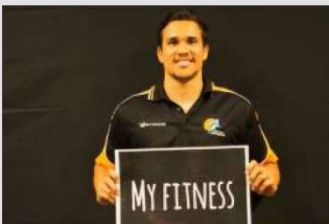
Dwayne Jones Quit story



Carbal Can Tackle Indigenous Smoking



Smoke Free Community



What's your story, Cape York?



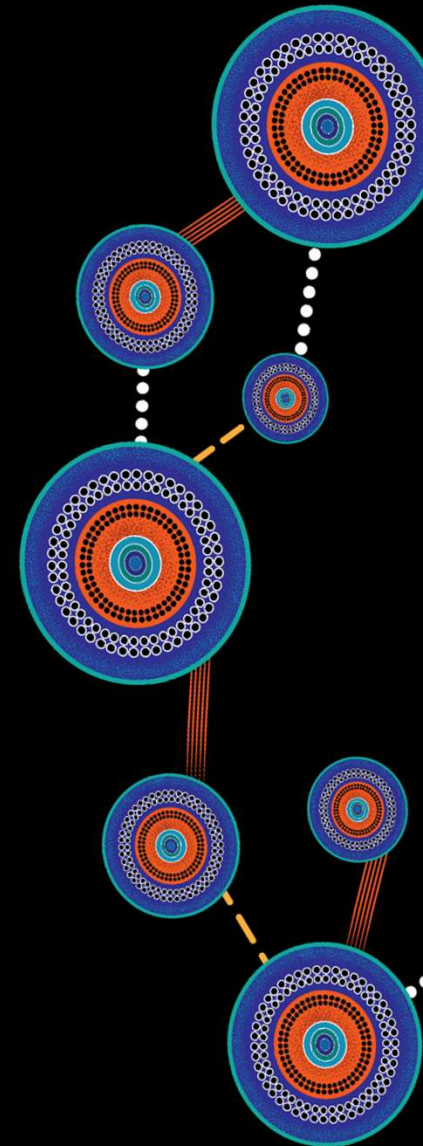
IUIH Deadly Choices videos



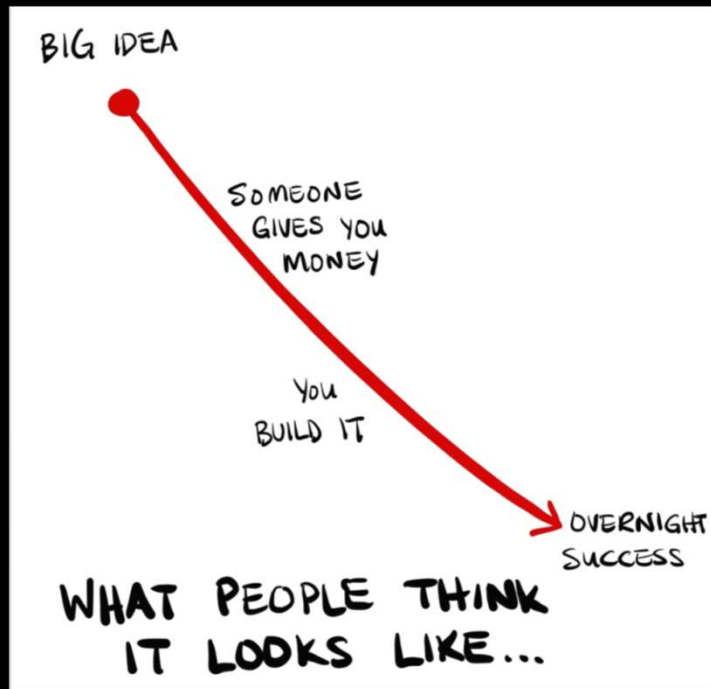
Kick the Habit social marketing campaign



