

A stylized map of Australia with various colors (red, brown, blue, green, purple) and Indigenous art patterns. A yellow box is overlaid on the map.

**TIS WA, NT, SA, Vic,
Tas Workshop in
Boorloo (Perth)**

24 March 2026



Evaluate and Prepare for 2027- 31 Funding Bid – Sharing & Celebrating?

Prof Tom Calma AO
National Coordinator Tackling Indigenous Smoking



I recognise the **Whadjuk people** of the **Noongar Nation** and **all** Aboriginal and Torres Strait Islander Peoples in attendance today

Evaluate and Prepare for 2027- 31 Funding Bid

Who's up for the challenge?

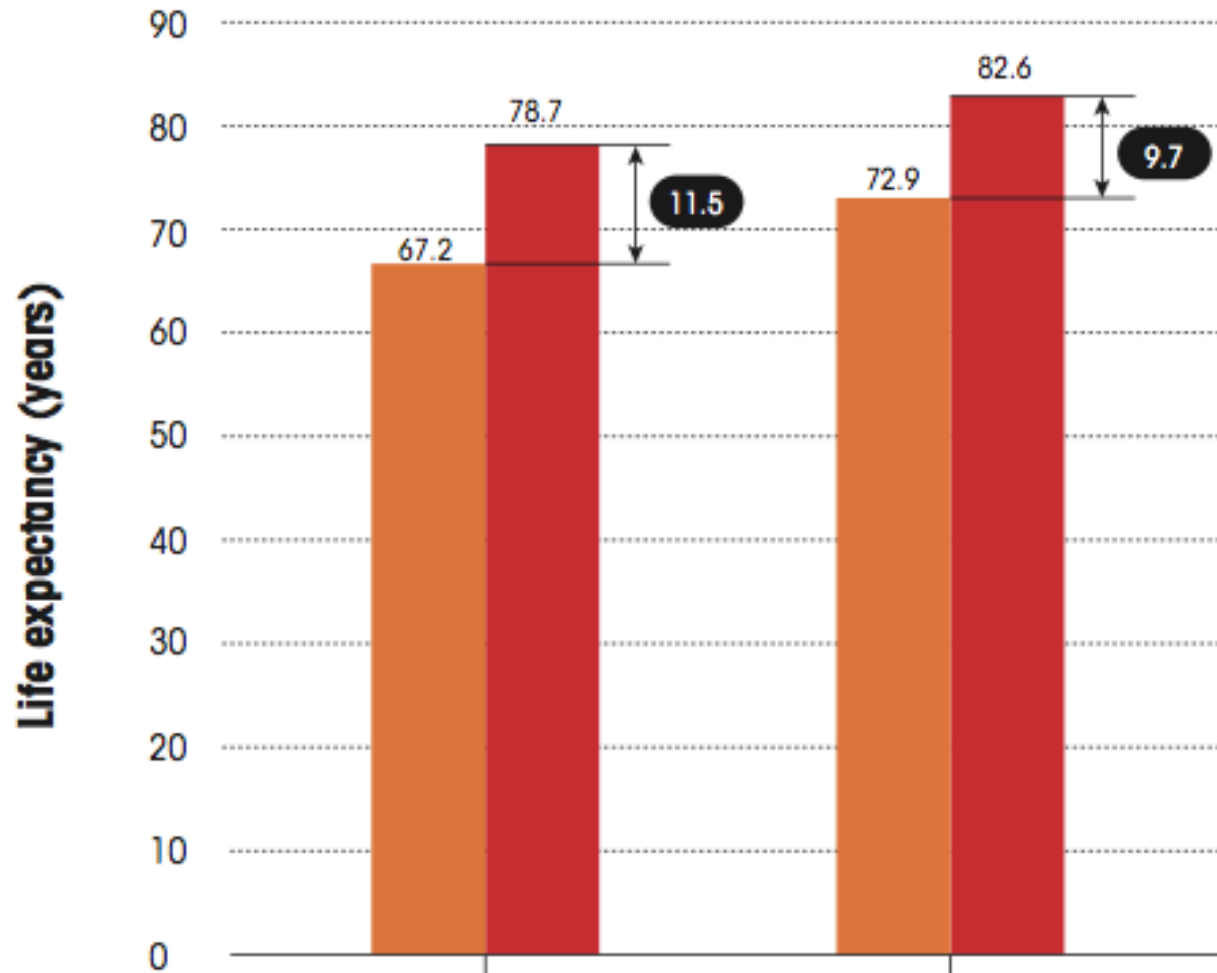
- Recap on the TIS Program
- Innovation
- Impact
- The ASK

- CELEBRATION

- **Don't slow down** – keep up your good work

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

Estimated population, Indigenous status – 30 June 2021

983,700 people, 3.8% of the Australian population

| | Aboriginal only (no.) | Torres Strait Islander only (no.) | Both Aboriginal and Torres Strait Islander (no.) | Total Aboriginal and/or Torres Strait Islander (no.) | Non-Indigenous (no.) | Total (no.) |
|------------------|-----------------------|-----------------------------------|--|--|----------------------|-------------------|
| NSW | 326,927 | 5,971 | 6,812 | 339,710 | 7,757,352 | 8,097,062 |
| Vic. | 74,263 | 2,463 | 1,970 | 78,696 | 6,469,126 | 6,547,822 |
| Qld | 222,309 | 25,169 | 25,641 | 273,119 | 4,942,695 | 5,215,814 |
| SA | 49,721 | 1,195 | 1,153 | 52,069 | 1,750,532 | 1,802,601 |
| WA | 114,995 | 2,213 | 2,798 | 120,006 | 2,629,359 | 2,749,365 |
| Tas. | 31,140 | 1,361 | 1,356 | 33,857 | 533,382 | 567,239 |
| NT | 73,101 | 917 | 2,469 | 76,487 | 171,664 | 248,151 |
| ACT | 8,971 | 241 | 313 | 9,525 | 442,983 | 452,508 |
| Aust. (a) | 901,655 | 39,538 | 42,516 | 983,709 | 24,701,703 | 25,685,412 |

