



# Tackling Indigenous Smoking in Australia

**Prof Tom Calma AO**

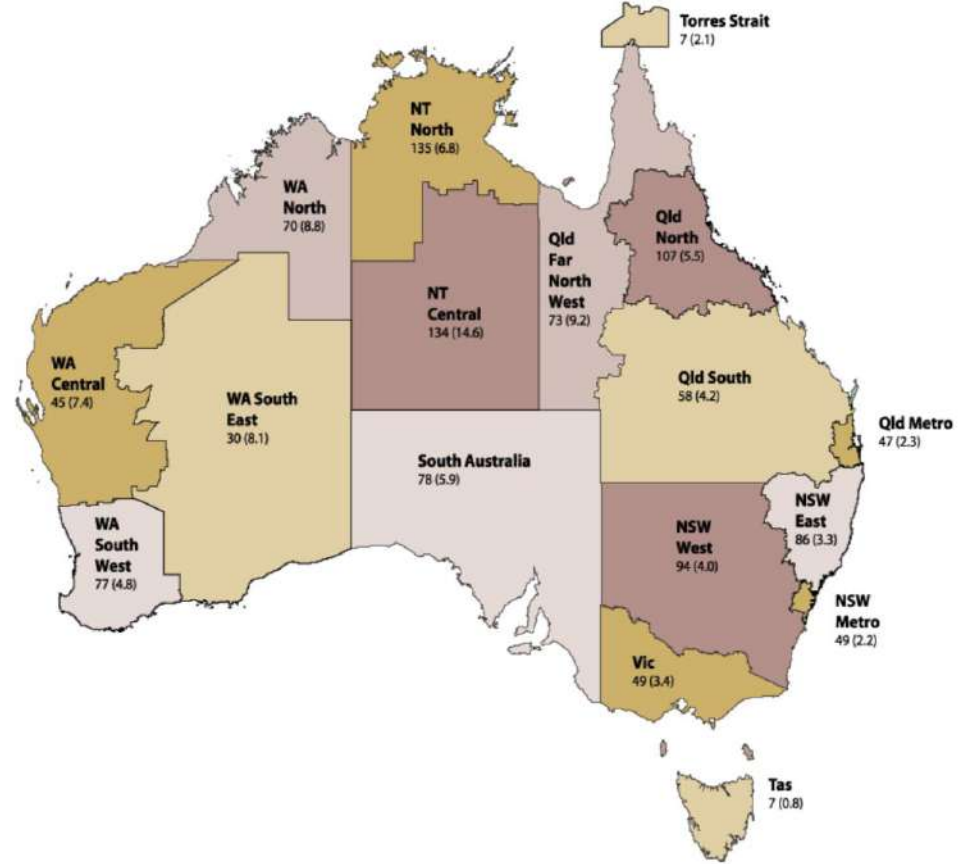
National Coordinator Tackling Indigenous Smoking  
and member of Cancer Australia's Indigenous Cancers Leadership Group

19 February 2018

Wellington, New Zealand



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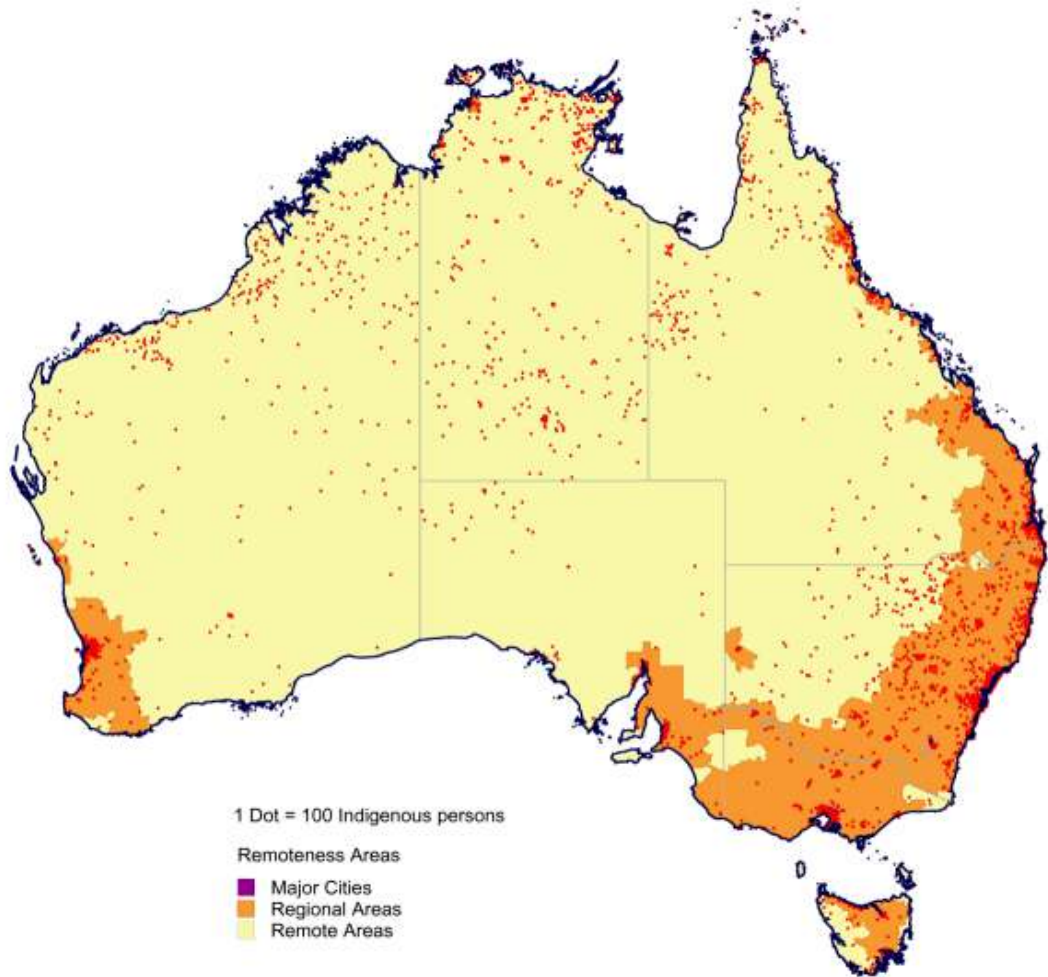
Diverse Indigenous population and geography



