

Building nicotine free futures

Insights, evidence and action

Associate Professor Raglan Maddox

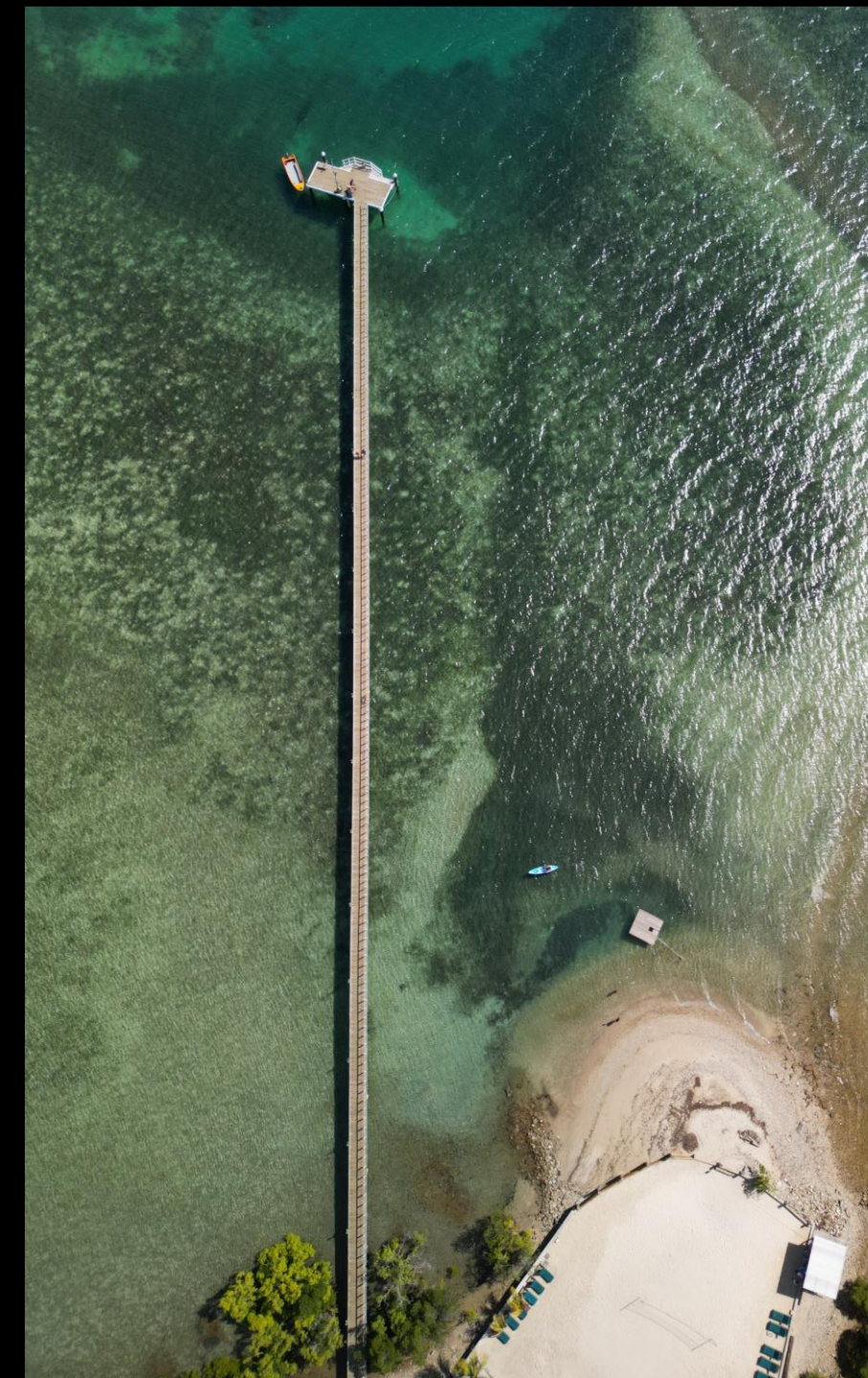
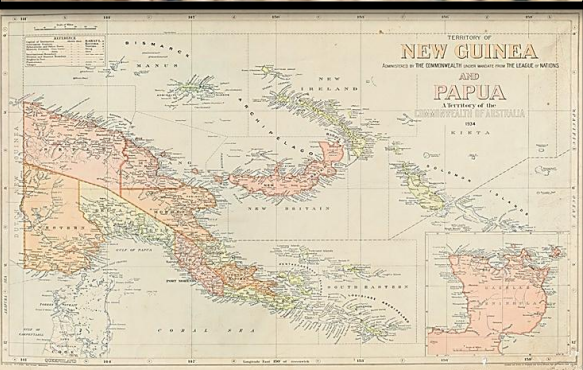
Tobacco Free Program

