

Tobacco Free Evaluation Update

Raglan Maddox Bagumani (Modewa) Clan

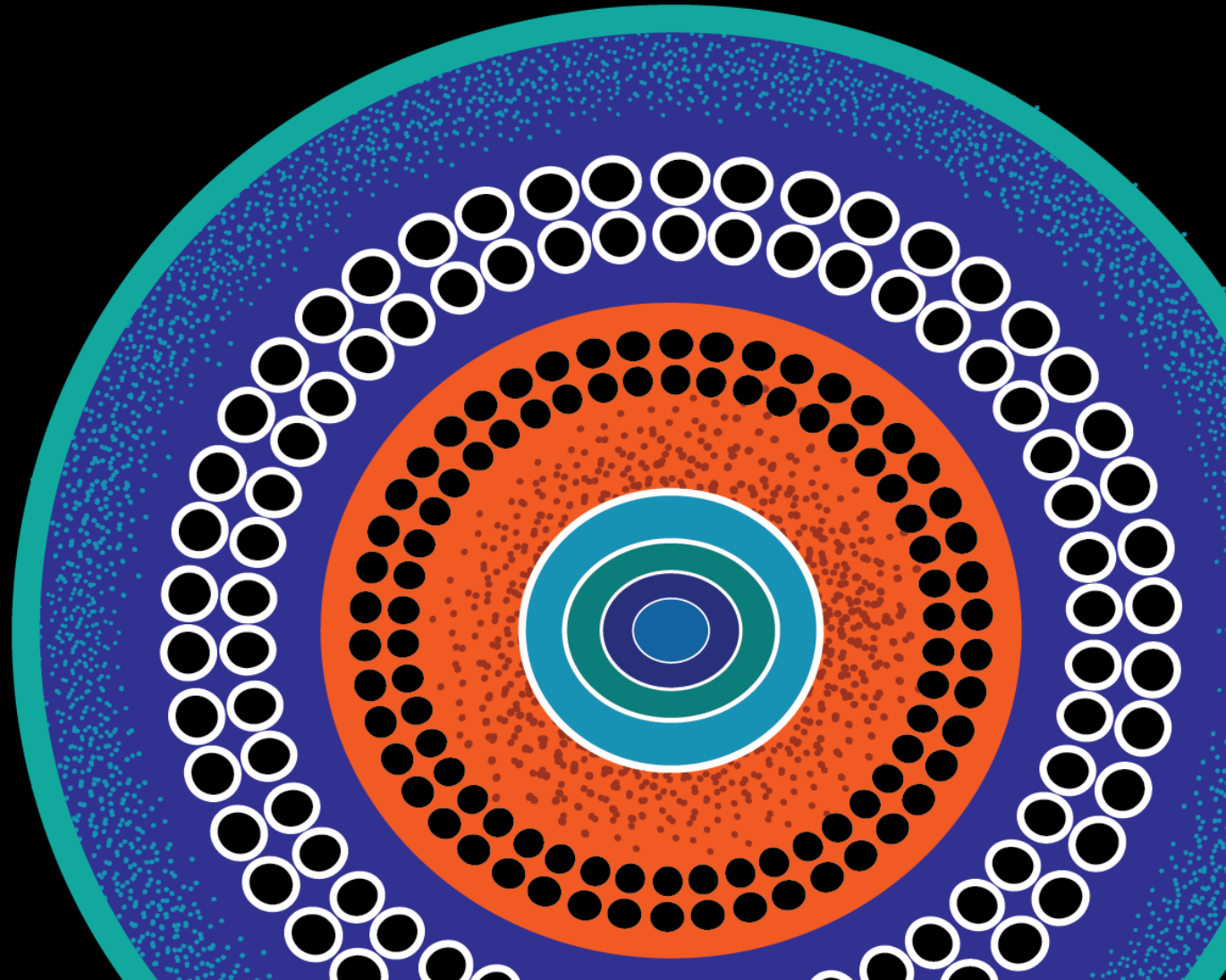
Tobacco Free

Yardhura Walani

National Centre for Aboriginal and Torres

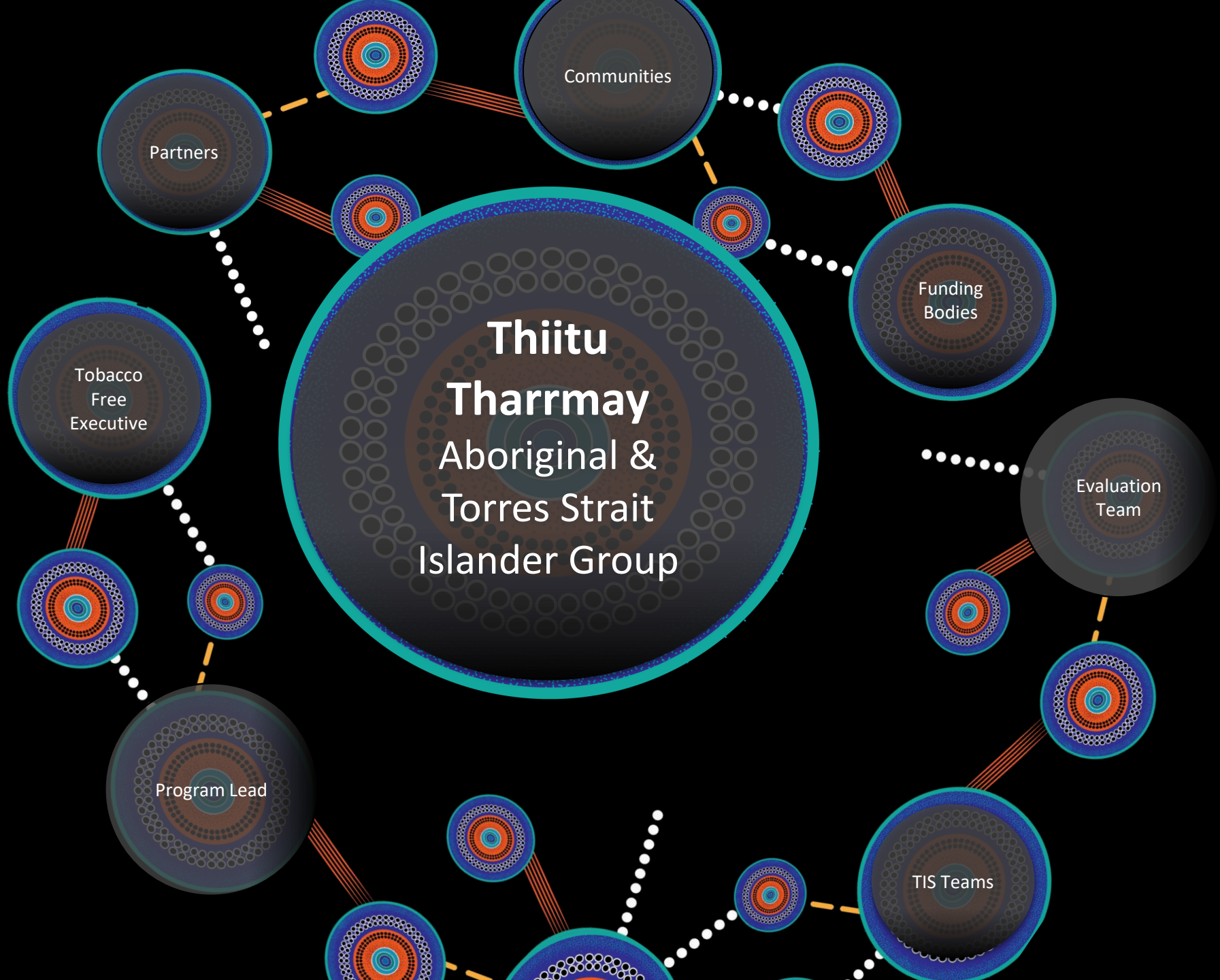
Strait Islander Wellbeing Research

Australian National University



Milne Bay, PNG





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 commercial 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**
- Focusing on older adults, we see that smoking causes **half of Aboriginal and Torres Strait Islander deaths at age 45 years and over.**
- There is even **more potential than we realised to improve health.**



