

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

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

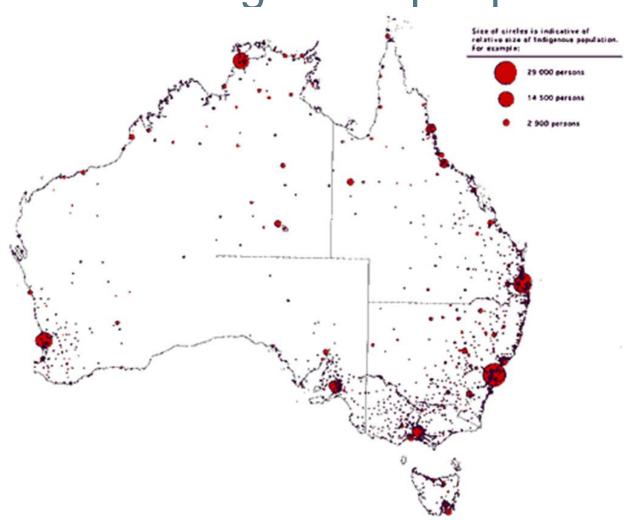


Outline

- Current population distribution and differences
- Current situation and trends
- Policy and programme developments
- What works in this space?

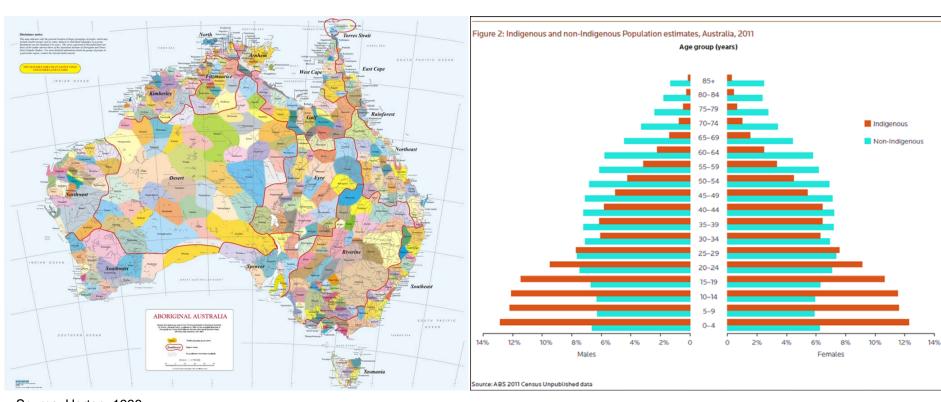


Where do Indigenous people live?





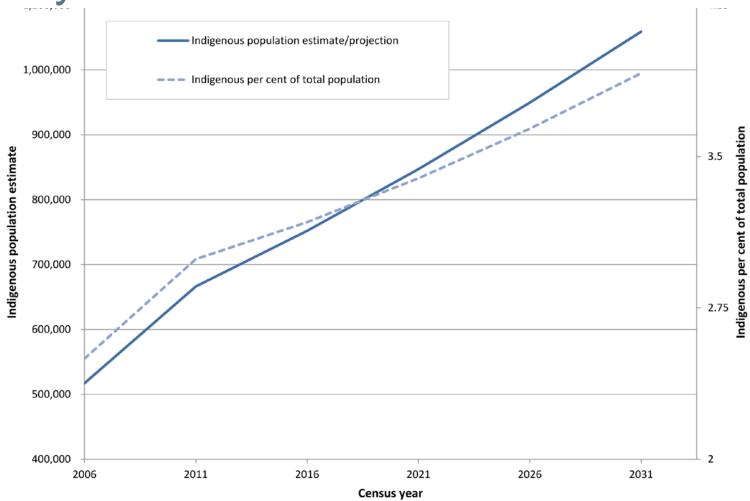
Diversity of population



Source: Horton, 1996



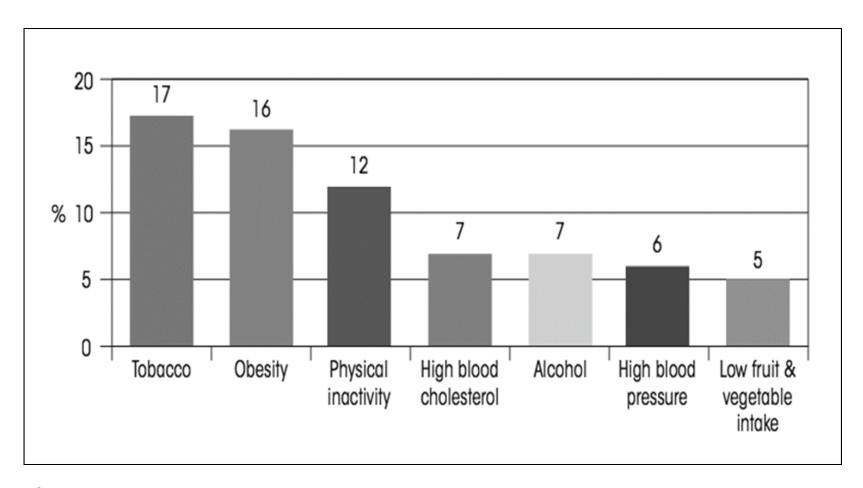
Why this matters?



