‘Job not yet done’: continuing the success of the Tackling Indigenous Smoking program

A policy paper prepared by the National Tackling Indigenous Smoking (TIS) Support and Evaluation Group[1]. December 2025

Acknowledgement

The authors acknowledge the many Aboriginal and Torres Strait Islander custodians of the land, seas, waters and language groups of Australia. We pay our respects to Elders, past and present, and our youth and celebrate the diversity and continuous spiritual and physical connections and relationships of Aboriginal and Torres Strait Islander people. We extend this to all Aboriginal and/or Torres Strait Islander people reading this report. The terms ‘Aboriginal and/or Torres Strait Islander’, ‘Aboriginal’, ‘Indigenous’ and ‘First Nations’ may be used interchangeably throughout this report.

Summary

The most influential changes to the policy environment since the 2022-27 TIS funding commitment - announced in December 2021, and expanded in 2023 - have been:

- the National Tobacco Strategy 2023-2030, which aims to reduce the daily smoking rate among Aboriginal and Torres Strait Islander peoples (≥15 years) to 27% or less by 2030.
- the National Preventive Health Strategy 2021–2030, with its focus on health equity for priority populations also sets a target of reducing the daily smoking rate among Aboriginal and Torres Strait Islander peoples (≥15 years) to 27% or less by 2030
- the National Aboriginal and Torres Strait Islander Health Plan 2021–2031, which emphasises community-led, culturally safe prevention and explicitly prioritises reducing tobacco-related harms as part of closing the health gap.

Between 2004–05 and 2022–23, current smoking among Aboriginal and Torres Strait Islander adults declined from 52.1% to 34.1%, representing an 18-percentage-point reduction. Applied to the 2022–23 Aboriginal and Torres Strait Islander adult population of approximately 660,000 people, this equates to around 119,000 adults not smoking compared with what would have been expected had the 2004–05 prevalence persisted. Given that approximately two-thirds of people who smoke will die from tobacco-related disease, these reductions correspond to around 80,000 potential premature deaths averted over the life course.[1,2]. These gains reflect sustained Aboriginal and Torres Strait Islander leadership, community-driven tobacco control, and structural change to reduce commercial tobacco- and nicotine-related harms[3].

These outcomes demonstrate the population-level effectiveness of the Tackling Indigenous Smoking program as a long-term, Indigenous-led public health intervention, and highlights the importance of maintaining and strengthening this national infrastructure to consolidate progress and prevent

[1] A hybrid in-person and videoconference workshop was held in Canberra on 08 October, to develop this paper on the future directions of the TIS program. This paper is suitable for submission to policy makers within the Department. To maintain independence, this paper was prepared independently of the Departmental x-officio representatives on the National Tackling Indigenous Smoking (TIS) Support and Evaluation Group. Departmental representatives only participated for the first hour introductory session of the 5-hour workshop. Workshop attendees and members of the Group are listed in Attachment A.

future harms [3]. TIS functions as enduring national public health infrastructure rather than a short-term program, and its value increases cumulatively over time.

The National Tackling Indigenous Smoking (TIS) Support and Evaluation Group understands that the continued and sustained funding of the TIS program to align with these 2030/31 end-dates is justified by:

- **the magnitude of tobacco and nicotine-related harms** among Aboriginal and Torres Strait Islander peoples (37%[4] of *all* Aboriginal and Torres Strait Islander deaths are tobacco-related, rising to 50% among First Nations peoples aged 45 years and over[4]);
- **the persistent disparity** in smoking prevalence between Aboriginal and Torres Strait Islander peoples (34%, 18 years and over) and all Australians (11%, 18 years and over), reflecting ongoing structural inequities driven by colonisation, racism, and targeted tobacco and nicotine industry marketing[5];
- **the achievements of the TIS program** to date, as evidenced by the mid-term evaluation and recent published research demonstrating significant declines in smoking prevalence and an estimated 80,000 premature deaths prevented over the life course[1 2 6].
- **the urgent need to reduce demand** for commercial and illicit tobacco and nicotine products alongside broader efforts to address the illicit trade of tobacco and nicotine products [3 7].

