

# TIS CEO Workshop

Canberra  
24 June 2024



**Prof Tom Calma AO**  
National Coordinator Tackling Indigenous Smoking

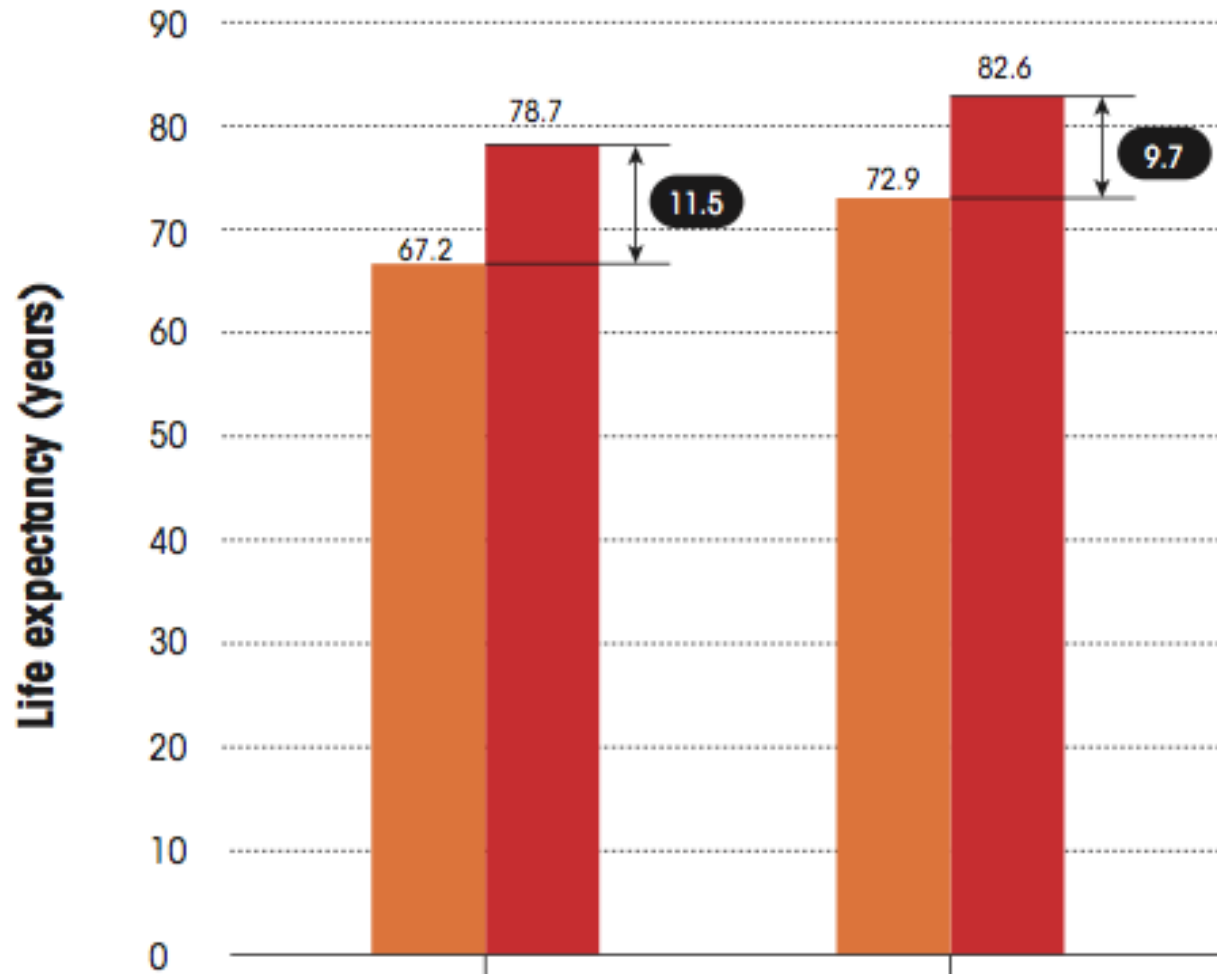




I recognise the  
**Ngunnawal**  
peoples and  
**all** Aboriginal  
and Torres  
Strait Islander  
Peoples in  
attendance  
today

# Objective of TIS – to save lives

Figure 1: Life expectancy estimates for Indigenous and non-Indigenous Australians



The life expectancy of indigenous Australians is 67.2 for males and 72.9 for females, based on 2005-2007 data

→ In order to achieve this target, the gap needs to be reduced to zero by 2031

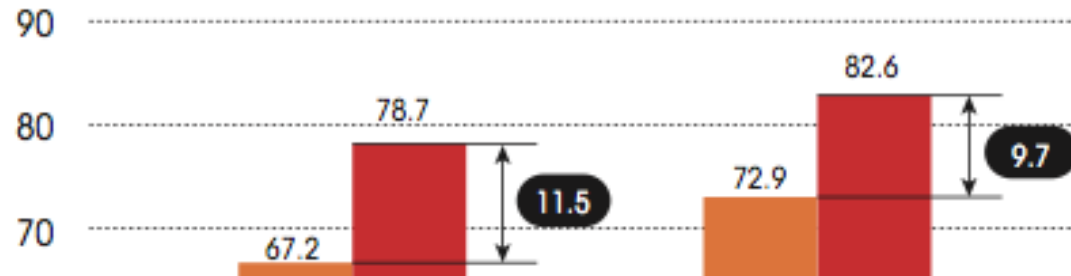
Indigenous children born today can expect to live shorter lives - 11.5 years shorter if they are Indigenous males and 9.7 years shorter if they are Indigenous females

Indigenous  
Non-Indigenous



## Objective of TIS – to save lives

Figure 1: Life expectancy estimates for Indigenous and non-Indigenous Australians



The life expectancy of indigenous Australians is 67.2 for males and 72.9 for females, based on 2005-2007 data

Reference period: 2020 – 2022

Aboriginal and Torres Strait Islander life expectancy at birth was:

- **71.9 years** for males, **8.8 years less** than for **non-Indigenous males (80.6 years)**
- **75.6 years** for females, **8.1 years less** than for **non-Indigenous females (83.8 years)**.