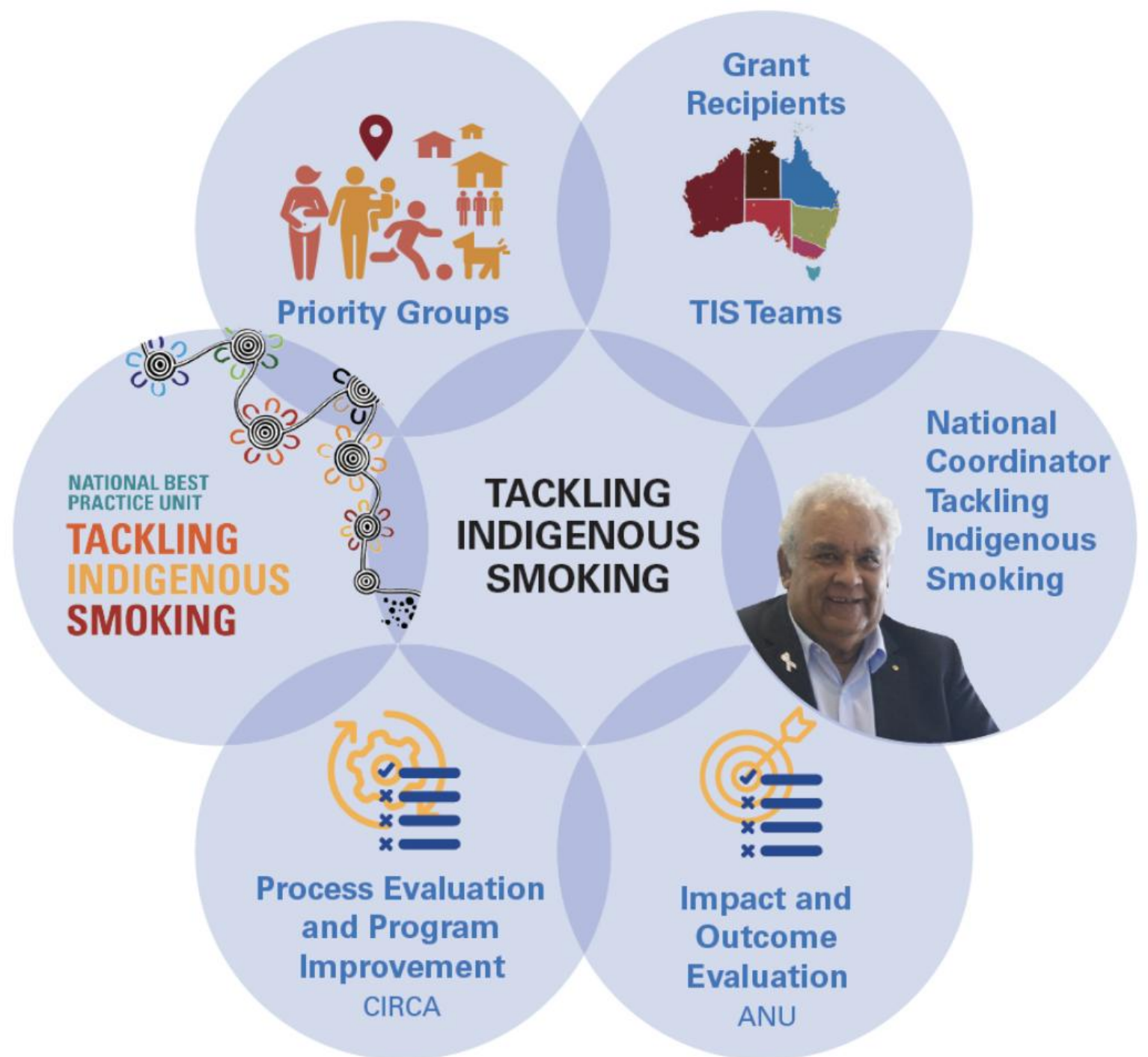
a. Includes Other Territories.

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 10 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.
- Most smokers **want to give up** or have tried to give up.
- Many smokers **are not addicted** but are social smokers.
- **Health, Economic** impacts and **Environmental** impacts

The TIS Family

- TIS commenced in Jan 2010
- Maintained funding and growth under successive governments
- Consistent leadership NCTIS – 10 days per month
- Supported by a National Best Practices Unit
- 2 discrete evaluation system - CQI
- Population Health Program – do not run programs
- Clear Grant Operational Guidelines (GOGs)



A national evaluation of the overall program

The evaluation of the TIS program is a two-part process:

- **a process and program improvement evaluation** is being carried out by the Culturally Inclusive Research Centre Australia **(CIRCA)**
- **an impact and outcome evaluation** is being carried out by the Australian National University **(ANU)**.

