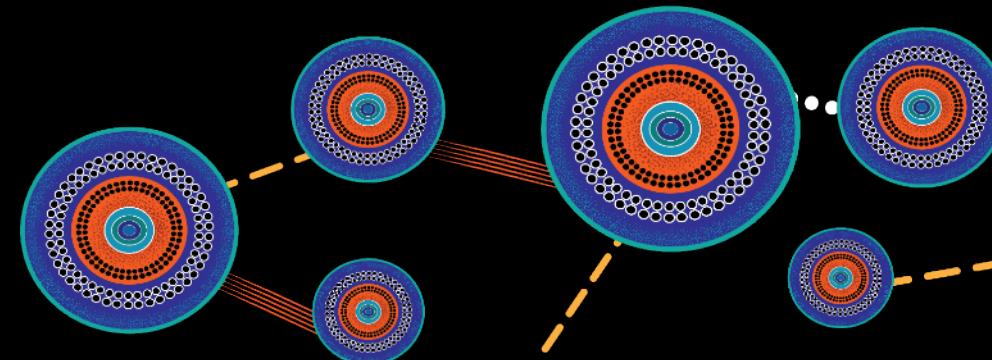


"Indigenous Excellence in Tobacco Resistance"

Upholding Sovereignty and the Human Right to Health

Raglan Maddox
Tobacco Free Program
Yardhura Walani
National Centre for Epidemiology and Population Health
The Australian National University



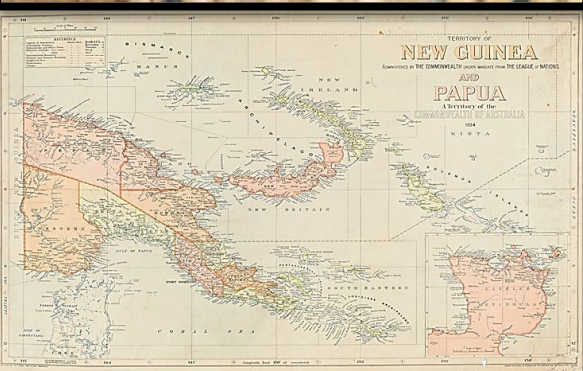
Conflict of interest

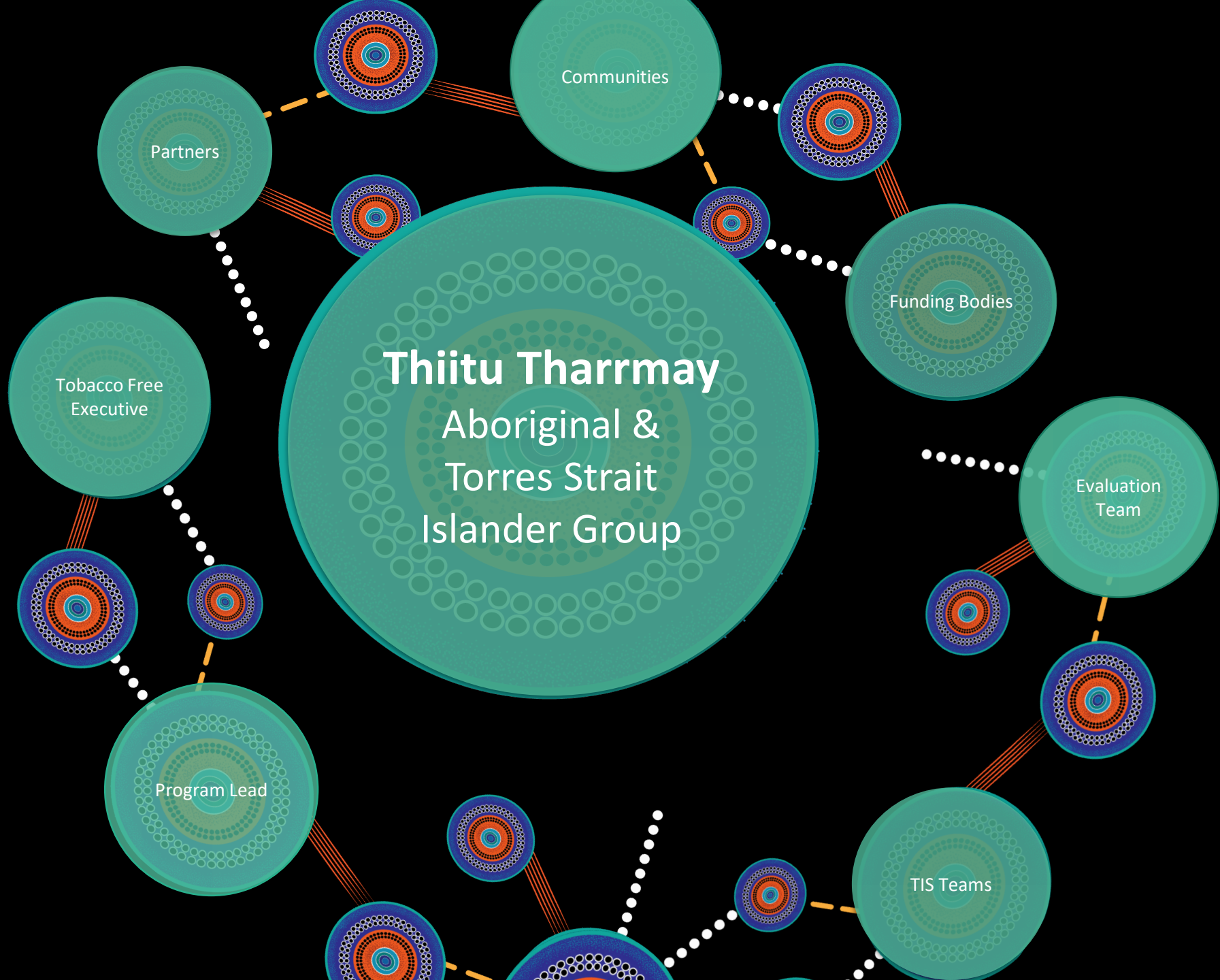
No conflicts of interest to declare.

Tobacco & Nicotine Industry Influence

Think critically.









Indigenous
peoples
thriving
(life uninterrupted)



At service to
Community



Eliminate
preventable
death/tobacco
related death
and disease



Staff &
student
capacity and
capability



Indigenous excellence

Indigenous specific evidence

- The Aboriginal and Torres Strait Islander smoking epidemic is distinct from the non-Indigenous smoking epidemic.
- Smoking prevalence is similar among males and females, men and women, and the epidemic has been protracted.
- New Aboriginal and Torres Strait Islander specific evidence demonstrates that we have previously underestimated the impact of the commercial Tobacco Industry



We need Indigenous specific evidence

- Smoking causes almost twice as many deaths as previously realised.
- **Smoking causes more than one-third of all Aboriginal and Torres Strait Islander deaths at any age**
- Focusing on older adults, we see that smoking causes **half of Aboriginal and Torres Strait Islander deaths at age 45 years and over.**
- There is even **more potential than we realised to improve health.**



“We don't smoke the shit. We just sell it. We reserve the right to smoke for the young, the poor, the black, and the stupid”

**Pre-colonization
60,000_{BC}-1788**

- Strong connection to country
- No-sedentary lifestyle
- Absence of many common disease in Europe
- Customs and laws to ensure land and people are cared for and protected



Sources: Sherwood 2013; Healing Foundation 2020; Lovett et al. (2017). Deadly progress: changes in Australian Aboriginal and Torres Strait Islander adult daily smoking, 2004–2015; Scollo et al. Plain packaging: a logical progression for tobacco control in one of the world's 'darkest markets'. *Tobacco control* vol. 24, Suppl 2 (2015): ii3-ii8. doi:10.1136/tobaccocontrol-2014-052048
R J Reynolds representative

**Dispossession
1788-1885**

- Frontier wars
- Disease epidemics, smallpox
- Reduction in population
- Reduced access to Country
- Disruption of social and cultural practices, etc.)

Conflict and violence 1788-1928

- Military and Settler violence
- Further reductions in population
- Abduction, rape, poison of water holes and food
- Massacres
- Development of racist constructs (e.g. – primitive, doomed race, savage, etc.)

