Marie McInerney reported on the Oceania Tobacco Control Conference held in Hobart from 17 – 19 October, 2017, for the Croakey Conference News Service.

#OTCC2017

Croakey is a social journalism project for public health based in Australia. http://croakey.org
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Governments and public health professionals have been warned against developing partnerships with a new tobacco industry-funded organisation that says it wants to eliminate smoking globally.

Philip Morris International has pledged to contribute about $US80 million annually over the next 12 years to the new Foundation for a Smoke-Free World.

The organisation states that independence and transparency are its “core principles”, and that its by-laws will ensure an independent research agenda, independent governance, ownership of its data, freedom to publish, and protection against conflict of interest.

“Furthermore, strict rules of engagement will be put into place to ensure any interactions with the tobacco industry are fully transparent and publicly reported,” it says.

However, the World Health Organization says the tobacco industry’s longstanding history of misleading conduct “means that research and advocacy funded by tobacco companies and their front groups cannot be accepted at face value”.

“When it comes to the Foundation for a Smoke-Free World, there are a number of clear conflicts of interest involved with a tobacco company funding a purported health foundation, particularly if it promotes sale of tobacco and other products found in that company’s brand portfolio,” said a WHO statement.

“WHO will not partner with the Foundation. Governments should not partner with the Foundation and the public health community should follow this lead.”

Journalist Marie McInerney, who covered #OTCC2017 for the Croakey Conference News Service, previewed some of the hot conference topics in this Q&A with Sarah White, Director of Quit Victoria and Chair of the OTCC 2017 Program Committee.

White describes the new Foundation as the industry’s “latest, cynical attempt to play a corporate social responsibility card”, and says the public health sector must “ensure our politicians and law-makers don’t fall for the spin-doctoring”.
Q&A with Sarah White

Marie McInerney

Q: Tobacco giant Philip Morris has just launched the Foundation for a Smoke-Free World, claiming that it wants to see a future in which people will stop smoking. This news follows a Reuters investigation that found the company is waging a secret campaign to subvert the World Health Organization's anti-smoking treaty. What can the public health sector do in response and how might it need to change its approaches?

Sarah White

A: The tobacco industry is actively trying to reinvent itself as part of a “solution” to the problem it has created and continues to perpetuate. This so-called ‘Foundation’ is just the latest, cynical attempt to play a corporate social responsibility card. It’s also designed to create a new frame around their endeavours to make money from ‘heat not burn’ products. It’s so obvious, it’s almost laughable.

The public health sector needs to recognise this strategy for what it is, and stay the course in keeping commercial interests out of public health policies. Our challenge might be to ensure our politicians and lawmakers don’t fall for the spin-doctoring.

Marie McInerney

Q: Staying with Philip Morris, it was recently ordered to pay Australia’s legal costs after unsuccessfully challenging our plain packaging laws. Is it fair to say that Australia has won the fight against tobacco? Or did the recent debate over whether smoking rates have begun to rise again signal a new battleground?

Sarah White

A: I wish we could say there is an end to the battle against tobacco in sight, let alone that Australia was close to winning. Tobacco companies continue to deliberately and actively block and/or subvert public health endeavours through every back-channel they can find, plus openly promote cigarettes to new target markets in other parts of the world. The constant focus on illicit tobacco by the tobacco industry and its allies, innovations such as flavour capsules, recessed filters and smaller loose leaf pouches, pricing strategies to undercut tax increases – these all point to the industry still fighting hard to get and keep people hooked on its products.

I actually don’t think there has been a debate about whether smoking rates have begun to rise. One individual put this story out as part of an advocacy campaign for e-cigarettes, and got some media. Epidemiologists and public health researchers around Australia dismissed the interpretation as flawed because absolute numbers and not rates were used, and we all got on with our work. I would prefer to give the individual the benefit of the doubt and describe this as a straightforward error, and not part of a tobacco-industry driven agenda.

Marie McInerney

Q: There is deep division in public health over whether e-cigarettes and other smoke-free nicotine delivery systems are a harm reduction tool or a stealth weapon for the tobacco industry. How will the conference explore that tension and the implications of the federal parliamentary committee inquiry into the impact of e-cigarettes on rates of smoking?
Sarah White

A: Well, these are not mutually exclusive! Our challenge, though, is to not let our contempt for the tobacco industry occlude our true objective, which is to reduce the deaths and disease caused by cigarettes. Of course, this is what public health people have been doing for decades, and – in speaking to both “camps”, for want of a better description – I see less division in reality than what there appears to be in public posts and media soundbites.

If one takes a reductive approach and drills down to specific risks and benefits, there are only a few differences in opinion about what the risks and benefits are and how these might be managed. More importantly, shared goals and concerns outnumber and outweigh the differences. Two easy examples… no-one wants children becoming addicted to nicotine delivered in any form, and everyone agrees there should be basic consumer safety standards covering things like device construction, battery quality and liquid labelling. I think we all need to get to that common ground and build from there based on evidence, not ideology one way or the other.

Oceania is going to focus on evidence and experiences of people who have used or are using e-cigarettes. Dr Becky Freeman is presenting a plenary session on a review of the evidence on e-cigarette use specifically for quitting cigarettes; not harm reduction, not dual use, not gateway, not regulatory models. Just what the studies are showing us specifically on whether and how e-cigarettes are helping people to get off tobacco, and what regular users – not the highly vocal vaping advocates – are saying about e-cigarette use. We also have quite a few really interesting presentations from researchers in Oceania on things like patterns of use among smokers and quitters, consumer reasons for dual use, real-time collection of data from e-cigarette users, Indigenous smokers’ perceptions of harm and more.

Marie McInerney

Q: The theme of the conference is “From vision to reality: A tobacco-free Oceania”. What are the main issues remaining for countries like Australia and New Zealand where rates have plummeted? What about other nations across the region, where smoking prevalence is still high and potential smokers are targeted?

Sarah White

A: The main issue for countries like Australia and New Zealand is to not become complacent and believe that tobacco control is ‘done’. Continued vigilance and policy reform is needed in order to ensure the tobacco industry is unable to exploit remaining avenues to promote its products, recruit new smokers and keep existing smokers smoking.

Tobacco industry interference is a significant problem in Pacific Island countries where attempts to implement tobacco control measures are often thwarted. No matter how successful or otherwise countries have been in reducing smoking prevalence, support for proven tobacco control interventions must be maintained. For many countries in the Pacific, tobacco excise increases are the top priority. For countries like Australia and New Zealand where excise increases are already policy, the priority is to reinstate evidence based levels of funding for public education campaigns, which are the next most effective intervention to support quitting.

And of course, we have to do everything we can to make sure that disadvantaged groups are not left behind as smoking prevalence falls in the general population. Providing extra, targeted support for priority populations is an essential element of the comprehensive approach to tobacco control that all countries in Oceania must pursue.
Marie McInerney
Q: Is the Australian government and public health sector doing enough to assist nations in the broader region? What are the barriers? What else should we do?

Sarah White
A: I’m really not across everything the Australian government and the public health sector do to assist other nations, I must confess. I know the Australian Government provides assistance to countries in the region with respect to training in capacity building. The McCabe Centre for Law and Cancer (based at the Cancer Council Victoria) runs an international legal training program that supports low and middle-income countries in the Indo-Pacific Region to implement the WHO FCTC. The focus is on countering tobacco industry legal challenges, sharing Australia’s experiences in implementing tobacco plain packaging and defending the laws in the High Court, the World Trade Organization and against an investment treaty challenge. The program receives primary funding support from the Australian Department of Foreign Affairs and Trade. The Australian Department of Health provides funding support for the McCabe Centre’s performance of its functions as a WHO FCTC Knowledge Hub.

Cancer Council Victoria provides a great deal of information and support to other countries on policy issues and Quitline operations; in fact, we provided training to enable Tonga to set up its own Quitline not so long ago. Cancer Council Australia, too, has provided long-term support to the region through its funding of the Western Pacific FCTC Implementation Project. This Project directs support to Pacific Island Countries who are often ineligible or overlooked for other funding assistance, which has been crucial in allowing Pacific Island Countries to participate in FCTC negotiations and processes and in building capacity in the region. Assistance from the public health sector remains an ongoing necessity if we are to continue to reduce the death and harm caused by this deadly industry in Oceania.

I think this subject could take up a whole other Croakey article, as I’m sure I am missing a lot!

Marie McInerney
Q: Croakey recently reported that while Australia may be a world leader in efforts to curb smoking, mainstream campaigns are not reaching the lesbian, bisexual and queer community, with tobacco use 2-2.5 times higher, including a staggering 42 per cent of 16-24 year olds. Has public health failed this community?

Sarah White
A: I think “failed” is too strong a description. Measures such as smokefree legislation, plain packaging, tax increases, health warnings and so on reach all members of the population, and if you look at the National Drug Strategy Household Survey there was a decrease in daily smoking from 2010 to 2013 among those who identify as homosexual/bisexual. Now granted this is a fairly broad and blunt categorisation, and the rates among sub-populations – such as LBQ women, who were surveyed to generate the figures you quote – are likely to be higher.

It is very clear we must do more to engage groups that have normalised smoking within strong and distinct cultures so we can, together, change attitudes to smoking and quitting. It’s critical we work with the community to ensure LBQ women, and other people in rainbow communities, who want to quit are encouraged and supported to access safe services.
ACON’s work in highlighting some of the issues and advocating for change deserves real recognition, and now that groups like ACON and the Victorian Aids Council are actively working to address smoking, I’m feeling very optimistic we’ll start to see progress here. I’m really looking forward to the presentations from the ACON team at Oceania... I freely admit I am going to be stealing ideas (with attribution, of course!)

Marie McInerney

Q: What about for other vulnerable populations who were the focus of the 2015 conference: Indigenous communities, prisoners, and people with mental health issues – are we seeing progress for them?

Sarah White

A: Forgive me if I sound like a politician, but that depends what you mean when you say “progress”. We are seeing progress in the sense that smoking prevalence is falling among Indigenous communities in Australia and New Zealand. I am particularly looking forward to the plenary presentation by Dr Raymond Lovett, from the Australian National University, on that issue.

For many of our vulnerable populations, though, we simply don’t have ways to systematically and comprehensively measure quit attempts or changes in prevalence. We’re certainly making progress in convincing more and more health, community and social sector professionals that smoking is an important issue for their clients/consumers/patients, which is a really important first step.

Quit Victoria hears time and time again from carers and consumers that people with mental illness want to quit “because of the ads on TV” and struggle with the cost of cigarettes, but then they’re living in accommodation where smoking is permitted and they’re going to see health professionals who are not supportive of them trying to quit and, sometimes, actively telling them not to try. Engaging and educating the people working with vulnerable populations, and using them to encourage and support smokers to take up available, evidence-based cessation treatments seems a very simple approach but, in reality, it’s pretty rare.

This time around in Oceania we have multiple sessions on how public health is working with health professionals to encourage quitting at each contact with health, community or social sector organisations. We have presentations from several mental health clinicians and also the CEO of a PHN—who’ve never been to a “tobacco conference” before—speaking about their experiences. We also have a workshop focused on developing, not the “what to do”, but the “how do we” make smoking cessation just part of routine care in mental health.

Marie McInerney

Q: Who are your main keynote speakers and why will they be of particular interest at this year’s event? What other themes or issues will be in focus?
A: We’re going to start the conference with three terrific speakers, each covering the ‘state of the nation’ for Australia, New Zealand and the Pacific Islands. Dr Michelle Scollo, Professor Richard Edwards and The Honourable Nandi Glassie, the Health Minister for the Cook Islands, are going to set the scene of our reality today, and what ‘vision’ might entail for each country.

Dr Patricia Nez-Henderson, from Black Hills Center for American Indian Health, is coming from the US to be our keynote speaker. Patricia has done a lot of work with communities on tobacco use and health disparities amongst American Indians and Alaskan Natives. She has a strong focus on culturally-relevant research and cessation programs, which ties in with the very strong theme—running right through Oceania—of showcasing culturally-relevant work being undertaken by, and among, Indigenous communities in Australia, New Zealand and the Pacific Islands.