Data is critical for future funding and planning – it is **not a discretionary activity.**

5. What the grant money can be used for

Grant Operation Guidelines - GOGs

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:

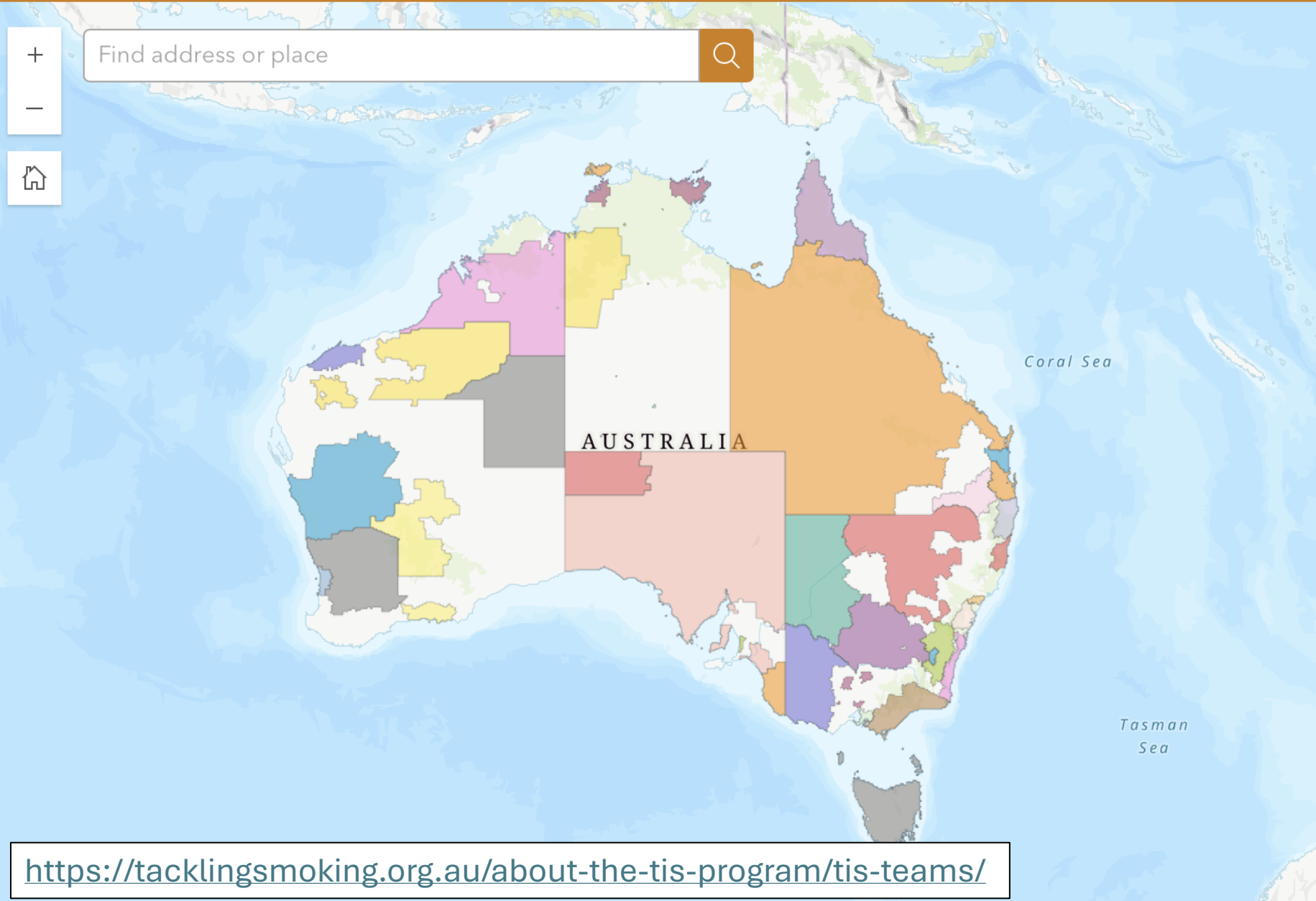
Grant Operation Guidelines - GOGs

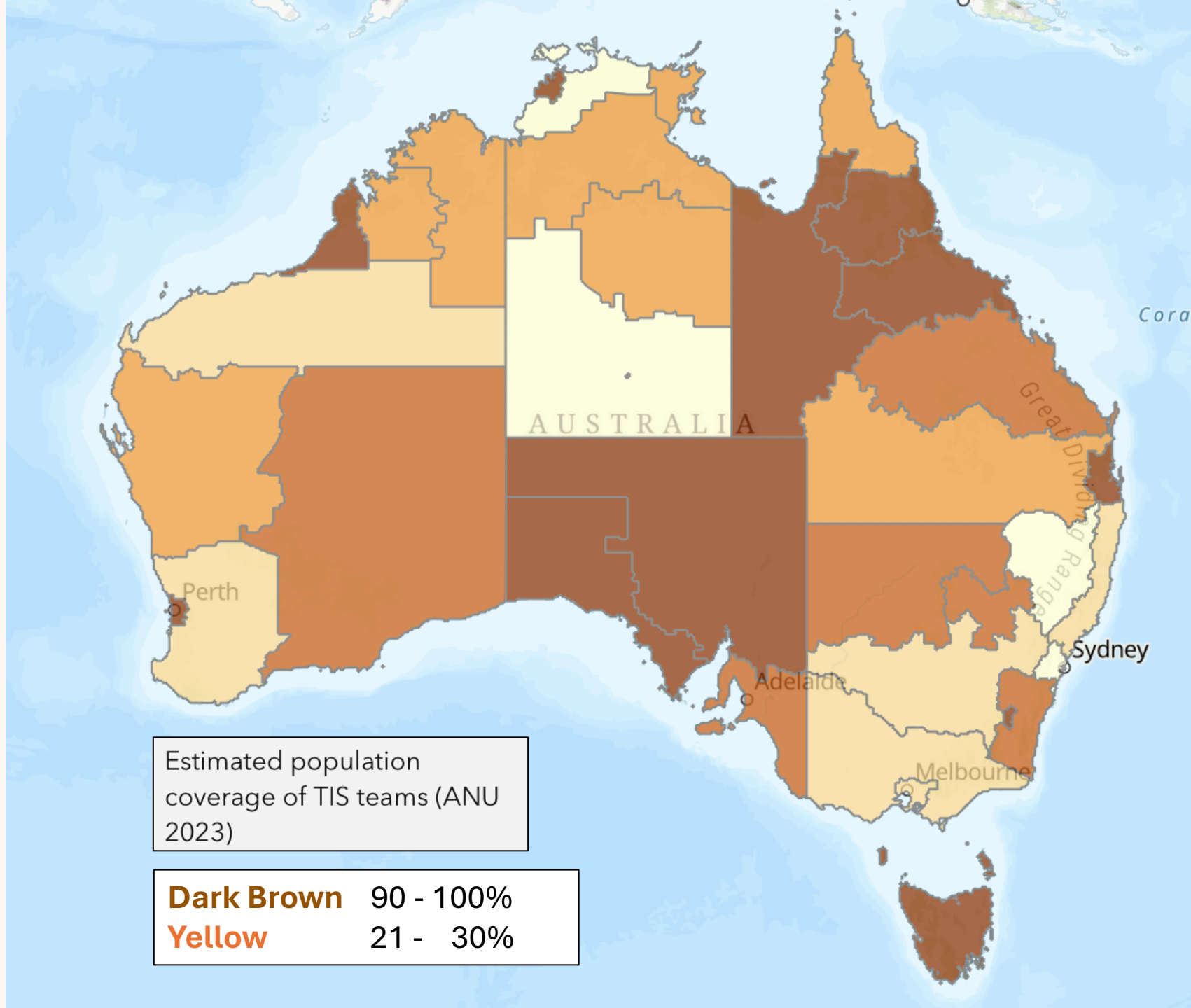
- **wages, training, and travel costs for non-TIS Program staff**
- **sporting team sponsorships**
- purchase of land
- major capital expenditure including vehicle purchase, major construction, capital works and temporary buildings
- retrospective costs of TIS RTCG Program activities
- costs incurred 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.



