



ACOSH

Australian Council on Smoking and Health



VicHealth Centre for
TOBACCO CONTROL

23 August 2001

Kylie Lindorff
Project Officer
Tobacco Control Project
NACCHO
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Dear Kylie

Thank you for the opportunity to participate in consultations with the public health community on issues relating to tobacco control within Aboriginal and Torres Strait Islander communities.

The attached submission represents the views of The Cancer Council Australia (TCCA), Action on Smoking and Health (ASH), the Australian Council on Smoking and Health (ACOSH) and the VicHealth Centre for Tobacco Control (VCTC).

The CCA, ASH, ACOSH and the VCTC are firmly of the view that while improvements are required in all aspects of Aboriginal and Torres Strait Islander health, reducing the prevalence of smoking among Aboriginal and Torres Strait Islander people can provide significant health gains. Recognition of issues and principles that should be applied when working with Aboriginal and Torres Strait Islander communities will assist in the development of programs that are culturally appropriate, that involve Aboriginal and Torres Strait Islander people in their development, that are well-planned and sustainable, and that result in improvements in health, well being and longevity.

If you require clarification of any points made in this submission, please contact Denise Sullivan, Manager Policy and Tobacco Program, Cancer Foundation of WA on 08 9212 4369 (or by email: dsullivan@cancerwa.asn.au).

Yours sincerely

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Chair
Tobacco Issues Committee

Ron Edwards
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Att.

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*Submission to the
National Aboriginal & Torres Strait Islander Tobacco Control Project*

*from
The Cancer Council Australia (TCCA)
Action on Smoking and Health (ASH)
Australian Council on Smoking and Health (ACOSH)
VicHealth Centre for Tobacco Control (VCTC)*

1. Importance of tobacco control relative to other health issues faced by Aboriginal and Torres Strait Islander communities

Aboriginal and Torres Strait Islander people have the worst health of any population in Australia. Despite some improvements since the 1970s, Aboriginal and Torres Strait Islander people continue to die at higher rates, at younger ages, and to be admitted more often to hospital (NAHS, 1989; McLennan et al, 1999).

While in recent years, greater effort has been directed toward addressing social, environmental and structural factors that impact on the health and well being of Aboriginal and Torres Strait Islander people, little attention has been given to the role smoking plays in the health status of Aboriginal and Torres Strait Islander people.

Since white settlement, tobacco companies seeking to gain commercial advantage out of addiction to their products have targeted Aboriginal and Torres Strait Islander people. Marketing strategies employed by the companies have included sponsorship of art competitions, community programs and promotional offers. Most recently, Rothmans as part of a European campaign to promote their products exploited Aboriginal and Torres Strait Islander icons in an effort to attract consumers in that market.

Tobacco smoking is a major risk factor for a variety of conditions including circulatory disease, stroke, respiratory disease and cancer. Aboriginal and Torres Strait Islander people are at greater risk than other Australians of hospitalisation and/or death from these conditions (Doll et al, 1994; Unwin et al, 1994; Winstanley et al, 1995; AIHW, 1996; McLennan, 1999).

The 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS) found that:

- 54% of Aboriginal and Torres Strait Islander people aged 14 and over said they were current or regular smokers compared to only 29% of the general population.
- Of the 76% who have ever smoked, the majority (64%) had tried their first full cigarette before the age of 16, and more than one-third (36%) before the age of 14, indicating younger take-up rates among this population than in the general population.

- Despite the well-documented dangers of smoking, there is evidence that Aboriginal and Torres Strait Islander people underestimate the risks of smoking. Almost a third of respondents (31%) said they believed it was safe to smoke a pack or more of cigarettes per day and 5% said they did not believe that smoking could damage their health.
- There was a much smaller proportion of Aboriginal and Torres Strait Islander ex-smokers than in the general population (22% versus 41%), as well as a smaller proportion of current smokers who were attempting to reduce their tobacco intake through such means as cutting down on daily cigarette consumption and/or switching to lower tar/lower nicotine brands.

