



**Australian Government**

**Department of Health and Ageing**



## **Indigenous Smoking Project Report**

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### **Executive Summary**

The history of tobacco control in Australia shows that reductions in smoking prevalence can be linked to comprehensive and collaborative action by governments and health organisations to change the culture of smoking (WHO – Mpower Package 2008; Tobacco Working Group – National Preventative Health Taskforce 2008; South Australia Department of Health 2008).

Australia's success in tobacco control is characterised by a whole of population approach that combines advocacy, regulation, campaigns and treatment programs (Tobacco Working Group – National Preventative Health Taskforce 2008; South Australia Department of Health 2008).

However, despite significant reductions in smoking among the general Australian population, Indigenous smoking rates remain alarmingly high at between 50% and 80% prevalence (Briggs et al 2003).

Tobacco continues to be the main cause of preventable death and illness among Indigenous Australians. It is now widely acknowledged that reducing smoking among Indigenous people is an integral element of a comprehensive approach to closing the health and life expectancy gap between Indigenous and non-Indigenous Australians (Briggs et al 2003; Tobacco Working Group – National Preventative Health Taskforce 2008).

The Australian government's commitment to increase the levels of funding to address smoking in Indigenous communities is a welcome advance towards achieving this goal.

This report aims to report on the outcomes of the Indigenous tobacco advocacy workshops and consultations while also providing recommendations on future funding directions for Indigenous tobacco control in Western Australia.

## 1.0 Project Background

The Public Health Advocacy Institute of Western Australia (PHAIWA) Indigenous Smoking Project was commissioned by the Department of Health and Ageing (DoHA) to develop innovative approaches and provide future policy options to reduce the prevalence of Indigenous tobacco use in Western Australia. Specifically the project aimed to:

- Contribute to capacity building in skills-based tobacco advocacy strategies for the Aboriginal Health Council of WA (AHCWA) and Aboriginal Medical Services (AMS) staff members; and
- Link tobacco control and public policy expertise with stakeholder engagement and community involvement, with a view to developing policy and strategy thinking that will help to inform new activities and funding approaches.

The key objectives of this project were to:

- Support key staff of the Aboriginal Health Council of WA (AHCWA) and the Aboriginal Medical Services (AMS) in advocacy strategies relevant to tobacco control and smoking cessation;
- Investigate a range of innovative approaches to reduce the prevalence of smoking among Indigenous people; and
- Provide recommendations on policy coordination, strategy delivery and monitoring of activities to help reduce smoking prevalence among Indigenous people.

## 2.0 Methodology

A number of methods were employed throughout the duration of the project including:

- A desktop review of the available literature pertaining to tobacco control and smoking cessation projects undertaken in Indigenous communities, specifically investigating successful and/or innovative strategies, both in Australia and Internationally;
- Establishment of a Project Advisory Committee;
- Development and facilitation of four (one metropolitan and three regional) skills based advocacy workshops for AHCWA and AMS staff members; and
- Consultations with workshop participants and additional Indigenous health staff across Western Australia. Consultations were held with representatives of each region in Western Australia. The consultations aimed to identify successful Indigenous tobacco control projects in WA that may not be documented, factors that contribute to success or failure of Indigenous tobacco control projects, gaps in service provision and perspectives on directions for future funding.

## **2.1 Project Management**

Project management was the responsibility of PHAIWA with Dr Melissa Stoneham coordinating the project and Jodie Goodman (Project Officer) implementing the strategies throughout the project duration. Professor Mike Daube and Laura Bond provided advice and specialist skills throughout the project.

A Project Advisory Committee (PAC) was established to provide guidance and support to the project. The role and responsibilities of the Steering Committee were to:

- Provide advice on gaps in service provision, innovations and capacity building opportunities relating to tobacco control;
- Advise on appropriate areas for capacity building in advocacy; and

- Provide advice on a proposed protocol for culturally appropriate consultation.

This committee comprised of the following individuals:

- Francine Eades (AHCWA)
- Josie Maxted (AHCWA)
- Christine Ivan (AHCWA)
- Glenda Humes (South West Aboriginal Medical Service Aboriginal Corporation (SWAMS)),
- Terry Brennan (Geraldton Regional Aboriginal Medical Service)
- Juli Coffin (Combined Universities Centre for Rural health (CUCRH)),
- Tim O'Brien (Kimberley Population Health Unit (KPHU)),
- Raelene Mills (Kimberley Population Health Unit),
- Lyn Dimer (Heart Foundation),
- Stephen Hall (Australian Council on Smoking and Health (ACOSH)),
- David Waters (Office of Aboriginal Health)
- Wendy Creech (Department of Health and Ageing (OATSIH))
- Michael Fowlie (Department of Health and Ageing (Primary Health))
- Wayne Johnson (Bega Garnbarringu Health Services)
- Glenn Pearson (Kulunga Research Network – Institute of Child Health Research)
- Professor Mike Daube (Public Health Advocacy Institute of WA (PHAIWA))
- Dr Melissa Stoneham (Public Health Advocacy Institute of WA (PHAIWA))
- Laura Bond (Public Health Advocacy Institute of WA (PHAIWA))
- Jodie Goodman (Public Health Advocacy Institute of WA (PHAIWA))

## **2.2 Information Gathering**

The project was designed to incorporate as many sources for data collection as would be permitted by the budget and in the timeframe allowed for the project. Sources for data collection included literature review, interactive workshops and face to face consultations.

The intention was to use the various sources of data for two main purposes, namely to piece together a picture of Indigenous smoking issues and to enhance the validity of each source by reference to others.

### **2.2.1 A Precis of the Literature Review**

There are several factors which may contribute to the higher prevalence of smoking in Indigenous communities. First the historical context must be considered. Tobacco was used as a control mechanism by colonial powers. Tobacco addiction was encouraged and exploited by colonists who used it as payment for labour (Brady 2001). Meanwhile, studies have shown that the effects of colonisation, such as grief, trauma and loss, have led to lower health levels and increased levels of smoking. These effects have also contributed to the lower socio-economic status of Indigenous people and their higher presence in Australian correctional facilities (Ministerial council on Drug Strategy 2006).

The socio-economic status of Indigenous people tends to be lower than the general population. Indigenous people are more likely to be unemployed, have lower levels of education and live in sub-standard, overcrowded housing conditions, all of which have been shown to contribute to high rates of smoking and increased exposure to tobacco smoke (Briggs et al. 2003; South Australian Department of Health 2008). Thomas et al.'s (2007) study which looked at the social determinants of Indigenous non-smokers, found that although smoking prevalence is high among all groups of Indigenous people, the poorest and most socially disadvantaged are least likely to be non-smokers (Thomas et al. 2007).