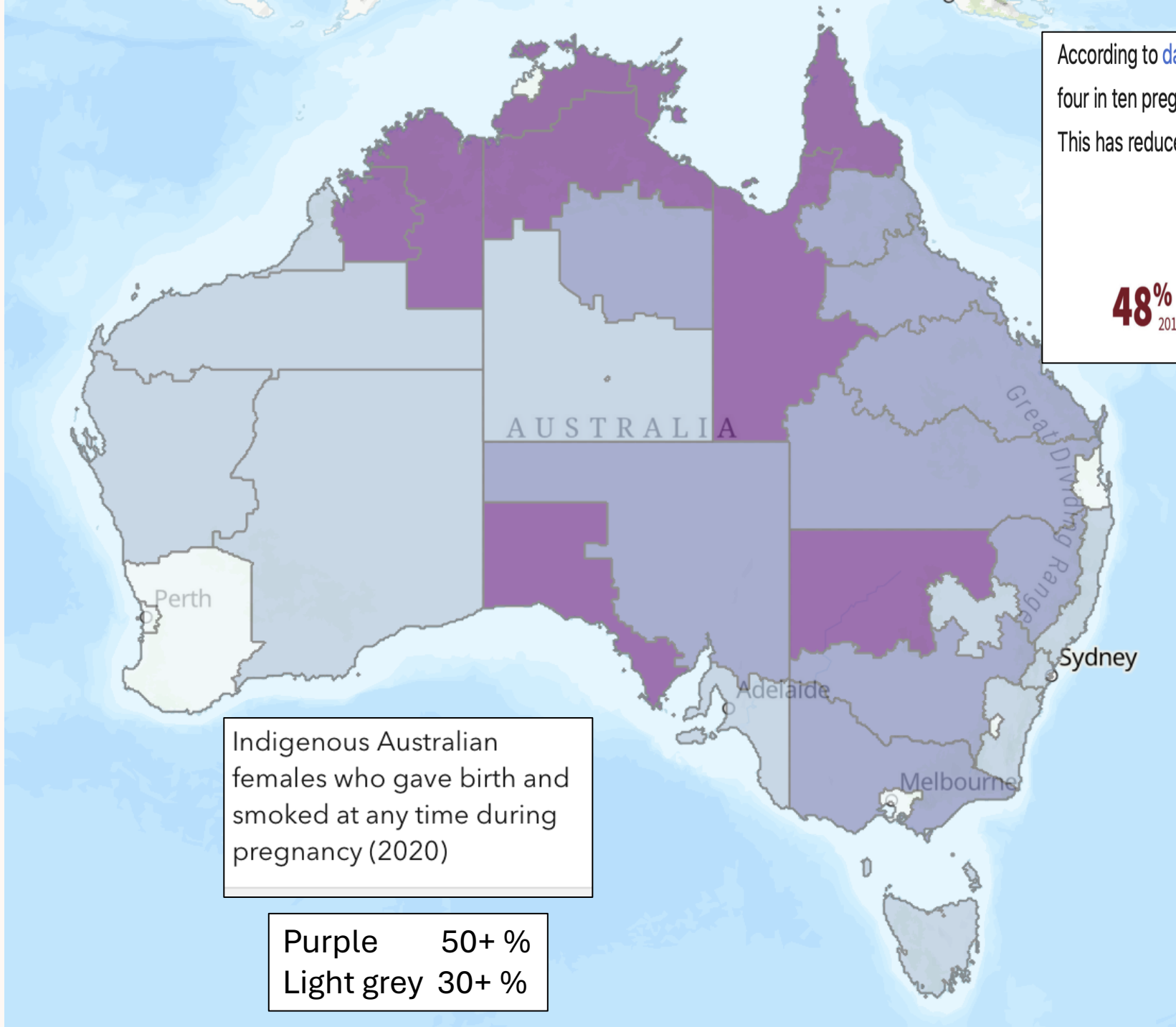
Map Layers

- Indigenous Australians' Health Programme (IAHP) Funded Services (Feb 2025)
- TIS Service Areas (2023)
- Primary Health Networks (2023)
- Local Government Areas (ABS 2025)
- Indigenous Areas (ABS 2021)
- Indigenous Regions (ABS 2021)
- Postal Areas (ABS 2021)
- Smoking (Daily) Prevalence of Indigenous Australians Aged 15+ (ABS 2018-19)
- TIS Service Areas (2018 - 2022)