'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



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

**Dispossession
1788-1885**

- Frontier wars
- Disease epidemics, smallpox
- 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**

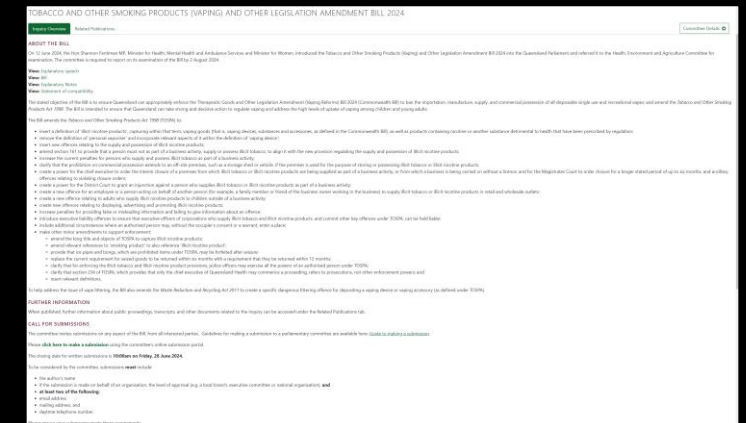
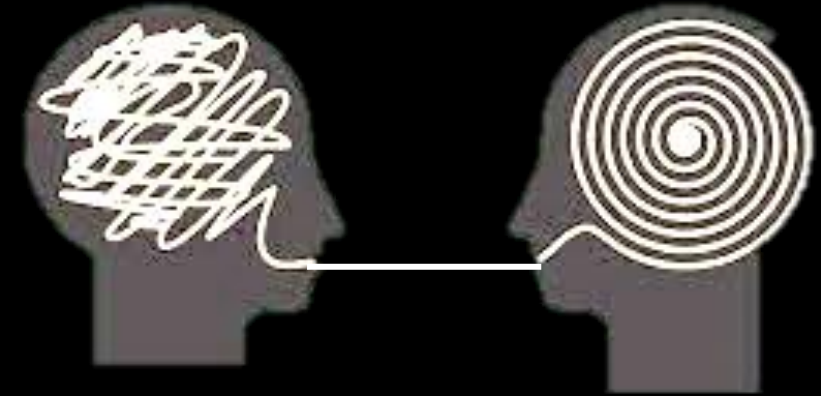
- Political denial of colonial wrongdoing
- Abolition of the Aboriginal and Torres Strait Islander Commission
- Northern Territory Intervention
- Discrimination
- Infringement on the right to self-determination
- 2005 Social Justice Commissioners’ Report
- Point of sales display bans
- Varenicline on 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?

E-cigarettes and *confused* messaging?

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



<https://www.parliament.qld.gov.au/Work-of-Committees/Committees/Committee-Details?cid=238&id=4431>



