

Indigenous Excellence in Tobacco Control

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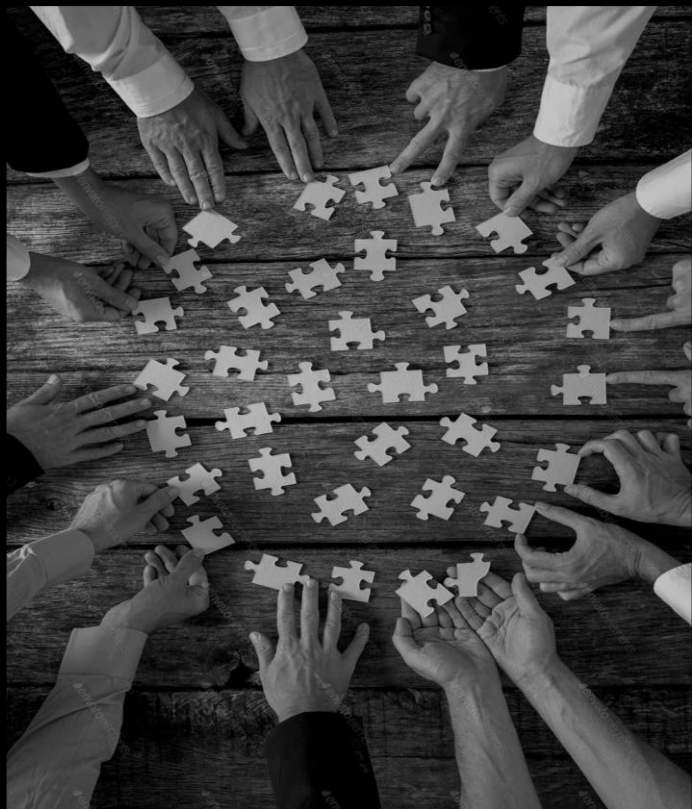


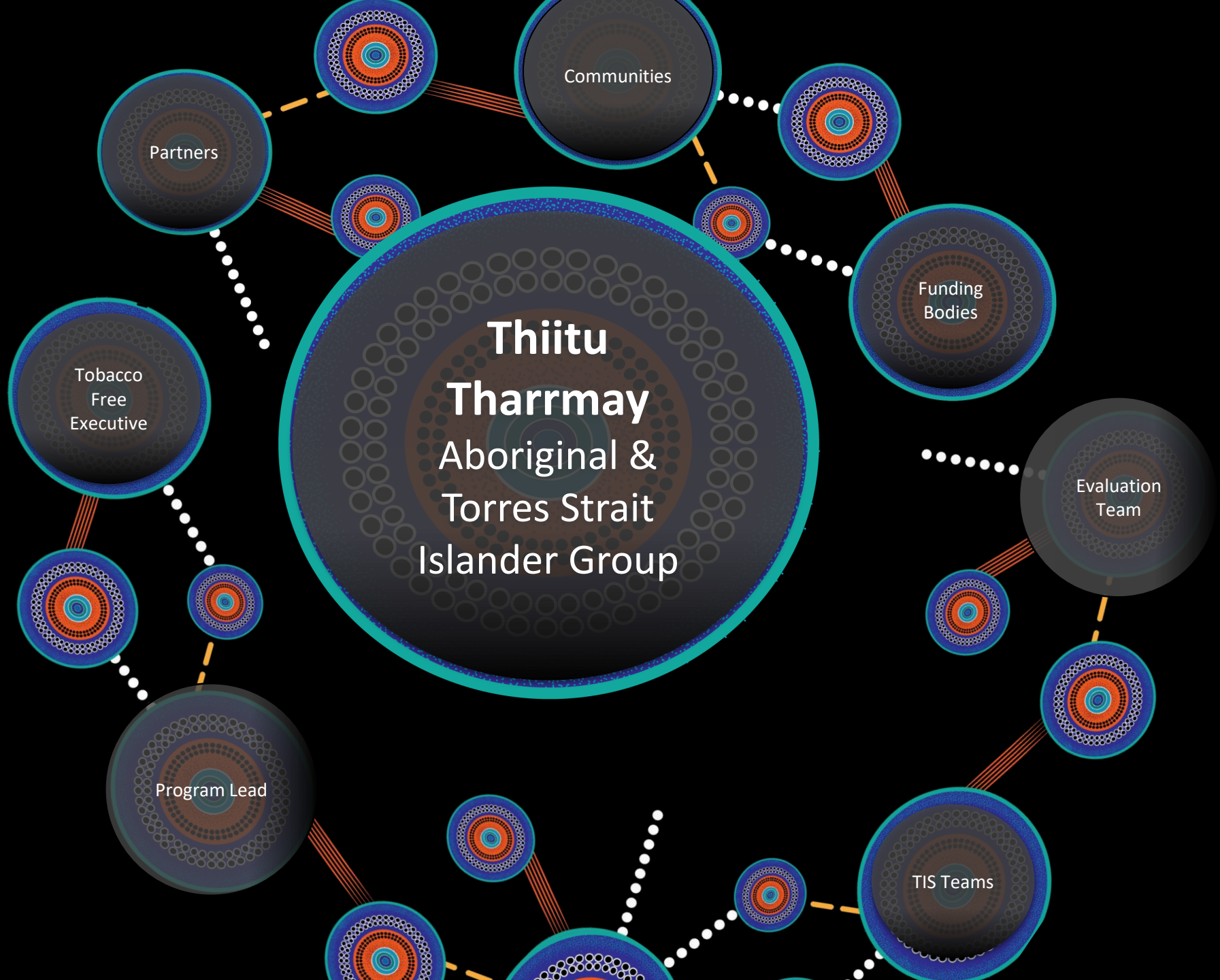
Milne Bay, PNG





What we'll cover today







Aboriginal and Torres
Strait Islander peoples
thriving
(life uninterrupted)



At service to
Community



Eliminate
preventable
death/tobacco
related death
and disease



Staff &
student
capacity and
capability



Indigenous excellence

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, men and women, and the epidemic has been protracted.
- New Aboriginal and Torres Strait Islander specific evidence demonstrates that we have previously underestimated the impact of the Tobacco Industry