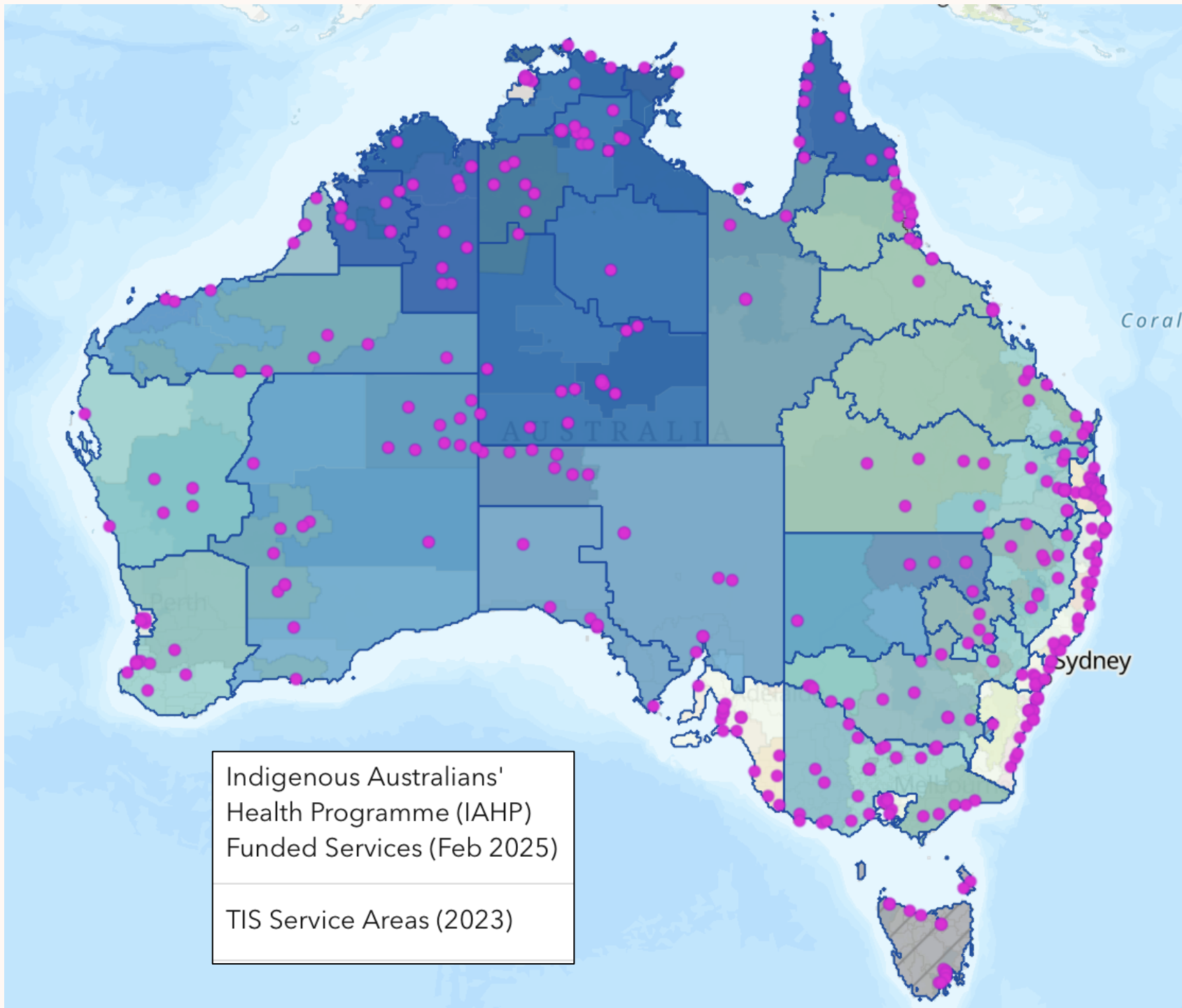


According to data from the Australian Institute of Health and Welfare (AIHW), four in ten pregnant Aboriginal and Torres Strait Islander women smoke (40%). This has reduced from 48% in 2012.