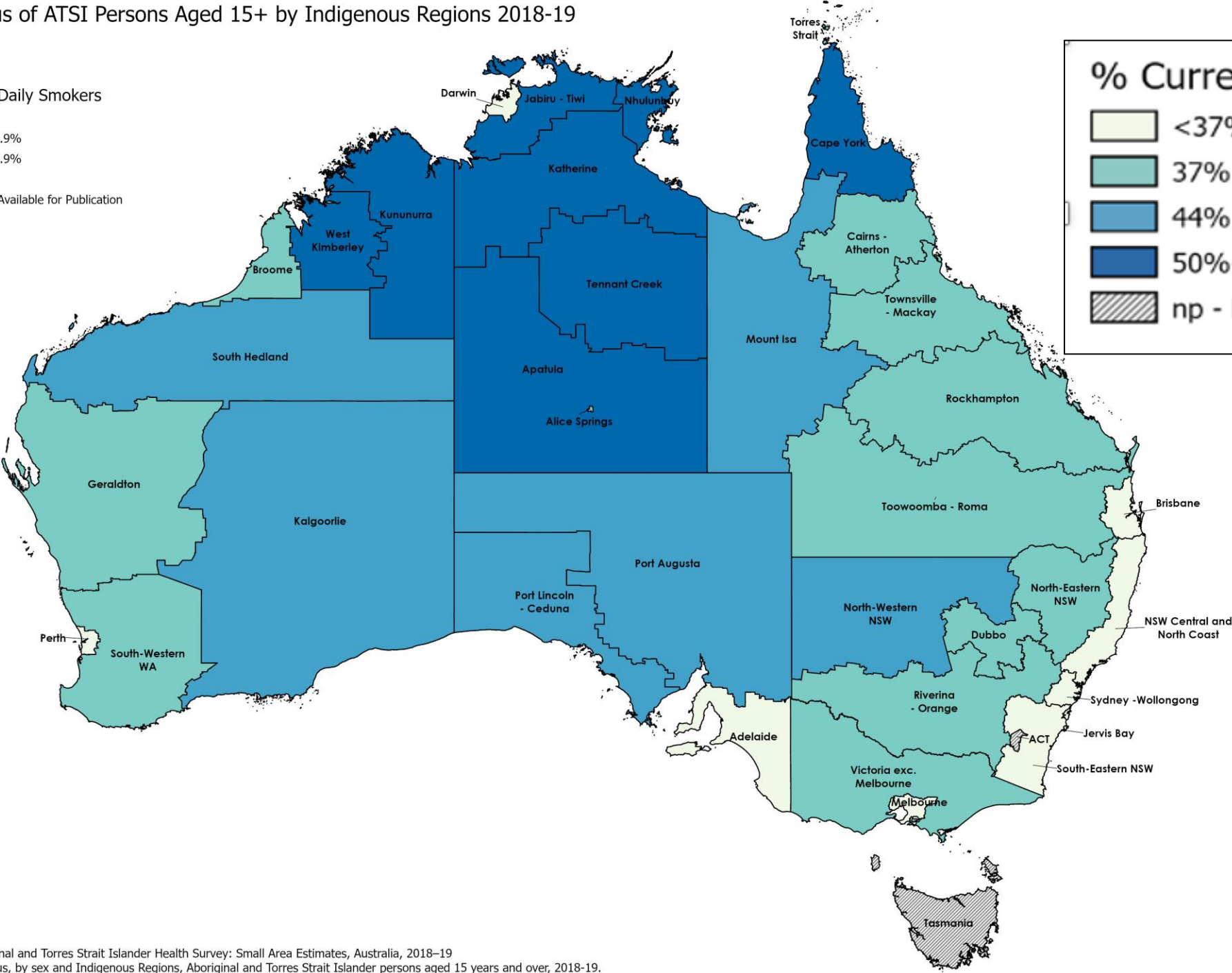
# Why do we need an Indigenous specific program?

- 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
- **> 10,000 deaths** among Aboriginal and Torres Strait Islander peoples in the **last ten yrs**
- 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.

