“It had to be my choice”
Indigenous smoking cessation and negotiations of risk, resistance and resilience

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Inala Indigenous Health Service
Aboriginal protocol usually links the right to tell a story with a declaration of involvement or connection to the story.

Inala Indigenous Health Service

- Located 14km west of Brisbane CBD
- Primary health care – multidisciplinary team of GPs, Nurses, Aboriginal Health Workers, Researchers & Project Officers
- Government-run, servicing Aboriginal and Torres Strait Islander people from Inala and surrounding suburbs, including greater Brisbane, Ipswich & Logan areas.
- 12 Indigenous clients in 1994 – today over 4000 regular clients
- Smoking rates in excess of 60% (analysis of Adult health check data)
Background

- Indigenous Australians almost twice as likely to smoke than non-Indigenous Australians (ABS, 2010)
- Socio-economic position most significant determinant – stressful life events, poverty, incarceration, removal from natural family, alcohol consumption (Thomas et al 2008, Heath et al 2006)
- Social and cultural norms – protects against social hardships (Roche et al 1997)
- Little evidence of successful interventions & the motivating factors for why Indigenous people quit smoking (Ivers 2003, Goodman et al 2009)
- Evidence gap is a barrier to developing effective anti-smoking interventions among Indigenous and disadvantaged populations
- Acknowledge limitations of individual health behaviourist approach to remedying Indigenous health inequality
Aim

Explore the socio-cultural context of Indigenous smoking cessation experiences in an urban community

- Identify the factors that both motivate and enable individuals to quit smoking
- Use these narratives to improve individual and community-based smoking cessation efforts within an urban Indigenous health service
Methods

- Aboriginal & Torres Strait Islander, 18 years and over, had not smoked for 12 weeks prior to study
- Purposive and snow-ball sampling
- 1hr interviews, payment $25 gift voucher
- Interviews recorded & transcribed & coded using NVIVO software
- 20 participants
- Over half were employed and had quit in the last 5 years
- Most participants were over 35 years of age and were long term smokers smoking more than 10 cigarettes per day
- Most common age of commencement <16 years
Pre-contemplation

- Health-risk narratives not a motivator for change – instead inspired resistance
- Ill-health predetermined reality rather than avoidable threat

I always thought about the health stuff that it wasn’t a big deal for me. Because you work on X community for so long it’s just like you knew you were going to die by 45 or 40 or something... You knew you were going to go early.

Aboriginal woman, 32 years.
Mainstream smoking cessation campaigns represented colonial assertions of power and control.

I used to think they were forcing it on the people to watch it on TV. Whether it’s because me being an Aboriginal woman, the white man being authority all the time... I just seen it as the white man telling us you can’t do this, you can’t do that. I think I might have tended to smoke a little bit longer. Aboriginal woman, 55 years.

Social stigma part of lived reality rather than avoidable threat.

Strong association between guilt, social stigma and increased smoking.

Most associated increased smoking with stress, guilt, and low sense of self-worth.
Contemplation

- Significant life event (employment, relationship, relocation, age milestone, religious conversion, birth, hospitalization)
- Empowering life change made non-smoking a possibility
- New identity was incongruent with one’s smoking identity

I went from being a tour guide to a youth worker, so it was an employment and positional change. Transition into a new role, and I think one of the challenges for me was that if I was going to preach health and talk to young fellas, I think I had to do it first. Aboriginal male, 36 years

I’ve had a big turnover of my whole life. I got out of a relationship, then I moved, got a new relationship and I had to learn how to drive, learn how to socialise. It was like smoking was hard to give away but it was part of my whole turn over of my life. Aboriginal female, 32 years
Quitting

- High levels of distrust toward smoking cessation supports (NRT, Varenicline, Quitline)

While I was in hospital they came round to where I was and they were saying “we can offer you all this help with Quitline” and I didn’t really believe them (laughs). But they was really good cause they said they would ring and then they did ring to see how I was going...I just felt that at least somebody listened and followed up. Like I thought, ‘they’re not gonna do this, but they actually did.' Aboriginal man, 51 years.

