

National CEO TIS Workshop

“Opening remarks and strategic overview”



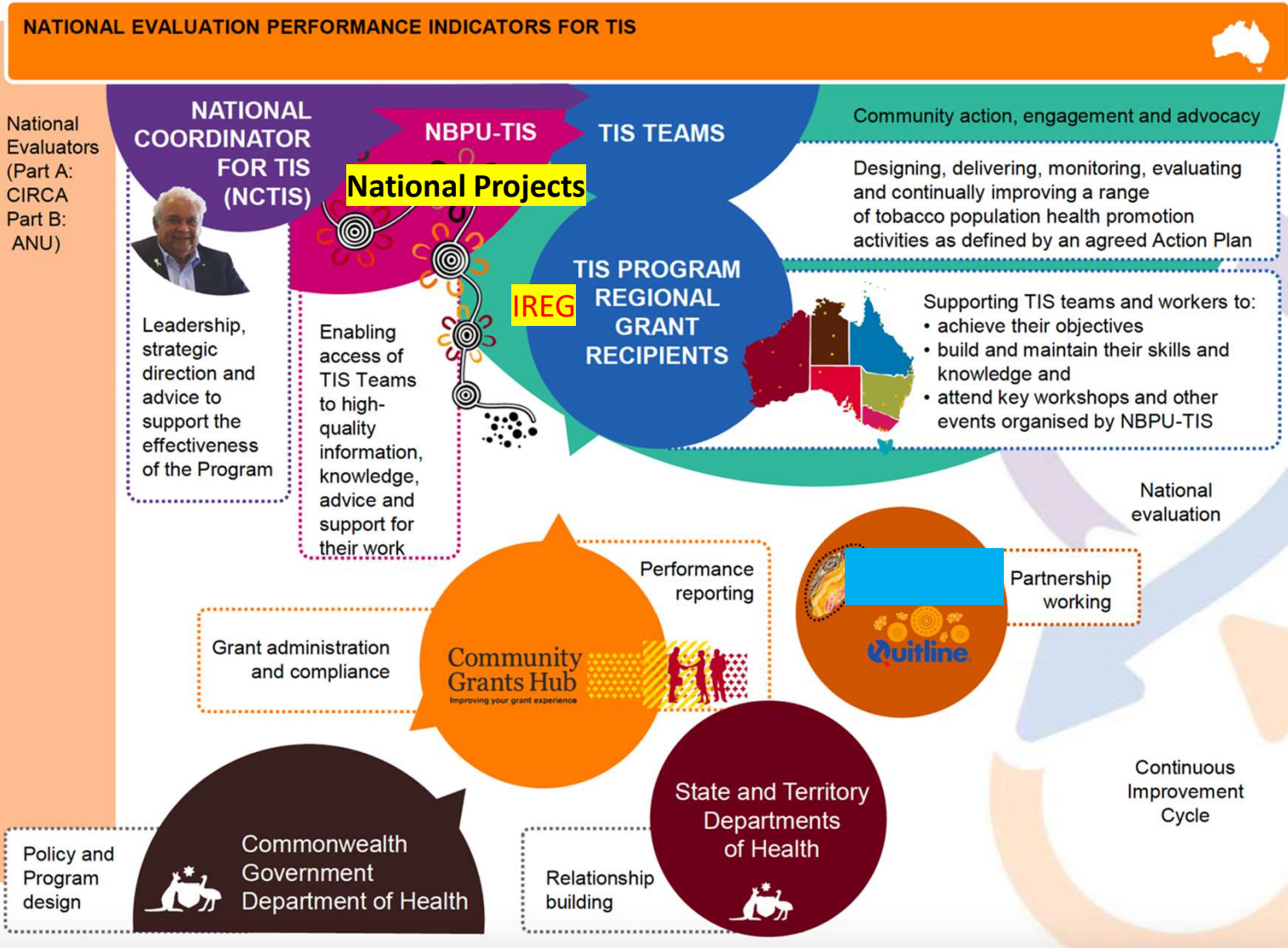
Adelaide
5 July 2023



Prof Tom Calma AO
National Coordinator Tackling Indigenous Smoking



Overview of TIS Program processes



Tackling Indigenous Smoking Structure and ecosystem




Tobacco smoking and mortality among Aboriginal and Torres Strait Islander adults in Australia