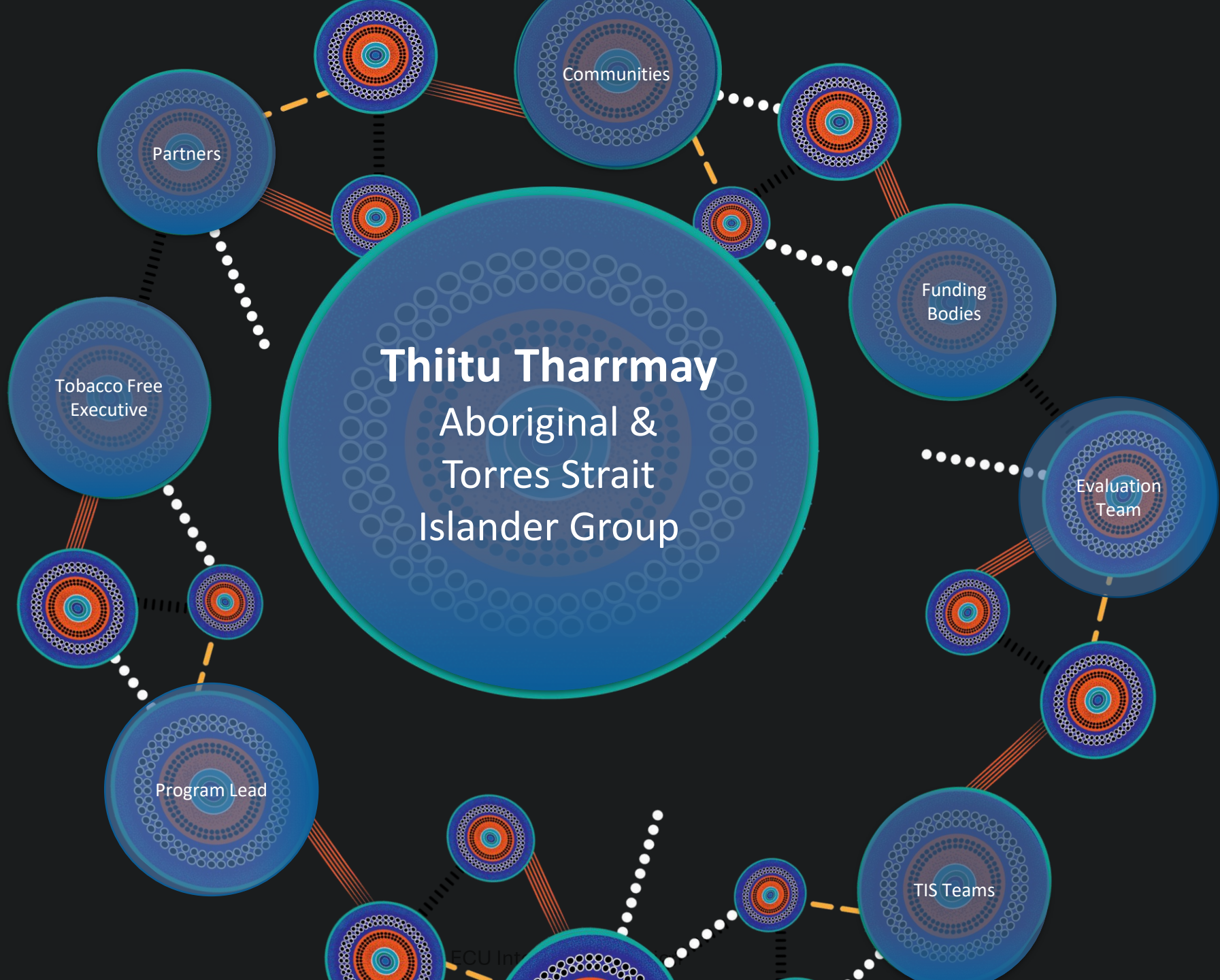
Yardhura Walani

The National Centre for Aboriginal and Torres Strait Islander Wellbeing Research

The Australian National University







“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.”

LUNG CANCER SCREENING AS A SIGNAL

EARLY
DETECTION
SAVES
LIVES



1 PRE-COLONISATION

- Strong connection to Country
- Customary laws and care
- No sedentary lifestyle



2 DISPOSSESSION

- Frontier wars, disease epidemics
- Population decline
- Reduced access to Country
- Disruption of social and cultural practices



4 PROTECTIONISM

- Protector system
- Segregation, forced relocation
- Restrictions on mobility, marriage, education & culture
- Welfare dependency, including rations



3 CONFLICT AND VIOLENCE

- Military and settler violence
- Further population reduction
- Racist constructs



6 ASSIMILATION

- Unequal rights & enfranchisement
- Deficit-based research
- Overcrowded living
- Poor access to clean water, sanitation & healthcare



2010 & BEYOND

- Regional tackling smoking & healthy lifestyle programs
- NRT on PBS • Plain packaging • Display bans
- Excise increases • Ad restrictions
- National Tobacco Strategy 2023–2030
- Anti-vaping campaigns
- National Lung Cancer Screening Program
- Where to next?