- Social support/supportive environment most useful – approximately ½ acknowledged a health care provider as a key support person
- New social networks to buffer against old smoking networks
- New ways to cope with stress
Sustaining change

- Sense of autonomy over decision-making process imperative to ability to take control
- Self efficacy in life more generally
- Reduction in alcohol/drugs, increase in physical activity, gambling and weight
- Little evidence of economic benefit
- Social stigma replaced with sense of pride & self-respect
- Biographical reinvention (Ward, 2011)

That was my former life, this is my new life

I’m a different person compared to 5 years ago

It has to be their choice

That respect has come back now
What we learnt...

- Acknowledge the ‘hinge’ factor for quitting is more complex than knowing the risks to health
- Interrogate health promotion practice and cultural lens of public health
- Resilience building agenda important part of health practice
  - Need to engage with whole of life & wellness rather than just individual health behaviours
  - Programs aimed at addressed socio-economic disadvantage and promoting social/emotional well-being legitimate smoking cessation interventions
- Health professionals have capacity to ‘surprise’ Indigenous people with trusting and supportive relationships
I tell you we got the best doctors in the world here. Not talking down to us, talking to us. This is what a black fella can’t take – he can’t take it when a man talks down to him. He’ll get up and say, “yeah, yeah, yeah”, walk out and do the same thing. But when you sit down and talk with him, talk to him, he takes notice. That’s what these fellas do here, honestly, the best staff in the world – even when I’m not sick I like coming here.
What changed?

- Changing the dialogue across the service – risk promotion to resilience building
  - significant life events prompters for behavioural change rather than ‘health knowledge’
  - rethinking notions of ‘good’ and ‘bad’, moral outrage and social stigma
  - promoting possibilities and supports (quitline, nrt, interpersonal relationships)
- Development of service-wide campaigns and approaches to smoking cessation emphasising social support & encouragement
- Development of health promotion resources that encourage positive dialogue, normalise Indigenous quit experiences rather than demonise smokers
- Training – Smoke Check, Quit Course, Facilitator training
- Quit support groups, Quit Café, Smoke-free support events (One Community Cup, Young men’s day @ Murri School)
- Research plan: ongoing monitoring and evaluation of smoking cessation support
"Don’t bag someone who’s trying to quit – tell ’em they’re doing a good job."

Uncle Robert smoked for 44 years and quit cold turkey so he could take care of his granddaughter. Aunty Carol quit cold turkey and has been smoke-free for over 20 years.

You can quit too! like Aunty Carol & Uncle Robert
“With Quitline we worked out a plan and a quit date. They didn’t pressure me, they just made me feel so at ease.”
“I just feel more relaxed, I don’t have to worry about where my next cigarette gonna come from.”

After smoking for over 30 years, Aunty Jessie quit 5 years ago with the help of QUITLINE.

You can quit too! like Aunty Jessie
"I just feel better ... now I've got more money for shoes!"

Erin quit after she realized she had been smoking for 20 years. With help from patches, Erin is smoke-free and loving it!

You can quit too! like Erin
“I’ve worked out different ways to deal with stress.”

“It’s the best feeling, you just feel so strong and confident.”

Alison quit cold turkey after 18 years of smoking and has been smoke-free for 8 years. After 20 years of smoking, Merv quit using patches and has been smoke-free for over 14 years.

You can quit too! like Alison & Merv
“Giving up wasn’t just about me – it was about setting an example for these younger fellas.”

Goma quit smoking after becoming a youth worker.

You can quit too!
“i’ve got the mantle back as the head of my family.”

Uncle Bimbo smoked for almost 40 years. He decided to quit after the birth of his great granddaughter.
“if i was still smoking i probably wouldn’t be here.”

John was in his mid 30s when he suffered a heart attack. He believes he survived because he had quit smoking.

You can quit too! like John
References


With Thanks

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