### NATIONAL BEST PRACTICE UNIT TACKLING INDIGENOUS SMOKING



# Taking a Tour of the TISRIC

ACT/NT/SA/WA Jurisdictional Workshop 13 March 2024

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Core funding is provided by the Australian Government Department of Health and Aged Care

## **Acknowledgment of Country**

I acknowledge the Traditional Owners of the land we're on today, the Whadjuk people of the Noongar Nation and pay my respect to Elders past, present and emerging.



## The TIS website

- Designed, created and managed by the Australian Indigenous Health*InfoNet*
- Has custom-built navigation and pages
- TISRIC
- Sections for Grant Recipients to showcase their work





## tacklingsmoking.org.au

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#### Facts about smoking

Tobacco use has many health impacts, including increasing the risk of chronic diseases such as cardiovascular disease, many forms of cancer, and lung diseases. Tobacco use is also a risk factor for complications during pregnancy, and is associated with preterm birth, low birth weight, and perinatal death. Environmental tobacco smoke (second-hand smoke) is also a risk to health. Children are particularly susceptible to problems caused by breathing in second-hand smoke (passive smoking). This includes a greater risk of middle ear infections, more frequent and severe asthma attacks, and increased risk of sudden infant death syndrome (SIDS).

A recent study found that the health impacts of smoking among Aboriginal and Torres Strait Islander people have been underestimated by previous research. However the study also highlighted the benefits of quitting at any age. There is no level of smoking that is risk free. A person's risk of developing cancer increases the more they smoke, e.g. compared to non-smokers, people who smoke 1-5 cigarettes a day are 10 times more likely to develop lung cancer, while people who smoke more than 35 cigarettes per day are 39 times more likely. The best way to reduce cancer risk is by quitting smoking or not starting.

#### Extent of tobacco use among Aboriginal and Torres Strait Islander people

The latest data about smoking prevalence among Aboriginal and Torres Strait Islander people comes from the 2018-19 National Aboriginal and Torres Strait Islander Health Survey. The picture is a positive one, with the strong downward trend in smoking prevalence over the last 15 years leading to fewer tobacco related illnesses and many lives saved. There are now more Aboriginal and Torres Strait Islander people who do not smoke, than do smoke.





### **Facts about smoking**

#### Vaping (e-cigarettes) in Australia

The use of vapes (e-cigarettes) to quit tobacco smoking is a controversial topic which continues to be debated internationally. In Australia, the sale and use of non-nicotine vapes by adults is controlled by state and territory laws. This means restrictions vary across the country. For example, vapes may be sold by retailers in all states and territories except Western Australia, but may not be sold to minors. In some states and territories, they can only be sold by licensed retailers. Nicotine vapes are covered by federal law, because nicotine is regulated as a poison by the Therapeutic Goods Administration (TGA). The sale and use of nicotine vapes is lilegal without a valid prescription as described below.

According to the National Drug Strategy Household Survey (NDSH5) 2022-2023, yaping increased across Australia between 2019 and 2022-2023 for most population groups, including Aboriginal and Torres Strait Islander people. The NDSHS found that for Aboriginal and Torres Strait Islander people aged over 14 years who were livening in non-remote areas:

- almost 1 in 3 had ever tried a vape (31%)
- around 7% reported using vapes regularly (e.g., daily weekly, monthly)
- 1 in 20 both smoked and used vapes (5.1%).



Analysis of the 2018-19 National Aboriginal and Torres Strait Islander Health Survey by the Australian National University found Aboriginal and Torres Strait Islander people who had tried vaping were more likely to be:

- male
- younger (under 45 years of age)
- living in urban and regional areas.

Vaping is increasingly popular in Australian youth who prefer vapes that are:

- cheap
- easy to conceal
- contain nicotine and flavourings.

Many youth who vape have never smoked conventional cigarettes. This suggests that many people in Australia who vape are not using vapes to help them quit. Staying up-to-date with the evidence about vaping is important as it is an evolving area of study. The Lung Foundation Australia, in partnership with La Perouse Local Aboriginal Land Council's TIS team Na Joomelah, and the NBPU TIS created a resource package, consisting of three short animations and accompanying factsheets, to help young First Nations people better understand how vaping can affect them, the people around them and the environment. You can access the resource package here.



### **Facts about vaping**



#### Connie the Clever Cockie Presents

Tobacco Control News Evidence in Brief - February 2024 Findings from the Australian Secondary Students' Alcohol and Drug Survey

This month I thought you would be interested to hear about the latest findings from the Australian Secondary Students' Alcohel and Drug Survey (ASSAD), published in late December 2023. The survey includes questions about tobacco and e-cigaretie use (vaping) as well as alcohol and other drugs. ASSAD is a national survey which is usually completed every three years by Australian secondary school students aged 12-17 years. The survey did not take place in 2020 due to CC/ND restrictions, so this is the first report on student smoking and vaping since 2017. Between March 2022 and July 2023 over 10,000 students from 83 schools completed the survey. We do not yet have Aboriginal and Torres Strait Islander survey findings since they are the most recent stats we have on youth smoking and vaping behaviours.

