Tackling Indigenous Smoking in Australia

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National Coordinator Tackling Indigenous Smoking
and member of Cancer Australia’s Indigenous Cancers Leadership Group
19 February 2018
Wellington, New Zealand
Diverse Indigenous population and geography
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Figure 7.17

Indigenous

Non-Indigenous

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

Indigenous
63% < 30yo
46% < 20yo

Non Indigenous
400,000 18–25yo
= < 2%
8–27yo = 26%

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

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

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Life Expectancy (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous Male</td>
<td>67.2</td>
</tr>
<tr>
<td>Indigenous Female</td>
<td>72.9</td>
</tr>
<tr>
<td>Non-Indigenous Male</td>
<td>78.7</td>
</tr>
<tr>
<td>Non-Indigenous Female</td>
<td>82.6</td>
</tr>
</tbody>
</table>

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Indigenous and tribal peoples’ health: a population study

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 yrs

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00345-7/abstract
Most common broad causes of death in Indigenous peoples

- Cardiovascular disease: 25%
- Cancer: 20%
- External causes: 17%
- Endocrine, metabolic & nutritional disorders: 6%
- Respiratory diseases: 9%
- Digestive diseases: 8%
- Other causes: 15%

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

Cancer in Indigenous peoples

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

- 5% lower cancer incidence\(^1\)
- 30% higher cancer mortality \(^1\)
- 23% lower five-year survival \(^2\)

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

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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

- Major city: Didn't smoke 59%, Smoked less 26%, About the same 13%, Smoked more 3%
- Inner regional: Didn't smoke 49%, Smoked less 24%, About the same 23%, Smoked more 5%
- Outer regional: Didn't smoke 50%, Smoked less 26%, About the same 21%, Smoked more 3%
- Remote: Didn't smoke 46%, Smoked less 28%, About the same 19%, Smoked more 7%
- Very remote: Didn't smoke 46%, Smoked less 24%, About the same 19%, Smoked more 11%

National Centre for Longitudinal Data
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?
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
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

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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

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"

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

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]"

REC: GRs to continue to broker partnerships & leverage relationships
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
## Victorian Aboriginal Quitline 2016 to 2017

<table>
<thead>
<tr>
<th>Aboriginal Quitline</th>
<th>2016</th>
<th>2017</th>
<th>+ / - Previous Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Aboriginal callers</td>
<td>247</td>
<td>328</td>
<td>+ 32.8%</td>
</tr>
<tr>
<td>- referred by Health Professionals</td>
<td>45</td>
<td>107</td>
<td>+ 137.8%</td>
</tr>
<tr>
<td>- callers on callback</td>
<td>116</td>
<td>185</td>
<td>+ 59.5%</td>
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### Highlights

<table>
<thead>
<tr>
<th>Organisation 1 (shared-care model introduced)</th>
<th>2016</th>
<th>2017</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation 1 (shared-care model introduced)</td>
<td>0</td>
<td>35</td>
<td>Additional 19 referred non-Indigenous people (parents and partners)</td>
</tr>
<tr>
<td>Organisation 2 (now has visiting Tobacco Cessation Workers fortnightly)</td>
<td>12</td>
<td>26</td>
<td>116% increase of referrals</td>
</tr>
</tbody>
</table>
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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"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"
National Best Practice Unit - Tackling Indigenous Smoking
Aboriginal and Torres Strait Islander Smoking

Closing the Gap Target of halving the 2008 smoking rate by 2018

COAG 2018 target

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<tbody>
<tr>
<td>Current smokers</td>
<td>52.3</td>
<td>44.7</td>
<td>40.3</td>
<td>38.9</td>
<td>13.4%</td>
</tr>
<tr>
<td>Ex-smokers</td>
<td>18.1</td>
<td>21.1</td>
<td>22.5</td>
<td>22.0</td>
<td>3.9%</td>
</tr>
<tr>
<td>Never smokers</td>
<td>29.7</td>
<td>34.1</td>
<td>37.2</td>
<td>39.1</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

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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"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"