(NATSIS, 1996)

The high prevalence of smoking among Aboriginal and Torres Strait Islander people contributes significantly to their higher rates of hospitalisation and death from tobacco-related conditions. In Western Australia, in 1994 to 2000, compared to the non-Aboriginal and Torres Strait Islander population, the rate of hospitalisation from tobacco-related conditions was estimated to be 3.1 times higher for Aboriginal and Torres Strait Islander males and 4.4 times higher for Aboriginal and Torres Strait Islander females (HIC, 2001). In 1990 to 1999, compared to the non-Aboriginal and Torres Strait Islander population, the rate of death from tobacco-related conditions was estimated to be 2.2 times higher for Aboriginal and Torres Strait Islander males and 2.8 times higher for Aboriginal and Torres Strait Islander females (HIC, 2001).

It should also be noted that the high prevalence of smoking among Aboriginal and Torres Strait Islander people is compounded by the acceptance and sharing of goods within Aboriginal and Torres Strait Islander culture. Cigarettes are easily available and sharing of cigarettes is felt to be a part of the ritual of community and friendship (Murphy et al, 1999).

In 1998, a Western Australian study on the gain in life expectancy that would occur if Aboriginals did not smoke or drink unsafely, found that the elimination of either smoking alone or unsafe alcohol alone would greatly increase Aboriginal life expectancy. Furthermore, the study found the increases in life expectancy to be much greater than the increases in life expectancy that would result from the elimination of all deaths from infectious diseases in Aboriginals. While not wishing to detract from the importance of eradicating infectious diseases in Aboriginal communities, the study highlights the public health gains to be made through smoking prevention (and responsible patterns of alcohol consumption) in terms of improved quality of life and life expectancy (Arnold-Reed, 1998).

The CCA, ASH, ACOSH and the VCTC are firmly of the view that while improvements are required in all aspects of Aboriginal and Torres Strait Islander health, reducing the prevalence of smoking among Aboriginal and Torres Strait Islander people can provide

significant health gains. Recognition of issues and principles that should be applied when working with Aboriginal and Torres Strait Islander communities will assist in the development of programs that are culturally appropriate, that involve Aboriginal and Torres Strait Islander people in their development, that are well-planned and sustainable, and that result in improvements in health, well being and longevity.

2. Current work of TCCA, ASH, ACOSH and VCTC in the area of Aboriginal and Torres Strait Islander tobacco control

TCCA

The Cancer Foundation of WA (CFWA) is a partner in the Western Australian Say No to Smokes Project (SNTS). The project is a joint initiative of the ACOSH, the CFWA, the Department of Health, and the Derbarl Yerrigan Aboriginal Medical Service and is funded by Healthway. The project was established in April 2000 and aims to raise awareness of the health effects of active and passive smoking, and support the introduction of community programs that will assist in reducing the prevalence of smoking among Aboriginal and Torres Strait Islander people. The project primarily targets Aboriginal health workers (AHW), Aboriginal & Islander Education Officers (AIEOs) and Aboriginal Liaison Officers (ALOs). The CFWA participates in the project through membership of the Management, Advisory, and Research and Evaluation Committees, and provides practical support to the project team.

In October 2001, the Professional Education and Training Section of the Cancer Council New South Wales will be conducting a 2-day workshop for AHWs employed by the two Aboriginal Medical Services based in the Moree, New England area of New South Wales. Although the program is not yet finalised, tobacco control will be a component. The workshop will be a pilot, and if successful will be offered to other Aboriginal Medical Services in New South Wales.

The Victorian Smoking and Health Program, which is a program of the Anti-Cancer Council of Victoria, employs an Aboriginal project officer. The Program provides AHW training and project support and produces Koori specific smoking cessation resources.

ASH

Provides advocacy support at state and national levels for increased funding for Aboriginal and Torres Strait Islander tobacco control initiatives, including lobbying of state and federal members of parliament and coordination of media advocacy strategies in partnership with other Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander non-government health organisations.

ACOSH

The ACOSH is a partner in the Western Australian SNTS described above. The ACOSH is responsible for the administration of the project, which is based at ACOSH. The Director of ACOSH oversees the day-to-day management of the project team and is a member of the Management, and Advisory Committees.

