

World Indigenous Cancer Conference 2016

Smoking & Prevention

12 April 2016



NO SMOKING

Prof Tom Calma AO

Indigenous Health Advocate

and

National Coordinator Tackling Indigenous Smoking



NO SMOKING



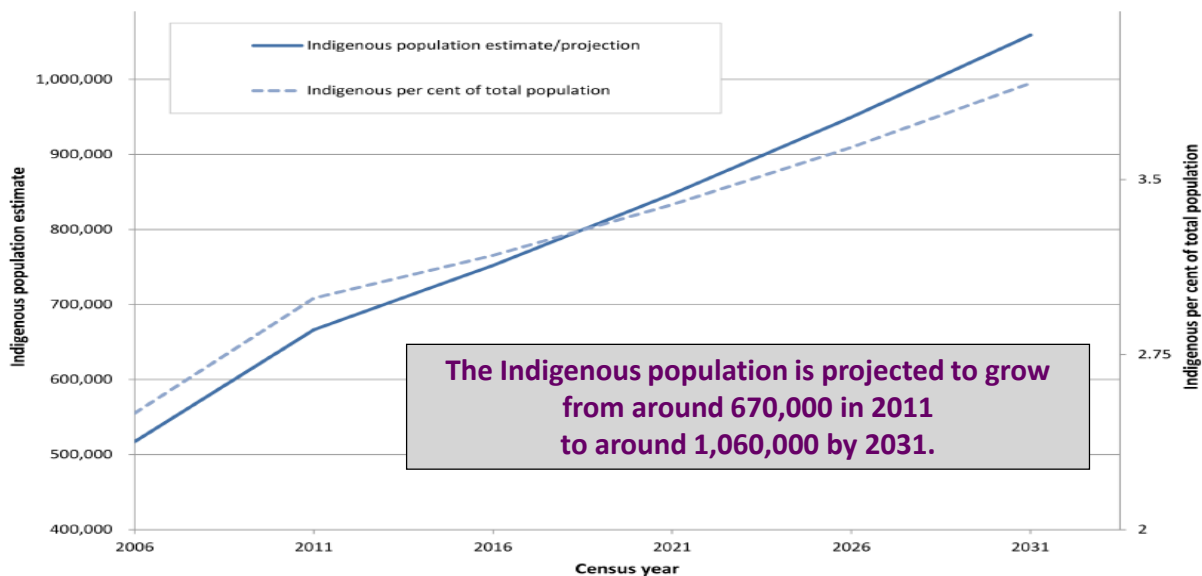


My Grandmother (3rd from left). Me on my Aunty's lap.
The early death of my peoples has been my incentive to make a difference.
Only 3 in photograph are alive today with most passing in their 60s or earlier.

What I will cover

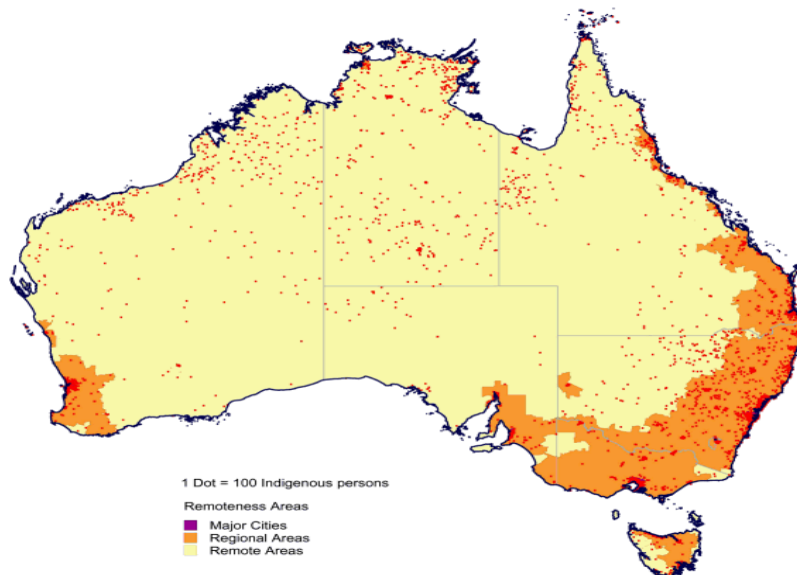
- Brief overview of Indigenous Australia
- Brief overview of the health status of Indigenous Australians
- Tackling Indigenous Smoking initiative
- Snapshot of Cancers and Indigenous Australians