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

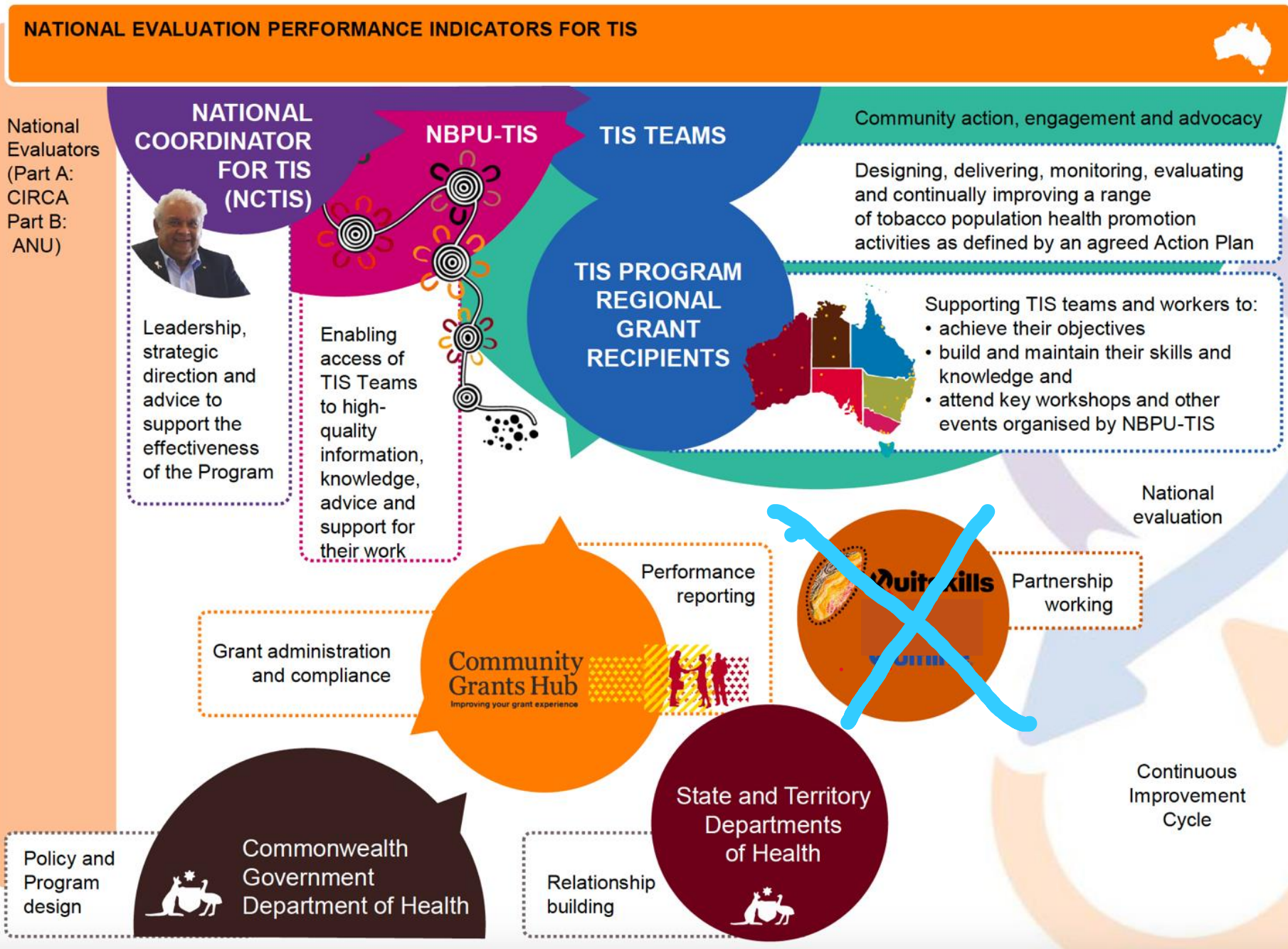


% Current Daily Smokers

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IREG  
Boundaries  
from  
1 July 2023

## Overview of TIS Program processes



Tackling  
Indigenous  
Smoking  
Structure  
and  
ecosystem



# BUDGET 2023-24 TIS, vaping and cancer outcomes

**\$141.2m**

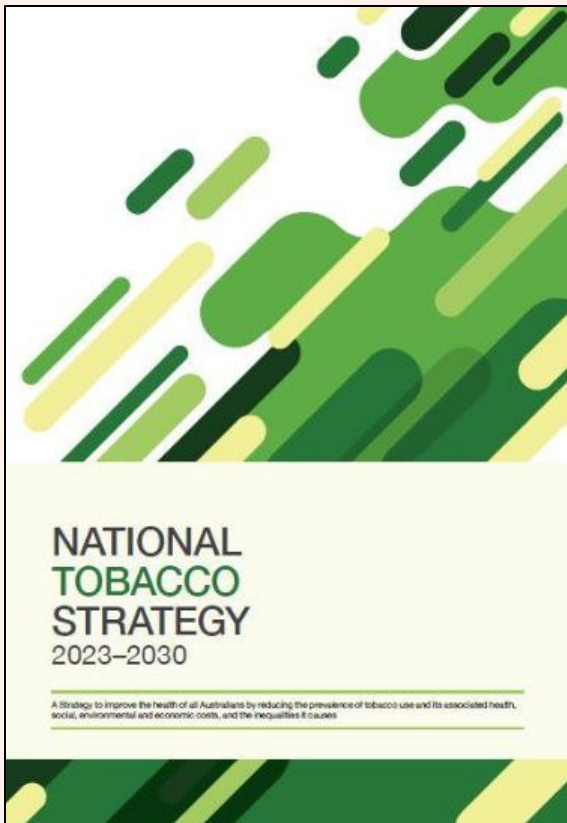
**Tackling Indigenous Smoking**  
(over 4 years)

**\$29.5m**

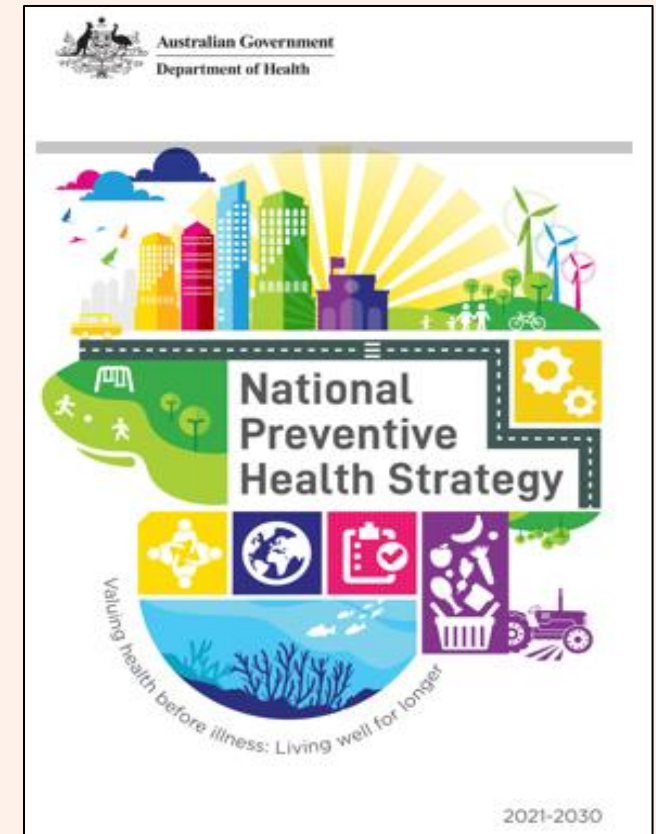
**Support smoking & vaping cessation**  
(over 4 years)