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



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



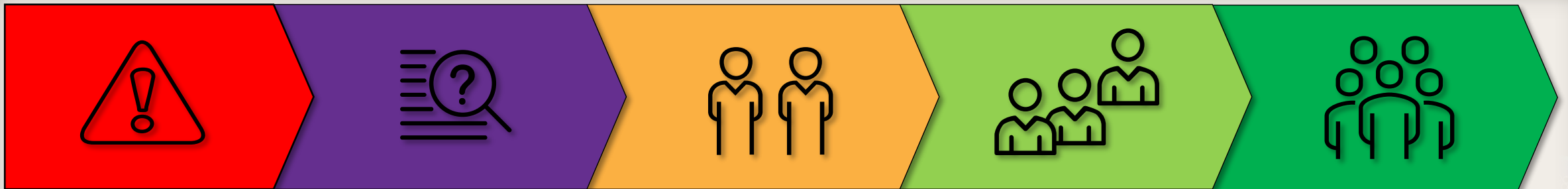
Type of activities



Frequency of activities



Reach of activities



NO TIS TEAM

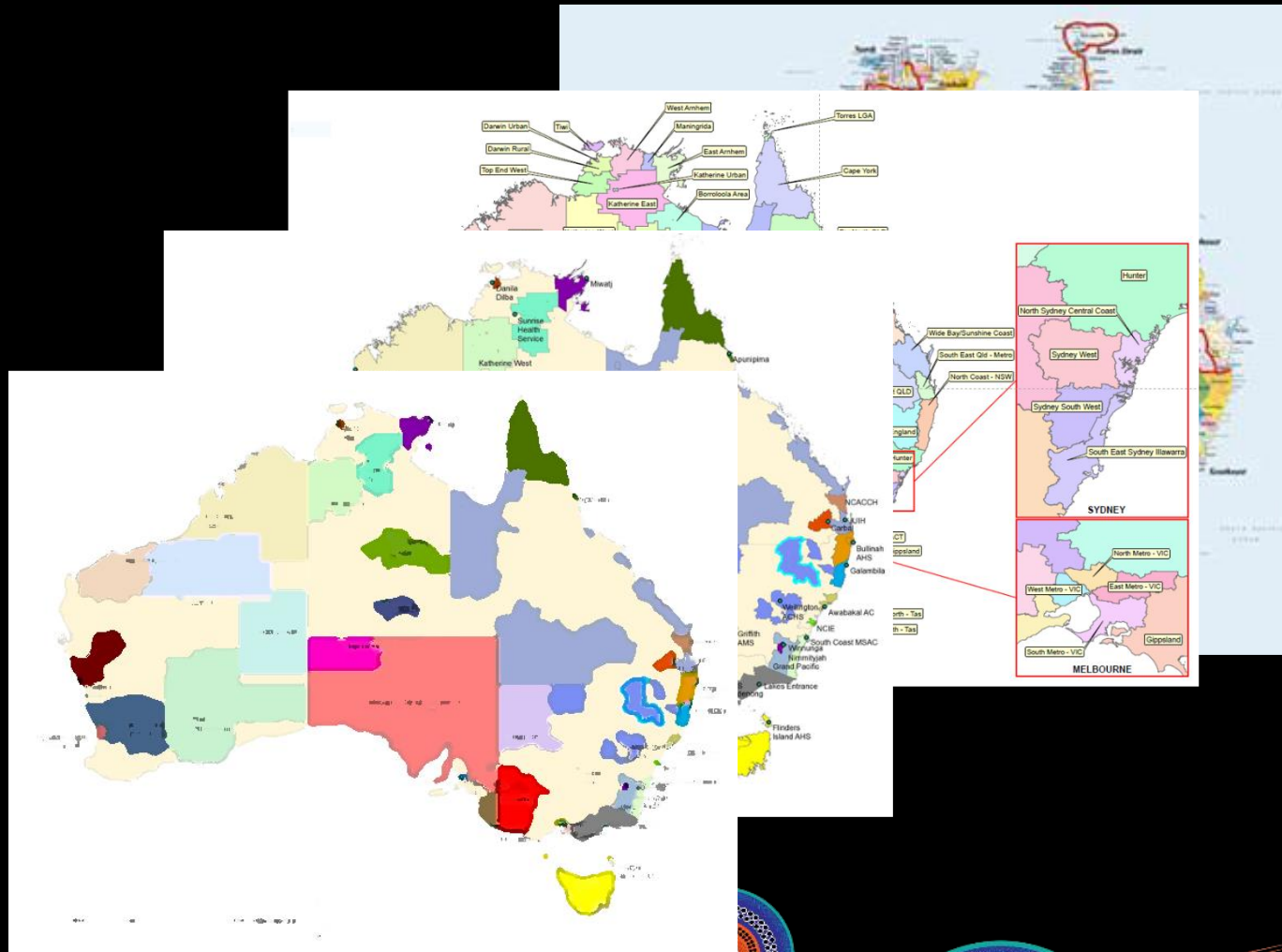
NO ACTIVITY

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**

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

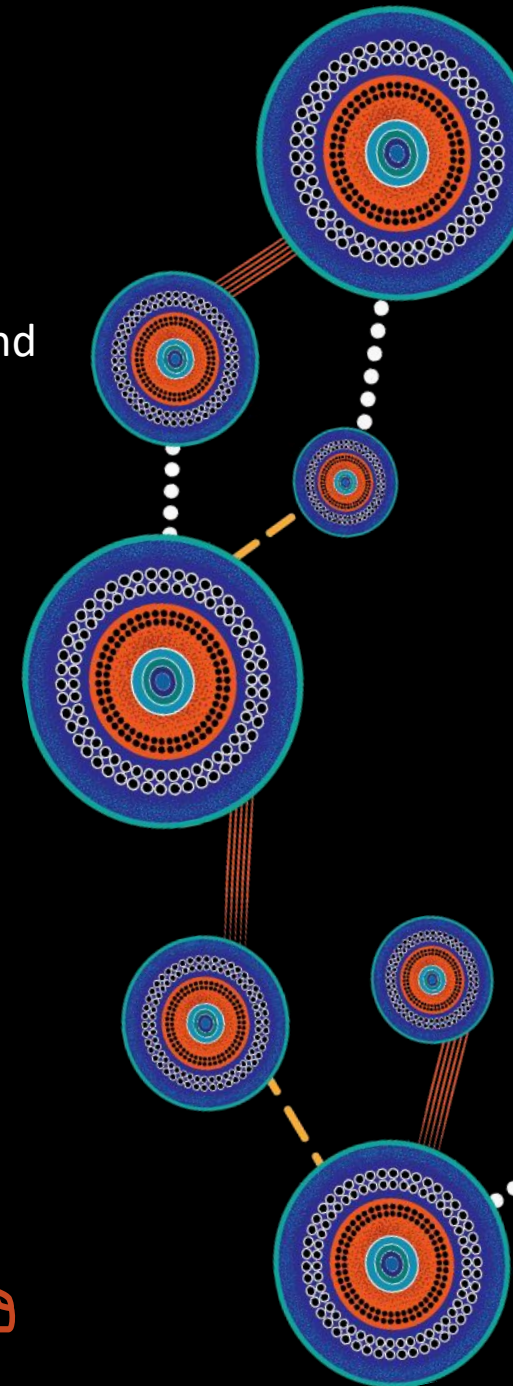
16. World No Tobacco Day
17. NAIDOC
18. Fun runs

Cessation supports

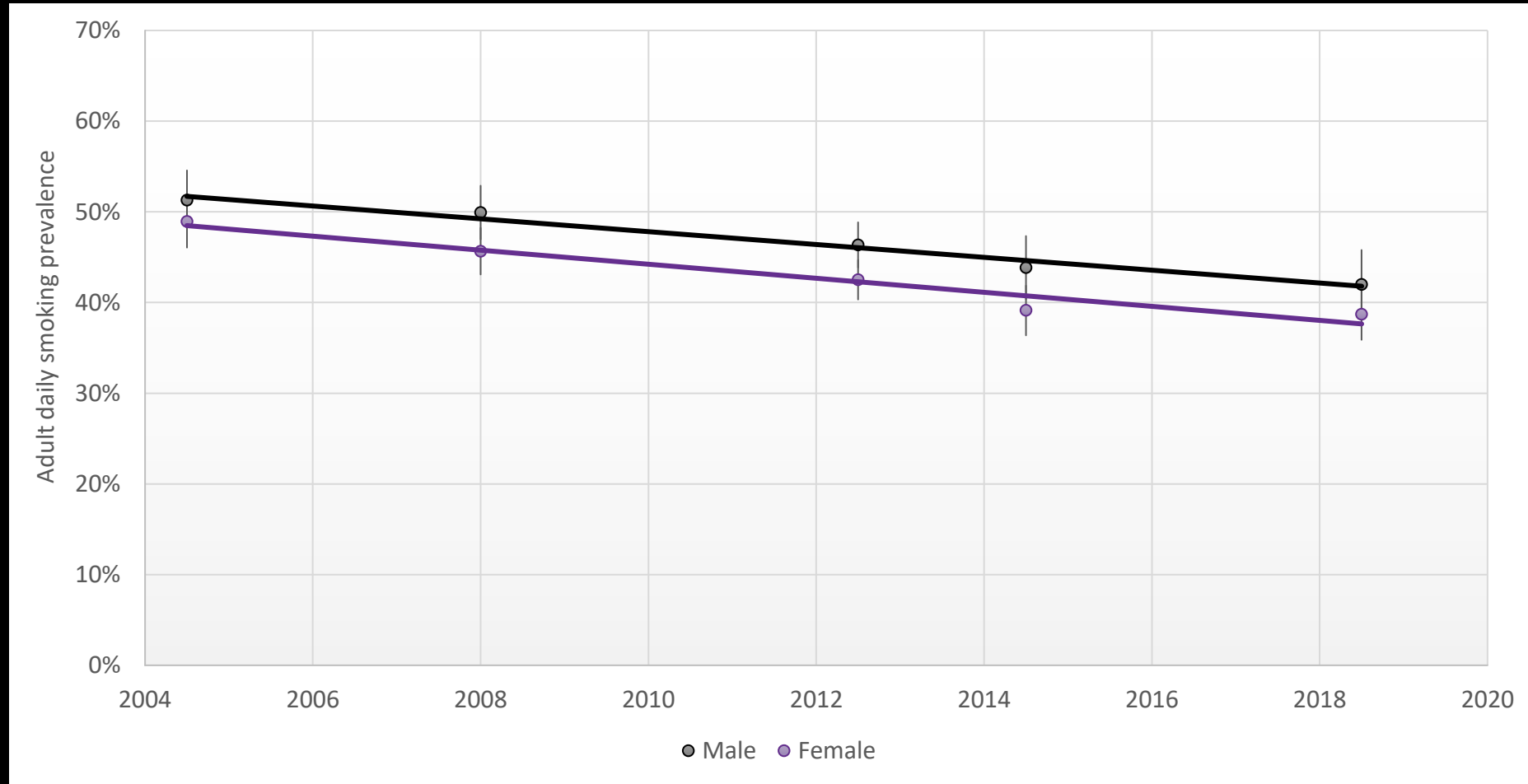
- ~~19. One-to-one or group smoking cessation support~~
20. Provision of stop smoking medications
21. Brief interventions