**Protectionism
1838-1970s**

- Establishment of government as the protector of Aboriginal and Torres Strait Islander peoples
- Limitation of Rights
- Segregation
- Forced Relocation
- Enforced restrictions on mobility, marriage, education and cultural practices
- Enforced welfare dependence – **payment in rations of flour, sugar, tea and tobacco**
- **Evidence on the harms of commercial tobacco**
- **Plain text health warnings introduced**
- **Phasing out of tobacco advertng and promotion (1970s – bans on TV advertising)**

**Removal of children
1814-1980s**

- Stolen Generations
- Children removed from their families to be 'education and civilised'
- Deaths of children in care
- Fear of removals for children, families and communities
- **Bans of outdoor advertng and sports sponsorships (1980s)**
- **Increased penalties for sales to minors**
- **Rotating text health warnings**
- **Smoke free policies in public service and large companies**
- **NRT gum for sale OTC**
- **First state based anti-smoking TV campaigns**
- **NHMRC education poster/leaflet campaign**
- **Indexation of duties and increases in state franchise fees**

**Assimilation
1937-1969**

- Unequal remuneration and rights for workers
- Deficit based health research *on* Aboriginal and Torres Strait Islander peoples
- Overcrowded living
- Lack of access to clean water, sewerage, and cleaning
- Lack of access to health care

**Self-determination
1972-1996**

- 'Top down' approach to self-determination
- Rise in racial violence within the criminal justice system
- Escalation of incarceration rates and suicide
- **The Daube Effect**
- **Widespread smoke free policies**
- **ACT bans smoking in public places**
- **NRT patches approved for sale**
- **Minimum age of purchase - 18 years**
- **Federal court ruling against the Industry for advert that downplayed health harms**
- **Tobacco Advertising Prohibition Act (1992)**
- **World Conference on Tobacco and Health (1990)**
- **Excise increases**

**Intervention and apologies
1996-2010s**

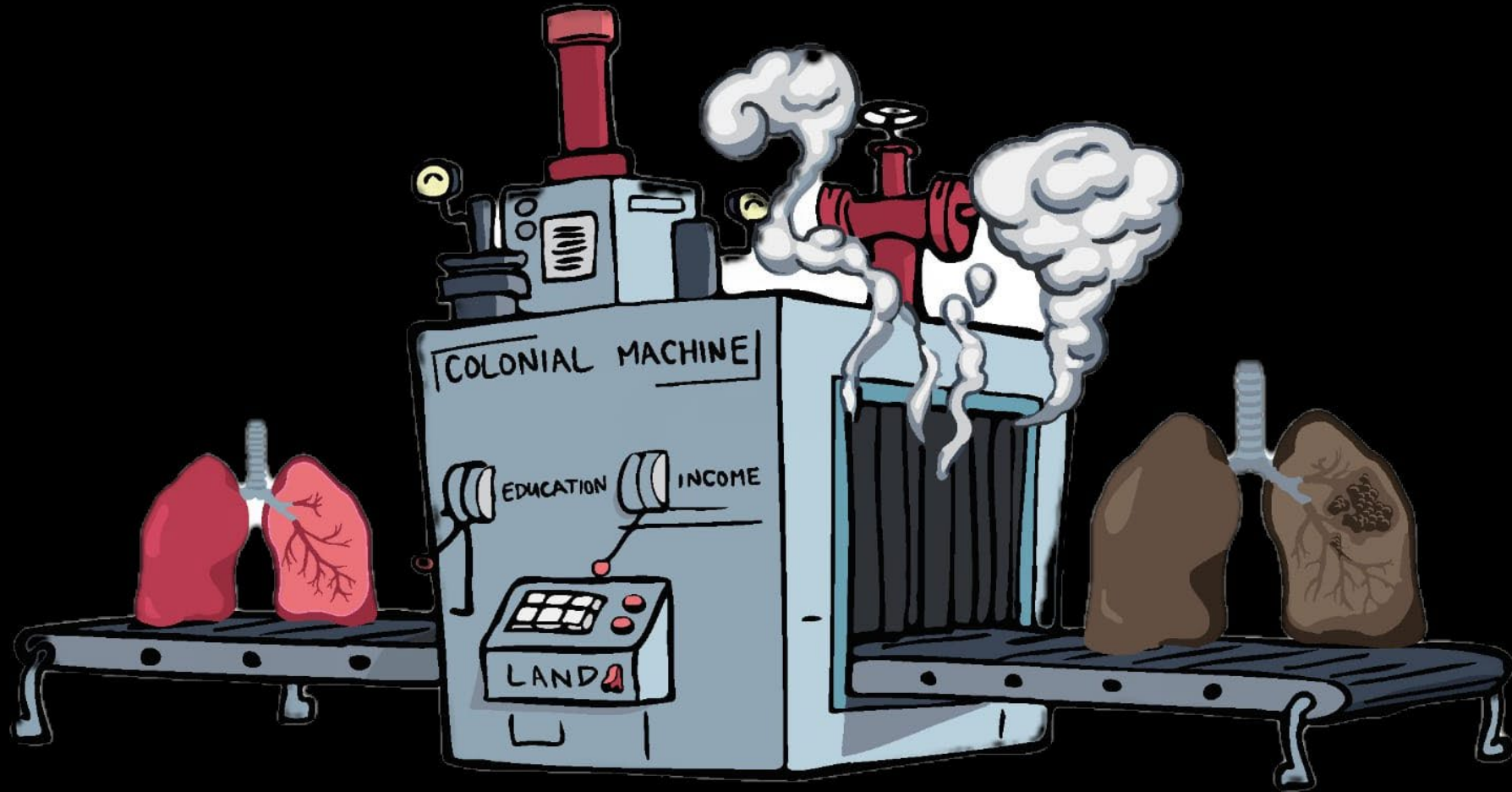
- Political denial of colonial wrongdoing
- Abolition of the Aboriginal and Torres Strait Islander Commission
- Northern Territory Intervention
- Discrimination
- Infringement on the right to self-determination
- **2005 Social Justice Commissioners' Report**
- Point of sales display bans
- Varenicline on PBS
- Rotating Graphic Health Warnings
- Low tar, lights and mild product descriptors dropped
- General NRT sales permitted
- Increasing smoke free policies
- National Tobacco Campaign and Mor Targeted Approach
- WHO FCTC
- Reduced fire risk standards

2010 & beyond

- **Rotating graphic health warnings**
- **Regional Tackling Smoking and Healthy Lifestyle Program ↔ Tackling Indigenous Smoking Program**
- **NRT on the PBS**
- **Plain packaging**
- **Widespread point of sale display bans**
- **Increased excise**
- **Tightening restrictions on internet advertising**
- **COVID-19**
- **National Tobacco Strategy 2023-2030**
- **National Lung Cancer Screening program**
- **WHERE TO NEXT?**

Similar to commercial tobacco, e-cigarettes are likely to disproportionately affect Indigenous peoples in countries with colonial histories. This is partly due to exploitation by e-cigarette industries and a dominance of Western perspectives about what tobacco harm is. There is a need for greater inclusion of Indigenous voices in e-cigarette policy development.

Commercial tobacco and nicotine harms: a colonial tool.



Illustrator: M. Morton Ninomiya

Data return & knowledge exchange

- No single data source can tell us everything
- No new data collection - analyse data that already exist