Authors: Thurber, K.A, et al

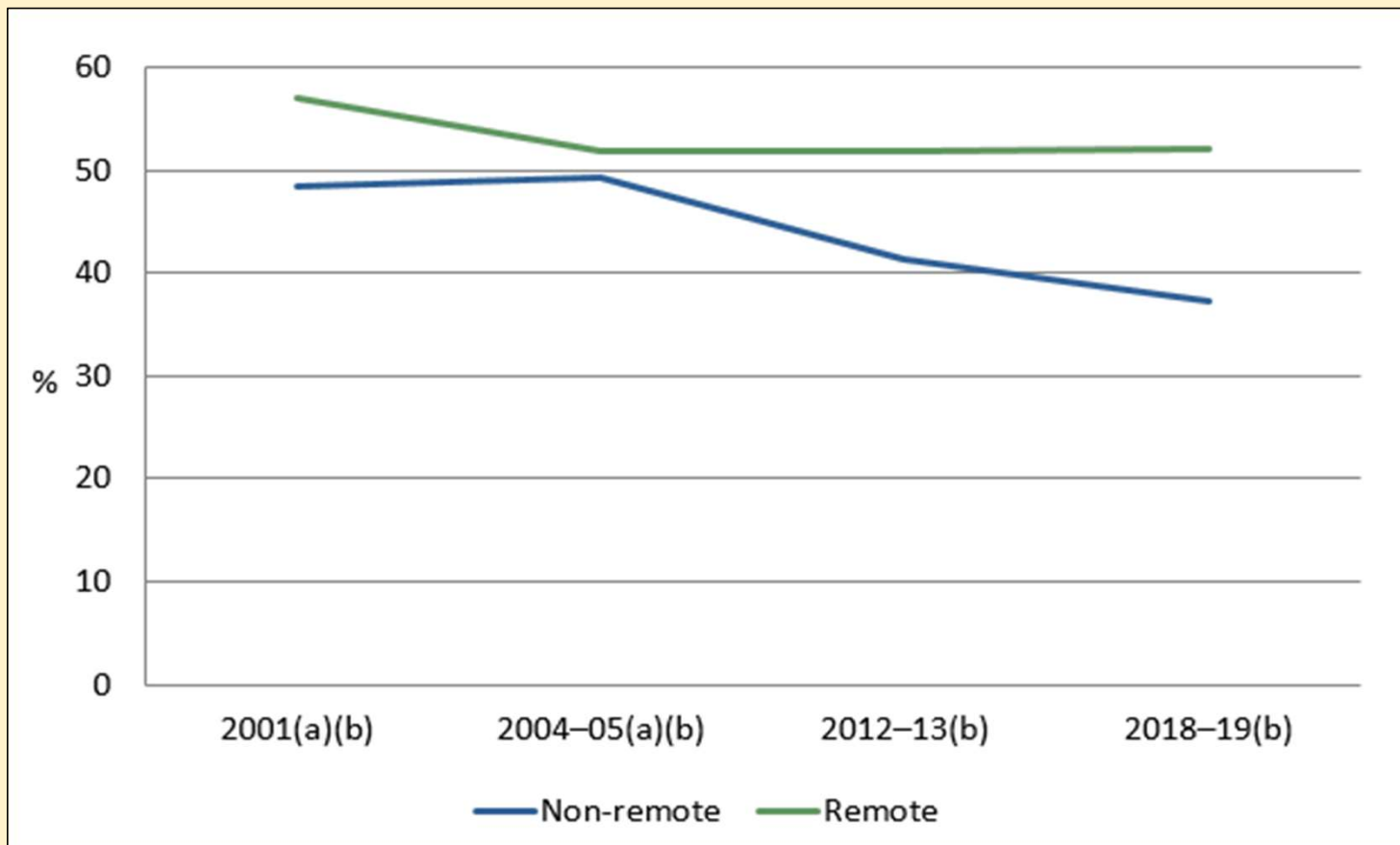
WHAT DID WE FIND?