Other

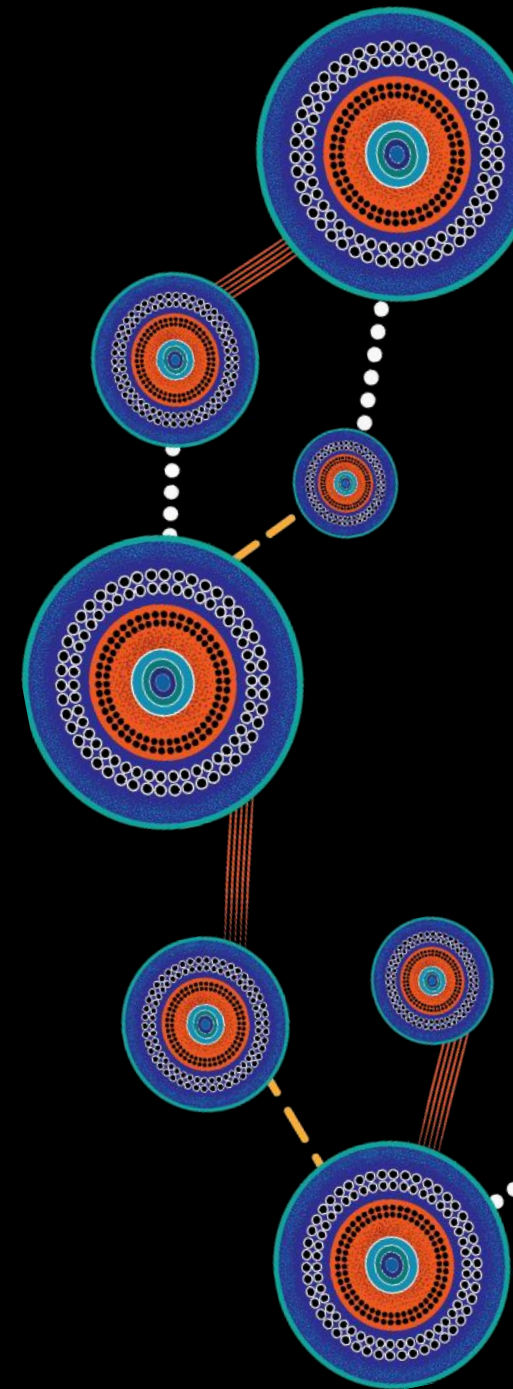
22. Anti e-cigarette/anti-vaping activities
23. Other