8 INTERVENTION AND APOLOGIES

- Political denial of colonial wrongdoings
- Abolition of rationalisation structures
- Northern Territory Intervention
- Dissemination
- Social justice reports
- Expanded tobacco control measures



7 SELF-DETERMINATION

- Top-down approaches persist
- Racism in criminal justice
- Incarceration & suicide rise
- Smoking-related disease
- Tobacco control reforms begin

SCREENING EXISTS
BECAUSE HARM WAS
ALLOWED TO
ACCUMULATE.

A SIGNAL OF:



COLONISATION



DISPOSSESSION



STRUCTURAL RACISM



COMMERCIAL HARM



POLICY FAILURE



PREVENTABLE HARM

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)

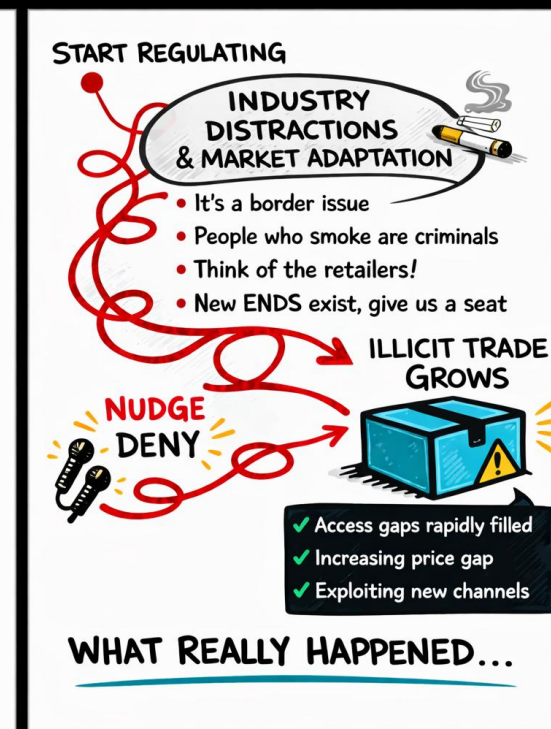
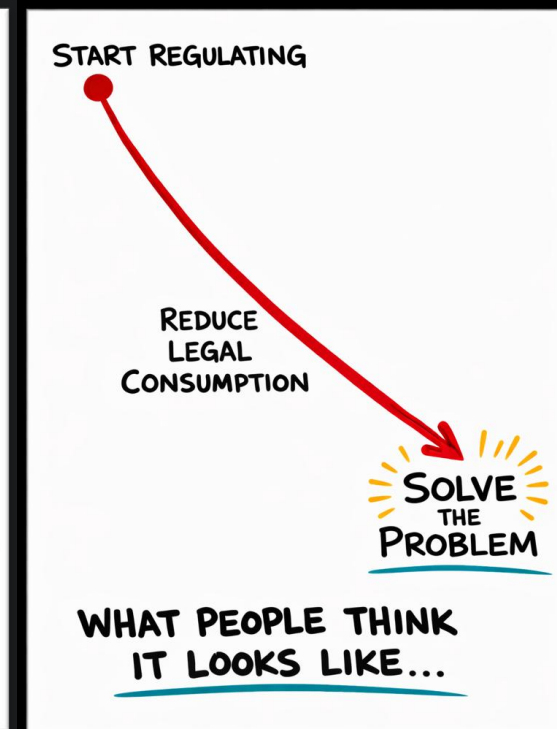
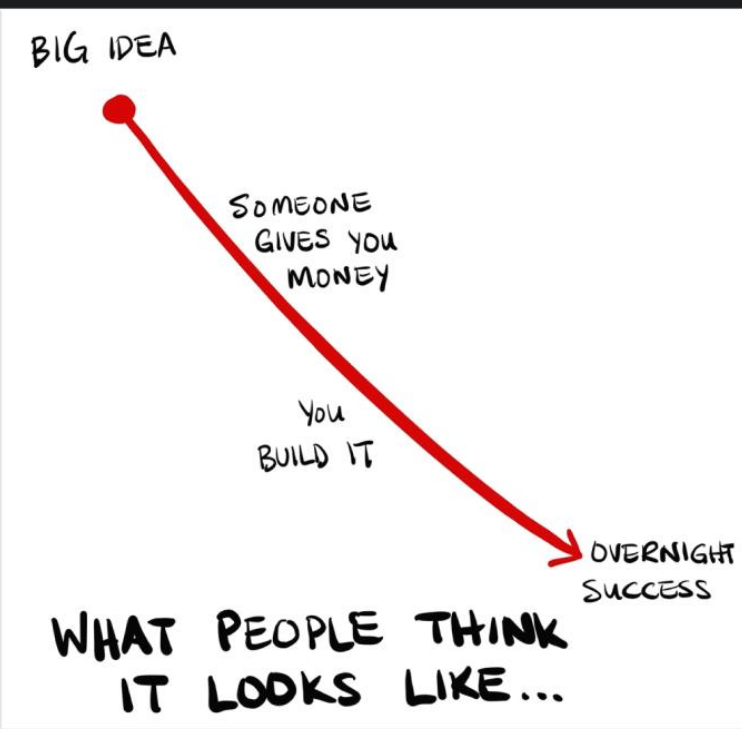
- ✓ Reduce retail availability
- ✓ Strengthen licensing & enforcement
- ✓ Track and trace supply chains
- ✓ Limit product supply at source
- ✓ Remove industry influence (FCTC Article 5.3)
- ✓ Transition toward phasing out commercial tobacco

If supply remains,
the market will adapt.