- 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?

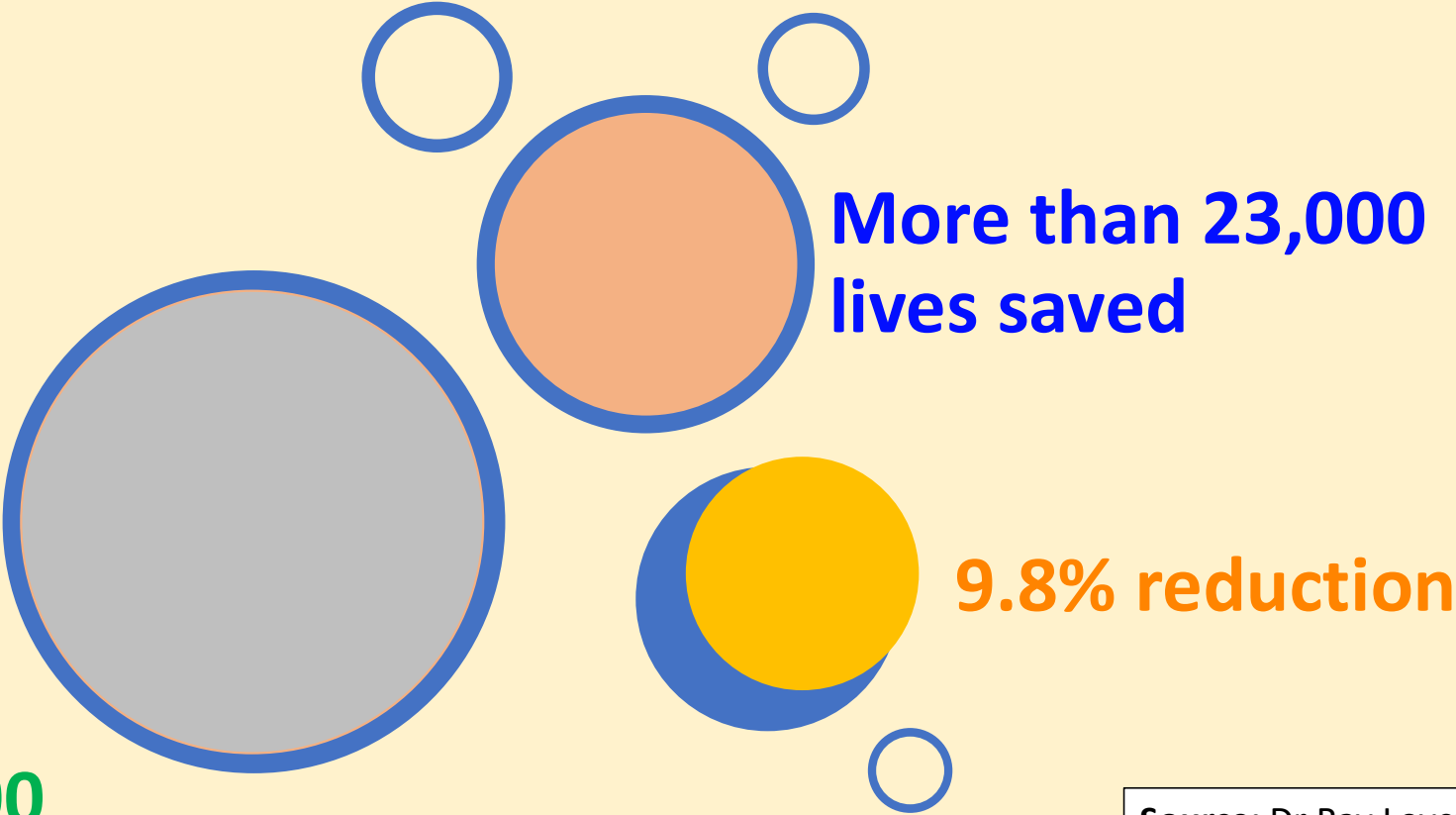
-  The negative impact of smoking on families and communities has always been underestimated.
-  We have Aboriginal and Torres Strait Islander specific evidence about smoking and death - for the first time.
-  We need to expand tobacco control efforts because they are saving lives.

