

Northern Territory Tobacco Control Action Committee

2022 Annual Report

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Introduction

The Northern Territory (NT) has the highest Aboriginal and non-Aboriginal smoking prevalence of any Australian jurisdiction.

Smoking was estimated to cause 20,000 Australian deaths in the 2015/16 financial year and 9% of Australia's total burden of disease, more than any other single risk factor.^{1,2} Smoking was estimated to cost Australia \$137 billion in 2015/16, and cost the NT \$764 million in 2005/6.^{1,3} Globally, smoking causes 8 million deaths each year.

Nationally, smoking was responsible for 12% of the total burden of disease for Aboriginal people and 23% of all Aboriginal deaths in 2018.⁴ Smoking was responsible for 20% of the health gap between Aboriginal and non-Aboriginal Australians in 2018.⁴

Most recent NT Smoking Facts

- In 2018/19, 50% of NT Aboriginal people aged 18 and over smoked daily, with the lowest prevalence in Darwin (34% among women and 37% among men) and highest in East Arnhem (53% among women and 56% among men).
- In 2018/19, 43% of Aboriginal people aged 18+ who have ever smoked are now successful ex-smokers in Darwin, but only 14% in the rest of the NT.
- In 2018/19, 56% of NT Aboriginal people aged 15+ who smoked daily or every week had attempted to quit in the past year.
- In 2018/19, 83% of NT Aboriginal children aged 0-14 lived in a household where no one usually smoked indoors, even though 74% lived with someone who smoked daily.
- In 2019, 50% of Aboriginal women smoked in the first 20 weeks of their pregnancy, with the lowest prevalence's in Alice Springs rural (34%), Darwin urban (42%) and Barkly (43%) and highest in Katherine (64%) and East Arnhem (63%) regions.
- In 2019, of the NT Aboriginal women who smoked in the first 20 weeks of their pregnancy, 15% had quit by 20 weeks gestation.
- In 2021, smoking status was recorded in the clinical records of 67% of NT Aboriginal women and 58% of NT Aboriginal men (down from 72% and 63% in 2016).
- In 2017/18, 17% of NT Non-Aboriginal people aged 18 and over smoked daily.
- In 2019, 6% of Non-Aboriginal women smoked in the first 20 weeks of their pregnancy, with 28% of these having quit by the second half of their pregnancy.

Improvements are possible and happening now. The latest Australian Bureau of Statistics (ABS) survey results from 2018-19 reported that national Aboriginal daily smoking prevalence (aged 15 and over) had decreased to 37% (from 42% six years earlier).⁵ But this improvement only occurred in non-remote areas, with no change in remote areas (unchanged at 49%). However, in both remote and non-remote areas, increasing numbers of Aboriginal children are not taking up smoking and fewer children are living in homes where anyone smokes inside. The NT was again the worst performing jurisdiction, with 50% of Aboriginal adults (18 years and over) smoking daily. This information about smoking in the NT from national surveys is getting old, but new surveys are collecting data with results to follow.

Health services and other sectors need to do more to reduce the harm and suffering caused by smoking in the NT, especially to reduce the greater harms to Aboriginal people and families. A particular focus is needed in remote communities where smoking prevalence is highest, and improvements have been least.

NT Aboriginal Health Key Performance Indicators, 2022

NTTAC reviewed NT Aboriginal Health Key Performance Indicators collected from all NT Department of Health services and 15 NT Aboriginal Community Controlled Health Organisations in 2022.

We found a large decrease in the proportion of clinical records with smoking status recorded from 2020 to 2022 (from 63% to 50% in men, and from 72% to 60% in women). We found decreases in all age groups and in the top end and central Australia. Recording of smoking status increased with age. Recording of smoking status is an essential element of a systematic approach by a health service, which can lead to increased cessation support by health professionals and increased cessation.⁶

Smoking initiation may be falling, with more 15-24 year olds recorded as having never smoked (41% in 2016 increasing to 46% in 2022).

Recorded successful cessation increases with age, and is most common in the oldest age group (65+), which is consistent with the perception that successful quitting in remote areas mainly follows serious health events or scares. Quitting smoking improves health at any age, but the benefits are greatest at younger ages. These older people who have quit can become local champions for younger community members to quit before smoking-related illnesses occur.

