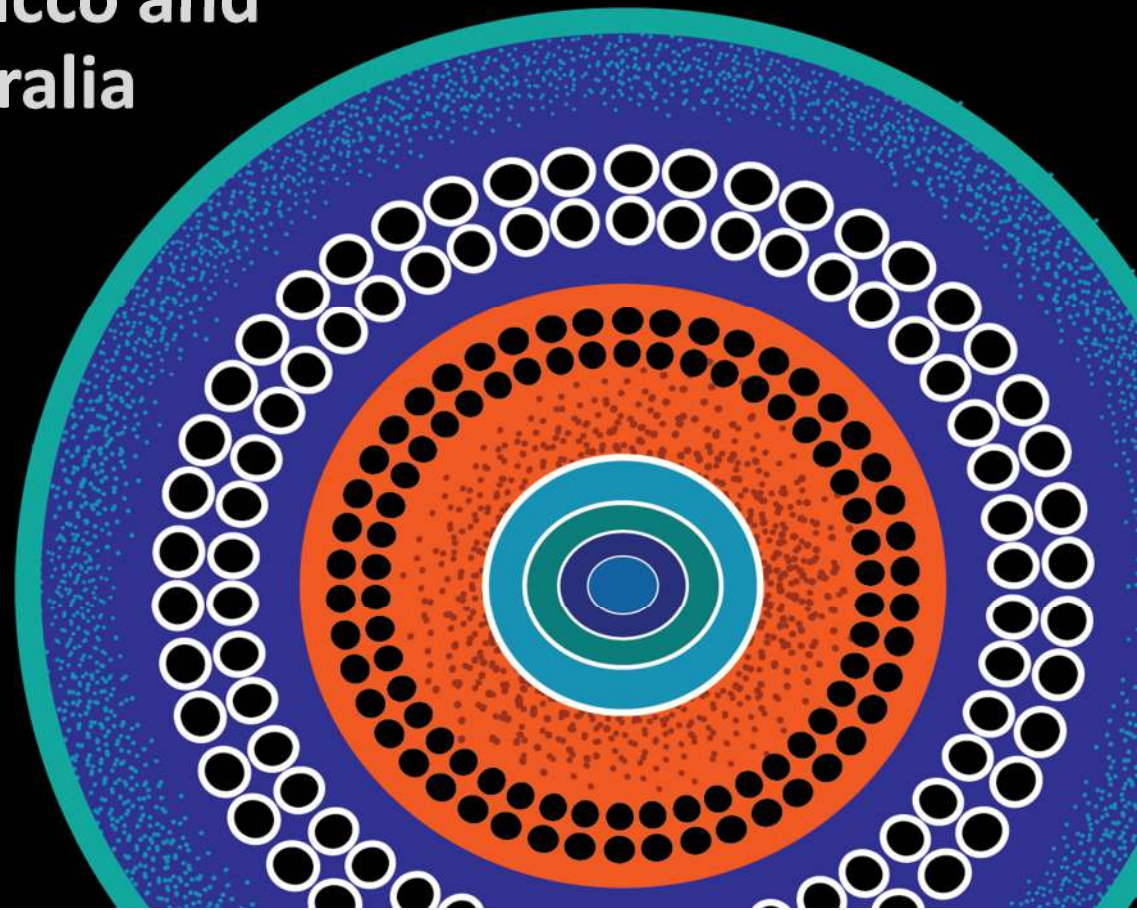


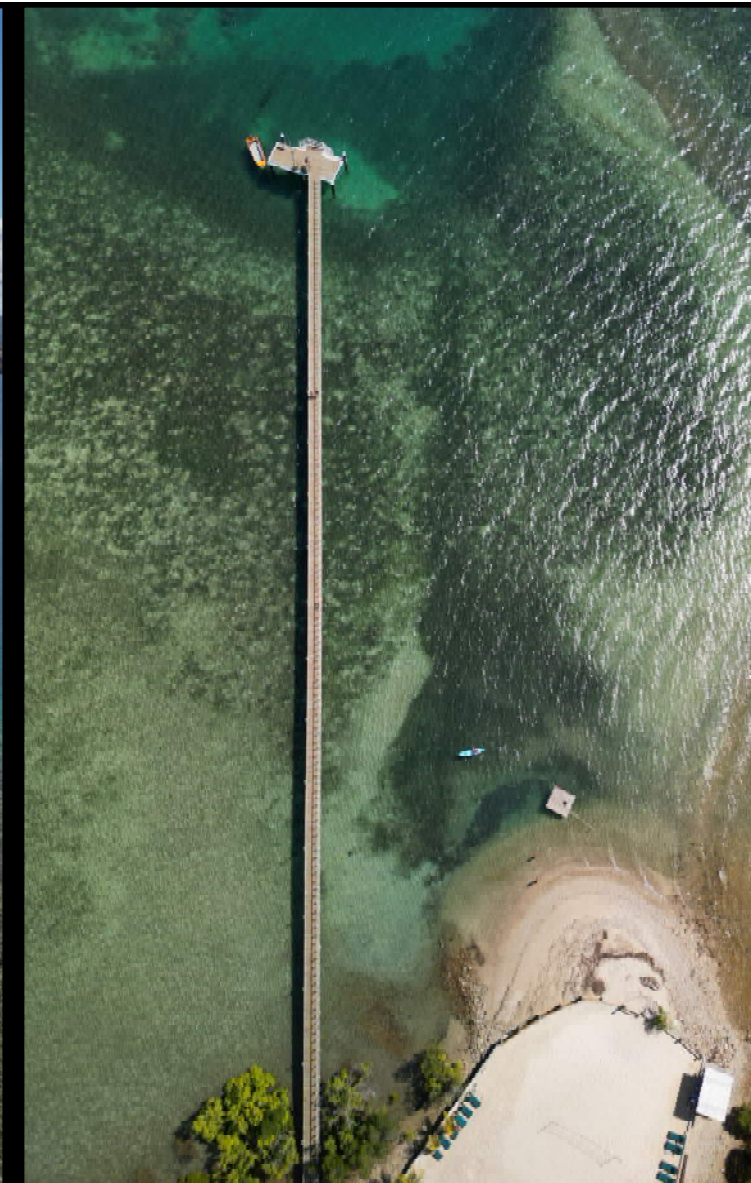
First Peoples Perspective: Resisting Commercial Tobacco and Nicotine Addiction in Australia

Raglan Maddox Bagumani (Modewa) Clan

Yardhura Walani. National Centre for
Aboriginal and Torres Strait Islander
Wellbeing Research.