**\$263.8m**

**Lung Cancer Screening**  
(over 4 years)



The **National Tobacco Strategy** aims to achieve a national daily smoking prevalence of **less than 10% by 2025** and **5% or less by 2030** in Australia and reduce the daily smoking rate among **First Nations people to 27% or less by 2030**.





## National Tobacco Strategy 2023–2030

- The costs of tobacco use borne by the Australian community in 2015–16 were estimated to be **\$137 billion**.<sup>33</sup> 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 2018<sup>34</sup> and **12% of the total preventable health burden for First Nations people**.<sup>35</sup>
- 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.

# 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 (PLUS Vaping)**
- begin steps to **reduce smoking rates** among First Nations people **to 27 percent or less by 2030**
- strengthen the **focus on population health activities**

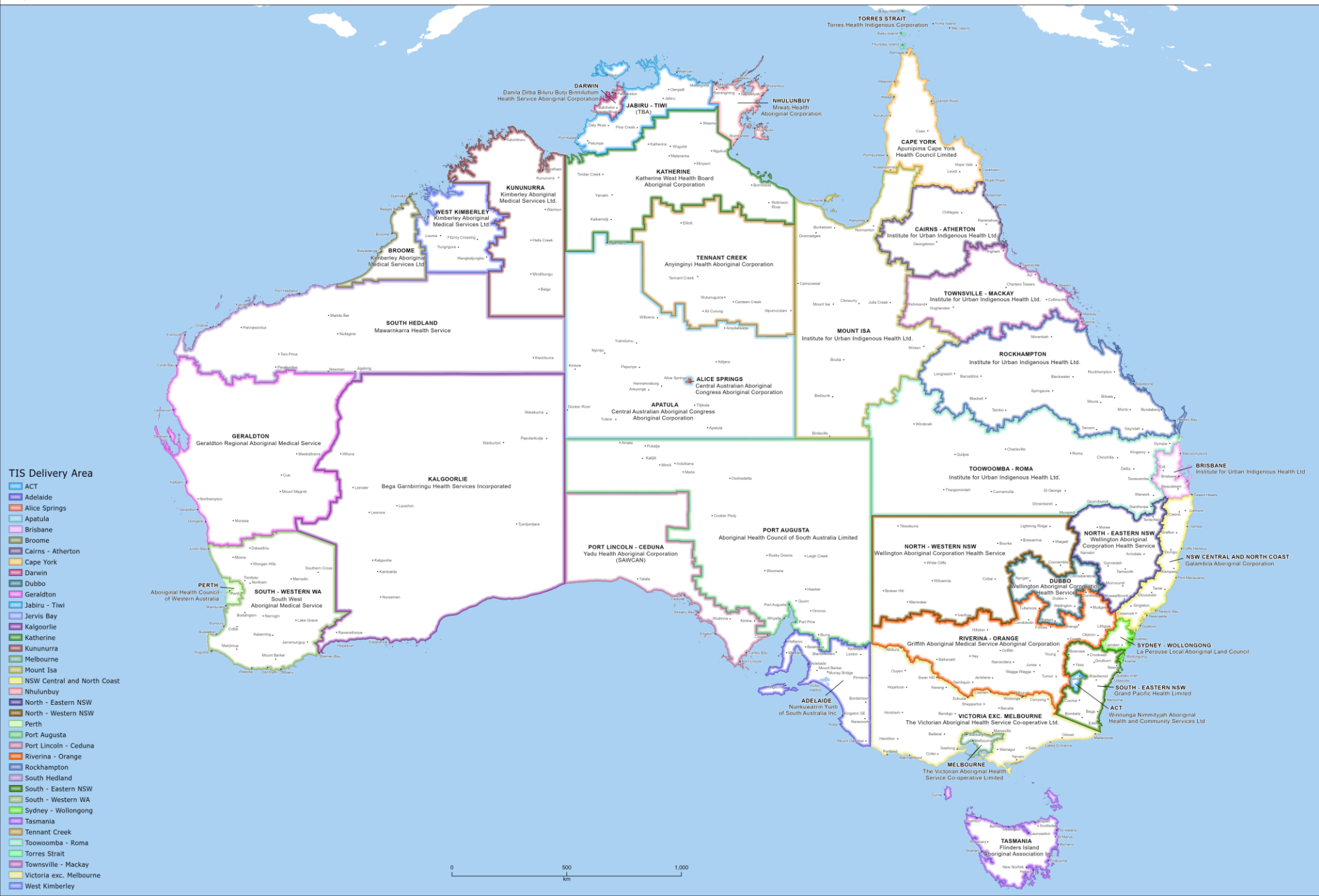
## Tackling Indigenous Smoking program 2023 - 2026 @ 1/7/2023

