Central Australian
**Aboriginal Congress**
ABORIGINAL CORPORATION | ICN 7823

# Submission to the National Tobacco Strategy 2018-2026

**31 August 2018**

## Summary of key recommendations

The National Tobacco Strategy (NTS) should:

- include a specific focus on Aboriginal[1] tobacco use
- recognise that action to tackling Aboriginal disadvantage and marginalisation are central to attempts to address smoking rates for Aboriginal people
- maintain and extend evidence-informed whole-of-population tobacco control approaches as an important part of reducing smoking prevalence in Aboriginal communities
- include recommendations that no trade agreements should be entered into by the Australian Government which in effect reduce the price of tobacco products, or empower tobacco companies to challenge legislation to protect the health of Australian citizens
- continue the *National Tobacco Strategy 2012-2018* commitment to working in partnership with Aboriginal communities and community-controlled organisations
- commit to supporting evidence-informed local and/or regional approaches as well as national Aboriginal and Torres Strait Islander strategies
- identify Aboriginal community controlled health services as the preferred provider of any programs within a comprehensive primary health care approach to reducing smoking in Aboriginal communities
- recommend Aboriginal specific media campaigns, both mass-reach and developed locally under Aboriginal leadership
- include a recommendation that State and Territory governments commit to establishing and appropriately enforcing smoke-free areas especially in the most disadvantaged and remote Aboriginal communities

[1] This paper uses the term 'Aboriginal' to refer to 'Aboriginal and Torres Strait Islander' and/or 'Indigenous' on the basis that this is the preferred term in Central Australia where Congress is based.

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*Aboriginal health in Aboriginal hands.*

- include a focus on the needs of priority groups within the Aboriginal population including pregnant women, young people, those in remote areas, and prisoners
- note that further research and evidence is required on the link between alcohol consumption and smoking, and on the use of e-cigarettes in the Aboriginal community
- include a nationally agreed set of outcome indicators and targets with regular public reporting
- recommend the permanent inclusion of an appropriately worded question on smoking status in the Australian Census
- recommend the development of an agreed, nationally consistent set of indicators for the Tackling Indigenous Smoking program, aligned with the NTS objectives and indicators
- be formally endorsed by the Council of Australian Governments (COAG) Health Council to ensure translation into practice by all Australian governments.

# Background

1. Central Australian Aboriginal Congress (Congress) is pleased to provide this submission to inform the development of the new *National Tobacco Strategy* (NTS).

2. Congress is a large Aboriginal community controlled health service based in Alice Springs. Since the 1970s, we have developed a comprehensive model of primary health care (PHC) delivering quality, evidence-informed services on a foundation of cultural responsiveness. We are one of the most experienced organisations in the country in Aboriginal health, a national leader in primary health care, and a strong advocate for the health of our people. We provide services to 15,000 individuals across the Central Australia region including Alice Springs and six remote Aboriginal communities.

3. Congress is currently funded under the Australian Government Tackling Indigenous Smoking (TIS) program to deliver the Congress Smoke-Free Program, a multi-level, outcomes-based, culturally responsive service that includes a range of evidence-informed activities to support smoking prevention and cessation, such as:

    - anti-smoking and passive smoking campaigns;
    - community events and education including in schools;
    - social marketing;
    - group activities;

- exercise and health promotion;
- referral pathways to psychological, social support, clinical and non-clinical services;
- brief interventions;
- Nicotine Replacement Therapies (NRT) and other pharmacotherapies; and
- intensive support for quit attempts.