The social context of Indigenous smoking is another important factor to consider in the search for effective smoking cessation strategies for this group. Research has shown that the level of 'normalisation' of smoking in Indigenous communities is extremely high. It has been argued that smoking plays a role in relationship building and that to quit smoking may lead to social isolation (Briggs et al 2003; Harvey et al 2002). In Harvey et al's study of tobacco brief intervention training for health workers, the normalisation of smoking was felt to be a significant barrier to quitting. One health worker commented "people who don't smoke become a pariah, they can be ostracised" (Harvey et al 2002).

Finally, the lack of attention to Indigenous smoking within health research and practice has arguably contributed to the higher smoking prevalence among this group. Until recently, compared with other issues that have more immediate and visible impacts, smoking has been given low priority in health services for Indigenous people. At the same time, factors such as a lack of availability and access to culturally appropriate health services, language barriers, forms of institutional racism within the health system, and importantly, high rates of smoking among Aboriginal Health Workers (AHW) are likely to have contributed to the high prevalence of tobacco use (Briggs et al 2003; Mark et al 2005). Mark et al's (2005) study suggests that the personal tobacco use of AHW's is a significant barrier to the success of smoking cessation strategies for Indigenous communities. Stress from racism, family and work expectations were identified by AHWs as the leading barrier to attempts to quit smoking (Mark et al 2005). This finding reflects other studies which have shown that the multiple life stressors experienced by many Indigenous people serve as significant barriers to quitting smoking (DiGiacomo et al. 2007). It is vital that these factors be taken into account when designing and implementing tobacco control strategies for Indigenous people.

### **2.2.2 Interactive Workshops**

A series of interactive media and tobacco advocacy workshops were facilitated throughout Western Australia.

Interest in attending an Indigenous advocacy workshop was canvassed through AMS, the PAC, Public Health Units and other Indigenous organisations.

The PAC was requested to identify workshop locations and to assess suitable dates and participants for the workshops.

Workshops were held in the following locations:

- Perth;
- Broome;
- Port Hedland; and
- Kalgoorlie.

A list of all workshop participants appears as Appendix One.

The aim of the workshops was to:

- Provide an overview of the issues associated with tobacco and Indigenous communities;
- Provide local information on tobacco projects;
- Connect local public health professionals with their local media contacts;
- Provide hands on activities to increase media advocacy skills; and
- Provide an opportunity to consult with participants about what is working in Indigenous tobacco control.

A great mix of presenters, whose experience in advocacy and passion for Indigenous health issues, contributed to what were a series of inspiring and motivating workshops. Shane Bradbrook talked with passion of his work and involvement in tobacco resistance in a Maori cultural context. Shane is the director of Te Reo Marama, whose primary role is to advocate change at a



political and policy level on tobacco control issues from a Maori/Indigenous perspective. Shane presented a powerpoint presentation which highlighted examples of their organisation's successes in tobacco advocacy. Some of these included reductions in the prevalence of Maori smokers, the cessation of tobacco sales in a number of local New Zealand shops and the unprecedented apology (and admittance to making a marketing mistake) by Altria/Phillip Morris to Maori for using their cultural identity in a brand of cigarettes called 'Maori Mix'. Shane's presentation was received enthusiastically by all participants.

Professor Mike Daube shared his expertise in tobacco advocacy strategies. This presentation focused on what has worked in tobacco advocacy to date followed by a more specific presentation on the specifics of writing and distributing a good media release. In Kalgoorlie, Vatesa Colbung, Regional Aboriginal Project Officer from Goldfields Population Health talked about a range of strategies including media advocacy, building relationships and community consultation, ownership and design of resources that led to the success of the Smoke Free project in the Goldfields.

Speakers were joined by local media representatives from each location who gave local information on getting heard in the media. Lunch was provided for participants at each workshop. The afternoon session involved splitting into groups for skills based activities such as writing a media release and conducting a radio interview. Consultations around Indigenous smoking initiatives were also facilitated during the afternoon session. The afternoon sessions were interactive and fun, allowing participants to build their confidence in some media skills, while also sharing their concerns and achievements in relation to Indigenous smoking.

The first workshop was held in Perth and while there was positive feedback, some constructive criticism in relation to the workshop content was forthcoming. Some participants wanted more Indigenous specific data reflecting the gap between Indigenous

and non-Indigenous Australians in relation to smoking and health. Although trying to focus more on advocacy, as opposed to health statistics, this was taken into consideration and the following workshops were adapted accordingly.

The workshops received local media coverage in each location, both within the press and on local radio. An example of the type of press coverage received is attached as Appendix 2.

In addition to the local media coverage, the workshops were promoted locally through AMS newsletters, contributing to the advocacy impact of the workshops.

The project also saw some practical media advocacy outcomes that directly related to participation in the workshops. Participants were not only given training in media skills such as writing a media release or conducting a radio interview, they were also presented with the opportunity to create connections with local media contacts. This has resulted in media coverage that is a direct outcome of the workshop. An example of such coverage is attached as Appendix 3.

Overall the feedback received both verbally and through correspondence and evaluations, was extremely positive, highlighting the success of the pilot workshops and certainly making the case for similar advocacy workshops to be held in the future throughout Western Australia.

### **2.2.3 Consultations**

To complement these workshops, a series of consultations with Indigenous professionals was organised. Following identification of key stakeholders who were unable to attend the workshops, face-to-face interviews and online surveys were conducted with a range of urban, rural and remote service providers.

Consultations were conducted using the structure of the survey questionnaire as a guide. However, participants were encouraged to freely contribute their views, opinions and ideas.

Consultations were held in the following locations:

- Albany (Great Southern Population Health , Great Southern Aboriginal Health);
- Geraldton – GRAMS, Geraldton Population Health, CUCRH;
- Kununurra – Kununurra Community Health, OVAHS; and
- Perth - Derbarl Yerrigan.

The orange dots in Figure One indicate the workshop and consultation locations throughout Western Australia.



Figure One - Workshop and consultation locations

### 3.0 Initial Findings: What is happening in Western Australia around Indigenous smoking?

Throughout the project, a number of Western Australian landmark projects addressing Indigenous smoking were identified. These are outlined below.