The ACOSH, through a grant from the Diana, Princess of Wales Memorial Trust Fund, in partnership with the Derbarl Yerrigan Aboriginal Medical Service, initiated in 1999 an Aboriginal tobacco control project that comprises the development of a limited range of resource materials and presentations to indigenous school and community groups on Aboriginal smoking and health issues. The project, which is conducted by an Aboriginal project officer, aims to raise awareness of the harm caused by smoking among Aboriginal school communities and families.

VCTC

The VCTC is not currently engaged in any research programs on Aboriginal and Torres Strait Islander smoking and health issues.

3. Opportunities for achievement

Recent research undertaken by the Western Australian SNTS, and anecdotal evidence, suggests that there is growing interest among some AHWs, AIEOs, ALOs and Aboriginal and Torres Strait Islander leaders in smoking and health issues. While it is acknowledged that interest and awareness of the magnitude of the harm caused by smoking is still relatively low, it would seem opportune to harness this interest and build momentum and support for the introduction of community programs that will assist in reducing the prevalence of smoking among Aboriginal and Torres Strait Islander people.

However, it should be emphasised that there are a number of important principles that the literature, and consultations with Aboriginal and Torres Strait Islander communities, suggest should underpin Aboriginal and Torres Strait Islander community programs. They include:

- **Consultative, collaborative and participatory approach** – There should be consultation with Aboriginal and Torres Strait Islander communities and their involvement sought in the development of programs. There should be Aboriginal and Torres Strait Islander community ownership of decisions about goals for programs and resources, such that Aboriginal and Torres Strait Islander communities are active participants rather than passive recipients of programs. Resources and strategies developed for programs should be piloted with Aboriginal and Torres Strait Islander communities prior to implementation at a wider level.

- **Respect and appreciation of cultural beliefs and practices** - Strategies and resources developed for programs, and processes for their development, should be culturally appropriate as cultural beliefs and practices are a powerful influence on Aboriginal and Torres Strait Islander community life.
- **Sustainability** - Programs should include strategies that will contribute to their sustainability if longer-term public health benefits are to be achieved.
- **Equity of access** - Programs should aim to accommodate the needs of rural and urban Aboriginal and Torres Strait Islander communities and ensure equity of access to resources, training and ongoing support.
- **Flexibility** – The strategies recommended as part of programs should be neither prescriptive nor limiting, but able to be adapted to suit local community needs and conditions. It should not be assumed that strategies that have proven effective in non-Aboriginal and Torres Strait Islander communities are necessarily appropriate to Aboriginal and Torres Strait Islander communities. The development and implementation of programs should be a dynamic process and done in partnership with Aboriginal and Torres Strait Islander communities.
- **Comprehensive** – Programs should be multi-faceted and cover all aspects of Aboriginal and Torres Strait Islander life to effectively impact on the health and well being of Aboriginal and Torres Strait Islander people. The programs should draw on the support of other sectors, as clearly, the health sector alone has limited capacity to influence health behaviours and outcomes.
- **Practical** - Programs should be directed to providing skills and knowledge to empower communities, and the development of resources and programs that are practical and relevant to community needs.

(NAHS, 1989; Hayward et al, n.d.; Smallwood, et al 1997; Smith, 1997; Angus et al, 1998; Walley et al, 1998; Murphy et al, 1999)

4. Barriers to achievement

There is little published information available on effective programs that address Aboriginal and Torres Strait Islander smoking and health issues. Programs to address smoking in Aboriginal and Torres Strait Islander communities have generally been ad hoc, specific to a community and setting, poorly evaluated, and dependent on the drive and initiative of a particular individual or agency. Most programs have not been developed as part of a comprehensive, longer-term strategy for addressing Aboriginal and Torres Strait Islander smoking and health issues, and have ended once resources were depleted, officers moved on, or other community or health issues took higher priority.

The major barriers to achieving progress in this area include:

- The low priority of smoking and health issues, and associated physical effects and health risks, among Aboriginal and Torres Strait Islander communities;
- Poor coordination and collaboration between agencies;
- Sectoral defensiveness and cynicism;
- The capacity for programs to be integrated with other complementary Aboriginal and Torres Strait Islander programs (ie. diabetic and cardiovascular health programs, etc.);
- Resource and infrastructure support available;
- The logistical challenge of coordinating and implementing population health Aboriginal and Torres Strait Islander programs;
- Sustainability of programs;
- The impact of cultural and socio-political issues on programs;
- Conflict between Western and Aboriginal and Torres Strait Islander health belief systems;
- Education, training and workload pressures on Aboriginal and Torres Strait Islander health and education workers.