## A focus on Aboriginal tobacco use

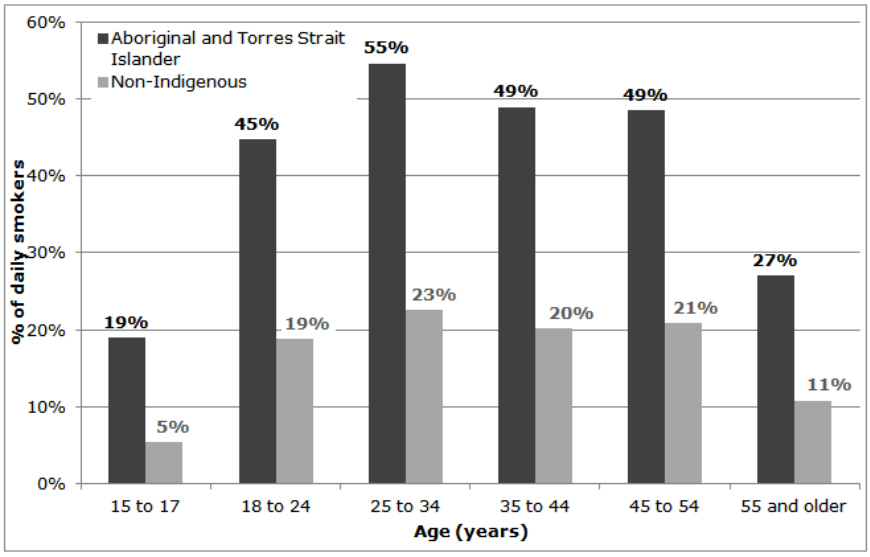
4. Congress welcomes the drafting of a new National Tobacco Strategy. A national strategy is important for us because mainstream policy on tobacco impacts strongly on Aboriginal communities in their attempts to reduce the harms it causes.

5. It is, however, vital that the NTS include a specific focus on Aboriginal and Torres Strait Islander tobacco use, as did the previous *National Tobacco Strategy 2012-2018*. This is because despite successes in reducing smoking prevalence in Aboriginal communities over the last twenty years from 55% in 1994 to 45% in 2014-15 [1], smoking remains a significant health issue for Aboriginal communities, as follows:

    - tobacco is the most significant modifiable risk factor contributing to the gap in health status, responsible for 12% of the lost years of life for Aboriginal and Torres Strait Islander people [2];

    - smoking rates amongst Aboriginal and Torres Strait Islander people are still 2.6 times that of other Australians [3], with young people particularly at risk (the smoking rate is 3.5 times greater amongst Aboriginal and Torres Strait Islander young people aged 15 to 17; see Figure 1);

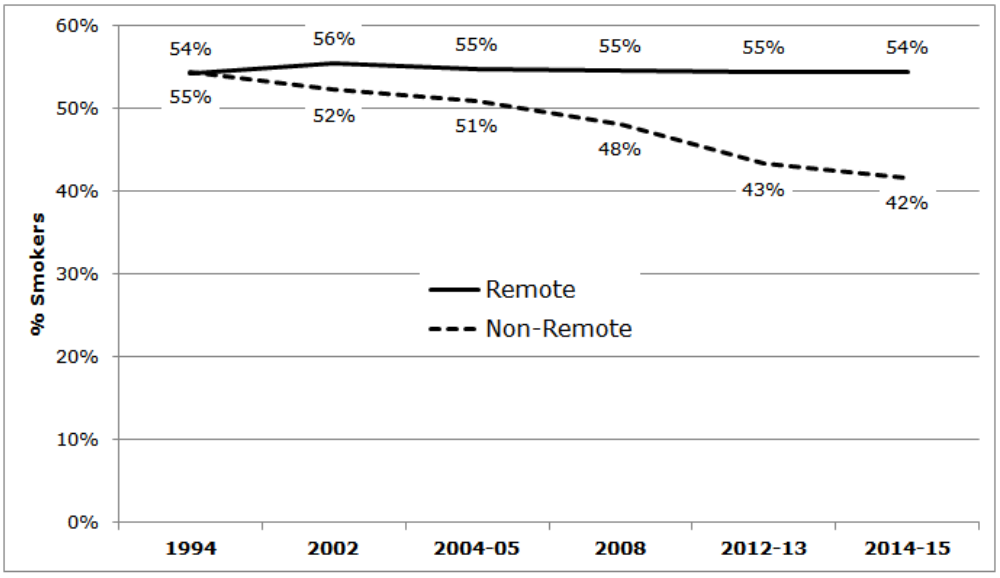
**Figure 1: Aboriginal and Torres Strait Islander (2012-13) and non-Indigenous (2011-13) smoking rates**




Data: Aboriginal and Torres Strait Islander Health Survey 2012-13; Australian Health Survey 2011-13

- progress is uneven, with the failure to reduce smoking rates in remote Australia of particular concern (see Figure 2). Smoking rates in some jurisdictions appear to be considerably higher than the national average, with rates in the Northern Territory as recorded by primary health care service providers averaging 55% in 2017 and ranging from 35% in some geographical areas up to 68% in others, and showing no change from the previous two years [4].
- Aboriginal communities have particular needs in terms of priority groups and requirements for effective service delivery (see Section 5 below).

