Indigenous Tobacco Control in Australia: Everybody’s Business


Understanding the Problem

- Smoking is the norm: 51 per cent of Indigenous Australian adults smoke cigarettes.
- Smoking is the largest risk factor contributing to Indigenous death rates, more than alcohol and all other illicit drugs combined.
- Smoking-related illness accounts for 20 per cent of all Indigenous Australian adult deaths.
- Smoking accounts for 17 per cent of the health gap between Indigenous and non-Indigenous Australians.

The Roundtable Approach

The Centre for Excellence in Indigenous Tobacco Control (CEITC), with the support of the Cooperative Research Centre for Aboriginal Health (CRC-AH), brought together sixty-six representatives from community-controlled organisations, research institutions, state, territory and federal governments and non-government organisations to discuss gaps and priorities in the research agenda in Indigenous tobacco control.

After a session of presentations, which helped set the scene for roundtable discussions, participants were divided into six groups and asked to nominate five main gaps in Indigenous tobacco control research. Of the 30+ gaps identified in this session, each of the six groups chose one priority for further discussion in the second session.

What We Learned

From the discussion held in both workshops, we identified five key themes:

Creating positive environments for smoking cessation.
Participants felt that the profile of tobacco use as a serious health issue for Indigenous communities needed to be raised and leadership taken within organisations and communities. Health organisations could, for instance, develop smoke-free policies, encourage other sectors to do the same and promote smoke-free behaviours, such as in homes.

Improving our understanding of motivations for smoking and not smoking.
There is poor understanding of what motivates Indigenous people to take up smoking, to give up and to quit permanently. More attention should be given to the impact of social norms within families, networks and communities that explicitly or implicitly support smoking behaviours.

Improving our knowledge of best practice interventions.
There is a need to build on, and further develop, evidence on best practice tobacco control interventions and prevention activities, including both individual and population-based initiatives. Considering the suspected importance of families in smoking patterns, it was felt that appropriate models for family- and community-based interventions should be developed and evaluated.

Empowering and supporting the health workforce.
Key to the effective delivery of smoking cessation programs is a well-trained and motivated health workforce. Given the high levels of smoking among Aboriginal Health Workers (AHWs), and their central role in tobacco program delivery, it is vital they be encouraged and supported to give up smoking, and empowered to deliver smoking cessation advice and programs. There should also be more debate over the relative merits of specialist tobacco workers versus incorporating tobacco control as part of the general duties of all AHWs (or a combination of both).

Best use of resources to support tobacco control.
A cost–benefit analysis of various interventions would enable the best use of resources.
Key Principles for Tobacco Control
Research and Evaluation

Underlying the five themes are the following principles:

- Constant evaluation and improvement of programs that involve communities in all aspects of program design and delivery;
- Tangible benefit to communities, so that they directly benefit from program outcomes;
- Evaluation and best practice for all programs and research, including appropriate and adequate data collection practices, and sharing of knowledge;
- Family- and community-focused approaches to program development, rather than on individuals;
- Build on existing programs and research, so that organisations are not ‘reinventing the wheel’;
- Awareness of the diversity of Indigenous communities by tailoring programs to local contexts;
- Build capacity within organisations to deliver tobacco control programs and to conduct evaluations;
- Resource allocation based on maximum benefit for minimum cost while considering equity;
- Sustainable programs, by ensuring ongoing funding and appropriate training and support;
- Build knowledge that is transferable not only to other communities, but also to other issues and programs; and
- Inter-sectoral cooperation between stakeholders in Indigenous tobacco control.

About this Report

Included in this report:

- An executive summary that synthesises the day’s findings.
- A research discussion paper based on the presentations.
- 30 or so identified priorities arranged into five themes or areas of interest.
- A detailed report on the six priorities scoped out in more detail.
- Key research issues and principles to drive further research.

About CEITC and the CRCAH

The Centre for Excellence in Indigenous Tobacco Control is funded by the Australian Government to work towards reducing the health, social and economic burden of tobacco smoking on Indigenous Australians. CEITC’s primary focus is in research, policy and advocacy, with a particular emphasis on knowledge exchange.

The Cooperative Research Centre for Aboriginal Health is a virtual collaborative research organisation that brings together the Aboriginal health sector, government health agencies and research institutions to deliver health-related programs to Aboriginal people. The CRCAH’s role is one of advocacy, policy development, capacity building and knowledge exchange.

Additional copies of this Roundtable Report can be downloaded from the CEITC website:

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