If supply is dismantled,
harm can end.

What people think

Reality



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 doing?

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

Returning & knowledge exchange

- No single data source can tell us everything
- No new data collection - analyse data that already exist

**ABS nationally
representative surveys**

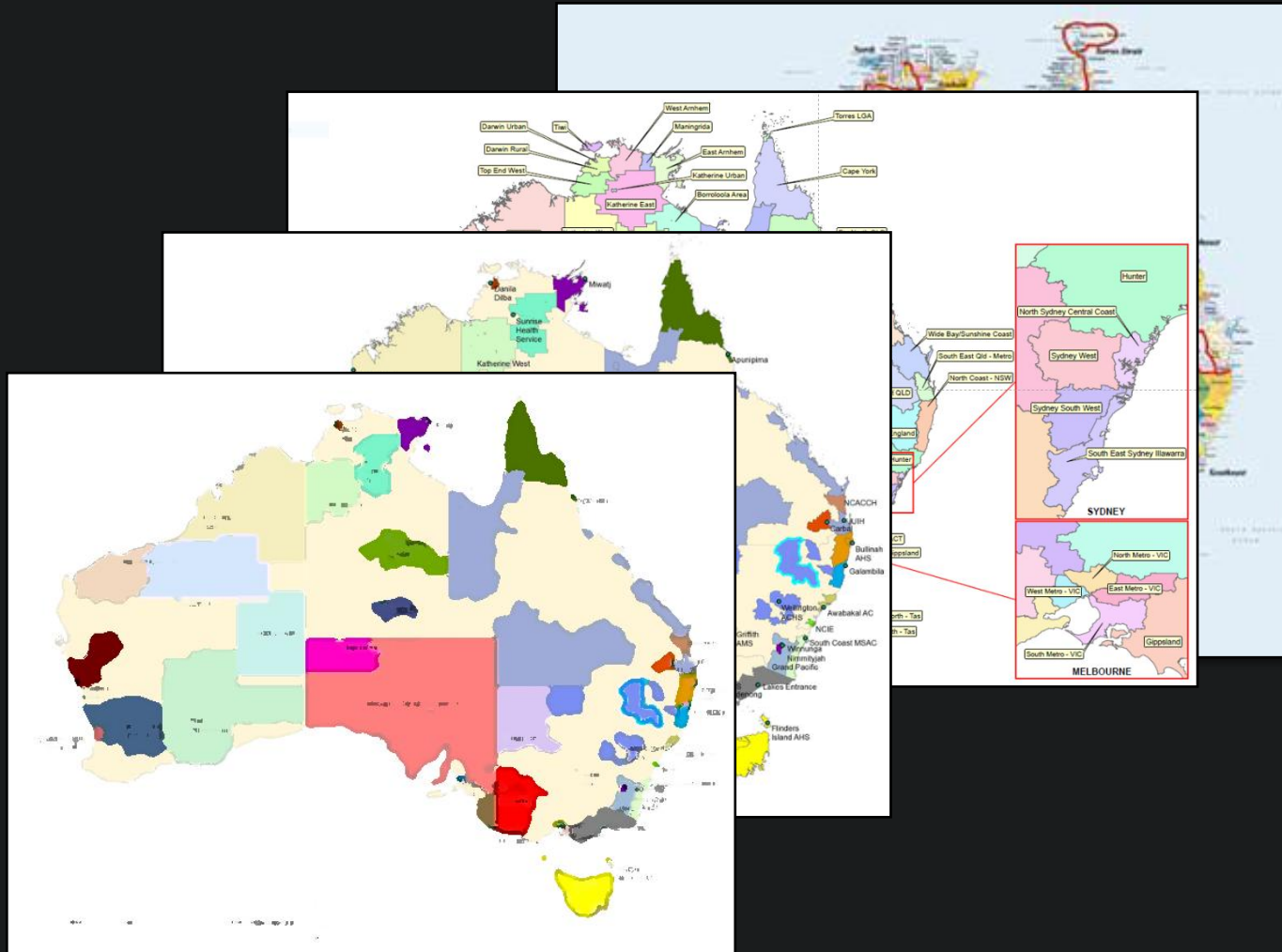
**The National Perinatal
Data Collection**
(smoking during pregnancy)

Health services data

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

Quitline
(quit attempts)