We’re also really privileged to have Professor Kurt Ribisl, a professor of Health Behaviour at University North Carolina, as a keynote speaker. He has a particular focus on policy issues related to sales and marketing of tobacco; a hot topic for policy-makers in Australia and New Zealand, who are looking closely at supply side measures. Kurt is the principal investigator of the $19.4M Center for Regulatory Research in Tobacco Communication funded by the NIH Tobacco Centers of Regulatory Science, and has agreed to run a workshop – along with Associate Professor Sarah Durkin from the Centre for Behavioural Research in Cancer at Cancer Council Victoria – on the challenges we’re all facing around public communication channels and messaging.

A third and very strong theme will cover how public health is grappling with engaging primary and community health professionals and redesigning health and community systems to reach and support vulnerable and special populations, particularly pregnant women who smoke and people with mental illness.

Follow on Twitter: @SarahWhisar
Some “easy” wins for tobacco control, at a time of flagging momentum

Marie McInerney writes:

Political and public complacency, and pushback by the tobacco industry are threatening Australia’s progress in reducing tobacco use and and harm, an international health conference was told in Hobart.

However, speakers at the 2017 Oceania Tobacco Control Conference also identified several promising avenues for advancing tobacco control policy.

Dr Michelle Scollo, senior policy adviser on tobacco at Cancer Council Victoria, presented “five easy wins” to boost tobacco control, including requiring the referral of smokers to Quitline for support in every government contract to organisations providing health, dental or medical service to patients.
You can track Croakey’s coverage of the conference here.

“Identifying smokers, advising them to quit and referring them to Quitline services should, we think, be standard routine care,” she later told Croakey.

“The best way to do that is to ask such services to report numbers of smokers and percentages referred. This should be a deliverable for each service and each manager that works in such services.”

Scollo also said there could be significant benefits, particularly for lower income Australians, in ensuring that smokers know nicotine replacement therapy (NRT) is on the Pharmaceutical Benefits Scheme, with 90,000 more scripts filled by health care card holders last year than five years ago.

Currently only about half of smokers know NRT is on the PBS, and less than half of the Quit websites in Australia mention it or explain how to properly use NRT, she said.

Presenting a series of “lists of five” (see slides at the bottom of this article), Scollo also called for significant funding, to be drawn from the $12 billion raised each year from tobacco taxes, to be put into mass media led campaigns to address complacency.

Scollo was the Australian representative in the opening plenary session at the biennial conference yesterday, which set the scene about the current state of play in tobacco control across the Oceania region. Croakey will report later on the issues outlined for New Zealand and the Pacific by other presenters, including Cook Islands Health Minister Nandi Glassie.

Scollo also presented today on the benefits of tobacco taxes, and called for a minimum price for cigarettes – a policy also recommended by other presenters, as Croakey will report in coming days.

Threats to continuing progress

Scollo rejected recent “screaming headlines” that smoking reduction rates in Australia had “stalled” since the introduction of plain packaging in 2013.

She pointed to evidence in The Lancet that Australia is one of only 13 countries in the world where smoking declined both from 1995 to 2005 and 2005 to 2015 and also to a report prepared for the Australian government, looking at monthly rather than three yearly prevalence, which “suggests smoking fell over a cliff in early 2013”.

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“The AIHW’s 2016 National Drug Strategy Household Survey survey that showed the daily smoking rate did not significantly decline over the most recent 3 year period (2013 to 2016) would need to be repeated in the next survey before we could call this a stalling,” Scollo said.

But she said there was some data of concern – a “flattening off” in attempts to quit between 2013 and 2016, with fewer attempts to quit in the 12 months before the survey.

That was not surprising, she said, given the massive focus on tobacco control in 2013, with the introduction of plain packaging, new large health warnings and the Federal Government’s announcement of four large tax increases.

But Scollo said it was still disappointing that the rate of quit attempts dropped off, and also to see some lost urgency among some smokers who were still intending to quit but not in the immediate future.

“What we are seeing is an increase in the percentage of smokers intending to quit but not immediately, a kind of dropping off of the smoking issue from today’s agenda,” she said.

Scollo listed five threats:

1. A declining exposure to anti-smoking messages, with a sharp drop in the percentage of smokers in the Drug Strategy Survey who nominated TV advertising as a motivator to quit.

2. Vigorous pricing and price-related strategies by the tobacco industry to counter the additional costs that rising taxes were having on tobacco, which has been a big impetus for people to quit.

3. The adoption of gimmicks and “poetry on the pack” in tobacco products that distract from thinking about how harmful cigarettes really are, such as so-called menthol hybrids, that can disguise the taste and smell of smoke, and filters that “give an aura of technological advance”.

4. Push-back by the tobacco industry, through these and other measures above, to “exploit every possible avenue not explicitly prohibited”.

5. Complacency, with worrying signs that community concern about deaths caused by smoking has declined, as has their support for specific policy measures.
Easy wins with big returns

Scollo said big issues were looming for tobacco control, not least decisions made about e-cigarettes, but she said there were also a number of “almost ‘stroke of the pen’” steps that could inject new momentum and deliver significant gains.

They were to:

1. Make concerted efforts to inform/remind smokers that nicotine replacement therapy is on the PBS.

2. Make referral of a smoker to Quitline for support to quit a ‘deliverable’ in every government contract and performance plan.

3. Mandate minimum roll-your-own pack sizes of 30 grams (the equivalent of 20 cigarettes).

4. Standardise cigarette pack sizes and ban filter gimmicks including menthol hybrids and filter ventilation.

5. Allocate significant funding to mass media led campaigns as soon as possible.

Scollo said governments across Australia earn more than $12 billion a year through tobacco taxes.

“Some of that money could easily – and should – be allocated to public education of the direct, no punches pulled kind that will put smoking firmly back on the agenda, both for smokers and the people around them,” she said.

“With a good enough campaign, perhaps we can also promote or elevate tobacco control on Australia’s political agenda, not just the regulation of tobacco replacement products and illicit tobacco but all the things we need to do to reduce the enormous burden of death and dates that continue to be caused by tobacco in Australia as it does throughout the rest of our region,” she said.
Tobacco tax – a winning policy

Richard Edwards @ProfEdwardsNZ · 29m
#OTCC2017 Tobacco tax as an evidence based measure - Michelle Scollo.

Evidence
1. Tobacco price increases reduce consumption
2. Tobacco price increases reduce adult smoking prevalence.
3. Tobacco price increases encourage users to quit.
4. Tobacco price increases reduce tobacco price increases reduce consumption among continuing users.
5. Tobacco price increases reduce prevalence among young people.
6. Tobacco price increases reduce initiation in particular transition to regular smoking (less clear for reducing experimentation)
7. Tobacco price increases reduce use among young people more than among older smokers.
8. Tobacco price increases have greater impact on low income smokers (cleaned evidence in high income countries)

Seven approaches to mitigating tobacco tax increases in Australia
1. Exploit structural weaknesses in tax formula
2. Capitalise on periods w/o real tax increases to increase manufacturer profits
3. Soften the blow of increases in excise duty
4. Cross-subsidize value brands by differentially increasing prices of premium brands
5. Reduce the upfront purchase cost
6. Disturb price signals through longer cigarettes, odd pack sizes & charm pricing
7. Use price boards for price-related promotion

(How the industry fights back)

Sarah White @SarahWhisar · 52m
Tobacco cos increase own cigarette prices (profit) under cover of each tax increase. So not just Gov increasing price! #OTCC2017

Billie Bonevski liked
#OTCC2017 @WePublicHealth · 55m
Bulk cig packs a tobacco control problem, real feature of Aust market, few other countries have up to 50 (normal 20-25): Scollo: #OTCC2017

Some “easy” wins for tobacco control, at a time of flagging momentum

You can track Croakey's coverage of the conference here.
Some “easy” wins for tobacco control, at a time of flagging momentum

Croakey “Conference News Service”
Some “easy” wins for tobacco control, at a time of flagging momentum

Dr Michelle Scollo @CancerVic gives fantastic summary of 5 challenges, 5 wins, 5 next steps. Shows “industry pushback” at work. #OTCC2017
You can track Croakey’s coverage of the conference here. Some “easy” wins for tobacco control, at a time of flagging momentum.

**Powerful lists**

### Tobacco control in Australia: 5 x 5

1. Five significant but under-recognised policy achievements
2. Five encouraging but under-celebrated trends
3. Five threats to continuing progress
4. Five big challenges we must confront
5. Five easy actions for big returns

#### 4. Five big challenges we must achieve/confront

1. Reduce smoke-drift in domestic settings
2. Institutionalise tobacco control in our healthcare (incl dental & mental health) system(s)
3. Get more benefit out of tax increases
4. Regulate content & labelling and
5. & supply of tobacco and ANDS

#### 1. Five under-recognised policy achievements

1. Tobacco advertising banned on internet
2. Tobacco display out of retail
3. Collapse in adolescent tobacco purchases
4. NRT included on PBS
5. National Tobacco Strategy & Indicators

#### 2. Five encouraging, overlooked trends

1. Fewer smokers smoking around family
2. Dramatically fewer teenagers smoking
3. Smoking has declined significantly among
   i. Aboriginal and Torres Strait Islander peoples
   ii. many people with mental health problems
   iii. people in low-SES areas
4. Majority who’ve ever smoked now quit...and
5. ~70% remaining smokers still intend to quit
Some “easy” wins for tobacco control, at a time of flagging momentum

You can track Croakey’s coverage of the conference here.

Tweet-reporting

And we’re off at @WePublicHealth - Penny Egan @CancerTas welcomes delegates from across Oceania region incl big island north of Tas’, tweet away!

Thank you to @DaveGillespieMP for opening OTCC. We need Govts to stay strong against vested interests to protect our health. #OTCC2017

#OceanicTobaccoControlConference2017 #OTCC2017 #Hobart #Tasmania #YouCanQuit #QuitSmoking

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Selfies and snaps
Some “easy” wins for tobacco control, at a time of flagging momentum

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“Conference News Service”
Some “easy” wins for tobacco control, at a time of flagging momentum.

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Some “easy” wins for tobacco control, at a time of flagging momentum.
Australia has been urged to implement a minimum tobacco price to stop manufacturers targeting lower income smokers, and to introduce strong retail licensing to cut the number of tobacco outlets, particularly near schools and in poorer communities.

Marie McInerney writes:

Professor Kurt Ribisl, from the School of Global Public Health at the University of North Carolina, told the Oceania Tobacco Control Conference that Australia was at the cutting edge of many tobacco control efforts, not least with plain packaging.

But he said he had been surprised to discover how much it lagged on key supply side issues, which allowed tobacco companies to circumvent or undermine other tobacco control initiatives.

Australia’s high tobacco taxes had pushed up prices and in turn reduced consumption, but tobacco companies had hit back by focusing aggressively on discount brands, producing a proliferation of these brands at the very low end of the market, he said.

To counteract those strategies, he said governments should impose a floor price or minimum price, such as about $20 for a pack of 20 cigarettes.
“That way you can really reduce the disparities where low income people smoke at a higher rate than high income,” he told delegates. “It would help to reduce that gap and have an overall effect on reducing smoking”.

Ribisl specialises in policy issues related to the sales and marketing of tobacco products at the point of sale and on the Internet and has researched tobacco product marketing, pricing, promotions, and youth access, as well as spatial mapping of tobacco outlets.

He was part of a recent study that compared the projected impacts of a cigarette floor price and excise tax policies on socioeconomic disparities in smoking in the United States.

The simulated study projected that state minimum price laws set at the average reported pack price would raise prices by $0.33 and reduce cigarette consumption by about four per cent, while minimum prices set at $2 higher would reduce consumption by 16 per cent.

He is now part of a follow up study “to test the real world impact, which we assume will match what the simulation has found,” he told Croakey.

That study will look at New York, one of the few places in the world to have introduced minimum prices. The city has also banned price discounting, “so there’s no ‘buy one, get one free’, he said.

Ribisl conceded that a minimum price, unlike tobacco taxes, had one disadvantage in that it can increase profits for the tobacco industry – a “small side effect” that had caused some in the tobacco control sector to oppose the move in the past.