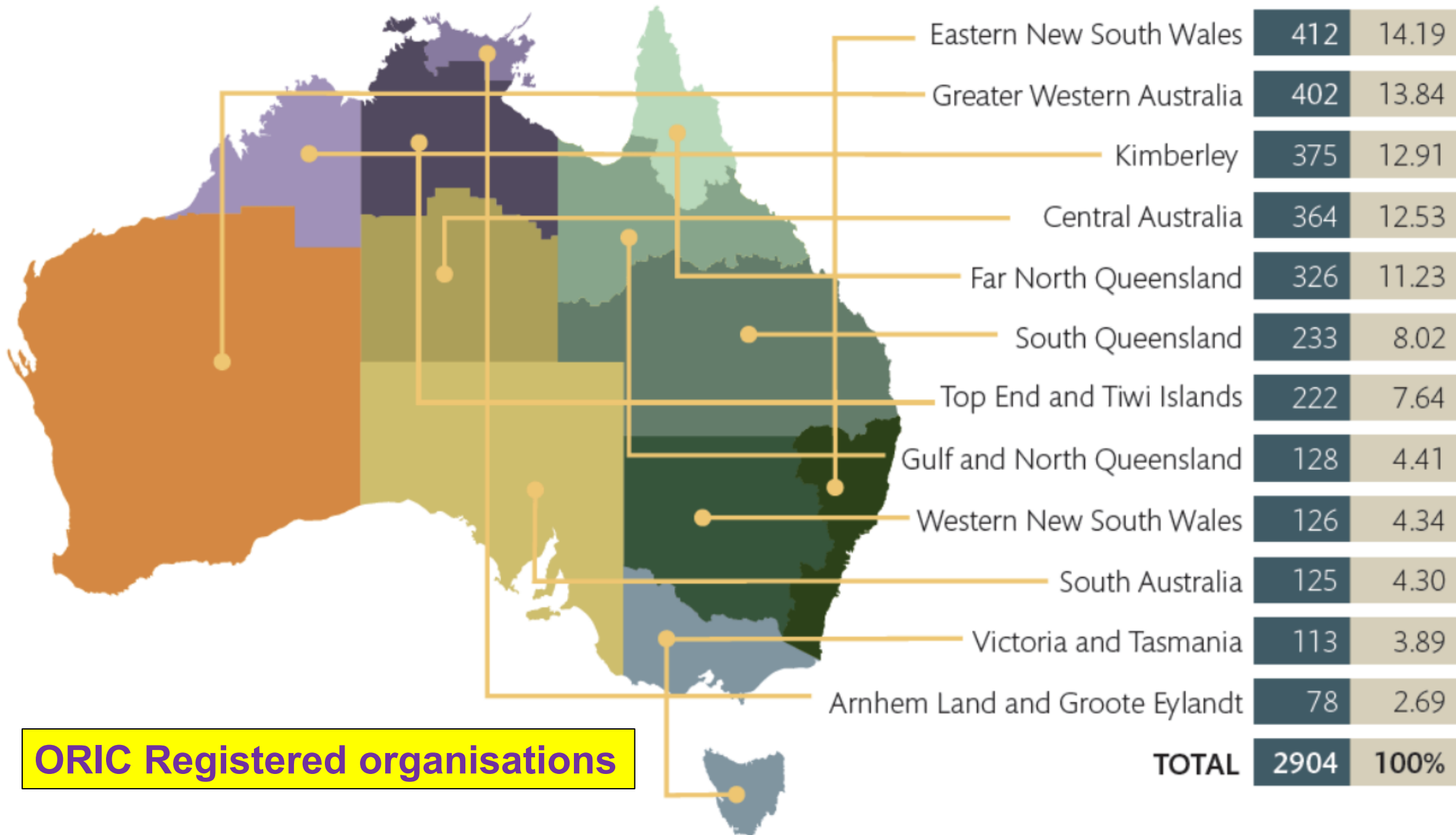
Indigenous Australian females who gave birth and smoked at any time during pregnancy (2020)

Purple 50+ %
Light grey 30+ %



Indigenous Australians'
Health Programme (IAHP)
Funded Services (Feb 2025)

TIS Service Areas (2023)



Cancer mortality post peak smoking by population group

There is a long delay between smoking and its associated cancer mortality; even when the prevalence of smoking begins to decline, smoking-attributable mortality continues to increase, reflecting the smoking behaviours of up to three decades earlier.¹

| Cancer Mortality | | | |
|------------------|--------------|--------------------------|--------------------------|
| | Peak Smoking | 2012 22 yrs post peak | 2015 25 yrs post peak |
| Non-Indigenous | 1990 | Down 10% | Down 13% |
| | | 2012 10 yrs post peak | 2015 13 yrs post peak |
| Indigenous | 2002 | Up 16% | Up 23% |

¹Lovett, R., Thurber, KA., Maddox, R. 2017, *The Aboriginal and Torres Strait Islander smoking epidemic: what stage are we at, and what does it mean?*, vol. 27, issue 4, Public Health Research and Practice, Canberra,

Why is TIS considered successful?

2010 – 50+%

Challenge still remains Regional and Remote and very remote residents

2018/9 – 37%

15 years of bi-partisan support and for the past 8 years Funding and Policy stability