Areas for Action

A number of factors have contributed to the program's success and should continue to form core efforts to reduce smoking and vaping prevalence among Aboriginal and Torres Strait Islander peoples. The job is not yet done, and a concentrated effort to further improve the outcomes of the TIS program over the next funding period and beyond, moving closer to eliminating commercial tobacco-related disease and death, should also include:

1. **increased linkage into policies and strategies**, including but not limited to the Closing the Gap targets, the refreshed *National First Nations Health Plan* (2021-2031), the *National Preventive Health Strategy* 2021-2030, and the *National Tobacco Strategy* 2020-2030, and the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). This includes ongoing alignment with emerging global best practice showcased through the Indigenous-led WHO FCTC COP11 side event in Geneva in November 2025, which highlighted the international relevance of community-driven, sovereignty-based tobacco control.

2. **Continuing to extend the reach of TIS activities** to all Aboriginal and Torres Strait Islander peoples, including those who do not use or have access to Community Controlled Health Services, along with LGBTQI+ and people in prisons and youth detention.

3. **Strengthening multi-level, multi-sector working and partnerships** between Aboriginal and Torres Strait Islander controlled and mainstream services and programs while maintaining the distinctiveness of TIS as an Aboriginal and Torres Strait Islander specific program. This could include formalised linkages between TIS, and other government and non-government funded tobacco control initiatives, Indigenous health programs, the National Lung Cancer Screening Program, and other cancer prevention and early detection initiatives.

4. **Prioritising and supporting local, regional, remote and very remote service delivery to ensure national coverage** while maintaining local community engagement, leadership, and control

5. **Extending the impact of TIS activities and the behaviour change they support** to communities that are new to the TIS program. When the TIS program expanded to achieve national coverage in 2023, this expansion brought an additional ~148,000 Aboriginal and Torres Strait Islander people aged ≥10 years under program coverage for the first time [8]. These communities have

therefore had only a short period of exposure to TIS activities under the fully national model and ongoing support will be important to strengthen and sustain outcomes in these regions.

6. **Fostering partnerships to ensure all communities and people are reached.** This includes improving access to culturally safe tobacco and nicotine cessation supports for individuals, and strengthening pathways into primary health care for the early detection and treatment of smoking-related illnesses, alongside existing and increased population level approaches with national coverage. The capacity of TIS teams to work with and support other services must be supported by appropriate and sustained resourcing.

7. **Ensuring that the development, implementation, and translation of evidence** on what works in tobacco and nicotine control is locally relevant, culturally safe, and coordinated through an Aboriginal and Torres Strait Islander governed and led national hub. This hub must embed evidence-based best practice, supported by strengthened data collection, ongoing research, and continuous evaluation to drive quality improvement across the TIS program. The national support structures - National Coordinator TIS, the National Best Practice Unit (NBPU) TIS, independent researchers and evaluators - remain critical to maintaining evidence-based, best practice service delivery.

8. **Ensuring TIS teams are able to continue and expand the focus on priority groups**, building on strong foundations already in place for working with pregnant women and families; people living in regional, remote and very remote areas; and youth. This targeted activity should align with the principle of "proportionate universalism", whereby population level Aboriginal and Torres Strait Islander tobacco control efforts are accompanied by measures for priority populations and settings. Attention and appropriate resourcing should also be directed to emerging tobacco and nicotine concerns, such as e-cigarettes, oral nicotine pouches, and other nicotine products.

9. **Supporting best practice innovation, agility, responsiveness and flexibility** to address initiatives and emerging issues in a timely manner, thereby driving reach, awareness raising and behaviour change. Examples include the TIS National Reach and Priority Projects, tech solutions such as the TIS mobile apps and online learning platforms, and engaging with the ORIC network of up to 3,500 Aboriginal and Torres Strait Islander corporations.

10. **Capacity building and capability development**, including managerial leadership skills and training, and general workforce development such as health accreditation pathways for the approximately 240 Aboriginal and Torres Strait Islander staff employed on the TIS program.

TIS plays a key role in reducing demand for commercial and **illicit tobacco** and nicotine products through multiple mechanisms. Principally, TIS has a universal role in reducing overall demand for tobacco through its underpinning population health approach. The ongoing fight against the illicit trade of tobacco and nicotine products should build upon the program's growing infrastructure of health worker training, community advocacy, fact sheets and other resources designed to combat the promotion and use of illegal tobacco products, in partnership with appropriate regulatory and enforcement agencies.