But he urged delegates to keep their eyes on the public health goal of reducing tobacco consumption, amid long established evidence that price increases are the most effective tool to discourage smoking, with each 10 per cent price rise generating a four per cent reduction in smokers.

“We get fewer kids smoking, more people who smoke quit, and also the people who continue to smoke, smoker fewer,” he said.
Weak on tobacco retail licensing

Ribisl said Australia’s weak tobacco retail licensing laws had been “one of the bigger surprises on my trip here”.

“In so many areas you are so ahead of the rest of the world, with plain packaging, strong pictorial warnings, high taxes, but (that’s) an area you’re really falling behind in,” he said, noting that it was a very strong and popular area of regulation in the United States.

Scott Walsberger, from Cancer Council NSW and who chaired the session addressed by Ribisl, wrote recently that licensing of tobacco outlets is the most commonly advocated measure in Australia for reducing tobacco availability.

“It can be used to track the number of outlets selling tobacco, and to regulate the availability of tobacco by limiting the number of outlets that receive a license, reducing the density of outlets within areas, and potentially limiting the type of outlets that can sell tobacco,” he said.

But currently, he said, New South Wales only has a notification scheme in place – whereby tobacco retailers simply need to let the government know that they sell cigarettes. Victoria and Queensland have no licensing system, and Ribisl said that other states have modest licensing systems but do not make the most of them.

He said an immediate benefit of licensing was that it persuaded some operators, who did not want to pay fees or comply with regulations, to stop selling tobacco.

But there was also the opportunity for “add-ons”, built in regulations such as banning outlets from selling tobacco if they were within one kilometre of a school, stopping them from selling particular products such as menthol cigarettes, or refusing a licence if they were too close to another tobacco outlet.

Built environment matters

Ribisl said evidence showed the built environment matters for smoking rates.

“There are a whole series of reasons why greater retail density is bad,” he said. “If you live with 250 metres (of a tobacco outlet), you’re more likely to relapse.”

Other studies have shown that children are more likely to smoke when there is greater retail density near schools.

He recommended five ways to reduce the density and number of tobacco outlets, based on this research into how US communities can take action through legal and policy approaches.

They are:

1. Cap the number of retailers in a geographic area.
2. Cap the number of retailers relative to population size.
3. Require a minimum distance between retailers.
4. Prohibit retailers from locating near schools or other youth-sensitive areas.
5. Prohibit sales of tobacco at particular store types.
“We don’t allow strip bars, gun shops or lead smelting plants near schools… but we do freely allow most jurisdictions to sell tobacco near schools,” he said.
Retailers’ perspectives

Organisers of the conference described supply side issues as the “hot topic” for policy makers, as a number of the concurrent presentations detailed.

One study looking at bars, pubs and clubs in New South Wales and their views on selling tobacco suggested that industry resistance to restrictions on tobacco sales in licensed premises may be less than anticipated, the authors said.

It also produced further proof of the high density of outlets in Australia. Forty one per cent of those surveyed said the nearest alternative provider of tobacco was within 500 metres while 80 per cent said the nearest was within one kilometre.

Lead researcher from Western Sydney University Professor Suzan Burton said more of the surveyed outlets that sold tobacco rated cigarette sales as “unimportant” than “important”.

“When asked their reaction if cigarette sales were banned in licensed outlets, direct concerns about lost profit were raised by less than 10 per cent, reinforcing other evidence that the profit from cigarette sales is low for many retailers,” Burton said.

Overwhelmingly, she said, they could imagine not selling cigarettes and more than 20 per cent said they expected a ban within five years.

But a study of convenience stories, or dairies as they are known, in New Zealand showed that it might be different for such outlets where tobacco may not be a great profit winner but is seen to contribute significantly to turnover and, importantly, dictate whether a customer uses one particular store over another if they need cigarettes.

Martin Witt, from the Cancer Society in Canterbury and West Coast said the majority of owners and manager of stores involved in face to face interviews saw tobacco as important to their livelihood and were “either ‘OK’ about selling tobacco or gave little thought to its sale”, although security concerns were an issue.

But another New Zealand study raised some of the tensions involved for retailers, who want to protect their business interests, but may have had their own losses through smoking related cancer, worried about exposure of children to tobacco, or could see the impact that tobacco consumption had on poverty.

Lindsay Roberston, a Research Fellow at the University of Otago, led the study into how New Zealand tobacco retailers view measures to regulate tobacco retail availability, including mandatory licensing.

The responses were mixed: from “just a money grabbing tax” to “as long as there’s a good reason”. Some welcomed the general idea of reducing retail availability, seeing it like necessary alcohol restrictions, while others emphasised personal responsibly and “shunned ‘nanny state’ interventions”.

Robertson said interesting responses came when the researchers probed more specific policy options, such as restricting the sale of tobacco around schools.

“About half either supported or accepted the idea of restrictions around schools, suggesting where, if the rationale is clear and includes protecting children, retailers are more likely to support regulation,” she said.
This helped to identify the policy approaches that could be seen as more acceptable for tobacco retailers, she said.

“Many retailers don’t like tobacco, don’t like selling it, but feel they have to (for business reasons),” she said. “That opens the possibility for regulation.”

The New Zealand SmokeFree 2025 initiative (which the conference has been told has lost momentum), is encouraging Tobacco Free Retailers, arguing that tobacco is more available in our communities than bread and milk even though it kills half the people that use it regularly (see its toolkit to help communities talk retailers into signing up).

Watch this interview

![Talking to Professor Kurt Ribisl at #OTCC2017](image-url)

Tweet reports

* @WePublicHealth · 22h
  Ribisl: Australia done great with tobacco display ban, taxes, raising prices on premium brands, but bad job on discount brands #OTCC2017

* @SarahWhisar · 22h
  Prof Kurt Ribisl makes strong case for minimum floor price for cigarettes to stop tobacco industry interference in price policies. #OTCC2017

* @SarahWhisar · 22h
  Impact of tobacco control interventions on inequality: best at reducing inequities is price. Prof Kurt Ribisl #OTCC2017

The feature image, How to reduce tobacco retailer density and why, is available here.
It’s time for another type of story about Indigenous smoking rates

Marie McInerney writes:

A leading Aboriginal health researcher has called for research and reporting on Indigenous smoking rates to be reframed, to reflect the good news that is emerging and to acknowledge the role of colonisation, dating back to when tobacco was distributed as rations and wages.

The call from Australian National University researcher Dr Ray Lovett came as the Australian Bureau of Statistics released new modelling on tobacco use that reveals strong gains for Aboriginal and Torres Strait Islander health.

Speaking at the Oceania Tobacco Control Conference, Lovett also called for greater data “granularity” so Aboriginal and Torres Strait Islander people can dig down into their own nations and communities, and retain greater data sovereignty.

Also at the conference, he sounded the alarm about the recent abolition of the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (AGATSIHID), which he said meant there was now “no independent voice at the national level relating to our data.”

An independent consultant to the group which has analysed Australian Institute of Health and Welfare data for 20 years, Lovett said he only found out it no longer existed a month ago when he got a letter, thanking him for his service, and saying it had been disbanded.

“It came as quite a shock to lots of people,” he said.
Lovett delivered a keynote presentation to the conference, outlining the findings of new research he has led: *Deadly Progress: Changes in Australian Aboriginal and Torres Strait Islander adult daily smoking from 2004-2015*.

As the work is yet to be published, Croakey has agreed not to publish it in this report, but Lovett said the findings were in accord with those of the *Aboriginal and Torres Strait Islander Peoples: Smoking Trends, Australia, 1994 to 2014–15* report released by the ABS, in partnership with the Menzies School of Health Research.

The ABS said the proportion of adult Aboriginal and Torres Strait Islander people who smoke dropped significantly from 55 per cent to 45 per cent, a fall of 22 per cent, over 20 years to 2014–15.

Just as encouraging, the proportion of Aboriginal and Torres Strait Islander people aged 15–17 years who smoke also decreased significantly from 30 per cent to 17 per cent and went down by an average 1.9 per cent per year from 2008 onwards.

“This suggests anti-smoking initiatives since 2008 are having an impact for Aboriginal and Torres Strait Islander peoples,” the ABS said in a statement.

**Community-led success**

Lovett said much of the credit for such good news went to community-led campaigns like the Tackling Indigenous Smoking initiative led by Professor Tom Calma, Chancellor of the University of Canberra.

“The policy implications are pretty clear: what’s going on at the moment is working so we need to continue that work to reach the targets, in fact we need to accelerate that work,” he said.

Calma, who also attended the OTCC conference, told Croakey he was “elated” by the ABS figures, which confirmed anecdotal evidence gathered in communities across Australia and sent a strong message to governments about the need to commit long-term funding.

Tackling Indigenous Smoking was the flagship health program for the former Labor Government but much momentum was lost when, early in its term, the Coalition Government announced a review of the program and halved its funding. It is currently funded on a three-year cycle due to end on 30 June 2018.

Calma said longer-term funding was vital to be able to tackle areas where progress is not being seen at the same rate, such as remote communities, and so the program can develop and maintain a strong workforce.

“Otherwise we’re forever developing the workforce and not able to reap the benefits of a good solid, stable workforce,” he said.

Calma agreed the disbanding of the AGATSIHID was a loss to Indigenous health.

“It gives confidence to researchers and to the community to know we’ve got Indigenous researchers providing that level of guidance, otherwise it then becomes another non-Indigenous person interpreting data on our behalf,” he said.

Croakey has asked the Federal Health Department for comment on why the AGATSIHID has been disbanded and how its work will now be performed. The Department did not respond to our requests.
“Our tobacco story is different”

Lovett, a Wongaibon man from far west New South Wales, told the conference that his tobacco story started in 1934, “when most of my relatives were rounded up (to live on stations and missions) and provided with rations: meat, flour, sugar and tobacco.”

This was not a story confined to early settlement, he said, as with the colonial soldiers who were paid for a time in rum and tobacco. Rather it had continued well into the 20th century for Aboriginal and Torres Strait Islander people pushed onto missions or having to accept rations for wages – “living memory” for many families and communities.

The high prevalence of smoking among Indigenous people these days, compared to non-Indigenous people, had to be understood in the context that tobacco was a form of trade and economy for many Indigenous people and communities “right up to the 1970s”.

“That story is extremely important because… our tobacco story is different to the rest of Australia,” he said. “Smoking prevalence is a product of our history.”

That meant, he said, that Indigenous smoking prevalence should not always be reported in comparison with non-Indigenous rates. It was important to examine the gap between Indigenous and non-Indigenous rates, but should not be limited to it, he said.

“Given we have a different tobacco story, are we really comparing apples with apples?”

Framing matters

He said the Deadly Progress research team had looked to re-frame the work in response to persistent negative reporting about the gap between Indigenous and non-Indigenous people and smoking.

It aimed to shift away from the “deficit discourse”, and focus instead on the progress that could be mapped through absolute changes in smoking within the Indigenous population.

“Framing really matters,” he said. “Presenting the same results in a different way has different implications for policy and therefore for resourcing.”

It was also the data story “that resonates with our mob,” he said.

That was not just about “wanting to hear a good story” but because evidence showed that positive news about progress had a broader effect, triggering health-promoting behaviours like getting people to ring Quit lines or seeing health advice.

“I’m not saying we shouldn’t have Closing the Gap targets, but they don’t tell the full story, it measures the space between us,” he said.

How to capture and communicate local stories and statistics was a point made on the first day of the conference by Melanie Rarritjwuy Herdman, a Yolngu woman from Miwatj Health, who is the Tackling Indigenous Smoking coordinator in Nhulunbuy, in remote Northern Territory.

After listening to presentations on global, regional and national tobacco control issues, she asked how local communities like hers, where smoking rates can be as high as 80 per cent in some areas, could get their stories out – of their challenges and their successes – more broadly.

Watch a video interview with her at the bottom of this post and a unique documentary telling Ngarali, The Tobacco Story of Arnhem Land.
Lovett said it’s a growing issue for many Aboriginal and Torres Strait Islander communities.

