



Policy and Practice Brief

This final Policy and Practice Brief summarises the findings from the Talking about the Smokes project and the 24 scientific papers we have published since 2015.

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Our research shows what is working to reduce smoking in this nationally representative sample of Aboriginal and Torres Strait Islander people, communities and Aboriginal Community Controlled Health Organisations.

Continued investment by government and health services in reducing Aboriginal and Torres Strait Islander smoking is important as we have shown improvement is clearly possible and happening now.

Health staff can increase their support for quitting with confidence that their messages will be understood and welcomed.

Messages for health staff

Health staff can be encouraged to provide more support for smoking cessation 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 harmful, live in a smoke-free homes, and have recently attempted to quit.

They can be more optimistic about the likely impacts of tobacco control activities among all, even the most socioeconomically disadvantaged, Aboriginal and Torres Strait Islander smokers, who do not for the most part appear less able to quit.

It is important for health staff to focus more on **helping people to stay quit** once they have started a quit attempt. They can work to **increase smokers' confidence that they can successfully quit**, as this predicts successfully staying quit. They can encourage smokers to draw on their few **non-smoking friends and family** members as role models to increase their confidence that they will successfully quit. Smokers can benefit from considerable support and encouragement to quit from their family, even though having more family and friends who smoke is an obstacle to quitting.

Health staff could **rethink** current messages that just encourage smokers to keep making quit attempts by increasing smokers' motivation to quit. Smokers are not giving up trying after unsuccessful attempts, but remain motivated to try again. But this motivation to quit and having made more quit attempts in the past does not predict eventual success in staying quit.



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

Some key findings

Health staff need to be prepared to discuss **e-cigarettes** with their patients. Many Aboriginal and Torres Strait Islander smokers have used e-cigarettes. We found considerable misunderstanding about the relative harm of e-cigarettes compared to conventional cigarettes. It is accepted that e-cigarettes are less harmful, although not risk-free, but the magnitude of the difference remains contested.

Health staff helping Aboriginal and Torres Strait Islander tobacco smokers to quit should also talk about **cannabis**, as it is so commonly used and mixed with tobacco.

In the Clinic

Health staff in clinics can build on their good work in ensuring most Aboriginal and Torres Strait Islander smokers are receiving regular **advice** about smoking cessation. They can encourage more smokers to use evidence-based measures to successfully stay quit, such as stop-smoking medicines (nicotine replacement therapy, varenicline and bupropion), the telephone Quitline, quit smoking courses, clinics and groups.

Our research, unlike previous reports, found that being more **stressed** is not an obstacle to quitting among Aboriginal and Torres Strait Islander people. Health staff can emphasise more the benefits to mental health and well-being that come with successfully quitting smoking.



Local research assistant Stacey Williams at Girudala Community Cooperative, Bowen, Queensland.

We surveyed a nationally-representative sample of 2,522 Aboriginal and Torres Strait Islander smokers and non-smokers between April 2012 and October 2013 from 35 locations (baseline surveys). We resurveyed 49% (849/1721) of the eligible smokers and recent ex-smokers from the baseline survey one year later between August 2013 and August 2014 (follow-up surveys). At the same time as the follow-up surveys, we surveyed a further 597 smokers for the first time.

Quitting

- 51% of smokers (who smoked at least weekly) made a quit attempt between baseline and the follow-up survey a year later. 34% of those who made a quit attempt stayed quit for a month or more.²³
- These factors were associated with making a quit attempt between baseline and follow-up surveys:
 - Having made more quit attempts in the past,
 - Having made more recent quit attempts in the past,
 - Several indicators of motivation to quit (e.g. reporting wanting to quit, reporting health worries about smoking and disagreeing that they enjoy smoking),
 - Having been encouraged to quit by a health professional,
 - Having noticed tobacco advertising,
 - Having no smokers in your household
 - Being female,
 - If money spent on cigarettes left not enough money for food and essentials,
 - Reporting higher stress, not being satisfied with your life, feeling depressed,
 - Not drinking alcohol heavily more often than once a week.²²⁻

Health Promotion

Health staff working in health promotion 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.

Health promotion staff should continue to use local information that talks about the dangers of smoking or that encourages quitting, where it is available. This local advertising had a greater impact on quitting than other anti-tobacco advertising. Campaigns which build on Aboriginal and Torres Strait Islander smokers' concerns about the effects of their smoking on children and others are likely to be particularly useful.



Messages for policy makers, funders and managers

Policy makers, funders and managers should continue to support a **comprehensive** approach to reducing Aboriginal and Torres Strait Islander smoking. This includes not only targeted Aboriginal and Torres Strait Islander tobacco control activities (as in many ACCHOs and the **Tackling Indigenous Smoking program**), but also **mainstream** tobacco control (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). We have provided evidence that these different elements are associated with more Aboriginal and Torres Strait Islander smokers quitting.