Background

TIS is an Australian Government program that works with Aboriginal and Torres Strait Islander communities to reduce tobacco smoking and vaping prevalence. In December 2021, the Australian Government announced renewed funding of the TIS program for the period up to 30 June 2027, with a focus on:

- achieving national coverage, through regional population health promotion service delivery;
- maintaining a focus on priority groups (remote communities, pregnant women and youth);
- reducing non-therapeutic e-cigarette use (vaping and other alternative nicotine delivery systems) among Aboriginal and Torres Strait Islander people, while also maintaining efforts to reduce prevalence of commercial and illicit tobacco use;
- strengthening the focus on proven population health promotion activities.

For the funding period up to 30 June 2027, TIS service delivery transitioned to a new geographic model based on ABS Indigenous Regions (IREGs). In 2023, a new cohort of 26 TIS Grant Recipients (including both newly and previously funded organisations) was contracted up until June 2027, to provide a national footprint. TIS program funding also became available for national projects that aim to contribute to improving the reach and impact of the program, especially among priority groups (remote communities, pregnant women, and youth).

The National TIS Support and Evaluation Group

This Group meets bimonthly to provide stewardship and advice across the TIS program on:

- matters relating to strategies, priorities, activities and implementation
- supporting evidence-based approaches and best practice in tobacco control/population health promotion for Aboriginal and Torres Strait Islander peoples and communities
- identifying current and emerging risks that could affect the effectiveness of the TIS program, and developing strategies to mitigate these risks based on current practice and research
- any other matters to support the TIS program to meet its goals.

The Group tasked the NBPU TIS to prepare this briefing paper on the TIS program, its achievements, and vision for addressing tobacco use and vaping in Aboriginal and Torres Strait Islander communities up to and beyond the current TIS program funding which ends on 30 June 2027.

This enabled the paper to be prepared independently of the Departmental x-officio representatives on the Group.

Context

Cigarette smoking has long been recognised as the largest modifiable risk factor affecting the health of Aboriginal and Torres Strait Islander people[9].

Aboriginal and Torres Strait Islander peoples continue to experience disproportionate harm from commercial tobacco and nicotine products due to the ongoing impacts of colonisation, racism, targeted industry marketing, and inequitable access to culturally safe health care and cessation support[5] [10] These structural factors - not individual behaviour - remain the primary drivers of smoking and vaping inequities.

Over the past decade, the TIS program has become Australia's leading population-level, community-led approach to prevent and reduce commercial tobacco and nicotine harms among Aboriginal and Torres Strait Islander peoples.

The significance of TIS has also been recognised internationally. During the WHO FCTC COP11 Indigenous-led side event in Geneva, the program was highlighted as an example of world-leading, community-driven public health aligned with the FCTC's equity principles, and directly addressing the WHO FCTC which includes the need for Indigenous peoples to be involved in the development, implementation and evaluation of tobacco control programs and policies.

The program's evolution has occurred alongside major shifts in the national policy environment, including the National Tobacco Strategy 2023–2030, the National Preventive Health Strategy, and the National Aboriginal and Torres Strait Islander Health Plan. Together, these frameworks reinforce the need for sustained, long-term, community-driven action to reduce the burden of tobacco- and nicotine-related harms and to move toward the eradication of commercial tobacco-related disease and death.

The expansion of the TIS program to a national model based on ABS IREGs has provided, for the first time, coverage to communities across the entire continent, including many with historically limited access to dedicated tobacco control resources. This represents an unprecedented opportunity to enhance national consistency while supporting local cultural authority and community decision-making.

The current context is also shaped by emerging challenges, including:

- the illicit trade of tobacco and nicotine products, which exploits communities already disproportionately burdened by commercial tobacco harms;
- increasingly sophisticated tobacco and nicotine industry strategies targeting Aboriginal and Torres Strait Islander communities, including digital marketing and price-based harm displacement;
- non-therapeutic vaping and alternative nicotine delivery systems, including nicotine pouches, particularly targeting to youth and young peoples;
- persistent structural inequities in housing, education, employment, poverty, mental health, and access to culturally safe care.

