

Northern Territory Tobacco Control Action Committee

2020 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 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 is responsible for 12% of the total burden of disease for Aboriginal people and 23% of the health gap between Aboriginal and non-Aboriginal Australians.⁴

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, increasing numbers of Aboriginal children aged 15-17 years are not taking up smoking in both remote and non-remote areas. The NT was again the worst performing jurisdiction, with 50% of Aboriginal adults (18 years and over) smoking daily.

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.

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 2017, 49% of Aboriginal women smoked in the first 20 weeks of their pregnancy, with the lowest prevalence in Alice Springs rural region (34%) and highest in East Arnhem (61%).
- In 2017, of the NT Aboriginal women who smoked in the first 20 weeks of their pregnancy, 14% had quit by the second half of their pregnancy.
- In 2019/20, smoking status was recorded in the clinical records of 73% of NT Aboriginal women and 63% of NT Aboriginal men (up from 67% and 60% in 2015/16).
- In 2017/18, 17% of NT Non-Aboriginal people aged 18 and over smoked daily.
- In 2017, 7% of Non-Aboriginal women smoked in the first 20 weeks of their pregnancy, with 30% of these having quit by the second half of their pregnancy.

COVID-19 and smoking

The impact of and response to the COVID-19 pandemic dominated 2020, with 100 million cases and 2 million deaths globally, and 900 Australian deaths and 28,000 Australian cases. In the NT there were no locally transmitted COVID-19 cases or deaths.

Smokers are more likely get respiratory infections, but it is not yet clear if they are more likely get COVID19, but there is some evidence that smokers are more likely to get severe complications from COVID-19.^{6,7} Sharing cigarettes and repeatedly touching your face and mouth while smoking may spread the virus causing COVID-19.

Tobacco control health staff have talked about smoking cessation during COVID-19 education sessions with Aboriginal community members, and developed health promotion resources about smoking and COVID-19. However, health staff noted that stress and greater concerns about COVID-19 meant that many smokers felt unwilling to talk about quitting at the time. These discussions were complicated by inaccurate stories circulated by social media, including NT groups, suggesting that smoking protects against COVID-19.

Major tobacco control policy changes in the NT

An NT election was held on 22 August 2020. While there was some advocacy and discussion of tobacco control during the campaign, there were no major tobacco control policy changes following the re-election of the Labor government.

Tobacco Working Group of NT Aboriginal Health Forum established, and Tobacco Control Guide developed

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. Its member organisations are the Aboriginal Medical Services Alliance NT, Commonwealth Department of Health and National Indigenous Australians Agency, NT Department of Health and NT Primary Health Network. The Tobacco Working Group includes representatives of all Forum member organisations and the National Best Practice Unit for Tackling Indigenous Smoking. In 2020, the Tobacco Working Group reviewed the research evidence and consulted with NT health providers to develop a practical Tobacco Control Guide to inform continuous quality improvement towards a system-wide comprehensive approach to tobacco control in NT health services. Implementation of the Guide will commence in 2021.

National Tobacco Strategy and National Preventive Health Strategy delayed

The development and release of an updated National Tobacco Strategy (to replace the 2012-18 Strategy) and the new 10-year National Preventive Health Strategy (which will include a focus on tobacco control) were delayed in 2020.

E-cigarettes

The evidence remains contested about the harms caused by e-cigarettes (there is no long term evidence of safety) and about their role in promoting smoking uptake among youth and assisting smokers to quit. In 2020, the National Health and Medical Research Council commenced work on updating its 2017 evidence statement on e-cigarettes.⁸

The Commonwealth announced in December 2020 that from October 2021 the personal importation of nicotine e-cigarettes and refills, along with domestic purchase, would require a doctor's prescription, following a decision by the Therapeutic Goods Administration (TGA).⁹ These arrangements will require further information, standards and education before October 2021, noting that there are currently no nicotine e-cigarettes approved by the TGA, so doctors would need to apply to TGA to be able to write domestic prescriptions for them. These changes do not affect the use of nicotine replacement therapy or e-cigarettes not containing nicotine.

The noise and debate about e-cigarettes, and the energetic lobbying by e-cigarette advocates (including the tobacco industry and those with links to the tobacco industry), can distract policy-makers and health staff from evidence based policies and activities to reduce the harm caused by smoking.

Northern Territory Tobacco Control Action Committee

The Northern Territory Tobacco Control Action Committee (NTTAC) monitors progress of the *NT Tobacco Action Plan 2019-23* and supports implementation of the Plan. NTTAC 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 NTTAC 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.