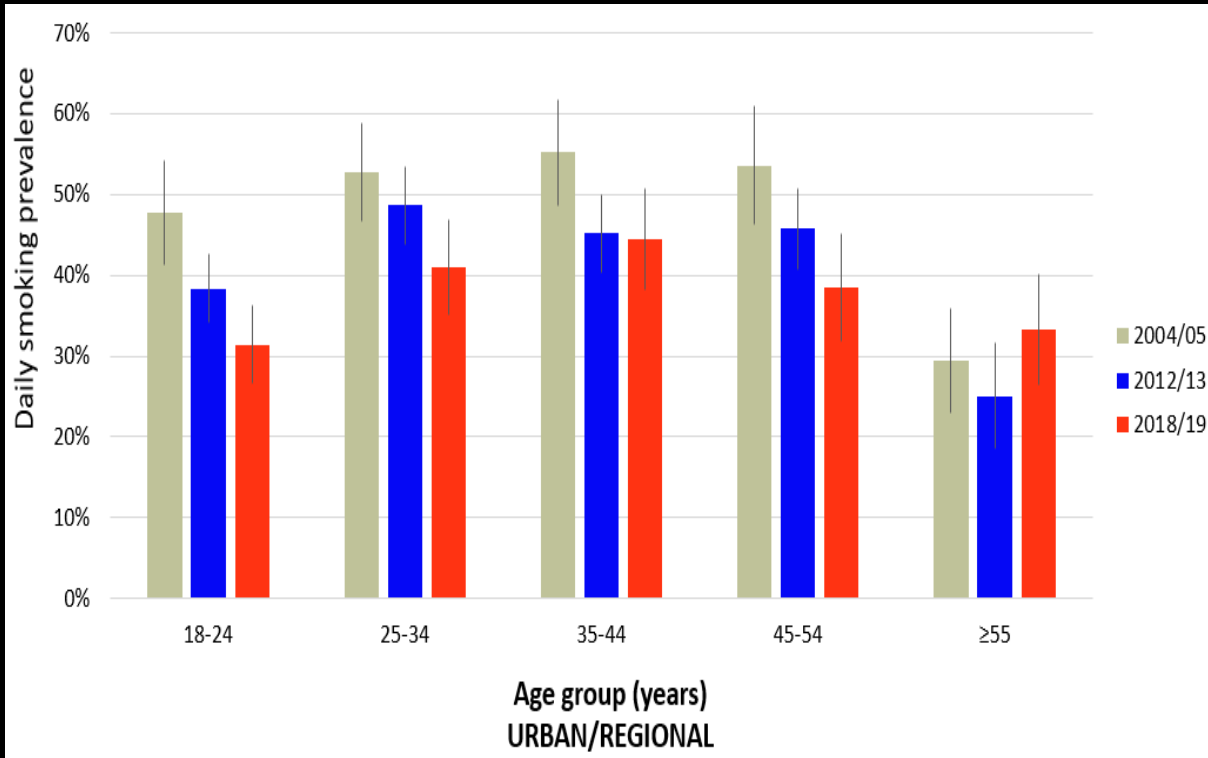


Smoking prevalence is declining

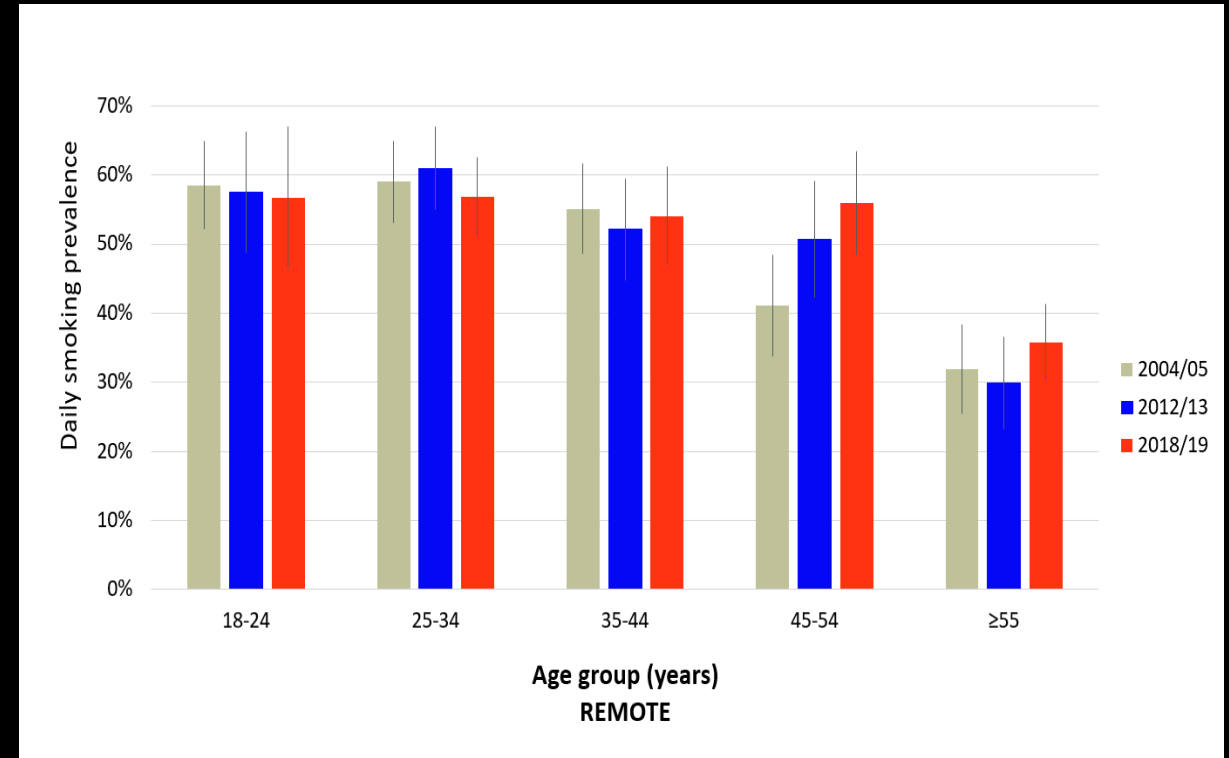


Maddox, R., Thurber, K.A., Calma, T., Banks, E. and Lovett, R. (2020), Deadly news: the downward trend continues in Aboriginal and Torres Strait Islander smoking 2004–2019. *Australian and New Zealand Journal of Public Health*, 44: 449-450. <https://doi.org/10.1111/1753-6405.13049>





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

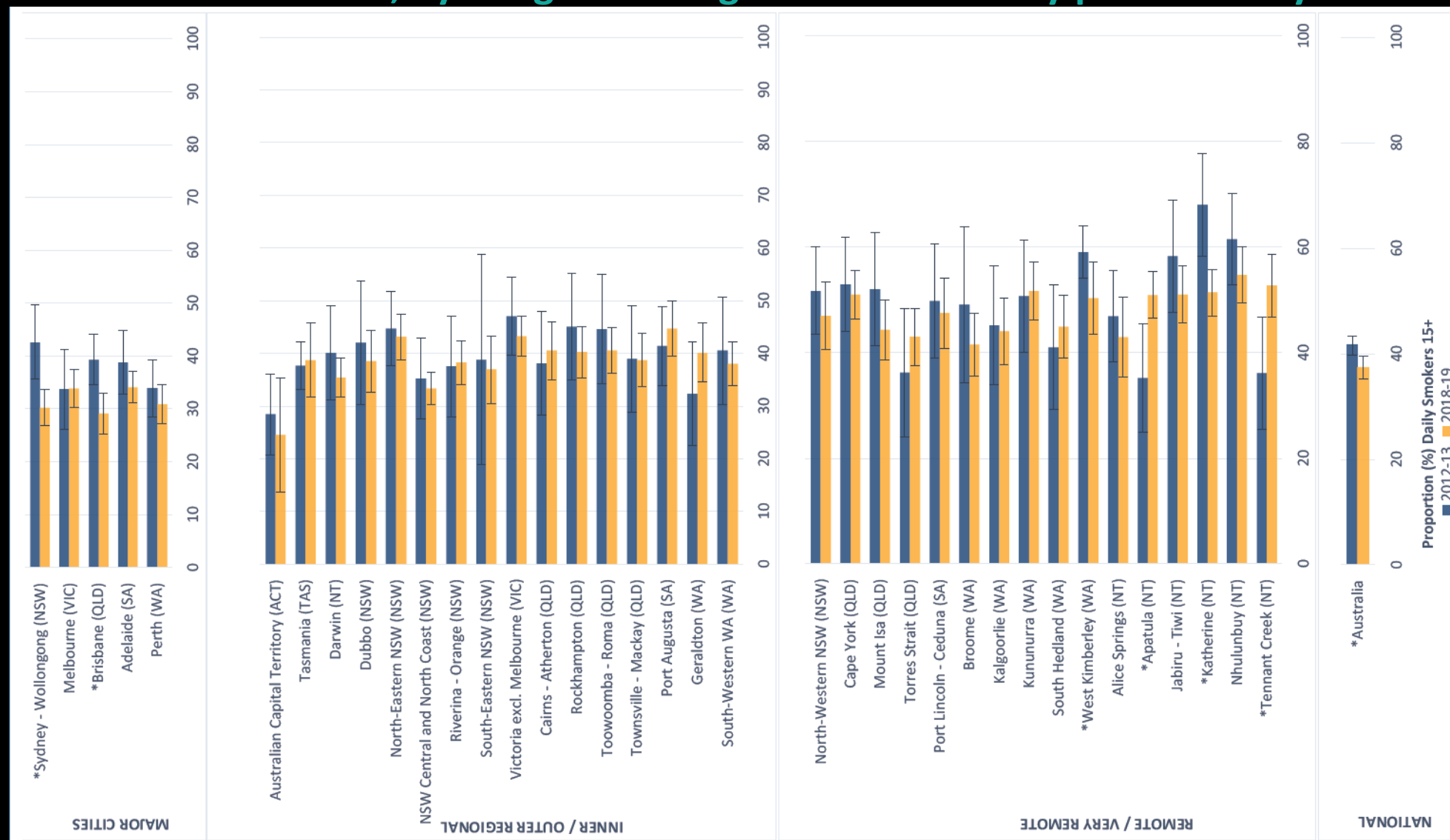


*49,000 daily smokers live in remote areas

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 people who current smoke
 - 45% tried to quit
 - 48% tried to reduce smoking
- Among people who use to smoke
 - 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: 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 people who currently smoke
 - **Non-TIS** areas: **0.8–1.0%** of people who currently smoke
- 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

Source: 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

“Tobacco use is everyone's business”

- STRENGTHEN COMMUNITY ACTION

- DEVELOP PERSONAL SKILLS

- ENABLE
- MEDIATE
- ADVOCATE

- BUILD HEALTHY PUBLIC POLICY

- CREATE SUPPORTIVE ENVIRONMENTS

- REORIENT HEALTH SERVICES

ORDINARY MEETING OF COUNCIL

12 JUNE 2024

NOTICE OF MOTIONS

12.3 Notice of Motion - Tobacconists in NSW (Ref: ; Author: Macdonald/Macdonald)

File Reference: 12 June 2024 motions

Notice

Councillor Ross Macdonald will move the following motion:

Motion

That Council:

1. Seeks a change of regulations to require a development application to open a tobacconist or vape store in the Queanbeyan-Palerang Local Government Area; and
2. Writes to the NSW Government requesting a ceiling of tobacco and vape retailers for NSW and a plan for a phased reduction in the number of tobacconist and vape stores authorised to operate in NSW; and
3. Write to the Federal and State Ministers for Health seeking a commitment for further investment for a campaign aimed to inform the community about the health impacts of vaping and e-cigarette products.

Comment from Cr in support of this Notice of Motion

There are currently more than 19,000 registered tobacconists in NSW.

E-cigarettes have not proven to be an effective smoking cessation tool and rather have attracted a new cohort of nicotine users, including in young people. The percentage of people over 14 reported having used e-cigarettes has dramatically increased with 11.3% having ever used e-cigarettes in 2019 reaching 19.8% in 22/23.

Laws have recently changed to tighten the availability of e-cigarettes though some retailers have sought to circumvent the changes through stockpiling and 'black market' trading.