2030 – 27% Target

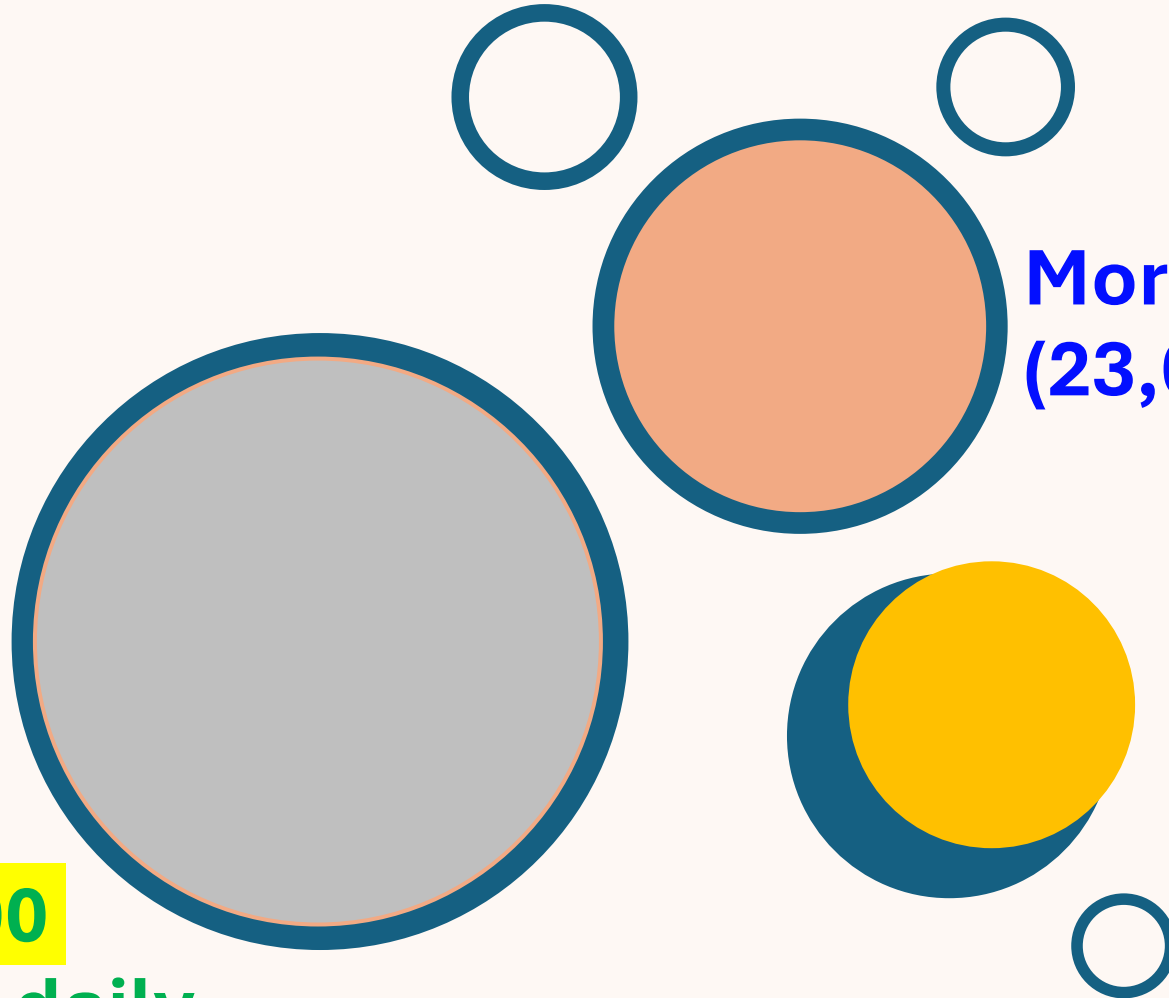
Population health and referral practice

2024 – 29%

Ongoing **evaluations** and building the **capacity** of and **empowering** local communities **to come up with the messaging and strategies** that suit them.

Why is TIS considered successful? From 2004 – 2022/23

(2018/19)



