



ACT Aboriginal and Torres Strait Islander Tobacco Control Strategy

2010/11-2013/14

A plan to tackle Aboriginal and Torres Strait Islander smoking in the ACT.

Abbreviations

ACTDGP	Australian Capital Territory Division of General Practice
ADP	Alcohol and Drug Program
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
COAG	Council of Australian Governments
MCDS	Ministerial Council on Drug Strategy
NACCHO	National Aboriginal Community Controlled Health Organisation
NGO	Non Government Organisation
NRT	Nicotine Replacement Therapy
PHAA	Public Health Association of Australia
TCH	The Canberra Hospital
WNAHS	Winnunga Nimmityjah Aboriginal Health Service

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Introduction

The ACT Government has made a commitment to reduce smoking rates amongst Aboriginal and Torres Strait Islander people living in the ACT (ACT Government, 2008).

This commitment has involved the development of the *Aboriginal and Torres Strait Islander Tobacco Control Strategy (the Strategy)*. This was achieved using two methods: examining the tobacco control research and other evidence and; designing *the Strategy* on areas of priority.

While there are many reports about the prevalence of smoking in Aboriginal and Torres Strait Islander communities, reports on the effectiveness of tobacco control initiatives for Aboriginal and Torres Strait Islander people and communities in Australia are scant (Ivers, 2003). Much of the work to date in Aboriginal and Torres Strait Islander tobacco control draws two main conclusions; that tobacco control is best delivered in the community (outreach) setting and that for it to be effective participation must be based in the social, work or family environment.

It is fortunate that the development of this strategy has occurred at a point in time where, at the national level, there has also been a commitment of financial resources and political will to tackle the high rates of smoking in the Aboriginal and Torres Strait Islander population (Commonwealth Department of Health and Ageing, 2009). The allocation of over 100 million dollars over the next four years by the Commonwealth to this issue alone, and the commitment by the ACT Government, will ensure a heightened focus.

A substantial allocation of financial resources and placement of tobacco control on the national agenda through reports such as the *National Preventative Health Strategy* has generated prominent Aboriginal leaders such as Tom Calma, the former Racial Discrimination and Social Justice Commissioner and others in prominent roles to publicly speak out about smoking and the damage it does to individuals and the community (Calma, 2009).

Consultation and Development

A stakeholder forum and additional organisation/community level consultations occurred in the development of this Strategy. These included a stakeholder forum in July 2009 and additional consultations across primarily Aboriginal and Torres Strait Islander community organisations. The details of these processes can be found at **Appendix 1**.

Proposed way forward

Through a review of the literature and through the consultation process, four key areas for action have been identified for resourcing under this Strategy. These areas are:

1. Development and implementation of a multi-component cessation and reduction program based on family, social and workplace networks;

2. A social marketing program;
3. A research and evaluation agenda; and
4. Building on legislative change, bans and other policy initiatives.

To implement this agenda it is important to recognise that there are a number of organisations within the ACT that can contribute to effective implementation and outcomes based on each element above.

Strategy oversight, monitoring and implementation

An advisory group made up of key stakeholders for the implementation of the Strategy has been established and will provide the driving force to ensure the work set out in the implementation plan is implemented, monitored and evaluated.

Tobacco control context

ACT Government

The ACT Government has committed \$200,000 per annum over 4 years to implement initiatives to decrease tobacco smoking rates amongst the ACT Aboriginal and Torres Strait Islander population.

In ACT Health's submission to the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes: ACT Implementation Plan* a commitment is made to

“Reduce Aboriginal and Torres Strait Islander smoking rates, with additional focus on specific groups e.g. Aboriginal health service staff, pregnant women and mothers, young people, people with drug and/or mental health issues and adults and young people in detention” (ACT Government, 2009, pp. 11).

The ACT Alcohol, Tobacco and other Drug Strategy 2004

The *ACT Alcohol, Tobacco and other Drug Strategy 2004* has been developed in the context of the *National Drug Strategy 2004-2009*; the *National Tobacco Strategy 1999-2004*; and the ACT Government's policies in the areas of health; policing; justice and community safety; education youth and family services; and disability housing and community services.

ACT Chronic Disease Strategy 2008-2011

Under Action Area 1 – Prevention and risk reduction across the continuum there is an emphasis on chronic disease and prevention – to prevent the condition itself, where possible, and to prevent and reduce progression of the condition and its associated complications and co-morbidities. 1.7 of the recommended actions states that ACT Health will “develop and implement smoking cessation programs for people of Aboriginal and Torres Strait Islander background, including pregnant women” (ACT Health, 2008, pp. 19).

Australian Government

The Council of Australian Government Commitment

The Council of Australian Governments (COAG), a forum of federal, state and local government meets to consider policy issues of national importance. In November 2008 COAG agreed to the \$1.6 billion National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes (NPA).

As a central component of this the Australian Government has allocated \$100.6 million for smoking cessation/harm minimisation initiatives.