#### Key Messages:

- Smoking Decline: Smoking rates among students reached their lowest point ever, rellecting successful preventative health efforts. In 2022/23 one in seven students (14%) reported ever smoking, compared to around one in five in 2014 (19%) and 2017 (18%).
- Vaping Increase: Almost one-third (30%) of students tried vaping in the last two years – more than double the proportion who had tried vaping in 2014 (13%) and 2017 (14%).
- Dual Usage: More than one in nine students (12%) reported smoking and vaping. This is also higher than in 2014 (8%) and 2017 (8%).
- Concern for Health: The rise in vaping among students raises concerns about potential health implications and the need for continued monitoring and education regarding nicotine consumption among youth.

#### Smoking Prevalence 2022/23

In 2022/23 the study found that:

- 14% of Australian secondary school students had ever smoked even part of a tobacco cigarette;
- . Less than one in 10 students (8%) had smoked in the past year;
- · Around 3% had smoked in the past month;
- 2% had smoked in the past week.

Older students (16-17 years old) were more likely than younger students (12-15 years old) to have ever smoked or to have smoked recently (in the past year, past month, or past week). There were no significant differences in smoking behaviours between male and female students.

#### **Changes in Smoking Behaviours over time**

- Smoking behaviours among Australian secondary school students have continued to decline in recent years. This includes:
- Ever-smoking down to 14% in 2022/23 from 19% 2014 and 18% in 2017
- Smoking in the past year down to 8% in 2022/23 from 14% in 2014 and 13% in 2017
- Smoking in the past month down to 3% in 2022/23 from 8% in 2014 and 2017
- Smoking in the past week down to 2% in 2022/23 from 5% in 2014 and 2017.

This shows a positive shift away from smoking behaviours among Australian youth.





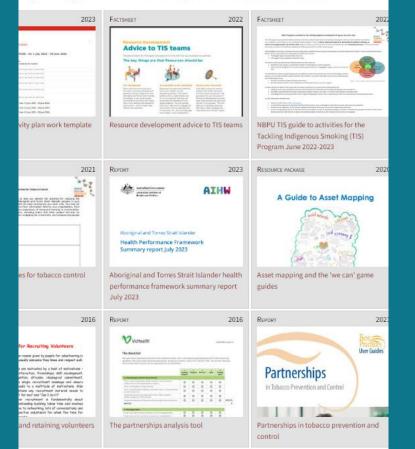




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#### to Support Planning

recipient and require resources in alternative formats, please contact the National Best Practice Unit.



#### **Resource Development** Advice to TIS teams

This advice follows the TIS program principles and is in line with how you should plan any activities.

#### The key things are that Resources should be:



Co-designed

Evidence-based

Make sure that you have correct

and up to date information on any

posters or brochures. Information

should be based on the science

not hearsay or 'old wives' tales.

You can make sure information

looking on the TIS Website, or use

other verified information sources such as Tobacco in Australia. Talk to your Project Officer who will be

able to provide you with up-to-date evidence on Tobacco control.

Make sure to talk to your project officer

they can give you feedback to make sure

(and they can also act as a proof-reader,

throughout the development process -

is accurate and up to date by

resources you develop such as



Work with the community from the start of resource development because it shows respect for local Aboriginal and Torres Strait Islander knowledge. It also gives people ownership of resources and makes them more relevant and tailored to local culture - which means they this if you make sure to engage the will be more effective. community in the co-development



local images, local ambassadors.

Strengths based

(or never starting smoking)

smoke free.

All the evidence tell us that most

people are aware of the dangers

of smoking. Resources that focus

are more effective for motivating and supporting Aboriginal and

Torres Strait Islander people to be

on the benefits of quitting smoking

#### **Outcomes focused**

Think about what you want to achieve with these resources Is there a particular group in the population you are focused on? During the development process keep checking that the resources will be 'fit for purpose'. This will help you to develop resources that have a clear message, are of resources. So, use local language, meaningful and will have impact.

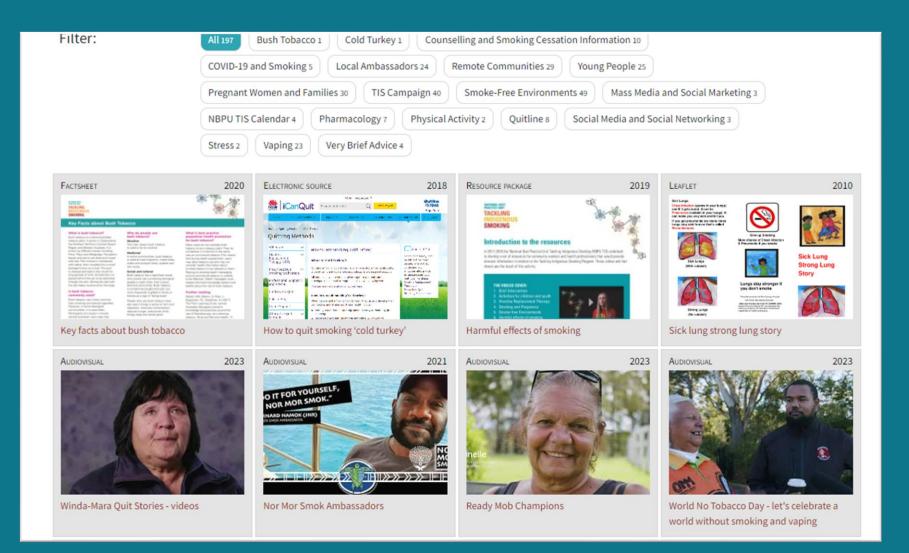


#### A call to action Good health promotion is not just about sharing knowledge

and information. Educational resources are a good starting point for changing attitudes and behaviour but are more effective when they include a call to action.