(NAHS, 1989; Roche et al, 1997; Hecker, 1997; Smallwood et al, 1997; Smith, 1997; Walley et al, 1998; Murphy et al, 1999)

5. Funding for Aboriginal and Torres Strait Islander tobacco control

Funding for Aboriginal and Torres Strait Islander tobacco control is inadequate and has generally not been a funding priority at state or national levels. It is only in recent years that we have seen the granting of some funds to the development of Aboriginal and Torres Strait Islander tobacco control programs that have led to the establishment of the NACCHO Tobacco Control Project, as well as research and programs in Queensland, South Australia and Western Australia.

The CCA, ASH, ACOSH and the VCTC are firmly of the view that the Commonwealth and State governments have a clear obligation to provide funding to facilitate and sustain the development of Aboriginal and Torres Strait Islander tobacco control programs. It is also recognised that the non-government sector has an obligation to lend what support it can to reducing the toll of death and disease caused by smoking among Aboriginal and Torres Strait Islander communities. While the non-government sector may be less able to provide funding support for research and community programs, it is well able to provide expertise and other practical support that would maximise the success of community programs. It should be emphasised that overall success of any program is dependent on Aboriginal and Torres Strait Islander community recognition of the problem and ownership of possible solutions.

6. Lead agencies

It is well accepted that the development of strategies for tobacco control among Aboriginal and Torres Strait Islander communities benefit from a community focussed approach. The involvement, therefore, of respected community figures, such as elders and community workers, youth and networks is important to the acceptance and success of any programs (Murphy et al, 1999).

Government and non-government Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander agencies, whose involvement would be crucial to the development and sustainability of programs (in terms of funding sources, infrastructure support, expertise, networks, etc.) include:

- Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander alcohol, tobacco and other drug services
- Regional public health and community health services
- Regional Aboriginal and Torres Strait Islander health and community organisations
- Aboriginal Community Controlled Organisations
- Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander tertiary education institutions – eg. Marr Mooditj; the Centre for Aboriginal Studies, Curtin University; schools of health promotion and public health
- Aboriginal and Torres Strait Islander Medical Services
- Aboriginal and Torres Strait Islander Medical Association
- State and national asthma, cancer and heart organisations
- Research institutions

7. Recommendations for activity at national, state and community level

National

- Commonwealth government to conduct regular population surveys of drug use in Aboriginal communities to inform the development of public health policy and planning (To be conducted as a separate survey or to incorporate within existing national surveys, eg the National Drug Strategy Household survey);
- Commonwealth government to facilitate the development and sustainability of Aboriginal and Torres Strait Islander tobacco control research and community programs through the provision of grants and tied funding for states;
- Commonwealth government to foster interest in Aboriginal and Torres Strait Islander tobacco control issues through NACCHO and relevant national committees, including the National Drug Strategy Expert Advisory Committees, the National Public Health Partnership Group, the Australian Health Ministers Advisory Council, and the Australian Health Ministers Conference.

State

- State governments to support the development of knowledge and skills training of AHWs, AIEOs and ALOs through accredited education and training provided by

Aboriginal and Torres Strait Islander and other training institutions, including those within the Aboriginal Community Controlled Medical Services;

- State governments and non-government organisations to encourage the integration of Aboriginal and Torres Strait Islander tobacco control strategies within Aboriginal and Torres Strait Islander health promotion programs (potential to incorporate under funding agreements);
- Non-government organisations to advocate on Aboriginal and Torres Strait Islander tobacco control to maintain awareness of and reinforce the importance of Aboriginal and Torres Strait Islander smoking and health issues;
- Aboriginal and Torres Strait Islander media and health networks to foster interest in Aboriginal and Torres Strait Islander tobacco control issues.
- Aboriginal and Torres Strait Islander training colleges to be supported in the delivery of education and training programs on Aboriginal and Torres Strait Islander smoking and health issues;

Community

- Aboriginal and Torres Strait Islander health and community workers to participate in the planning, development, implementation and evaluation of community tobacco control programs.

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