A limit in the number of tobacconists will complement a range of measures aimed to reduce smoking and smoking uptake whilst a requirement that a development application be lodged will ensure the application is scrutinised sufficiently.

Staff Comment

The NSW Planning System allows for an exempt change of use from retail to retail. This means that any existing retail premises could become a tobacconist without further approval.

Exempt land use classes and change of use enables development which is regulated by other means.

NSW Health have a role in the regulation of sale of these items.

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



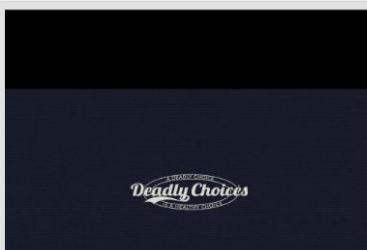
Carbal Can Tackle Indigenous Smoking



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



Indigenous Tobacco Control Workshop – 22 October 2024



The Deadly News since 2004...

Many
lives saved



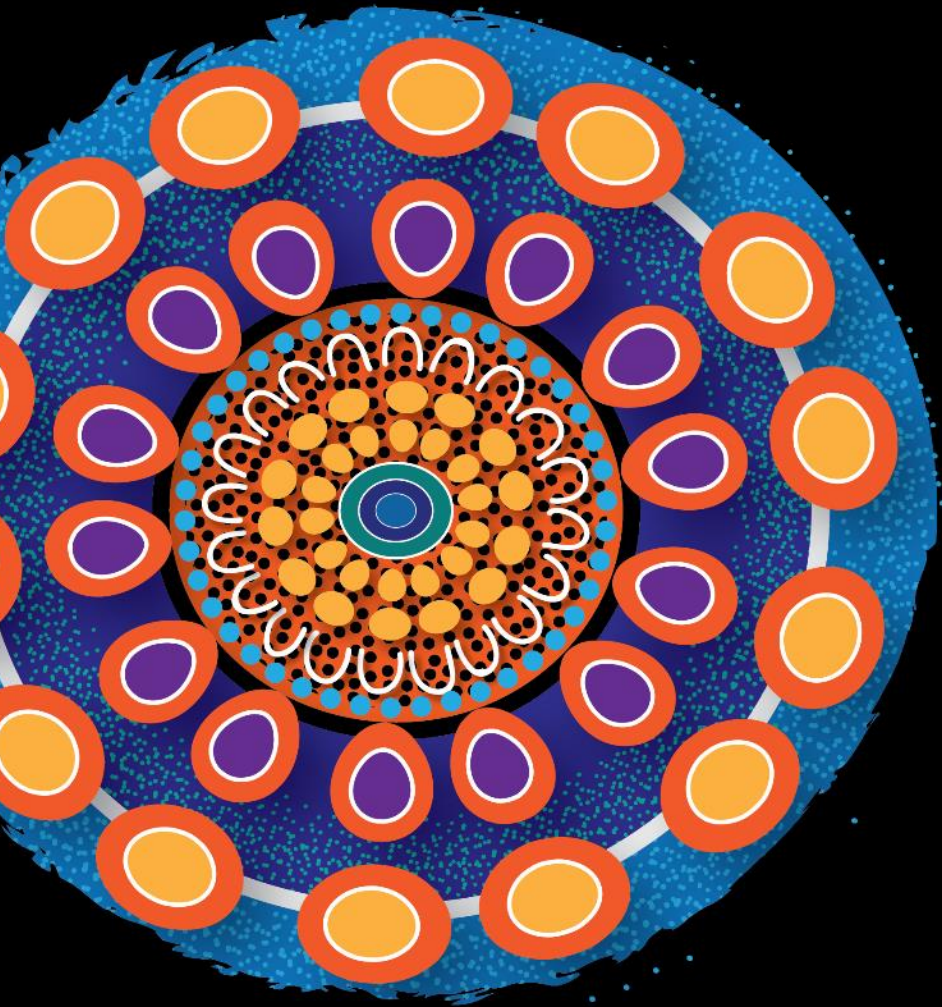
9.8% reduction

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>





National Lung Cancer Screening Program Guidelines

Associate Professor Lisa Whop
Gumulgal, Wagadagam

Yardhura Walani, National Centre for
Aboriginal and Torres Strait Islander
Wellbeing Research
Australian National University



A tool for TIS Program partnerships and referrals

“Tobacco use is everyone's business”



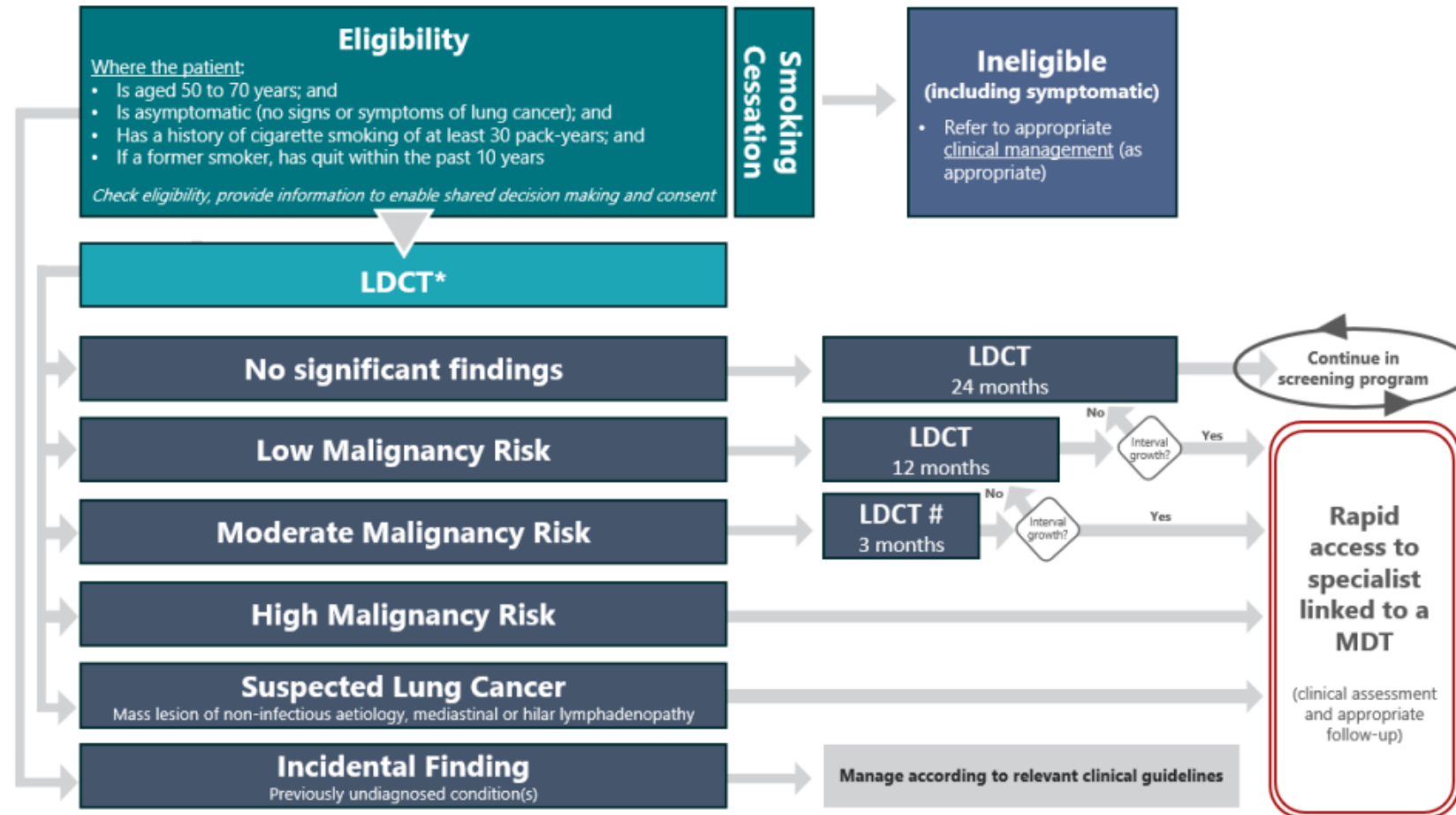
- Community-led campaigns, including mass media and social media
- Community-led health festivals/Respiratory health drive e.g. the month of May & World No Tobacco Day (31 May)
- Partnerships with Indigenous artists/Indigenous artists for campaigns
- Champions and Ambassadors
- Storytelling and interviews in newsletters, etc.
- Interactive educational workshops
- Youth engagement and supports