- 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**
- Increased funding to **tackle vaping** with priority for urban areas
- **National Reach and Priority Projects (NRPP)**
- Reset past practices clearly strategizing what's needed for next 4 years
- **Funding of TIS from 1 July 2025 from tobacco excise.**





# Tackling Indigenous Smoking (TIS) - Program Delivery Areas from 1 July 2023



37 TIS  
Regions

26 TIS  
Providers

?? TIS  
Contract  
partners

## 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.



# Reforms to the regulation of vapes

From **1 January 2024**:

- the importation of all disposable vapes is banned, with very limited exceptions
- the Special Access Scheme C (SAS C) pathway, is available to facilitate legitimate patient access to therapeutic vapes, for smoking cessation and the management of nicotine dependence
- a form for importers and manufacturers of therapeutic vapes is available to notify the TGA about compliance with the relevant product standards prior to importation into Australia, or release for supply of vapes manufactured domestically (notices are required for goods imported or released for supply on or after **1 March 2024**)
- an application form for therapeutic vape importers is available to apply for licences and permits for importing therapeutic vapes (licences and permits are required for goods imported on or after **1 March 2024**).

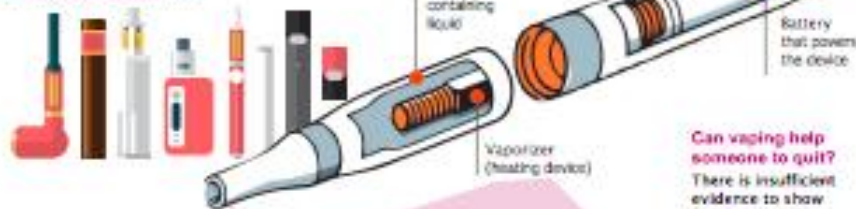
# Vaping Reforms - 2024

From **1 March 2024**:

- the importation of all vapes is banned unless importers have an import licence and permit from the [Office of Drug Control](#) 
- therapeutic vape importers and manufacturers are required to notify the TGA about compliance with the relevant product standards before importation to Australia or release for supply in Australia
- the Personal Importation Scheme for vapes is closed
- travellers may bring a small quantity of vapes into Australia
- some changes to the quality requirements for therapeutic vapes for smoking cessation and the management of nicotine dependence, including restrictions on flavours to mint, menthol and tobacco
- a new medical device standard applies to therapeutic vaping devices that were previously excluded from the therapeutic goods framework.

## Key Facts About E-Cigarettes

### What are e-cigarettes?



### What are the risks of vaping?

Evidence is emerging of a possible link between the use of e-cigarettes and severe lung disease and an increased risk of heart attack.



Studies have shown that vapers are exposed to heavy metals such as chromium, nickel and lead in greater quantities than in conventional cigarettes.

We know that e-cigarettes are popular with youth and there is a strong link between vaping and smoking.

Nicotine in e-cigarettes can negatively affect adolescent brain development.



### NBPU Stance

NBPU supports Australia's precautionary approach to the use of e-cigarettes. Use of e-cigarettes should not be encouraged but can be used as a point of discussion around the available best practice quit methods. Smokers or vapers attempting to quit should use evidence-based treatments including cold-turkey, NRT, other prescription medications such as Champix®, and quit smoking counselling.

tacklingsmoking.org.au

### Can vaping help someone to quit?

There is insufficient evidence to show e-cigarettes to be an effective method for smoking cessation.

A trial that showed that e-cigarettes are no better as a quit method than established approaches such as Nicotine Replacement Therapy, Champix® and cold turkey for quitting smoking.

### What are the risks to passive bystanders?

While vapour produced by e-cigarettes is probably less harmful to bystanders than cigarette smoke, it is not completely harm free.

### Vaping and tobacco use?



of all Australian smokers have tried e-cigarettes. 21% of Aboriginal and Torres Strait Islander smokers have tried e-cigarettes and those who have were younger, living in non-remote areas and daily smokers.

## Key Facts About E-Cigarettes

According to the Talking About the Smokes survey, 21% of Aboriginal and Torres Strait Islander smokers have tried e-cigarettes. Those who have were daily smokers, living in non-remote areas, and younger.

### What are e-cigarettes?

E-cigarettes are devices that heat a liquid to make a vapour that users breathe in (vaping). E-cigarettes are also called e-cigs, electronic nicotine delivery systems (ENDS), or alternative nicotine delivery systems (ANDS). They are battery operated and come in range of shapes and sizes. Some look like tobacco products such as cigarettes or cigars. Others resemble everyday items like pens, lipsticks or memory sticks. E-cigarettes contain a range of chemicals including flavourings. They may or may not contain nicotine. They are sometimes marketed as a way to help people quit smoking.

### Can vaping help someone to quit?

The Therapeutic Goods Administration (TGA) has not approved any e-cigarette product as a smoking cessation aid. Overall there is not enough evidence to show e-cigarettes are an effective method for smoking cessation.

many vapers carry on vaping on a long-term basis. vapers often carry on smoking tobacco as well as vaping (dual use). dual users often smoke more conventional cigarettes than people who only smoke conventional cigarettes. dual users rarely quit. e-cigarettes are no more effective than established approaches such as Nicotine Replacement Therapy, Champix®, going cold turkey.