COVID-19 and tobacco control

The COVID-19 pandemic continued in 2022, with more than 1.2 million deaths and 200 million confirmed cases globally, and more than 13,000 Australian deaths and 10 million confirmed Australian cases.

At the start of 2022, many health staff in the NT were still assisting with COVID-19 vaccination and managing local outbreaks, but by the end of the year most health staff had returned to their usual activities, enabling more activity on tobacco control.

E-cigarettes

From 1 October 2021, all nicotine e-cigarettes and refills required a doctor's prescription, whether purchased from an Australian pharmacy or imported from overseas, following a decision by the Therapeutic Goods Administration (TGA).⁷ These arrangements do not apply to e-cigarettes not containing nicotine. On 30 November 2022, the Federal Health Minister announced a TGA review of this regulatory framework for e-cigarettes. A summary of submissions to this review is available at <https://consultations.tga.gov.au/medicines-regulation-division/proposed-reforms-to-the-regulation-of-nicotine-vap/>

Thousands of illegal nicotine-containing e-cigarettes have been seized and removed from NT retail outlets. Some NT schools are using health education resources for students about vaping.

In 2022, the National Health and Medical Research (NHMRC) CEO Statement on Electronic Cigarettes and associated literature reviews summarised the latest evidence about the harmful effects of e-cigarettes.⁸

The liquids used in e-cigarettes (e-liquids) may contain many chemicals and, like the devices, their composition is constantly changing, leading to uncertainty and concerns about their safety.⁸ The NHMRC toxicological review found most (69%) of the 369 assessed e-liquid chemicals had some harmful health effects, but almost all (89%) had no information on toxicity when inhaled as an aerosol, leaving little confidence in the safety of the inhalation of aerosols from e-liquids.⁹ E-liquids may contain nicotine even when labelled 'nicotine-free'.⁸

The NHMRC review found very little evidence about the impact of e-cigarettes on health outcomes.^{8,10} This does not mean that e-cigarettes are harmless, just that there is insufficient evidence yet about their safety and harms. While there is little evidence of the impact of e-cigarettes on important long-term clinical outcomes, e-cigarettes can cause uncommon immediate serious health problems: poisoning (from nicotine toxicity) and seizures. E-cigarette or Vaping Associated Lung Injury (EVALI) has led to 2,807 hospitalisations and 68 deaths in the USA, and is mainly linked e-liquids containing tetrahydrocannabinol (THC) or vitamin E acetate.

Given the well-established harms of smoking, the NHMRC review also assessed the impact of vaping e-cigarettes on smoking uptake and smoking cessation. More children who had never smoked who use than who do not use e-cigarettes start smoking.^{8,11} However, the NHMRC review also found that e-cigarettes may assist some people to quit smoking.¹² Note that that no brand of e-cigarette has yet been evaluated or approved by TGA as a smoking cessation aid. In contrast, nicotine replacement therapies, varenicline and bupropion have been approved, and should be used for smoking cessation before e-cigarettes.

Major tobacco control policy changes in the NT and beyond

Tobacco Working Group of NT Aboriginal Health Forum

In March 2020, the NT Aboriginal Health Forum established a Tobacco Working Group to strengthen coordination of activity and to provide strategic advice to reduce Aboriginal smoking prevalence in the Northern Territory, especially in remote areas. The NT Aboriginal Health Forum is a joint planning and information sharing forum to make decisions and provide strategic policy guidance on Aboriginal Health in the NT.

In 2022, the working group continued to promote its practical Tobacco Control Guide at various for a of health staff across the NT.¹³ The guide uses continuous quality improvement (CQI) to support a system-wide comprehensive approach to tobacco control in NT health services.

National Policy Changes

In 2022, the Australian Government described the details of changes to the Tackling Indigenous Smoking program commencing in July 2023. In June 2023, funding will cease for existing regional Tackling Indigenous Smoking teams based at Central Australian Aboriginal Congress, Anyinginyi Congress, Wurli-Wurlinjang, Sunrise Health, Katherine West, Danila Dilba, Miwatj and Tiwi Bombers Football Club. At the end of 2022, 14 NT organisations were invited to apply for tenders to lead a Tackling Indigenous Smoking team in each of the seven ABS regions in the NT for the three years from July 2023. The outcome of these applications will be announced in early 2023.