The ABS was able to provide good data on the big national picture and down to the jurisdictional level, “but a lot of us working in Aboriginal and Torres Strait Islander health want to know how our health and our wellbeing is impacted at our ‘nation’ level, the Wongaibon level,” he said.

“The Yawuru want to know how the Yawuru are going, the Central Australian Arrernte people want to know how they’re going.

“We just don’t have that level of granularity in our data.”

Data warriors

But there is emerging momentum, he said, with many of those communities like Herdman’s producing their own data now around tobacco and other health and wellbeing indicators.

That doesn’t just drive deeper understanding of health issues and what works but also means local communities are “in control of how the data is analysed,” he said.

The issue of Indigenous data sovereignty was also explored at an earlier session of the conference, involving Maori, American Indian and Indigenous Pacific speakers, where Lovett called for more Indigenous data “warriors” to step up. See tweets below.

Lovett also led a recently published study on the Aboriginal and Torres Strait Islander “smoking epidemic”, asking at what stage it is, and what it means, and making the direct link between Indigenous tobacco use and Australia’s history of colonisation.

He told the conference that Aboriginal and Torres Strait Islander people are already seeing significant health benefits as a result of declining smoking rates, with a 43 per cent reduction in cardiovascular disease deaths over the past 20 years among Indigenous people.

Given the long lag between smoking and smoking-related diseases like lung cancer, smoking-related cancer mortality is however expected to remain high, but to peak within the next decade.

For now, he said, Aboriginal and Torres Strait Islander people are “seeing tobacco’s lethal legacy from when smoking prevalence was at its peak”.

Listen to Ray Lovett
Listen to Mel Rarritjwuy Herdman

She asked the conference: “How do we get our story out nationally about the statistics in our communities about smoking rates, stories of success and the challenges we face in remote communities?”

Watch Ngarali The Tobacco Story of Arnhem Land

This documentary was produced by Miwatj Health in collaboration with Round 3 Creative to address high rates of smoking amongst the Yolŋu of East Arnhem Land.
It's time for another type of story about Indigenous smoking rates

#OTCC2017

Tweet reports

Michelle Bovill @michelle_bovill · Oct 19
Dr Ray Lovett Deadly Progress #otcc2017 good news for smoking in our young people. Progress is happening!

Sarah White @SarahWhisar · Oct 19
Very excited to now hearing Dr Ray Lovett on Deadly progress with smoking. Results embargoed so cannot tweet. Exciting & GOOD #OTCC2017

Ice@WePublicHealth · Oct 19
Lovett says his tobacco story began when his relatives were rounded up, provided with rations for meat, flour, sugar, tobacco. #OTCC2017

Ice@WePublicHealth · Oct 18
Ray Lovett says great to see a few Aboriginal health services pooling service level data to make stronger cases for resources #OTCC2017

Ice@WePublicHealth · Oct 18
Ray Lovett urges more Indigenous data warriors to join a groundswell to take back control of data press.anu.edu.au/publications/s... #OTCC2017 #IDS17

Ice@WePublicHealth · Oct 18
Our national statistical institutions should be helping us to dig down deeper, they're not: Ray Lovett #OTCC2017 #IndigenousSymposium

Ice@WePublicHealth · Oct 18
Case study answers
- Is tobacco use a problem? For who? Men, woman, young or old?
- Who has the data?
- Who can access and use this data?
- Who analyses, interprets and reports
- What does the data say?

Tom Calma: Don’t Make Smokes Your Story campaign one of most successful - for Indigenous & nonIndigenous youtube.com/watch?v=2GBv5... #OTCC2017

Don’t Make Smokes Your Story – National Tobacco... Don’t Make Smokes Your Story is a campaign to support Aboriginal and Torres Strait Islander people to quit smoking. Ted quit for his family. This is his story... youtube.com
It's time for another type of story about Indigenous smoking rates

#OTCC2017

#OTCC2017 @WePublicHealth • Oct 18

When data unsure, policy unsure, says Ray Lovett: deficit becomes the over-riding discourse, so we disconnect #IndigenousSymposium #OTCC2017

Data situation

- Aggregate data
- Unreliable data
- Creates uncertainty in policy
- Data promoting deficit
- Data disconnect
- Mistrust of data processes
- Data skills

Solutions

- IDS principles development
- Data of relevance
- Data as self-determination
- Data for governing/decision making
- Reliable data in context
- Drivers of smoking, cessation
- Improved trust in participation
- Improvements in policy
- Data capacity in communities

Rarrtji Mel Herdman @herdman__m • Oct 19

More research, more data from Arnhemland! #yclngudata #yclnguresearch

#OTCC2017 @WePublicHealth

How do we get our stories out, asks Mel from @MiwatjHealth? twitter.com/marimonerney...

#OTCC2017 @WePublicHealth • Oct 18

if wait for evidence we’ll never get a thing done; need to think about what to do without it: @DrCChamberlain #IndigenousSymposium #OTCC2017

Responsive evaluation plans. There is a need for Indigenous-specific research regarding the impact of pricing measures; interventions to reduce tobacco use among adolescents, pregnant women, adolescents and adults experiencing mental illness or imprisonment; and linguistically diverse Indigenous people. There is also a need for Indigenous-specific evidence regarding interventions using social media and mobile applications, electronic cigarettes, ‘strengths-based’ holistic approaches and how to culturally tailor interventions, protecting communities from industry interference, and interventions in ‘pubs, clubs and restaurants’ in Indigenous communities.
“Killing with kindness” – calling out some myths about smoking, mental health and substance abuse

Marie McInerney writes:

Clinicians and health services who think it is too much to ask people with mental health and drug and alcohol issues to give up smoking are “killing them with kindness”, according to a senior researcher.

Professor Amanda Baker, from the University of Newcastle, said that high smoking rates among people with mental health and drug and alcohol issues are a huge problem, which remains largely hidden in the health and tobacco control sector while imposing a terrible physical health burden.

Smoking rates among these groups are gravely high, particularly when they are in treatment – up to 80 per cent of people in residential rehabilitation facilities smoke, compared to 14 per cent in the general population, she said.

Two-thirds of people with serious mental health issues like schizophrenia and bipolar disorder smoke daily “and they’re dying 20 years earlier than people in their cohort who don’t smoke,” Baker told the recent Oceania Tobacco Control Conference.

While there is a range of factors involved, including self-medication, a major and easily preventable driver is a reluctance by mental health and social service professionals to offer smoking cessation programs and to even consider the idea that patients or clients should quit smoking.
Baker said:

They think they’re helping. They’re worried that people with mental health problems won’t cope without smoking, that people with drug and alcohol problems may use more drugs if they’re not smoking.

But we now know that’s not the case. In fact, mental health improves when people stop smoking and people’s drug and alcohol problems don’t worsen.

We are killing them with ‘kindness’.

Other issues were also involved, Baker said.

In the busy, low resource environment of a mental health or drug and alcohol service or facility, tobacco did not cause the disturbance that other drugs like amphetamines do, “so we tend to overlook it”.

Conversely, services are also afraid that people will become aggressive if they can’t smoke.

These concerns also were outlined powerfully at the conference by a mental health peer support worker, who told delegates she had been “very shocked” by the views and attitudes of some staff about smoking when she moved into a tackling tobacco role (her presentation will be covered in a forthcoming Croakey article).

Another presenter, Jane Galea-Singer, from the Auckland District Health Board, also talked about the impact of a traditional “tolerance” towards smoking in mental health and addictions services in New Zealand.

“A few weeks ago someone in Customs told me that all of the cigarettes they used to confiscate, they would give to mental health institutions and the homeless,” she said.

Watch an interview with Galea-Singer at the bottom of the post to hear about the Let’s Kick Butt, incentivised mass quit challenge her service runs each year.

Solutions outside silos

Baker is a National Health and Medical Research Council Senior Research Fellow at the University of Newcastle, who specialises in the treatment of co-existing mental health and substance use problems.

She has been an advisor during the transition of forensic hospitals to smoke-free facilities, and is currently working on a phone-delivered smoking cessation program for people with mental health problems, in partnership with Quitline Victoria.

Having always assumed that people with severe mental illness need intensive individual intervention for smoking with face-to-face treatment, she’s buoyed by the results of a trial program showing that phone intervention is simpler, briefer and just as effective.

A clinical psychologist, Baker remembers smoking with her patients in her early days in the profession in the 1980s, when it was a very “socially acceptable” way of connecting.

But the shocking rates of smoking among those being treated for mental health and substance abuse, and how they were overlooked as an issue in mental health and drug and alcohol silos, really came home to her about 20 years ago.
She said:

| People were spending their pension on cigarettes, they were really in poor health. I could see that smoking was not being addressed (by services), there was no interest. |
| We found in one of our trials that one third of people actually took up smoking when they were admitted to mental health hospitals. |

Thus Baker welcomed the focus of a number of presentations at the #OTCC2017 on mental health and smoking cessation, but she urged tobacco control researchers to include more people from the cohort into studies to really dig down into what treatments work.

“Researchers traditionally want ‘pure’ samples, so if they are studying treatment for depression or schizophrenia they exclude people with drug and alcohol problems and if they are studying treatment for smoking they usually exclude people with mental health or drug and alcohol problems,” she told Croakey.

“So there’s been very minimal research in the real world clients on how treatments will work.”

Baker also called on tobacco control experts in Australia to be more open to the potential of e-cigarettes, which are effectively banned here, citing one small study (of 14 people) where 50 per cent of smokers with schizophrenia reduced their smoking by 50 per cent over a full year, and 14 per cent quit.

“We’re among friends, let’s find out if e-cigarettes are helpful, it’s an empirical question,” she said, likening the issue to harm reduction debates about methadone in the 1980s.

A “national disgrace”

But Baker said there was light on the horizon from standard quit smoking programs too, with emerging evidence that treatments combining pharmacotherapy and psychotherapy work, with variability about combinations, length of time, frequency and manner of delivery that will affect individual and broader interventions.

Studies also show that smokers with mental health and drug and alcohol problems are as motivated to quit as others and that is now being seen in smoking rates, that while still very high, are beginning to fall (see slide below).
And, Baker said, treatment settings and the most severe mental health issues should not be the last places to start, even though they may seem the most difficult.

“There’s no need to pussy foot around,” she said. “We should treat smokers within treatment and once they are discharged.”

See slide below of smoking rates in treatment settings, including community health services.

<table>
<thead>
<tr>
<th>SETTING (n)</th>
<th>% SMOKING</th>
<th>STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOD Residents (228)</td>
<td>77.2</td>
<td>Kelly et al. (2012)</td>
</tr>
<tr>
<td>Psychosis Survey (1825)</td>
<td>66.1</td>
<td>Morgan et al. (2012)</td>
</tr>
<tr>
<td>CMH Anxiety (205)</td>
<td>52.2</td>
<td>Bartlem et al. (2015)</td>
</tr>
<tr>
<td>CMH Depression (326)</td>
<td>50.0</td>
<td>Bartlem et al. (2015)</td>
</tr>
<tr>
<td>General</td>
<td>14.5</td>
<td>ABS (2015)</td>
</tr>
</tbody>
</table>

Baker said such high levels of smoking contribute to terrible physical health outcomes, described in 2012 by the National Mental Health Commission as “a national disgrace”.

Latest figures show that 50 per cent of deaths in people with mental health or substance use disorder are due to tobacco-related cancer, cardiovascular disease, and respiratory conditions.

They have a reduced life expectancy of 10-15 years compared to the general population, and very low quality of life in the last ten years of life, she said.

“We’ve got no excuse now, the evidence is there (that quit programs work),” she said. “People might not want to quit immediately… or in the next 30 days, but they’ll be wanting to quit somewhere along the line, and we can help them prepare for that.”

Conference organisers intend to produce a mental health statement from the conference in coming weeks. Croakey will update this post when it is published.

Also read: Powerful stories from inside mental health services – the barriers to quit smoking efforts.
Watch this video interview with Amanda Baker

Watch this interview with Jane Galea-Singer

Galea-Singer is from the Auckland District Health Board and talks about her work as a Smokefree Co-ordinator for Mental Health and Addictions services. She presented to the conference on the “Let’s Kick Butt” mass quit challenge.