FIG. 3. Projected Indigenous population, 2006 to 2031



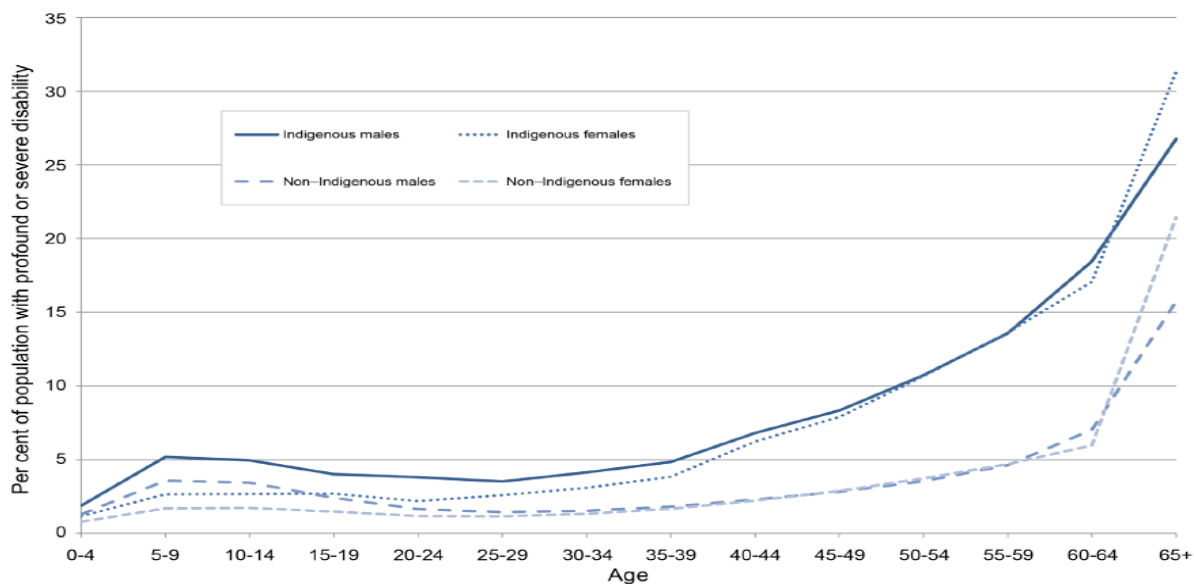
Source: Customised calculations based on the 2011 Census.

Aboriginal and Torres Strait Islander population distribution - 2006(a)



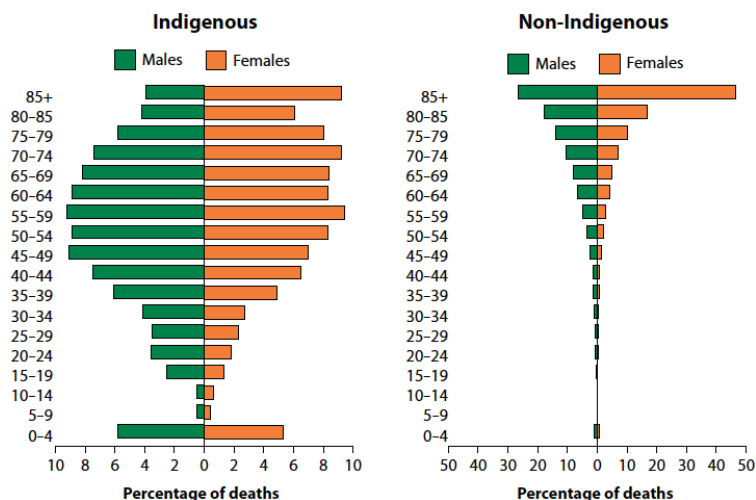
(a) Final estimates based on the 2006 Census of Population and Housing.
Source: ABS data available on request, [Australian Demographic Statistics](#) (cat. no. 3101.0)

FIG. 5. Rates of profound or severe disability by Indigenous status and sex, 2011



Source: Customised calculations based on the 2011 Census.