### **Resources to Support Planning**



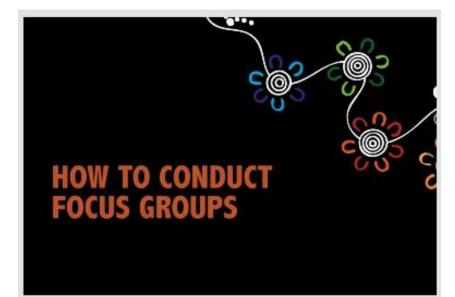
### **Resources to Support Activities**

### Resources to Monitor and Evaluate Your Program





Survey question bank



#### Katherine West Health Board Aboriginal Corporation

#### Program status

#### Description

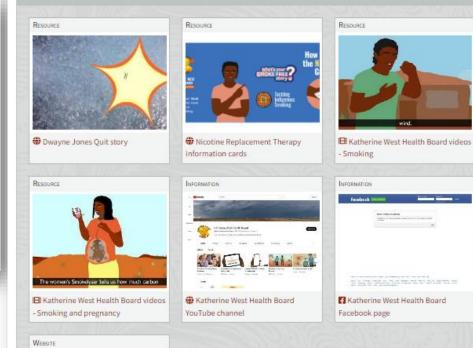
Indigenous Region (IREG) serviced by Katherine West Health Board Aboriginal Corporation: Katherine (IREG code: 705).

Katherine West Health Board (KWHB) Aboriginal Corporation is an Aboriginal Community Controlled Health Organisation located across the river and desert country of the remote outback to the southwest of Katherine in the NT.

KWHB provides clinical, preventative, and emergency health services in seven health centres based in the remote Aboriginal communities of:

- Timber Creek
- Bulla
- Amanbidii
- Yarralin
- Nitjpurru
- Kalkaringi
- Lajamanu.

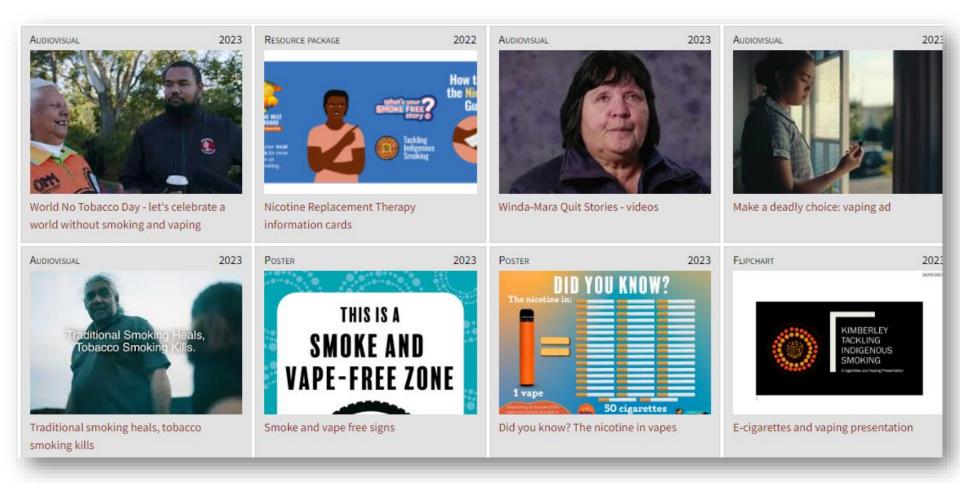
### **TIS Team Activities**





Links

Hatherine West Health Board



### **TIS Team Resources**



## **Staying connected**



Join the National TIS Workers Yarning Group on Facebook.

- Closed group <u>TIS Workers only</u>
- Make sure you answer the membership questions after you click 'Join'.
- Safe space to connect with colleagues around Australia.



## **Staying connected**

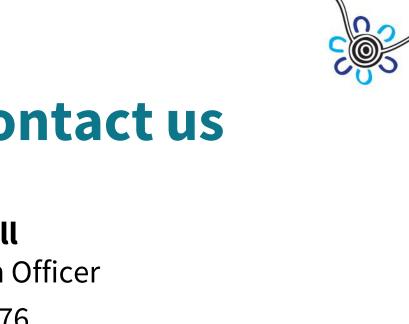


Sign up to the **NBPU TIS Monthly Newsletter**.

- Updates from NBPU TIS, Professor Tom Calma AO, DoHAC and partners
- TIS teams, including success stories **send them in!**
- Features key dates, latest website additions and upcoming events.

## **Please contact us**

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