Against this backdrop, the TIS program remains an essential national infrastructure, providing community-led prevention, promoting culturally grounded cessation support, and whole-of-population health promotion. Strengthening and extending the program beyond 2027 is necessary to consolidate progress, address emerging harms, and align with global best practice in Indigenous-led tobacco control. Emerging national research and leadership platforms, such as potential Aboriginal and Torres Strait Islander–governed centres of research excellence focused on eliminating commercial tobacco and nicotine harms may, over time, create additional opportunities to further embed Indigenous governance, support evidence generation, and foster system-wide innovation across the TIS program and related national strategies. In addition to strengthening efforts to reduce tobacco and nicotine related inequities, such national research infrastructure can also strengthen Australia's capacity to monitor and respond to illicit trade, counter increasingly sophisticated tobacco and nicotine industry tactics, and help safeguard Australia's established tobacco and nicotine control legacy against evolving commercial, regulatory, and technological pressures.

Achievements

Since its inception, the TIS program has contributed to significant public health gains, backed by national evaluations and peer-reviewed evidence. Key achievements include:

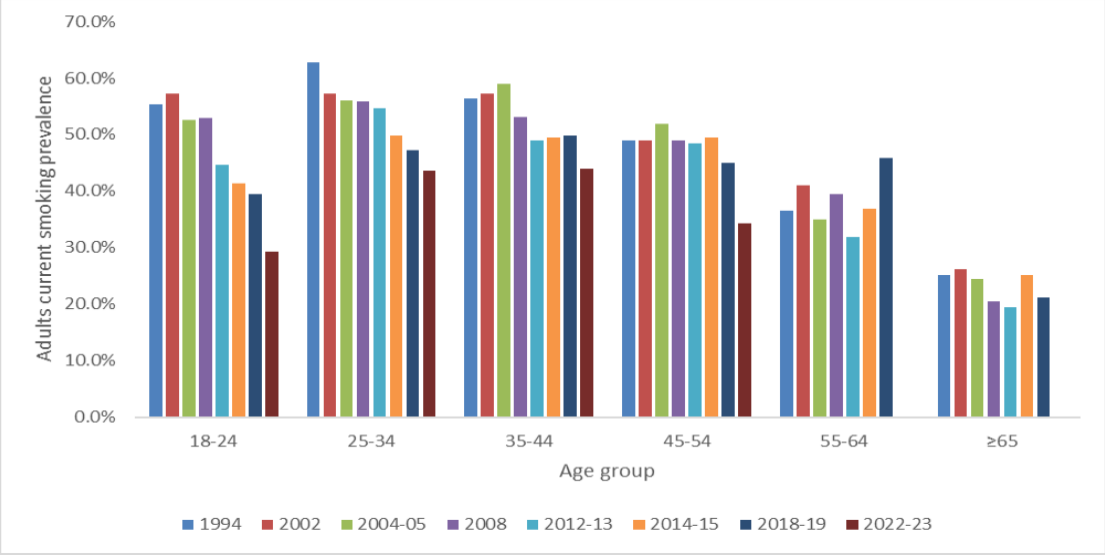
1. Sustained reductions in smoking prevalence

National data show a continued downward trend in smoking among Aboriginal and Torres Strait Islander peoples. Current smoking prevalence fell from 52.1% in 2004–05 to 34.1% in 2022–23. Applied to the 2022–23 adult population, this means approximately 119,000 additional adults were not smoking compared with what would have been expected if the 2004–05 smoking prevalence had continued. Consistent with this trend, daily smoking among Aboriginal and Torres Strait Islander people aged 15 years and over fell from 37.4% in 2018–19 to 28.8% (about 29%) in 2022–23.

To consider progress during the period of TIS investment, smoking prevalence was estimated to be approximately 48.0% in 2010, based on interpolation between the 2008 and 2012–13 national survey estimates. Compared with this estimated 2010 baseline, there were approximately 92,000 additional Aboriginal and Torres Strait Islander adults not smoking in 2022–23. Compared with the more recent 2018–19 prevalence of 43.3%, approximately 61,000 additional adults were not smoking in 2022–23.