Quitting (continued)

- In contrast, these factors were associated with staying quit for a month or more among those who made a quit attempt between baseline and follow-up surveys:
 - Having made longer quit attempts in the past,
 - Non-daily smoking,
 - Perceiving that quitting will not be very hard,
 - Having at least one of your five closest family and friends be a non-smoker
 - If money spent on cigarettes left not enough money for food and essentials,
 - Reporting higher stress.²²⁻²⁴
- Neither having made more quit attempts in the past nor dependence was associated with staying quit.²³

Attitudes and social norms

- 70% of all smokers want to quit.⁵
- 39% of daily smokers said it would be very hard to quit.⁷
- 78% of daily smokers agreed that if they had to do it over again, they would not have started smoking.⁹
- 62% of daily smokers agreed that mainstream society disapproves of smoking and 40% agreed that their local community leaders disapprove of smoking.¹⁰
- 90% of daily smokers agree that being a non-smoker sets a good example to children.¹⁰

Smoke-free rules

- 53% of daily smokers reported that smoking was never allowed anywhere inside their home.⁶
- Having a smoke-free home was associated with wanting to quit, having made a quit attempt in the past year, and having ever stayed quit for a month or more.⁶
- 51% of daily smokers reported that smoking should be banned at outdoor community festivals and sporting carnivals.¹¹

Aboriginal Community Controlled Health Organisations (ACCHOs) should have **dedicated tobacco control resources**. This includes but is not restricted to the regional teams based in ACCHOs funded by the Tackling Indigenous Smoking program. Having these resources (from any funding source) was associated with more quitting and more assistance to quit.

Anti-smoking media campaigns work. Funding should continue for mainstream tobacco campaigns and national, state or territory Aboriginal and Torres Strait Islander campaigns, but it is also important to continue **local campaigns** as recall of these was associated with more quitting than other campaigns.

Pack warning labels are contributing to the knowledge and motivations of Aboriginal and Torres Strait Islander smokers, as they do for the general Australian population.



Project staff and leadership group meeting at NACCHO offices, Canberra

Managers and policy makers should support and extend **smoke-free** rules and laws. Most smokers support smoke-free rules at ACCHOs, other Aboriginal organisations and at outdoor community events. Most smokers reported that smoking was never allowed indoors at home and almost all reported that smoking was banned indoors where they worked. Aboriginal and Torres Strait Islander smokers who lived in **smoke-free homes** were more likely to be motivated to quit and to have made a quit attempt in the past year.

Managers should support their clinical and health promotion staff to be aware and to use this new research evidence to support tobacco control in their organisations.

Anti-tobacco advertising

- 85% of smokers recalled noticing any anti-tobacco advertising or information in the last six months, 48% noticing advertising or information featuring Aboriginal and Torres Strait Islander people or artwork, and 16% with local advertising or information.^{12,17}

Pack warning labels

- 65% of smokers recalled often noticing pack warning labels in the last month.¹²

Cessation support

- 75% of daily smokers who had seen a health professional in the last year had been advised to quit.¹³
- 23% of daily smokers had used nicotine replacement therapy or other stop-smoking medicines in the past year.¹⁴

Cannabis

- 24% of smokers also smoked something other than tobacco (e.g. marijuana), with almost all of these (92%) mixing it with tobacco.²⁰

E-cigarettes

- 21% of smokers had tried an e-cigarette.²¹



Peak Hill Aboriginal Medical Service, NSW, CEO Christine Peckham with local research assistants Bernadette Hazel and Sandra Peckham

Translating research into improved policy and practice

The involvement of **the ACCHO sector** in all aspects of the project has ensured that the project can improve policy and practice.

We have not just written articles in medical journals. This is our sixth Policy and Practice Brief. We have given 20 presentations at meetings of health staff, researchers and policy makers. We have talked at national meetings and in every State and Territory.

Our new research evidence has been used by the Tackling Indigenous Smoking program: by its National Best Practice Unit and in evaluations of the program and in government material for organisations tendering for regional teams.

Our research evidence informed the development of the national 'Don't make smokes your story' mass media campaign.

Our research evidence has informed the Smoking chapter of the National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people (<https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/national-guide>) and the Tobacco Control Audit tool for health services (https://www.menzies.edu.au/page/Resources/Tobacco_Control_Audit_Tool/).

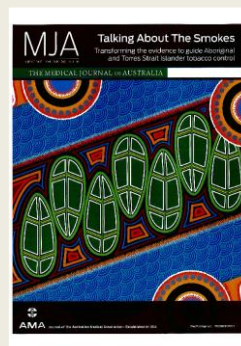
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Project websites:
https://www.menzies.edu.au/page/Research/Projects/Smoking/Talking_About_the_Smokes/

<https://itcproject.org/countries/australia-indigenous/>

The first 15 papers from the baseline surveys are available at:
<https://www.mja.com.au/journal/2015/202/10/supplement>



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