Tweets from Professor Baker's presentation

Sarah White
@SarahWhisan

“Mental health and AOD - two separate treatment silos, and neither treat smoking”
Prof Amanda Baker #OTCC2017
You can track Croakey's coverage of the conference here.

"Killing with kindness" – calling out some myths about smoking, mental health and substance abuse

Mental #health workers refrain from encouraging patients to quit #smoking but quitting reduces #depression. #OTCC2017

Prof Amanda Baker

Low cessation rate (Sharma et al., 2016)

- Attributed to a combination of:
  - Failure to promote smoking cessation
  - Difficulty of access to smoking cessation services
- Many smokers and staff believe MH / AOD will worsen if they quit
- Staff might not encourage people to quit
- **BUT** quitting reduces depression, anxiety and stress and doesn’t worsen AOD use

#Smokers with #mentalhealth issues are as interested in quitting as others. Prof Amanda Baker @WePublicHealth #OTCC2017

Conclusions

- Smokers with MH/AOD are as interested in quitting
- Quitting and remaining abstinent may be difficult
- Can quit with standard approaches
- Provision of NRT – hospital and post-discharge is essential
- Tailored approaches increase

Pragmatic tailored approaches very promising – Quitline

Harm reduction approaches need evaluation

Need for staff and consumer training

Involving consumers and carers in planning our way forward
You can track Croakey’s coverage of the conference here.

“Killing with kindness” – calling out some myths about smoking, mental health and substance abuse

#OTCC2017

Tweets from related presentations

Make Smoking History
@msh_wa

Every AOD and mental health client must be asked about their smoking. Most want to quit

#OTCC2017

Make Smoking History
@msh_wa

What needs to change to embed smoking care into mental health services? Philippa Boss, One Door Mental Health

#OTCC2017

People with psychiatric disorders have an susceptibility to tobacco addiction but it’s not treated as an addiction in MH serv

#OTCC2017
You can track Croakey’s coverage of the conference here.

“Killing with kindness” – calling out some myths about smoking, mental health and substance abuse

#OTCC2017

KPIs for providing smoking care should be just as important as KPIs for other care in MH services - Jenny Bowman, Uni Newcastle #OTCC2017

More collaborative work going on between community mental health services with support from @CCNewSouthWales to address smoking #OTCC2017

To embed smoking care into mental health settings we need a culture change. @walsberger @CCNewSouthWales #OTCC2017
Powerful stories from inside mental health services – the barriers to quit smoking efforts

A keynote speaker at a recent tobacco control conference **warned that** clinicians and health services who think it is too much to ask people with mental health and drug and alcohol issues to give up smoking are “killing them with kindness”.

It was a concern also outlined powerfully by a mental health peer support worker in one of the concurrent sessions of the **Oceania Tobacco Control Conference**.

The worker, who prefers to remain anonymous, said she had been “very shocked” by the views and attitudes of some staff about smoking when she moved into a tackling tobacco role.

“I had ex-oncology nurses telling me that smoking isn't harmful and staff members questioning why I was even employed, as they believed that consumers weren't going to even want to talk about quitting, let alone actually give it a go,” she said.

Read an edited version of her presentation below.
A consumer peer worker writes:

Being a consumer peer worker means that I have a lived experience of mental ill health, and this life experience has given me the privilege of getting to know consumers and supporting them to think about their smoking addiction.

My role sees me working across different mental health settings, including outpatients, residential, youth services and in-patient settings.

In 2004, at the age of 15, I was thrust upon a youth ward experiencing first episode psychosis, receiving involuntary treatment and consequently feeling fearful, confused and ashamed.

During my four month admission I spent most of my time as a non-smoker in a cramped room with no windows or fresh air, dodging phlegm and stains of ash and breathing in, I don’t know how much, second-hand smoke in a purpose-built smoking room on the ward.

By 2010, I had well and truly graduated into adult mental health services and I remember clearly that a new smoke free policy was introduced.

Staff were hurriedly organising meetings for consumers to inform us of the new policy and to pass around petitions telling us where to sign so that our human rights were not violated.

There was a lot of fear mongering from staff stating that we patients were not going to be able to cope with what was one of the worst times in our lives without a cigarette. There is no way, they would say.

In 2017, I am still a consumer of an adult mental health service, only now I am grateful and at times very surprised to be employed and working within a tackling tobacco project.

“Listen with possibility and hope”

When it comes to supporting consumers with mental illness or dual diagnosis, I see terms such as ‘holistic approach’, ‘recovery’ or ‘person centred care’ are just used to boast and brag in job interviews. They are empty words.

If we take the word ‘recovery’, for example, recovery is often defined in mental health as a process by which people labelled with mental illness regain a sense of hope and move towards a life of their own choosing.

If we look at this definition from a surface level it seems okay, but what remains beneath the surface is that consumers get stuck in the medical interpretation of their experiences. And from being stuck comes a worldview in which consumers are constantly trying to deal with their perception of what's wrong with them instead of what's wrong with the situation.

Staff are not seeing consumers as whole people who bring different strengths, weaknesses, interests and dislikes; they are symptom and behaviour focused. This generally leads to staff having empathy to a certain point – usually until it impacts on their jobs or their ability to feel comfortable.

Engaging consumers by being curious and asking questions and even listening differently are all important tools. Instead of listening with fear and despair, listen with possibility and hope that consumers can make changes in their lives and sustain them.
During my first few months in this role I was very shocked at the views and attitudes of some staff in regards to smoking. I had ex-oncology nurses telling me that smoking isn’t harmful and staff members questioning why I was even employed, as they believed that consumers weren’t going to even want to talk about quitting, let alone actually give it a go.

**Inconsistent views**

However, now much later, with training and support having been provided, I am still finding that some staff have inconsistent views when it comes to talking to consumers about their smoking.

There is a lot of anxiety around tackling tobacco in general within mental health. I have nursing staff hiding behind claims that their unions have advised them not to talk to consumers about their smoking.

Some staff are great and are passionate about the issue. However, I feel like that this is part of the problem. Efforts to address smoking are person dependant. Staff tend to support consumers from a foundation of what interests them, not from what the consumer may want.

The other problem with the divide of staff is from an occupational health and safety standpoint. Evidence suggests that inconsistent approaches to care may lead to an increase of aggression.

If staff aren’t interested in supporting consumers correctly, then we should get them to focus on the risks they may be creating for their colleagues.

I hear stories from nursing staff that they tried to tell a consumer to stop smoking in their bedroom and move out to the footpath but were faced with aggression.

When asking consumers to smoke in the designated smoking area, it is always a good idea to steer away from negative language that makes consumers seem careless, less intelligent or that they are lying. Phrases such as ‘you neglected to’ or ‘I fail to understand how’, or demanding phrases such as ‘You should’ may lead to an escalation.

I like to approach consumers without judgement, and with curiosity and options. This approach allows consumer points of view to be heard alongside those of staff and the options you provide will allow consumers to feel in control – however, small.

**Flipping the camaraderie concept**

In residential settings consumers are tending to support one another by going out for a cigarette together and having a chat.

There is a hard-to-define camaraderie among consumers that draws people together in an acute unit – where any oppression faced is a shared oppression and no-one wants to ‘dob’ on each other.

If we flip this concept over, I am seeing that if one consumer is giving quitting a go, every other consumer will know about it and this in turn creates an atmosphere and path for others to follow.

Consumers living in community settings can experience higher levels of boredom and isolation than those living in residential settings. I hear many consumers ruminating on the person they were before they became unwell, of the jobs they had and the people they got to meet.
A lot of these consumers tell me that they are not happy about the amount they smoke but they tell me with a sense of earnestness that they cannot see a way of even reducing the amount unless they gain employment. Employment can give a person a strong sense of belonging and worth, and people who have this sense believe they are worthy of a healthy and happy life.

Two-thirds of consumers I speak to want to quit. But the biggest reasons I hear from those who can’t even think about tackling it now are that they are using cigarettes to self-medicate.

Consumers truly believe that smoking has a beneficial effect on their cognition and mood, that smoking cigarettes will help to relieve symptoms of mental illness and even prevent relapse. Others smoke to control adverse side effects that usually come with their treatment, such as weight gain and persistent drowsiness and sedation.

**Leading by example**

There are a lot of systematic changes that can be made to assist consumers to be smoke free.

We need to have allies within our services as well as with external service providers.

If you look at the general route a consumer may take to the inpatient unit, they will have been waiting in the Emergency Department for many hours without a cigarette.

However, they are usually promised by ED staff that they will be able to have a smoke when they reach the ward, which is not true because once we reach the ward it is a few more hours of waiting to see a psychiatrist, who will then tell you that you have no ground leave for 48 hours.

If we could have nurse-initiated Nicotine Replacement Therapy rolled out, we could at least ensure that consumers do not go into withdrawal while waiting for psychiatric support.

If organisations could see the value in entry-level staff and increase funding for it, we could develop a workforce of motivated, educated and enthusiastic staff. New graduates bring with them new energy, drive and commitment to learn new approaches.

And we need leaders of health services who get involved with consumers care, get on the wards and speak with consumers – who will lead the way by example.

**Read more: “Killing with kindness” – calling out myths about smoking, mental health and substance abuse.**
Compelling stories from the fight for smoke-free American Indian communities

Marie McInerney writes:

Traditional healers are at the front-line of efforts by Navajo researchers to prevent rising rates of smokers in American Indian communities while general population rates are trending down, the Oceania Tobacco Control Conference was told recently.

But tobacco control campaigners are up against formidable opponents: a brutal history that unleashed cigarettes into ceremonial use including as gifts following births and deaths, a tobacco industry that understands how to use tribal sovereignty to its advantage, and community fear that smoking bans will affect vital revenues from tribal casinos.

Navajo researcher Dr Patricia Nez Henderson told the conference that Team Navajo, a grassroots coalition she helped found a decade ago, had been campaigning since 2006 for the Navajo Nation to ban the use of commercial tobacco in all public spaces and workplaces.

The campaign focuses only on commercial tobacco, not the sacred tobacco – dzil not’ah or ‘mountain smoke’ – which is cultivated by communities and used for gift giving, medicinal purposes and traditional ceremonies, she emphasised.
Team Navajo has got close to a commercial tobacco ban four times, only to have the legislation vetoed or community support drop away out of fear that the Navajo people – the second biggest American Indian tribe, whose sovereign borders cross New Mexico, Arizona and Utah – would suffer economic loss with a smoke-free casino.

In the meantime, they’ve had a number of wins – not least enlisting the interest and support of traditional healers, but work on the ban has been “very, very frustrating,” she said.

**Increasing community involvement**

Nez Henderson, who heads the Black Hills Center for American Indian Health in South Dakota, is the grand-daughter of two Navajo traditional healers and the first American Indian woman to graduate from Yale Medicine School. (See her profiled here in the Huffington Post’s Greatest Person of the Day feature).

Fifteen years ago, she published her first research paper, out of concern about rates of smoking among American Indian and Alaskan Natives.

Excited, Nez Henderson took her paper to show a local tribal leader.

“She said: ‘It’s wonderful that you’re publishing all this wonderful data, now what are you going to do for us?’

“She didn’t want just another ‘helicopter’ researcher coming in (and flying out),” Nez Henderson told the conference.

In response, Team Navajo has been working since to increase community involvement in tobacco control efforts, reduce smoking among Navajo people, and protect non-smokers from second-hand smoke.

It also has a fundamental cultural goal: to respect the role of sacred tobacco for ceremonial purposes, to “keep it sacred”.

**Brutal colonial history**

While smoking prevalence has been declining within the general United States population, rates are rising among American Indian people, up from 37 per cent to 39 per cent between 2002-2005 and 2010-2013, according to latest figures from the US Centers for Disease Control and Prevention (CDC).

Nez Henderson said the rate is highly variable; in some communities it is low, in others it can hover around 50-60 per cent, for both men and women, and it is rising among the Navajo people.

Just as for Aboriginal and Torres Strait Islander people who were given tobacco as part of their ration packs, and for most other Indigenous peoples, she told the conference there is a brutal colonial story behind these figures.