Figure 7.17

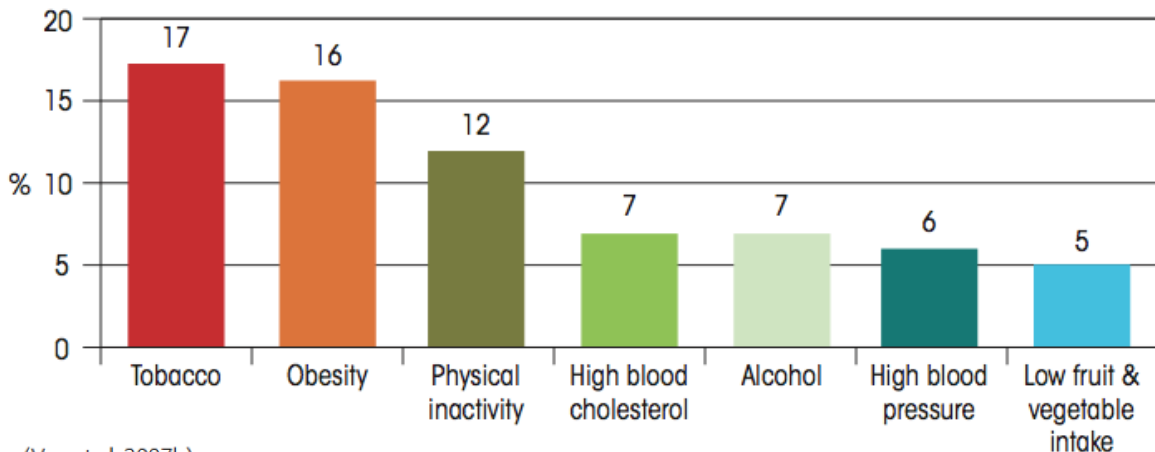


Note: Indigenous data for Vic, Tas and ACT were of insufficient quality for the reporting period.

Age distribution of proportion of deaths, by age and Indigenous status, NSW, Qld, SA, WA and NT, 2007–2011

AIHW Australian
Health Status
Report 2014

Chronic disease risk factors - 2010



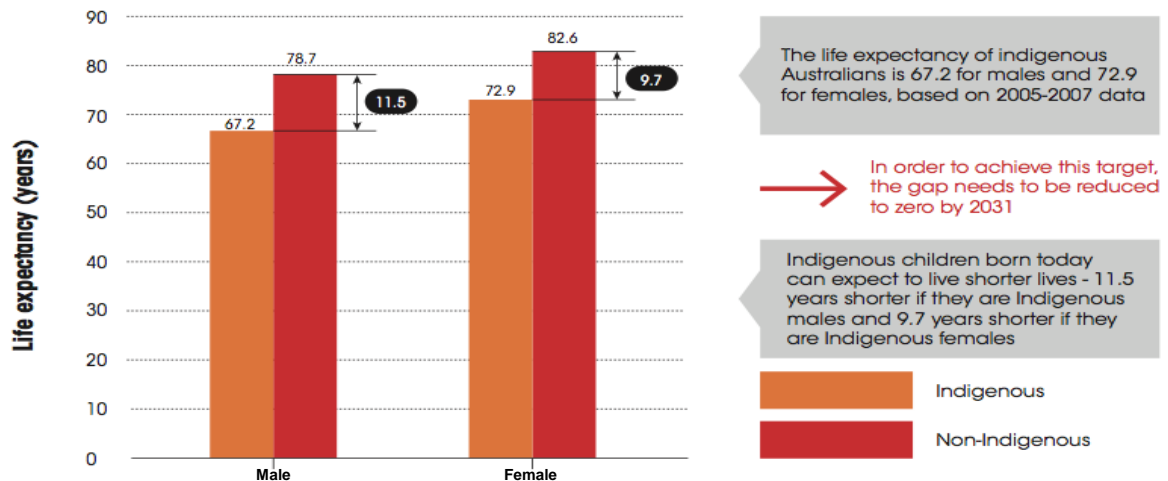
Contributors to mortality gap

According to AHMAC*, over 2008 – 2012 the greatest **contributors to the avoidable and preventable mortality gap** were:

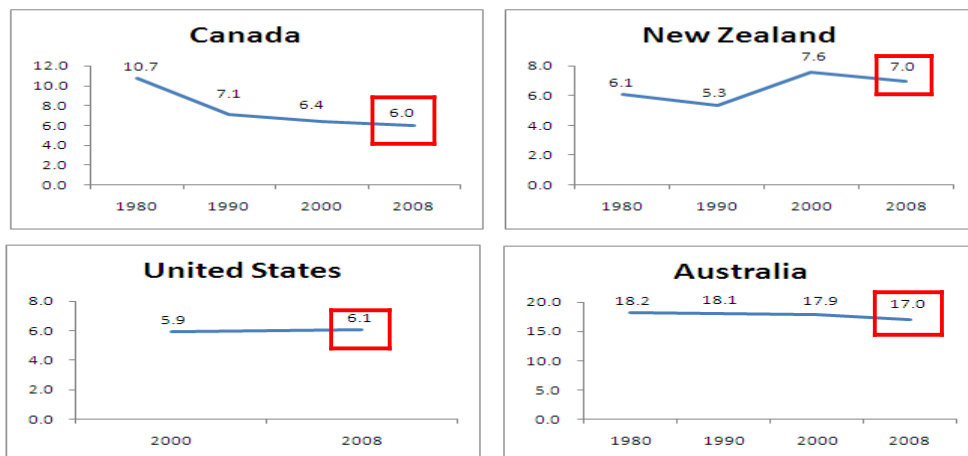
- 19 percent - **ischaemic heart disease** (22 percent of the gap);
- 18 per cent – **cancer** (14 percent of the gap); and
- 10 percent – **diabetes** (17 percent of the gap).
- As a result, AHMAC report that the **greatest opportunities to reduce avoidable mortality** for Aboriginal and Torres Strait Islander peoples relate to:
 - **primary prevention** (53 percent of avoidable deaths);
 - **secondary interventions** (24 percent); and
 - **tertiary interventions** (23 percent).

*AHMAC p 74

Figure 1: Life expectancy estimates for Indigenous and non-Indigenous Australians



Progress in closing the gap : 1980 - 2008 (years)



Sources:

Australian Institute of Health and Welfare, 2006
Hill, Barker, Vos, 2007
Statistics New Zealand
Health Canada
Grim, 2005
United States Census Bureau
United States Department of Health and Human Services
N.B. Australian data using methodology applied prior to May 2009.

Achieving Aboriginal and Torres Strait Islander health equality within a generation

A human rights based approach



Aboriginal and Torres Strait Islander
Social Justice Commissioner



Human Rights and Equal
Opportunity Commission

The campaign for health equality

OVERALL TARGET:

HEALTH STATUS EQUALITY WITHIN 25 YEARS

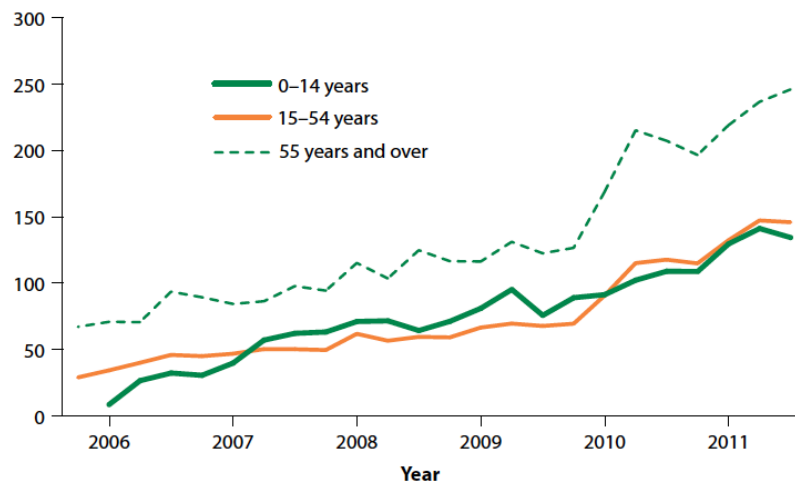
Targets and benchmarks as appropriate – **access** and **infrastructure**

SOCIAL AND CULTURAL DETERMINANTS:

<http://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/projects/close-gap-indigenous-health>

Figure 7.11

Health checks per 1,000 people



Source: AIHW 2013.