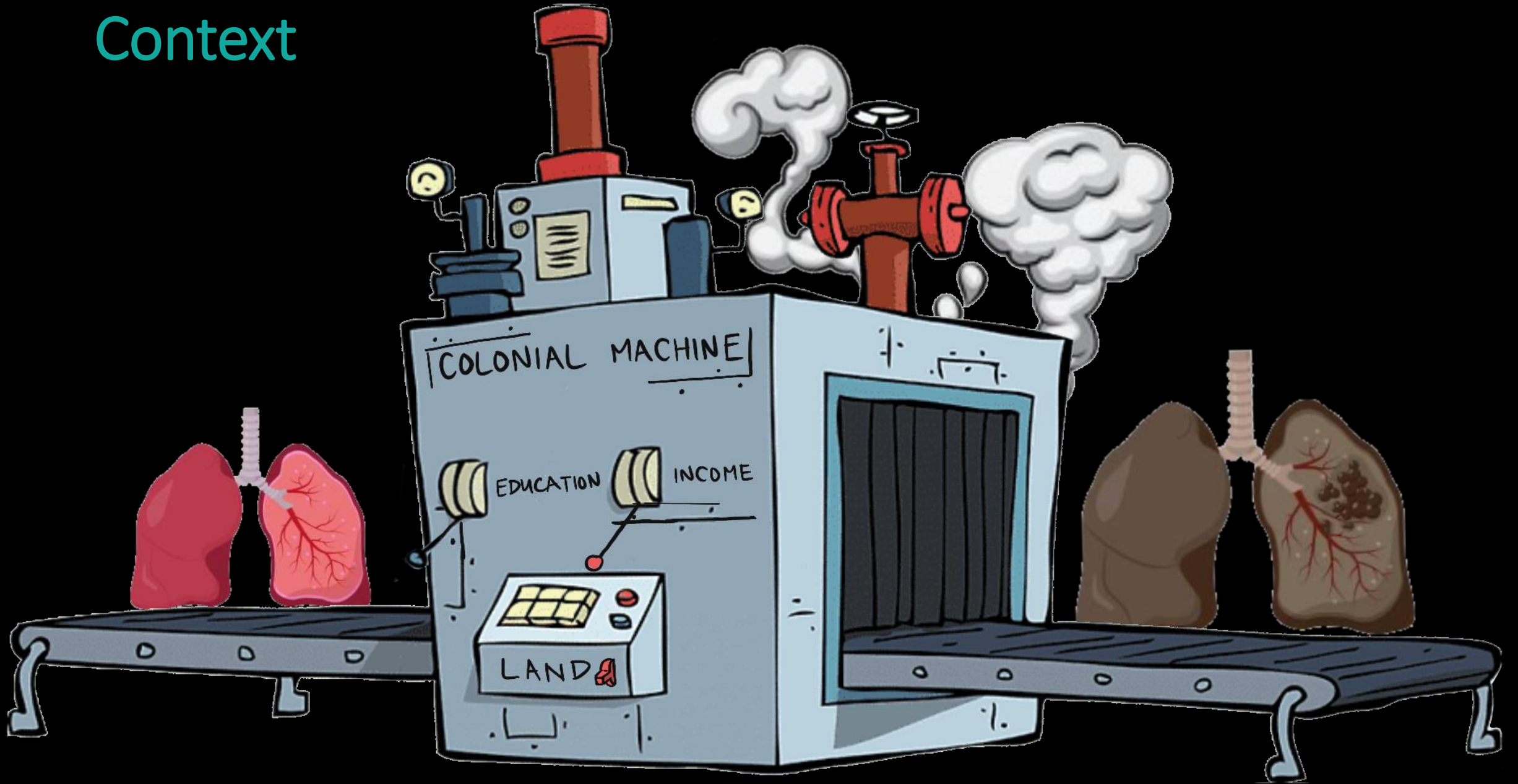


We need Indigenous specific evidence

- Smoking causes almost twice as many deaths as 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.



Context



'We don't smoke the shit. We just sell it. We reserve the right to smoke for the young, the poor, the black, and the stupid'

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**
- **Evidence on the harms of commercial tobacco**
- **Plain text health warnings introduced**
- **Phasing out of tobacco advertng and promotion (1970s – bans on TV advertising)**

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 advertng 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



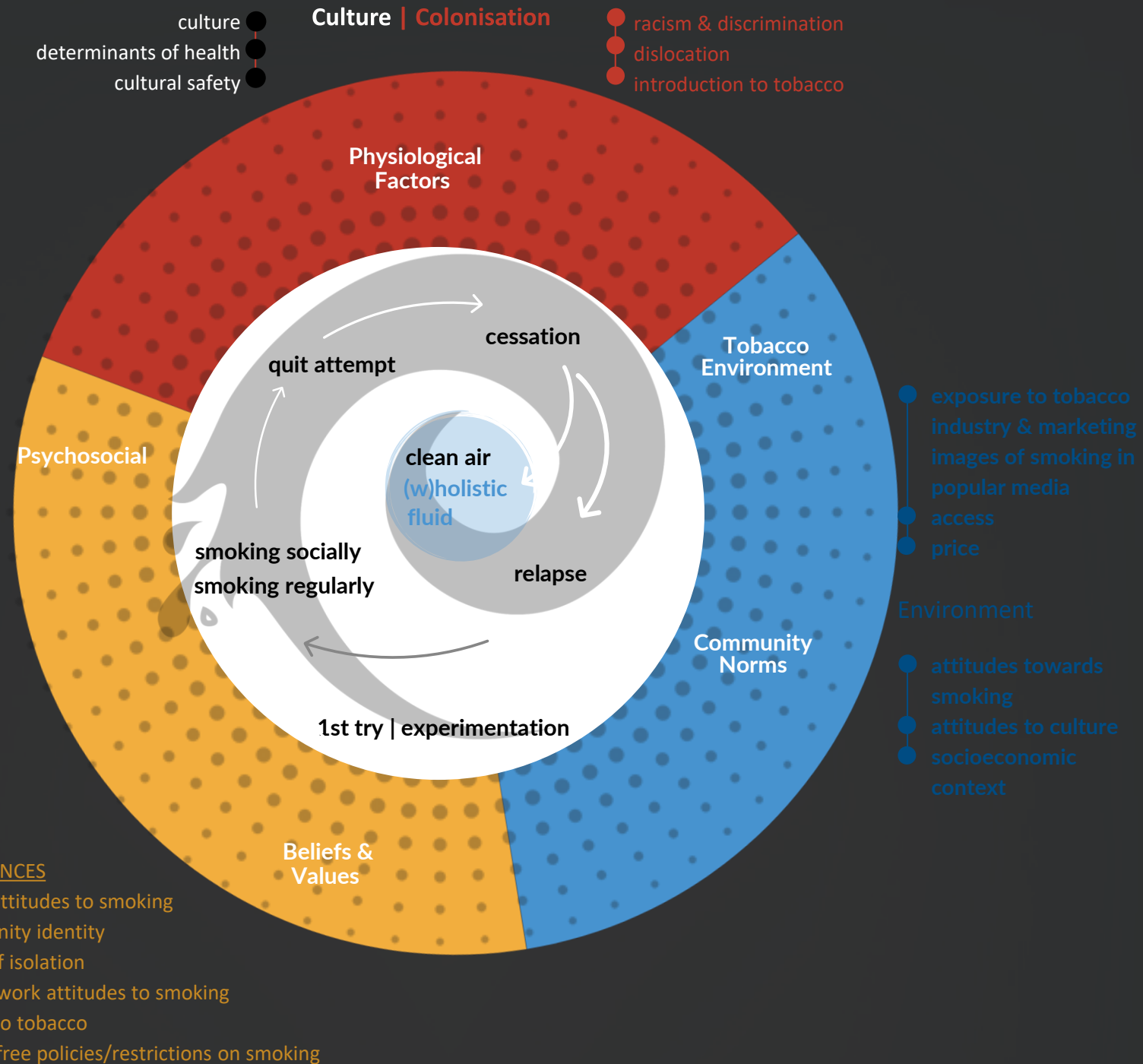
- PHYSIOLOGICAL
- in utero exposure
 - puberty & adolescence
 - pregnancy