**Figure 2: Smoking rates among Aboriginal and Torres Strait Islander peoples aged 18 years and over from 1994 to 2014-15.**

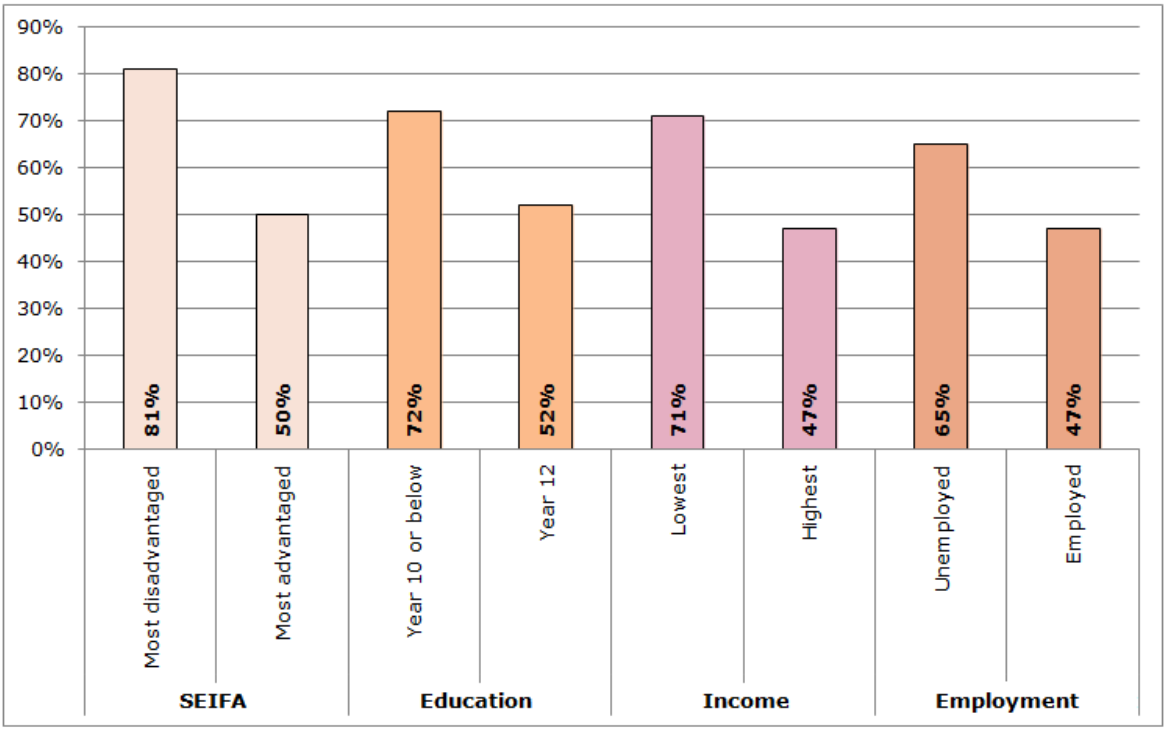



6. Nevertheless, there are factors that encourage further action in the expectation that properly evidenced, targeted interventions will continue to reduce smoking rates: for example Aboriginal people (including those in Central Australia where Congress is based) are similar to other Australians in knowing about the harmful effects of smoking; in their negative attitudes to smoking; and in their desire to quit [3, 5].