Rate of MBS health checks for Indigenous Australians, by age, 2006–2011

AIHW Australian
Health Status
Report 2014

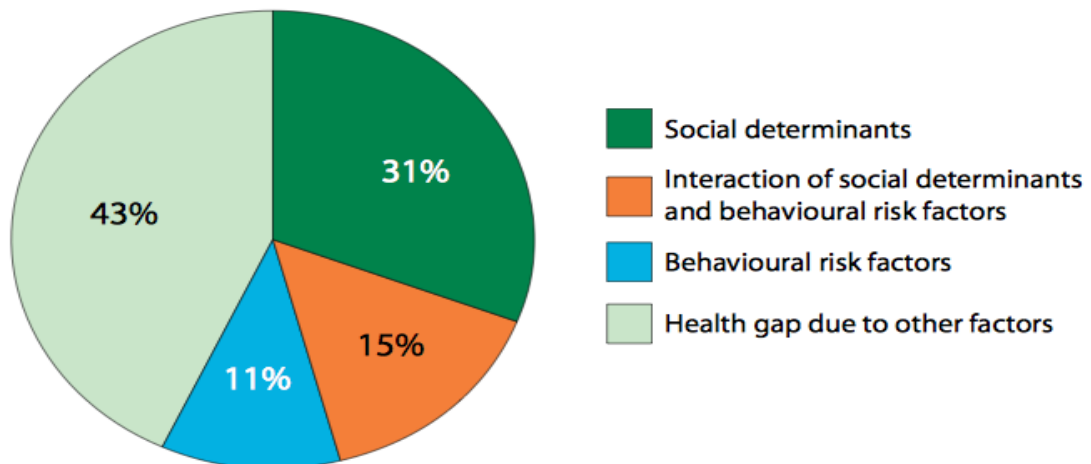
What are the social determinants of health?

According to [the World Health Organisation](#), the social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

Examples of social determinants of health



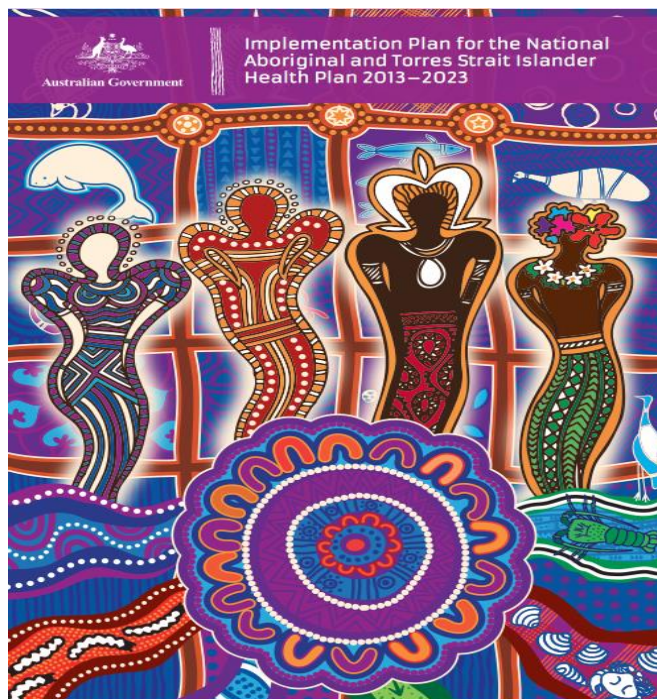
Figure 7.21



Source: AIHW analysis of 2004–05 NATSIHS.