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

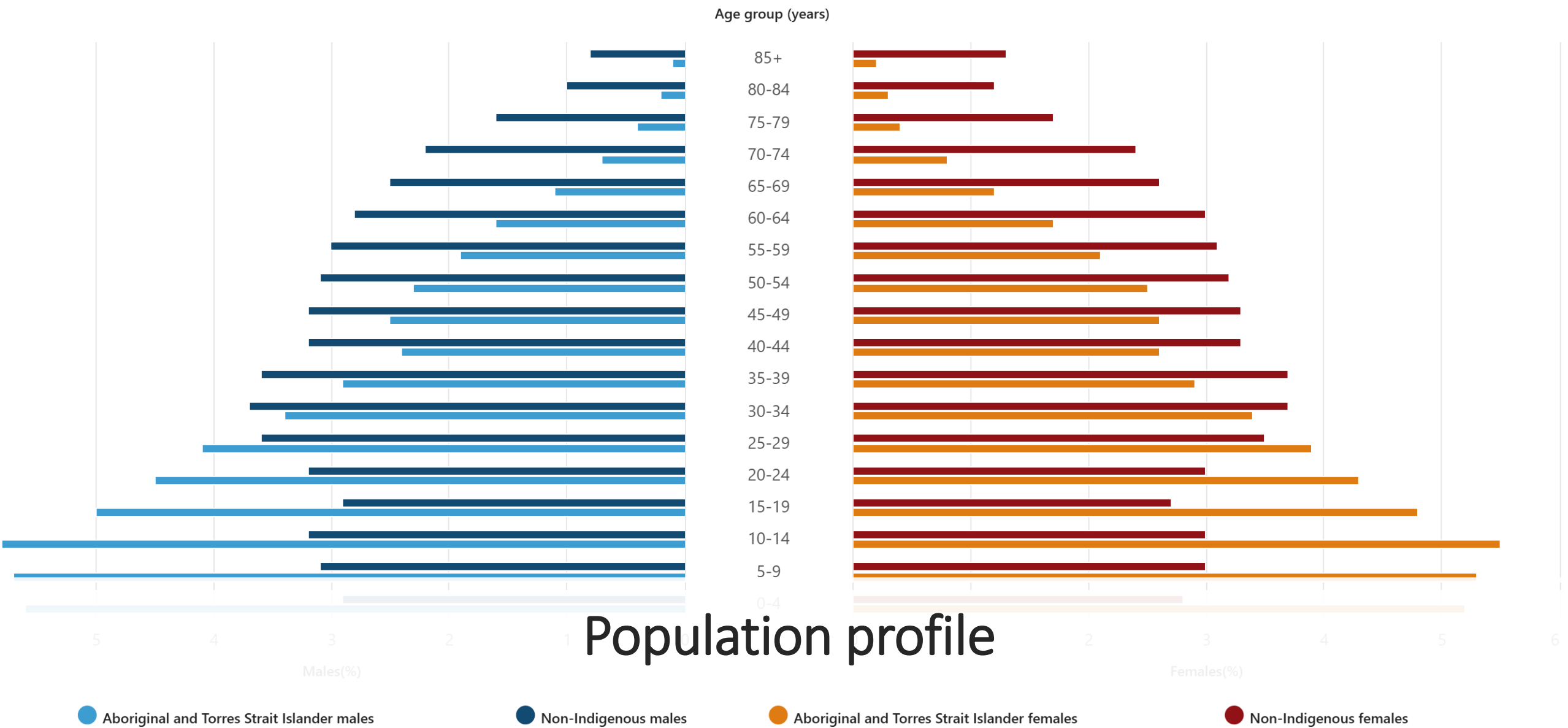
The information you share with us will help us see if higher levels of TIS activity are linked to improvements in smoking outcomes. We will not share this information with other TIS services, or with other parties. We will provide the information from your service back to you, so that it can be used 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.