- PSYCHOSOCIAL
- cognitive dissonance
 - individual choice
 - self-esteem
 - curiosity
 - risks
 - mental health

Internal | External

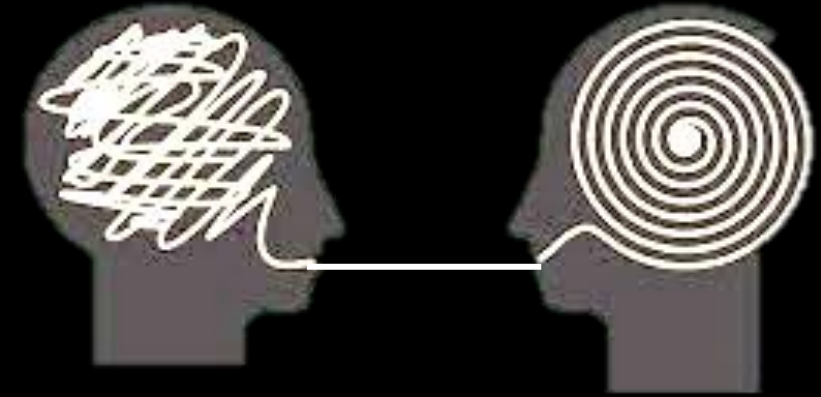
- VALUES & BELIEFS
- knowledge(s)
 - sovereignty & self-determination
 - self-image
 - perceptions of smoking
 - norms

- INFLUENCES
- family attitudes to smoking
 - community identity
 - sense of isolation
 - school/work attitudes to smoking
 - access to tobacco
 - smoke-free policies/restrictions on smoking



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



Vapes are not safe - national reform

- stop the import of non-prescription vapes
- increase the minimum quality standards for vapes including by restricting flavours, colours, and other ingredients
- require pharmaceutical-like packaging
- reduce the allowed nicotine concentrations and volumes
- ban all single use, disposable vapes
- \$63m for a public health information campaign
- \$30m invested in support programs to help Australians quit



What are we going to do?

1. Map TIS activities

2. Analyse existing data

3. Analyse new data:
Mayi Kuwayu Study
**Nicotine and tobacco study*

4. Bring findings together

5. Evaluation Report, publications, community feedback

Ongoing discussions and feedback



2. Analyse existing data / Data return & knowledge exchange

- No single data source can tell us everything
- No new data collection - analyse data that already exist