Current daily smokers, by remoteness, 2001 to 2018–19 Aboriginal and Torres Strait Islander people aged 18 years and over



Sources: 2001 National Health Survey, 2004–05 National Aboriginal and Torres Strait Islander Health Survey, 2012–13 National Aboriginal and Torres Strait Islander Health Survey and 2018–19 National Aboriginal and Torres Strait Islander Health Survey

Over the past decade 2004 – 2018/19



**Almost 50,000
fewer daily smokers**

Source: Dr Ray Lovett
Maddox et al. (in press)

What is the TIS Challenge?

In 2018/19,

- One-third of Aboriginal and Torres Strait Islander adults had **never smoked**.
- The **remaining two-thirds** of adults were either current tobacco smokers (40.2% smoke daily and 3.1% smoke less frequently) or
- **Past smokers** (24%).
- This constitutes over 300,000 adults at risk of smoking-related morbidity and mortality.
- 33.2% population **under 15** in 2021
- **Vaping** on the increase

The Aboriginal population in Australia is estimated to 745,000 individuals or **3 per cent** of the total population of 24,220,200 in 2022.

NATIONAL TOBACCO STRATEGY 2023–2030

- The costs of tobacco use borne by the Australian community in 2015–16 were estimated to be \$137 billion.³³ Tobacco use also remains the **biggest contributor to Australia’s preventable health burden**, contributing 8.6% of the total burden of disease in Australia in 2018³⁴ and **12% of the total preventable health burden for First Nations people**.³⁵
- This Strategy aims to achieve a national daily smoking prevalence (for non Indigenous people) of **less than 10% by 2025** and **5% or less by 2030** in Australia.
- **Exposure draft** of the *Public Health (Tobacco and Other Products) legislation and consultation paper* are released for public comment until 14 July 2023 - <https://consultations.health.gov.au/phd-tobacco/public-consultation-for-tobacco-review/>

The National Preventive Health Strategy 2021 to 2031

(National Preventive Health Strategy)

- *reducing smoking rates among First Nations people **to 27 percent or less** by 2030. This sets an ambitious target of reducing First Nations smoking rates **by 10 percent within 10 years** (2030).*

The **key priorities** of the TIS RTCG Program (2023-24 to 2025-26) are to:

- achieve **national coverage** of the TIS RTCG Program through an expanded service delivery model
- maintain a **focus on priority groups**, including remote communities, youth, and pregnant women
- begin steps to **reduce smoking rates** among First Nations people **to 27 percent or less by 2030**
- strengthen the **focus on population health activities**