In 1882, the US federal government prohibited American Indian tribes the right to practise their religious ways, including dances, ceremonies, gatherings, songs, prayers, and the use of ceremonial and cultural paraphernalia, including traditional tobacco.

The ban remained in force for nearly a century, stripping away culture and language and forcing American Indian people to incorporate commercial tobacco within their ceremonies, where it is now “ingrained”.

Compelling stories from the fight for smoke-free American Indian communities

#OTCC2017

Croakey
“Conference News Service”
Nez Henderson said:

- **We have cigarettes in every stages of our lives.**

- **When a baby is born, for example, cigarettes may be exchanged as a gift, all the way through to the death of a person, when there is a wake, you usually have baskets of cigarettes given away as gifts to those who are paying their last respects.**

- **So it’s been a challenge, as you can imagine, trying to educate our people about commercial tobacco.**

- **And how do we do it in a way that is respectful to our elders, to our traditional healers?**

**“Preying on our culture”**

Nez Henderson said Team Navajo also has to navigate difficult cultural and political issues around sovereignty.

The Navajo nation and more than 550 other federally recognised tribes are exempt from state tobacco control laws introduced to ban smoking in public areas in many jurisdictions, so separate laws are required on sovereign lands.

She blames the tobacco and gaming industries for “preying on our culture” and on promoting fears of continuing economic disadvantage to prevent those laws being introduced.

“A lot of tribes have done very well with casinos, however many still allow smoking so the workers and patrons are exposed to second hand smoke,” she said. “Initially the revenue will drop when they go smoke-free but it will go back up, the evidence shows that.”

Nez Henderson says she has dug into historic documents from the tobacco industry that show it understood the implications and opportunities around sovereignty “probably better than anybody else”, as well as the importance of sacred tobacco.
According to the CDC, tobacco companies “target” American Indian and Alaska Native communities through extensive promotions, sponsorships and advertising campaigns, including product packaging and names.

“For example,” it says, “the American Spirit™ cigarettes were promoted as “natural” cigarettes, and their packaging featured an American Indian smoking a pipe,” it said.

That’s now unfortunately been taken up, Nez Henderson said, by some tribes that are manufacturing their own cigarettes, using very evocative images.

Stories of harm and healing

Faced with continued resistance to a public commercial smoking ban, Nez Henderson said she put on her research hat, to try to investigate why elected leaders were not listening to people at the local level and what the health coalition could do to gain traction.

It’s now finding new momentum in its work with traditional healers, producing four digital videos that explore their views about commercial tobacco products and second hand smoke at ceremonial events.

Watch them here.

She said it’s thought to be the first such American Indian project, and taught the researchers and advocates valuable lessons in how to partner in culturally respectful ways.

Telling stories in this way, she said:

• reflects Navajo ways of knowing and being

• provides autonomy and control of the way Navajo knowledge is communicated and heard by others

• lends historical context to the issues Navajo people experience today

• is an exercise of cultural revitalisation.
The team has also gathered the stories of American Indian people who have been harmed by commercial tobacco products, including Nathan, a member of the Oglala Sioux tribe, who never smoked but worked for 11 years at a casino that allowed smoking. He died at age 54 of illnesses caused by secondhand smoke exposure.

Watch his video.

And the campaign for a Navajo Nation ban is set to resume, with a new grant secured to get Team Navajo “up and going again” plus recognition of the need to “build relationships with tribal leaders and casino management in order to develop the business case that will take comprehensive smoke-free policies to scale throughout tribal lands”.

The team is currently polling the elected leaders and community members, to gauge their enthusiasm this time around, particularly given the Navajo nation in the meantime became the first American Indian nation to impose a “junk food tax”.

**Watch these clips**

An interview with Dr Patricia Nez Henderson at the conference.

Watch this documentary: **Reclaiming sacred tobacco**
Tweet reports

Patricia Nez Henderson on central place that community has in leading advocacy/policy to fight commercial tobacco in Navajo Nation #OTCC2017

American Indian Health expert Patricia Nez Henderson says: "community partnerships are important- nurture them". #otcc2017

Patricia Nez Henderson 566 Native American tribes in USA #OTCC2017 #tobacco integrated in ceremonies, but was banned so cigarettes took over
How the tobacco industry is infiltrating policy processes and harming the environment

Marie McInerney reports:

Tobacco companies are trying to influence health policies by “infiltrating” non-health policy areas, such as tax, customs and law enforcement, in Australia and masquerading as good corporate citizens to penetrate markets in the Pacific, according to tobacco control experts.

Warnings of tobacco industry interference in public policy across the Pacific came in multiple sessions at the recent Oceania Tobacco Control Conference, including from Australia’s most senior tobacco control health official and a leading Pacific politician.

George Masri, Assistant Secretary of the Tobacco Control Branch in the federal Health Department, encouraged tobacco control experts to speak out on the risks of “direct and indirect tobacco industry interference” – including for MPs – that he said undermine efforts to cut smoking rates and pose big challenges for developing regions like the Pacific.

Another presentation urged firmer policies to address industry interference, outlining “worrying” access by the tobacco industry to stakeholder groups managed by the Australian Tax Office and Department of Immigration and Border Control.
Meanwhile, in his plenary address, Cook Islands Health Minister Nandi Glassie warned about industry tactics in the Pacific, where he said the risks of harm from tobacco were not only to health but also to climate change and sustainable development.

“Too often we experience the tobacco industry trying to disguise their corrupt practices as ‘corporate social responsibility’ when in fact they are all about profit and ensuring they have their next generation of consumers addicted,” Glassie said.

“In the Pacific we have seen them offer ‘leadership’ training and scholarships as well as sponsor public events and beautification programs,” he said, adding that the tobacco industry “often targets our non-health sector colleagues and organisations”.

He foreshadowed the release later this month of the Pacific Tobacco Industry Interference Index: A tool for monitoring the types and extent of tobacco industry interference – based on one developed by the Southeast Asia Tobacco Control Alliance (SEATCA).
Getting Big Tobacco to “butt out”

In 2003 Australia became one of the first nations to sign up to the World Health Organisation’s Framework Convention on Tobacco Control (FCTC), established to address the health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke worldwide.

Earlier this year, global media group Reuters reported that Philip Morris International has been running a secretive global campaign to block or weaken treaty provisions.

It published leaked documents saying the company sees the FCTC as a “regulatory runaway train” driven by “anti-tobacco extremists”, among them Australian public health advocates like Professor Simon Chapman and Professor Rob Moodie. Selected documents are available in a searchable repository.

Just recently, Philip Morris announced its support for the establishment of a new entity – the Foundation for a Smoke-Free World, which the WHO warned should not be taken at face value. It said Philip Morris engages in “large scale lobbying and prolonged and expensive litigation against evidence-based tobacco control policies”.

See also this call for the International Labor Organisation to cut its ties with Big Tobacco. The only member of the “UN family” to still have such links, the ILO is slated still to receive US$15 million through its partnership with Japan Tobacco International (JTI) and the Eliminating Child Labour in Tobacco Growing Foundation (ECLT).

Kylie Lindorff, Manager of Tobacco Control Policy at Quit Victoria, said industry currently has the opportunity to interfere in public policy in Australia via non-health agencies, including the Australian Tax Office and Department of Immigration and Border Protection.

In a presentation titled ‘Getting Big Tobacco to butt out’, she called for the Federal Government to better police and enforce its commitments under Article 5.3 of the FCTC, which obliges parties to the treaty to limit and transparently document interactions with the tobacco industry.

Her concern about non-health agency compliance with Article 5.3 was echoed in a separate plenary session; Masri said “we can’t be complacent when it comes to Big Tobacco and their supporters.”

Masri said it was “relatively easy” for health departments and ministries to understand the importance of limitations and transparencies of any interactions with the tobacco industry.

“It is more of a challenge to ensure that Article 5.3 obligations are actually understood more broadly in government and applied to other public officials, such as those in customs, excise, law enforcement portfolio agencies – or that it actually applies to parliamentarians.”

He told delegates there was potential for greater collaboration between the public sector and tobacco control experts to promote awareness in the general community as well as among public officials “about the dangers of direct and indirect tobacco industry interference, which fundamentally undermines the gains we have made in tobacco control”.

“We’re grateful when leading advocates raise this issue publicly or reinforce this when they’re meeting with public officials and parliamentarians,” he said.

Masri said a promised Article 5.3 “guidance note” for states and territories on awareness raising, limiting interactions with industry, rejecting partnerships with industry, and avoiding and managing conflicts of interest, is coming “soon”.

You can track Croakey’s coverage of the conference here.
An “irreconcilable conflict”

Article 5.3 is a key clause in the FCTC to ensure public health policy is protected from commercial and other vested interests of the tobacco industry. It is driven by the powerful principle that:

“There is a fundamental and irreconcilable conflict between the tobacco industry’s interests and public health policy interests.”

The Guidelines for Article 5.3 include key recommendations that parties to the treaty should interact with the tobacco industry “only when and to the extent strictly necessary to enable effective regulation of the tobacco industry and tobacco products”.

They advise that any necessary interactions should be conducted transparently, rejecting partnership with industry, ensuring that preferential treatment is not given to the industry, avoiding conflicts of interest for government officials and employees, and requiring that information provided by the industry be transparent and accountable.

Lindorff, who won the Nigel Gray award – the Australian tobacco control sector’s highest honour – at this year’s conference, said Australia still does not have a formal policy or legislation specifically addressing tobacco industry interference or its requirements under Article 5.3.

Urging that the Health Department’s guidance note comes “as soon as possible”, she gave two examples that are currently causing concern, in particular that the tobacco industry is “trying to perpetuate the myth that illicit tobacco is solely a law enforcement issue, not a public health policy issue”.

“We’re seeing the tobacco industry use the illicit tobacco issue as a way to say they need to be ‘working’ with government agencies,” she later told Croakey.

“It’s also trying to shut out the Health Department on any illicit tobacco discussions by arguing it is an enforcement issue, rather than the tobacco control issue it is.”
Addressing illicit tobacco, she said, is clearly spelt out in the FCTC as an essential component of tobacco control.

**Concerns re ATO, Border Control access**

One example, Lindorff said, is the Australian Taxation Office’s tobacco stakeholder group, which is described as a consultative forum for representatives of the tobacco industry and the Department of Immigration and Border Protection to “discuss issues of mutual interest”.

Its statement of intent includes: “That all members have an understanding of the excise and excise equivalent goods systems in operation enabling fruitful discussions and are committed to improving the administration and operation of the excise and EEG tax systems into the future.”

“That is rather surprising or amusing,” Lindorff said, “considering how vigorously the tobacco industry has fought every single tobacco tax and price increase in Australia.”

Lindorff said she was concerned to learn from the group’s most recent minutes that the tobacco industry had been provided a platform to present a “flawed” KPMG report (see concerns from tobacco control groups [here](#) and [here](#)) on illicit tobacco.

The minutes note informally that “Gary” (a representative from Imperial Tobacco) “took members through a presentation” of the report and that: “TSG members did not endorse the report, but noted the presentation.”

The minutes also say the ATO had provided the forum with an update of recent operations relating to illicit tobacco, including several seizures in Victoria and New South Wales.

Lindorff said these interactions were inappropriate and “likely breaches” of Article 5.3, as were discussions on the licensing of tobacco retailing.

“These are clearly policy issues they’re talking about,” she said. “It gives them a forum to put their policy ideas forward and push their views.”

Lindorff also questioned the role of the Illicit Tobacco Industry Advisory Group, hosted by the Department of Immigration and Border Protection and which, according to the official website, “enables industry and government to work together to eliminate the trade in illicit tobacco”. In particular, it says:

- The Illicit Tobacco Industry Advisory Group will allow industry members and government representatives to share information about the illicit tobacco environment, including tobacco trade flows, supply chain security and the illicit tobacco market, and work together on measures that address illicit tobacco.

While some operational interaction may be required, she asked how sharing this level of information with the tobacco industry meets the “strictly necessary” provision of Article 5.3 and, if it does, whether it meets requirements for transparency.

Meeting summaries were “very, very, very summarised”, interactions were not conducted in public, and the department did not consult similarly with the tobacco control sector, she said.