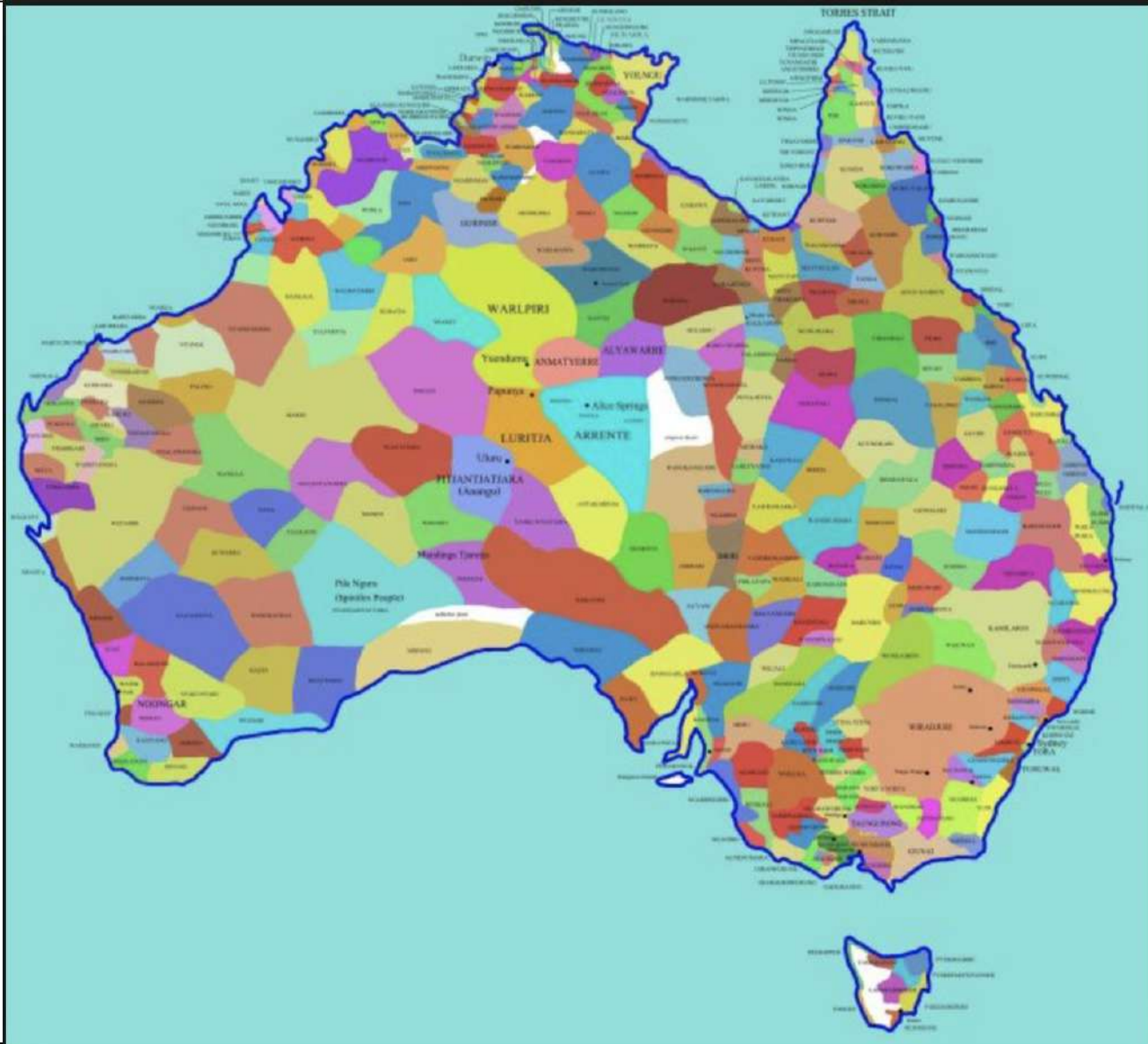
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## Aboriginal and Torres Strait Islander population distribution - 2006(a)



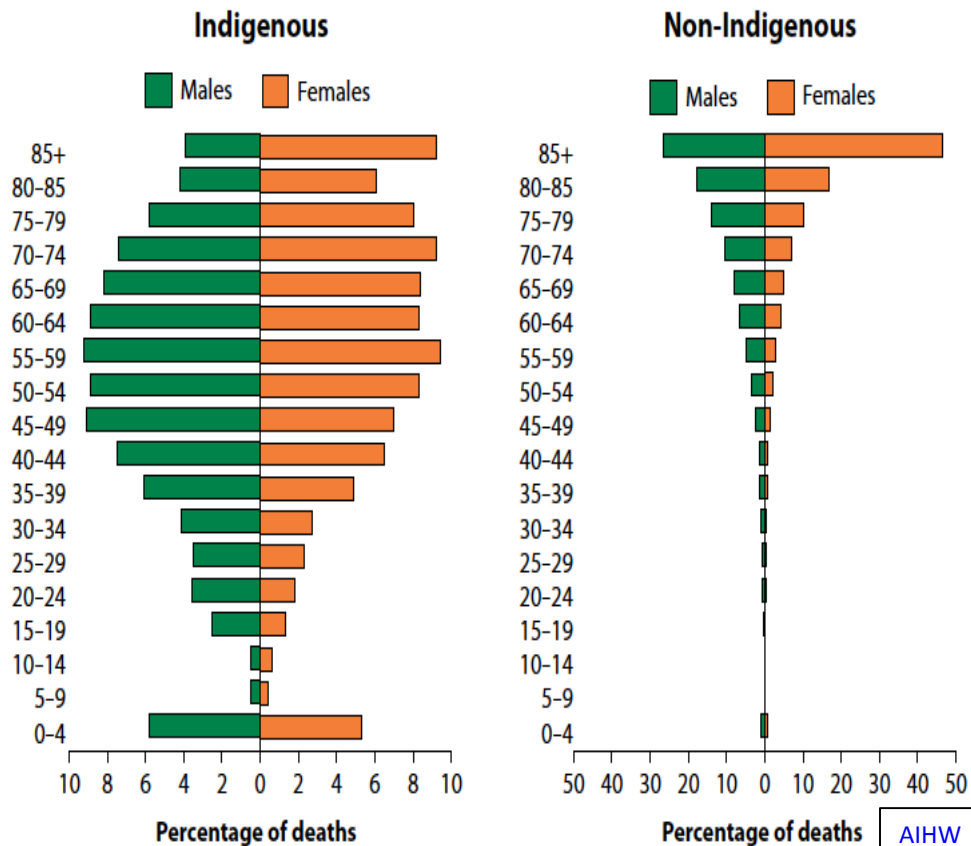
(a) Final estimates based on the 2006 Census of Population and Housing.  
Source: ABS data available on request, [Australian Demographic Statistics](#) (cat. no. 3101.0)



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**Figure 7.17**

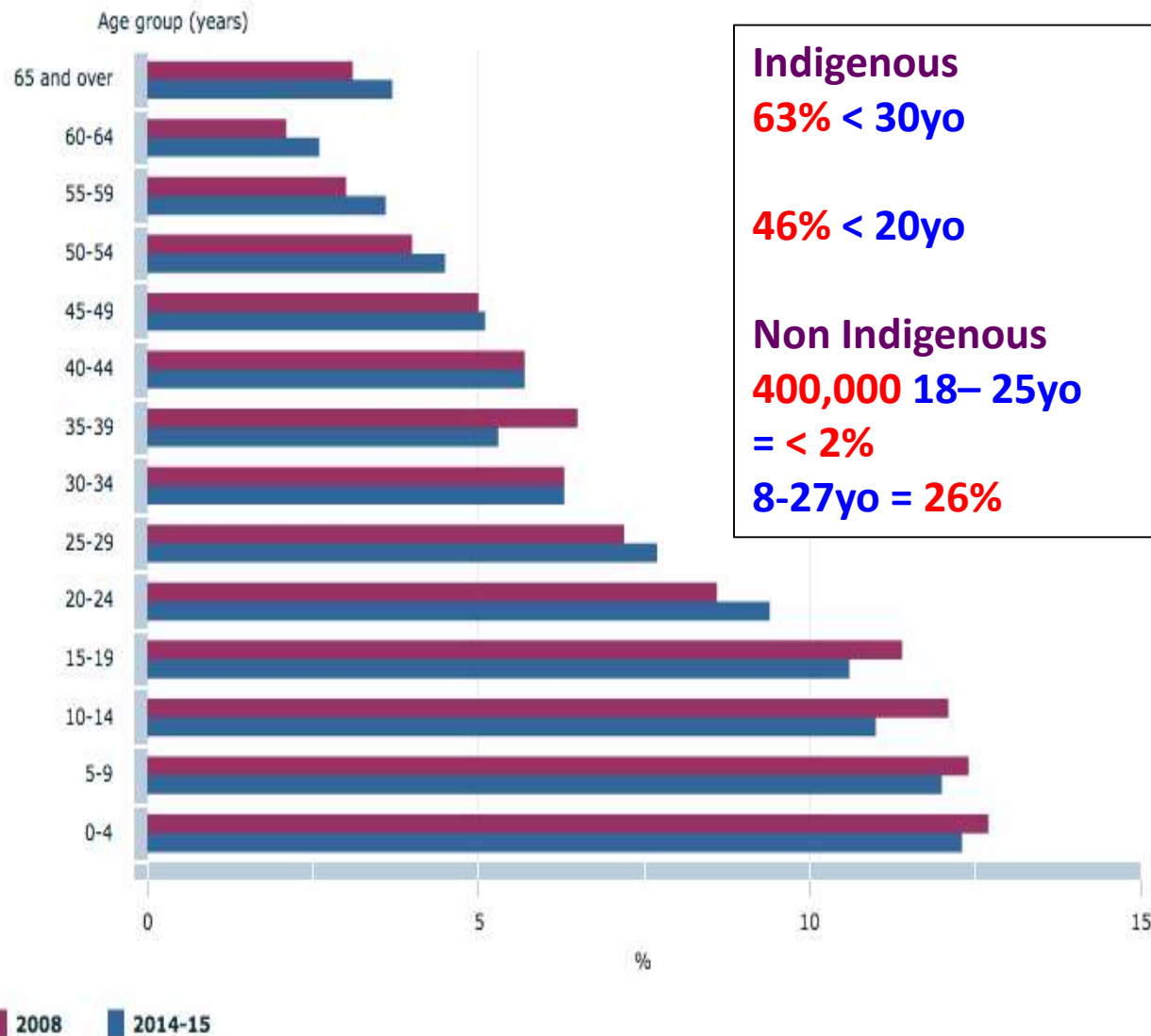


Note: Indigenous data for Vic, Tas and ACT were of insufficient quality for the reporting period.