National Lung Cancer Screening Program (NLCSP)

Screening and Assessment Pathway

The figure below diagrammatically describes the NLCSP screening and assesment pathway



* Please see Appendix 1 and 2 for specific details on the categorisation of risk and nodule management guidance.

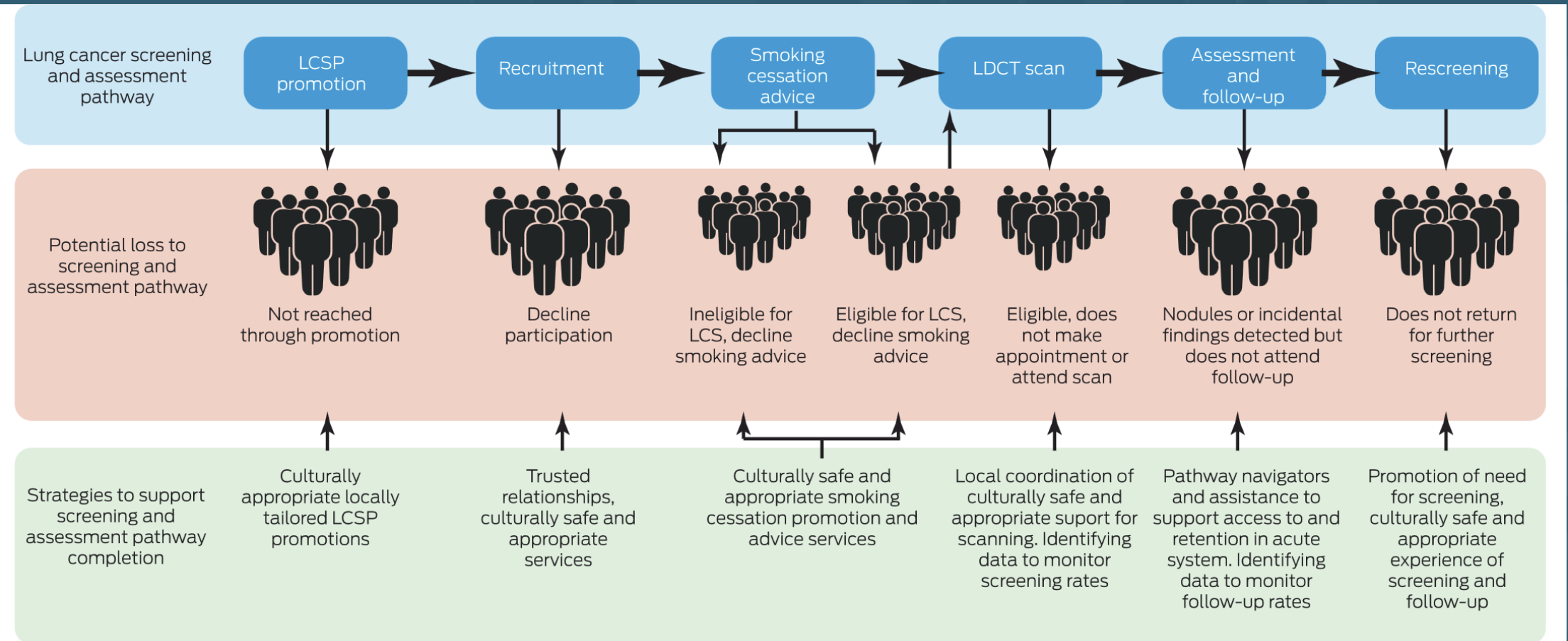
If interval growth, consider biopsy or PET after appropriate clinical assessment.

Reference: Cancer Australia, 2020. Report on the Lung Cancer Screening Enquiry, Cancer Australia, Surry Hills, NSW. Accessed 6 November 2023 at <https://www.canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/report-lung-cancer-screening-enquiry>

Please note, the referenced figure has been updated in line with the Medical Services Advisory Committee (MSAC) recommended eligibility criteria for the National Lung Cancer Screening Program. The Public Summary Document outlining MSAC's recommendations is available at: <http://www.msac.gov.au/internet/msac/publishing.nsf/Content/1699-public>