The Australian National University





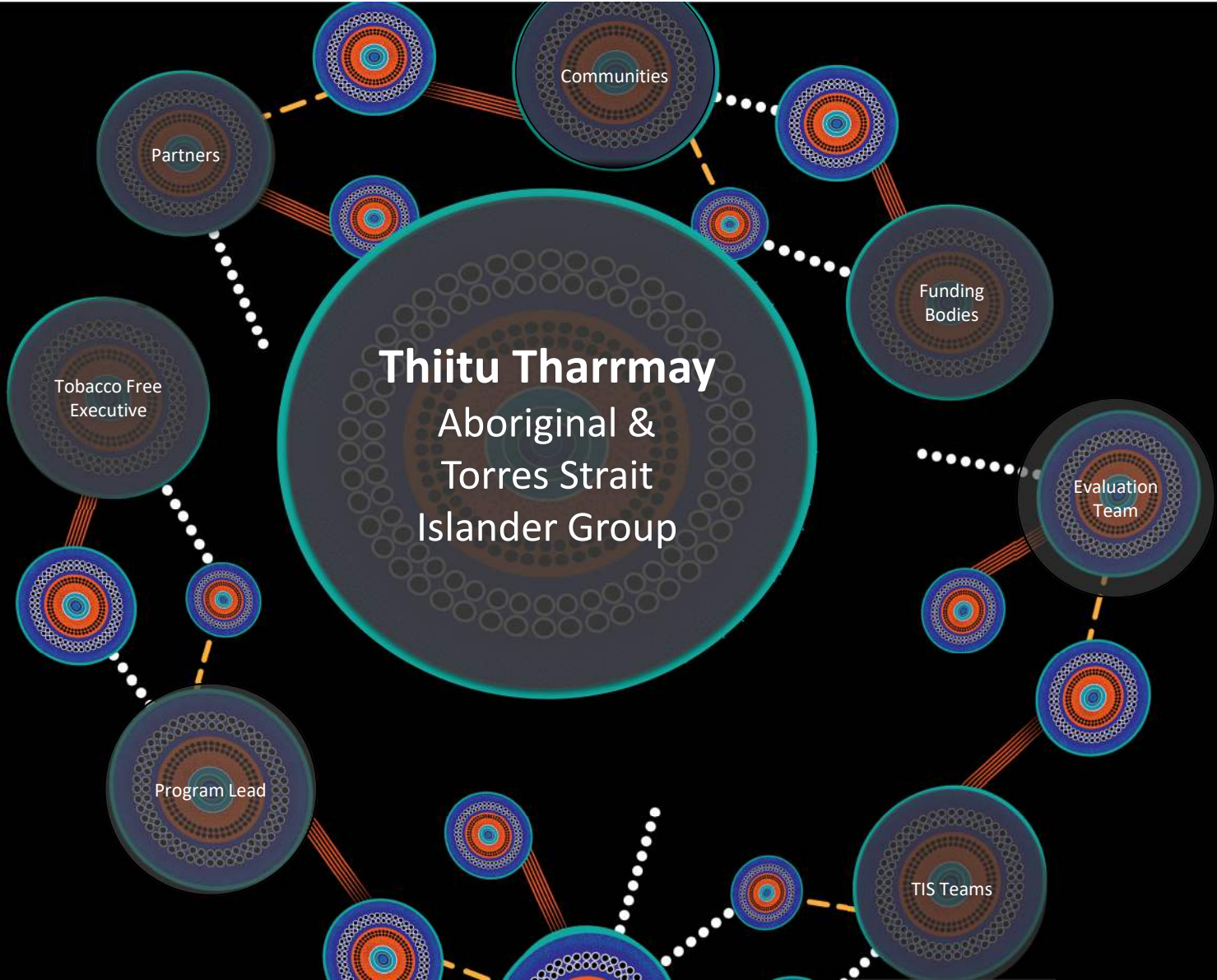


Yardhura Walani ("strong, healthy place")

Our principle is to be in service to Mob.

Our purpose is to strengthen
Aboriginal and Torres Strait Islander
health and wellbeing.







Indigenous
peoples thriving
(life uninterrupted)



At service to
Community



Eradicate
preventable
death/tobacco
related death
and disease



Capacity &
capability
building

INDIGENOUS EXCELLENCE

“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**

**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 advertising 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
- Charlie Perkins graduates University of Sydney

**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
- **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 ad 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**
- **Anti-vaping campaigns**
- **National Lung Cancer Screening Program**
- **WHERE TO NEXT?**



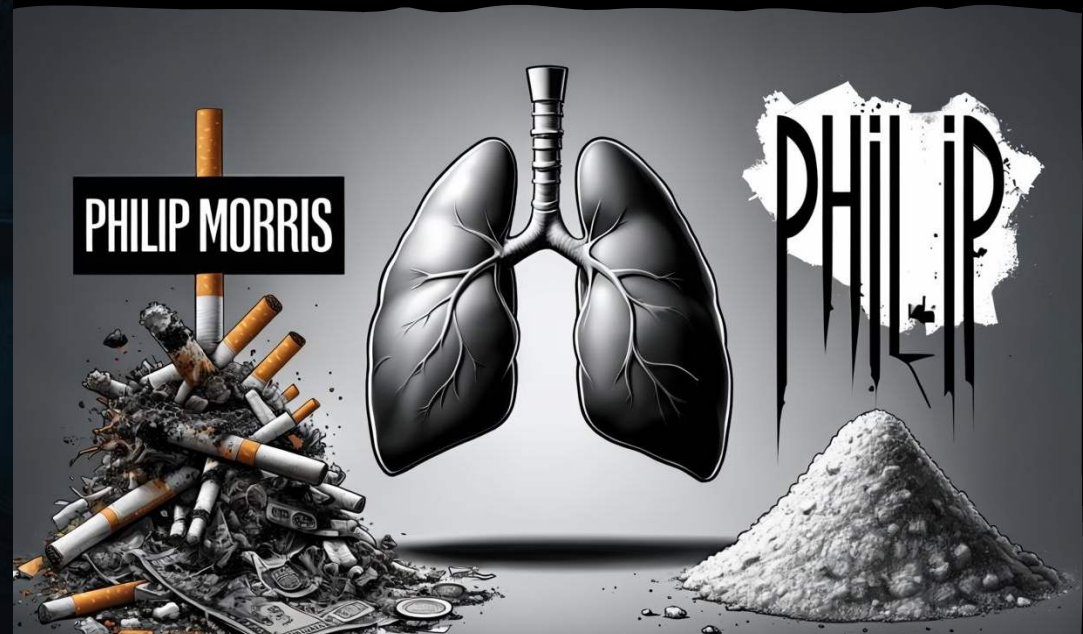
Sources:
 Sherwood 2013; Healing Foundation 2020;
 Lovett et al. (2017). Deadly progress: changes in Australian Aboriginal and Torres Strait Islander adult daily smoking, 2004–2015;
 Scollo et al. Plain packaging: a logical progression for tobacco control in one of the world's 'darkest markets'. *Tobacco control* vol. 24, Suppl 2 (2015): ii3-ii8. doi:10.1136/tobaccocontrol-2014-052048

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.



“We’re *not* dealing with a new threat. We’re facing an Industry with a long and well-documented history of reinventing itself to survive.



WHO
Org

**FLAVOURS HIDE
THE TRUTH.**

Don't be fooled by the lies.