More than **80,000**
(23,000) lives saved

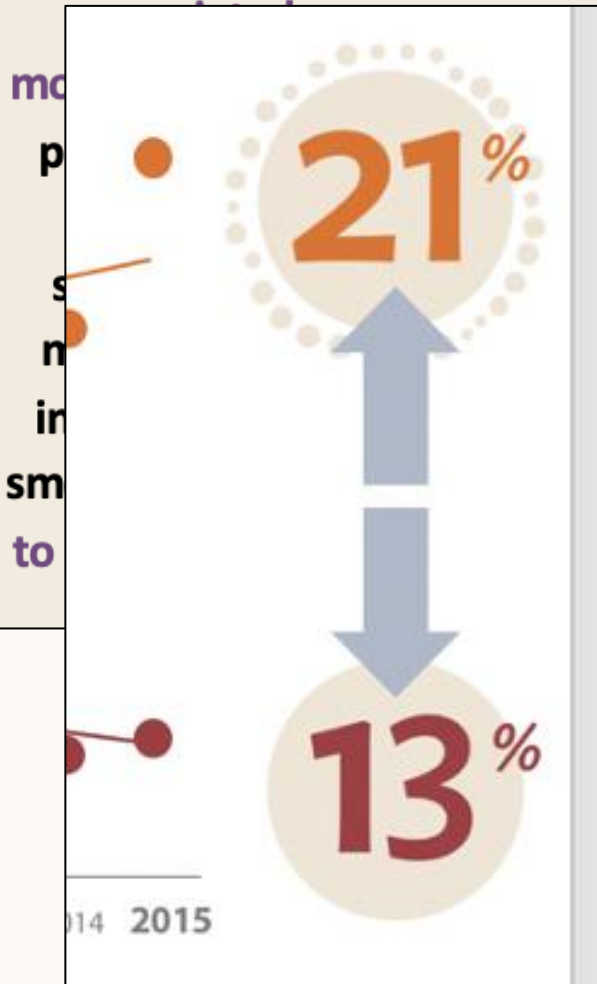
18 (9.8)% reduction

Almost **119,000**
(50,000) fewer daily
smokers

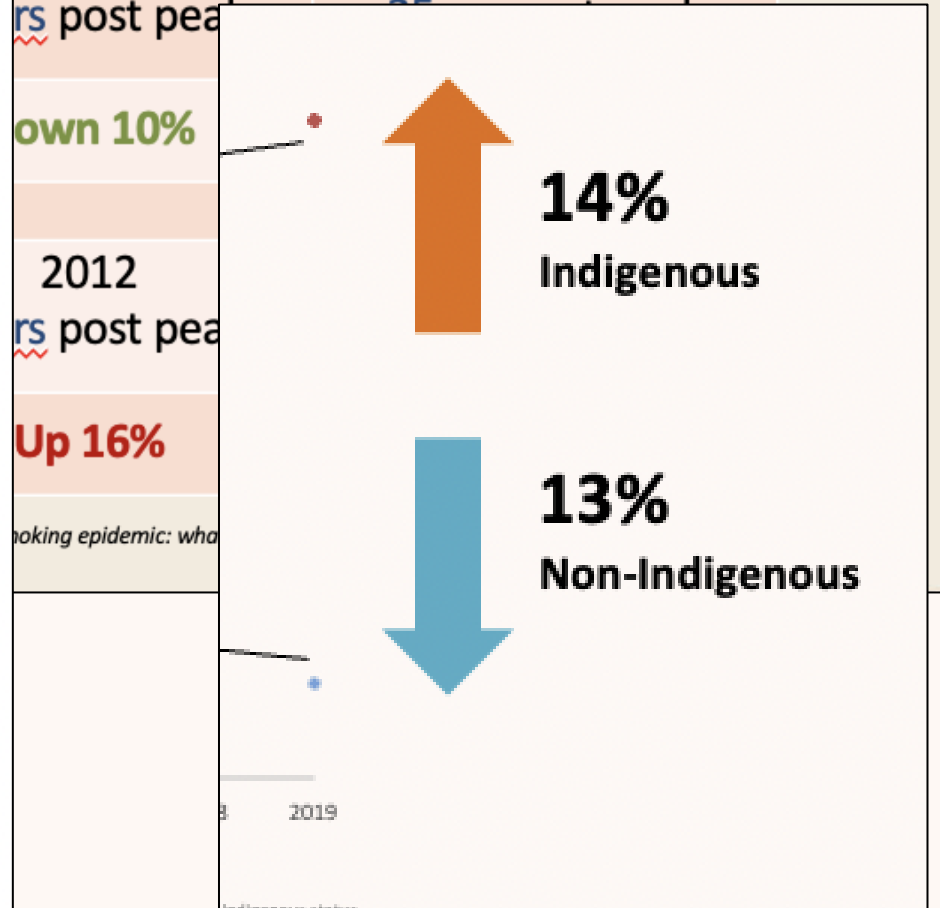
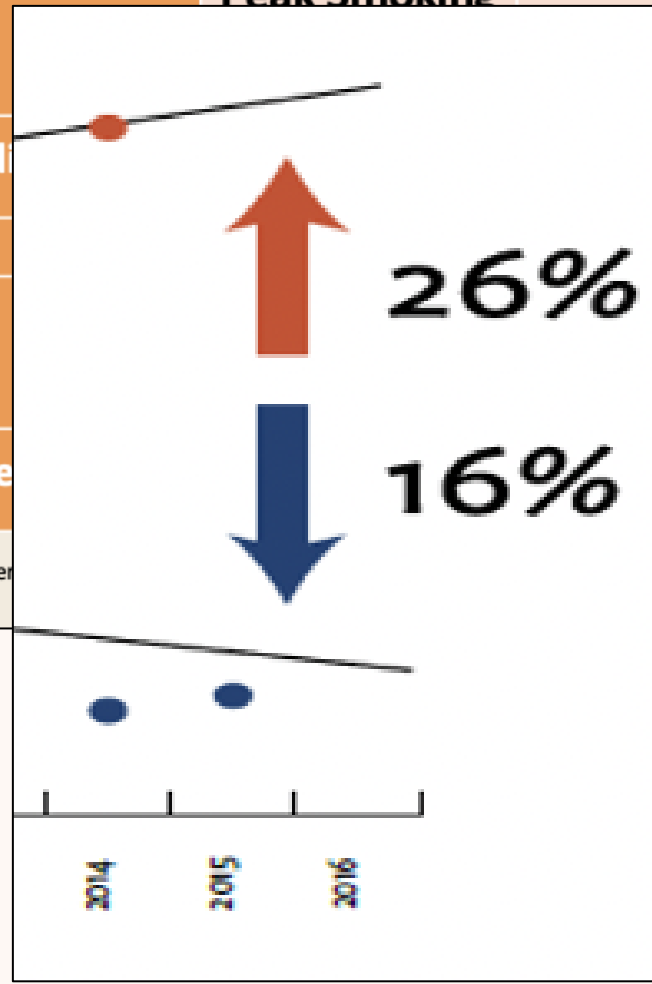
Source: Dr Ray Lovett
Maddox et al. (in press)

Cancer mortality post peak smoking by population group

There is a long delay between smoking and its



| Cancer Mortality | | | |
|------------------|--------------|------|--------------------|
| | Peak Smoking | 2012 | 2015 |
| Non-Indigenous | | 26% | 14% Indigenous |
| Indigenous | | 16% | 13% Non-Indigenous |



Challenges

Maintain the momentum - build on successes & celebrate success

Be innovative - work with your community to get the messages across that they can understand

Partner with other agencies and people - environmental health workers

Get into schools or other areas where kids and youth congregate

Target homes, shops and common areas

Spend your money - but do it wisely and in conformance with the GOGS – no prize for not spending and ***a loss for Aboriginal and Torres Strait Islander Peoples***

Innovation: National Reach and Priority Projects (NRPP)

Round 1 - 2024

1. Expand the reach of tobacco- and vape-free programs.
2. Serve **regional, remote, and very remote communities**, with a focus on:
 - **Young Indigenous people** (including vaping-related programs).
 - **Pregnant Indigenous women**, their families, and women of childbearing age

Round 2 - 2025

Expanding reach in **regional, remote and very remote areas**

1. Target population – youth (including vaping) in regional, remote and very remote areas
2. Target population – pregnant women in regional, remote and very remote areas

<https://www.nintione.com.au/nrpp/>

FLIP THE VAPE

JUST DITCH IT



PTHEVAPE X◆●✱🍄 THE KOORI WAY #FLIPTHEVAPE READY TO BREATHE EASY, SAVE MONEY AND TAKE CONTROL? X◆●✱🍄 #FLIPTHEVAPE

display a menu

<https://ftv.thekooriway.com.au/ftv#tools>



Digital repository

Tackling Indigenous Smoking



<https://www.canberra.edu.au/about-uc/faculties/health/tackling-indigenous-smoking>

Postgraduate student Remy Lee Morris, a Kamilaroi woman currently studying a **Master of Public Health**, was announced on Tuesday as the inaugural recipient of the Tom Calma Family Endowment Scholarship.



The ASK at the CEO workshop on **2 September 2025**

- CEOs and TIS Coordinators **critically review your operations**
- Give TIS Coordinators **access to their budgets** and ensure they have **ready access to the NBPU**
- **Complete work plans and reports** on time and **review the feedback**
- CEOs and TIS Coordinators **diligently participate in both evaluation processes**
- Inform the community-controlled sector to **treat smoking and vaping interventions as a priority**
- **Be innovative and partner** especially in outer regional, remote and very remote regions
- Reach out to **NBPU and NCTIS for support**
- **Use this forum to ask questions among friends**

TIS Family 2019



TIS Family 2023



TIS Family 2025