**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



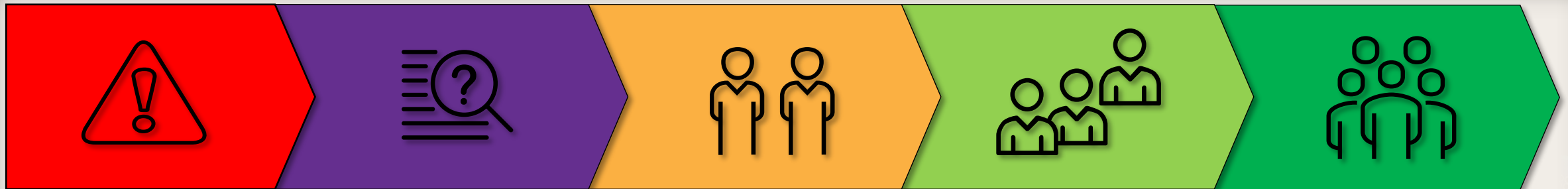
Type of activities



Frequency of activities



Reach of activities



NO TIS TEAM

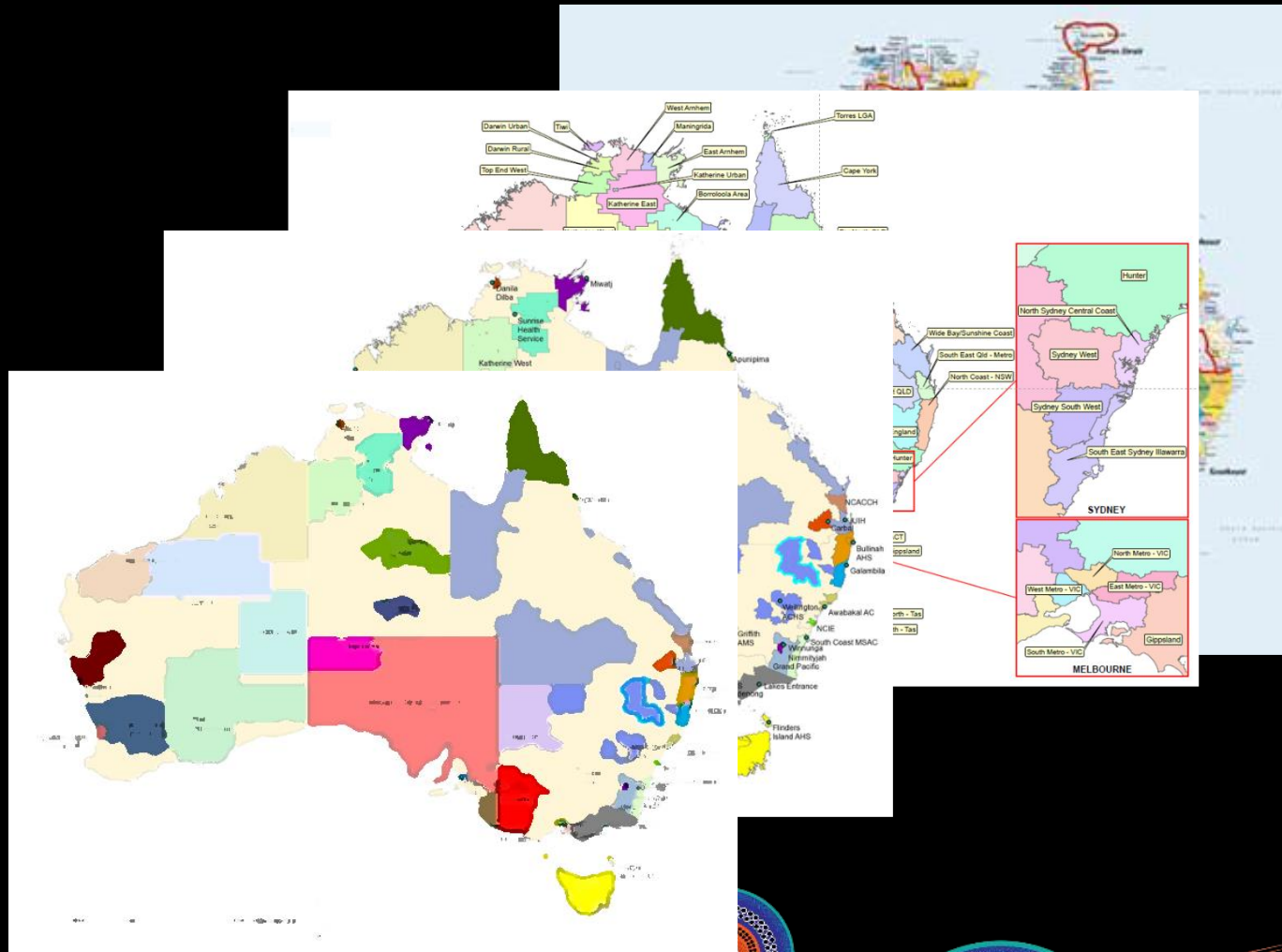
NO ACTIVITY

LOW
ACTIVITY

MEDIUM
ACTIVITY

HIGH
ACTIVITY

Mapping activities



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

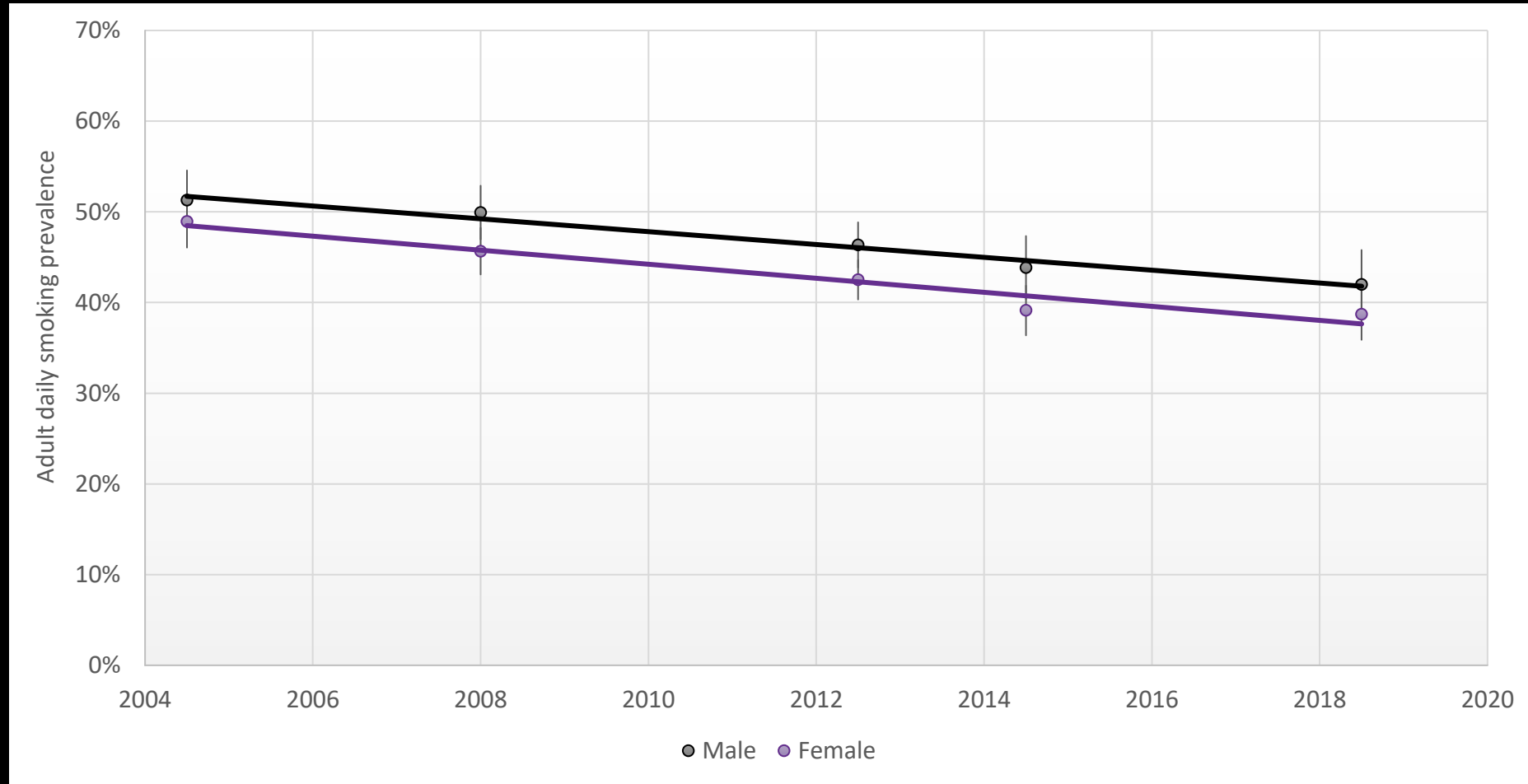
The information you share with us will help us see if higher levels of TIS activity are linked to improvements in smoking outcomes. We will not share this information with other TIS services, or with other parties. We will provide the information from your service back to you, so that it can be used 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