National Drug Strategy 2004-2009

At a national level, the Ministerial Council on Drug Strategy (MCDS) endorsed the *National Drug Strategy 2004-2009* in May 2004. The National Strategy outlines a coordinated approach to reducing problems associated with harmful alcohol and other drug use in Australia. It affirms Australia's commitment to harm minimisation as the main principle underpinning approaches to alcohol and other drug use.

Australia's obligations under international drug treaties and conventions are met through the National Strategy, and through Commonwealth and State and Territory legislation. The *ACT Alcohol, Tobacco and other Drug Strategy 2004* applies the national agenda by continuing to approach harms associated with alcohol, tobacco and other drug use through applying the principles of harm minimisation, improving the evidence base that informs policy development and extending community partnerships beyond law enforcement and health.

National Tobacco Strategy, 2004–2009

The goal of the *National Tobacco Strategy, 2004-2009* is to improve health and to reduce the social costs caused by, and the inequity exacerbated by, tobacco in all its forms.

The objectives of the *National Tobacco Strategy, 2004-2009* are, across all social groups: to prevent uptake of smoking; to encourage and assist as many smokers as possible to quit as soon as possible; to eliminate harmful exposure to tobacco smoke among non-smokers; and where feasible, to reduce harm associated with continuing use of and dependence on tobacco and nicotine.

The National Tobacco Strategy is a comprehensive approach to reducing tobacco-related harm. A heavy emphasis is placed on jurisdictions to implement tobacco control initiatives. The strategy states that Jurisdictions will:

- Further use regulation to reduce the use of, exposure to, and harm associated with tobacco;
- Increase promotion of Quit and Smokefree messages;
- Improve the quality of, and access to, services and treatment for smokers;
- Provide more useful support to parents, carers and educators in helping children to develop a healthy lifestyle;
- Endorse policies that prevent social alienation associated with uptake of high risk behaviours such as smoking, and advocate policies that reduce smoking as a means of addressing disadvantage;
- Tailor messages and services to ensure access by disadvantaged groups; and
- Obtain the information needed to fine-tune policies and programs.

(Ministerial Council on Drug Strategy, 2004)

This Strategy has been developed to complement the *National Tobacco Strategy, 2004-2009* in that it advocates for the development of a local social marketing campaign, improved access to tobacco control services and for an independent evaluation of the ACT's approach.

Australia: The Healthiest Country by 2020: National Preventative Health Strategy

To date, success in tobacco control has occurred not through clinical, classroom or workplace interventions but through a comprehensive whole-of-population approach that has profoundly changed cultural values about smoking (Cancer Council, 2003 & Commonwealth Department of Health and Ageing, 2003). As well as regulation, the various campaigns, programs, treatment and efforts of advocates for tobacco control have played a crucial role in keeping smoking and its effects in the news and on the political agenda (Wakefield et al. 2006, WHO, 2008, Wakefield, 2002).

The Strategy

Aims

The Strategy aims to improve the health of the ACT Aboriginal and Torres Strait Islander communities through improved tobacco control measures. Specifically, the Strategy aims to:

- Prevent people taking up smoking;
- Reduce rates of smoking and increase quit attempts (assisted and unassisted);
- Increase access to assisted tobacco control initiatives; and
- Increase levels of understanding and awareness of health issues surrounding smoking.

Areas of focus

The Strategy includes four areas for action:

- Action Area 1 - Development and implementation of a multi-component cessation and reduction program based on family, social and workplace networks;
- Action Area 2 - Social marketing;
- Action Area 3 - Research and evaluation ; and
- Action Area 4 - Building on existing legislation, bans and policy initiatives.

Action Area 1 - Development and implementation of a multi-component cessation and reduction program based on family, social and workplace networks

The rate of smoking for Aboriginal and Torres Strait Islander people has recently decreased slightly after little change over the last 10 years, however the prevalence of smoking amongst the Aboriginal and Torres Strait Islander community nationally is close to 50%.

In the *2007-08 National Aboriginal and Torres Strait Islander Social Survey*, 36.2% of Aboriginal and Torres Strait Islander people in the ACT reported being a current smoker compared to 18.6% in the general population (ACT Health, 2010) .

While focusing on tobacco control it is important to recognise that most people will quit smoking unassisted. It is also important that assisted and unassisted approaches to smoking cessation be available and access to and information about them improved. This could be facilitated by a tobacco control worker with part of their role dedicated to facilitating access to and information about smoking cessation and reduction options.

Much of the literature discussing how to reduce smoking rates amongst the Aboriginal and Torres Strait Islander population identifies two key areas:

1. Initiatives that focus on the family; and
2. Initiatives focused on social networks.

A whole of family approach in conjunction with individual approaches to smoking cessation and harm reduction are supported within this Strategy. Assisted cessation and harm reduction programs need to be creative in how they are developed, for example by providing a family and community focus and by creating specific messages which target the local community and not simply transplanting campaigns from outside the ACT. They should also focus on wellbeing and be broader than programs currently available.