On 30 November 2022, the Federal Health Minister announced that graphic warnings on tobacco products would be updated, including requiring cigarettes to be unattractive colours with printed warnings such as 'smoking kills'. He also announced that tobacco pack size and cigarette filter design would be standardised, flavours and menthol would be banned, and tobacco product names implying less harm, such as light and organic, would be banned.

A replacement for the National Tobacco Strategy 2012-18 was delayed, with further consultation in 2022.

Smokefree Aotearoa 2025 Action Plan

After further consultation and parliamentary review during 2022, the Smokefree Aotearoa 2025 Action Plan legislation was passed in December 2022. The plan describes policies that would eliminate the harm caused by smoking and transform Aotearoa New Zealand into a smokefree nation, and provides a template for other nations and jurisdictions. New policies include reducing the number of outlets where tobacco products can be sold from 6000 to 600 by 2024, reducing nicotine to very low levels by 2025, and prohibiting the sale of tobacco products to people born after 1 January 2009 in 2027. 'Tobacco endgame' policies have also been announced in other countries.

Northern Territory Tobacco Control Action Committee

The Northern Territory Tobacco Control Committee (NTTCCAC) monitors progress of the NT Tobacco Action Plan 2019-23 and supports implementation of the Plan. NTTCCAC includes members from different organisations and sectors. The membership is listed at the end of this report.

The Northern Territory Tobacco Action Plan 2019-23 was released on World No Tobacco Day, 31 May 2019. The Plan is underpinned by these principles: local participation, reducing inequity, being evidence based, collaboration and evaluation. The Plan has four focus areas for action: media campaigns, smoke-free areas, supporting quit attempts and preventing relapse, and priority populations. The Plan is informed by international, national and NT policy frameworks, including the World Health Organisation Framework Convention on Tobacco Control, the National Tobacco Strategy and the NT Chronic Conditions Prevention and Management Strategy.

The NTTCCAC meets four times each year and considers one of the focus areas at each meeting. This Annual Report summarises tobacco control action in the NT discussed at those meetings.

In 2023, work will commence on a new Tobacco Action Plan to commence in 2024.

Media campaigns

There is strong evidence that mass media campaigns, especially TV ads, are one of the most effective ways to reduce smoking.

Most tobacco media campaigns were suspended to concentrate resources on health information media campaigns about the response to the COVID-19 pandemic. Even the local and social media activities by the Commonwealth-funded Tackling Indigenous Smoking teams were reduced due to the need to concentrate health service messaging on the response to the pandemic. These teams now mainly use social media rather than other media to promote their messages and activities. This is supported by local research evidence about how best to use social media to support Aboriginal tobacco control.¹⁴⁻¹⁷

Smoke-free areas

Smoke-free areas protect people who do not smoke, especially children, from the harms of second-hand smoke.

All NT Department of Health services and premises are smoke-free. Staff, patients, clients and visitors are not permitted to smoke anywhere on Department of Health grounds, however hospitals can provide designated smoking areas for patients. However, not all NT Government departments adequately protect their staff and clients from second-hand smoke. The Department provides smoke-free signage. NT legislation bans vaping in all smoke-free areas where smoking is banned. The Department's Compliance Officer ensures that licensed community events only allow smoking in designated smoking areas which are

on the edges of the event, to protect other participants from second-hand smoke. The NT Remote Alcohol and Other Drugs workers were active in promoting smoke-free homes in remote Aboriginal communities.

All Aboriginal Community Controlled Health Services have smoke-free policies. Aboriginal Community Controlled Health Services with Tackling Indigenous Smoking teams used a variety of strategies to promote smoke-free spaces. Katherine West Health Board has developed its own smoke-free signage in partnership with a Kalkarindji artist, and used these signs to support local organisations to develop smoke-free policies. Wurli-Wurlinjang developed smokefree signs for local homes. Miwatj has promoted smoke-free local AFL games with smoke-free signage, and Central Australian Aboriginal Congress has similarly supported smoke-free policies at local football clubs.