Age distribution of proportion of deaths, by age and Indigenous status, NSW, Qld, SA, WA and NT, 2007–2011

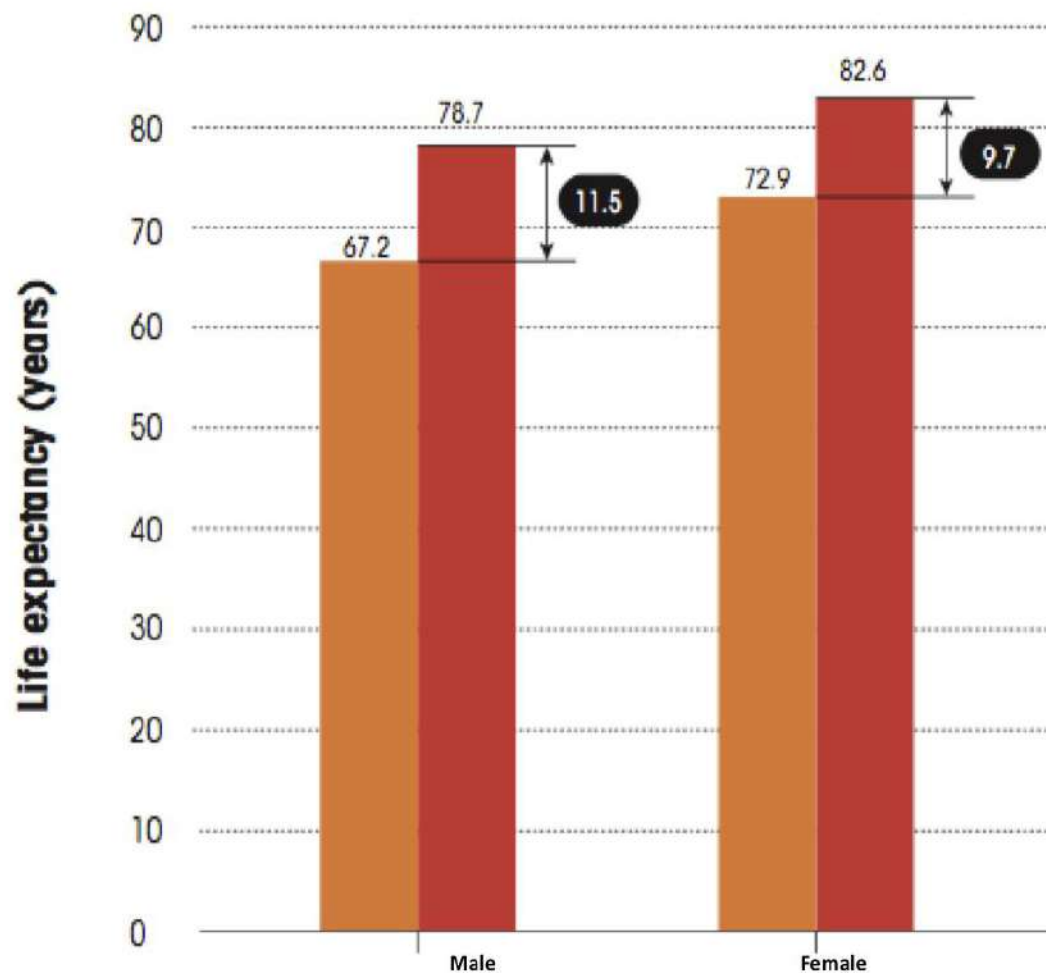
AIHW  
Australian  
Health Status  
Report 2014

**Figure 2.1. Aboriginal and Torres Strait Islander population, by age group — 2008 and 2014–15**



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Figure 1: Life expectancy estimates for Indigenous and non-Indigenous Australians



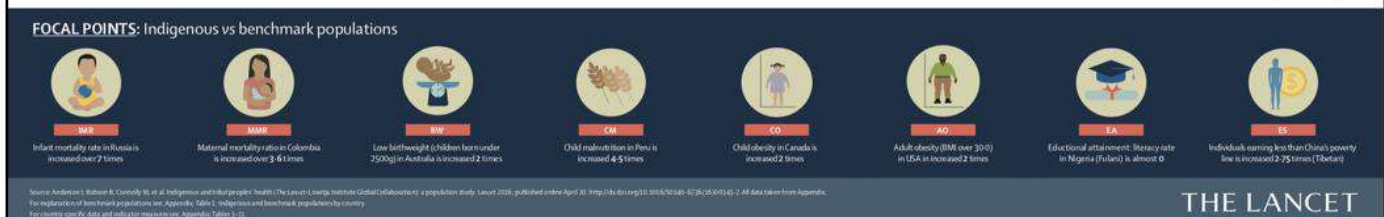
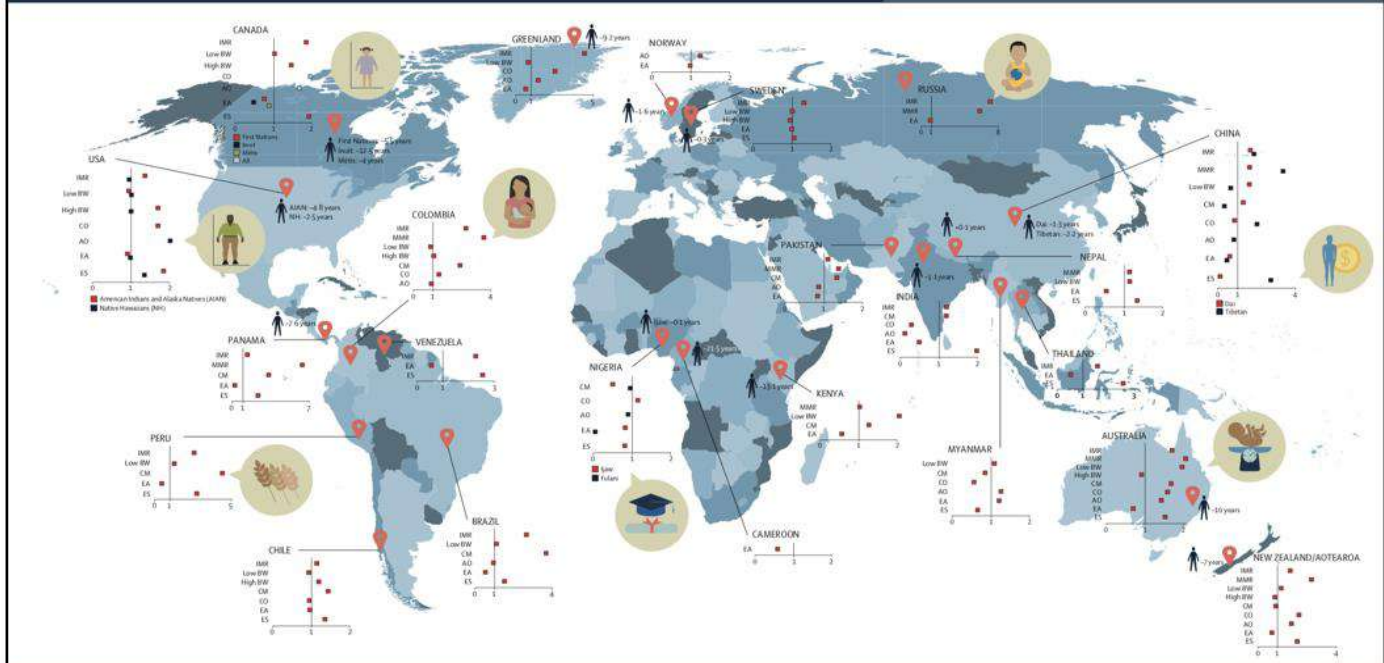
The life expectancy of indigenous Australians is 67.2 for males and 72.9 for females, based on 2005-2007 data

