Indigenous tobacco control in Australia, current approaches, evidence and direction

Dr Ray Lovett
Program leader Aboriginal and Torres Strait Islander Health
National Centre for Epidemiology and Population Health
Research School of Population Health
The Australian National University

About: https://researchers.anu.edu.au/researchers/lovett-rw
Outline

• Current population distribution and differences
• Current situation and trends
• Policy and programme developments
• What works in this space?
Where do Indigenous people live?
Diversity of population

Source: Horton, 1996
Why this matters?

Source: Biddle, 2013
Contribution to morbidity and mortality

Source: Vos et al, 2007
Current tobacco use

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.
Tobacco use, cont.

- Current smoker
  - 2002: 52%
  - 2008: 38%
  - 2012/13: 34%
  - 2014/15: 30%

- Ex-smoker
  - 2002: 13%
  - 2008: 17%
  - 2012/13: 20%
  - 2014/15: 25%

- Never smoker
  - 2002: 35%
  - 2008: 45%
  - 2012/13: 46%
  - 2014/15: 45%
Tackling Indigenous smoking (TIS) national programme

- An emphasis on flexible approaches for *regional* level tobacco control.

The programme includes:
- regional tobacco control grants
- a National Best Practice Unit (NBPU)
- enhancements to existing Quitline services
- brief intervention training
- programme evaluation and monitoring
- special projects in areas of high need.
Focus 2016-19

Tackling Indigenous Smoking Regional Tobacco Control Grants 2016

Source: Wright, 2016
Best practice

• Current disconnect between evidence and practice
• Service sector wants to know what works
• Evidence translation as a component of programme
• Centralising access to evidence based approaches
What works in this space?

• Screening with brief intervention ± NRT
• Training staff to deliver cessation advice
• Group based support
• Multi-component programs
• Sustained emphasis
Evidence gaps

• Brief interventions alone
• Some medications
• Specialist tobacco workers
• Taxation
• Media campaigns
Recent developments

• Australian evidence on tobacco associated mortality (Banks et al, 2016)
• Talking About The Smokes (TATS) (Thomas et al, 2015)
• Cytisine trial (NDARC, 2016)
• Plain packaging (Maddox et al, 2015)
Considerations

• Formal evaluations in this space
• Variations in population distribution
• Silver bullet approaches will not work
• Allow time and sustained effort
Key messages

• Aboriginal people want to quit
• Sustained multi component approaches are best
• Evidence building needed for:
  – Brief advice/intervention and NRT
  – Taxation
  – Plain packs
  – Mass media
Conclusions

• Tobacco use is the single largest contributor to Indigenous illness and death
• Nicotine is addictive
• Approaches must be aimed at abstinence, prevent initiation and relapse, and eliminate environmental tobacco smoke exposure
• A sustained comprehensive and authoritative national tobacco control programme is a must
Resources

- Indigenous HealthInfoNet
- Cancer Council
- Dept of Health (TIS)
- NACCHO
- National Tackling Indigenous Smoking Coordinator (Tom Calma)
Thanks

Dr Ray Lovett
Program leader Aboriginal and Torres Strait Islander Health
National Centre for Epidemiology and Population Health
Research School of Population Health
The Australian National University