



Policy and Practice Brief

Our first series of research papers was released on 1 June 2015 in the *Medical Journal of Australia* and transforms the evidence to guide Aboriginal and Torres Strait Islander tobacco control.

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Policy makers can justify continuing to invest in reducing Aboriginal and Torres Strait Islander smoking because we have shown improvement is clearly possible.

Our new evidence shows what is working now in this nationally representative sample of Aboriginal Community Controlled Health Services and the communities they serve. It can be used to counter the pessimism in assertions that nothing has worked or is working.

Health staff can advise about quitting with confidence that their message will be understood and welcomed. Aboriginal and Torres Strait Islander smokers are just as likely as all Australian smokers to want to quit and to have recently tried to quit, but are less likely to make sustained quit attempts.

Messages for policy makers, funders and managers

Managers and funders can justify investing a significant proportion of their Aboriginal and Torres Strait Islander health resources on tobacco control not only because smoking causes 20% of Aboriginal and Torres Strait Islander deaths, but because improvement is clearly possible.

More of the smokers whose local health service had dedicated tobacco control resources (from any funding source) had tried to quit, recalled being advised to quit by a health professional and had used stop-smoking medicines than of those whose health service did not.

Many of the different tobacco control activities and other factors measured in these papers were associated with more smokers wanting to quit, having made quit attempts and having made longer quit attempts. This confirms an ongoing commitment to ensuring a comprehensive approach to Aboriginal and Torres Strait Islander tobacco control, as has long been the mantra

of most working in tobacco control, rather than an excessive reliance on any single strategy or element.

Managers should ensure those working directly with Aboriginal and Torres Strait Islander smokers are aware of this new evidence, and re-orient their practices to accommodate it. One of their specific challenges is how to efficiently fund Aboriginal and Torres Strait Islander social marketing activity without wasting social marketing resources by too much fragmentation.

Most recent national policy attention has concentrated on the large increase in dedicated funding initiated by the previous federal government through the Tackling Indigenous Smoking program, followed by the announced cuts to this funding and the review of the program in 2014. Our new information is useful to guide the evolution of that program, but also reminds readers that this is only part of the story. Aboriginal and Torres Strait Islander smoking is also being tackled by mainstream tobacco control activities (advertising campaigns, pack warnings and plain packaging, and smoke-free regulation) and activities already incorporated into routine health care (brief advice and individual cessation support).

Messages for health staff assisting smokers to quit

Health staff can be encouraged to do more knowing that most of the Aboriginal and Torres Strait Islander smokers they see will want to quit, already know that smoking and passive smoking are both harmful, live in a smoke-free home, and are likely to have a history of recent quit attempts. Health staff can advise about quitting with confidence that their message will be understood and welcomed, and then focus on the more difficult task of helping people to *stay* quit once they have tried to quit.

Those in clinics can build on their good work in ensuring most Aboriginal and Torres Strait Islander smokers are receiving regular brief advice about smoking cessation. They can encourage more smokers to use evidence-based measures to prevent relapse during their next quit attempt, such as stop-smoking medicines, the telephone Quitline, quit smoking courses, clinics and groups.

Those working in health promotion will need to continue to reinforce and enhance social norms about being smoke-free, to encourage quit attempts, and to support smokers trying to sustain quit attempts. There is a need for continued mainstream and national social marketing campaigns, especially those that build on the particular salience of Aboriginal and Torres Strait Islander smokers' concerns about the effects of their smoking on others. Local and Aboriginal and Torres Strait Islander campaigns also appear to be useful.



Participants at the project forum, held in August 2014, in Sydney, which fed back preliminary national results to participating ACCHSs.

Some key findings

We interviewed a nationally representative sample of 2,522 Aboriginal and Torres Strait Islander people from 35 locations, including 1,643 smokers (1,392 daily smokers), 78 ex-smokers ≤12 months, 233 ex-smokers >12 months, and 568 never-smokers.

Quitting

- 70% of smokers want to quit.
- 69% of daily smokers had ever made a quit attempt.
- 48% of daily smokers had made a quit attempt in the *last year*.
- 47% of daily smokers who had made an attempt in the last five years had *sustained* an attempt for at least one month.
- 70% of daily smokers had made a quit attempt in the last five years got strong cravings during their last quit attempt, and 72% found it hard to be around smokers.

