

Targeting Indigenous Australians' Smoking Rates

Tobacco use is the leading risk factor contributing to disease and death among Indigenous Australians

- Aboriginal and Torres Strait Islander people suffer from tobacco-related health conditions in numbers disproportionate to the broader Australian population and are nearly three times more likely to be daily smokers.
- Aboriginal and Torres Strait Islander mothers are more likely to have smoked during their pregnancy than other mothers.
- Generally, Indigenous people take up smoking at an earlier age, smoke for longer and make fewer attempts to quit than non-Indigenous Australians.
- Ischaemic heart disease, cardio-pulmonary disease and lung cancer attributed to tobacco use accounts for 75% of the tobacco-related disease burden in Indigenous Australians.

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- Tobacco smoking was responsible for 12.1 % of the total burden of disease and one-fifth of deaths in Indigenous Australians in 2003.
- Current high levels of smoking contribute significantly to the reduced life expectancy experienced by Indigenous Australians and place a greater burden of disease on the population than alcohol and drugs other than tobacco, poor diet and exercise.
- Unless there is a drop in smoking prevalence, there is unlikely to be a drop in related cancer rates for decades and smoking-related cancers are in fact likely to increase.
- A reduction in smoking prevalence would have a short-term positive effect in bringing down cardiovascular disease rates and consequently see a decline in lower life expectancy.
- Organisations that fund tobacco control research should direct a proportion of their funding to Indigenous tobacco control research.
- Tobacco control research should include Indigenous people.
- The accountability of tobacco control organisations to provide services to Indigenous people needs to be improved.
- A more consistent approach to tobacco control education for young Indigenous people in schools must be provided.
- Access to Nicotine Replacement Therapies (NRT) should be readily resourced and available to Aboriginal Medical Services around the country. This is particularly important in remote areas where NRT is not always available. The use of NRT in these services should then be properly evaluated.

Strategies for change

- Each Australian state and territory should establish a process to ensure that Indigenous tobacco control initiatives are sustainable and consistent.
- Tobacco control training for Aboriginal Health Workers should be supported through accredited training delivery.
- Professional development training in Indigenous tobacco control needs to be available.
- Designated positions within community, non-government organisations and the government sector should be created and funded to address the shortfall in Indigenous tobacco control capacity.

Strategies used by tobacco control organisations have not as yet had the impact they've had on Australians in general

There has been no decrease in the daily smoking rates for Indigenous people for 16 years and the rate has remained static at 51%. This is in contrast to the steady decline of smoking rates in the broader Australian population that are down to 17%.

Current Indigenous tobacco control programs need to be assessed to find out what is working and increase the capacity of health services to deliver effective programs.

- An assessment of the current Indigenous tobacco control-related workforce is required and more Indigenous tobacco control positions within all sectors—Community, Government and NGOs—need to be created.
- Culturally appropriate programs developed specifically for Indigenous communities need to be evaluated to establish what has worked, what hasn't worked and what can be improved upon. Adequate support mechanisms need to be available to those wanting to quit.
- An improvement in employment, education, income, home ownership would contribute to a decline in smoking rates. Currently 39% of wealthier Aboriginal and Torres Strait Islanders smoke.
- The Cooperative Research Centre for Aboriginal Health is funding a project that will make it easier to assess the impact of anti-smoking interventions in Aboriginal communities by monitoring tobacco sales at community stores.

ABOUT THE CENTRE FOR EXCELLENCE IN TOBACCO CONTROL

The Centre for Excellence in Indigenous Tobacco Control (CEITC), which is funded by the Australian Government Department of Health and Ageing until 2010, aims to increase knowledge about Indigenous tobacco control. CEITC began in September 2003 and is based within the Onemda VicHealth Koori Health Unit at The University of Melbourne. There are currently four staff members who work in a variety of ways to boost the profile of Indigenous tobacco control and encourage others to undertake activities in this area. Some of this work serves a clearing-house function where the Centre brings together knowledge from Aboriginal and Torres Strait Islander and tobacco control organisations from around the country and ensures that such knowledge is processed and disseminated appropriately.

CEITC will begin several research projects, the largest of which will focus on Health Worker capacity to run tobacco control projects and on developing a national Indigenous tobacco control research network to oversee and assist progress in this field.

REFERENCES

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