“My view is by using illicit tobacco as a cover, the industry has infiltrated some government agencies in the past few years, and the level of interaction is well beyond what is allowed for in FCTC Article 5.3,” she said.
Kylie Lindorff says we need more formal, stricter policy on govt interactions with tobacco industry #OTCC2017

Notification of meetings with industry

Concerns

- Very limited detail provided
- Not clear if further details are available on request
- Not all interactions with industry are listed (see next slide)
- Parameters of disclosure are not clear (eg. whether notification extends to meetings between quasi-govt organisations and tobacco industry)
- Not a legislative requirement so no legal requirement to provide this notification

Tobacco Stakeholder Group - ATO

- Minutes are listed on the website
- Minutes of recent April 2017 meeting are ALARMING!

LIKELY BREACHES OF ARTICLE 5.3 GUIDELINES

- Industry provided a platform to present flawed KPMG reports on illicit tobacco
- ATO provided an update of recent operations relating to illicit tobacco. These included several seizures in Victoria and NSW since late November 2016.
Croakey asked the ATO stakeholder group and DIBP for comment about these concerns. We have not heard back from the ATO but a spokesperson for the Department of Immigration and Border Protection said:

- **The Illicit Tobacco Industry Advisory Group enables industry and government to discuss ways to address the trade in illicit tobacco.**

- **The Illicit Tobacco Industry Advisory Group complies with Article 5.3 of the World Health Organization Framework Convention on Tobacco Control.**

- **The Illicit Tobacco Industry Advisory Group includes representatives of government, including the Department of Health, tobacco suppliers and tobacco retailers.**

- **Summaries of meetings are published on the Department of Immigration and Border Protection’s website to ensure transparency.**

The spokesperson did not respond to our question about what steps are taken to regularly monitor compliance.

**A barrier to Pacific development**

Minister Glassie told the conference that the Pacific has made great strides in both border control and strengthening tobacco control laws since becoming parties to the FCTC, including through tobacco taxes (Cook Islands) and requiring licences to trade in tobacco products (Solomon Islands, Fiji and Palau).

Kirabati and Tonga recently joined the Marshall Islands and Palau in banning point-of-sale display of tobacco products, he said.

But while these are commendable examples of progress, strong tobacco control measures alone will not be enough, and health departments needed to recognise and emphasise that non-health sectors also play vital roles, he said.
“We have a responsibility to make the connections between tobacco control and other issues that concern sustainable development of our islands and our communities,” he said.

For example, he said, the significant deforestation involved in tobacco cultivation, where one tree is lost for every 300 cigarettes (15 packs), contributes to climate change, while littered cigarette butts are toxic for marine and land environments.

“Another example is the myth that tobacco contributes to economic development,” he said. “The reality is our big ocean states end up spending much of our budgets on tertiary treatment of non-communicable disease for which tobacco use is the leading preventable cause.”

It was a broader risk also raised at the conference by Annabel Lyman, Pacific Countries Coordinator of the FCTC’s Framework Convention Alliance.

Lyman said tobacco control should be a priority on country development agendas in the Pacific, recognising that tobacco use undermines both public health and efforts to meet the United Nations Sustainable Development Goals.

She urged Pacific delegates to persuade government officials that tobacco control is not a health issue only, and that multiple ministries, including finance and customs, should be engaged.
Where next?

Veteran tobacco control expert Professor Mike Daube also warned, in the closing keynote, that a “resurgent” industry was working aggressively and strategically to not only prevent new tobacco control action but to “undermine progress”.

Daube: resurgent tobacco industry adopting “all the old zombie approaches”, work to intimidate, silence and chill action #OTCC2017

Last words from Professor Mike Daube at #OTCC2017 inspire all delegates to keep up the good fight!

Where Next?

- Constant awareness of challenges – but also pride in progress
- Maintain focus on collaborative approaches
- FCTC focus – with special attention to Article 5.3; all parts of government – and spirit of FCTC for those outside government;
- Maintain advocacy activity – including opposing and exposing industry
- Stay with it!
Daube warns of continuing tobacco industry strategies to fight back #OTCC2017

Further industry approaches - 2

- Reassurance marketing and other action to undermine governments and health authorities – even trying to present products as healthy
- Distraction strategies
- Using campaigns on issues such as tobacco and alcohol to attack and undermine public health more broadly
- Circumventing Article 5.1: seeking to work with non-health govt depts.; presenting as partners of government
- Even down to recognising harms, woolly terminology, limited and never graphic.
- Claiming they are needed because of too-slow progress in reducing smoking – when they have been the primary obstacle to progress.
- Promoting non-health arguments against action to reduce smoking (e.g. illicit - tax)
- Corporate Social Responsibility (CSR) to burnish their image

Simon Chapman AO
@SimonChapman6

Round-up of criticism tipped so far on Philip Morris' "smoke free world" stunt

Read more here.
Silver bullet or shameless ruse? The e-cigarettes debate

Marie McInerney writes:

Are electronic cigarettes – or e-cigarettes as they’re known – the silver bullet that will finally cut down smoking rates in the most “hard to reach” groups, including Indigenous smokers?

Or are they the latest ruse of a shameless industry that risks kick-starting smoking rates again, splitting the tobacco control movement and drowning out other important debates on tobacco control measures in the media?

New Zealand public health expert Professor Richard Edwards is one who believes there’s a real risk to the unity of the tobacco control movement from the “heated, sometimes vicious” debate on e-cigarettes which has seen different jurisdictions, from Australia to Scotland and beyond, take very different approaches on their sale and use.

It’s a complex and evolving debate but, in a nutshell, e-cigarettes advocates say they are a far less harmful alternative to tobacco and will help smokers quit or act as an effective substitute means to access nicotine.
Those against making e-cigarettes more easily available say they risk normalising smoking again, may be a “gateway” to tobacco particularly for young people, and may pose significant health risks to users.

Edwards says these are important and legitimate issues to debate, but he fears that entrenched positions and ad hominem arguments may play into the hands of the tobacco industry and put other tobacco control gains at risk.

**Divide and conquer**

At the recent Oceania Tobacco Control Conference (OTCC), Edwards reminded delegates of Phillip Morris documents about Project Sunrise from the 1990s, which laid out a divide-and-conquer strategy against the tobacco control movement.

One executive memo hailed “a sense of invincibility” within the movement that “might blind organizations to carefully orchestrated efforts by the tobacco industry and its allies to accelerate turf wars and exacerbate philosophical schisms…”.

Edwards is a cautious supporter of e-cigarettes as one tool in the fight to reduce smoking rates, but said:

> Regardless of whether or the extent to which e-cigarettes have a positive impact on reducing smoking, if they also have an impact to derail, distract and disunite the tobacco control movement... that could result in them being quite harmful, and fracturing the tobacco control movement.

> I think that is something we should strive to avoid.”

A leading Australian tobacco control expert, the University of Sydney's Dr Becky Freeman, agreed at the conference that the debate over the veracity and strength of evidence to determine how best to regulate e-cigarettes has divided the tobacco control sector locally and globally.

She is not so worried about a deep split within the sector in Australia, where she says “the vast majority in tobacco control are still cautious”, despite the passionate advocacy of proponents like University of New South Wales Professor Colin Mendelsohn who made headlines in August with a contested claim that smoking reduction rates had stalled.

Australian Drug Law Reform Foundation president, a harm reduction advocate, Dr Alex Wodak, is also a leading proponent of e-cigarettes, regularly speaking out on the need for reform (including on Twitter):

> Fact that cigs cost low income Oz smokers $10K/yr (& rising!) vs #ecigs $1K/yr is another reason to ban ecigs-to punish the poor!

> How can #ecigs be gateway when US smoke rates falling so quickly?

Freeman’s bigger worry about the debate over e-cigarettes is how it tends to “detract and derail” media coverage and research and policy focus, at the expense of other critical tobacco control policy reforms”. She would rather be discussing the impact of greater restrictions on tobacco retail supply.
Letting the genie out

Every two years the Oceania Tobacco Control Conference brings together people working in tobacco control research and policy and smoking cessation services in Australia, New Zealand and across the Pacific.

At the 2015 event, high profile public health campaigner Professor Simon Chapman – the bête noire of e-cigarette advocates – warned Australia not to ‘let the genie out of the bottle’ like the US and UK had in their decisions to legalise e-cigarettes.

Two years on, Australia still has the stopper firmly in place.

On the day before OTCC17, Federal Health Minister Greg Hunt vowed that he would not lift the ban on e-cigarettes, despite an ongoing parliamentary inquiry into their use.

“It’s not going to be happening on my watch as far as I’m concerned,” Hunt said in an interview on Triple J, surprising even the tobacco control delegates with his vehemence.

“I have a very strong, clear, categorical view that this is not something that should occur in Australia,” he said.

But New Zealand, struggling to meet its Smokefree 2025 goal of bringing down overall smoking rates to less than five per cent, has popped the cork.

It announced earlier this year that it would legalise the sale of nicotine e-cigarettes in 2018 and last month its Health Ministry endorsed the use of e-cigarettes – or “vaping” as it’s known – as a harm reduction aid and smoking cessation tool.

While not proffering conclusive evidence, it said it believes e-cigarettes “have the potential to make a contribution” to Smokefree 2025 and “could disrupt the significant inequities that are present”, particularly among Maori and Pacific smokers.

It’s a move that Richard Edwards supports, as long as it doesn’t mean all tobacco control efforts now focus in one direction:

E-cigarettes seem likely to overall have a net positive effect on reducing smoking prevalence, though because they are unlikely to be the whole solution, we should continue to use existing and new tobacco control approaches to make smoked tobacco products less affordable, less available and less appealing.

These interventions will also enhance the positive impacts of e-cigarettes.”

The differing views between Australia and New Zealand echo differing approaches elsewhere.

The Guardian recently reported on the “major public health divide” between researchers in the United States and United Kingdom on e-cigarettes, “who have respectively focused on the potential harms or benefits of vaping.”

And the debate and advocacy has not died off in Australia in the wake of Hunt’s comments, particularly following recent visits to Australia from leading UK advocates: London’s Queen Mary University Professor Hayden McRobbie and Clive Bates, the former head of Action on Smoking and Health (ASH) UK and a leading advocate for e-cigarettes in the UK.
Alongside another former head of ASH UK, Bates gave evidence last month to Australia’s Standing Committee on Health, Aged Care and Sport inquiry into the use and marketing of electronic cigarettes and personal vaporisers in Australia.

The committee chair observed it had been “all-England week” for the inquiry, with their appearances coming on top of evidence from the House of Commons All-Party Parliamentary group for E-Cigarettes and Public Health England, which in 2015 declared that e-cigarettes are significantly less harmful to health than tobacco and have the potential to help smokers quit smoking. (See criticism of their stand here.)

The momentum led recently to a report on Radio National’s The Health Report asking: “E-cigarettes: Is Australia missing out?”

**Debate has shifted in NZ**

New Zealand’s decision to legalise e-cigarettes has been heartily welcomed by Zoe Hawke, General Manager for the National Maori Tobacco Control Leadership service at the Auckland based Maori public health organisation, Hapai Te Hauora and a member of the Indigenous committee that advised the recent OTCC conference.

Hawke’s support for e-cigarettes is driven by the tobacco toll for Maori people, particularly for women – 42 per cent of Maori women smoke, versus 34 per cent of Maori men and 15 per cent overall in New Zealand.

“We’re not saying that e-cigarettes are the silver bullets but what we’re seeing on the ground more and more is that Maori women are quite interested in them, they want to know more about them, they see promising new innovative products that possibly could help them transition off tobacco and we are listening to what they’re saying”, she said.

She concedes e-cigarettes are challenging for many of her colleagues in tobacco control and admits to having had some concerns herself on various levels, but she doesn’t think the sector can afford to ignore the potential for Maori people.

“At the moment, if you go to a traditional cultural cemetery, it’s full of our loved ones who have died of tobacco related illness,” she said.

Hawke admits there’s no evidence yet showing that e-cigarettes will stop Maori people from smoking, but says she is looking forward to the results of studies currently in progress.

Hapai has supported researchers to link with Vape2Save, a community-based program in Auckland (which provided a submission to Australia’s inquiry), to interview group participants around their experience with vaping.