Unmask the appeal #TobaccoExposed

FCTC
FOR TOBACCO CONTROL
BY THE PEOPLE
FOR THE PEOPLE

World Health Organization

**BRIGHT
PRODUCTS.
DARK
INTENTIONS.**

Unmask the appeal
#TobaccoExposed

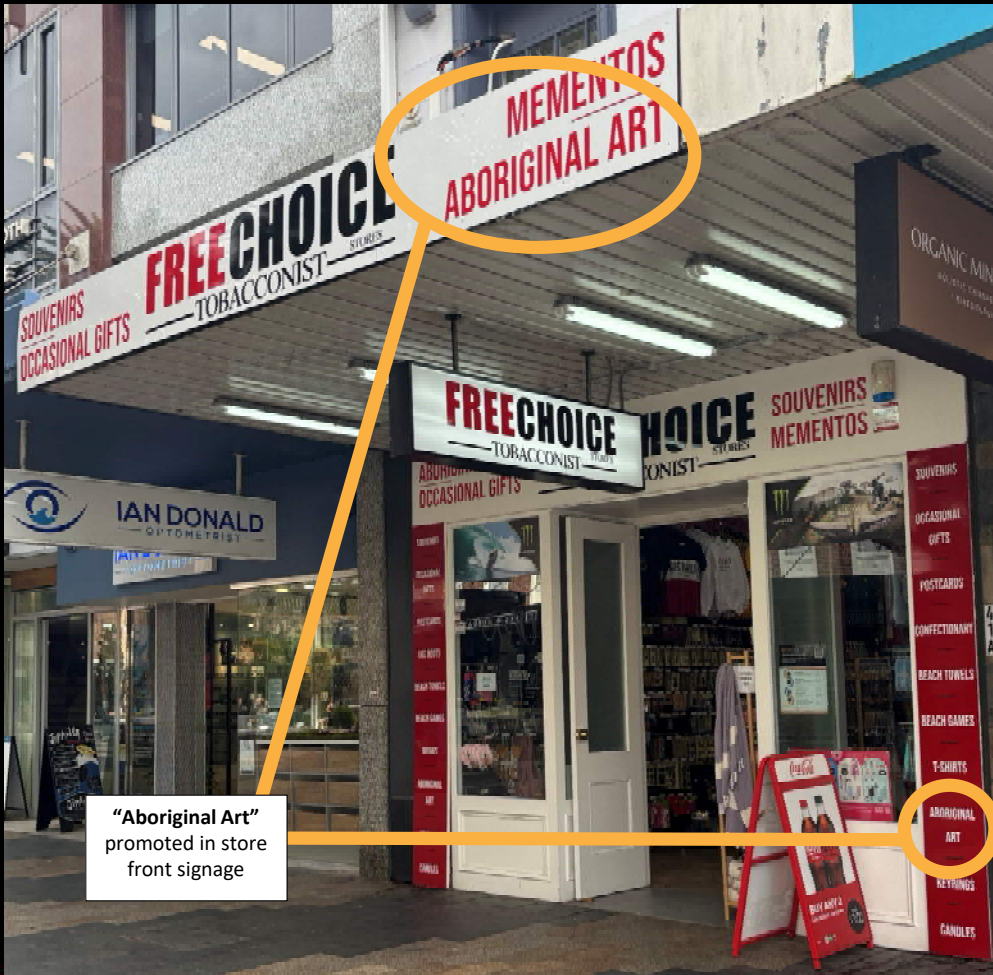
World Health Organization

Unmask the appeal #TobaccoExposed

FILTERED

BUT STILL FATAL

#FLIPTHEVAPE



A PARTIAL RESPONSE: Demand Reduced, Supply Intact

What we strengthened (Demand-side)

- ✓ Smoke-free laws
- ✓ Graphic health warnings
- ✓ Excise increases
- ✓ Advertising bans
- ✓ Public education
- ✓ Cessation support (NRT, PBS, Quitline)

What remained (Supply-side)

- 🏠 Retail density largely unchanged
- 🚚 Supply chains intact
- 🌐 Industry distribution networks protected
- 📄 Weak tracking & enforcement
- 💰 Ongoing profit incentives
- 👥 Continued industry influence

We reduced demand —
but left supply largely
untouched.

MARKETS ADAPT: Why Illicit Trade Was Always Likely



Illicit trade is **not**
a failure of policy
— it is the expected
outcome of partial reform.

FROM CONTROL TO ERADICATION: Addressing the Whole System

2025 & beyond NEXT PHASE: Structural Reform

Current reality

- ✗ Ongoing tobacco-related harm
- ✗ Illicit supply persists
- ✗ Industry adapts faster than regulation
- ✗ Communities continue to carry the burden

What must change (Supply-side action)

- ✓ Reduce retail availability
- ✓ Strengthen licensing & enforcement
- ✓ Track and trace supply chains
- ✓ Limit product supply at source
- ✓ Remove industry influence (FCTC Article 5.3)
- ✓ Transition toward phasing out commercial tobacco

If supply remains,
the market will adapt.

If supply is dismantled,
harm can end.

“reject industry arguments”

“addiction is *not* a personal choice”

“addiction is *not* inevitable”

“those leading & promoting
industry need to be accountable”

“work to eradication”



Emphasise the scale

Stress the magnitude of the tobacco problem, recognising the industry's exploitative nature and the broader impacts on health, beyond Euro-Western definitions

Strive for elimination

Focus on structural changes over individual blame from tobacco industry harms. Strive for elimination rather than just incremental change

Use precision language

Use person-centred & strengths based language. Replace the term 'Black Market' with 'illicit tobacco' to avoid racist connotations

Reject Industry arguments

Avoid industry terms that mislead and downplay harm and addiction (e.g. personal responsibility, personal choice, reduced risk, leads to illicit trade prohibition.)

TRUTH

Describe prevalence responsibly

Avoid simplistic comparisons. Describe smoking and vaping inequities in the context of structural drivers like industry targeting, colonisation, and racism

Expose deceptive Tactics

The tobacco industry's manipulative tactics attempt to downplay the harms of smoking and vaping

Highlight industry roles

Go beyond mere disclaimers (e.g. 'no industry funding') to address lobbying, marketing, and undermining health

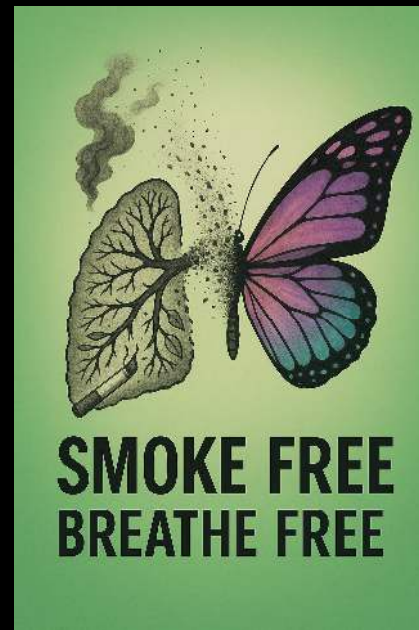
Hold industry accountable

Be specific about the harm caused by their products

“death by 1,000 cuts”



**Liberation from
Nicotine Addiction**



"THE TOBACCO
INDUSTRY PROFITS
FROM ADDICTION"



TELL THE TOBACCO INDUSTRY WHAT YOU THINK >>

"THE TOBACCO
INDUSTRY PROFITS
FROM ADDICTION"