Supporting quit attempts and preventing relapse

Aboriginal people who smoke are as likely to make attempts as other Australians who smoke but less likely to successfully sustain attempts and so gain health benefits.¹⁸ Different factors predict starting and sustaining quit attempts.¹⁹ Motivation predicts Aboriginal people making an attempt to quit smoking, but not staying quit. Aboriginal people in remote areas who smoke and live in a smoke-free home were both more likely to have started and sustained a quit attempt than those who allow smoking inside their home.²⁰

Varenicline (Champix), an important stop-smoking medicine, was unavailable in Australia during 2022. However, nicotine replacement therapy (NRT) inhalers became available on the imprest list for remote clinics. Combination NRT (NRT patches plus a short-acting NRT such as gum or inhaler) and varenicline are the most effective medicines to support smoking cessation.²¹ NRT is available for purchase at supermarkets but it was unclear among health staff if non-clinicians at health services could dispense NRT. The committee was able to clarify that there is no legal impediment to non-clinicians dispensing NRT, but there is an implied policy for non-clinicians to not dispense NRT from NT Health clinics.

Telephone 13 78 48 Quitline services are provided by Quit Victoria. Aboriginal counsellors are available. However, only 20-30 calls are made each month.

In 2023, new editions will be released of the Remote Standard Treatment Manuals (known locally as CARPA manuals) and the National Guide to Preventive Health Care for Aboriginal and Torres Strait Islander people. These will provide updated guides to assist clinicians to support smoking cessation. The NT Primary Health Network also has information for clinicians on its Health Pathways webpages.

Priority populations

Pregnant women

In 2019 (results reported in 2022), 50% of NT Aboriginal mothers and 6% of NT non-Aboriginal mothers reported smoking before 20 weeks. The lowest prevalence's Aboriginal mothers reporting smoking before 20 weeks were in Alice Springs rural (34%), Darwin urban (42%) and Barkly (43%) regions and highest in Katherine (64%) and East Arnhem (63%) regions.

Of these mothers who were smoking before 20 weeks, 15% of Aboriginal and 28% of non-Aboriginal mothers had quit by 20 weeks of pregnancy.²²

Many NT health services are working to improve services to support pregnant women. For example, Miwatj Health and the NT Health Remote Alcohol and Other Drugs Workforce Program meet regularly with midwives in their region.

Children and young people

Health staff continue to provide health education and health promotion in schools, both those delivered by the Department of Education and by visiting organisations, such sessions in Yirrkala School delivered by Miwatj Health.

People with mental illness

More than four million Australians are living with a mental illness, with approximately 60% of them also living with at least one physical health condition.²³ Smoking is responsible for most of the premature deaths of people with mental illness, with smoking prevalence very high in this population.²⁴ Quitting smoking not only reduces a person's risk of developing cancer and other physical health conditions, but it also improves mental health. New Australian research found encouraging decreases in smoking among people with mental illness, and that people with mental illness are similarly motivated to quit smoking and just as likely to try to quit as other people who smoke but are less likely to succeed.²⁵

In the NT in 2022, an increased focus on supporting cessation among clinicians working with people with mental illness has been supported by meetings of the 'Mental Health Clinic Collaborative NT Health' and the national 'Equally Well' initiative. NT Health continues to work through concerns raised about smoke-free policies at mental health facilities following recent coronial decisions.

Prisoners released from NT prisons

In 2013, the NT became the first Australian jurisdiction to make NT prisons entirely smoke-free, with few breaches or complaints from employees or prisoners. There were no problems or breaches of the policy reported in 2022.

NTTCAC Members

- David Thomas (Chair), Menzies School of Health Research
- Cecelia Gore, NT Health
- Christine Connors, NT Health
- Andrew Sholz, NT Health
- Robyn Hopkins, Department of Attorney General and Justice
- Bernard Kulda, Licensing NT
- Reece Ravlich, NT Department of Education
- Theresa Paterson, Aboriginal Medical Services Alliance NT
- Nicole Carter, NT Primary Health Network
- Le Smith, Heart Foundation NT for the Good Health Alliance NT
- Tanya Izod, Cancer Council NT
- Joseph Knuth, Danila Dilba
- Ghazal Torkfar, Central Australian Aboriginal Congress
- Megan Elshaw, Katherine West Health Board
- Sarah Clifford, Miwatj Health

Currently there is no representative from Local Government Association NT

Secretariat support: Mental Health Alcohol and Other Drugs Branch, NT Department of Health

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