Proportion of the health gap explained

AIHW Australian
Health Status
Report 2014



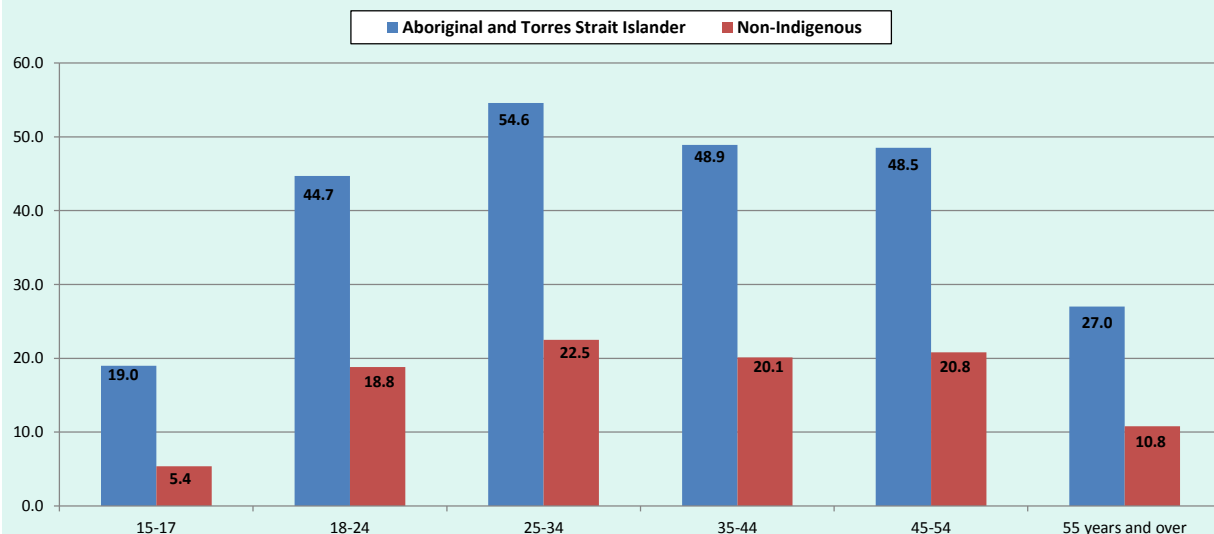
On behalf of the Australian Government I am pleased to present the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023. I would like to thank the National Health Leadership Forum, which has partnered with the Australian Government and provided invaluable expertise in developing this Implementation Plan. I would also like to acknowledge the critical role Aboriginal and Torres Strait Islander leaders play in improving the health outcomes of their people. It will be essential that this partnership approach is sustained as we roll out the Implementation Plan.

The Australian Government is committed to achieving the Closing the Gap targets and delivering the outcomes in this Implementation Plan. Achieving our goals will require continued focus and targeted effort. I believe that this Implementation Plan and its strategies will ensure our shared vision is realised.

Fiona Nash

Senator the Hon Fiona Nash
Minister for Rural Health

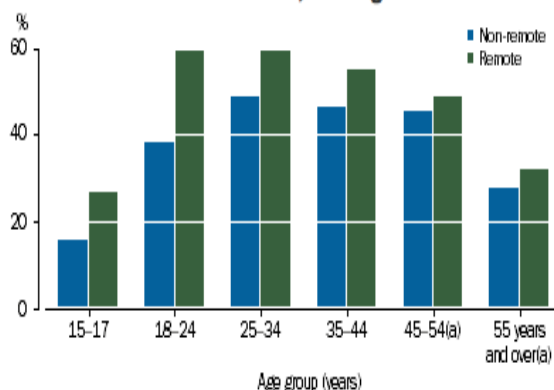
Aboriginal and Torres Strait Islander Smoking



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

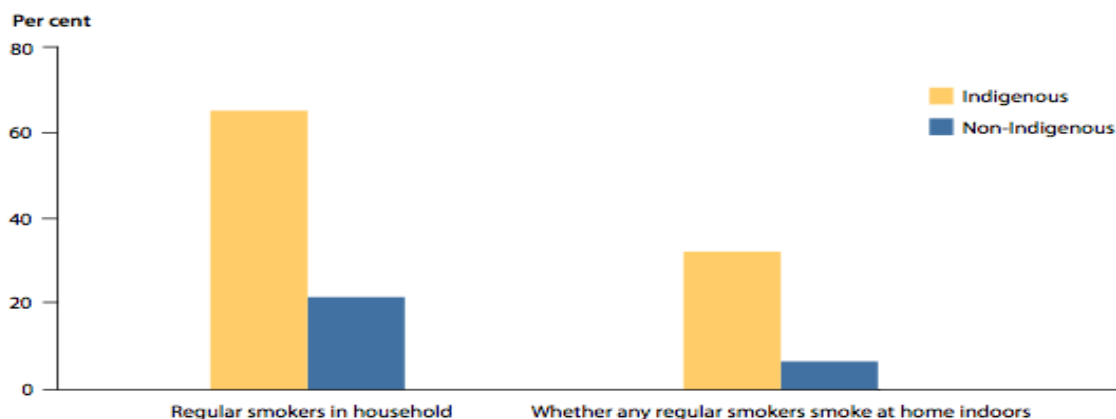
*Data for non-Indigenous people are for 2011-12, from the Australian Health Survey 2011-13.

CURRENT DAILY SMOKERS BY REMOTENESS AND AGE, Aboriginal and Torres Strait Islander people—2012–13



(a) Difference between non-remote and remote rate is not statistically significant.