→ 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 and tribal peoples' health: a population study



THE LANCET

Life expectancy	
USA	2.5 – 4.8 yrs
Canada	4.0 – 5.5 yrs
Inuit	12.5 yrs
Australia	10.0 yrs
NZ	7.0 yr

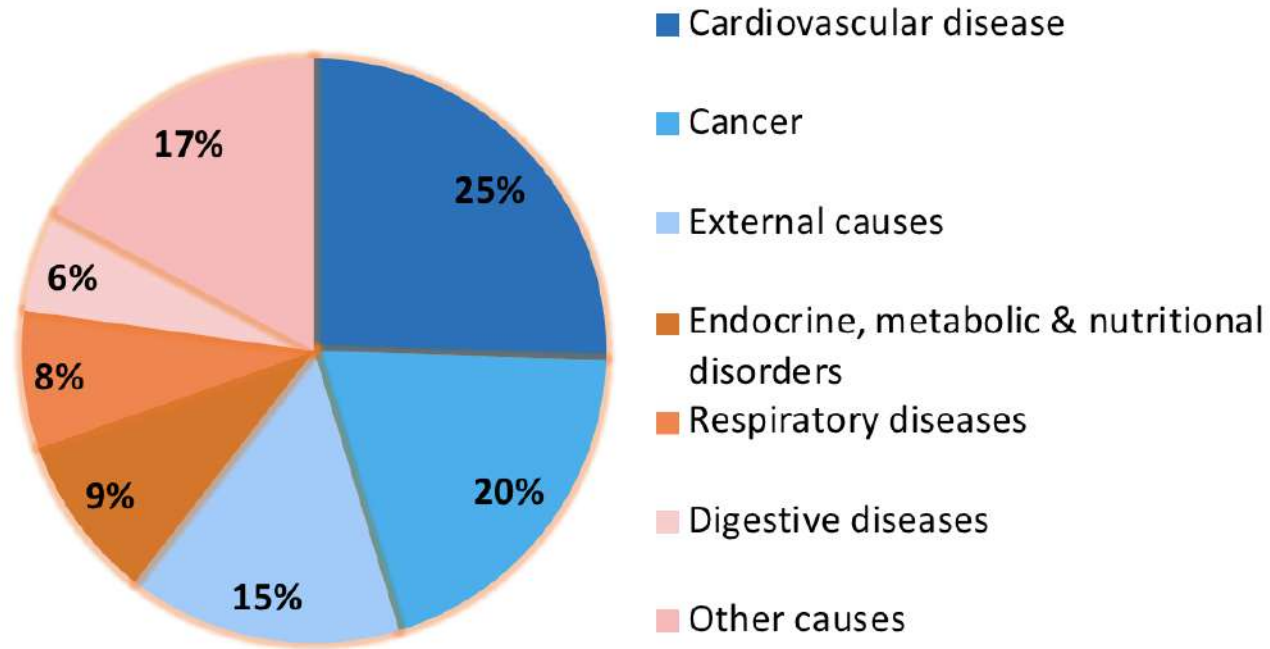
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)00345-7/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00345-7/abstract)



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► Most common broad causes of death in Indigenous peoples



Australian Institute of Health and Welfare 2015. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. cat. No. IHW 147. Canberra: AIHW.



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# Cancer in Indigenous peoples

Indigenous Australians more likely to die from cancer than non-Indigenous Australians

## Cancer mortality gap widening

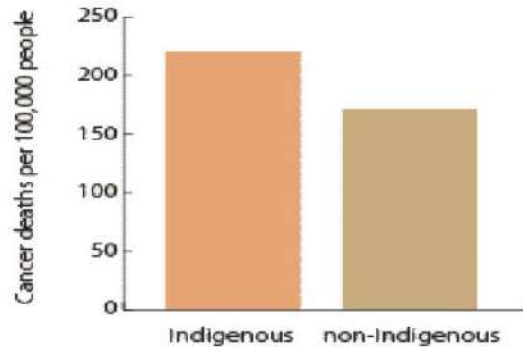
1998 → 2012

**16%** ↑  
increase

↓  
10% decrease  
non-Indigenous  
cancer death rate

Indigenous cancer death rate

**30%**



1. Australian Institute of Health and Welfare 2014. Cancer in Australia: an overview, 2014. Cancer series No 90. Cat. no. CAN 88. Canberra: AIHW.
2. Australian Institute of Health and Welfare 2015. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Cat. no. IHW 147. Canberra: AIHW.
3. Australian Institute of Health and Welfare 2015. The health and Welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Cat. no. IHW 147. Canberra: AIHW.



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# Cancer in Indigenous peoples

Compared with non-Indigenous Australians, Aboriginal and Torres Strait Islander people experience:

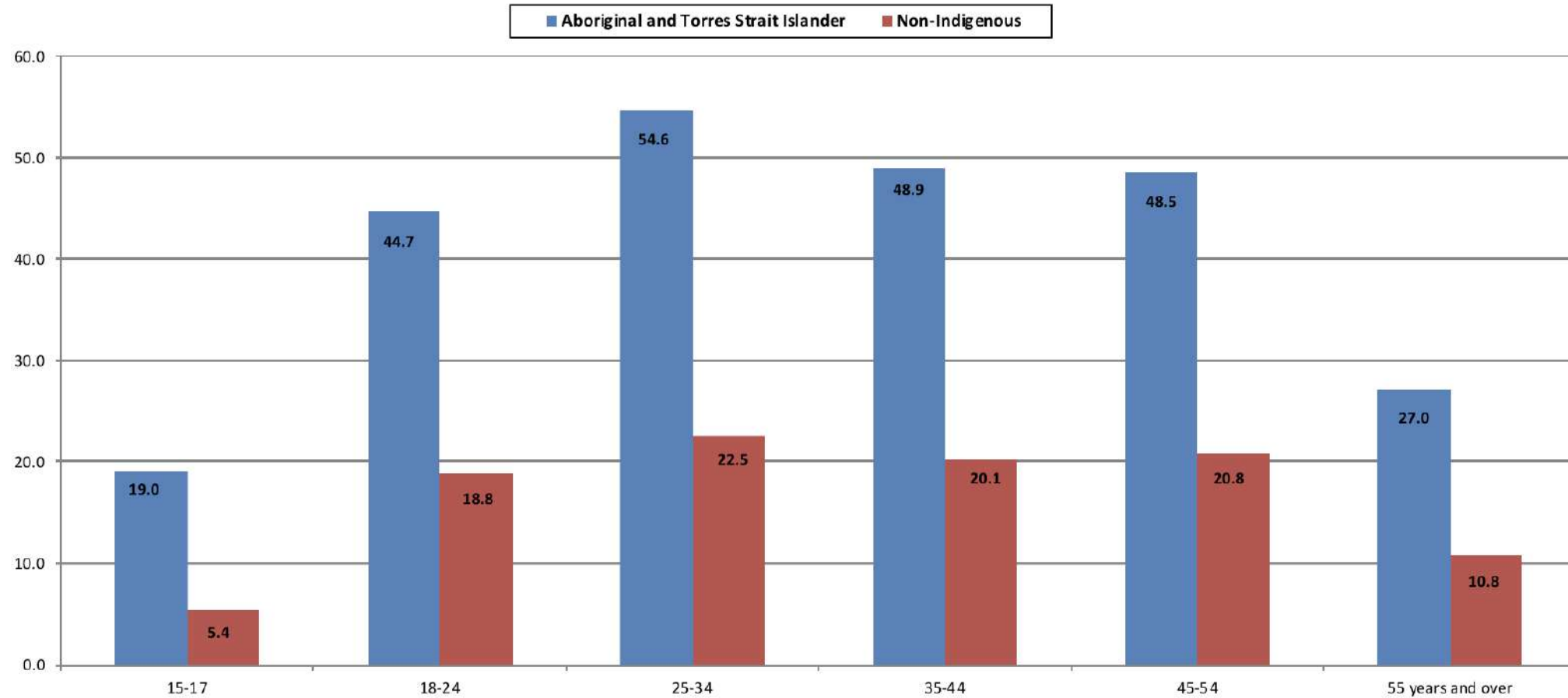
- ▶ 5% lower cancer incidence<sup>1</sup>
- ▶ 30% higher cancer mortality<sup>1</sup>
- ▶ 23% lower five-year survival<sup>2</sup>

1. Report to the Nation: Aboriginal and Torres Strait Islander people of Australia 2013.

2. Australian Institute of Health and Welfare 2014. Cancer in Australia: an overview, 2014. Cancer series No 90. Cat. no. CAN 88. Canberra: AIHW.