Don't make smokes your story

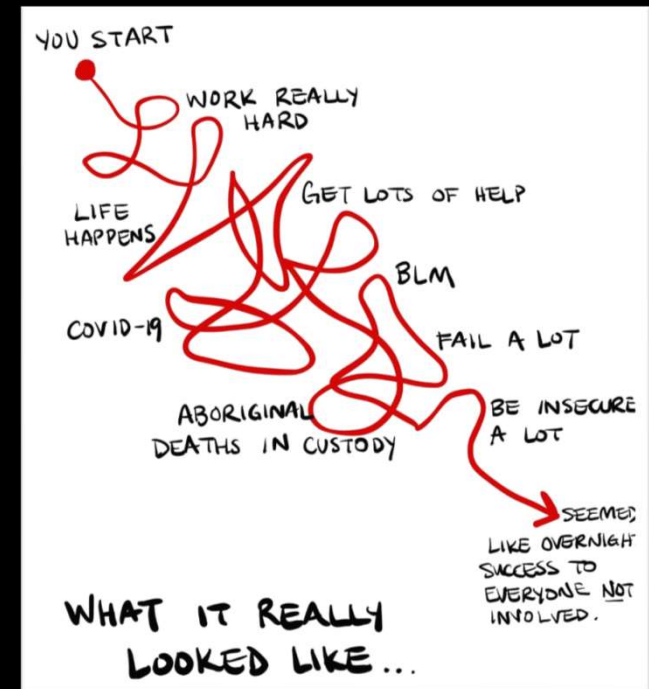


What people think



Vs.

Reality



The National Tobacco Strategy 2023-2030 aims to:

Many
lives saved



Reduce tobacco use among all Australians to less than 5%

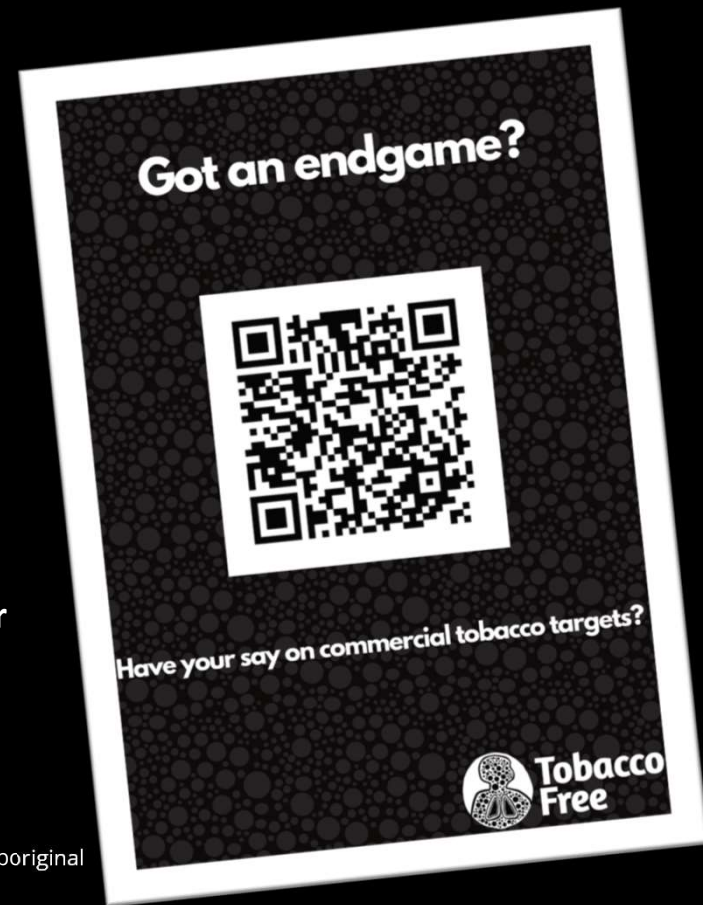


Reduce tobacco use among Aboriginal and Torres Strait Islander peoples to less than 27%



The Deadly News since 2004...

Many
lives saved



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. ANZJPH, 44: 449-450. <https://doi.org/10.1111/1753-6405.13049>