**ABS nationally
representative surveys**

**The National Perinatal
Data Collection**
(smoking during pregnancy)

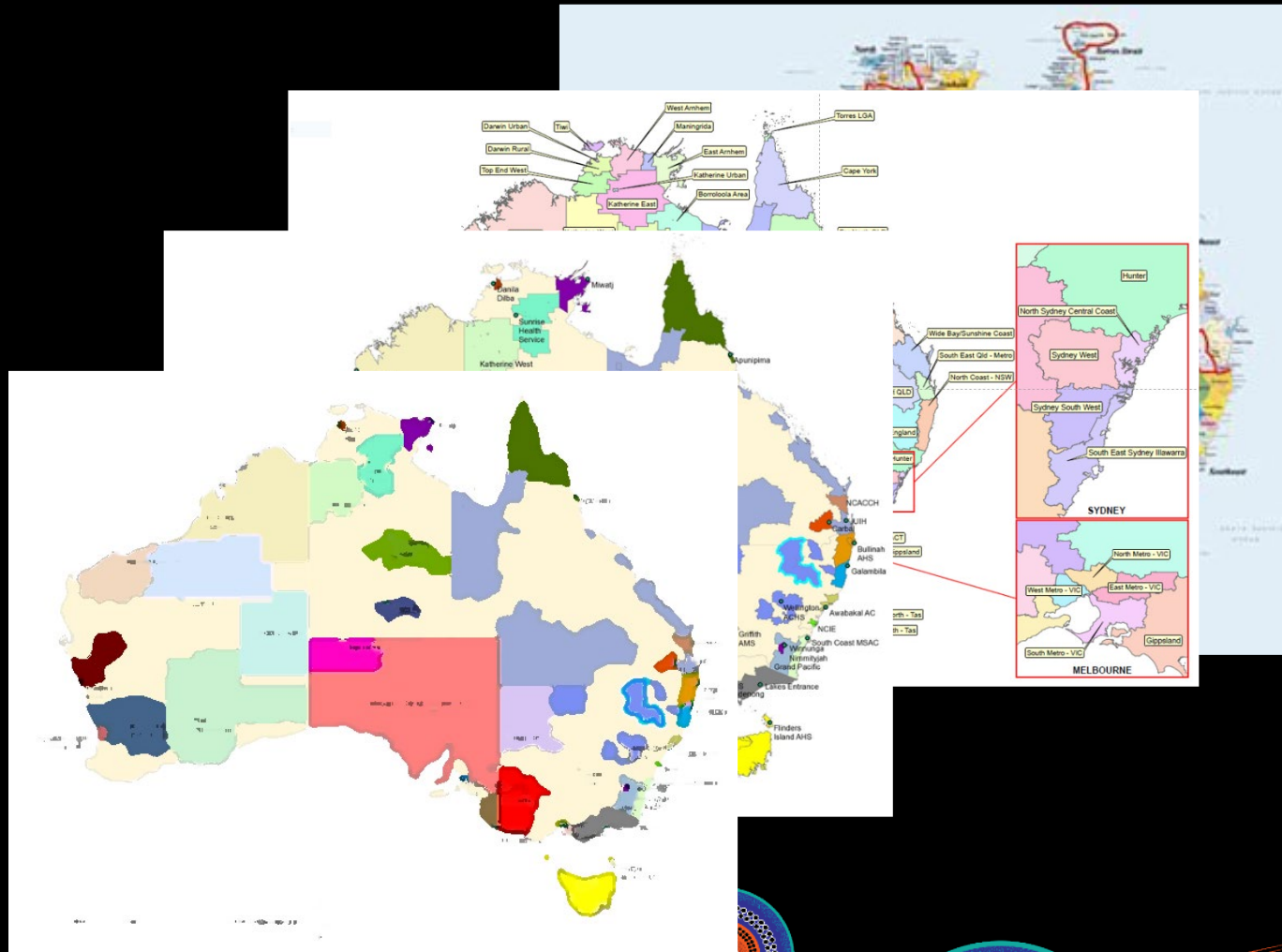
Health services data

**Pharmaceutical
Benefits Scheme**
(stop smoking medications)

Quitline
(quit attempts)



Mapping activities



Tackling Indigenous Smoking Program Activity Intensity Tool

Project Title

Tackling Indigenous Smoking: Regional Grants Impact and Outcome Assessment General

Outline of the Project

We want to look at the changes in smoking for Aboriginal and Torres Strait Islander peoples living in areas with a TIS team, compared to those without one. To do this, we need to map out who is being reached by TIS services. We will begin by using the boundaries provided by the Department of Health from the TIS funding agreements. We would like to work with you to develop a more detailed understanding of service reach. We would like to know where your service has high levels of activity, moderate levels of activity, and lower levels of activity. We would also like to find out from you how these activity levels changed over time, and whether there were any times during the funding period that your team was unable to provide TIS services.

It is important to note that the information from this interview will not be published or shared with the Department of Health.

We are inviting all TIS Coordinators (or a representative from the TIS team) to participate in an interview. We would like at least one person from each of the 37-41 current TIS teams to be involved.

Use of Data and Feedback

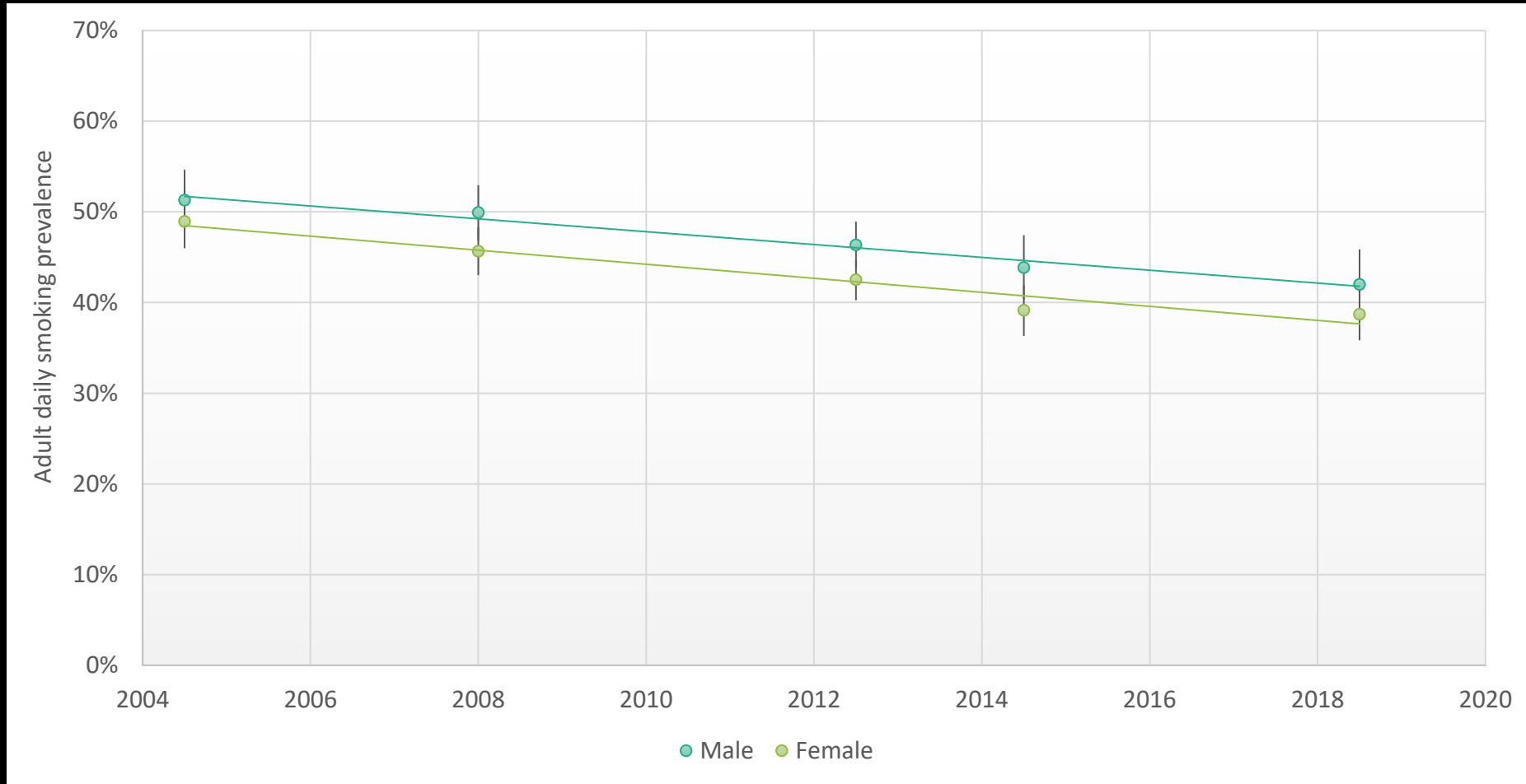
The information you share with us will help us see if higher levels of TIS activity are linked to improvements in smoking outcomes. We will not share this information with other TIS services, or with other parties. We will provide the information from your service back to you, so that it can be used for future planning. We will provide updates on our research through the TIS Communique and may present at a TIS workshop. A summary of the evaluation findings will be made available to all participants.

