Northern Territory Tobacco Control Action Committee

2021 Annual Report

NORTHERN TERRITORY GOVERNMENT

Contents

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 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, 49% of Aboriginal women smoked in the first 20 weeks of their pregnancy, with the lowest prevalence's in Alice Springs urban (38%) and rural (39%) regions and Darwin urban (39%) and highest in East Arnhem (64%).
- In 2018, of the NT Aboriginal women who smoked in the first 20 weeks of their pregnancy, 9% 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 2018, 7% of Non-Aboriginal women smoked in the first 20 weeks of their pregnancy, with 29% 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.

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, 2021

NTTCAC reviewed NT Aboriginal Health Key Performance Indicators collected from all NT Department of Health services and 15 NT Aboriginal Community Controlled Health Organisations in 2021.

We found a decrease in the proportion of clinical records with smoking status recorded (from 62% in 2016 to 58% in 2021 in men, and from 69% to 67% in women). 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 never smokers (41% in 2016 increasing to 45% in 2021).

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 smoking

The impact of and response to the COVID-19 pandemic dominated 2021, with more than 200 million cases and 3.4 million deaths globally, and 1,400 Australian deaths and 800,000 Australian cases. In 2021, the NT recorded its first locally transmitted COVID-19 cases, outbreaks and death leading to a massive response by the entire health sector and most health staff.

Health staff have had to alter priorities to assist with COVID-19 vaccination and managing local outbreaks, instead of working on tobacco control.

Smokers are more likely to get respiratory infections, but it is not yet clear if they are more likely to get COVID-19, but there is increasing evidence that smokers are more likely to get severe complications or die from COVID-19.[7] Interpreting this research is complicated by various methodological problems.

Tobacco control health staff have talked about smoking cessation during COVID-19 education sessions with Aboriginal community members. Health promotion resources about smoking and COVID-19 have been developed, including advice to not share cigarettes. However, as with other health issues, health staff noted that stress and greater concerns about COVID-19 meant that many smokers felt unwilling to talk about quitting during 2021.

Major tobacco control policy changes in the NT and beyond

E-cigarettes

From 1 October 2021, all nicotine e-cigarettes and refills required a doctor's prescription, whether purchased from a pharmacy or imported from overseas, following a decision by the Therapeutic Goods Administration (TGA).[8] Doctors need to apply to TGA to be able to write these prescriptions, under the Authorised Prescriber Scheme. These arrangements do not affect the use of nicotine replacement therapy or e-cigarettes not containing nicotine. Note that that no brand of e-cigarette has yet been evaluated or approved by TGA as a smoking cessation aid. In contrast, various formulations of nicotine replacement therapies, varenicline and bupropion have been approved, and should be used for smoking cessation before 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 2022, the National Health and Medical Research Council will update its 2017 evidence statement on e-cigarettes.[9]

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.

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 2021, the working group released a practical Tobacco Control Guide to inform continuous quality improvement (CQI) towards a system-wide comprehensive approach to tobacco control in NT health services.[10] After the CQI Collaborative in Katherine in March, the Big Rivers Early Action on Tobacco for Health committee was formed with representatives from Katherine West Health Board, Wurli-Wurlinjang, Sunrise Health, NT Department of Health and AMSANT. The committee meets monthly using the Tobacco Control Guide to review and plan tobacco control activities in the region, keeping up momentum on tobacco control and keeping everyone motivated to keep going and trying new evidence-informed tobacco control activities.

National Preventive Health Strategy 2021-30

The National Preventive Health Strategy 2021-2030 was launched in December 2021.[11] It has clear targets for to reduce daily smoking prevalence by 2030 among all adults to 5% and among all Aboriginal and Torres Strait Islander people (aged 15+) to 27%. This Strategy is complemented by the National Aboriginal and Torres Strait Islander Health Plan launched in the same month. A replacement for the National Tobacco Strategy 2012-18 has been delayed, with further consultation in 2022.

Smokefree Aotearoa 2025 Action Plan

After consultation during 2021, the Smokefree Aotearoa 2025 Action Plan was also launched in December. This 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 greater regulation of tobacco product design, including reducing nicotine to very low levels, significantly reducing the number of outlets where tobacco products can be sold, and prohibiting the sale of tobacco products to people born after a certain date, and so creating a smokefree generation.