Source: 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey



Notes

1. Children aged 0–14 years.

2. Indigenous figures exclude 5,658 children where smokers in household not stated.

Source: ABS and AIHW analysis of 2008 NATSISS and 2007–08 National Health Survey.

Figure 6.7: Children living in households with current smokers, by Indigenous status, 2008

What is Tackling Indigenous Smoking initiative?

- National Coordinator Tackling Indigenous Smoking
 - National Best Practice Unit
 - Grants – 37 orgs funded (GRs) – national coverage
 - Evaluation Framework
-
- Quit skills training
 - Quitline enhancement
 - Targeted projects – pregnant mothers, youth and remote

Priority Target areas



Smoke free workplaces, homes, public areas and cars

“educating those who don’t smoke – especially young people – about the **benefits of not smoking**”

ARTHUR BEETSON
FOUNDATION

QAIHC
Queensland Aboriginal
Injury and Health
Council

MURRI
RUGBY LEAGUE

Murri Rugby League Carnival

27-30 September
Briggs Rd Sporting Complex, Ipswich
smoking, drug & alcohol free event

Come see your mob play to win \$50,000 in the open Mens, \$8000 in the Womens and the U15 Boys play for state selection.

Teams also playing for
Men - Qld Murri selection tour to USA
U15 - Murri selection to PNG and U16 Allstars
Women - Qld selection for Allstars to play NSW Kooris

All players
Compulsory Health checks (QAIHC & IUIH)
Under 15 player 90% attendance at school
Over 18 enrolment forms (AEC)

patron
Lionel Morgan

ENDORSED BY
Q
Queensland

- 50 plus service & career stalls
- funfair carnival rides (free)
- market stalls
- traditional arts & crafts

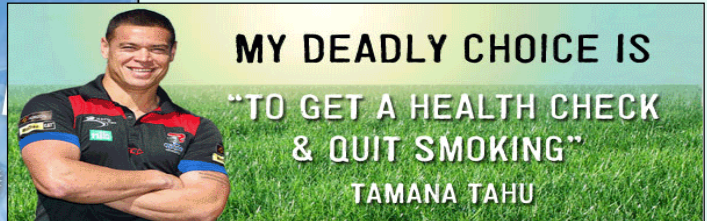
NOMINATION FEES*
mens \$2,750
womens \$1,650
u15 boys \$385
*include jersey, shorts, socks

TICKETS
adult \$12
adult concession \$8
junior \$5
4 day passes also available

troy@murrirugbyleague.com.au
www.murrirugbyleague.com.au

Deadly Choices
50th Anniversary
AFP
IPSWICH
Griffith University
Griffith University
Griffith University

198-9
Indigenous Times
FOGS
Griffith University
Griffith University



Targeted sports
social media
campaigns

Nuff of the Puff!
Do it for your unborn child, give
your baby the best start in life.

**Make the right
decision for two,
not just you.**

**Quit
Smoking!**

Talk to your AHW, Midwife, Nurse or Doctor

Nuff Ruff

COLLECTORIAL UNIT
backing
indigenous
chronic
diseases

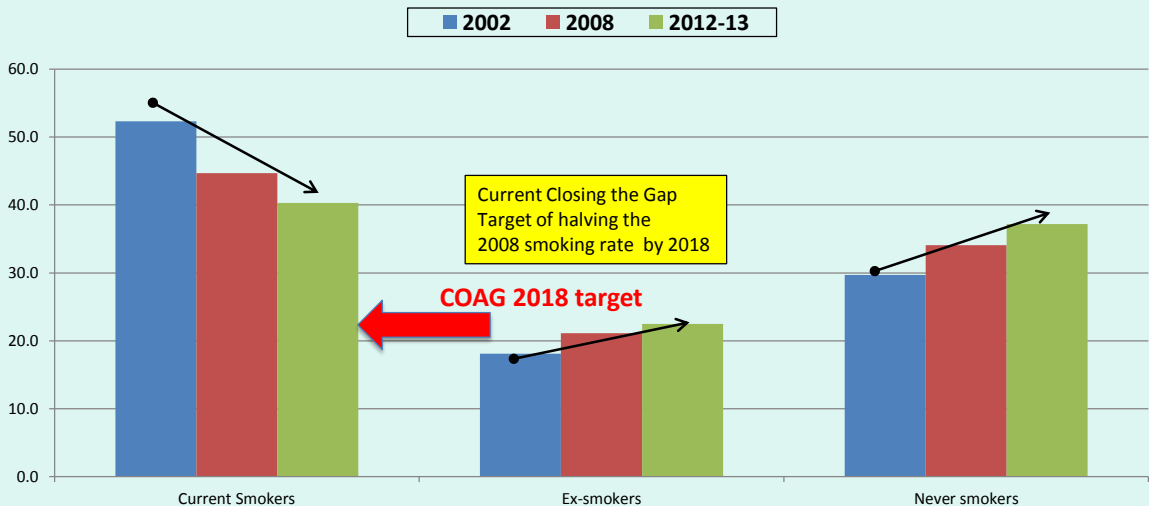
This Tackling Indigenous Smoking and Healthy Lifestyle Initiative was funded
by the Australian Government Department of Health and Ageing