TELL THE TOBACCO INDUSTRY WHAT YOU THINK >>

"THE TOBACCO
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TELL THE TOBACCO INDUSTRY WHAT YOU THINK >>

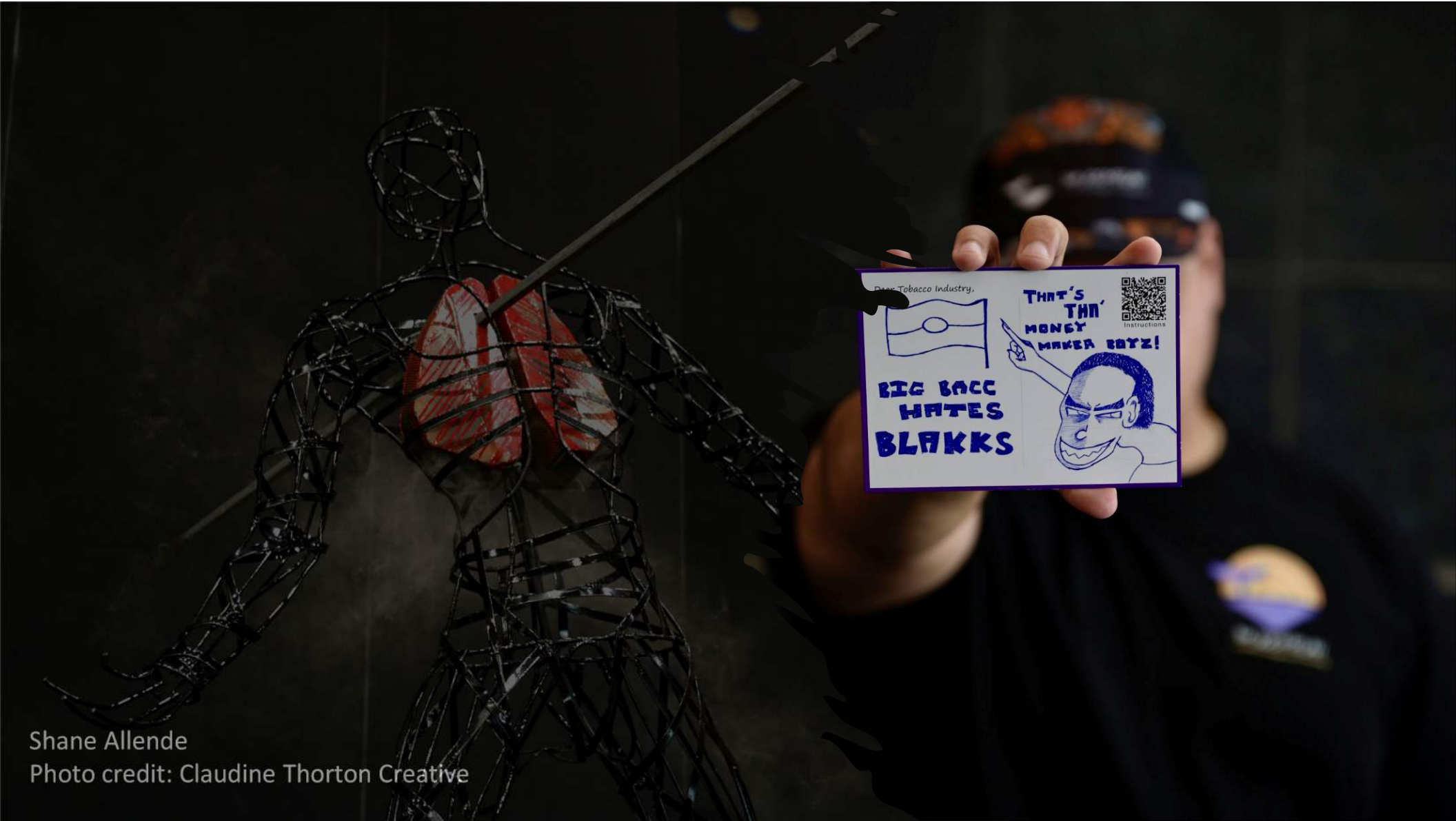
“the ongoing community weathering from tobacco and nicotine industry profiteering needs to end”



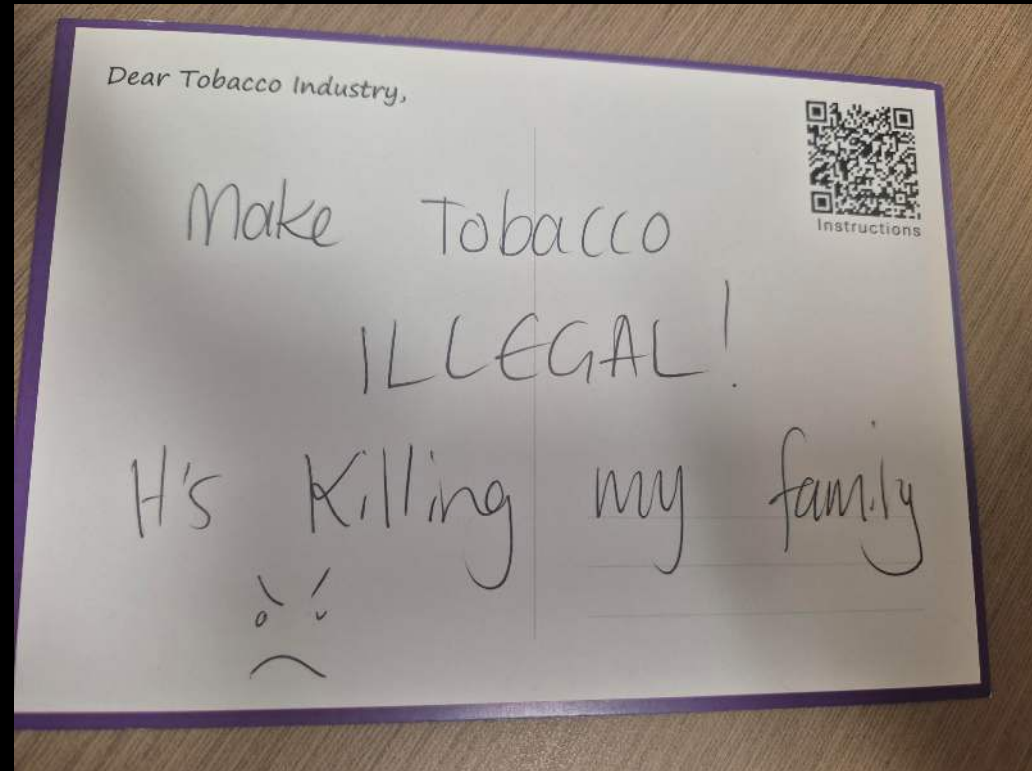
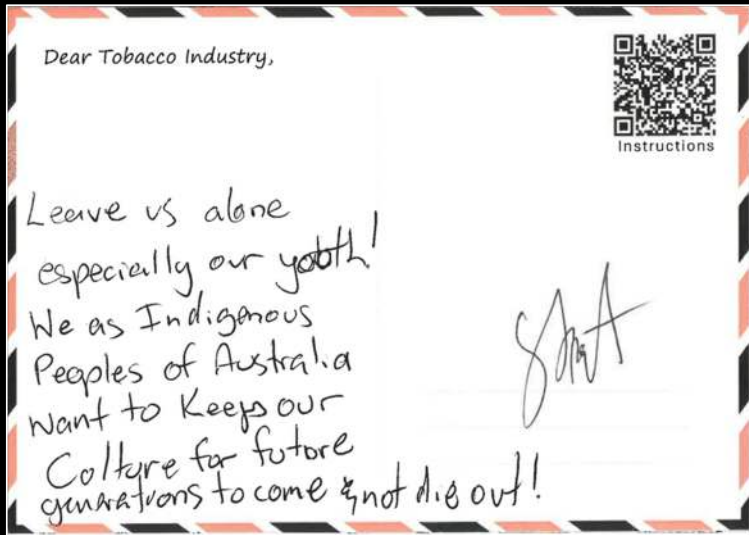
Kilung Morunbul Jum. ("Death by Smoke"). Left Ear Experiment.

Image: Shane Bradbrook, Tom Calma and Shannon Best. Credit: Claudine Thornton Creative





Shane Allende
Photo credit: Claudine Thorton Creative



1. PRIDE

Our future is
worth
protecting.



2. RESISTANCE

We stand
strong
together.



3. TRUTH

The Industry
profits from
harm.



4. CARE

No shame.
Only support.



5. VOICE

Young people
lead the
change.



TIS TVC:

https://drive.google.com/file/d/1eM8TsmUcR-ae_aH25V8HU3Tm5WvKtWr7/view?usp=drive_link

SONG:

https://drive.google.com/file/d/1VkvILS-JCIP60-bfMSITS9tZ8Tiq1aeT/view?usp=drive_link

BTS:

2: https://drive.google.com/file/d/18YHrwIFNgzj0e3njhYB77vYMFOBCAkYx/view?usp=drive_link

1: https://drive.google.com/file/d/1XgZ55NsrGVUAfn-9GsLRof5ZCpqq_5L-/view?usp=drive_link