Northern Territory Tobacco Control Action Committee

The Northern Territory Tobacco Control Committee (NTTCAC) monitors progress of the *NT Tobacco Action Plan 2019-23* and supports implementation of the Plan. NTTCAC 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 NTTCAC 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. In 2021, 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 response to the pandemic.

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: www.youtube.com/user/NTGovt/videos. These videos were advertised on Facebook in 2021 leading to wider exposure.

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. The Department provides smoke-free signage. The smoke-free policy was updated in 2020, and the range of resources available has been updated. However, not all NT Government departments adequately protect their staff and clients from secondhand smoke.

All Aboriginal Community Controlled Health Services have smoke-free policies. Katherine West Health Board has developed in own smoke-free signage in partnership with a Kalkarindji artist. They have worked with local organisations to develop smoke-free policies at Nitjpurru and Yarralin stores and at the new Kalkarindji Child and Family Centre.

In 2020, some community events and festivals were cancelled due to the COVID-19 pandemic, after work had been undertaken to make them smoke-free. However, some events went ahead: for example football games were held at ovals with clear smoke-free signage.

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.

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.[12] Different factors predict starting and sustaining quit attempts.[13] Motivation predicts Aboriginal smokers making an attempt, but not staying quit. New research in remote areas, found that Aboriginal smokers with a smoke-free home were both more likely to have started and sustained a quit attempt.[14] Members reported that sustaining quit attempts has become harder during the COVID-19 pandemic.

Varenicline (Champix), an important stop-smoking medicine became unavailable in Australia in 2021, reducing options for clinicians trying to support smokers to quit. It is hoped that it will become available again during 2022.

On 1 July 2021, telephone Quitline services for the NT were transferred from Cancer Council South Australia to Quit Victoria. However, Aboriginal counsellors are still be available and the telephone number remains unchanged: 13 7848.

In Alice Springs Hospital, ADSCA can now provide support for carers to quit when a child is admitted, not just to adult admitted patients. This will have benefits for the carers, and will protect their children from the harms of secondhand smoke.

Priority populations

Pregnant women

In 2018 (results reported in 2021), 49% of NT Aboriginal mothers and 7% of NT non-Aboriginal mothers reported smoking before 20 weeks. The lowest prevalences Aboriginal mothers reporting smoking before 20 weeks were in Alice Springs urban (38%) and rural (39%) regions and Darwin urban (39%) and highest in East Arnhem (64%).

Of these mothers who were smoking before 20 weeks, 9% of Aboriginal and 29% of non-Aboriginal mothers had quit by 20 weeks of pregnancy.[15]

Many NT health services are working to improve services to support pregnant women, for example Miwatj Health are providing vouchers and incentives for pregnant smokers who quit. However, such incentives can create challenges and a sense of unfairness if there are any inconsistencies. Congress only uses non-financial incentives such healthy baskets containing fruit and baby supplies. More discussion about how best to use incentives is needed.

Children and young people

Health staff continue to provide health education and health promotion through various programs, such as Deadly Choices.

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.[16] Smoking is responsible for most of the premature deaths of people with mental illness, with smoking prevalence very high in this population.[17] 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.

There have been 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. During 2021 there was considerable change in leadership positions in prisons. An important challenge remains in supporting prisoners to stay quit after

they leave prison. Many prisoners start smoking again ‘at the gate’ or in the first few days after release after release.

NTTCAC Members

David Thomas (Chair), Menzies School of Health Research

Cecelia Gore, Mental Health Alcohol and Other Drugs Branch, NT Health

Christine Connors, NT Health

Lauren Buckley, NT Health

Andrew Sholtz, NT Health

Robyn Hopkins, Department of Attorney General and Justice

Bernard Kulda, Licensing NT

Leon Zagorskis, NT Department of Education

Theresa Paterson, Aboriginal Medical Services Alliance NT

Le Smith, Heart Foundation NT

Tanya Izod, Cancer Council NT

Jenon Batty, Danila Dilba

Jenna Pauli, Central Australian Aboriginal Congress

Jessica Hagley, Katherine West Health Board

Gemma Lyons, Miwatj Health

Currently there is no representative from Local Government Association NT or the NT Primary Health Network.

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

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