- **Make Smoking History (The Cancer Council of WA)** – This project aims to encourage parents to make their home and cars smoke free to protect children from environmental smoke and increase awareness amongst smokers of the dangers of light and mild cigarettes. Primary strategies included a mass media campaign, community based support, media and political advocacy and the provision of public information.
- **Indigenous Women’s Smoking Project (The Asthma Foundation of WA)** – This project aims to prevent chronic disease through healthy lifestyle related health promotion interventions for Aboriginal people (relating to maternal and infant health), by reducing smoking rates of pregnant women and mothers of infants as well as reducing exposure of infants to tobacco smoke. Primary strategies included education, training and the provision of community grants.
- **WA Aboriginal Health Promotion Collaboration program (Aboriginal Health Council of Western Australia)** – The aim of this project is to increase the capacity of the Aboriginal health promotion workforce through the creation of six Aboriginal Health Promotion Officer (AHPO) positions. The primary strategies included AHW training and the creation of 6 AHPO positions.
- **Aboriginal Women’s Project (Women’s Health Care Association)** – This project aims to increase the knowledge, skills, motivation and capacity of Aboriginal women to take action to improve their own health and the

health of their families through education, support, training for Aboriginal Health Workers (AHWs) and others working with Aboriginal women and their families.

- **Beyond the Big Smoke Health Promotion Project (Aboriginal Health Council of WA)** – This project aimed to promote smoke free policies and provide support for smoking cessation through Aboriginal Medical Services across WA through brief intervention training, coordination of tobacco control activities, education, production of health promotion resources, newsletter, local champions, awareness raising and community consultation.
- **Say No to Smokes (Aboriginal Health Council of WA)** – (no longer running) This project provided support for smoking cessation through a train the trainer approach and dissemination of resources. The campaign was developed to encourage Aboriginal people to make more attempts to quit smoking, through the sharing of successful quitting stories. The stories of local people living in each region of Western Australia including the metropolitan, Great Southern, Pilbara and Kimberley regions have been recorded and a CD and booklet developed. Primary strategies included brief intervention training and the dissemination of resources.
- **Family Interventions to reduce tobacco smoke exposure of Pilbara Aboriginal Children (CUCRH)** – This project aims to reduce the exposure of Aboriginal children to tobacco smoke and develop the capacity of an Indigenous researcher. Primary strategies included community education and consultation, community media advocacy, survey research on attitudes and behaviour and networking with local organisations and family based interventions. The project began with encouraging smoke free houses but is aiming ultimately for entire smoke free streets or family clusters. This five year project is run by

Indigenous people for Indigenous people and invests heavily in relationship building and challenging social and cultural norms.

- **Smarter than Smoking (National Heart Foundation)** – This project aims to prevent smoking among teens aged 10-15 years in WA and includes specific strategies to be developed targeting Indigenous young people using a mass media campaign, web-based activities, school resources for teachers and school nurse training.
- **ADIS – Quitline (Government of WA Drug Alcohol Office)** – This service provides counselling, referrals and advice to anyone concerned about their or another's alcohol or drug use.
- **Nicotine Addiction Treatment Project (ABHI) (Local Division of General Practice in collaboration with the Population Health Unit of the Area Health Service)** – This project aims to address the cultural, pharmacological and behavioural factors that affect smoking uptake, the nature of nicotine dependence, the reinforcement of continued smoking and the process of smoking cessation. There are two pilot locations at Rockingham/Kwinana and Goldfields which include an audit of smoking cessation activity, the development of educational resources, integration of tobacco cessation initiatives with current chronic disease prevention and lifestyle modification programs targeting ATSI people.
- **Indigenous Healthy Lifestyles Project (ABHI) (Office of Aboriginal Health)** – This project aims to assist Indigenous communities to build local capacity to undertake a range of strategies to reduce risk factors for chronic disease. It focuses on improving coordination of culturally appropriate services, avoiding duplication and emphasising local ownership. The five sites selected for the project include Norseman (Goldfields), Western Desert communities of Jigalong, Kunawarritji, Parnngurr and Punmu (East Pilbara), Halls Creek (Kimberley),

Kwinana (Metropolitan) and Peel (Metropolitan). Primary strategies include community consultation, training, education, networking and collaboration with other organisations.

- **Be Our Ally Beat Smoking (BOABS) Study) (University of WA, Kimberley Aboriginal Medical Services Council)**  
This randomised control trial of smoking cessation strategies is occurring at two major Aboriginal health services (DAHS & OVAHS) over a period of 3 years. Participants who agree to participate are randomly allocated to either a program following current Australian recommended primary care smoking cessation strategies or a more intensive supported quit smoking intervention.
- **Goldfields Smokefree Project (no longer running)**  
This project aimed to promote smoke free procedures at Western Australian Country Health Services (WACHS) – Goldfields sites, provide information, education and support to Aboriginal communities, provide feedback to Population Health staff regarding issues raised by Aboriginal communities and develop culturally appropriate promotional material. Primary strategies included the establishment of relationships with community, community consultation regarding development of resources, advocacy using community media and the provision of smoking cessation programs and support.
- **Geraldton Regional Aboriginal Medical Service (GRAMS)** – This service encourages Indigenous organisations in Geraldton to become smokefree and offers support for staff within those organisations that want to quit. Staff at GRAMS also demonstrated computer software called IBERA which they intend to purchase. This software provides a visual demonstration of both the effects of smoking on different body parts and the recovery effects over time of smoking cessation.

- **Great Southern Aboriginal Health Service** – It is the intent of this service to establish a series of Community Health Councils where Indigenous issues will be a priority.
- **WA Prison’s Smoking Reduction Plan** – This Plan aims to reduce the smoking prevalence of Aboriginal inmates in WA Prisons (Adult Custodian Directorate).
- **Reducing The Risk of SIDS In Aboriginal Communities** - The program aims to reduce the unacceptably high risk of Aboriginal infants dying of Sudden Infant Death Syndrome (SIDS) and fatal sleep accidents. As tobacco smoking is one of the contributing factors for SIDS, the program aims to raise awareness in community members and local professionals of the need for smoking cessation and encourage access to support. At present SIDS and Kids WA is seeking to build the tobacco control component within the RROSIAC project to better meet the needs of Aboriginal community members and thereby reduce the risk of Aboriginal infants dying of SIDS. The program conducts community focus groups, community education and train the trainer education to local professionals throughout WA.
- **My Heart My Family Our Culture** – This Heart Foundation project focuses on risk factor prevention for heart disease. It is hoped that by sharing information and raising awareness about heart disease risk factors, it will allow people to reduce their risk of chronic diseases by self management. This project follows a self-empowerment principle.
- **Drug and Alcohol Awareness** – The Aboriginal Alcohol and Drug Service is aiming to raise awareness about the effects and harms of Alcohol and Drug (including tobacco) misuse by facilitating 6 - 10 week session plans that specifically target Indigenous youth. Resources include visuals such as handouts for participants to keep, diagrams of specific drugs, pictures/diagrams of healthy



organs and organs that have been affected by tobacco, drugs and alcohol. Diagrams and pictures are used to raise the participant's awareness and knowledge about drugs and alcohol and also create discussion and interest in the sessions.