The Royal Australian College of General Practitioners (RACGP) guidelines on smoking cessation include information about e-cigarettes as a possible second-line treatment to support quitting, but only in very specific circumstances. E-cigarettes containing nicotine can be prescribed by a registered doctor, but only under a special access scheme and on a case-by-case basis. Further information can be found at <https://www.racgp.org.au/getattachment/001850e4-441b-45a8-b6d1-d95c71943cd1/Supporting-smoking-cessation-A-guide-for-health-professionals.aspx>



### Vaping and the law

The sale of e-cigarettes containing nicotine is illegal in Australia. E-cigarette use is also covered by state and territory tobacco control laws. For example, it is illegal to use e-cigarettes in legislated smoke-free areas. The Australian Government has also proposed new legislation to limit the import of nicotine for use in e-cigarettes. Under the proposal a valid prescription would be needed to import e-cigarettes containing nicotine and nicotine refills. This includes from an online store, or when traveling to Australia from overseas. More information can be found at: <https://www.tga.gov.au/community-q&electronic-cigarettes>

### What are the risks of vaping?

Using e-cigarettes may be less harmful than smoking conventional cigarettes, but it is not harm free. The liquids used in e-cigarettes contain a range of toxic chemicals. Because e-cigarettes are relatively new products, we don't really know how harmful vaping might be:

- e-cigarettes have not been around long enough for all the effects to show;
- not enough research looking at health effects has been completed;
- vapers are usually former smokers or dual users, so it can be difficult to separate the effects of e-cigarettes from tobacco use.

### Emerging evidence suggests vaping may:

- result in severe lung disease
- increase the risk of heart attack
- impact on oral health as much as conventional cigarettes

Some of these harms are caused by the flavours that are added to e-cigarettes. Studies have also shown that vapers are exposed to heavy metals such as chromium, nickel and lead in greater quantities than in conventional cigarettes. High concentrations of these heavy metals have been linked to health problems such as cardiovascular disease, brain damage, and cancer.



### What are the risks to passive bystanders?

The vapour produced by e-cigarettes contains toxins. Exposure to some toxins (such as heavy metals) may be greater than in conventional cigarettes. The World Health Organisation states that exposure to these substances should be avoided. Passive exposure to e-cigarette vapour can aggravate existing chronic health conditions such as asthma or COPD. Although vapour produced by e-cigarettes is probably less harmful to bystanders than cigarette smoke, it is not completely harm free.

### Vaping and youth

Access to e-cigarettes may create a new pathway into harmful behaviours for the next generation. E-cigarettes are popular with youth and there is a strong link between vaping and smoking. Recent evidence from the USA shows:

- a 76% increase in the number of teenagers vaping
- increasingly younger initiation of e-cigarette use (from 14 years of age)
- when young people increase their vaping, they often increase tobacco smoking as well

E-cigarette use by youth is a problem because nicotine in e-cigarettes can negatively affect adolescent brain development and non-nicotine e-cigarettes still contain toxic chemicals and so pose a potential harm to health. Australia's precautionary approach to e-cigarettes helps protect our youth from the harms of vaping.

### NBPU Stance

NBPU supports Australia's precautionary approach to the use of e-cigarettes. Use of e-cigarettes should not be encouraged but can be used as a point of discussion around the available best practice quit methods. Smokers or vapers attempting to quit should use evidence-based treatments including cold-turkey, NRT, other prescription medications such as Champix®, and quit smoking counselling.