## Addressing the determinants of tobacco use

7. Explanations of illness based on an individual's exposure to risk factors such as smoking have been the basis for many improvements in the health of populations. However, risk factors are not evenly distributed and addiction to nicotine is closely related to social and economic disadvantage [6]. This pattern is evident in Aboriginal Australia, where socio-economic disadvantage, low income, lack of access to education and unemployment are all strongly associated with higher rates of smoking (Figure 3).

**Figure 3: Relationship between being a smoker and selected social factors, Indigenous Australians 15 years and over, 2014–15 [7]**




8. Relative inequality may also lead to higher smoking rates and poorer health outcomes: high levels of inequality in wealthy nations such as Australia mean that the poorest have less to gain from stopping smoking relative to its perceived short-term benefits; in addition the chronic stress caused by high levels of inequality may lead to increased smoking as a coping mechanism [8].

9. Relevant to the evidence that both absolute and relative poverty are associated with increased smoking rates is the fact that while nationally Aboriginal and Torres Strait Islander incomes are gradually increasing and the gap to non-Indigenous incomes very slowly narrowing, Aboriginal and Torres Strait Islander people continue to have significantly lower incomes than other Australians. In very remote areas, Aboriginal and Torres Strait Islander incomes are falling, and the income gap is rapidly widening [9].

10. Action to reduce Aboriginal disadvantage should therefore be central to attempts to address smoking rates. Policies which are liable to increase poverty or to increase the gap between rich and poor are likely to affect Aboriginal people disproportionately, and undermine progress on Aboriginal smoking prevalence.

# Population health approaches

11. Whole-of-population tobacco control programs play a role in motivating Aboriginal people to quit smoking and hence to reducing the harm caused by tobacco [10]; maintaining and extending evidence-informed whole-of-population approaches is therefore an important part of reducing smoking prevalence in Aboriginal communities.

12. The existing National Tobacco Strategy, informed by the extensive national and international evidence base, provides a sound basis for these whole-of population approaches [11]. Congress supports continued government action on these approaches to reducing tobacco- related harm, including:

    - protecting public health policy from tobacco industry interference, in recognition that the interests of the tobacco industry and of ordinary Australians (including Aboriginal people) are fundamentally opposed;
    - strengthening mass media campaigns to motivate and support quit attempts, discourage uptake of smoking, and support social norms about the unacceptability of smoking;
    - reducing the affordability of tobacco products as a key determinant of smoking prevalence;
    - eliminating tobacco industry advertising, promotion and sponsorship opportunities, in recognition that these activities seek to increase the sale and consumption of tobacco, especially amongst young people;
    - regulating the contents, packaging and supply of tobacco products, including implementing stringent licensing regimes;
    - extending smoke-free environments in workplaces, public transport, and public places to address exposure to second-hand smoke and reinforce the social unacceptability of smoking; and
    - providing access to evidence-informed quit programs.

13. In addition, free trade agreements based on neo-liberal principles have resulted in increases in smoking rates in some countries due to reduced prices of tobacco products [12] and have also empowered tobacco companies to challenge national laws to protect the health of citizens, such as legislation on plain packaging in Australia and elsewhere [13].

14. The NTS should therefore include recommendations that no trade agreements should be entered into by the Australian Government which in effect reduce the price of tobacco products, or empower tobacco companies to challenge legislation to protect the health of Australian citizens.

# Aboriginal specific approaches and issues

15. Whole of population approaches to tobacco control are necessary but not sufficient to continue and extend the improvements in smoking prevalence in Aboriginal Australia. This is because of the significantly higher rates of tobacco use amongst Aboriginal peoples; the existence of sub-groups in the Aboriginal community with particular needs; and the social and cultural requirements of effective service delivery to Aboriginal people.

16. Aboriginal smoking patterns and their drivers vary from place to place, with (for example) the social and communal practices of smoking posing a particular challenge to reducing smoking in remote areas [5]. This suggests the need wherever possible for evidence-informed local and/or regional approaches as well as national Aboriginal and Torres Strait Islander strategies.

17. The *National Tobacco Strategy 2012-2018* included a focus on Aboriginal and Torres Strait Islander smoking, and committed to *"strengthen[ing] existing partnerships between governments and Aboriginal and Torres Strait Islander communities and community-controlled organisations"*. It also identified eleven specific actions to tackle smoking among Aboriginal and Torres Strait Islander people. Congress endorses the continuation of these approaches, with the following additional information and recommendations.