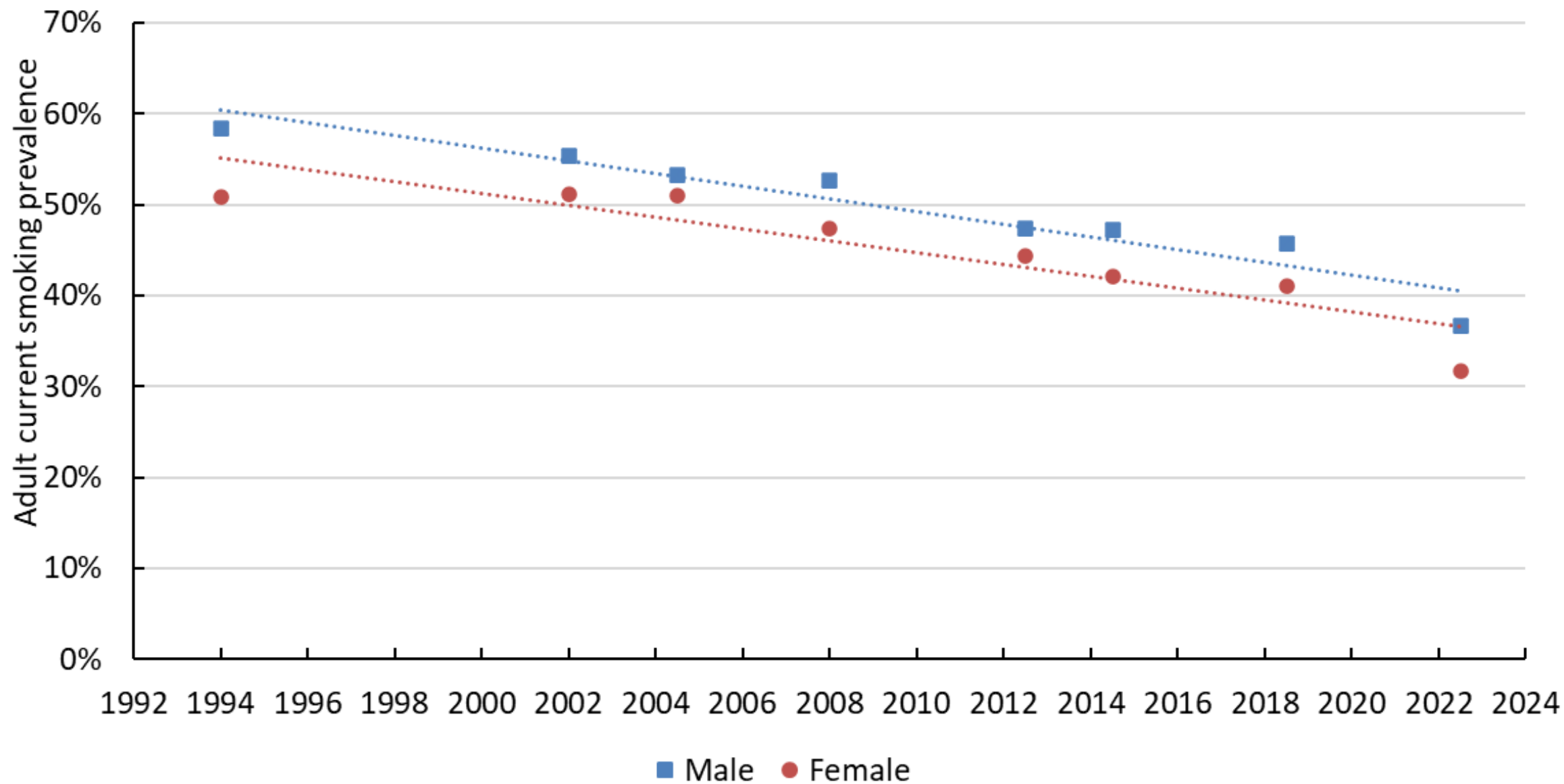
Project Funding

This project is funded by the Australian Government Department of Health.