# Aboriginal and Torres Strait Islander Smoking



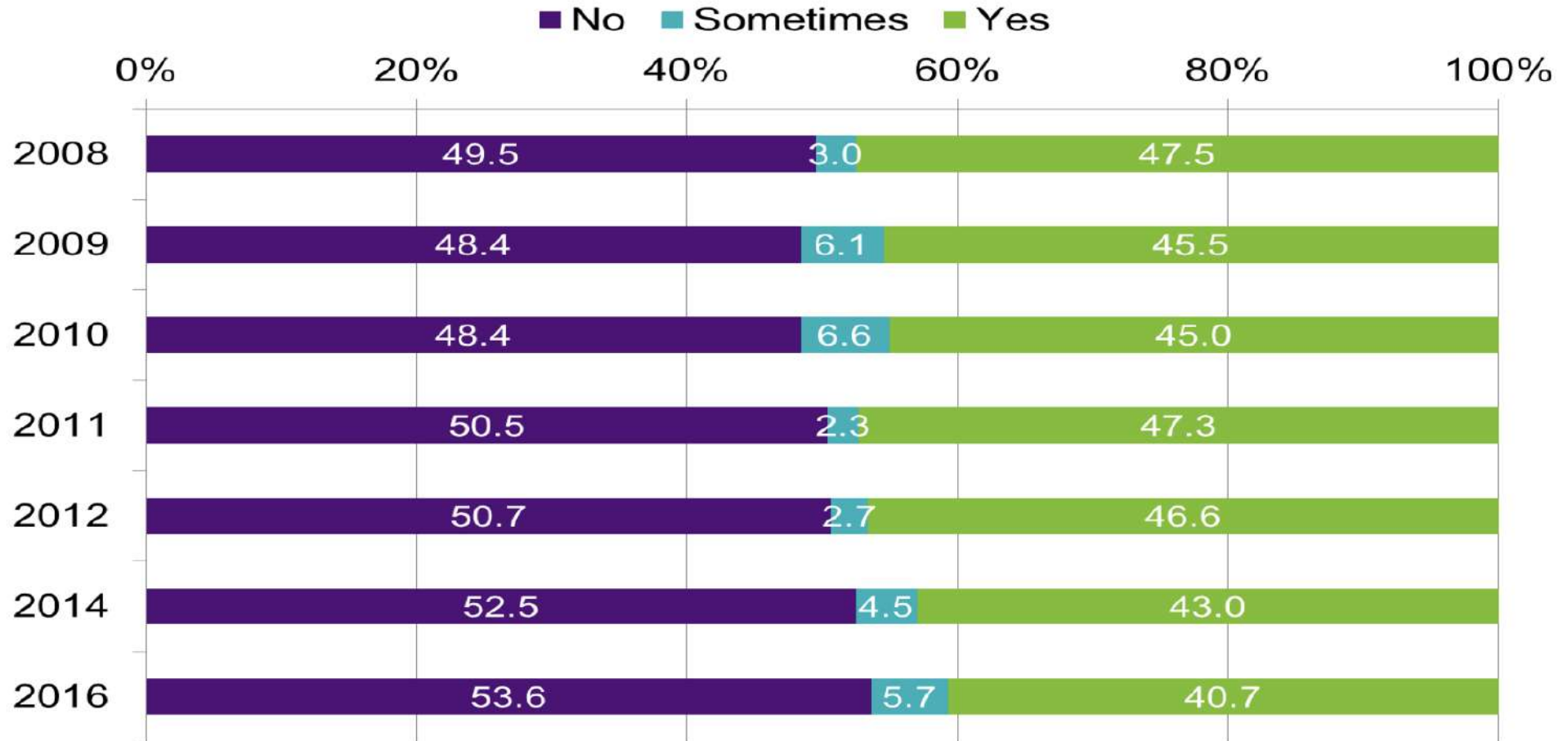
Source: ABS Aboriginal and Torres Strait Islander Health Survey 2012-13

\*Data for non-Indigenous people are for 2011-12, from the Australian Health Survey 2011-13.



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# Indigenous primary carer smokes- change over time (Balanced panel N=440)



# Smoking inside the house – change over time (Balanced panel; N=745)

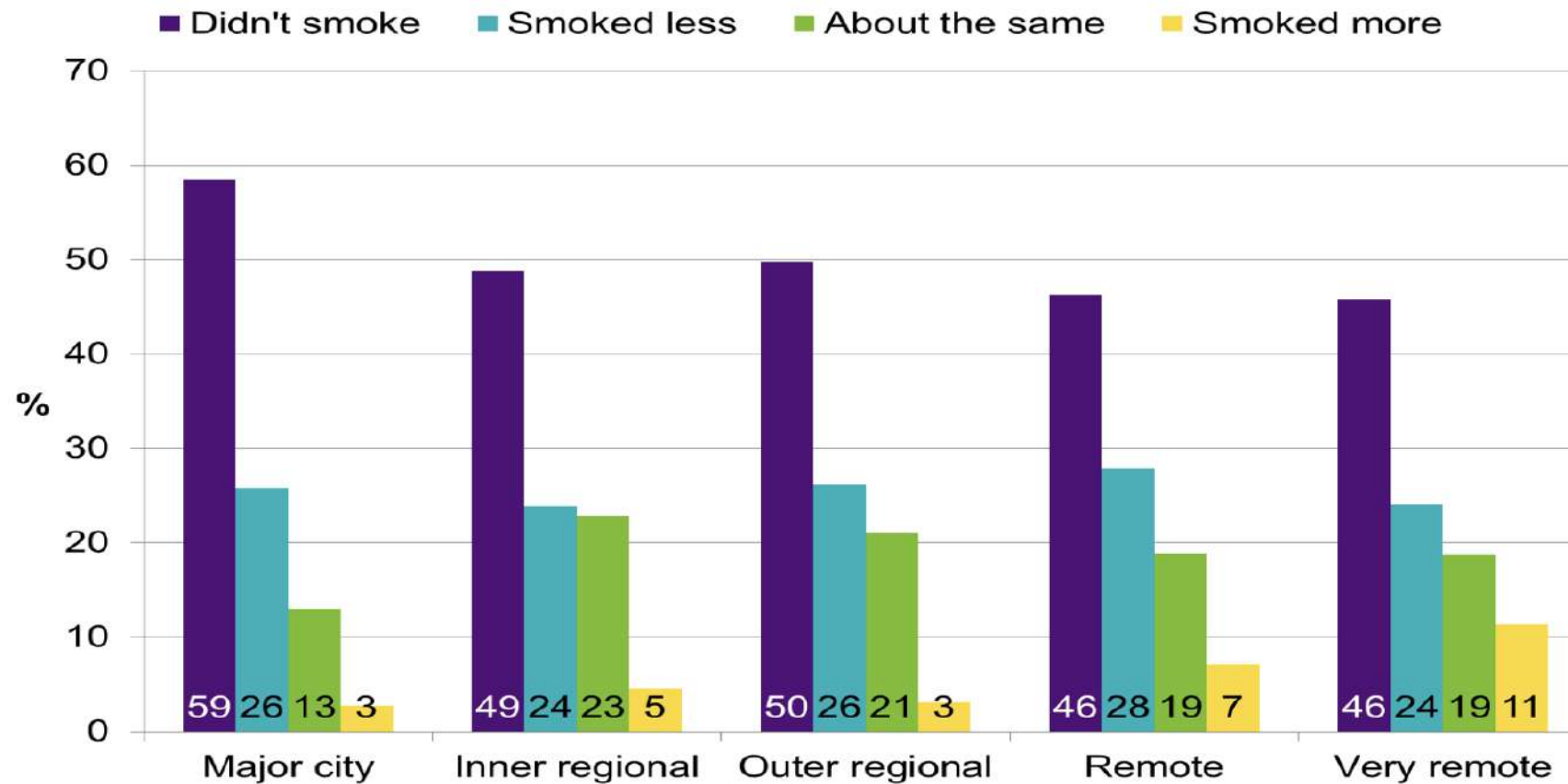


National Centre for Longitudinal Data



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# Changes to smoking habits when became pregnant- by remoteness