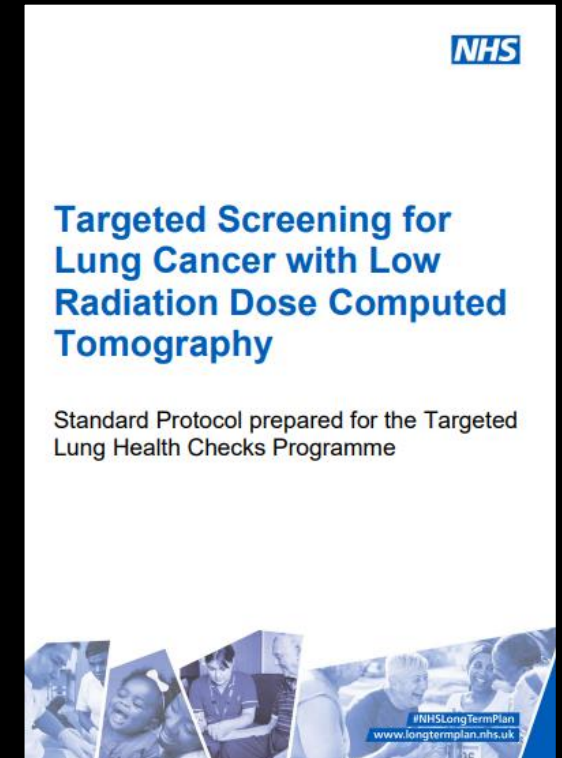
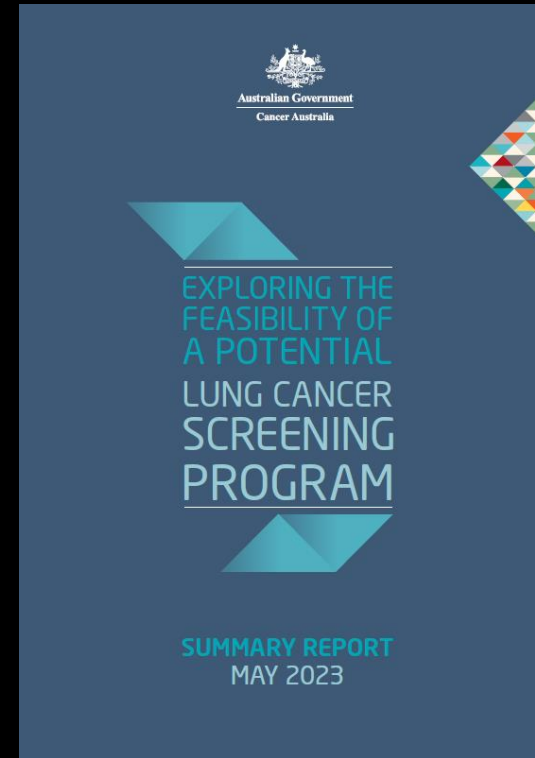
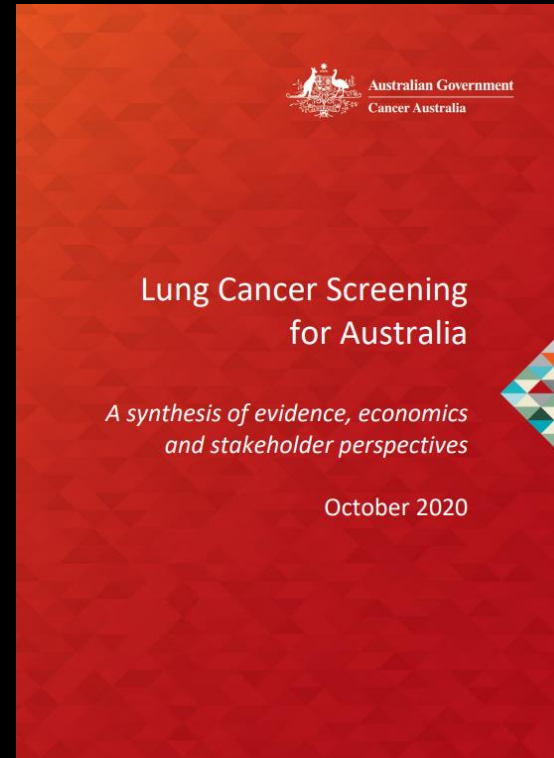
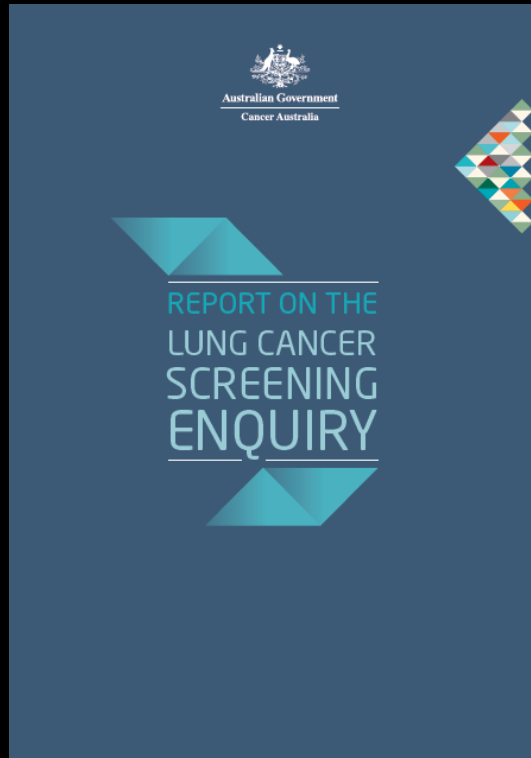
Strategies to support the completion of lung cancer screening and assessment pathway

Alison Brown, Gail Garvey, Nicole M Rankin, Claire Nightingale and Lisa J Whop. Lung cancer screening for Aboriginal and Torres Strait Islander peoples: an opportunity to address health inequities. Med J Aust || doi: 10.5694/mja2.52084



LCS = lung cancer screening; LCSP = Lung Cancer Screening Program; LDCT = low dose computed tomography. ◆

Cancer Australia



October 2020



National LCS Program Guidelines

- **Project Team: University of Melbourne & Australian National University**
- **Program Guidelines development – started 25 Jan 2024**
- **Three key deliverables:**
 1. **Develop Program Guidelines** that will outline evidence, recommendations and practice points
 2. **Two-page Program Guideline Summary**
 3. **A suite of materials** to support **shared decision-making** and **informed consent** processes. Our team will draw on resources identified in the 'tools guidance and information materials' report



Purpose of the Program Guidelines

These guidelines aim to:

- Guide the delivery of a safe, effective, and high-quality National Lung Cancer Screening Program (NLCSP) for the Australian community.
- Standardise the delivery of the NLCSP across Australia's health systems, between and within jurisdictions.
- Reflect best practice and present a program that is firmly grounded in evidence.
- Provide good practice statements to facilitate equitable program access and delivery for people at high-risk of lung cancer in the Australian community.
- Provide a foundation for monitoring and evaluation activities of the NLCSP to inform future program improvements.



Guiding principles

The design of the program has been guided by the following eight principles (2):

1. Accessible – Access to the Program for all eligible participants, inclusive of demographic, geographical, socioeconomic, cultural and other factors.
2. Agile - Centred around ongoing application of continuous quality improvement and the implementation of new technologies to ensure the Program adapts to change.
3. Value-based - Underpinned by efficient investment and high-quality care to create benefits for participants in the form of effective, person-centred cancer screening and improved participant engagement.
4. Person-centred - Centred around each individual and delivering benefit to the participant throughout their experience.
5. Culturally safe for Aboriginal and Torres Strait Islander people - Optimal and culturally safe care for Aboriginal and Torres Strait Islander people participating in the Program.
6. Informed by Best Practice - Informed by evidence and guided by best practice methods, processes and techniques in order to ensure the Program is fit for purpose.
7. Evidence-based - Outcomes from research, combined with clinical expertise integrated to underpin scientifically valid recommendations.
8. Research & Data Driven - Data used to monitor and evaluate performance and shape the Program into the future



Given your key role in health promotion and promoting referrals:

1. What are the opportunities you see in your role and the LCSP?
2. What health promotion materials and supports would you like?



What do we need to know?

- To better understand the needs, key concerns and recommendations of Aboriginal and Torres Strait Islander peoples and communities.
- To develop shared decision-making and informed consent materials for the program. Shared decision-making materials will be used to help someone decide if lung cancer screening is right for them, with culturally safe support of a health professional.

What will this information be used for?

- We are developing the Program Guidelines for the NCLSP and your input will contribute to what the program looks like when it is rolled out in July 2025.
- We will collaborate with Aboriginal and Torres Strait Islander peoples and communities to design these program guidelines for use in the program.

What does it involve?

- Small group workshop/focus group (60-90mins) online



Development of Lung Cancer Screening Program Guidelines

Expression of Interest | Aboriginal and Torres Strait Islander consultations

Would you like to contribute?

Complete the
Expression of Interest form



We are seeking to talk with people who:

- Identify as Aboriginal and Torres Strait Islander
- People who are eligible for the lung cancer screening program, or will be in the next 5 years:
 - Aged 45 years or older
 - Current or past smokers or who have been affected by lung cancer

We also want to hear from people who:

- Have family or care for others who meet the above criteria
- Health or support workers who have clients who meet the above criteria

<https://rsph-redcap.anu.edu.au/surveys/?s=MLX4LHYRALTHDCLF>

Enquiries: Lisa.Whop@anu.edu.au, Sam.Pope@anu.edu.au