## **4.0 Consultation Findings**

### **4.1 Principles of an Indigenous smoking project**

A significant problem identified in the literature around Indigenous tobacco control, and also highlighted during the consultations, was the absence of effective evaluation that measures the impact of programs. Nevertheless, the consultations identified strong opinions on the principles for a successful program. These are discussed below.

- **Culturally appropriate** – Programs should take into account the reasons why Indigenous people smoke and aim to address these while also delivering programs and services in a culturally appropriate manner. Many felt that mainstream campaigns and programs, for example, were not reaching Indigenous people, particularly in regional and remote areas. Due to the multiplicity of reasons resulting in the high prevalence of Indigenous smoking, programs should be holistic and particularly include a focus on changing the culture of smoking in Indigenous communities. Programs should take time to build relationships and take into account cultural issues/events e.g. family feuding/ funerals etc.
- **Targeted at local community/reliance on community to provide solutions**– It was felt that interventions/campaigns should be locally relevant involving local people and focus on issues that are relevant to a particular community. It was suggested that 'constructive' Elders should be identified at the beginning of any intervention and a 'yarning' process initiated in order to develop programs that fit the community and gain meaningful support for the intervention. Community

consultation must be genuine and there should be a degree of ownership over the direction of the program and the development of program resources. There was widespread support for building capacity of community advocates in the area of tobacco control. It was also considered vital to ensure the community is aware about who is delivering the program and how this might affect the program's success. Many people mentioned that it must be the 'right' person delivering the program. The politics within Indigenous communities means that extra attention must be afforded to community power relations and feuding and what this might mean for participation rates.

- **Follow up and support required** – In addition to focusing on changing the culture/norms of smoking in Indigenous communities, respondents felt that additional ongoing support must be readily available to those who have decided to quit. In many regional areas this support was simply unavailable. This was largely due to lack of staff and resources dedicated to tobacco control.

#### **4.2 What strategies are most likely to work?**

Throughout the project, a range of strategies that would have the most impact on Indigenous smoking rates were discussed and described. These are discussed below.

- **Visual impact** – Many people identified the use of visual aids as a resource to highlight the effects of smoking on health. It was thought that such visual resources would encourage discussion and assist people to understand and conceptualise what smoking is doing to their bodies/babies, etc. The Ibera computer program was identified as an excellent resource that allowed people to not only see the effects of smoking on the human body but also indicate the potential physiological effects of quitting. A barrier to accessing this resource is the cost and unless subsidised would be inaccessible to many services.

- **Diversionary activities for young people** – Boredom and a sense of hopelessness were identified as contributing to higher rates of smoking among young Indigenous people. It was suggested that funding could be provided to encourage alternative activities for youth e.g. canoeing, movies, physical activity, etc. while also promoting the smoke free message.
- **Smoke free settings and local badging** – Working with community members and local people to promote smoke free settings was identified by many people as vital to the success of such programs. For example, both the *Goldfields Smoke Free Project* in Kalgoorlie and the *Family Interventions to reduce tobacco smoke exposure of Pilbara Aboriginal Children* project in Port Hedland worked with local people to develop resources and promote the message with radio, newspaper and local artists/artwork.
- **Stronger organisational support for smoke free settings** – Many people agreed that there is a need for stronger organisational support for smoke free settings, particularly within health services (both government and AMS). If this was to occur, activities such as smoking outside the front gate and while in uniform would not be permitted. While most AMSs and Department of Health services had implemented smoke free policies, however, the extent of implementation varied across settings. Health services such as KAMSC for example, had strong organisational support and were more successful in implementing policies in a holistic way and encouraging health workers to think about quitting.
- **Challenges amongst communities and organisations to be smoke free** – Community activities or events promoting the smoke free message were thought to be an effective strategy to increase awareness. Participants suggested that creative challenges rewarding communities or groups, streets or houses for becoming smokefree could be effective. In Kununurra, a

school art competition around the health impacts of smoking had been successful in encouraging children to identify the impacts that smoking was having on their family. Pictures were drawn depicting family members as unwell and sessions where the children talked about their art encouraged them to articulate the links between smoking and health in relation to their own families. The KAMSC *Beyond the Big Smoke* project used competitions as incentives for AMS staff to give up smoking. It was suggested that these types of creative incentives were encouraging discussion and possibly a change in attitudes/norms around smoking. A further suggestion was providing home maintenance as a reward for cessation. Conditional cash transfer was identified by some respondents as having the potential to work in Indigenous communities and should be trialled, while others felt that it would not work and may encourage people to begin smoking in order to receive the cash payments. This could be avoided, however, if run by community members who would have inside access to information relating to who smokes and who doesn't.

- **Reactivating AHWs as community advocates** – Both the literature and consultations suggested that smoking amongst AHWs is a problem that contributes to high rates of smoking and presents barriers to the success of brief interventions and other strategies. A number of reasons for this are addressed in the literature. While in some areas smoke free policies had encouraged individuals to quit or think about quitting, in other areas AHWs were smoking directly outside the AMS buildings and in uniform. Many respondents felt that AHWs were community role models and therefore should not smoke. Others felt that AHWs should be encouraged and supported to become community advocates for tobacco control as they are in a position that has some influence within the community. Either way, AHWs should be given ample support and encouragement to quit smoking. In some areas it was suggested that there was a significant number of AHWs that

had received training but could not find appropriate paid work. In the Great Southern, for example it was claimed that a large pool of unemployed AHWs exist who could be reactivated as community advocates.