Second-hand smoke

- 53% of daily smokers reported that smoking was never allowed anywhere inside their home
- 88% of employed daily smokers reported that smoking was not allowed in any indoor areas at their work.
- 77% of daily smokers agreed that smoking should be banned everywhere at Aboriginal Medical Services, both indoors and outdoors; 93% that it should be banned indoors at other Aboriginal organisations; 51% that it should be banned at outdoor community festivals and sporting carnivals.

Comparisons with other research

The national prevalence of daily smoking in the Aboriginal and Torres Strait Islander population is falling, but at 42% is still 2.6 times that of other Australians. The research evidence to guide Aboriginal and Torres Strait Islander tobacco control has been constrained by the uncertainties of generalising from small local research projects or generalising from the large body of research from other populations. Decisions about the latter choose between competing hypotheses that Aboriginal and Torres Strait Islander smoking and quitting is either similar or different than in other populations. These new results suggest that there is much that is similar to other populations.

Similar proportions of Aboriginal and Torres Strait Islander and of all Australian daily smokers want to quit, have made a quit attempt in the last year, live in smoke-free homes, and work in smoke-free workplaces. Similar proportions demonstrate knowledge of the most harmful health effects of smoking and hold negative personal attitudes towards smoking.

But there are some differences. Fewer Aboriginal and Torres Strait Islander than all Australian daily smokers have ever made a quit attempt or sustained a quit attempt for at least a month. Fewer agree that there are social norms disapproving of smoking. Even though similar proportions agree that stop smoking medicines help smokers to quit, fewer have used these medicines. By contrast, more recalled being advised to quit by a health professional in the past year.

There are some socio-demographic differences in smoking and quitting behaviours and beliefs *within* the Aboriginal and Torres Strait Islander population, although the socio-economic gradients were not consistent.

Knowledge of the health effects of smoking and second-hand smoke

- Most daily smokers reported knowing that smoking causes lung cancer (94%), heart disease (89%), low birth weight (82%), but less were aware that it makes diabetes worse (68%).
- Almost all smokers reported knowing that second-hand smoke is dangerous to non-smokers (90%) and children (95%), and causes asthma in children (91%).

Personal attitudes to smoking

- 78% of daily smokers agreed that if they had to do it over again, they would not have started smoking.
- 81% agreed that they spend too much money on cigarettes
- 32% agreed that smoking is an important part of their life.

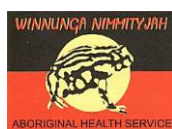
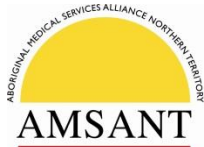
Social norms about smoking

- 62% of daily smokers agreed that mainstream society disapproves of smoking and 40% agreed that their local community leaders disapprove of smoking.
- 70% of daily smokers agreed that there are fewer and fewer places where they feel comfortable smoking
- 90% of daily smokers agree that being a non-smoker sets a good example to children

Only the beginning

This is only the beginning of the evidence that will come from Talking About The Smokes. It was designed primarily as a cohort study. The analyses of the prospective longitudinal data of the 849 recontacted smokers and ex-smokers will enable more definitive causal interpretations.

The involvement of Aboriginal and Torres Strait Islander people and the Aboriginal Community Controlled Health Service sector in all aspects of this project will facilitate the translation of the results from this project into improved practices and policies that will reduce the harm from smoking in Aboriginal and Torres Strait Islander communities.



Anti-tobacco health information

- 65% of smokers recalled often noticing pack warning labels in the last month
- 45% of smokers recalled often noticing anti-smoking advertising or information the last six months, most commonly on television.
- 48% of smokers recalled ever noticing any targeted advertising or information featuring Aboriginal and Torres Strait Islander people or artwork in the last six months, with 16% noticing information with local people or artwork.

Cessation support

- 75% of daily smokers who had seen a health professional in the last year had been advised to quit.
- 37% of daily smokers had ever used nicotine replacement therapy or other stop-smoking medicines, and 23% had used them in the last year.
- Among all smokers and recent ex-smokers who had quit in the past year, nicotine patches were most commonly used (24%), followed by varenicline (11%) and nicotine gum (10%).

We also surveyed 645 staff from 31 Aboriginal community controlled health services, including 374 Aboriginal and Torres Strait Islander staff who had a lower age and sex standardised smoking prevalence than a national sample of the Aboriginal and Torres Strait Islander population.

For more information

Contact: David Thomas
Menziess School of Health Research
Email – david.thomas@menziess.edu.au

This series of 15 papers is available at:
<https://www.mja.com.au/journal/2015/202/10/supplement>