On a life-course basis, these declines in smoking prevalence correspond to approximately 80,000 potential premature deaths averted compared with the 2004–05 baseline, 60,000 compared with the estimated 2010 baseline, and more than 40,000 compared with the 2018–19 baseline.

Together, these findings show substantial population-wide progress over time. They are consistent with the contribution of long-term Aboriginal and Torres Strait Islander leadership, comprehensive tobacco control, and sustained investment in TIS.



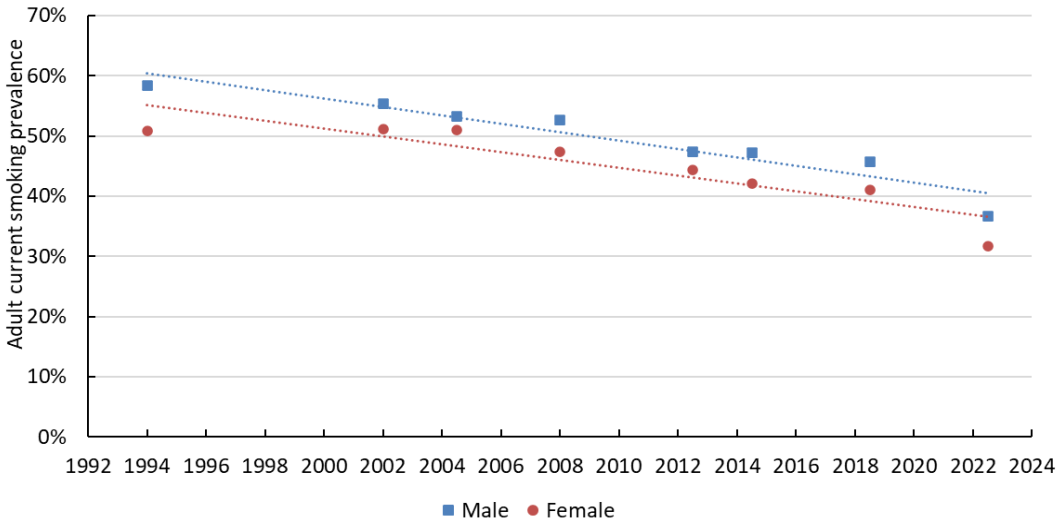


Figure 1 and *2* illustrate sustained reductions in smoking prevalence among Aboriginal and Torres Strait Islander adults. Declines are evident across all age groups and for males and females, demonstrating population-wide and intergenerational change consistent with long-term, Indigenous-led tobacco control efforts, including the Tackling Indigenous Smoking program.[1]

2. A national, culturally grounded tobacco control workforce

The TIS program has mobilised a workforce of approximately 240 Aboriginal and Torres Strait Islander health promotion and tobacco control specialists, supported through the NBPU TIS. This workforce reflects best practice in strengths-based, community-led prevention, with teams leading local campaigns, family-focused interventions, youth engagement, cultural programs, digital health strategies, community-wide events and promoting cessation initiatives.

3. Strengthening Aboriginal and Torres Strait Islander governance and leadership

TIS demonstrates a commitment to Indigenous data sovereignty, cultural authority, and community control, consistent with national policy frameworks and Indigenous-led scholarship.

TIS teams design and implement activities in ways that centre local knowledges, cultural strengths, languages, and relationships, actions recognised internationally as critical to reducing tobacco-related inequities.

4. Early evidence of reduced youth uptake

Through youth-specific programs, school and community-based initiatives, digital campaigns, and support from the National Reach and Priority Projects, TIS teams have contributed to preventing smoking initiation among young people in numerous regions. These early-in-life gains are essential to long-term eradication goals.

5. Strengthened cessation access and culturally safe support

TIS teams provide access to culturally relevant cessation advice by providing very brief advice, referral pathways, and support for families, pregnant women, and people with chronic disease. Evaluations show that people receiving support from TIS teams report greater awareness of quitting options, stronger motivation to quit, and improved knowledge about commercial tobacco harms.