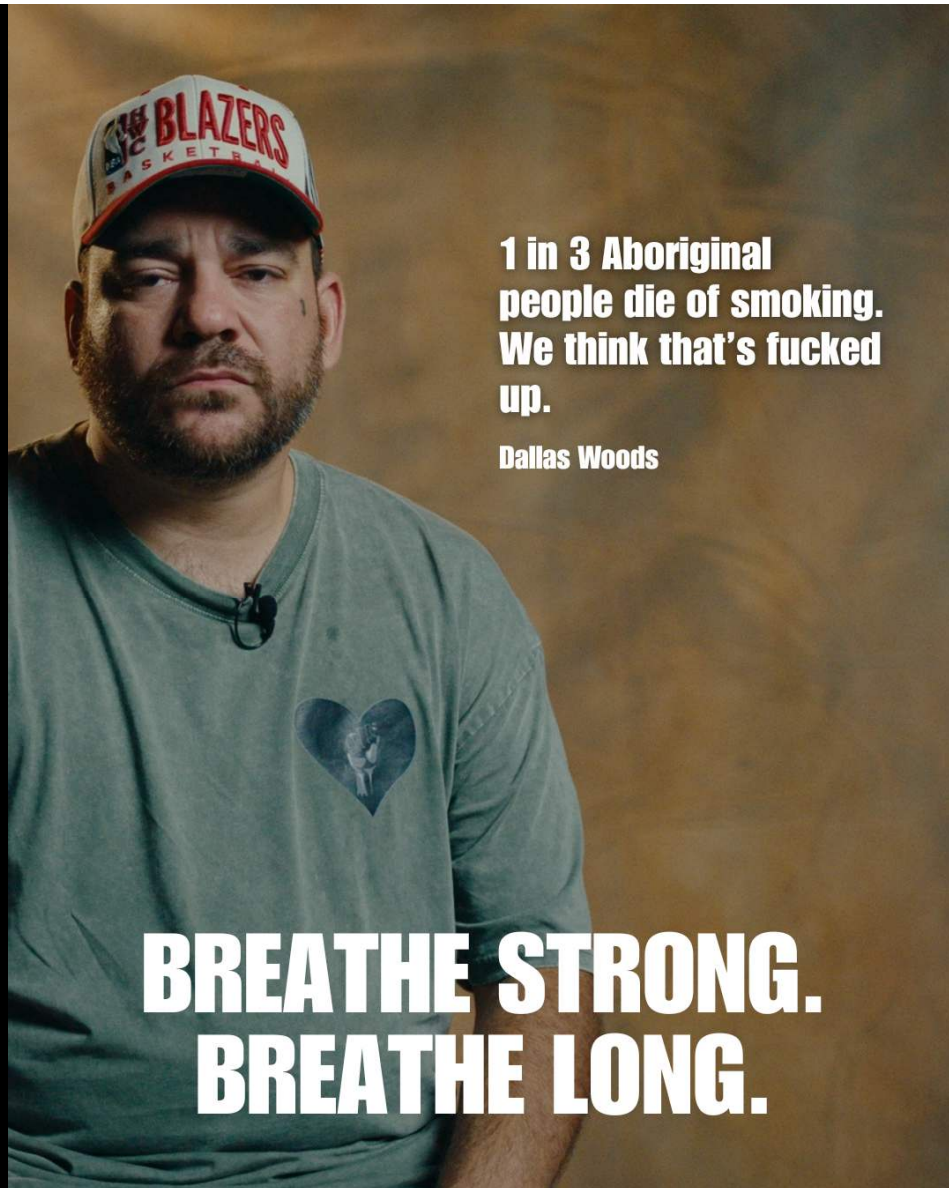
**BREATHE STRONG.
BREATHE LONG.**



LET'S STAND AGAINST THE TOBACCO INDUSTRY

For help to quit have a yarn with your health worker or doctor, call 13 Quit or download the My QuitBuddy app

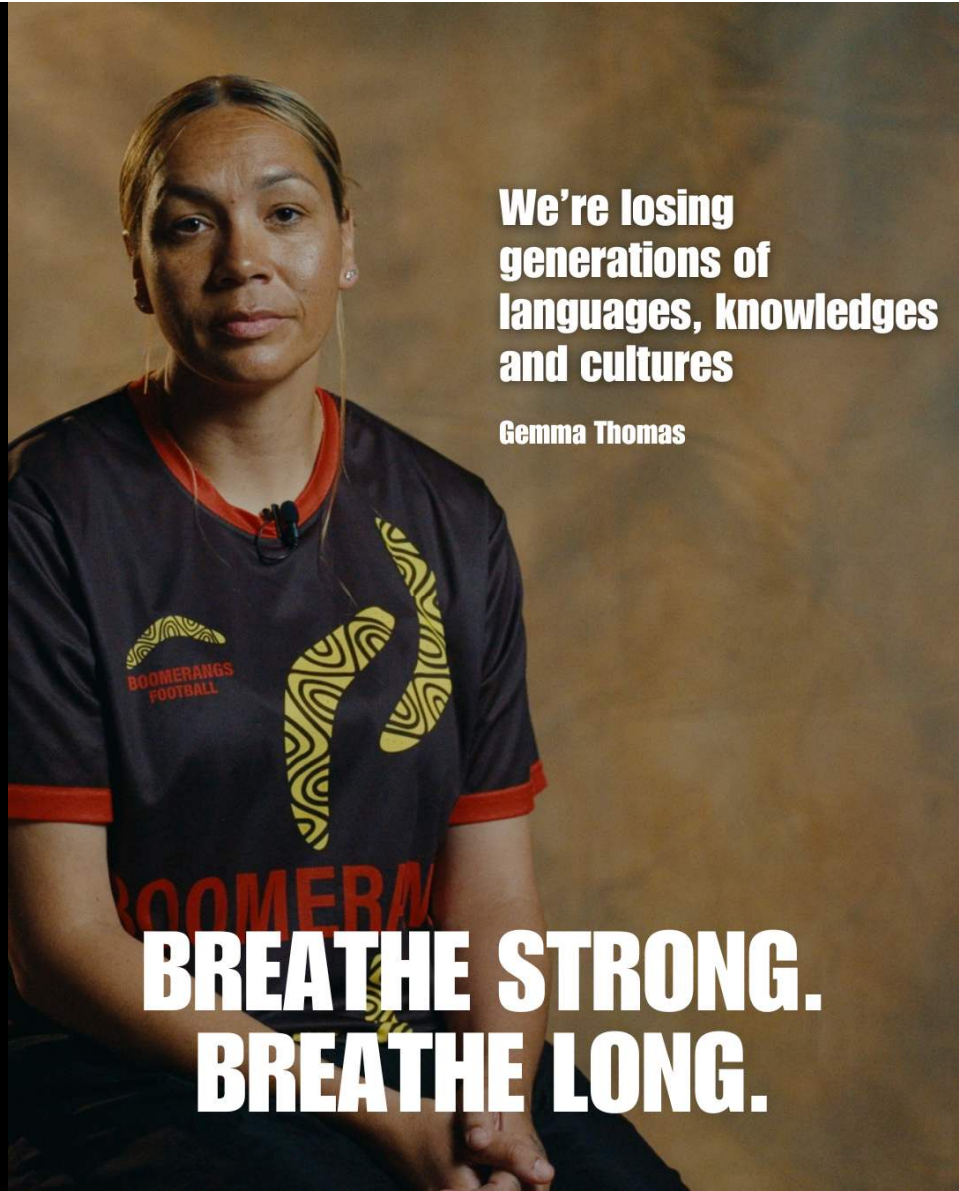
warraayputhu.com



**1 in 3 Aboriginal
people die of smoking.
We think that's fucked
up.**

Dallas Woods

**BREATHE STRONG.
BREATHE LONG.**



**We're losing
generations of
languages, knowledges
and cultures**

Gemma Thomas

**BREATHE STRONG.
BREATHE LONG.**



**Let's stand against
the Tobacco Industry**

Destiny Winyarn Taylor

**BREATHE STRONG.
BREATHE LONG.**



"Yes, we may have killed over 8 million people each year, but for a fleeting moment, we enriched our shareholders' pockets with gold."

What people think

Vs.

Reality

BIG IDEA

SOMEONE GIVES YOU MONEY

You BUILD IT

OVERNIGHT SUCCESS

WHAT PEOPLE THINK IT LOOKS LIKE...