tacklingsmoking.org.au

# National Best Practice Unit Resources (TISRIC)

<https://tacklingsmoking.org.au/e-cigarettes/>

## NO SMOKING

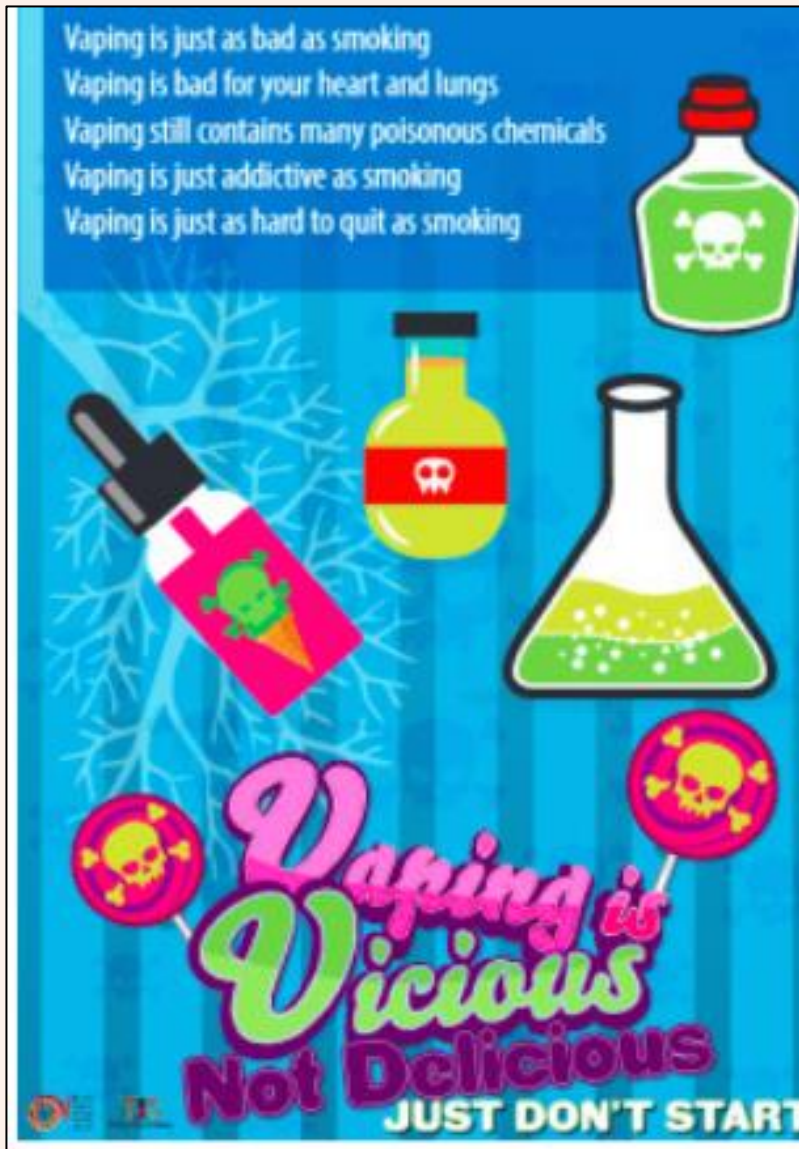


## VAPING

no other products allowed



# TIS Team Resources - TISRIC



<https://drive.google.com/file/d/1va0Q9c7Gc0SGdLwyigvBc709mLgdWhBm/view>

# SAY **NO**

**E-CIGARETTES ARE NOT GOOD FOR YOUR HEALTH.**  
**SAY NO TO VAPING AND NO TO ITS HEALTH RISKS.**



**Health**  
Central Coast  
Local Health District



A single STIG can contain the **SAME AMOUNT OF NICOTINE** as an entire pack of cigarettes, making them **HIGHLY ADDICTIVE.**

Nicotine found in e-cigarettes can **AFFECT BRAIN DEVELOPMENT** in teens, impacting their learning, concentration and mood, causing **ANXIETY AND DEPRESSION.**



They contain **HARMFUL CHEMICALS** that can cause serious **LUNG DAMAGE AND CANCER.**

**#SayNoToVaping**

Research shows kids who vape are much **MORE LIKELY TO START SMOKING CIGARETTES.**



Companies are **TARGETING YOUNG PEOPLE** to get them hooked – **DON'T BE A PUPPET!**

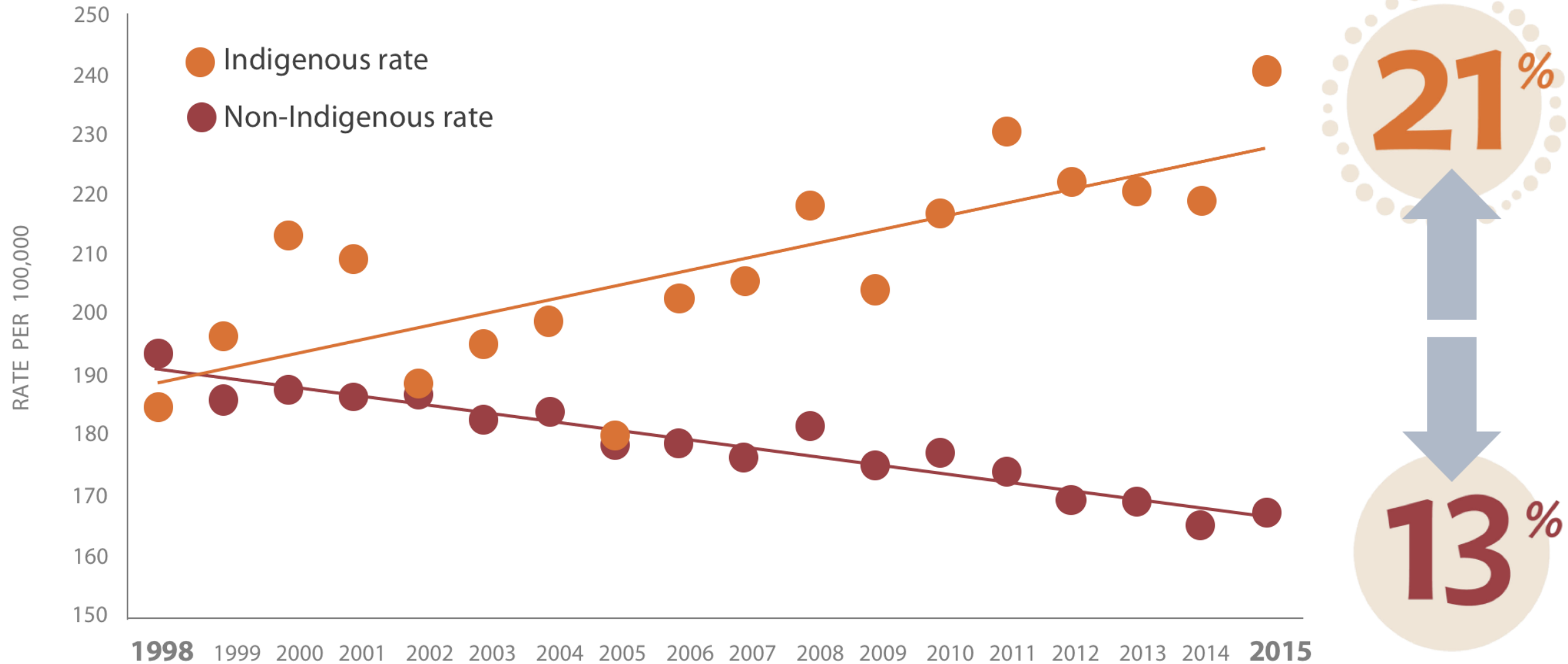


*Cancer is a leading cause of death in Australia and affects the lives of many Australians.<sup>1</sup>*

*It is estimated that **145,483 people were diagnosed with cancer in Australia in 2020.**<sup>2</sup> Australia ranks well globally in terms of cancer survival rates and has seen **increasing survival rates across most cancer types.**<sup>2,3</sup> **Despite this, there remain disparities in cancer outcomes across population groups.***