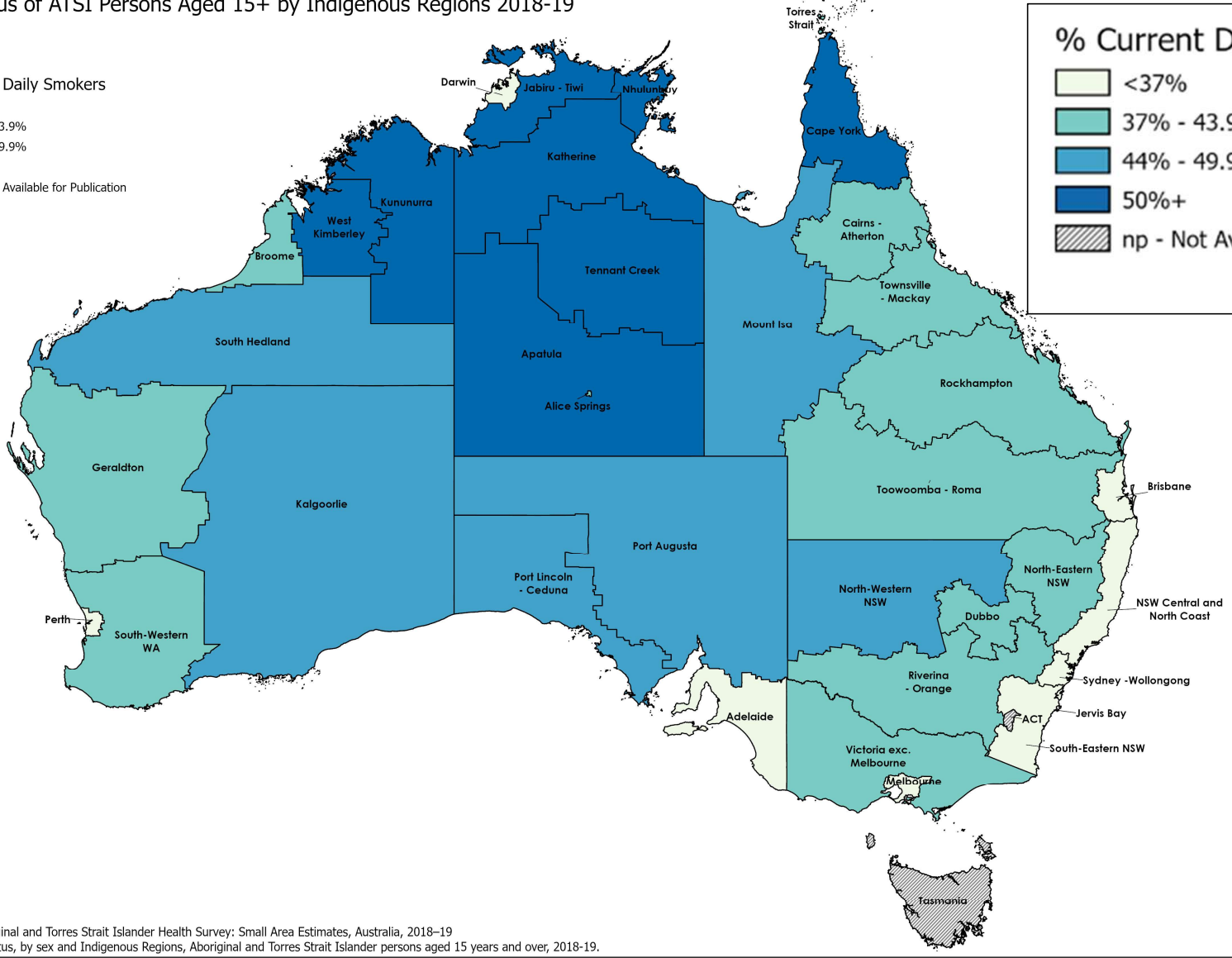
Tackling Indigenous Smoking program 2023 - 2026 @ 1/7/2023

- Thirty Seven (37) teams funded nationally for 3 + 1 (**4**) years
- Annual **budget** to TIS Teams will increase to undertake additional duties
- Current funding **to 30 June 2026 plus one year**
- Reset past practices clearly strategizing what's needed for next 4 years
- Opportunity for CEOs to raise issues and comment on the program.