- **Champions and role models** – It was identified that encouraging local people to become role models and champions as well as making use of other National and International Indigenous role models for campaigns and programs may be a useful strategy. Many felt that mainstream tobacco campaigns were not reaching Indigenous communities. It was pointed out that while around 50% of Indigenous people smoke, there are 50% who don't, and these people could become tobacco champions. The *Beyond the Big Smoke* program used this approach with some success in some communities.
- **Targeting pregnant women** - Pregnant women were identified as important targets of programs/campaigns as they were in contact with health professionals throughout their pregnancy period (although in remote areas this is not the case) as well as when the child is an infant.
- **Significant stories** – Many people raised the issue of promoting the smoke free message in a way that does not blame or make judgements over people. It was considered that people need to be reassured that they are likely to need more than one attempt to quit smoking, that this is common and that if this happens it should not prevent them from trying again. It was felt that programs needed to allow for this and make participants aware that they are able to start again if they relapse. Promoting the 'significant stories' of local people that may have quit after a number of attempts was mentioned by many. This is already being done in the Kimberley through the *Beyond the Big Smoke* project as well as through the 'Say No To Smokes' project which developed both print and audio resources around significant quitting stories in WA.

- **Reducing access through community store policies** – Many people suggested following examples from New Zealand where local stores were influenced to both remove tobacco products from sight and potentially stop tobacco sales altogether.
- **“Cancer Stick”** – This idea, based on the ‘message stick’ which is a traditional form of Indigenous communication, was suggested as a strategy to educate and pass on health information. Suggestions to adapt the message stick concept to a ‘cancer stick’ to be used as an education strategy to transfer information among and between communities surrounding Indigenous smoking were promoted.
- **“Cultural legacy”** – Many participants suggested that a focus on those who had died and the cultural knowledge that has been lost with them, should be identified in programs. Shane Bradbrook emphasised this message throughout the workshops. The effects of smoking were associated with the loss of culture as Indigenous Elders were dying prematurely, and losing the opportunity to pass on their cultural knowledge.
- **Children as a motivator** – Many people suggested that children were a key motivator for Indigenous attempts to quit smoking. Parents were affected by children asking them to give up. Some services had worked with local Indigenous children to promote smoke free messages on community radio and it was suggested that these types of messages are more successful in relaying local messages and are more culturally appropriate.
- **Locally relevant media campaigns** – Many people emphasised that media campaigns would be more successful in changing attitudes if they involved people who were either from the local area, or involved people that can be identified by the local community (e.g. Ernie Dingo).

### 4.3 What is preventing services from doing more?

The following information was provided throughout the project and covers the primary reasons why Indigenous (and non-Indigenous) stakeholders believe services are not providing a full range of smoke free projects.

- **Lack of coordination within and between services** - This was continually identified as a barrier, particularly in regional and remote areas. The absence of key professionals such as a health promotion coordinator, was reportedly resulting in siloed, ineffective and uncoordinated services. This lack of coordination within and between services meant that services were ad-hoc, repetitive and isolated, rather than having a focus on establishing processes and systems that would be sustainable in the long term. The complexity of the reasons behind Indigenous smoking was reinforced by many respondents. The need for programs that address the range of factors in a comprehensive, coordinated style was emphasised.
- **Lack of support services** – The absence of support services in some areas meant that if people decided to quit, there were no local QUIT programs available to provide support. One respondent highlighted concerns about the appropriateness of the State Quitline service by stating “ *I rang the Quitline and got an answering machine. I left a message but no one returned my call. I kept on smoking.*” The cultural appropriateness of the Quitline service was also questioned by a number of informants, who suggested the Quitline service needs to be adapted to regional areas, to employ Indigenous counsellors and use culturally appropriate language. Respondents also questioned the appropriateness of brief interventions for Indigenous people and advised that access to these types of services were limited.
- **Multiple pressures faced by organisations (time, resources, human capacity)** – An overwhelming number of respondents identified a lack of resources (both human and material) as

impacting on their capacity to provide tobacco control programs and services. In some cases there was either no funding for tobacco control positions or the funding was short term making the position difficult to fill. In other cases positions were left vacant for extended periods of time. The low salaries offered for positions that required great community investment were identified as a barrier and the need for appropriate remuneration in relation to AHW positions in order to attract and maintain a quality workforce was highlighted.

- **Unsure of what will motivate Indigenous people to quit** – Amongst the respondents, there was no clear consensus on exactly what will motivate Indigenous people to quit smoking. While children and visual health impacts were identified as possibilities, further research into what motivators will influence Indigenous people to quit smoking was suggested as necessary to inform programs/campaigns.
- **Tobacco is not core business – “project -vs- core business”** – Many services advised they did not have specific positions for tobacco control which was a barrier to providing services. Often the portfolios of each health worker were so large (particularly in regional areas) that tobacco fell off the agenda. Participants identified the need for specific tobacco control positions (both within AMSs and Population Health services). Where services had specific positions for tobacco control, it was evident there was increased action in the area of Indigenous smoking. In addition, the portfolios of some regional health workers covered such extensive geographic areas that the services they were able to offer were very limited.
- **Inadequate evaluations** – Both the literature and respondents identified that the absence of evaluated programs/projects was an issue. It was noted that often there was insufficient funding and skills to support comprehensive evaluations. A gap



between what was expected by funding agencies and what was actually possible to deliver in a practical sense was also reported as a barrier.

- **Many AHWs smoke** – It was reported that the high rates of smoking amongst AHWs was a barrier to the effective delivery of tobacco control programs. There was overall agreement by respondents on the importance of programs that address smoking among AHWs.
- **Lack of local data** – The lack of locally generated data was cited as another barrier to service provision. Options for generating local data include replicating a program in Eastern Australia (Thompson) where local store sales are used to generate smoking data for remote communities. It was considered that this could be used in conjunction with other methods for evaluation of programs.
- **Indigenous timeframes do not fit with funding criteria** - Respondents identified the need for meaningful consultation with Indigenous communities prior to designing a program/project and also the need to establish meaningful relationships and partnerships. This type of approach takes time and resources which often do not fit within funding timeframes.
- **Lack of Advocacy** - Respondents identified issues such as limited advocacy skills within the community/Indigenous health professionals in areas relating to dissemination of information, report and submission writing, evaluation, working with media and politicians. A number of respondents identified the need for advocacy at multiple levels including short workshops on:
  - community based advocacy;
  - intra-organisation advocacy;
  - media advocacy; and

- political advocacy.

## **5.0 National Preventative Health Strategy: The Roadmap for Action – Tobacco: Towards the world’s best practice in tobacco control**

On 1<sup>st</sup> September 2009 the National Preventative Health Strategy was launched by the Minister for Health and Ageing. The Strategy, developed by the Preventative Health Taskforce, provides evidence-based recommendations that aim to reduce the burden of chronic disease connected with three lifestyle risk factors – obesity, tobacco and alcohol.