## Cancer mortality over time



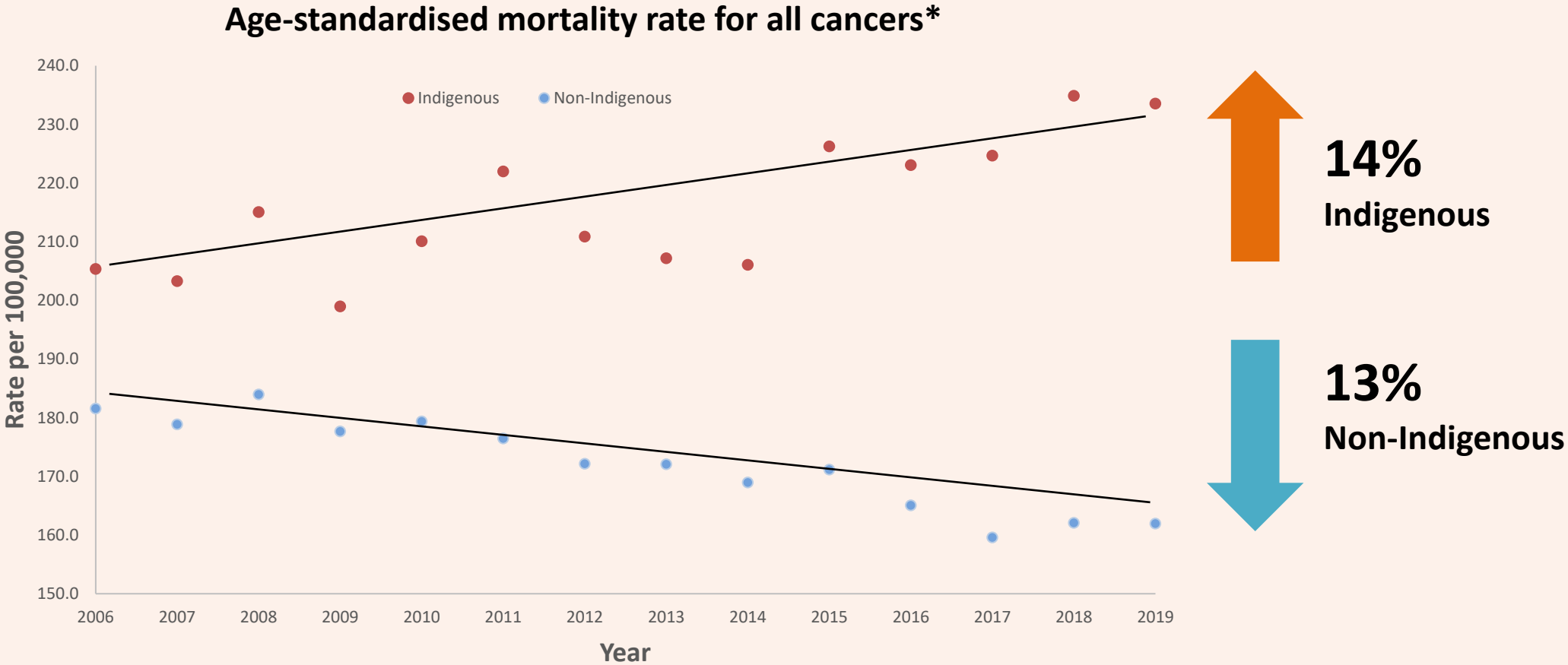
Australian Institute of Health and Welfare analysis of the National Mortality Database. Data obtained from NSW, QLD, WA, SA and NT.

# Cancer mortality comparison



## Cancer in Aboriginal and Torres Strait Islander people

The gap between Indigenous and non-Indigenous Australians' cancer mortality rates is widening



Source: Australian Institute of Health and Welfare 2022. Aboriginal and Torres Strait Islander Health Performance Framework. Data visualization: Measure 1.23 Leading causes of mortality. Canberra: AIHW

\*Mortality rates due to cancer and other neoplasms(a), by Indigenous status, NSW, Qld, WA, SA and NT, 2006 to 2019



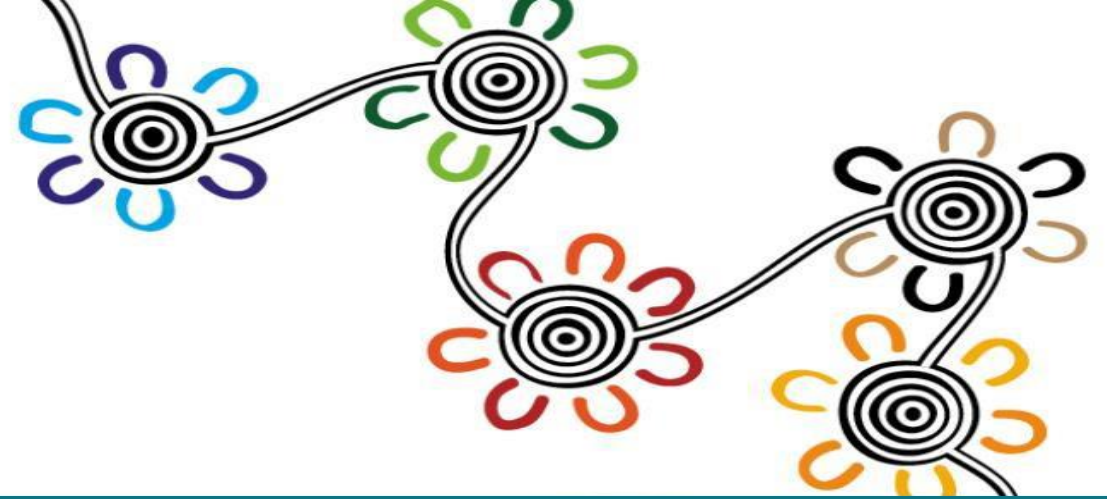
# TIS Family 2023





NATIONAL BEST  
PRACTICE UNIT

# TACKLING INDIGENOUS SMOKING



Thank you for listening and over to  
you.....