Project Funding

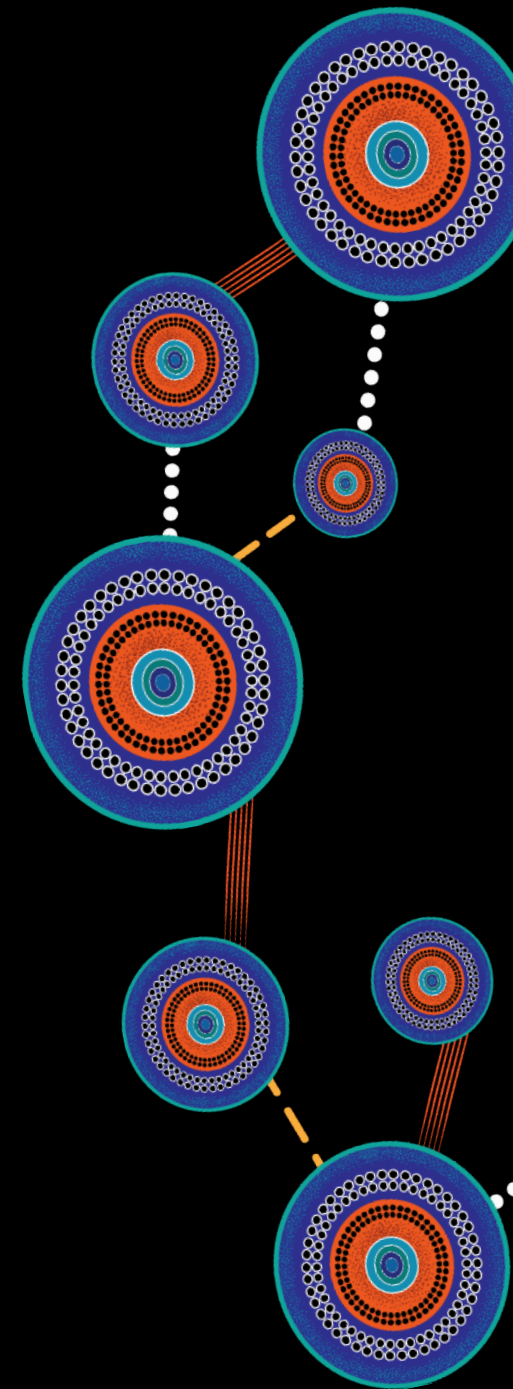
This project is funded by the Australian Government Department of Health.

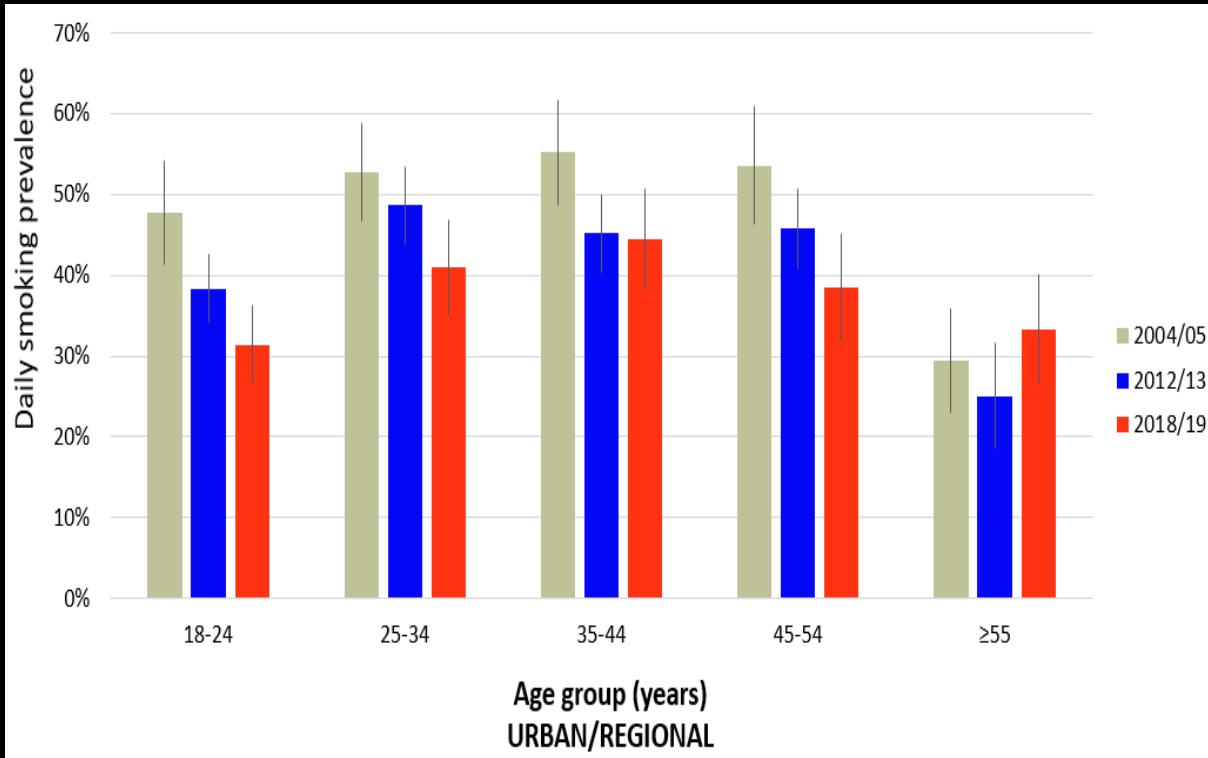
**TACKLING INDIGENOUS
SMOKING**

Smoking prevalence is declining

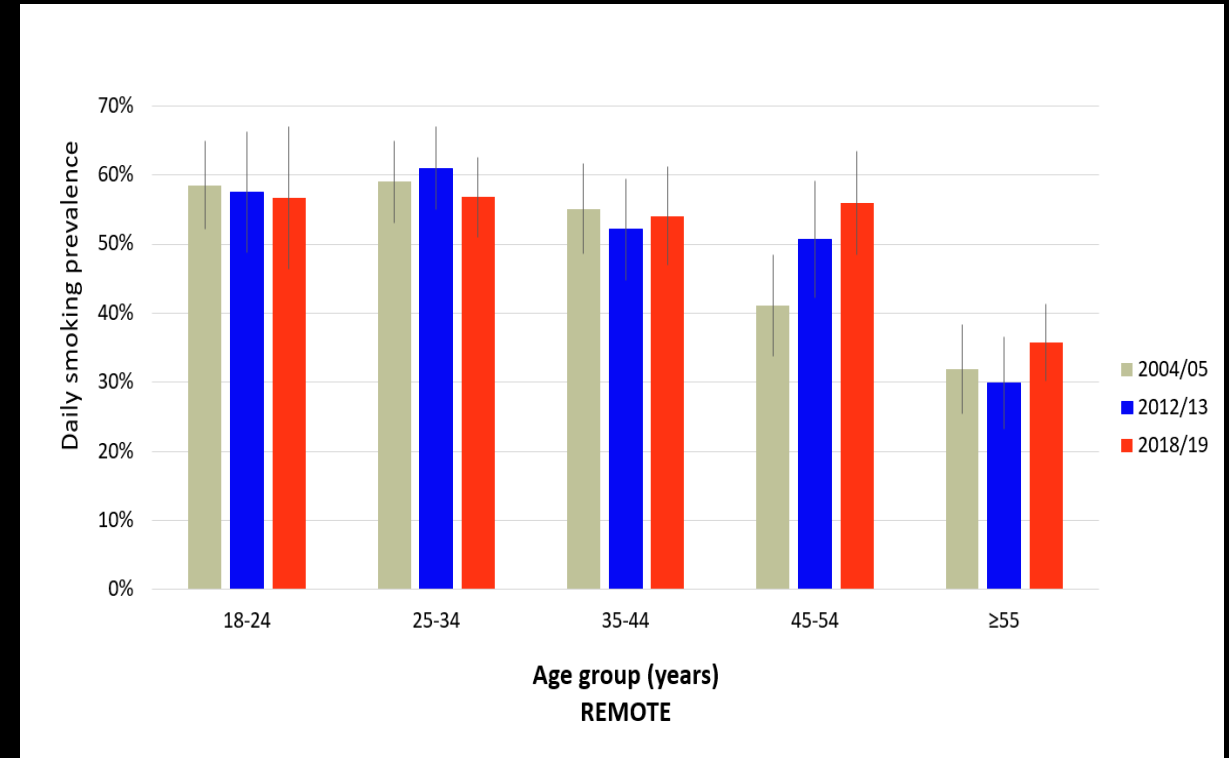


Maddox, R., Thurber, K.A., Calma, T., Banks, E. and Lovett, R. (2020), Deadly news: the downward trend continues in Aboriginal and Torres Strait Islander smoking 2004–2019. *Australian and New Zealand Journal of Public Health*, 44: 449-450. <https://doi.org/10.1111/1753-6405.13049>