The Strategy is action and implementation-focused and sets out a number of key actions, prioritised over time, that should be achieved by 2020. There are seven strategic directions in the strategy including a focus on Indigenous Australians and contributing to ‘closing the gap’.

The strategy for Tobacco involves 11 key actions for the first phase (2010-2013). While all 11 are relevant to Indigenous people, Action 7 is specifically targeted at Indigenous Smoking.

*Action 7: Work in partnership with Indigenous groups to boost efforts to reduce smoking and exposure to tobacco among Indigenous Australians*

- *Establish multi-component community-based tobacco control projects that are locally developed and delivered*
- *Enhance social marketing campaigns for Indigenous smokers ensuring a ‘twin track’ approach of using existing effective mainstream campaigns complemented by Indigenous-specific campaign elements*
- *Provide training to Aboriginal and Torres Strait Islander health workers to improve skills in the provision of smoking cessation advice and in developing community-based tobacco control programs*

- *Improve training in the provision of smoking cessation advice of other health professionals working in Aboriginal and Torres Strait Islander health services*
- *Place specialist Tobacco Control Workers in Indigenous community health organisations to build the capacity at the local health service level to develop and deliver tobacco control activities*
- *Provide incentives to encourage NGOs to employ Indigenous workers*

These targets support the findings of this report.

## **6.0 Oceania Tobacco Control Conference 2009 (Darwin)**

A number of key priorities emerged from this conference in relation to Indigenous smoking and included:

- Recognising the extent of loss arising from smoking in Indigenous communities and expression of pain due to damage done by tobacco;
- Establishing an Independent Indigenous Tobacco Advocacy group;
- Establishing meaningful relationships and partnerships, strengthening networking and collaboration;
- Focusing on tobacco as a 'sunset' industry; and
- Long term funding for tobacco control.

Consultation and workshop findings align with these conference resolutions. The following recommendations complement the key actions and priorities identified in the Taskforce report, the conference outcomes and key findings from this project.

## **7.0 Recommendations**

The following recommendations are derived from the literature, workshop and consultation findings while also reflecting the priorities and action areas of the Preventative Health Taskforce

report and the outcomes of the Oceania Tobacco Control Conference 2009.

- **Funding at Federal and State Levels to be long-term and sustainable (5-10 years)**  
The lack of sustainable long-term funding for Indigenous Smoking Programs and workforce has been identified as a key obstacle to the success of Indigenous Tobacco Control strategies. For reasons outlined throughout this report, long-term funding (5-10 years) is required to fit with Indigenous timeframes and cultures, and address the range of issues that contribute to successful programs in Indigenous communities.
- **Investment in locally designed and relevant programs, campaigns and resources**  
Funding should be directed towards the establishment of locally designed Indigenous smoking programs that are relevant within the local context. There should be a focus on the development of resources and strategies that are relevant in a Western Australian context. There needs to be local ownership over the design and development of resources. Community 'buy-in' is essential to the success of programs in Indigenous communities and again, funding needs to account for the time and resource requirements needed to establish this level of trust and engagement.
- **Investment in prevention and training programs for Aboriginal Health Workers**  
Funding for culturally appropriate training that builds the capacity of Aboriginal Health Workers to deliver both prevention and cessation advice is urgently required. Such training must take into account the fact that many Aboriginal Health Workers smoke and seek to address this within the program.

- Creation of specific Indigenous tobacco control positions within both Aboriginal Medical Services and State Health Services**

Investing in the Aboriginal Health Workforce is crucial in any attempt to tackle Indigenous health issues. Specifically, an increase is needed in the number of Indigenous tobacco control positions within Aboriginal Medical and State Health Services.
- Increased interagency collaboration and coordinated programs and services**

The complexity of Indigenous Health issues, particularly Indigenous tobacco control, calls for an investment in approaches that establish and build partnerships and networks. Organisations and departments must work together in order to deliver programs and services in a holistic manner and to avoid duplication.
- Funding for qualitative evaluation of programs**

Resource requirements for qualitative evaluations are often more intensive, calling for a greater investment in both time and human capacity. Nevertheless, it has been suggested both in the literature and by respondents, that quantitative evaluations do not capture the full range of facilitating and inhibiting factors that influence the successful implementation of a program. While quantitative methods can be used to establish what is happening, qualitative methods that evoke anecdotal stories are seen as more appropriate to gain an in-depth understanding of the underlying reasons for community based trends, behaviours, successes and failures. Sufficient funding that allows for mixed method approaches combining both quantitative and qualitative methods is required.
- Investment in further advocacy training for Indigenous health professionals**

Advocacy is vital when attempting to reduce the prevalence of Indigenous Smoking in Australia. Advocacy involves efforts to

spread the smoke-free message, disseminate information relating to tobacco control programs and events, promote programs and events through the media and keep the issue on the agenda of politicians and bureaucrats. Advocacy should be carried out on a number of levels including:

- Community-based advocacy – In many remote communities, face-to-face communication is the most effective way to spread the smoke free message. Investing in providing capacity building to Indigenous health professionals and Indigenous community members to advocate at a local level to reduce tobacco related harm is needed.
- Intra-organisation advocacy - Many people working in Indigenous health are able to identify the issues/barriers to successful implementation and facilitation of Indigenous Tobacco Control programs but often they either lack the resources, time, support and infrastructure to either initiate or follow through. Investment in providing support and building the capacity of people to advocate for change within their own organisation is required.
- Media advocacy – The importance of using the media as tool for advocacy cannot be understated. The media can assist in both communicating the smoke free message and at the same time be a key aspect of applying pressure upon policy and decision-makers to act. Media advocacy is a crucial in attempts to keep tobacco on the political agenda. There is a need to continue to build the capacity of Indigenous Health professionals to use media related advocacy strategies to reduce the prevalence of Indigenous smoking.
- Policy/political advocacy – There are a range of advocacy tools that can be used to keep Indigenous tobacco control on the agenda of decision makers. In New Zealand, Shane Bradbrook’s organisation Teo Reo Marama which was set up specifically to advocate for

Maori Tobacco Control, has had considerable success in advocating at a number of levels. At the Oceania conference the need was identified for a similar Indigenous Tobacco Advocacy organisation. It is recommended that investment be provided in developing skills needed to engage with decision makers (governments, departments etc) and those responsible for policy at local, state and national levels.