## Primary health care and the importance of Aboriginal community controlled health services

18. The network of some 150 Aboriginal community controlled health services (ACCHSs) have been established around the nation by Aboriginal communities to address the health needs of the Aboriginal community.

19. Based on a comprehensive model of primary health care (PHC) that includes health promotion and illness prevention as well as treatment and management of disease, ACCHSs are:

    - more effective in delivering outcomes than mainstream primary health care, achieving comparable outcomes, but with a more complex caseload [14];
    - more cost effective than mainstream services, with one major study concluding that *"up to fifty percent more health gain or benefit can be achieved if health programs are delivered to the Aboriginal population via ACCHSs, compared to if the same programs are delivered via mainstream primary care services"* [15]; and
    - the provider of choice for Aboriginal people who show a clear preference for the use of ACCHSs, leading to greater access to care and better adherence to treatment regimes [15, 16]. The capacity of ACCHS to

deliver culturally safe care is fundamental to this preference, which in turn is founded upon formal processes that guarantee Aboriginal community control of the design and delivery of services.

20. Relating to reducing the prevalence and harms associated with tobacco, a recent study concluded that *"the high level of commitment and experience within ACCHSs provides a strong base to sustain further tobacco control measures to reduce the very high smoking prevalence in Aboriginal and Torres Strait Islander populations"* [17]. This conclusion is supported by evidence from Central Australia that remote community members in particular are less likely to know of mainstream services that could help them with their smoking, such as Quitline [5].

21. Within comprehensive PHC there is evidence to support multifaceted interventions which incorporate Aboriginal leadership and community engagement; brief smoking cessation interventions; and pharmacological services, supported by the adaptation of approaches to the local social and cultural context, and capacity-building for the tobacco control workforce [18].

22. The Australian Government's Tackling Indigenous Smoking Program, recently extended by four years, recognises the significant role of ACCHSs by providing funding to 37 organisations[2] to undertake multi-level approaches to tobacco control, combining a range of evidence-informed tobacco control activities to meet the needs of different population groups within a region.

23. Accordingly, ACCHSs must be identified in the NTS as the preferred provider of any programs within a primary health care approach including multi-faceted programs, brief interventions, NRT and other pharmacotherapies, counselling and support for quit attempts, and referrals to other services.

## Aboriginal-specific media campaigns

24. Mainstream anti-tobacco campaigns do reach Aboriginal people, though they are less effective in remote areas due to higher proportions of people in those places for whom English is a second language and the fact that mainstream campaigns may not align with local cultural contexts[3]. However, advertising that is specifically targeted at Aboriginal people themselves – including that developed locally – leads to higher levels of motivation to quit [19].

25. Accordingly, whole-of-population mass-media campaigns should be supplemented with Aboriginal specific media campaigns, either mass-reach such as the recent *"Don't make smokes your story"* campaigns or developed locally under Aboriginal leadership.

[2] Thirty-six of the 37 TIS regional organisations are ACCHSs.

[3] For example, the Congress Tackling Indigenous Smoking team has been told by community members that they don't relate to the warning pictures on cigarette packages as they are of non-Indigenous people.

## Smoke-free settings

26. Legislative tobacco control through the establishment of smoke-free settings are important as a way of de-normalising smoking, reducing the opportunities for smoking, and decreasing the exposure of non-smokers to second-hand smoke [20].

27. In work settings, a similar proportion of employed Aboriginal and Torres Strait Islander smokers report total indoor smoking bans at work as for the general population. However, a recent survey found that those in remote areas or in the most disadvantaged regions were significantly less likely to work in places with effective bans [21]. This matches Congress' own observations that smoke-free settings in remote areas including at work and community and sporting events remain less common than in urban areas.

28. More needs to be done especially by State and Territory Governments to establish and appropriately enforce smoke-free areas in the most disadvantaged and remote Aboriginal communities, noting that this will require community consultation and support to be effective.