*146,300 daily smokers living in urban/regional settings

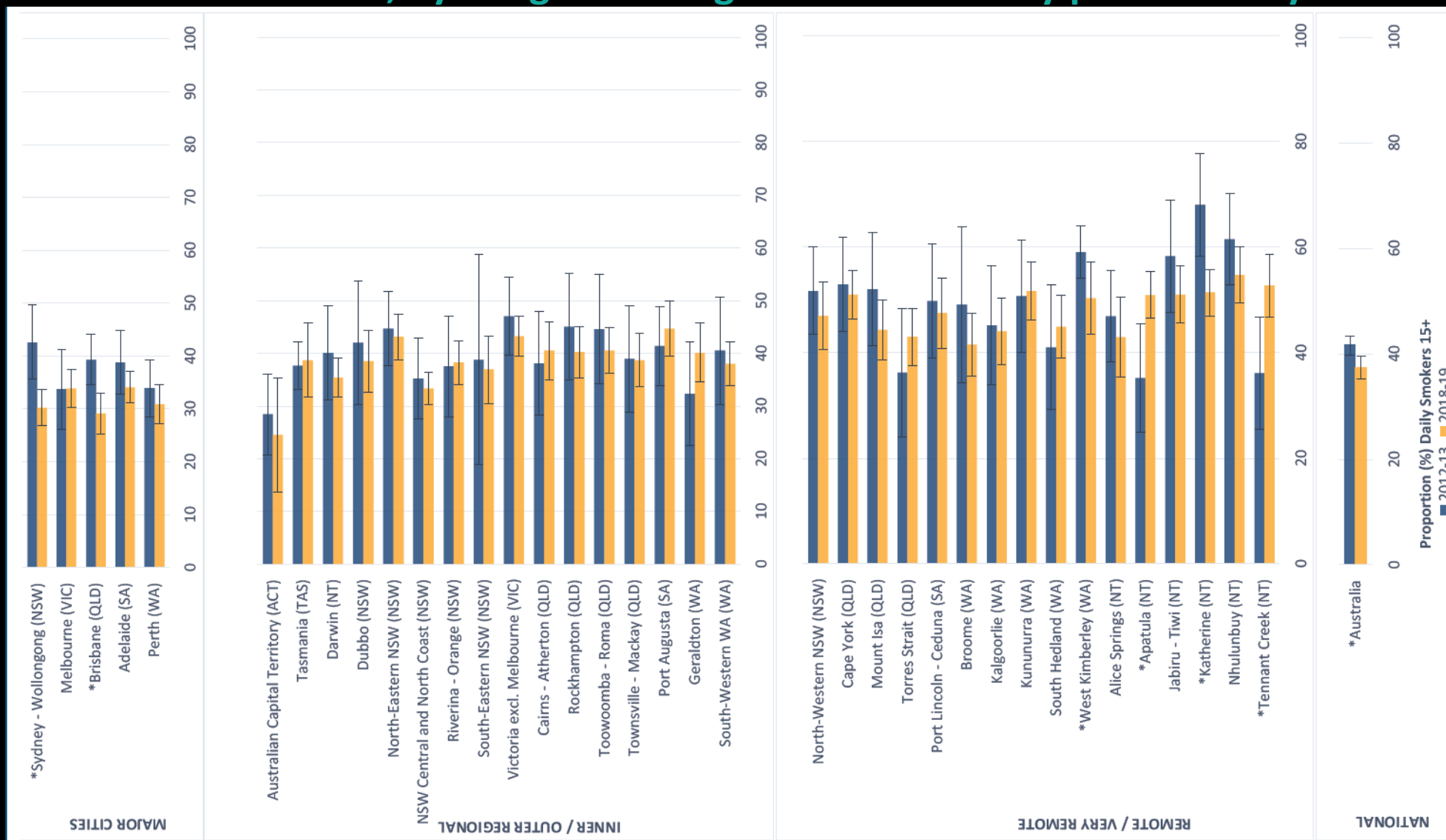


*49,000 daily smokers live in remote areas

Maddox, R., Thurber, K.A., Calma, T., Banks, E. and Lovett, R. (2020), Deadly news: the downward trend continues in Aboriginal and Torres Strait Islander smoking 2004–2019. Australian and New Zealand Journal of Public Health, 44: 449-450 <https://doi.org/10.1111/1753-6405.13049>



Daily smoking prevalence, Aboriginal and Torres Strait Islander peoples 15+, 2012-13 and 2018-19, by Indigenous Region and nationally presented by remoteness



Source: Heris, Christina, et al. "Deadly declines and diversity—understanding the variations in regional Aboriginal and Torres Strait Islander smoking prevalence." *Australian and New Zealand Journal of Public Health* 46.5 (2022): 558-561.

Overall anti-smoking attitudes, knowledges and beliefs

76% current Aboriginal and Torres Strait Islander people who smoke **want to quit**

70% **wish they never took it up**

60% reported community disapproval of smoking

Reasons to quit: **personal health, cost, and health of family**

Source: Cohen et al. 2021, Tobacco-Related Attitudes and Behaviours in Relation to Exposure to the Tackling Indigenous Smoking Program: Evidence from the Mayi Kuwayu Study. *Int. J. Environ. Res. Public Health* **2021**, *18*, 10962. <https://doi.org/10.3390/ijerph182010962>

Smoke free behaviours: Mayi Kuwayu cross-sectional

Quit attempts

- Among people who current smoke
 - 45% tried to quit
 - 48% tried to reduce smoking
- Among people who use to smoke
 - 66% quit unaided
 - 67% quit more than 5 years ago

Source: Cohen et al. 2021. Tobacco Related Attitudes and Behaviours in Relation to Exposure to the Tackling Indigenous Smoking Program: Evidence from the Mayi Kuwayu Study. *Int. J. Environ. Res. Public Health* **2021**, *18*, 10962. <https://doi.org/10.3390/ijerph182010962>



Smoke free behaviours: ABS trends

- From 2002-2018/19 significant improvements in **non-uptake, cessation, smokefree homes and smoking intensity**
 - An average annual relative increase in **successful quit attempts of +1%**
- Largest improvements were in the number of:
 - People who smoke living in **smokefree homes**
 - **Children** living in **smokefree homes**
 - People smoking **15+ cigarettes** per day



Smoke free behaviours: Quitline

- An average of **~2,500** people contacted the Quitline each year
- This represents approximately **1–2%** of all Aboriginal and Torres Strait Islander **current smokers**
 - **TIS** areas: **1.2–1.6%** of people who currently smoke
 - **Non-TIS** areas: **0.8–1.0%** of people who currently smoke
- Referrals: approx. **2/3 (66%)** of clients were referred by **third parties**
 - **1/3 (31%)** of third-party referrals were made by Aboriginal and Torres Strait Islander services

Colonna et al. Aboriginal and Torres Strait Islander peoples' Quitline use and the Tackling Indigenous Smoking program. Public Health Res Pract. 2024; <https://doi.org/10.17061/phrp34012403>



Together, we came up with these categories



Smokefree policies

1. Smokefree workplaces
2. Smokefree cars
3. Smokefree homes
4. Smokefree sport and community events

Mass media/social media campaigns

5. TV media campaigns
6. Radio media campaigns
7. Print media campaigns
8. Facebook social media campaigns
9. Instagram social media campaigns
10. Twitter social media campaigns

Promotional resources

11. Promotional posters
12. Promotional pamphlets
13. Promotional smokefree signs and branded vehicles

Community education & engagement

14. Community education and training
15. Community engagement, social activities and events

Events

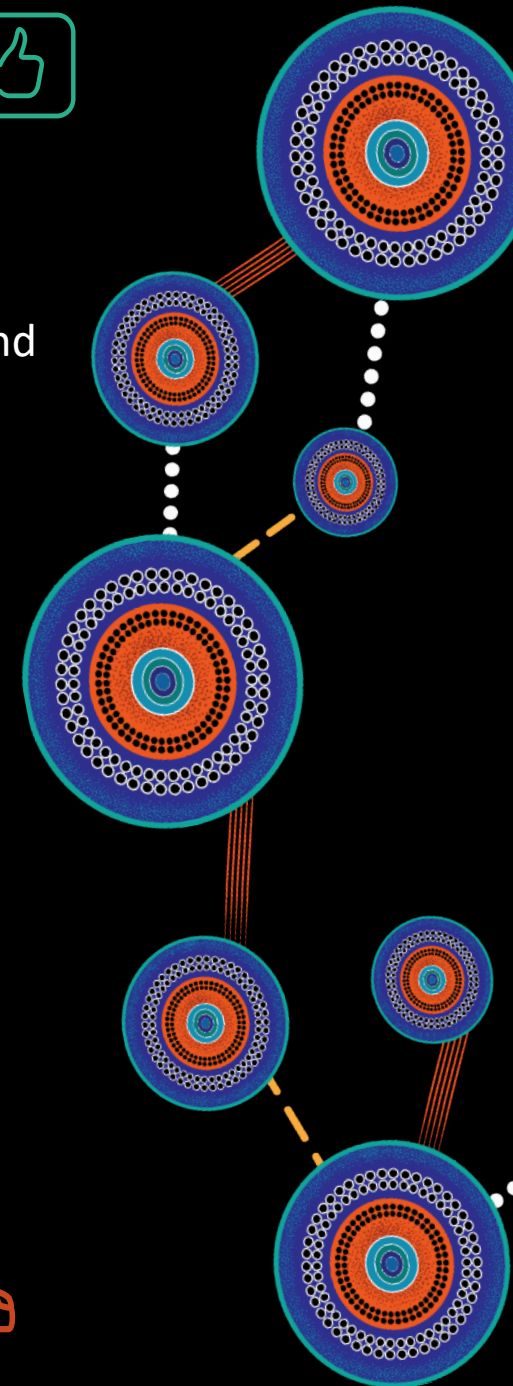
16. World No Tobacco Day
17. NAIDOC
18. Fun runs