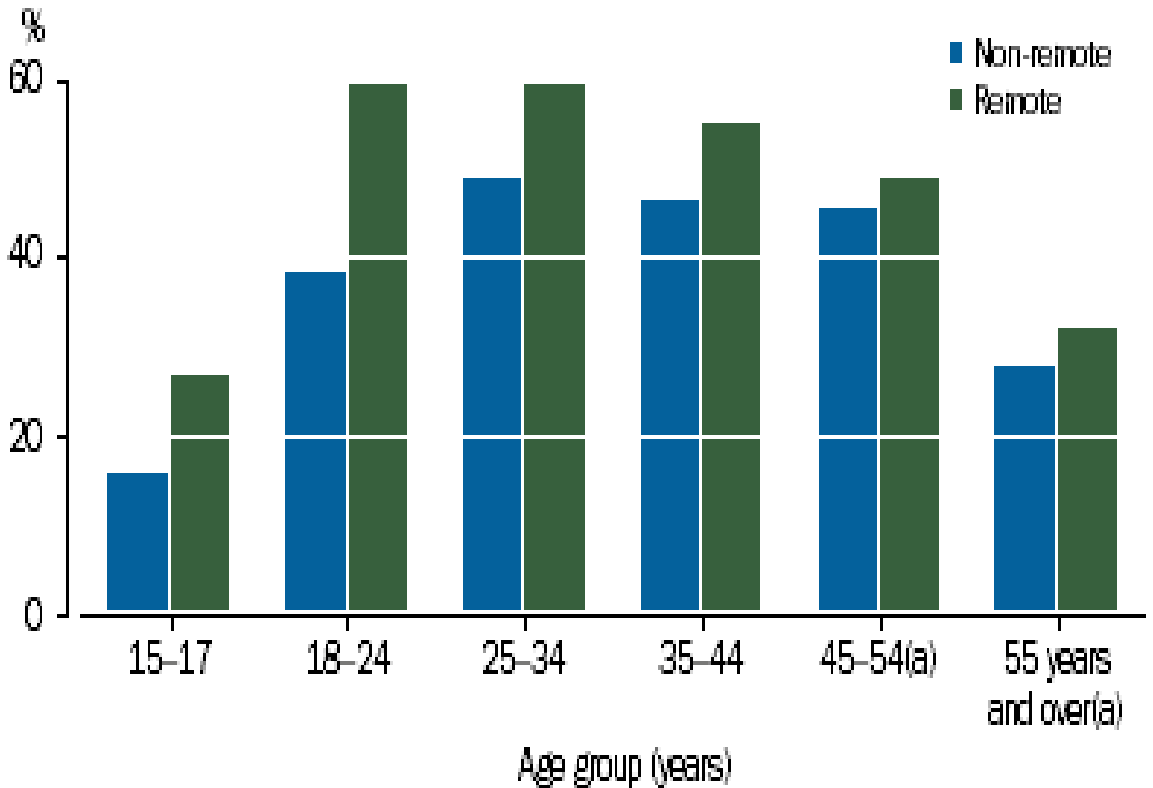


National Centre for Longitudinal Data



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# CURRENT DAILY SMOKERS BY REMOTENESS AND AGE, Aboriginal and Torres Strait Islander people—2012–13

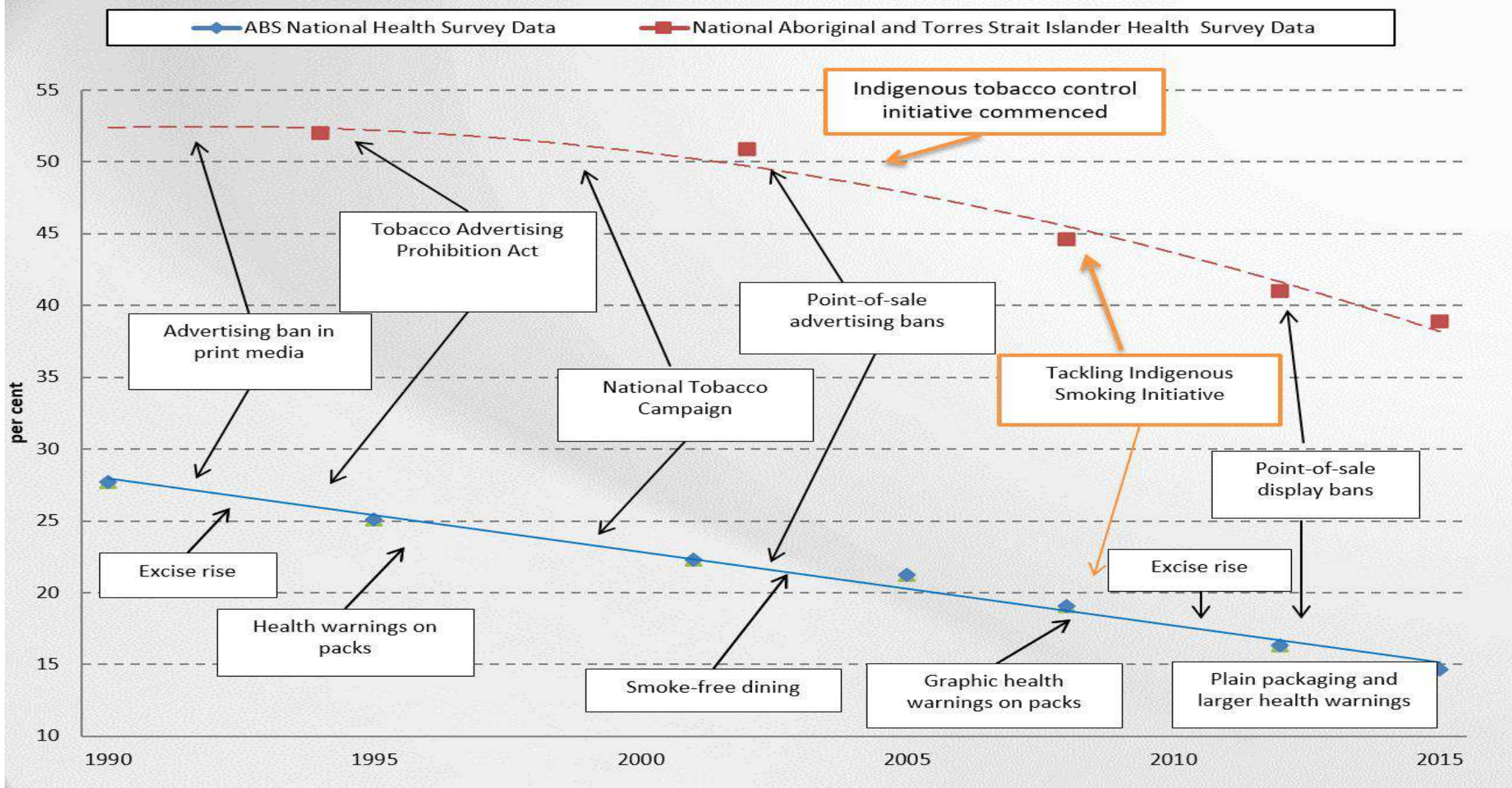


(a) Difference between non-remote and remote rate is not statistically significant.

Source: 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey



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# What is the Tackling Indigenous Smoking initiative?