Media campaigns

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

Since 2016, the Australian Government Department of Health has funded six NT Tackling Indigenous Smoking teams to produce local media campaigns and materials. These teams are based at Central Australian Aboriginal Congress, Anyinginyi Health, Katherine West Health Board, Sunrise Health Service, Miwatj Health and, Danila Dilba. In 2020, a new team at Wurli-Wurlinjang was funded, Congress received additional funds to extend the remote reach of their team, and the Institute for Urban Indigenous Health received funding to support a position based on the Tiwi Islands. These NT teams have used social media, however community events and community-based health promotion campaigns and education about tobacco control were constrained due to COVID-19, although quitting smoking was discussed in some COVID-19 community education sessions. NT research has shown how Facebook posts by known local Aboriginal health staff can facilitate later difficult conversations about smoking.¹⁰

In 2020, most activity on national and state tobacco media campaigns was suspended to concentrate resources on health information media campaigns about the response to the COVID-19 pandemic. Unlike all other Australian state and territory governments, the NT Government has not funded or run an anti-

tobacco mass media campaign since it funded a mass media campaign launched in 2012 featuring two TV advertisements about protecting kids from secondhand smoke.

In 2020, the Central Australian Health Services's Remote Alcohol & Other Drugs Workforce Program created a series of short films about local Central Australians experiences of quitting tobacco smoking. The films were created to assist current tobacco smokers with inspiring stories of local people sharing what helped them quit smoking and are paired with health professionals sharing their advice and expertise in what can assist in smoking cessation, and are available at the NT Government YouTube channel: <https://www.youtube.com/user/NTGovt/videos>.

Smoke-free areas

Smoke-free areas protect non-smokers and children from the harms of secondhand 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. Similarly, all Aboriginal Community Controlled Health Services have smoke-free policies. In 2013, the NT became the first Australian jurisdiction to make NT prisons entirely smoke-free. This policy has been successfully maintained. However, not all NT Government departments and Aboriginal community organisations adequately protect their staff and clients from secondhand smoke.

In 2020, some community events and festivals were cancelled due to the COVID-19 pandemic, however Tackling Indigenous Smoking teams and other health staff continued to provide signage and work to ensure local events and organisations are smoke-free. For example, Congress and Miwatj Health have worked with the Central Australian Football League and the Gove Australian Football League to be smoke-free.

In 2020, there was also extensive localised promotion of smoke-free homes and cars by Tackling Indigenous Smoking teams and the Remote Alcohol & Other Drugs Workforce Program. In East Arnhem, Miwatj Health community workers visited homes providing stickers and education. There were similar household surveys and education sessions in Katherine West. Congress asked participants at education sessions to sign smoke-free pledges, provided stickers for cars and homes, and cars spotted with smoke-free stickers went into a draw to win a fresh fruit and vegetable hamper.

Supporting quit attempts and preventing relapse

Aboriginal smokers are as likely to make attempts as other Australian smokers but less likely to successfully sustain attempts and so gain health benefits.¹¹ Different factors predict starting and sustaining quit attempts.¹² Motivation predicts Aboriginal smokers making an attempt, but not staying quit. In contrast, confidence that quitting will not be too hard predicts Aboriginal smokers successfully staying quit.

In 2020, many health services were providing education sessions for clinical staff about evidence-based cessation support, such as brief interventions, nicotine replacement therapy and the telephone Quitline (13 7848). Quitskills, based at Cancer Council South Australia, runs three-day courses anywhere in the NT for staff interested in supporting quit attempts.

In 2020, NTTCAC reviewed NT Aboriginal Health Key Performance Indicators collected from all NT Department of Health services and 15 NT Aboriginal Community Controlled Health Organisations. We found a small increase in the proportion of clinical records with smoking status recorded (from 60% in 2015/16 to 63% in 2019/20 in men, and 67% to 72% in women). Recording of smoking status increased with age. Smoking initiation may be falling, with more 15-24 year olds recorded as never smokers (41% in 2015/16 increasing to 45% in 2019/20). 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. Health staff at Katherine West Health Board have collected local quit stories and shared them on social media and posters.

There are now Alcohol and Other Drug workers in many remote Aboriginal communities who can provide support to smokers quit attempts.

Priority populations

Pregnant women

In 2017 (results reported in 2020), 49% of NT Aboriginal mothers and 7% of NT non-Aboriginal mothers reported smoking before 20 weeks. Of these mothers who were smoking before 20 weeks, 14% of Aboriginal and 30% of non-Aboriginal mothers had quit by the second half of pregnancy.¹³ There has been considerable annual fluctuation in reported smoking in pregnancy before 20 weeks since 2011, but consistently more Aboriginal mothers from East Arnhem, Katherine and Darwin Rural than other areas reported smoking before 20 weeks, and fewer from Alice Springs Rural.

Many NT health services are working to improve services to support pregnant women, for example Congress and Miwatj Health are providing non-financial incentives (e.g. bundles of baby products) for pregnant smokers who quit) and the Remote Alcohol and Other Drugs Workforce Program is liaising closely with midwives through its Midwifery Forum.

Children and young people

Health staff have provided health education and health promotion through Deadly Choices, Clontarf, Stars, Healthy Harold and Life Education programs, other sporting groups and youth groups. A health promotion session, talking about modelling healthy behaviours, was also held for 90 Aboriginal trainees at Voyages resort at Yulara.