6. Evidence-based practice and continuous quality improvement

The NBPU TIS, in partnership with grant recipient organisations, has supported a shift to evidence-based, community-designed health promotion, including the adoption of precision language, strengths-based approaches, and industry accountability frameworks drawn from contemporary research. This includes alignment with national strategies, the WHO FCTC, and emerging principles in abolitionist tobacco control, which emphasise structural change and industry accountability.

7. National coordination, consistency and cross-sector partnerships

The shift to IREG-based delivery has enabled:

- more consistent regional coverage,
- improved sharing of resources and expertise,
- greater collaboration with ACCHOs, mainstream health services, education, sport, justice, and youth programs,
- collective planning across vast geographies, including remote and very remote areas.

These partnerships are crucial for sustained reductions in smoking and vaping prevalence.

8. Responding to emerging nicotine harms, including vaping and nicotine pouches

TIS teams have adapted quickly to the rapid escalation of non-therapeutic vaping, producing locally relevant campaigns, resources, school programs, and community messaging while maintaining focus on tobacco smoking as the leading cause of preventable death. This demonstrates agility, innovation, and responsiveness, consistent with best practice in public health.

9. Contribution to reducing demand for illicit tobacco

Through education, advocacy, and community mobilisation, TIS contributes to demand reduction, a critical component of addressing the illicit trade of tobacco. This work complements regulatory and enforcement efforts and supports communities to understand and resist industry-influenced narratives and misinformation and disinformation about illicit products, as highlighted in *Resisting Industry Narratives*[14].

10. Establishing national platforms for innovation and strategic leadership

Initiatives such as the National Reach and Priority Projects, digital health tools (apps, online training, data collection systems), and national workforce development pathways reflect ongoing investment in innovation, capability and capacity building, along with future-readiness.

Attachment A: Strategy workshop participants

(I) Members of the National Tackling Indigenous (TIS) Smoking Support and Evaluation Group

- **Professor Tom Calma AO,** National Coordinator, Tackling Indigenous Smoking
- **Eileen Van Iersel,** Executive Program Lead, National Best Practice Unit TIS (*VC)
- **Rod Reeve,** (Secretariat), Managing Director, Ninti One Limited
- **Assoc Prof Penney Upton**, University of Canberra, Consortium Partner of the National Best Practice Unit TIS (VC)
- **Ashleigh Parnell,** Health*Info*Net**,** Edith Cowan University, Consortium Partner of the National Best Practice Unit TIS (VC)
- **Assoc Prof Raglan Maddox,** Australian National University (Independent Evaluator)
- **Lena Etuk,** Cultural & Indigenous Research Centre Australia (Independent Evaluator)
- **Vanessa Garwood,** Director, Preventative Health and Communicable Disease Section Department of Health, Disability and Ageing. Participated for the first hour introductory session only.
- **Katherine McHugh,** Assistant Director, Preventative Health and Communicable Disease Section, Department of Health, Disability and Ageing. Participated for the first hour introductory session only.
- **Ray Depoma,** Departmental Officer, Preventative Health and Communicable Disease Section, Department of Health, Disability and Ageing. Participated for the first hour introductory session only.

(ii) Additional workshop participants

- **Karlie Brown,** Assistant Secretary, Tobacco and E-Cigarette Control Branch, Department of Health, Disability and Ageing. Participated for the first hour introductory session only.
- **Sharon Brine**, Assistant Director, Tobacco and E-Cigarette Control Branch, Department of Health, Disability and Ageing. Participated for the first hour introductory session only.
- **Mel Donohue,** Manager, TIS National Reach and Priority Projects, Ninti One
- **Ms Astrid Innes,** Communications Manager, National Best Practice Unit TIS
- **Dr Ly Tong,** Culturally inclusive Research Centre Australia (Independent Evaluator)

*VC = participated via videoconference (otherwise the attendees above were in-person).

The role of the NBPU TIS

Grant recipients are supported by the NBPU TIS, a consortium led by Ninti One and includes the Health Research Institute, University of Canberra and the Australian Indigenous HealthInfoNet (Edith Cowan University). Established in 2015, the NBPU TIS provides tailored support for organisations funded under the TIS program, including:

- sharing evidence-based research
- information and resources
- delivering TIS workforce training and development activities
- providing guidance to TIS teams to support their planning and performance reporting responsibilities under the program.

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