START REGULATING

REDUCE LEGAL CONSUMPTION

SOLVE THE PROBLEM

WHAT PEOPLE THINK IT LOOKS LIKE...

START REGULATING

INDUSTRY DISTRACTIONS & MARKET ADAPTATION

- It's a border issue
- People who smoke are criminals
- Think of the retailers!
- New ENDS exist, give us a seat

NUDGE DENY

ILLICIT TRADE GROWS

- ✓ Access gaps rapidly filled
- ✓ Increasing price gap
- ✓ Exploiting new channels

WHAT REALLY HAPPENED...

YOU START

WORK REALLY HARD

LIFE HAPPENS

COVID-19

ABORIGINAL DEATHS IN CUSTODY

GET LOTS OF HELP

BLM

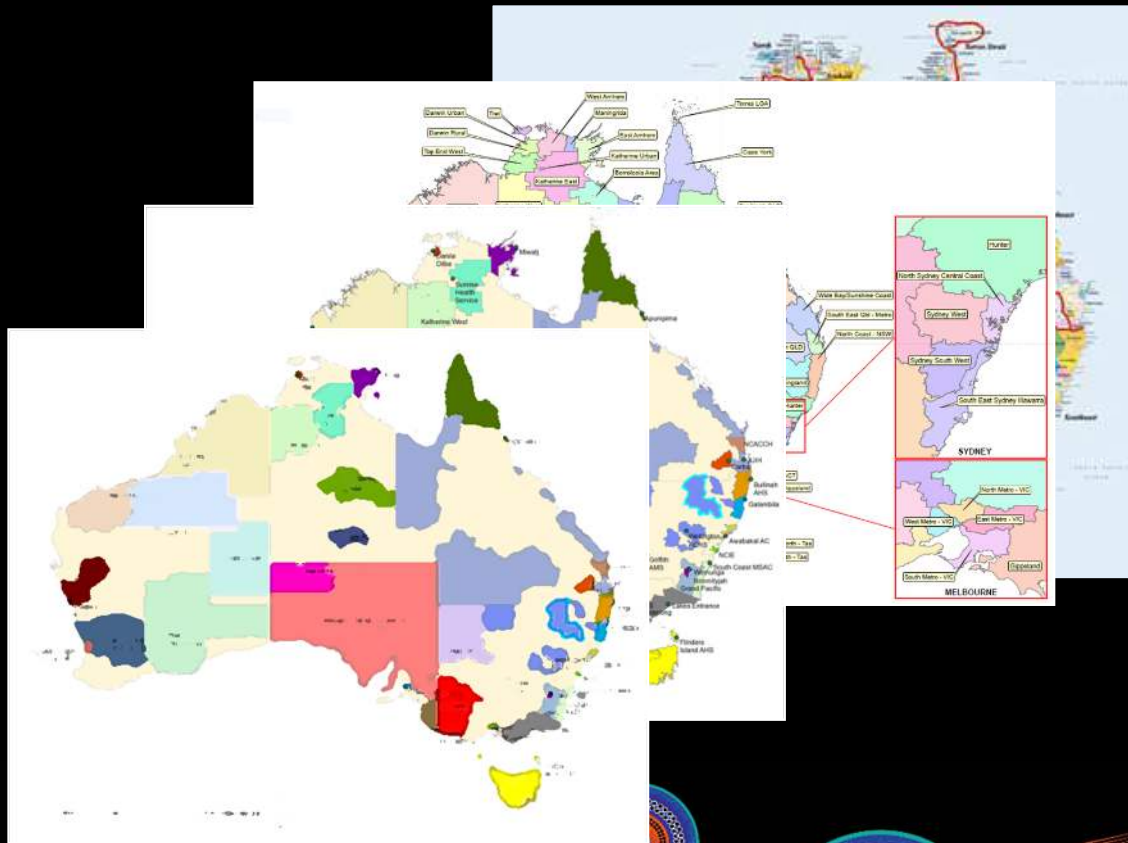
FAIL A LOT

BE INSECURE A LOT

SEEMED LIKE OVERNIGHT SUCCESS TO EVERYONE NOT INVOLVED.

WHAT IT REALLY LOOKED LIKE...

Boundaries and intensity



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



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

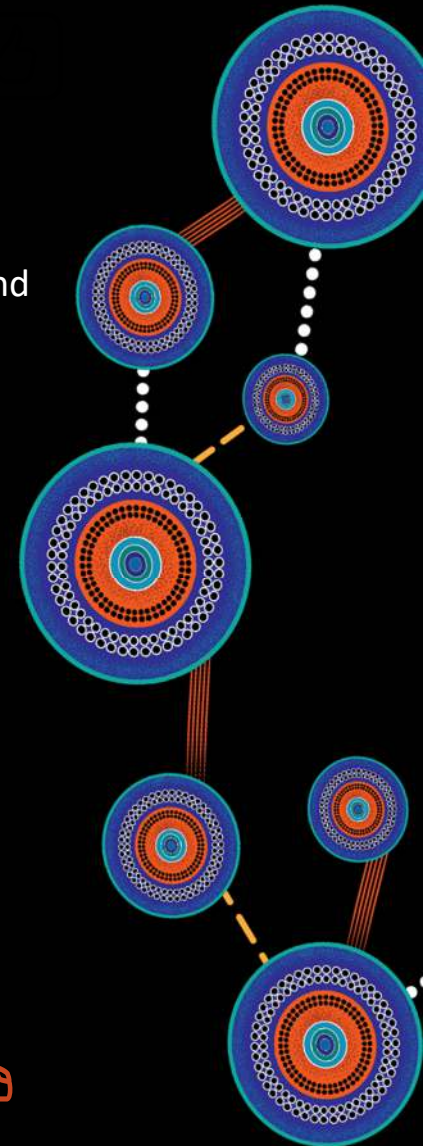
16. World No Tobacco Day
17. NAIDOC
18. Fun runs

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



What are we going to do?