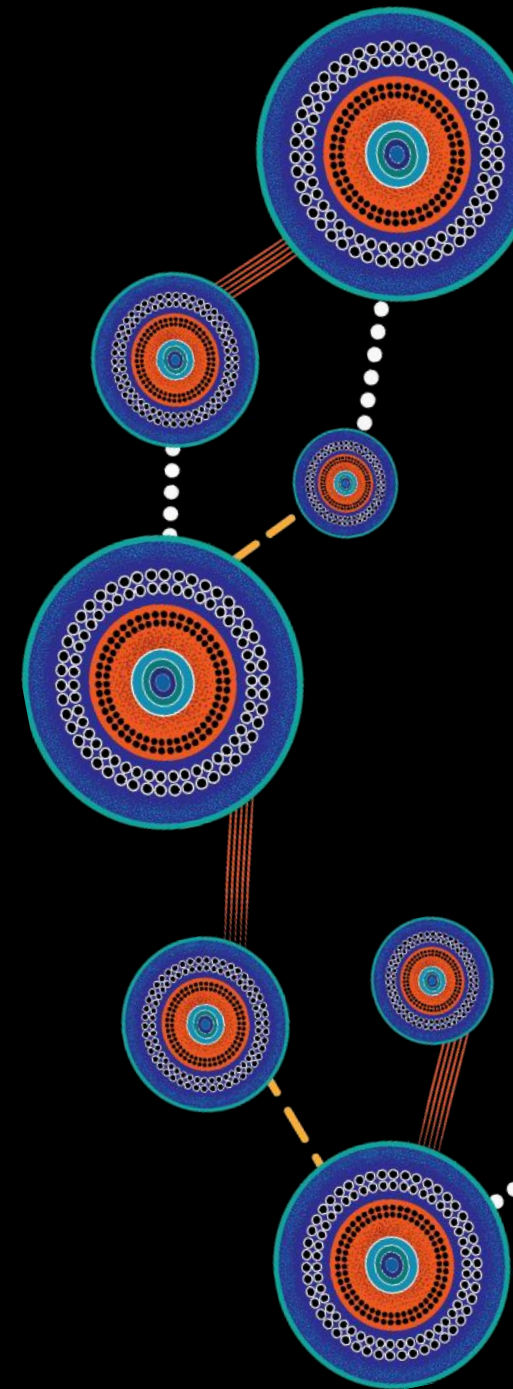
This project is funded by the Australian Government Department of Health.