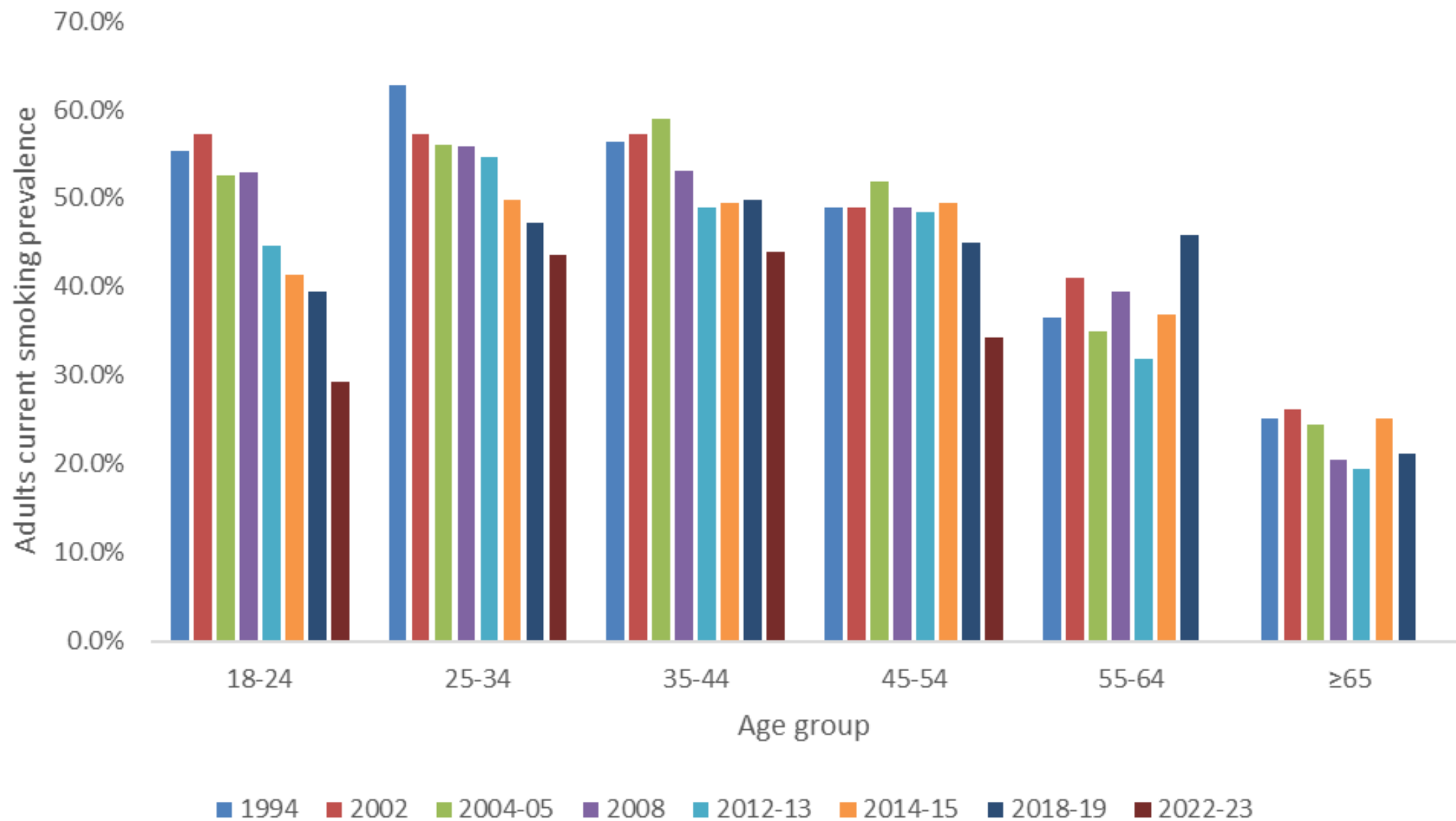
TACKLING INDIGENOUS SMOKING

Aboriginal and Torres Strait Islander and non-Indigenous populations by age groups – 30 June 2021



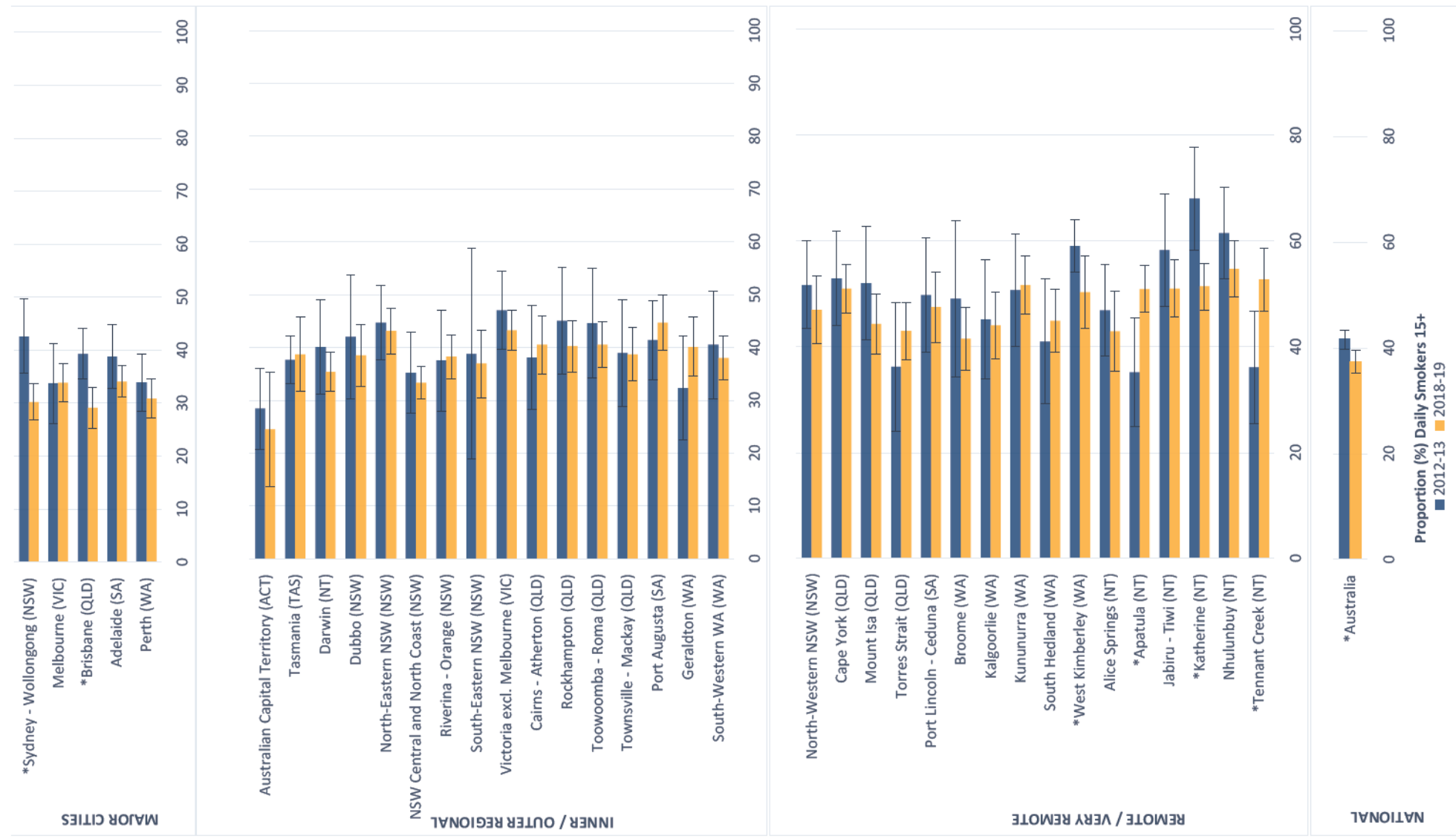


Source: Diaz, A., L. Whop, R. Lovett, K.A Thurber, and R. Maddox. (in prep). Declining Prevalence, Persistent Harm: Rethinking Tobacco Epidemic Models.