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.¹⁴ Smoking is responsible for most of the premature deaths of people with mental illness, with smoking prevalence very high in this population.¹⁵ Quitting smoking not only reduces a person's risk of developing cancer and other physical health conditions, but it also improves mental health. This includes significantly reducing depression, anxiety and stress, improving mood and psychological quality of life, and reducing the risk of developing a psychotic illness.

Smokers with mental illness are similarly motivated to quit and just as likely to try to quit as other smokers but are less likely to succeed. They are less likely than other smokers to be offered support to quit. The most effective way to quit smoking, for those with and without a mental illness, is a combination of behavioural support and pharmacotherapy.

However, mental health staff and advocates have often opposed tobacco control measures and smoke-free policies. Smoking cessation training is now a priority for all mental health staff, including the Remote Alcohol and Other Drug workforce. However, there have been concerns raised about smoke-free policies at mental health facilities following recent coronial decisions.

Prisoners released from NT prisons

Currently there is a focus is on promoting smoke-free champions among the prisoners, with Quitskills South Australia developing a training program which can be rolled out through the Peer Education Listening Scheme in prisons. During 2020, some smoking cessation education sessions in prisons were suspended due to COVID-19.

An important challenge remains in supporting prisoners to stay quit after they leave prison. Previous NT research found little change following brief interventions in prison.¹⁶ Many prisoners start smoking again 'at the gate' or in the first few days after release. Planning and discussions continued through 2020.

NTTCAC Members

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References

1. Whetton S, Tait RJ, Scollo M, et al. Identifying the Social Costs of Tobacco Use to Australia in 2015/16. Perth: National Drug Research Institute, Curtin University; 2019.
2. Australian Institute of Health and Welfare. Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2015. Australian Burden of Disease Study series no. 19. BOD 22. Canberra: AIHW; 2019.
3. Whetton S, O'Neil M, Halim A, Li S, Skov S. Harms from and costs of Tobacco consumption in the Northern Territory. Adelaide: South Australian Centre for Economic Studies; 2013.
4. Australian Institute of Health and Welfare. Australian Burden of Disease Study: Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011. Australian Burden of Disease Study series no. 6. Cat. no. BOD 7. Canberra: AIHW; 2016.
5. Australian Bureau of Statistics. National Aboriginal and Torres Strait Islander Health Survey, 2018-19 Cat. No. 4715.0. Canberra: Australian Bureau of Statistics; 2019.
6. Victoria Quitline. FAQs – Coronavirus (COVID-19) and Smoking. 2020. <https://www.quit.org.au/articles/faqs-coronavirus-covid-19-and-smoking/>.
7. Patanavanich R, Glantz SA. Smoking Is Associated With COVID-19 Progression: A Meta-analysis. *Nicotine Tob Res.* 2020;22(9):1653-1656.
8. National Health and Medical Research Council. NHMRC CEO Statement: Electronic Cigarettes (E-Cigarettes). Canberra: NHMRC; 2017. https://www.nhmrc.gov.au/files/nhmrc/file/publications/17072_nhmrc_-_electronic_cigarettes-web_final.pdf.
9. Therapeutic Goods Administration. Nicotine e-cigarette access by import is made the same as access domestically. 21 December 2020. <https://www.tga.gov.au/nicotine-e-cigarette-access-import-made-same-access-domestically>.
10. Kerrigan V, Herdman RM, Thomas DP, Hefler M. 'I still remember your post about buying smokes': a case study of a remote Aboriginal community-controlled health service using Facebook for tobacco control. *Aust J Prim Health.* 2019;25(5):443-448.
11. Nicholson AK, Borland R, Davey ME, Stevens M, Thomas DP. Past quit attempts in a national sample of Aboriginal and Torres Strait Islander smokers. *Med J Aust.* 2015;202(10):S20-25.
12. Thomas DP, Lyons L, Borland R. Predictors and reasons for starting and sustaining quit attempts in a national cohort of Aboriginal and Torres Strait Islander smokers. *Drug Alcohol Rev.* 2019;38(3):244-253.
13. Li L, O'Neil L. Mothers and Babies 2017: Northern Territory Midwives' Collection. Darwin: Department of Health; 2020: https://health.nt.gov.au/data/assets/pdf_file/0006/931893/Mothers-and-Babies-Report_2017.pdf.
14. Equally Well. Breaking the link between tobacco and mental illness. 2018. <https://www.equallywell.org.au/breaking-the-link-between-tobacco-and-mental-illness/#>.
15. Roberts R. The physical health of people living with mental illness: A narrative literature review. NSW: Charles Sturt University; 2019. <https://www.equallywell.org.au/wp-content/uploads/2019/09/literature-review-equallywell-2.pdf>.
16. Jin X, Kinner SA, Hopkins R, et al. Brief intervention on Smoking, Nutrition, Alcohol and Physical (SNAP) inactivity for smoking relapse prevention after release from smoke-free prisons: a study protocol for a multicentre, investigator-blinded, randomised controlled trial. *BMJ Open.* 2018;8(10):e021326.