Local social
marketing
campaigns



National mainstream media campaigns

Aboriginal and Torres Strait Islander Smoking



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

Aboriginal and Torres Strait Islander Smoking

	2002	2008	2012-13	Overall outcome 2002 - 2013
Current Smokers	52.3	44.7	40.3	12% 
Ex-smokers	18.1	21.1	22.5	4.4% 
Never smokers	29.7	34.1	37.2	7.5% 

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

Lifestyle factors

Smoking and passive smoking

Smoking is a major cause of cancer in humans, and is responsible for one in five of all deaths in Aboriginal and Torres Strait Islander peoples in Australia (Vos et al. 2007). Indigenous Australians generally take up smoking at an earlier age, continue to smoke for longer and make fewer quitting attempts than non-Indigenous Australians (CCA 2007).

In 2010, Indigenous Australians were 2.2 times as likely as non-Indigenous Australians to smoke tobacco (38% compared with 18% after age-standardisation). Further, among current smokers, on average Indigenous Australians smoked 46 cigarettes more per week (147) than non-Indigenous Australians (101) (AIHW 2011a).

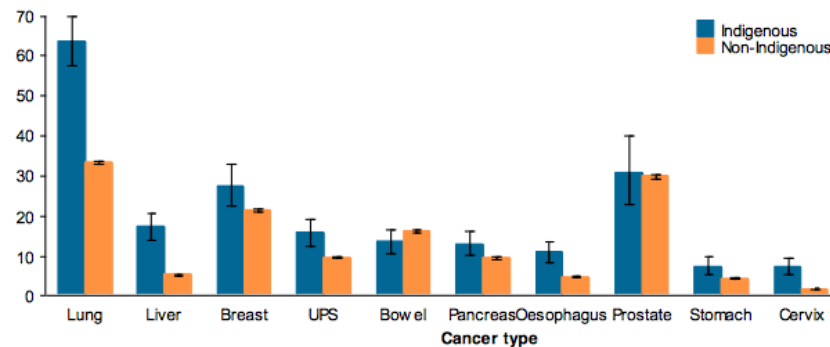
Evidence indicates that active and for some cases, passive smoking, can cause cancers of the following sites:

- bladder
- cervix
- kidney
- larynx
- liver
- lung
- myeloid leukaemia
- nasal cavity and nasal sinuses
- oral cavity (lip, mouth, tongue)
- oesophagus
- pancreas
- pharynx
- stomach.



AIHW: Cancer in Aboriginal and Torres Strait Islander peoples of Australia
An overview
October 2013

Rate (per 100,000)



Notes

1. Rates were directly age-standardised to the Australian population as at 30 June 2001 and expressed per 100,000 population.
2. Breast cancer is for females only. UPS stands for unknown primary site.
3. Cancer types are ordered based on top 10 cancer mortality numbers for Indigenous Australians.
4. Mortality data for 2007-2009 are final, 2010 are revised and 2011 are preliminary. Data for 2010 and 2011 are subject to revision.
5. The data for this figure are shown in Table D4.1.

Source: AIHW National Mortality Database.

Figure 4.1: Age-standardised mortality rates for the 10 leading causes of cancer deaths among Aboriginal and Torres Strait Islander peoples, New South Wales, Queensland, Western Australia, South Australia and the Northern Territory, 2007-2011



OUR LUNGS OUR MOB

Community Education Resource



Lung cancer awareness workshop for Aboriginal and Torres Strait Islander communities



Cancer Australia NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER CANCER FRAMEWORK 2015