1. Define boundaries: mapping TIS areas

2. Analyse existing data

3. Analyse new data: *Mayi Kuwayu* 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)

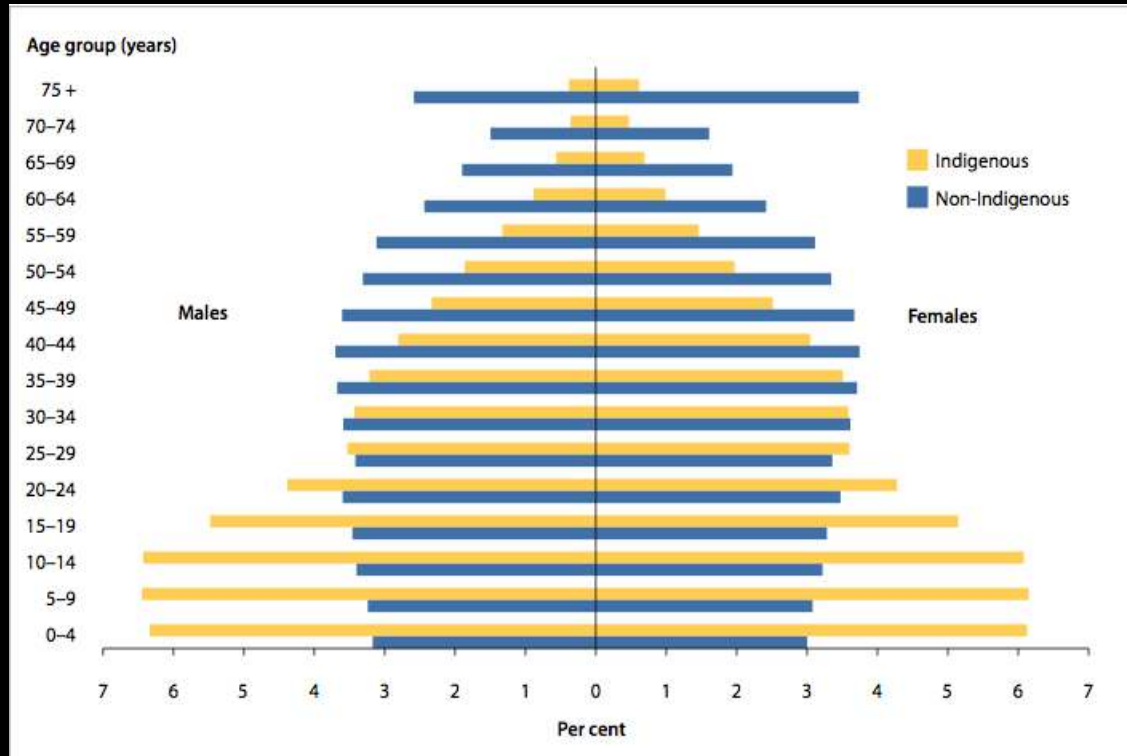
Health services data

**Pharmaceutical
Benefits Scheme**
(stop smoking medications)

Quitline
(quit attempts)