## **8.0 Conclusions**

A range of social, political, historical and economic factors contribute to the high prevalence of smoking among Indigenous people and present barriers to quitting attempts. These factors must be taken into account in any program that aims to address Indigenous smoking. The literature and consultation results from this project, recommend a long term commitment to a range of interventions that offer support for quitting, while also aiming to change the cultural and social norms around smoking in Indigenous communities through a partnership and advocacy approach.

The advocacy workshops were well received around Western Australia. There was a sense from the feedback and evaluations that they not only provided the appropriate skills for tobacco advocacy, but would also assisted participants in other areas of their work.

It was clear from the feedback received that Indigenous health professionals around Western Australia are interested to further develop advocacy skills, making the case for this pilot workshop series to be extended and continued around Western Australia in the future.

While the recent commitment displayed by the Commonwealth in the area of Indigenous tobacco control is welcomed, the health and social impacts of smoking on Indigenous communities throughout Australia requires a commitment not only from this government, but also from future Australian governments. Investing in approaches and processes that are long term and based on local control, partnerships and most importantly developing the appropriate advocacy skills, will lay the foundations for maintaining Indigenous tobacco control as a priority and ultimately driving the tobacco industry into its descent as the 'sunset' industry it is.



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## **Appendix One – List of workshop Participants**

### Perth

Christine Ivan - Aboriginal Health Council of WA (AHCWA)  
Lyn Dimer - Heart Foundation  
Linda Waters - Office of Aboriginal Health  
Kate Forrest - Fremantle GP Network  
Julie Spratt - WA GP Network  
Stephen Hall - Australian Council on Smoking and Health  
Sharron Yarren - Sids and Kids WA  
Katy Boschetti – Sids and Kids WA  
Karen Harris - WACHS: Western Wheatbelt  
Val Swift-Otero - South Metropolitan Public Health Unit  
Cyril Yarran – South Metropolitan Public Health Unit  
Anne Barblett – South Metropolitan Public Health Unit  
Rebecca Haynes - North Metropolitan Area Health Service  
Karen Kruit – North Metropolitan Area Health Service  
Kerry-Ann Winmar – North Metropolitan Area Health Service  
Shelley Coleman – North Metropolitan Area Health Service  
Marnie McKimmie - The West Australian (Presenting)  
Shane Bradbrook – Te Reo Marama (Presenting)  
Mike Daube – Public Health Advocacy Institute of WA  
(Presenting)  
Melissa Stoneham (PHAIWA)  
Jodie Goodman (PHAIWA)

### South Hedland

Lawrence Lukale - Shire of Ashburton  
Cathryn Prendergast - Pilbara Population Health  
Rodney Monaghan – Pilbara Population Health  
Ollie Smith – Pilbara Population Health  
Pip Press - Pilbara Community Drug Service  
Jenny Dhu - Wirraka Maya Aboriginal Health Service  
Kim Broughton - Pilbara Family Violence Prevention Legal Service  
- Aboriginal Corporation

Isabelle Ellis - Combined Universities Centre for Rural Health  
(CUCRH)  
Ann Larson – Combined Universities Centre for Rural Health  
(CUCRH)  
Trudy Hayes – Combined Universities Centre for Rural Health  
(CUCRH)  
Sylvia Lockyer – Combined Universities Centre for Rural Health  
(CUCRH)  
Ann Sibosado - Members Against Drugs  
Valda Sesar – Members Against Drugs  
Lesley Kelly – Members Against Drugs  
Esther Quintal – Members Against Drugs  
Tabarina Wadderman – Members Against Drugs  
Narlene Wadderman – Members Against Drugs  
Wayne Ness - Hedland Community Radio (Presenting)  
Shane Bradbrook – Te Reo Marama (Presenting)  
Mike Daube – Public Health Advocacy Institute of WA  
(Presenting)  
Melissa Stoneham (PHAIWA)  
Jodie Goodman (PHAIWA)

### Broome

Brian Hunter - Derby Aboriginal Health Service  
Tracey Kitaura – Derby Aboriginal Health Service  
Alaine Ross – Derby Aboriginal Health Service  
Sue Clarke -Kimberley Aboriginal Medical Services Council  
Melissa May – Kimberley Aboriginal Medical Services Council  
Jo Jarden – Kimberley Aboriginal Medical Services Council  
Mena Lewis – Kimberley Aboriginal Medical Services Council  
Mathew Yapp – Kimberley Aboriginal Medical Services Council  
Jean Roberts – Kimberley Aboriginal Medical Services Council  
Brendan Cox – Kimberley Aboriginal Medical Services Council  
Julia Marley - University Of WA/Kimberley Aboriginal Medical  
Services Council  
Angela Lewis - Kimberley Population Health Unit  
Raelene Mills – Kimberley Population Health Unit

Iris Prouse – Kimberley Population Health Unit  
David Pigram – Kimberley Population Health Unit  
Desley Gallagher - Broome Community Health Service  
David Melzer – ABC Radio Kimberley (Presenting)  
Shane Bradbrook – Te Reo Marama (Presenting )  
Mike Daube – Public Health Advocacy Institute of WA  
(Presenting)  
Melissa Stoneham (PHAIWA)  
Jodie Goodman (PHAIWA)

### Kalgoorlie

Susan Gatti - WA Country Health Service – Goldfields  
Anne Mahony – WA Country Health Service – Goldfields  
Debbie Ravula – WA Country Health Service – Goldfields  
Vatessa Colbung – WA Country Health Service – Goldfields  
(Presenting)  
Ray Coleman - Bega Garnbirringu Health Service  
Debra Ashwin - Kalgoorlie Red Cross  
Gina Sambo - Nooda Ngulegoo Aboriginal Corporation  
Vishal Sharma - Goldfields Esperence GP Network  
Debbie Carmody - Tjuma Pulka Radio (Presenting)  
Colby Crane - BHP Billiton  
Mike Daube – Public Health Advocacy Institute of WA  
(Presenting)  
Laura Bond (PHAIWA)  
Jodie Goodman (PHAIWA)

## Appendix Two – Local Media Coverage from Port Hedland

(to view larger versions of these articles please go to: <http://www.phaiwa.org.au> and go to the Indigenous Smoking Project page)

**NEWS**



### Leading the fight against smoking

BY MICHELLE HAYMOND

WITH smoking one of the largest preventable causes of death and disease in WA, Lettylie House South Hedland recently hosted an indigenous tobacco control and advocacy workshop.

The number of indigenous West Australians who smoke remains significantly higher than those who are non-indigenous, ranging from 50 per cent to 66 per cent in both remote and non-remote communities.