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## National Indicators

1. Quality and reach of community engagement
2. Organisations involved in tobacco reduction in the region
3. Building capacity to support quitting
4. Referrals to appropriate quitting support
5. Supporting smoke-free environments



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# Innovation Grants 2016/17

The innovation projects have now commenced. The projects are as follows:

- [Aboriginal Males Shedding the Smokes - Aboriginal Health Council of South Australia Inc.](#)
- [Growing a smoke-free story - Metro South Hospital and Health Service, Queensland Health](#)
- [The Top End Smoke-Free Spaces Project - Aboriginal Resource and Development Services Aboriginal Corporation \(ARDS\)](#)
- [Smoking, Nutrition, Alcohol and Physical Activity 'SNAP' - National Drugs and Alcohol Research Centre, University of New South Wales](#)
- [The Balaang and Binjilaang Aboriginal Women Tobacco Intervention Project - South Coast Women's Health & Welfare Aboriginal Corporation](#)
- [Growing the Smoke Free Generation - Northern Territory Department of Health](#)
- [Tackling Indigenous Smoking Innovation Grant Project - Western Australian Centre for Remote and Rural Medicine Ltd](#)

<http://www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-tis-innovation-grants>



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Leveraging the mainstream

Advertisement

# Quit for you. Quit for two.



When a baby's on the way, it's twice as important to get the support you need to quit smoking. Phone Quitline and ask about *Quit for you Quit for two*.

They can help you beat the cravings, with tips like these:

- **Delay:** Delay for a few minutes - the urge will pass
- **Deep breathe:** Breathe slowly and deeply
- **Do something else:** Ring a friend or practise your prenatal exercises
- **Drink water:** Take 'time out' and sip slowly

When you choose to quit, you lower the risk of:

- miscarriage
- premature labour
- ectopic pregnancy
- SIDS

And you'll save money.

Download the free app



Go to the App Store or Android Market now to download *Quit for you Quit for two* for free.



Australian Government



Quitline 137848  
australia.gov.au/quitnow



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# Shift to TIS



- All grant recipients primarily focussed on tobacco reduction, and more targeted and tailored activities
- Some are leveraging TIS off broader healthy lifestyle to maximise reach and effectiveness
- Varying degrees of clarity about the flexibility to tap into healthy lifestyle activities

**REC:** Dept to provide clarity around what is allowable in relation to healthy lifestyle activities within the current iteration of the TIS program

## Case study – VAHS six week challenge

- 110 community members, 80% retention rate
- Embedded tobacco control messaging throughout
- Collects pre and post smoking cessation data
- Celebrates community role models



*... they come in pre-contemplative and leave contemplative*



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# Community engagement



- **Strong community engagement & involvement in support of tobacco control**



- **Local champions & elders participating in local education & awareness raising events & activities**



- **Evidence of community & regional leadership & advocacy**



*...we have people that we call “community referrers”, so they work within the community, they work in government and non-government organisations, and they actively promote and do referrals to the program as well.* Grant recipient, urban QLD



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# Partnerships



- Collaborations & partnerships built between TIS grant recipients & external organisations
- This has broadened the population reach & strengthened support for quitting
- Local partnerships crucial to the successful implementation of health promotion activities

**REC:** GRs to continue to broker partnerships & leverage relationships

## Case Study - NCACCH & Pharmacies

- NCACCH has a service agreement with approx. 30 pharmacies
- When a NCACCH client goes to the pharmacy to obtain NRT they receive a brief intervention



*... We have a great working relationship with the pharmacies, which is very important to us because they are a brilliant source of, not only the [NRT] products but for brief interventions as well... they're able to just provide them that bit of extra support while they're there, to work alongside [the TIS worker]*





# Partnerships

Case study – FIAAI & Tasmania Aboriginal Health Reference Group (TAHRG)



- **FIAAI: partnering with TAHRG to broaden population reach and strengthen leadership support and advocacy**
- **FIAAI TIS Coordinator now member of State Tobacco Coalition**



*TAHRG spreads ownership of the TIS program*

Case study – LEAHA partnering with Quitline for a shared care approach

- **LEAHA has large area so limited capacity to reach individuals**
- **Quit Victoria receiving limited calls from Aboriginal people**
- **Trialling an 'opt out' approach for shared care to reach more community members**
- **Early indications suggest increase in referrals**



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# Victorian Aboriginal Quitline 2016 to 2017



Aboriginal Quitline	2016	2017	+ / - Previous Period
Total Aboriginal callers	247	328	+ 32.8%
- referred by Health Professionals	45	107	+ 137.8%
- callers on callback	116	185	+ 59.5%
Highlights	2016	2017	Notes
<b>Organisation 1</b> (shared-care model introduced) (won VicHealth Award)	0	35	<b>Additional 19 referred</b> non-Indigenous people (parents and partners)
<b>Organisation 2</b> (now has visiting Tobacco Cessation Workers fortnightly)	12	26	<b>116%</b> increase of referrals



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# Priority populations – young people

## Case study – IUIH: Linking schools & Aboriginal Medical Services

- IUIH & Aboriginal Medical Services expanded delivery of the Deadly Choices program to 89 primary & secondary schools, with almost 1,150 Indigenous students completing the eight-week program during the period (2015-16 Financial Year).
- Program shown to be effective in increasing knowledge of smoking related harms & shifting smoking related attitudes/behaviours
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expanded to 89 schools

reaching 1,150 Indigenous students



Increased knowledge of health impacts of smoking

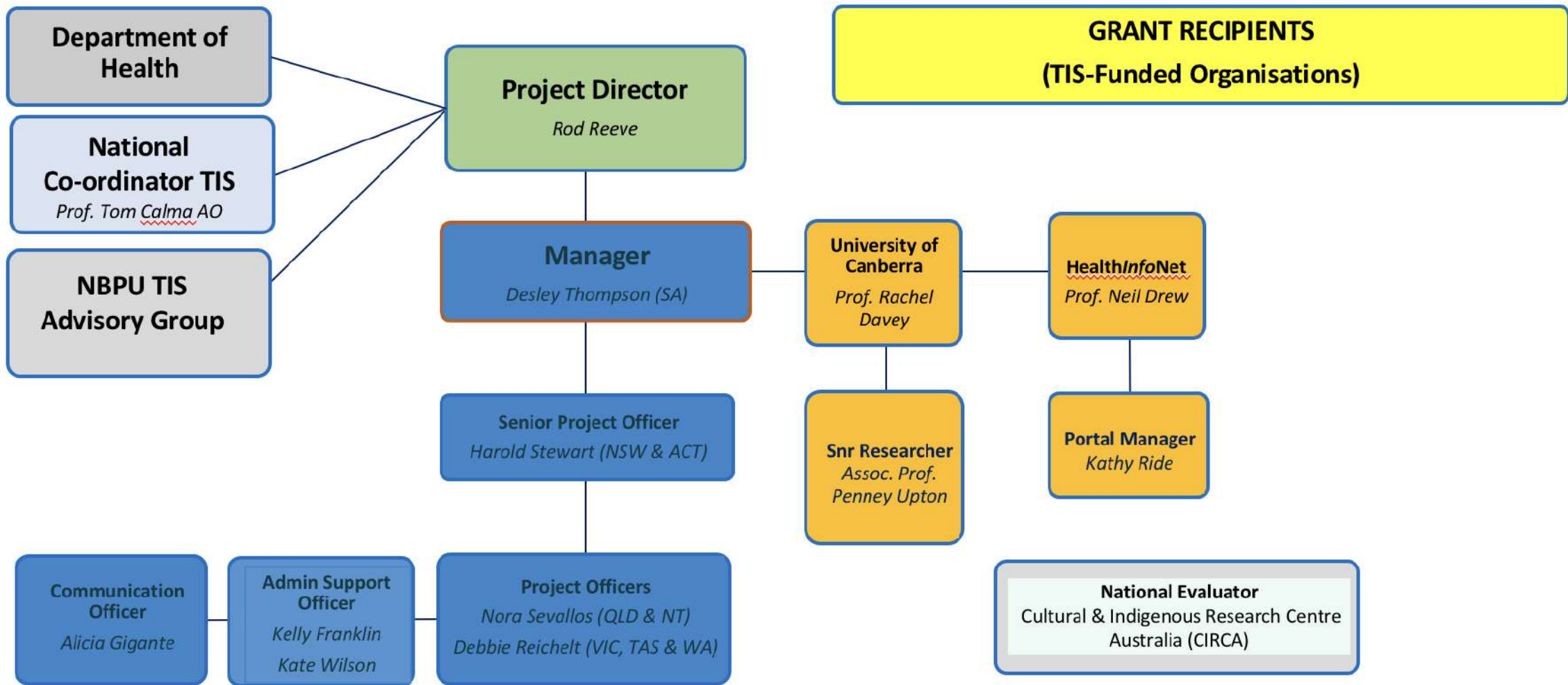


*it's all relationship based, the biggest learning we have found is to just knock on all the doors of the schools and introduce ourselves and have your resources ready to go to show them what we have to offer and what the outcomes will be*



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# National Best Practice Unit -Tackling Indigenous Smoking



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# Tackling Indigenous Smoking portal

Welcome to the Tackling Indigenous Smoking (TIS) portal. This portal hosts information for organisations funded through the national Tackling Indigenous Smoking Programme, but will also be useful for people working in the many other initiatives that support Aboriginal and Torres Strait Islander people to quit or reduce their smoking.