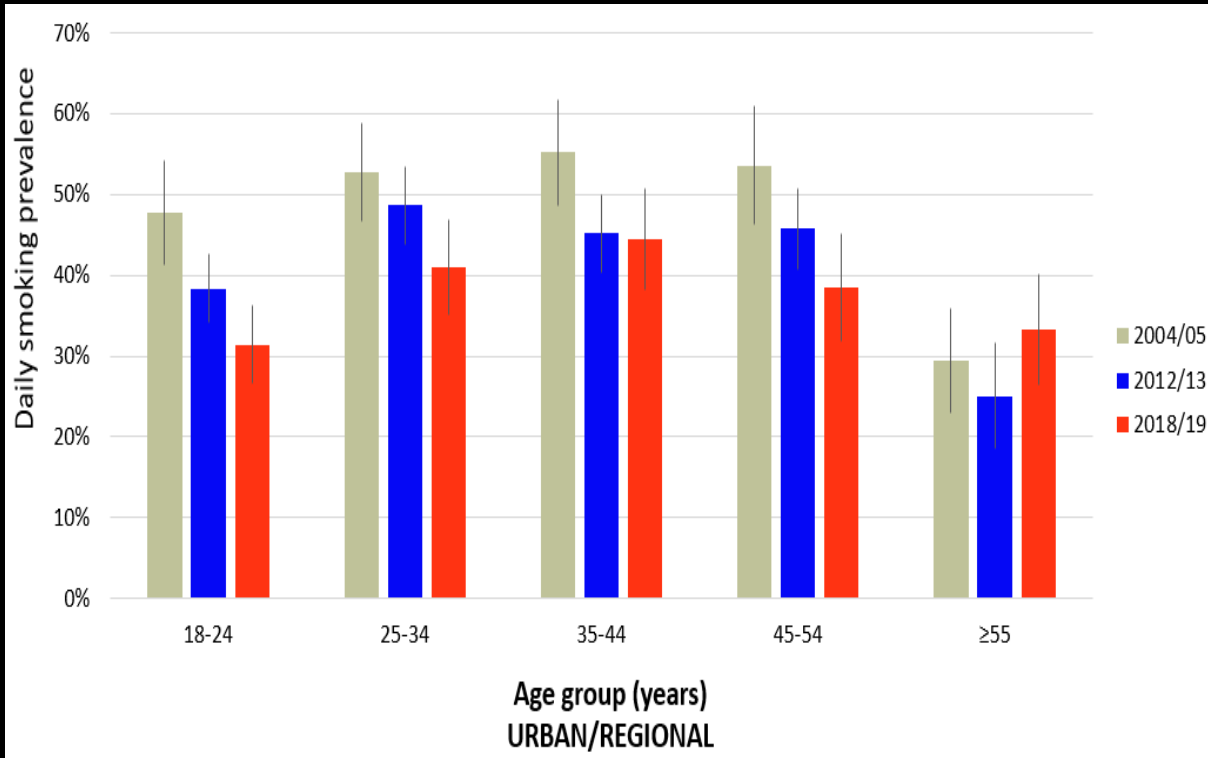
**TACKLING INDIGENOUS
SMOKING**

Smoking prevalence is declining

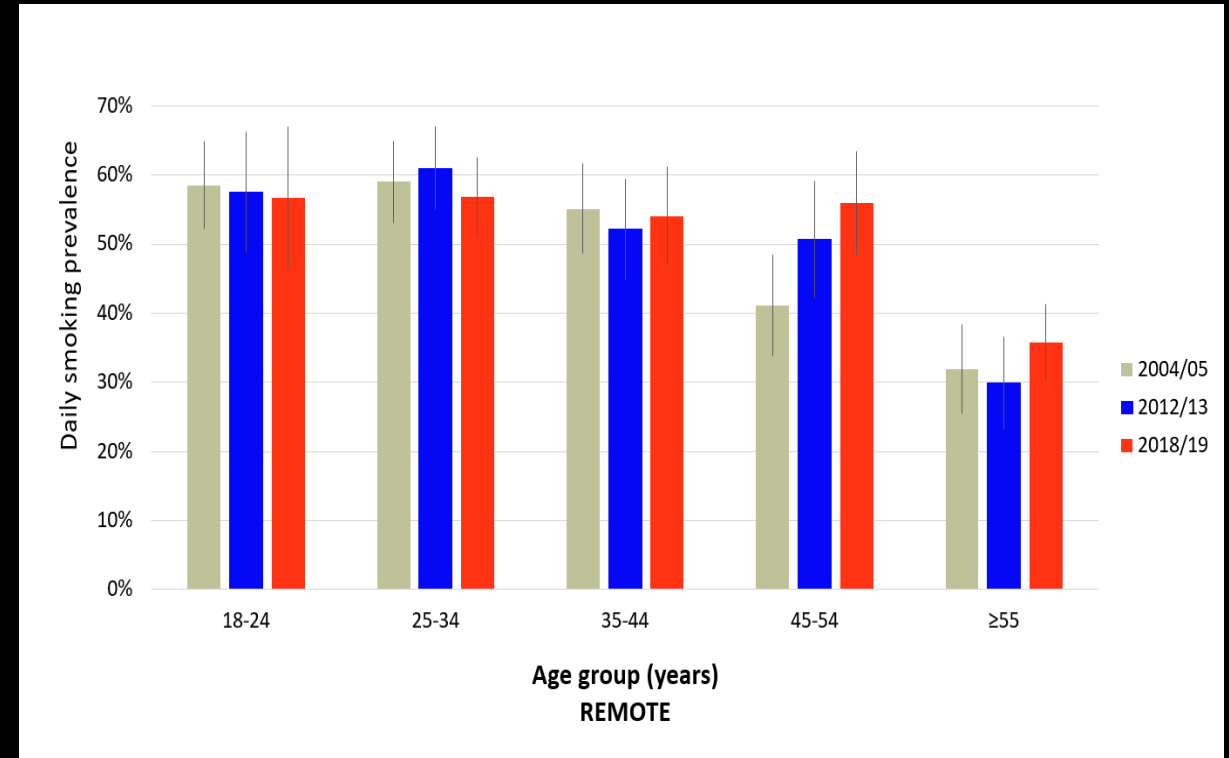


Maddox, R., Thurber, K.A., Calma, T., Banks, E. and Lovett, R. (2020), Deadly news: the downward trend continues in Aboriginal and Torres Strait Islander smoking 2004–2019. *Australian and New Zealand Journal of Public Health*, 44: 449-450. <https://doi.org/10.1111/1753-6405.13049>





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

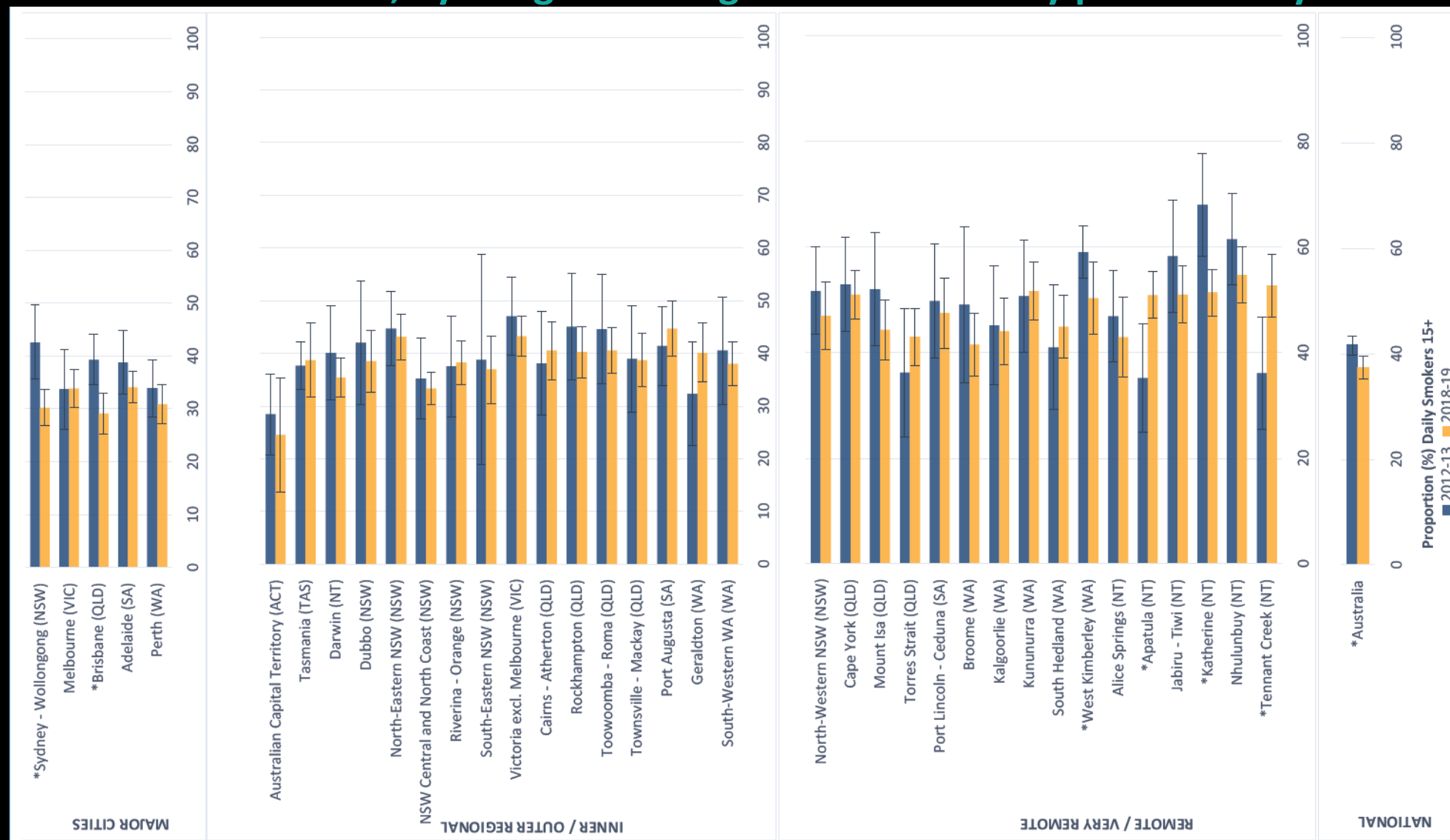


*49,000 daily smokers live in remote areas

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**

70% **wish they never took it up**

60% reported community disapproval of smoking

Reasons to quit: **personal health, cost, and health of family**

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: 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 **non-uptake, cessation, smokefree homes and smoking intensity**
 - An average annual relative increase in **successful quit attempts of +1%**
- Largest improvements were in the number of:
 - People who smoke living in **smokefree homes**
 - **Children** living in **smokefree homes**
 - People smoking **15+ cigarettes** per day