According to director of the Public Health Advocacy Institute of WA, Professor Mike Daube, smoking causes twice as many deaths as all other medical causes put together including heart disease, cardiovascular disease and lung cancer.

Prof. Daube said the high number of indigenous smokers had a direct link to the life expectancy gap between indigenous and non-indigenous Australians.

With mounting pressure on the public health sector to address the issue, an interactive workshop was organised for health workers in Hedland, Broome, Perth and Kalbarriya.

Prof. Daube opened the Hedland workshop which was held on Friday, May 21.

Participants had the opportunity to develop advocacy skills, namely working with the media to promote particular health messages to the community.

The group also heard from New Zealand-based Steve Bradbrook who heads indigenous tobacco resistance movement the Iwi Marama.

The group's hard-hitting campaigns have proved highly successful in New Zealand, with smoking statistics among Maori people in the country steadily declining.

Mr Bradbrook applied his knowledge of Maori smokers to indigenous Australians, offering insight into effective ways in which to combat the problem.

Returning to a local level, Wayne Ness of Hedland Community Radio offered advice regarding getting one's voice heard in the media.

Prof. Daube followed this up with an interactive workshop session which included writing media releases, doing radio interviews, and cross interviews regarding indigenous tobacco control.

The professor said there was already a lot of advocacy in relation to tobacco control – in the form of strong health warnings and tax increases – but it was important to maintain a strong relationship with the media as it had the power to heavily influence people's perceptions.

*page 14 - North West Telegraph,  
June 10, 2009*



## Appendix 3

MEDIA MONITORS



West Australian  
10/06/2009  
Page: 3  
Health  
Region: Perth  
Circulation: 192964  
Type: Capital City Daily  
Size: 935.71 sq.cms  
MTWTFSS-

Page 1 of 2

# SIDS AND KIDS Battle to keep babies safe

## Some Aboriginal mums are confusing the message about smoking

**T**wisted and misinterpreted anti-smoking messages have resulted in a worrying number of pregnant Aboriginal women continuing to smoke, SIDS and Kids WA indigenous health workers have warned. The women hope that by smoking they might have smaller babies, giving them an easier birth.

The trend has been identified in city areas, particularly among teenage indigenous mothers, a group already eight times more at risk of having a baby succumbing to sudden infant death syndrome.

Sharron Yarran, SIDS and Kids co-ordinator of reducing risks in the indigenous community, said for some unknown reason these pregnant teenagers had only tuned into warnings about low birth weight — just one possible outcome on the long list of severe health complications from tobacco use that threatened their children.

And they had mistakenly interpreted it as a possible benefit.

"By continuing smoking, they believe they will not have a big baby, that they will have these six-pound (2.7kg) babies, not big 10-pound (4.5kg) ones," Mrs Yarran said.

"That is how some of them are thinking. And then people talk about these things and it is being passed on. Others then get that thought in their head and they say, 'Well, that is the way I will do it too'.

"But what they are really at risk

of getting is a premature baby, with infections and respiratory problems and a lot of complications."

When questioned, many of these young mothers-to-be were totally unaware of the lifelong health and developmental complications that came with tobacco-triggered low birth weight, Mrs Yarran said, and they became deeply concerned when informed.

Australian public health researchers also stumbled on confusion about the implications of smoking while pregnant and belief that a small baby was a "good thing". The researchers were tracking risk factors for Aboriginal women smoking and they reported in the Medical Journal of Australia last month

While smoking rates have fallen to around 15 per cent in the general population, about half of Aboriginal women continue to smoke and a far greater proportion of these continue on to the second half of pregnancy, according to Australian Institute of Health and Welfare national perinatal statistics reports.

"There is still a lot of misunderstanding," Mrs Yarran said. "We are not getting the full anti-smoking message out there and there are these gaps that we are finding.

"What we have got to get out there is that these foreign things they are putting in their mouths are making their baby sick and it cannot say, 'Please, don't hurt me'."

Far more finetuning was needed to ensure anti-smoking warnings were taken in their entirety, Mrs Yarran said. And continued effort was needed to find the best way to relay increased SIDS risks to indigenous communities, some uncomfortable about talking openly about death.

However, there were already positive signs that the anti-smoking message was getting through and triggering changes in the Kimberley.

There were reports of a growing number of indigenous mothers putting no-smoking stickers on their front doors, she said.

With this simple "little symbol" — a cigarette with a cross through it — they were able to take a stand.

"They are using it to say, 'No smoking in this house no more'," she said. "That they love their baby and do not want to see it hurt."

Such action had not yet become a noticeable trend in city or rural indigenous populations.

But anti-smoking advocates were looking at ways to encourage it to flow on.

And continued anti-smoking education was being backed up with harm-minimisation strategies, such as smoking at the end of the backyard and washing hands before touching a baby.

Mrs Yarran remains optimistic that change is on its way and that WA's indigenous community is moving to take a more united stand against the damage being done by tobacco.



West Australian  
10/06/2009  
Page: 3  
Health  
Region: Perth  
Circulation: 192964  
Type: Capital City Daily  
Size: 935.71 sq.cms  
MTWTFS-

## SMOKE SIGNALS EXTRA RISK

Five-year-old Meeka-djinda Hayward and her two brothers were lucky to be given a head start in life by having a mother who chose not to smoke when she was pregnant.

While 29-year-old Justina Truscott did smoke cigarettes as a teenager, she stopped during her first pregnancy nine years ago. Soon after that, she quit permanently when she realised her social smoking, on the occasional night out, still resulted in her bringing tobacco-smoke chemicals, lingering on her clothes and her hands, into her baby's environment.

Research has indicated that cigarette smoke around babies may have an impact on brain chemicals that increases the risk of SIDS.

"It was just not safe," Ms Truscott said. "The cigarette smoke still comes into the home, hanging around on clothes, and the toxic chemicals get into their air.

"I did not want to harm them and affect their future."

Her decision to quit smoking was widely backed by family, especially older aunts who supported her in her child-rearing, giving advice and ensuring she never felt alone and isolated.

Early on when trying to kick the habit, Ms Truscott would chew on a celery stick whenever she felt the urge to light up. When out socially, it would be a lolly kept in her pocket.

SIDS and Kids WA, which is encouraging all mothers to refrain from smoking to reduce the risk of sudden infant death syndrome, is holding its Red Nose fundraising appeal throughout June. Chief executive Shauna Gaebler said the global economic crisis meant the Kensington-based charity needed more support than ever.