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

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>



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

Destiny Winyarn Taylor

**BREATHE STRONG.
BREATHE LONG.**

What are we building?



What does a nicotine-free future **look** like...

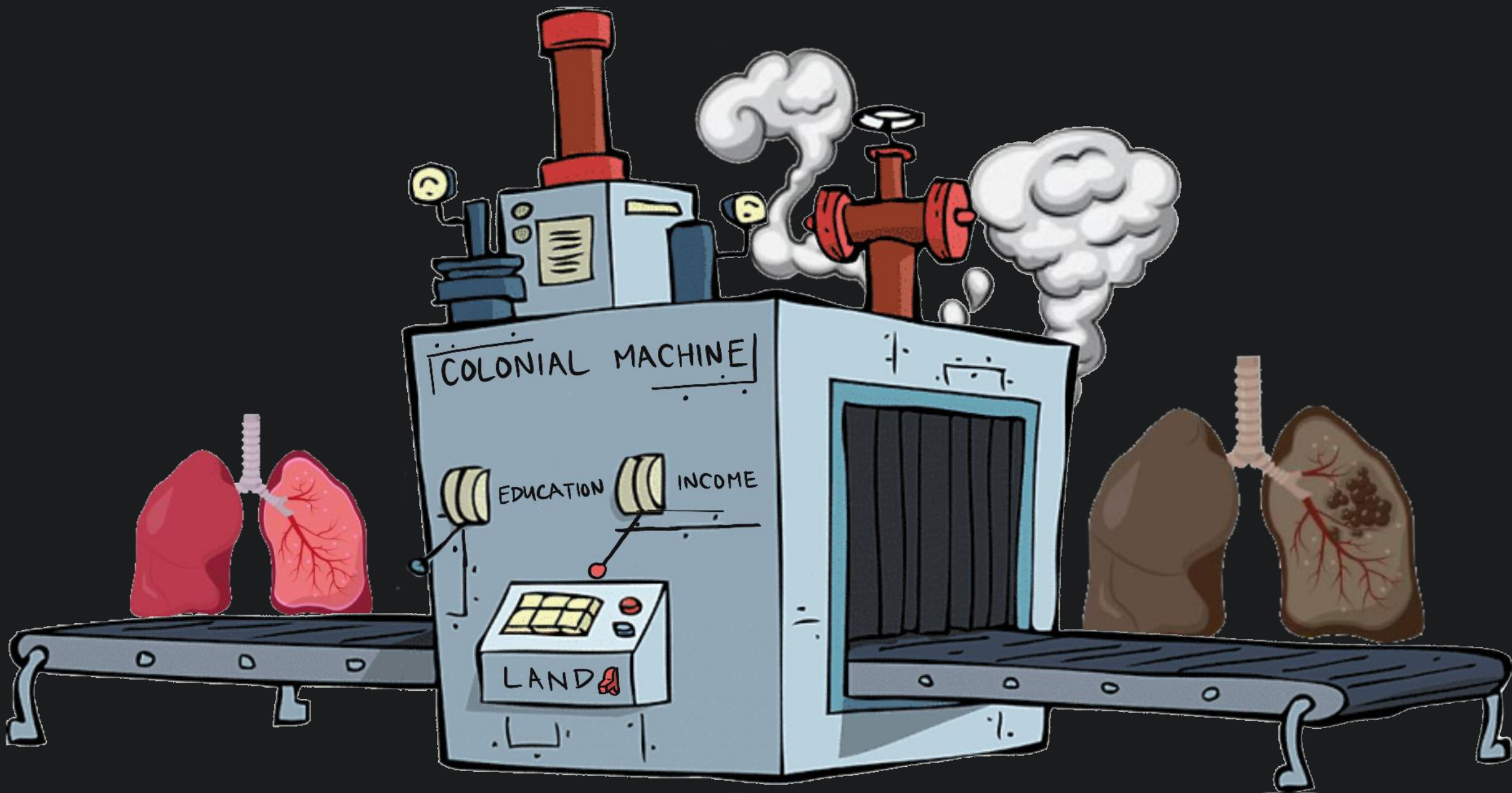
A nicotine-free future **sounds** like...

A nicotine-free future **smells** like...

A nicotine-free future **tastes** like...

A nicotine-free future **feels** like...





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%