Smoker Status of ATSI Persons Aged 15+ by Indigenous Regions 2018-19

% Current Daily Smokers
 <37%
 37% - 43.9%
 44% - 49.9%
 50%+
 np - Not Available for Publication

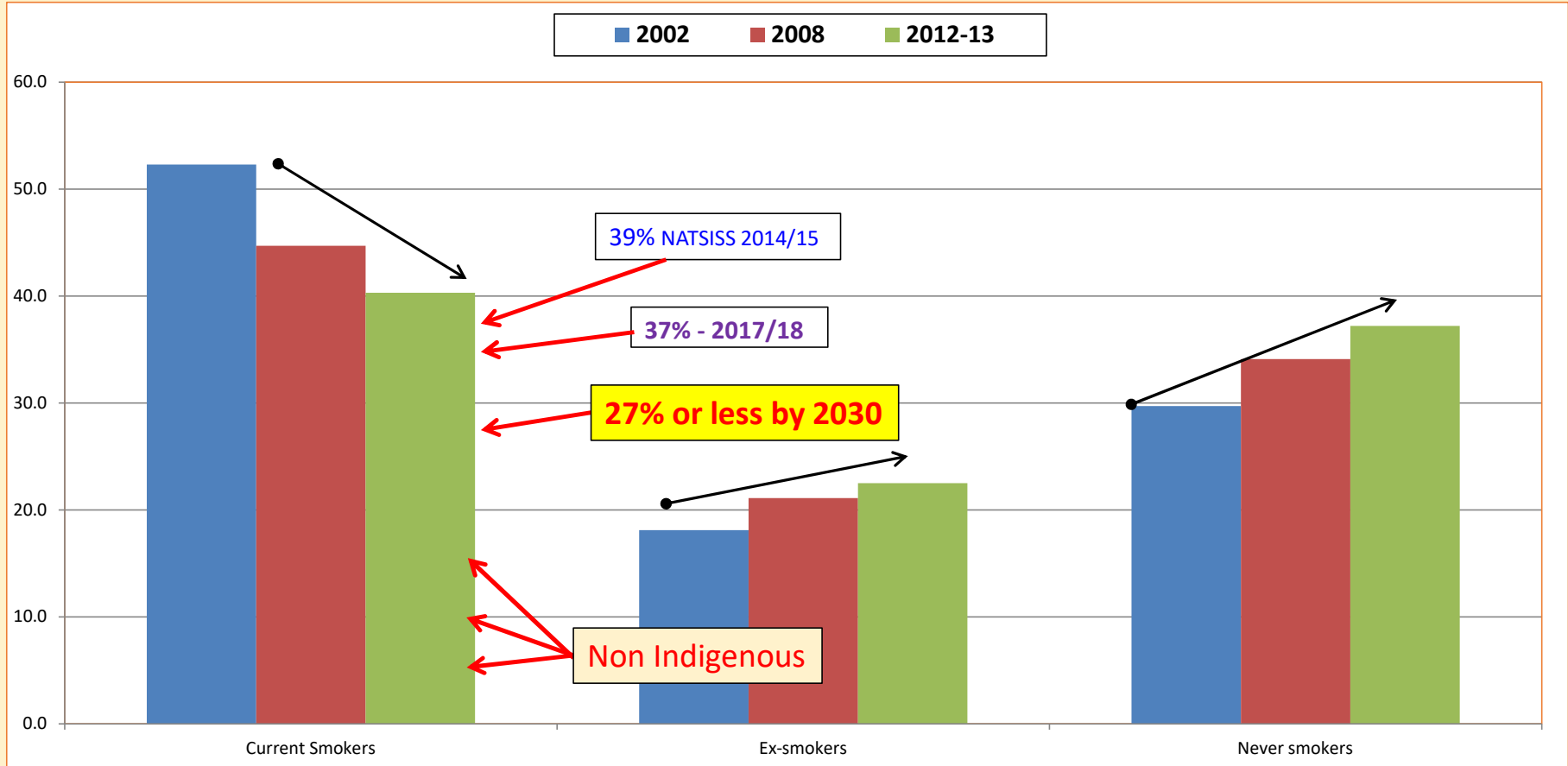
% Current Daily Smokers
 <37%
 37% - 43.9%
 44% - 49.9%
 50%+
 np - Not Available for Publication