Source: Biddle, 2013



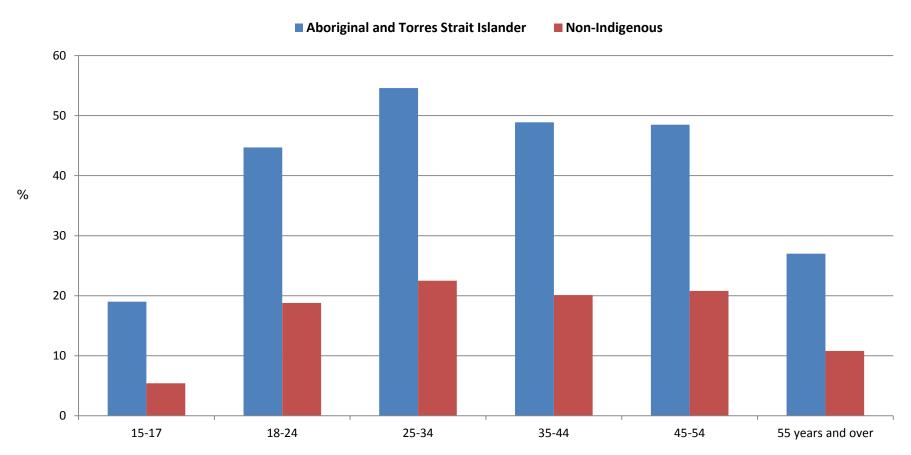
Contribution to morbidity and mortality



Source: Vos et al, 2007



Current tobacco use

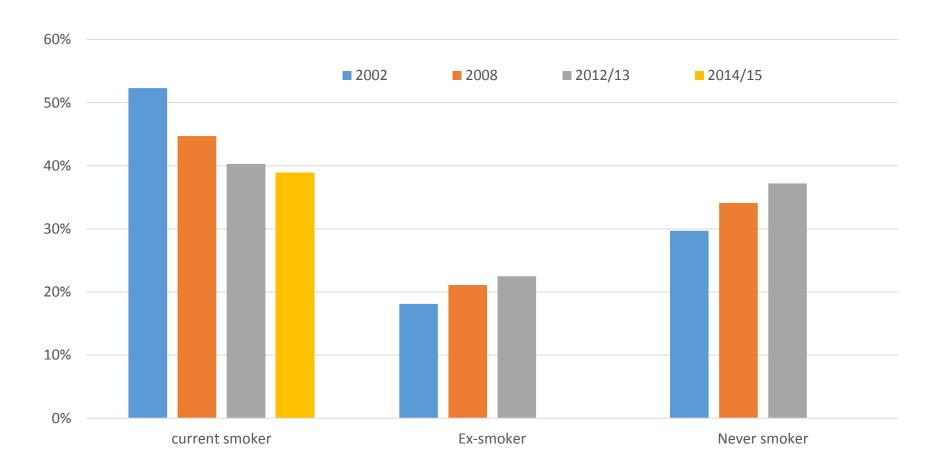


Source: ABS Aboriginal and Torres Strait Islander Health Survey 2012-13

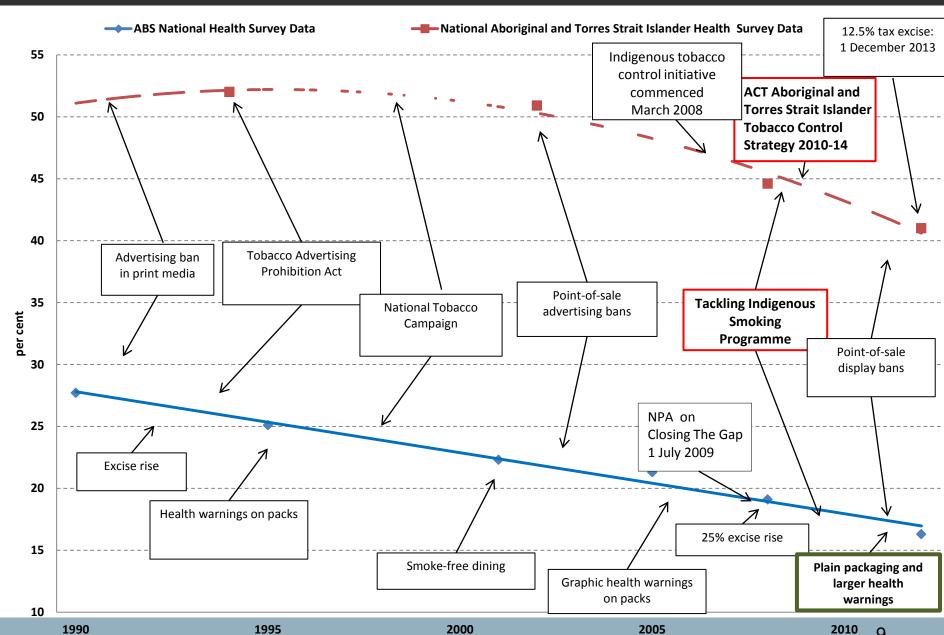
^{*}Data for non-Indigenous people are for 2011-12, from the Australian Health Survey 2011-13.



Tobacco use, cont.









Tackling Indigenous smoking (TIS) national programme

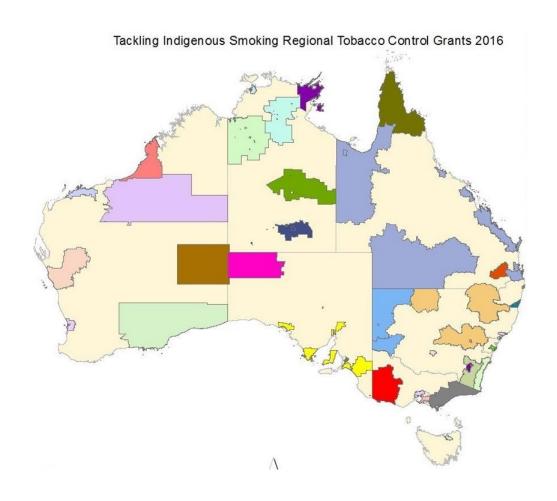
 An emphasis on flexible approaches for regional level tobacco control.

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



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

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