Assisted cessation and harm reduction can be provided by identifying a client and making the assistance available to the whole family. This assistance can then be delivered in the household/social/workplace setting. This approach could also be used to provide opportunities to promote messages of not smoking in the home/socially and at the workplace. Aboriginal and Torres Strait Islander people and organisations, trained in the delivery of programs and committed to the messages would be required to achieve this.

Action Area 2 – Social marketing

Leadership in Aboriginal and Torres Strait Islander communities is a defining issue for tobacco control. Elders' organisations and role models need to be supported to take an active role in relaying messages that support family and community approaches to reduce smoking rates and to reinforce harm minimization approaches.

Action Area 3 – Research and evaluation

There is a lack of quality research with regard to reducing smoking in Aboriginal and Torres Strait Islander communities (Thomas et al., 2008). A major reason for the lack of quality research is that Aboriginal and Torres Strait Islander tobacco control research often fails to produce reliable results, due to problems with maintaining adequate numbers of people in the study group. The Strategy highlights the need for evaluation of Action Area 1 so that the:

- Progress of the Strategy can be tracked, and
- Effectiveness of cessation and reduction approaches implemented are reported and evaluated.

Action Area 4 – Building on existing legislation, bans and policy initiatives

There is evidence to suggest that legislation and bans have reduced smoking rates, they have been effective in changing community perceptions and reducing the social acceptance of smoking. It is acknowledged that work is being progressed in the legislative area in the ACT; this Strategy will monitor the implementation and effectiveness of these changes. At the policy level there is an opportunity to assist community and other organisations to adopt or create smoke free workplace policies.



ACT Aboriginal and Torres Strait Islander Tobacco Control Strategy Action Plan

Action Areas	Best placed to deliver	Required for implementation	Implementation target
Action Area 1- A multi-component cessation and reduction program based on an outreach model that prioritises family, social and workplace networks			
<p>The multi-component cessation and reduction outreach program delivers:</p> <ul style="list-style-type: none"> • One-to-one and group support at organisations (for workers and community members) or in the home or social setting (outreach); • Nicotine replacement therapy for those requesting it; • Subsidies for access to additional therapies and treatments; • Health promotion and education at the individual, group and community level; • Referrals to specialist or other services; • A directory of services for people wanting to reduce or quit smoking; and • Initiatives targeted towards antenatal and child health, young women and men's groups, sporting groups and those with a chronic disease such as diabetes in the first instance. 	<p>Aboriginal and/or Torres Strait Islander NGO sector</p>	<p>Submission process</p> <p>Providing:</p> <ol style="list-style-type: none"> 1. A project implementation plan with timeframes, budget and evaluation measures 2. Assessment of application 3. Awarding of contract 4. Disbursement <p>Project Governance arrangements</p> <p>Monitoring of project performance</p>	<p>May 2010</p> <p>July 2010</p> <p>May/June 2010</p> <p>June 2010 July 2010</p> <p>May 2010</p> <p>Incorporate into regular reporting sequence (6 monthly)</p>

Action Areas	Best placed to deliver	Required for implementation	Implementation target
Action Area 2: Social Marketing			
<p>The social marketing program incorporates:</p> <ul style="list-style-type: none"> • Social research and marketing to support Aboriginal and Torres Strait Islander people of the ACT in leadership roles to deliver strong statements publically encouraging individuals and the community to reduce or quit smoking. • Messages about what individuals could do with the money saved by not smoking; and • Messages about not smoking in the home and car. 	ACT Health (Lead)	Tender for agency to develop and deliver	February - March 2011
	Social marketing agency		Meet with Advisory Group to discuss content of statements and get agreement
Action Area 3: Research and evaluation			
<p>Research and evaluation is funded to:</p> <ul style="list-style-type: none"> • Assesses the effectiveness of the interventions based on the family and social networks model of cessation/reduction; and • Assess whether there is any role for stress management in assisting Aboriginal and Torres Strait Islander people in stopping smoking. 	Research institute	Fund PhD scholarship	September 2010
	Research institute	Select and appoint Researcher	March 2011

Action Areas	Best placed to deliver	Required for implementation	Implementation target
Action Area 4- Monitor and support existing legislation, bans and policy initiatives			
<p>Monitor existing legislation, bans for:</p> <ul style="list-style-type: none"> • Banning smoking in cars where children are present <p>Encourage and assist organisations to implement smoke free workplace policies, that includes information about:</p> <ul style="list-style-type: none"> • Designated outdoor smoking area; • Providing access for staff to cessation/reduction programs (and provides leave for people to attend if required); and • Providing access assisted methods of quitting/reduction to employees and clients. 	<p>ACT Health & AFP</p> <p>ACT Health</p>	<p>Meetings with area within Government/monitoring</p>	<p>Ongoing</p> <p>Ongoing</p>



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