Smoke free behaviours: Quitline

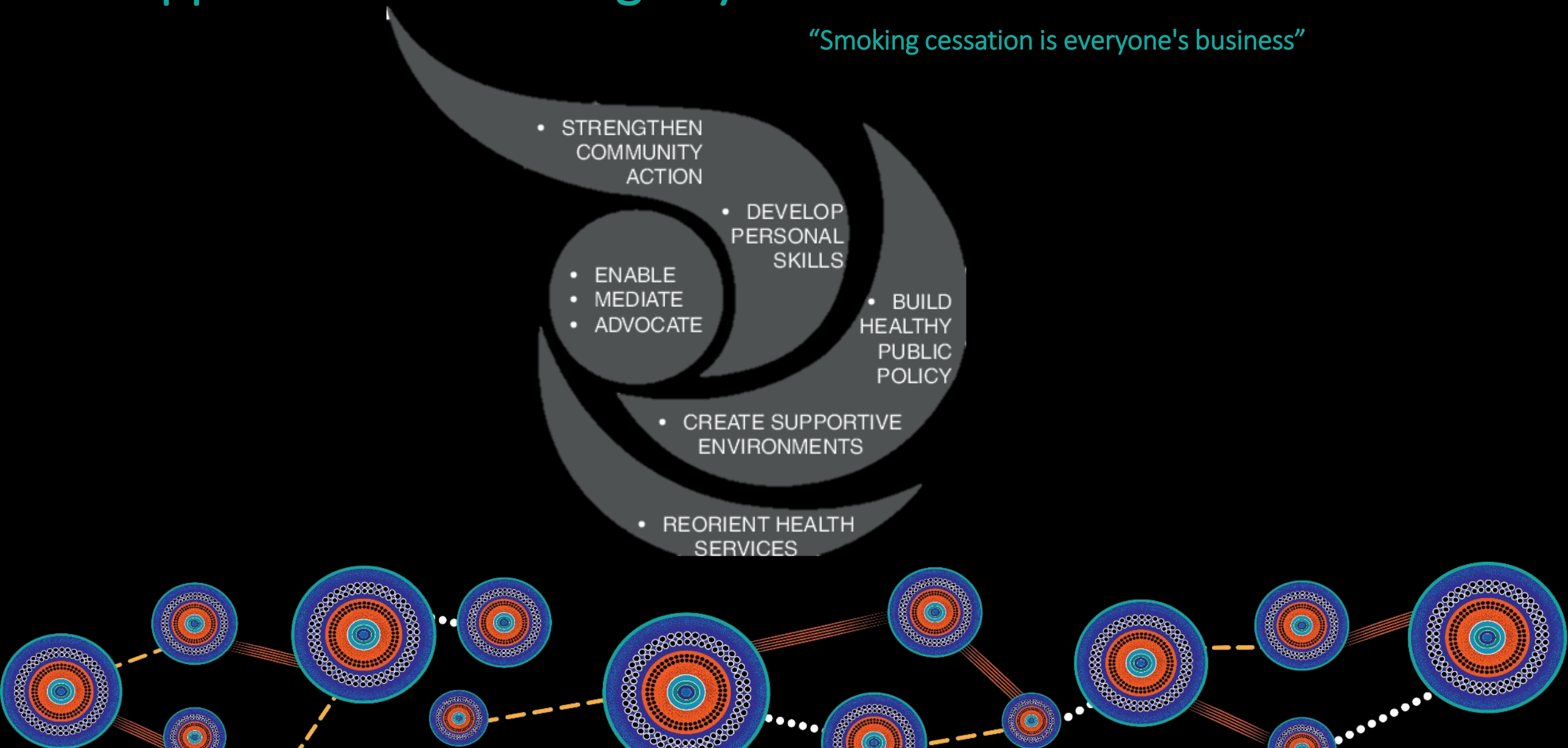
- An average of **~2,500** people contacted the Quitline each year
- This represents approximately **1–2%** of all Aboriginal and Torres Strait Islander **current smokers**
 - **TIS** areas: **1.2–1.6%** of current smokers
 - **Non-TIS** areas: **0.8–1.0%** of current smokers
- Referrals: approx. **2/3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

Colonna et al. Aboriginal and Torres Strait Islander peoples' Quitline use and the Tackling Indigenous Smoking program. Public Health Res Pract. 2024; <https://doi.org/10.17061/phrp34012403>



Opportunities: moving beyond incremental success

“Smoking cessation is everyone's business”