Cessation supports

19. One-to-one or group smoking cessation support
20. Provision of stop smoking medications
21. Brief interventions

Other

22. Anti e-cigarette/anti-vaping activities
23. Other



Opportunities: moving beyond incremental success

“Tobacco use is everyone's business”

- 
- STRENGTHEN COMMUNITY ACTION
 - DEVELOP PERSONAL SKILLS
 - BUILD HEALTHY PUBLIC POLICY
 - ENABLE
• MEDiate
• ADVOCATE
 - CREATE SUPPORTIVE ENVIRONMENTS
 - REORIENT HEALTH SERVICES

ORDINARY MEETING OF COUNCIL

12 JUNE 2024

NOTICE OF MOTIONS

12.3 Notice of Motion - Tobacconists in NSW (Ref : Author: Macdonald/Macdonald)

File Reference: 12 June 2024 motions

Notice

Councillor Ross Macdonald will move the following motion:

Motion

That Council:

1. Seeks a change of regulations to require a development application to open a tobacconist or vape store in the Queanbeyan-Palerang Local Government Area; and
2. Writes to the NSW Government requesting a ceiling of tobacco and vape retailers for NSW and a plan for a phased reduction in the number of tobacconist and vape stores authorised to operate in NSW; and
3. Write to the Federal and State Ministers for Health seeking a commitment for further investment for a campaign aimed to inform the community about the health impacts of vaping and e-cigarette products.

Comment from Cr in support of this Notice of Motion

There are currently more than 19,000 registered tobacconists in NSW.

E-cigarettes have not proven to be an effective smoking cessation tool and rather have attracted a new cohort of nicotine users, including in young people. The percentage of people over 14 reported having used e-cigarettes has dramatically increased with 11.3% having ever used e-cigarettes in 2019 reaching 19.8% in 22/23.

Laws have recently changed to tighten the availability of e-cigarettes though some retailers have sought to circumvent the changes through stockpiling and 'black market' trading.

A limit in the number of tobacconists will complement a range of measures aimed to reduce smoking and smoking uptake whilst a requirement that a development application be lodged will ensure the application is scrutinised sufficiently.

Staff Comment

The NSW Planning System allows for an exempt change of use from retail to retail. This means that any existing retail premises could become a tobacconist without further approval.

Exempt land use classes and change of use enables development which is regulated by other means.

NSW Health have a role in the regulation of sale of these items.

Locally tailored, culturally safe communication



SolidMOB smoke free stories



What's your smoke free story? videos



Don't make smokes your story: real life stories



Anti smoking campaign: Jack Wilson, Australian Ninja Warrior Finalist



Don't smoke - William Finau (rugby player - Newcastle Knights)



Dwayne Jones Quit story



Carbal Can Tackle Indigenous Smoking



Smoke Free Community



What's your story, Cape York?



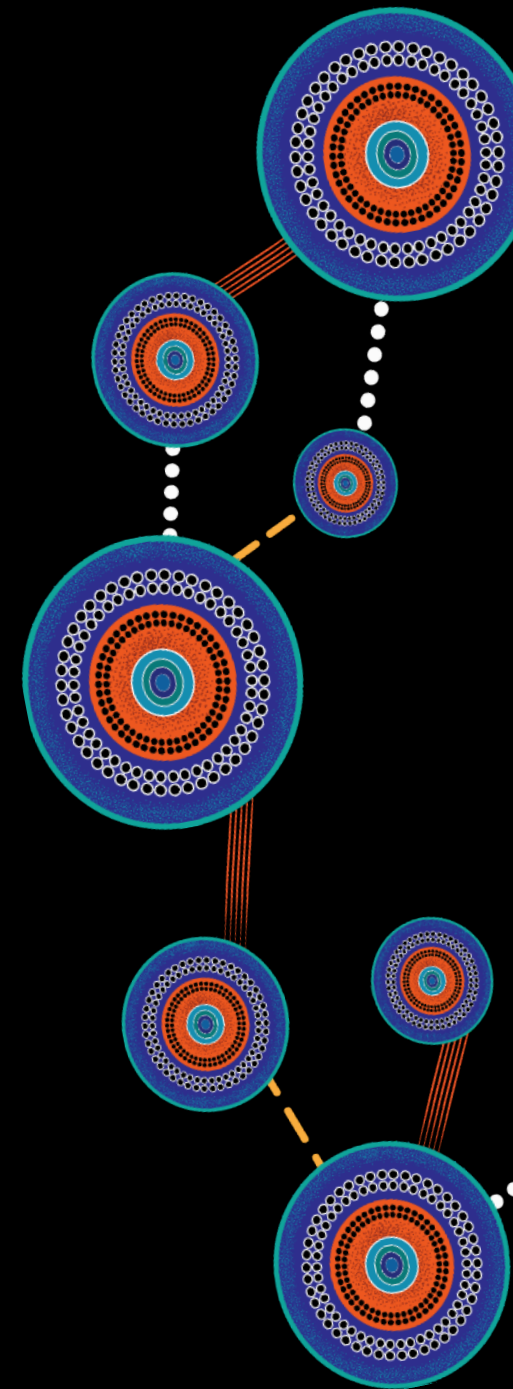
IUIH Deadly Choices videos



Kick the Habit social marketing campaign



Don't make smokes your story

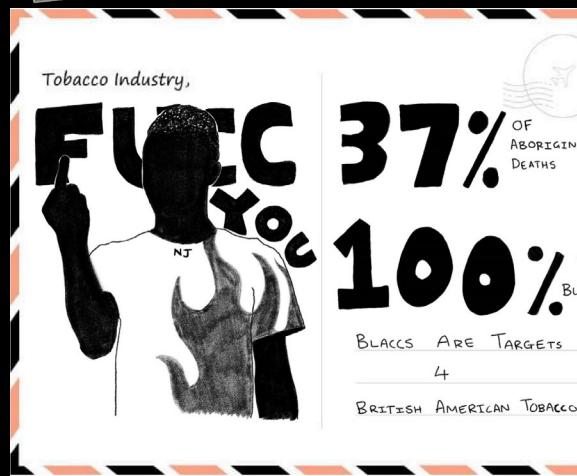
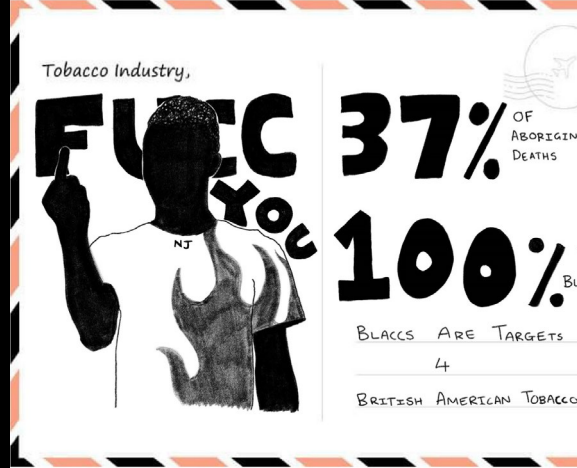


“death by 1,000 cuts”

one
smoke
^{at}
time



Truth telling:
“reject industry
arguments”



Dear Tobacco Industry,

You've taken so much from me already.
Don't take my life as well.

Dear Tobacco Industry,

You've taken so much from me already.
Don't take my life as well.