IREG
 Boundaries
 from
 1 July 2023

Source: ABS
 4715.0 National Aboriginal and Torres Strait Islander Health Survey: Small Area Estimates, Australia, 2018-19
 Table 44.1 Smoker status, by sex and Indigenous Regions, Aboriginal and Torres Strait Islander persons aged 15 years and over, 2018-19.

Aboriginal and Torres Strait Islander Smoking





Australian Government
Department of Health
and Aged Care

Indigenous Australians' Health Programme
Tackling Indigenous Smoking Regional Tobacco
Control Grants (2023-24 to 2025-26)
Grant Opportunity Guidelines
GO5803

Opening date:	18 November 2022
Closing date and time:	14.00 AEST on 20 January 2023
Commonwealth policy entity:	Department of Health and Aged Care (Department)
Administering entity	Community Grants Hub
Enquiries:	If you have any questions, contact the Department via email: grant_atm@health.gov.au Questions should be sent no later than 17:00 AEST 13 January 2023
Date guidelines released:	18 November 2022
Type of grant opportunity:	Targeted competitive

Contents

1. Indigenous Australians' Health Programme: Tackling Indigenous Smoking Regional Tobacco Control Grants Program (2023-24 to 2025-26) processes	4
2. About the grant Program	5
2.1 About the Tackling Indigenous Smoking Regional Tobacco Control Grants grant opportunity	9
3. Grant amount and grant period	9
3.1 Grants available	9
3.2 Tackling Indigenous Smoking Regional Tobacco Control Grants period	9
4. Eligibility criteria	9
4.1 Who is eligible to apply for a grant?	9
4.2 Who is not eligible to apply for a grant?	11
5. What the grant money can be used for	11
5.1 Eligible grant activities	11
5.2 Eligible locations	12
5.3 Eligible expenditure	12
5.4 What the grant money cannot be used for	12

5. What the grant money can be used for

5.1 Eligible grant activities

To be eligible, your grant activity must:

- be delivered with a *preventive population health approach* that effectively achieves the required reach to all First Nations people within the IREG for which you are applying.
- *directly relate to the TIS RTCG Program*, which include:
 - community education and engagement (training, social activities, and events)
 - developing smoke free policies in social settings (workplaces, cars, homes, sporting, and community events)
 - mass media/social media campaigns (television, radio, print media, social media)
 - promotional resources (posters, pamphlets, smoke free signage)
 - community events (World No Tobacco Day, NAIDOC, fun runs)
 - anti-vaping and e-cigarette activities.

Eligible grant activities include:

- TIS Program workshop and intervention materials.
- TIS Program marketing, promotional activities and merchandise.
- *in-person attendance at NBPU training sessions* and *TIS Program workshops for the jurisdiction* where your nominated ABS IREG is geographically located.

Ineligible grant activities include:

- **wages, training, and travel costs for non-TIS Program staff**
- **sporting team sponsorships**
- purchase of land
- major capital expenditure including vehicle purchase, major construction, capital works and temporary buildings
- retrospective costs of TIS RTCG Program activities
- costs incurred in the preparation of a grant application or related documentation
- **Nicotine Replacement Therapies (NRTs) or other smoking cessation products or services**
- **direct or indirect delivery of smoking cessation services**
- international travel
- activities for which other Commonwealth, state, territory, or local government bodies have primary responsibility, including **smoking cessation supports in correctional settings**
- activities not directly related to the TIS RTCG Program.

TIS Family 2019



TIS Family 2023