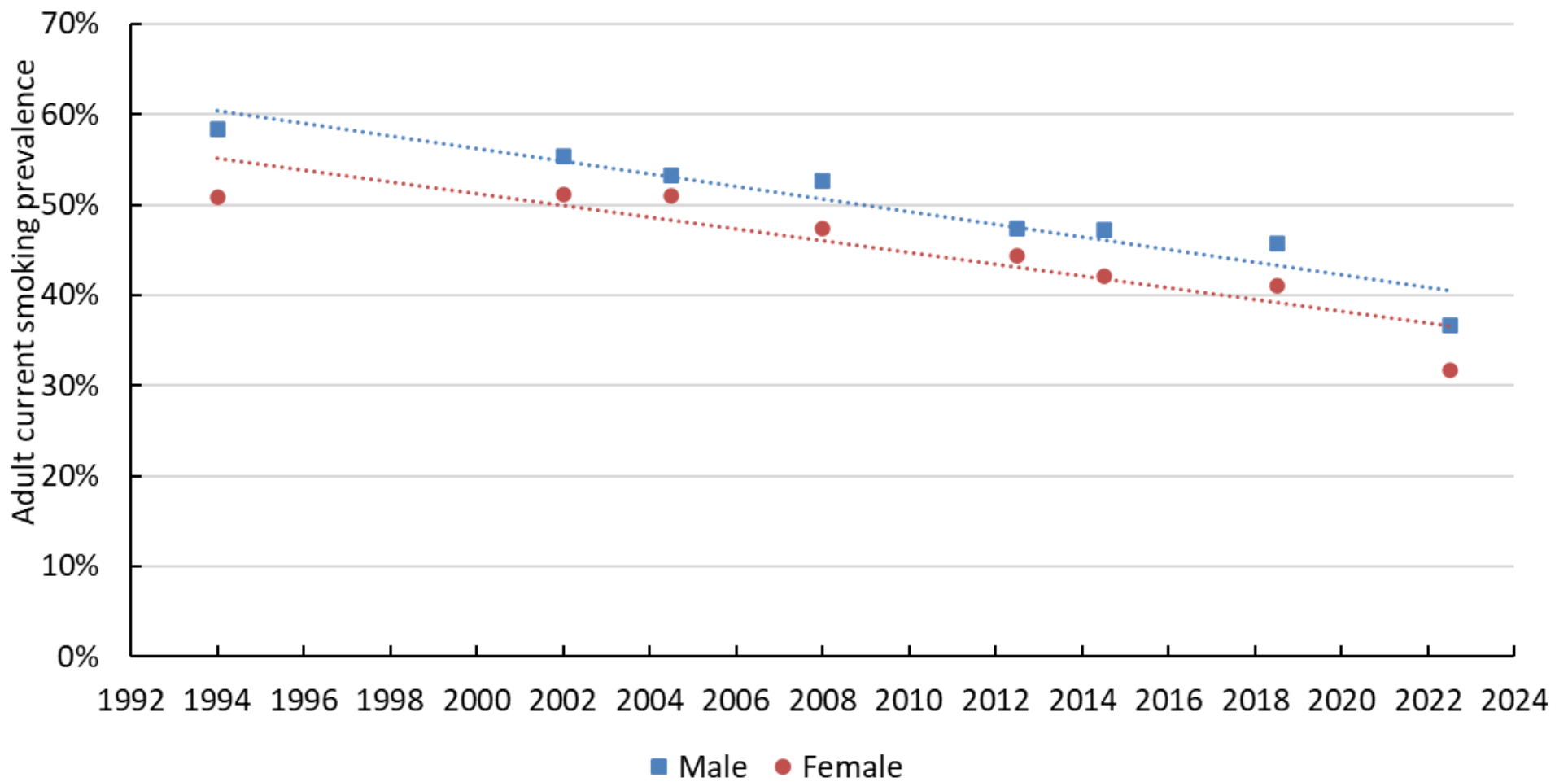


Population profile

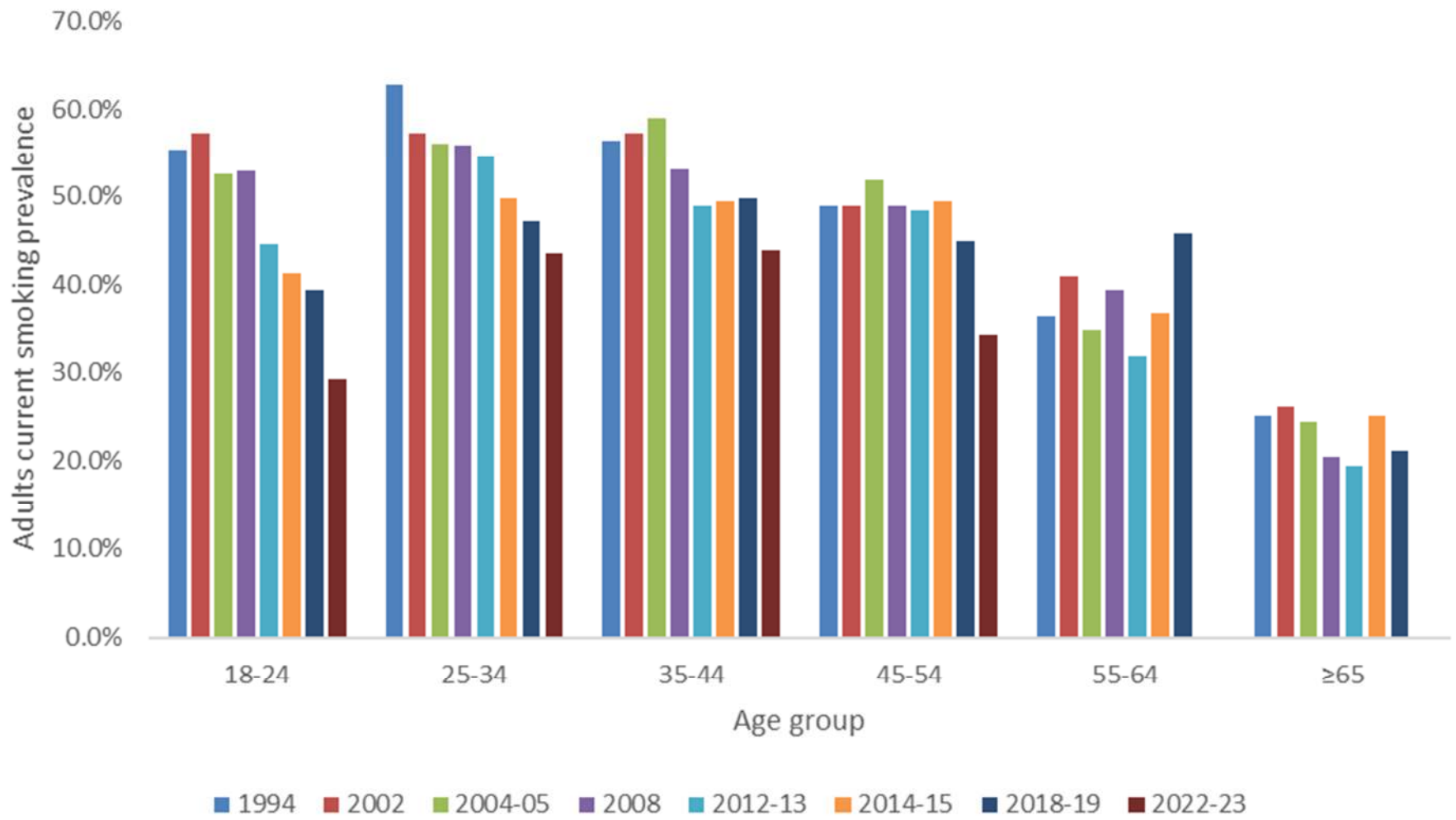


Source: ABS, Experimental Estimates of Aboriginal and Torres Strait Islander Australians.



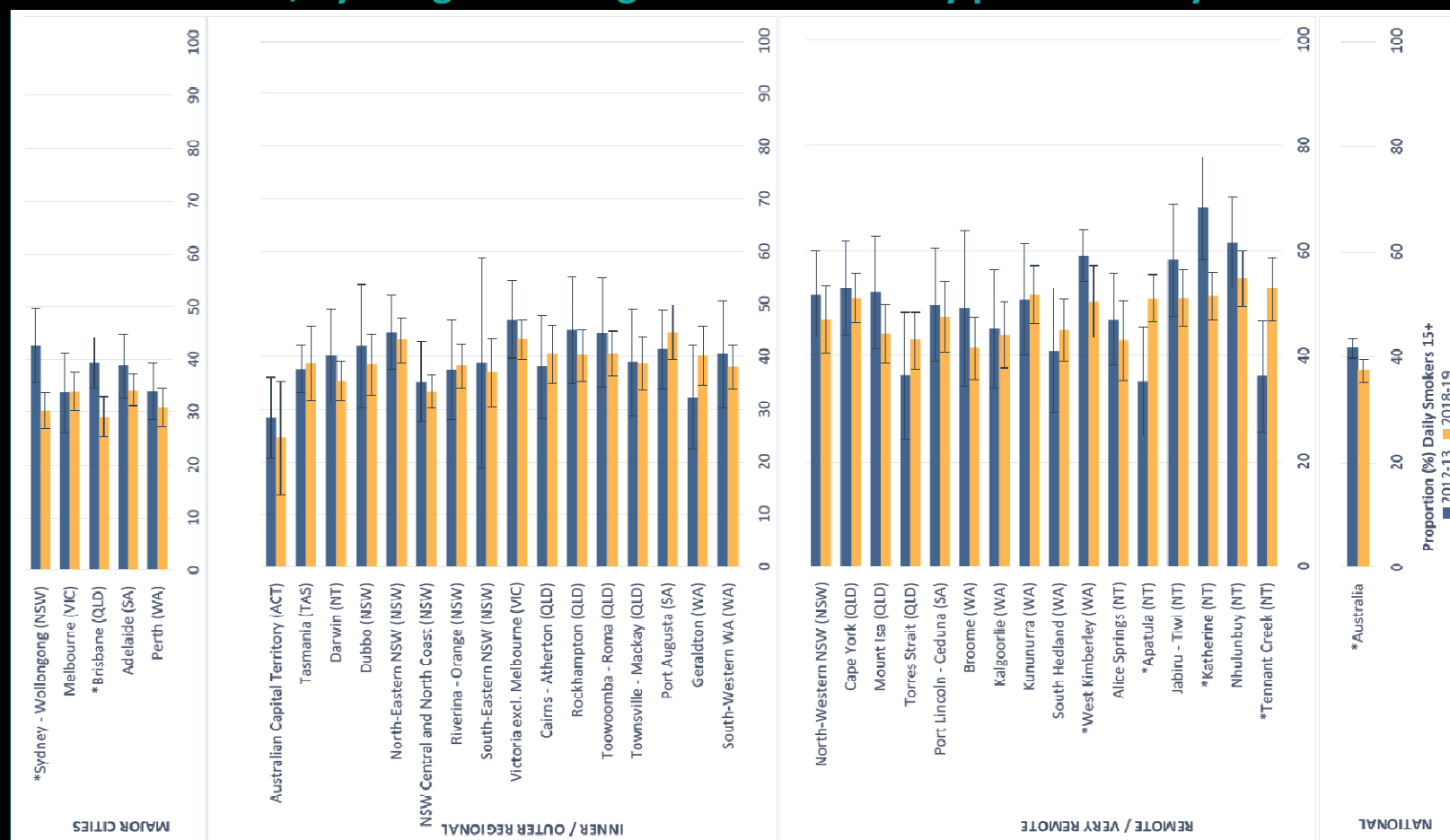


Source: Diaz, A., L. Whop, R. Lovett, K.A Thurber, and R. Maddox. (in prep). Declining Prevalence, Persistent Harm: Rethinking Tobacco Epidemic Models.



Source: Diaz, A., L. Whop, R. Lovett, K.A Thurber, and R. Maddox. (in prep). Declining Prevalence, Persistent Harm: Rethinking Tobacco Epidemic Models.

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

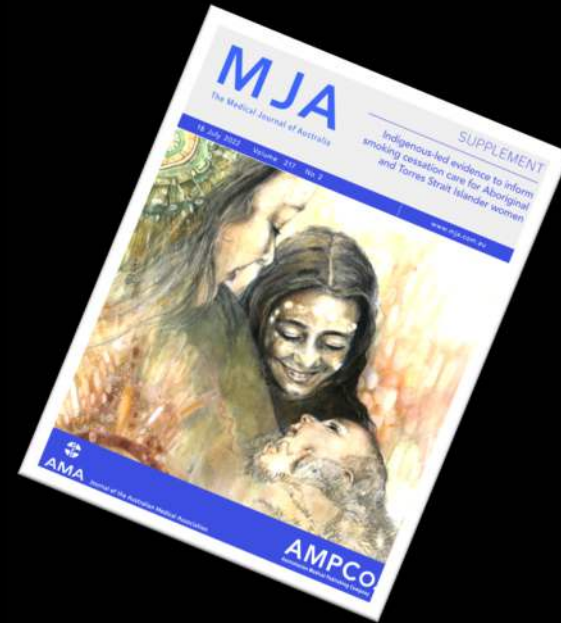
Reasons to quit: **personal health, cost, and health of family**

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

- At least **12,000 Aboriginal and Torres Strait Islander Quitline clients** between 2016 to 2020, nationally
- 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



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>



Locally tailored, culturally safe communication

What's Your Story, Cape York?



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

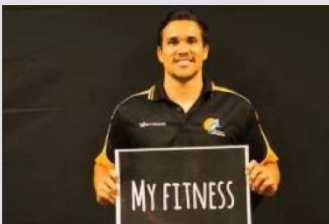


Carbal Can Tackle Indigenous Smoking

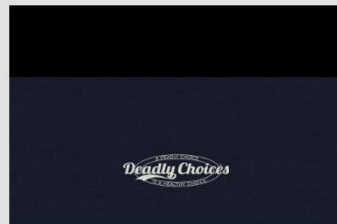


Aunty Vicki Taylor
DALAISUR PRE-SCHOOL

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





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%



"Demand sovereignty. Demand justice."