When commercial or recreational tobacco is used as directed, it kills. Find new ways of presenting the magnitude of the problem, and the extent of harms, disease and death. This includes broadening the Euro Western centric definitions of 'health' and 'harm', recognising the exploitative nature of the industry. This is crucial to gaining a more comprehensive understanding of the widespread impacts to individuals and communities by the tobacco and nicotine industry.

10

Use the term 'illicit tobacco' where relevant instead of 'Black Market' (a term with racist connotations).

9

Use strength-based language to refer to individuals, communities, and populations, recognising their strengths, agency, and rights in tobacco control, and avoid deficit centred discourse. An important aspect of strength-based language is attending to the context and the structural determinants of inequities, acknowledging, and uplifting cultures and community in finding and implementing solutions that work.

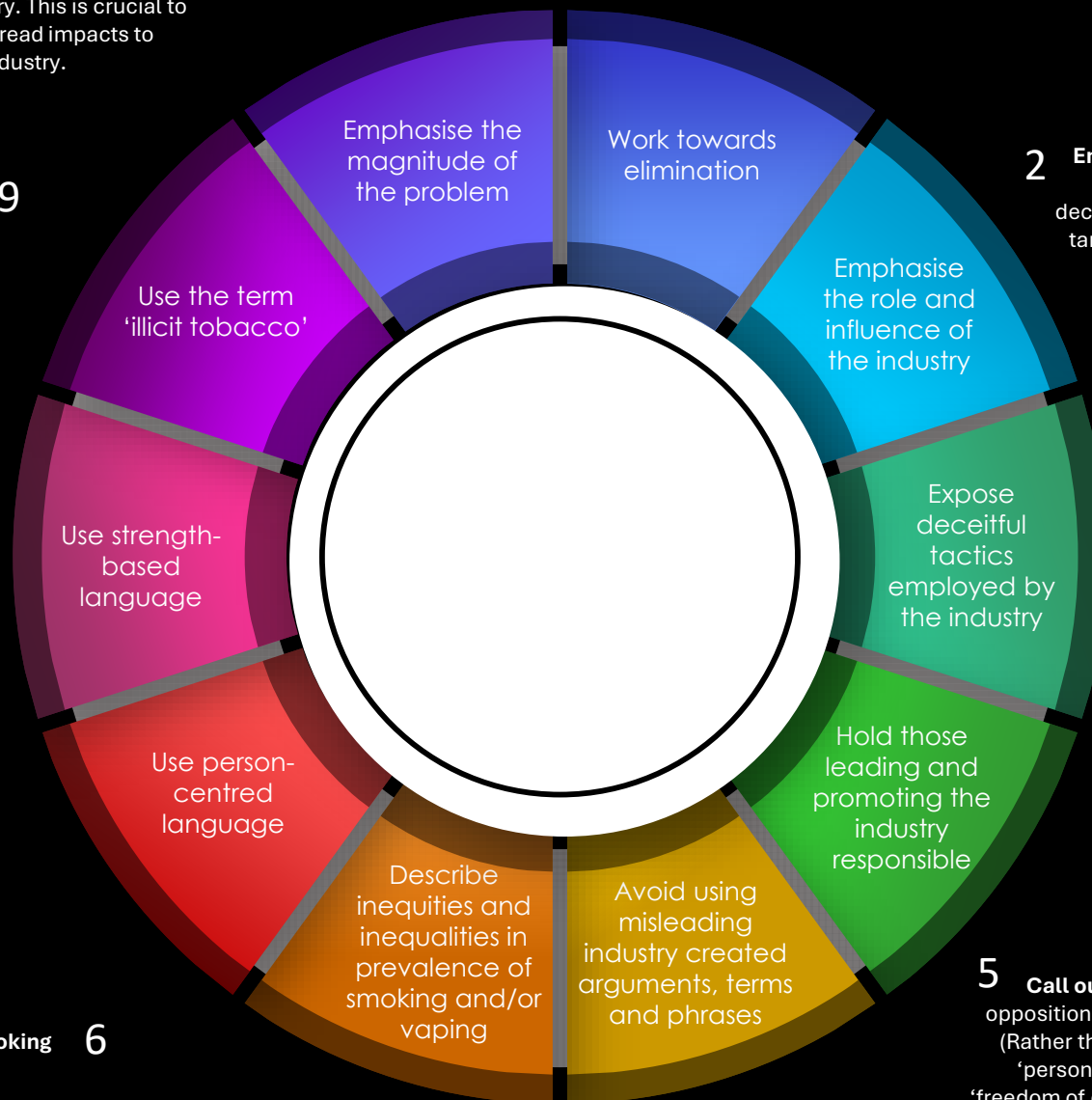
8

Use person-centred language that does not conflate the person and the behaviour (e.g. person who smokes vs 'smoker', 'vaper') or *blames* the individual or population for the behaviour (e.g. – Indigenous peoples and smoking, youth and vaping).

7

Describe inequities and inequalities in prevalence of smoking and/or vaping where relevant, with appropriate context of structural drivers of the inequities (e.g. Industry targeting, colonisation, racism, and does not simply make group comparisons).

6



1

Acknowledge the need for structural changes rather than focusing responsibility for change solely on individuals who use nicotine products. It is always important to recognise the best-case society led scenario of protecting people from industry harms go beyond aiming for incremental reductions.

2

Emphasise the industry role and responsibility as the vector that manufactures disease and death. This goes beyond an upfront declaration of 'no Industry funding' and can include industry lobbying, targeted marketing, industry-funded campaigns to undermine public health and the Human Right to Health.

3

Unveil the manipulative tactics used to downplay the dangers of smoking and vaping, thereby protecting society from misinformation, is important. This transparency fosters informed decision-making, supports regulatory efforts, and ultimately reduces the prevalence of tobacco-related diseases and death.

4

Hold those leading and promoting the tobacco and nicotine industry responsible for the harms generated by their lethal products. Highlighting their personal accountability for the harms caused by their lethal products underscores the moral imperative for corporate leaders to prioritise health.

5

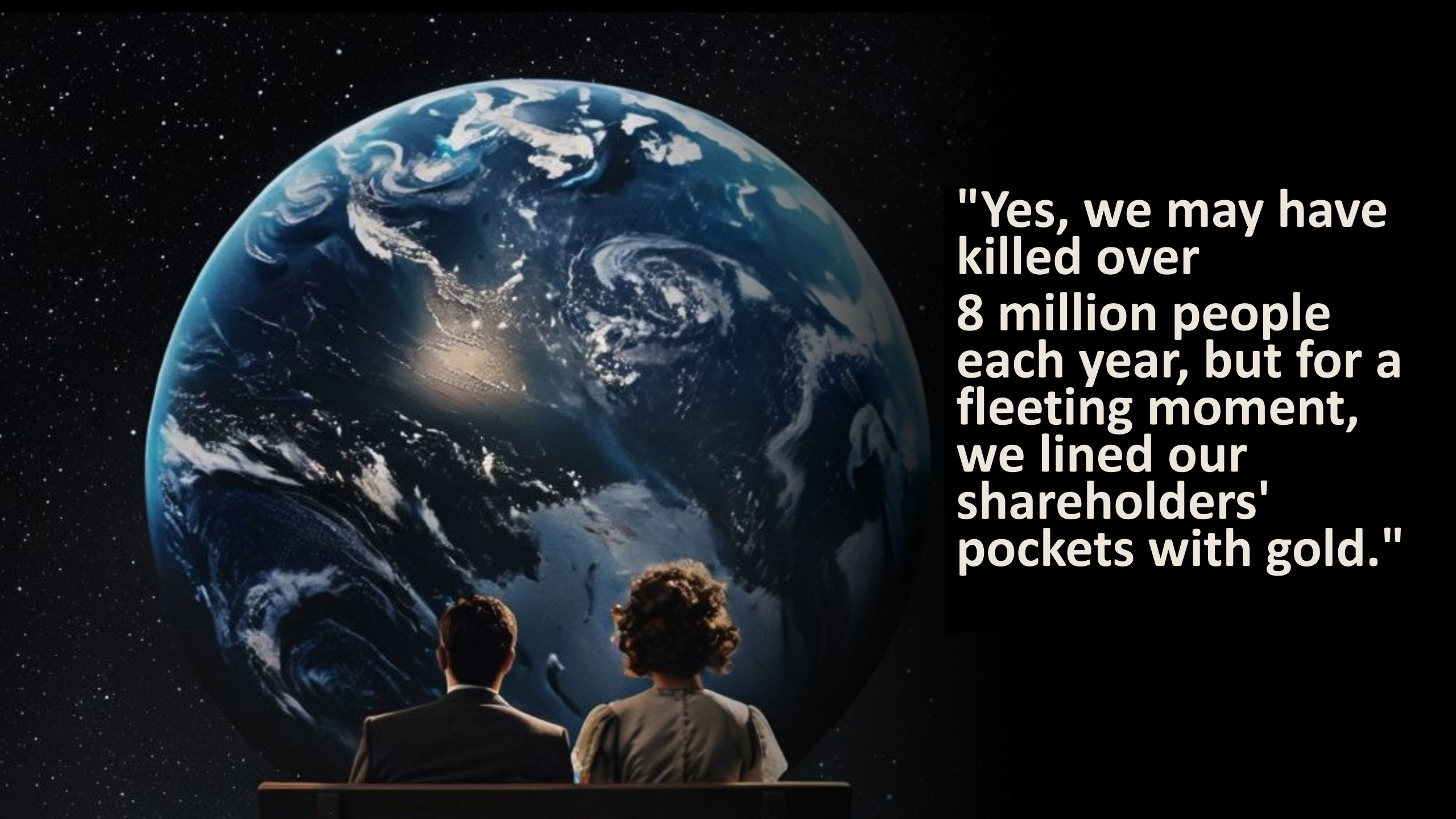
Call out co-opted and misleading terms and phrases designed to create opposition, fracture consensus, deny and downplay harms including addiction (Rather than *industry co-opted discussion* regarding 'personal responsibility', 'personal choice', 'individual rights', 'smokers' rights', 'consumer demand', 'freedom of choice', 'reduced risk', 'harm reduction', 'safer', 'safer alternatives', 'market freedom', 'leads to illicit trade or crime', 'nanny state', 'overregulation', 'regulation overreach', 'untested measures', 'government control', 'prohibition').