This portal is where you will find information on the Tackling Indigenous Smoking Resource and Information Centre (TISRIC). The TISRIC has been developed by the National Best Practice Unit for Tackling Indigenous Smoking (NBPU TIS) and is tailored to the needs of TIS organisations, with information on: planning your activities and interventions; activities that work; resources that work; and how to determine how well your activities work.

You will also have access to publications, resources, and information about projects and activities that relate to tobacco cessation. Workforce information includes job opportunities, funding sources and other organisations interested in tobacco control. The events section has information on courses and training, conferences, workshops and other events. These resources have been brought together in one place to help you in your job to support your clients and communities.

This web resource also links to the TIS Yarning Place and many social media platforms to encourage information sharing and collaboration among TIS-funded organisations.

[About the Tackling Indigenous Smoking Resource and Information Centre](#)



## More on this topic...

 [Bibliography](#)

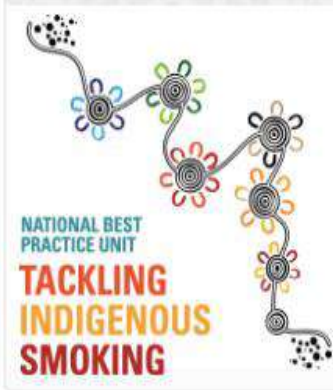
  

[About TIS Programme](#)

[Contact NBPU TIS](#)

## About NBPU TIS



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Tweets by @TISprogramme

 NBPU TIS 

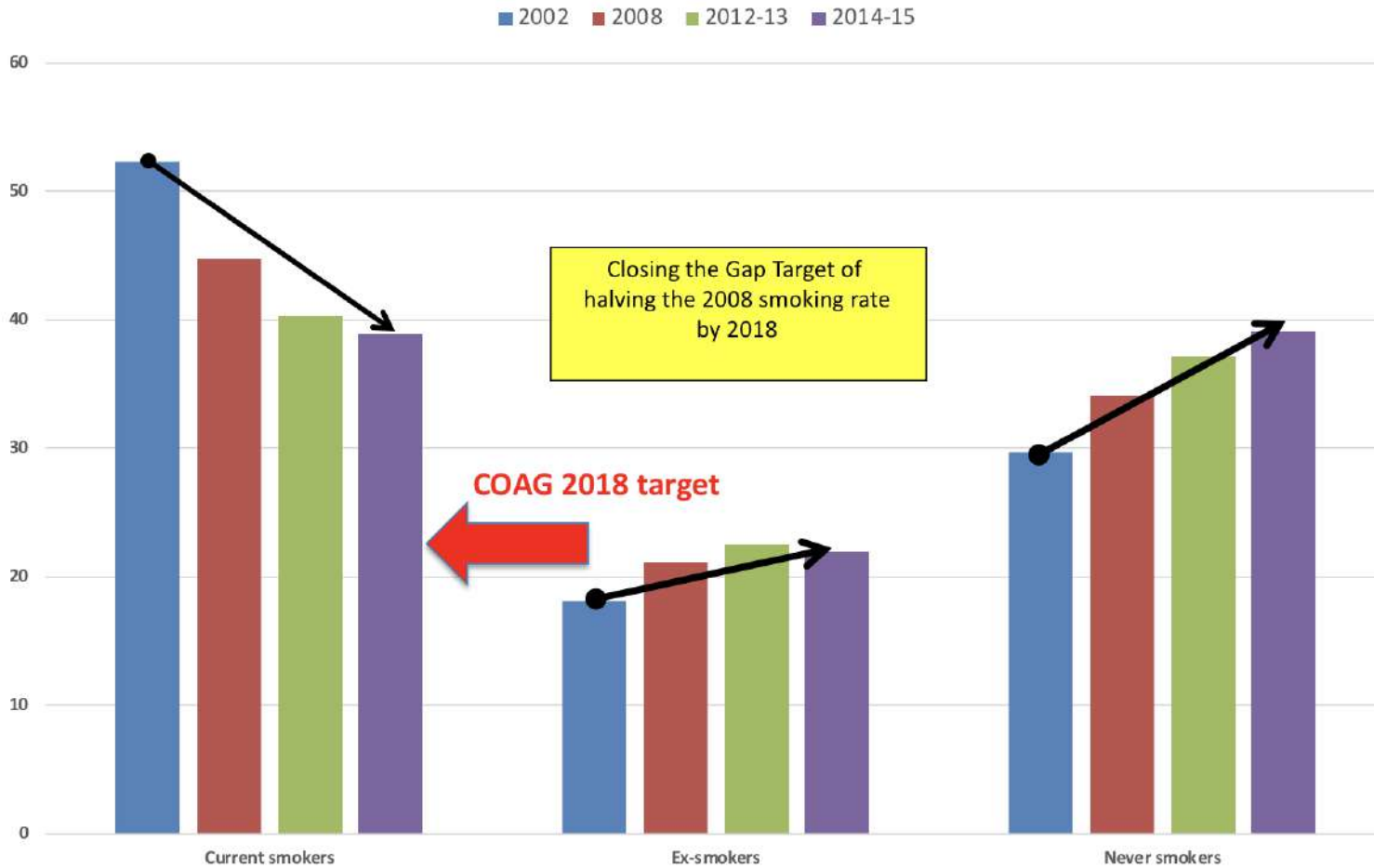
<http://aodknowledgecentre.net.au/aodkc/aodkc-tobacco/tackling-indigenous-smoking/about-the-tackling-indigenous-smoking-resource-information-centre>



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# Aboriginal and Torres Strait Islander Smoking



## Aboriginal and Torres Strait Islander Smoking

	2002	2008	2012-13	2014-15	Difference 2002 – 2014-15
Current smokers	52.3	44.7	40.3	38.9	13.4% ↓
Ex-smokers	18.1	21.1	22.5	22.0	3.9% ↑
Never smokers	29.7	34.1	37.2	39.1	9.4% ↑

Source: ABS Aboriginal and Torres Strait Islander Health Survey 2012-13 & ABS Aboriginal and Torres Strait Islander Social Survey 2014-15

Source: ABS Aboriginal and Torres Strait Islander Health Survey 2012-13; ABS Aboriginal and Torres Strait Islander Social Survey 2014-15.



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**Min Ken Wyatt MP announces a  
\$183.7 million 4 years funding  
commitment #ClosingTheGap  
Tackling Indigenous Smoking**

*" The \$183.7 million 4 years funding commitment builds on a previous three-year program and forms part of the government's efforts to progress the Closing the Gap strategy, which is set for a "refresh" after years of disappointing results across education, employment and health.*

**The revamped TIS program will:**

- Continue the successful Regional Tobacco Control grants scheme including school and community education, smoke-free homes and workplaces and quit groups*
- Expand programs targeting pregnant women and remote area smokers*
- Enhance the Indigenous quitline service*
- Support local Indigenous leaders and cultural programs to reduce smoking*
- Continue evaluation to monitor the efficiency and effectiveness of individual programs, including increased regional data collection "*