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

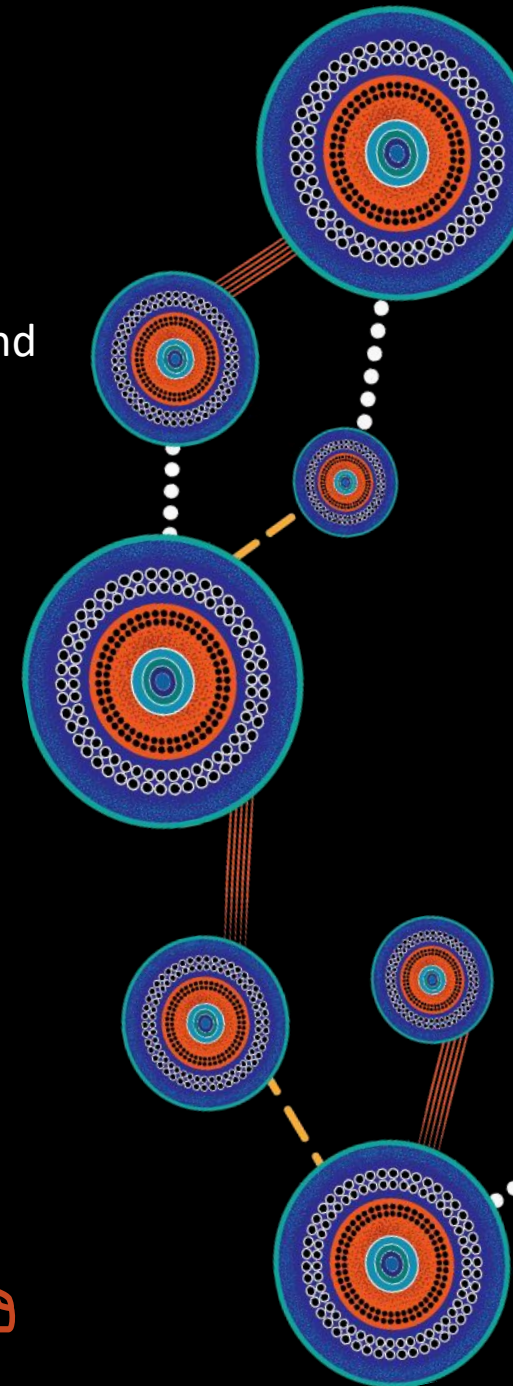
16. World No Tobacco Day
17. NAIDOC
18. Fun runs

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



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>



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



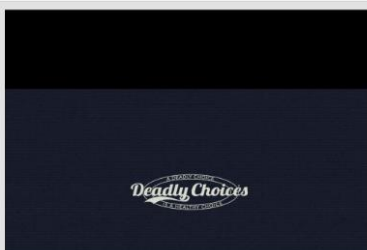
Carbal Can Tackle Indigenous Smoking



Smoke Free Community



What's your story, Cape York?



IUIH Deadly Choices videos



Kick the Habit social marketing campaign

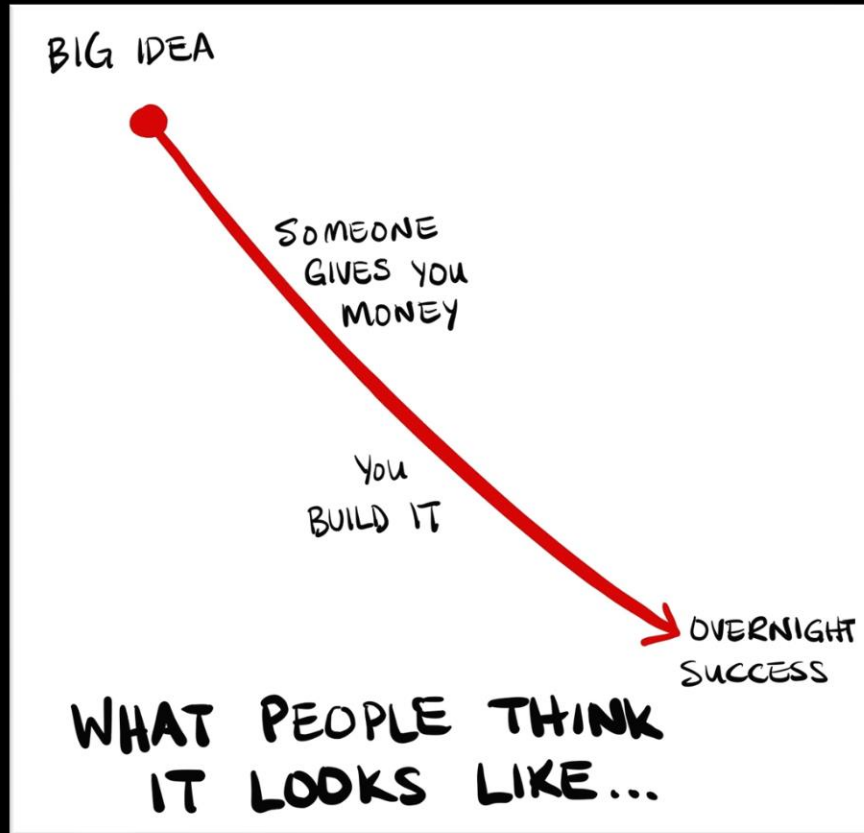


Don't make smokes your story

23 October - 25 October

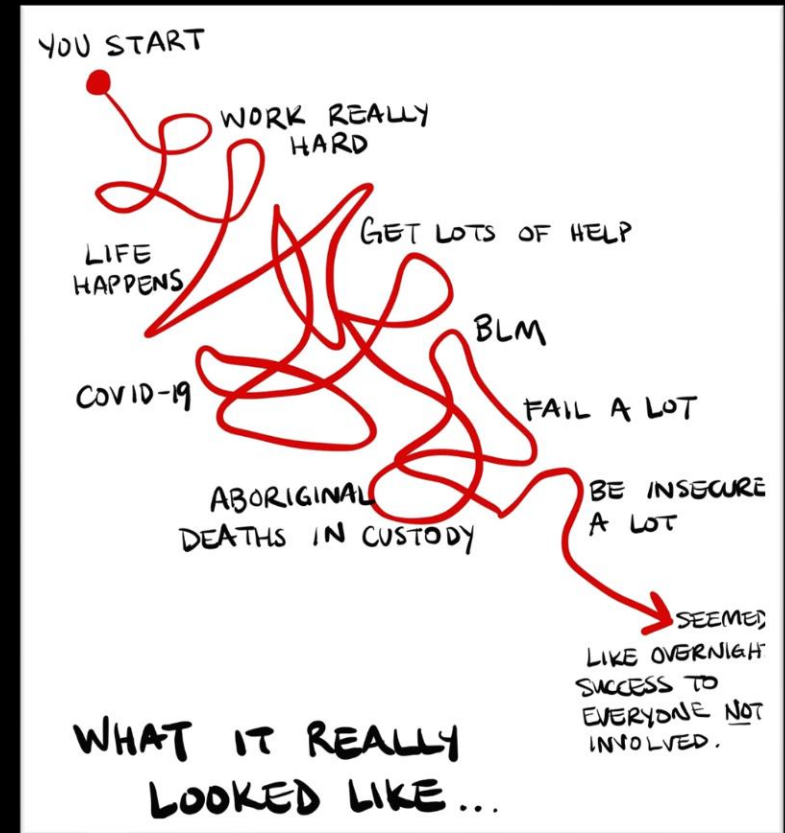


What people think



Vs.

Reality



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



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%