“reject industry arguments”

“addiction is *not* a personal choice”

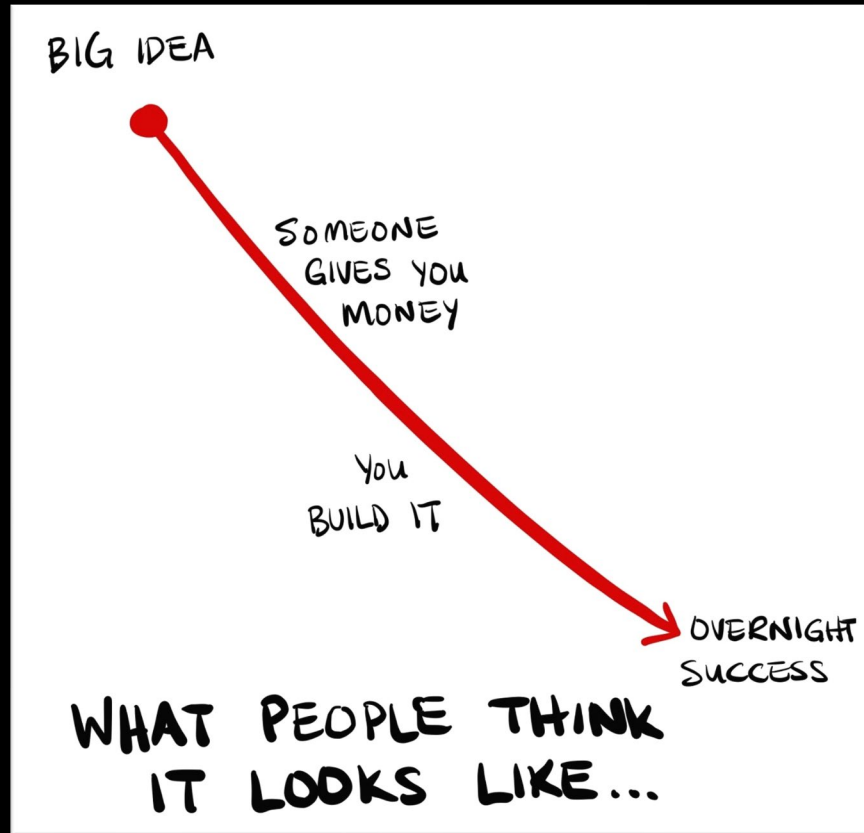
“those leading & promoting
industry need to be accountable”

“work to elimination”

A man and a woman, seen from behind, are looking out at a large, detailed image of the Earth from space. The man is on the left, wearing a dark suit, and the woman is on the right, wearing a light-colored dress with a high collar. The Earth is a large, blue and white sphere with visible clouds and continents, set against a black background filled with stars. The text is overlaid on the right side of the image.

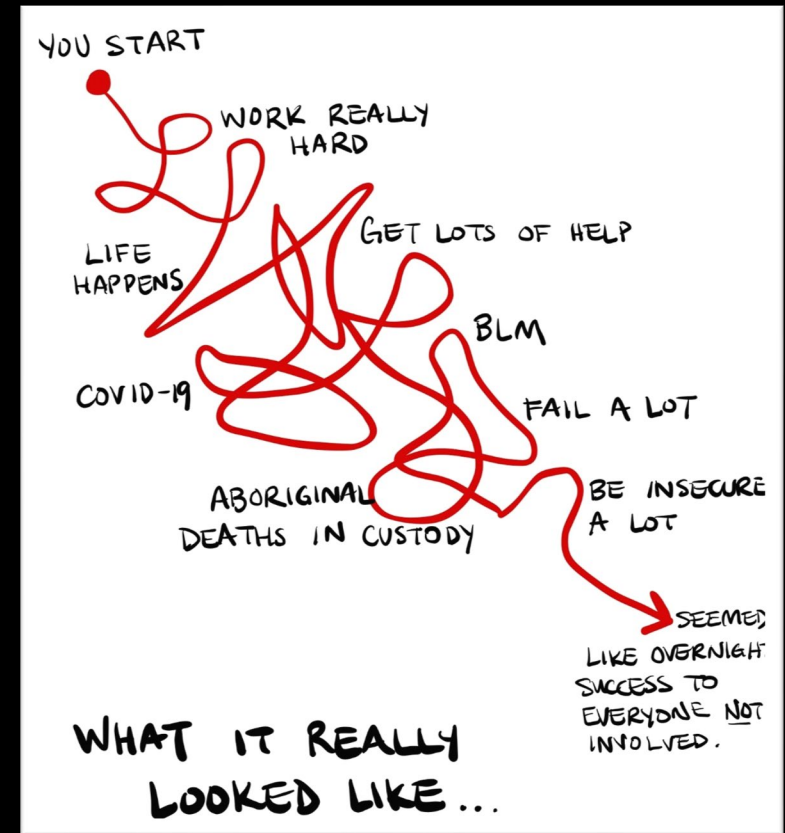
**"Yes, we may have
killed over
8 million people
each year, but for a
fleeting moment,
we lined our
shareholders'
pockets with gold."**

What people think



Vs.

Reality



The Deadly News since 2004...

Many
lives saved

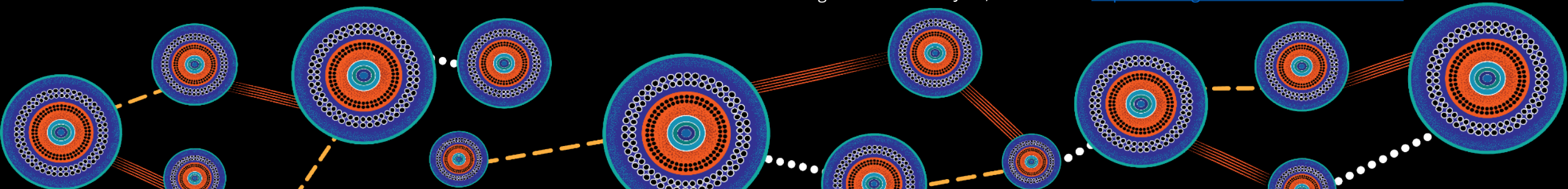


9.8% reduction

50k

Almost 50,000 fewer daily smokers

Maddox, R., Thurber, K.A., Calma, T., Banks, E. and Lovett, R. (2020), Deadly news: the downward trend continues in Aboriginal and Torres Strait Islander smoking 2004–2019. ANZJPH , 44: 449-450. <https://doi.org/10.1111/1753-6405.13049>



The National Tobacco Strategy 2023-2030 aims to:

**Many
lives saved**



Reduce tobacco use among all Australians to less than 5%



Reduce tobacco use among Aboriginal and Torres Strait Islander peoples to less than 27%



**"Demand sovereignty. Demand justice.
Demand elimination."**