## Priority groups

29. There are a number of priority groups within the Aboriginal population that require a particular focus within the new NTS. Foremost amongst these are:

- **Pregnant women:** while the proportion of Aboriginal and Torres Strait Islander women who smoke during pregnancy is falling (from 50% in 2009 to 43% in 2016), it is still over three and a half times the smoking rate for non-Indigenous mothers [22].
- **Young people:** smoking rates for young Aboriginal people are significantly higher than for their non-Indigenous peers (see Figure 1 above), with many Aboriginal children experimenting early with tobacco which is often sourced from ashtrays or discarded cigarette butts. Addressing social normative beliefs around smoking (e.g. through primary health care brief interventions and the establishment of smoke-free homes and public places) is a key approach to preventing smoking uptake amongst Aboriginal young people [23].
- **Remote areas:** as described above (see Figure 2 and accompanying text) Aboriginal smoking rates in remote areas are not falling as they are elsewhere, and action in collaboration with Aboriginal leaders and community-controlled services in remote areas is a priority.
- **Prisoners:** Smoking rates among people entering prison are much higher than in the general community, and especially so for Aboriginal people, three quarters (73%) of whom report being daily smokers [24]. While prisons in most jurisdictions including the Northern Territory are now

smoke-free, most prisoners recommence smoking on release [25]. Culturally responsive quit support should be provided within prisons, with referral to local ACCHSs on release for assistance with remaining smoke-free.

### Issues requiring further research and evidence

30. It is important that public policy is based upon sound evidence, including the lived experience of Aboriginal people. Two areas that may require further investigation regarding Aboriginal smoking are:

- **The link between alcohol consumption and smoking:** while there is a high degree of geographical variation in patterns of drinking, Aboriginal Australians are more likely to drink at harmful levels than non-Indigenous Australians [26]. As well as contributing significantly to their total burden of disease and injury and undermining progress on many social and economic goals, alcohol consumption is also associated with smoking uptake and reduced capacity to quit [20, 27].
- **e-cigarettes:** fewer Aboriginal and Torres Strait Islander people have used e-cigarettes compared to non-Indigenous people [28]. However, this is an emerging issue for Aboriginal communities and further work is needed to confirm the fact that e-cigarettes are less harmful than conventional cigarettes, and to address concerns that they may act as a 'gateway' to smoking.

## Implementation, monitoring and evaluation

31. To ensure translation of the new NTS into practice, the Australian Government should ensure that it (including its national priorities and targets) is agreed with all Australian governments by being formally endorsed by the Council of Australian Governments (COAG) Health Council.

32. The existing National Tobacco Strategy 2012-2018 includes a set of robust national outcome indicators, as well as specific targets to (by 2018):

- reduce the national adult daily smoking rate to 10 per cent of the population; and
- halve the Aboriginal and Torres Strait Islander adult daily smoking rate (to 24%).

33. The Implementation Plan for the *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* also includes four targets relating to Aboriginal and Torres Strait Islander tobacco use by 2023:

- reduce the rate of Aboriginal and Torres Strait Islander youth aged 15–17 years who smoke from 19% to 9%;

- increase the rate of Aboriginal and Torres Strait Islander youth aged 15–17 years who have never smoked from 77% to 91%;
- increase the rate of Aboriginal and Torres Strait Islander youth aged 18–24 years who have never smoked from 42% to 52%; and
- reduce the smoking rate among Aboriginal and Torres Strait Islander peoples aged 18 plus from 44% to 40%.

34. It is important that the new NTS includes a similar set of nationally agreed outcome indicators and Aboriginal and Torres Strait Islander targets, with regular public reporting against these.

35. In order to provide national figures on progress and assist in monitoring and evaluation at the local and regional levels for Aboriginal communities, the NTS should recommend that an appropriately worded question on smoking status be permanently included in the Australian Census [29].

36. The Tackling Indigenous Smoking program is a substantial ($184M over four years) investment in reducing tobacco-related harms in Aboriginal communities. The development of an agreed, consistent set of indicators for the TIS program and its regional service delivery organisations, aligned with the NTS objectives and indicators, would provide a more consistent national picture about smoking rates and what is working to address them.

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