“(Maori women) attend these stop smoking group sessions, held in community, in numbers I’ve never seen before,” she says. “It’s pretty amazing.”

Hawke believes the debate has shifted in New Zealand, where even those in tobacco control and smoking cessation who are unconvinced by the evidence so far around e-cigarettes are “still receptive” to their potential. Now she says debate is more around where they should be sold.

Australian observers suggest the different approach is being led by those who work in smoking cessation programs, where the impact can be seen individually, versus the bigger population health approach that Australia takes. But Hawke says tackling Maori smoking rates requires both population level and individual based approaches.
Her sense is that there may be less concern in New Zealand about the hand of the tobacco industry in e-cigarettes, perhaps, she says, because it currently has strong independent tobacco industry-free vaping speciality shops.

“I’m guessing Australia is still very suspicious about the tobacco industry and what it has planned,” she said.

“I can totally understand that but what could Australia then potentially be missing out on for its Indigenous population and the choice in regards to cessation tools? I’m not sure, but I know it is doing something for Maori here in New Zealand.”

**Keyboard warriors**

Opening her keynote address at this year’s OTCC, Dr Becky Freeman told delegates she had been delighted to be asked to present by Sarah White, Director of Quit Victoria and Chair of the OTCC Program Committee – until she found out what her topic was to be.

“When she said it was on e-cigarettes, I said ‘I’m going to hang up the phone, run away and change my number’, Freeman laughed, pointing out that her dress was the colour of “rhino hide” and she was “fully prepared for what comes my way”.

It was an acknowledgement of the intensity of lobbying for legalising of e-cigarettes, particularly on social media, where vaping advocates rarely let an opportunity go by to make their case, generally portraying those who won’t support e-cigarettes as elitists living in ivory towers, nanny state nuts, or ‘closed shop’ villains hanging onto their patch.

Introducing Freeman’s session, White said there was nothing in tobacco control to match the “interest, publication rate, passion, and vitriolic language” around e-cigarettes. She said:

- One thing that’s for sure is there are a lot of passionate advocates on both sides.

And unfortunately a lot of that debate is being transduced through soundbites by subeditors, and the scream register has been turned up full bore, particularly by groups of small but vocal and sometimes pretty nasty keyboard warriors.”

Via Twitter and elsewhere on social media, vaper advocates invariably declare they have no ties to the tobacco industry, and describe themselves merely as passionate users, consumer advocates, champions of choice, and wanting to save lives.

One told Croakey he was motivated by “25 years a smoker, 10 years research and self-experimentation: Not in the pocket of Tobacco Industry or Tobacco Control Industry”.

“They’re blocking the fire escape,” he said of the broader Australian tobacco control sector. “Three million Australians who smoke are being denied a vastly safer alternative.”

He then asked whether Croakey funding from the Public Health Association of Australia “influences what you feel you can write about the issue?” (Ed’s note: Croakey’s $30,000 pa funding arrangements are declared here, including an MoU of editorial independence under which members of the Croakey funding consortium, auspiced by the PHAA, have no say over editorial coverage or content).

For some, the vaper advocacy may be true grassroots activism. But the single interest focus, uniformity of message, speed of engagement and venom from many raises questions about orchestration and commercial interest among some advocates for the e-cigarette industry, currently valued globally at around $3 billion.
In his Triple J interview, Minister Hunt was clear about who was behind the push for policy change: “It’s big tobacco which is arguing the case for these e-cigarettes and they’re only doing it because it’s in their interests,” he said.

Australian tobacco control experts at the conference said we only need to look at the creation of Philip Morris’ so-called Smoke Free Foundation, condemned by the World Health Organisation, to appreciate on how many levels the industry fights.

And they say that while Scotland, the UK and New Zealand may see the benefits more than the risks, Australia is not out on a limb: sales of e-cigarettes are banned in 26 countries, 18 regulate them as medicinal products, 26 as tobacco products and four as poisons.

**Reviewing the evidence**

A joint position statement from Cancer Council Australia and the Heart Foundation makes detailed recommendations for regulation, and says “the limited evidence available points to a risk that widespread electronic cigarette use could undo the decades of public policy work in Australia that has reduced the appeal of cigarette use in children” and that the short and long term health effects of electronic cigarette use “remain unknown”.

NSW Health factsheets raises many questions about the safety of e-cigarettes and say there is limited research available on whether electronic cigarettes can help people to quit smoking, and that the body of research to date shows “mixed results and unclear conclusions”.

This BMJ paper reviewing international regulation (between September 2014 and October 2016), identified 68 countries regulating e-cigarettes through a variety of mechanisms, including through banning their sale, and expanding tobacco control laws to e-cigarettes including vape-free public places and age of purchase laws that mirror laws for cigarettes. About about a third do not have regulations specifically written for e-cigarettes, rather they apply existing tobacco control regulations to these products. The authors note that “this may or may not be consistent with the intent of the original laws”.

A 2016 report by the World Health Organization, *Electronic Nicotine Delivery Systems and Electronic Non-Nicotine Delivery Systems (ENDS/ENNDS)*, reviews the evidence around the use of e-cigarettes, and says the involvement of traditional tobacco transnational companies in the marketing of ENDS/ENNDS “is a major threat to tobacco control”. It says there are concerns that tobacco companies are marketing ENDS/ENNDS in order to minimise the threat to tobacco sales by promoting ENDS as a complement rather than an alternative to tobacco, or controlling technological innovations that would prevent improvements in their efficacy as an aid to cessation.

Meanwhile, in England, the Parliament’s Science and Technology Committee has just launched an inquiry into the health impacts of e-cigarettes, the suitability of regulations guiding their use, and the financial implications of a growing market on both business and the NHS. The Committee said an estimated 2.9 million adults in the UK are using e-cigarettes – up from 700,000 in 2012.

**The precautionary principle**

Presenting her keynote, Freeman said much has happened on the e-cigarettes front over the past couple of years, with products becoming increasingly sophisticated and many studies interrogating their use and regulation.
She prefaced her presentation by saying she didn’t have anywhere near the time needed to go into a range of contested or under-researched areas – and there are many – such as youth initiation and possible “gateway” or protective effects, harm reduction, tobacco industry engagement and influence, advertising and promotion, health effects, re-normalisation of smoking and so on.

Instead, she provided an evidence review on the key question of whether e-cigarettes can help smokers to quit, drawn from the following:

**Can electronic cigarettes help people stop smoking, and are they safe to use for this purpose?**

**Electronic nicotine delivery systems and/or electronic non-nicotine delivery systems for tobacco smoking cessation or reduction: a systematic review and meta-analysis**

And her verdict?

“We’ve had some advances in research but not enough to say we have a bedrock of evidence that e-cigarettes help you quit,” she said.

“In fact the evidence we have now suggests we should be extremely cautious about saying e-cigarettes at a population public health level help smokers to quit,” she told delegates.

Freeman says she hates to sit on the fence on such a critical issue but she believes that’s a “researcher’s prerogative” and thus the precautionary principle should still apply.

In the end, she says, there’s still too much risk.

“I’m really fearful that because cigarettes are so harmful – really nothing compares to them – that we have a really low bar of product safety that we will just allow some fly-by-night industry to conduct mass population experiments because their products are ‘safer’.”

We’ll conclude as she did:
Tweet reports

#OTCC2017 @WePublicHealth · Oct 17
E-cigs may be helpful in NZ but need all the right evidence. A civil debate and not instead of tobacco control. Edwards #OTCC2017

Silver bullet or shameless ruse? The e-cigarettes debate

#OTCC2017 @WePublicHealth · Oct 17
Is tough debate on e-cigs disrupting the cohesion of the tobacco control movement that has been hallmark of its success? Edwards. #OTCC2917

Alex Wodak @AlexWodak
Replies to @WePublicHealth
Could also be strengthening tobacco policy?
Why is Australian Tobacco Control so negative? Opportunities?

#ASHM17 and #SH17 @WePublicHealth · Oct 16
Verdict on whether e-cigs help smokers quit? @DrBFreeman says she’s on the fence: no bedrock of evidence, will be advances... #OTCC2017

Alex Wodak @AlexWodak · Oct 17
Pity Tobacco harm reduction supporters weren’t invited or accepted to make their case. Important debate to be had

Sarah White @SarahWhisar · Oct 17
Registration was open to all Alex. Not true to imply anyone excluded. Plenty of abstracts submitted (and accepted) on e-cigs.
Silver bullet or shameless ruse? The e-cigarettes debate

#OTCC2017

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You can track Croakey's coverage of the conference [here](https://www.croakey.com.au).

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**Massey Uni Health @MasseyUniHealth • Oct 22**

Ministry of Health throws support behind vaping as a way to quit smoking.

Fantastic says @MasseyUni @MarewaGlover stuffconz/national/health...

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**#OTCC2017 @WePublicHealth • Oct 17**

Pretty unequivocal from @GregHuntMP: 'Not on my watch': Health Minister rules out legalising e-cigarettes. abc.net.au/triple/progra...

Health Minister rules out legalising e-cigarettes

"It's not going to be happening on my watch as far as I'm concerned."

abc.net.au

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**Hāpai Te Hauora @hapaitehauora • Oct 18**

Great session on #eoids at the #OTCC2017 by @OtagoWellington @AUTPHPS @ministry to help guide our communities to being free from tobacco

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**ASPIRE 2025**

Key findings

- Most participants (especially recent users) had positive views of ECs – e.g. help quit, less harmful than cigarettes
- Most participants (especially regular users) did not think ECs are too expensive
- Most participants did not think ECs are too hard to get
- Mixed views on EC-related policies:
  - Strong support for minimum age for purchase and availability by prescription in pharmacies and specialist shops
  - Mixed views on bans on EC use in smokefree areas and on candy/fruit flavours or availability in all shops
  - Most opposed bans on advertising
Great to get disclosure statement from presenter @drbfreeman #OTCC2017 (sorry pic not great)
As Big Tobacco is forced into public truth-telling, Indigenous people call for action – #OTCC2017

Following 11 years of delays, major tobacco companies this week began airing advertisements across all media in the United States on the lethal nature of tobacco, finally complying with a court order that found the tobacco industry had violated civil racketeering laws and defrauded the American people.

As this glimpse (below) shows, these advertisements lack the big spending creativity that was the hallmark of cigarette advertising for decades, but even so there is something to behold in seeing tobacco companies forced to declare publicly that smoking kills and that cigarettes are designed to get people addicted.

Public health advocates here have called on tobacco companies to “provide the Australian public with the same truthful health information”.

http://bit.ly/2ni8Pua
Watch the video from Make Smoking History and Cancer Council Western Australia below, and check out all the background on the US decision at their campaign website here.

As Big Tobacco is forced into public truth-telling, Indigenous people call for action – #OTCC2017

As this final story in Croakey’s coverage of the recent Oceania Tobacco Control Conference shows, the need for vigilance on the harm of tobacco and threat of the industry is ongoing. Groups most at risk include Indigenous people in Australia, New Zealand and across the Pacific.

Former Maori Party MP Hone Harawira was awarded the inaugural Dame Tariana Turia Award at the conference for his work highlighting the impact of smoking on Maori and Pacific Island people in New Zealand. He wants to take legal action against Big Tobacco further – to sue tobacco companies for the toll they inflict on Indigenous communities.

Underlining the risks, the conference also issued a formal Indigenous Statement.

See also below for Q&As with delegates at the conference, including an emerging star researcher and views from the Solomons, plus some final tweets and Twitter analytics.

Marie McInerney writes:

The 2017 Oceanic Tobacco Control Conference has called for greater regional and global efforts to recognise and address the disproportionately detrimental impact of commercial tobacco products on the health, economic and cultural wellbeing of the Indigenous peoples compared to other populations within the Pacific/Oceania.

The preamble of the Indigenous Statement developed by Indigenous delegates from Australia, New Zealand and the broader Pacific at the conference, said:

“We, the Peoples who identify as the Indigenous peoples of the lands of Oceania and the Pacific, and supporters who attended the Indigenous Tobacco Symposium at the 2017 Oceania Tobacco Control Conference note that the international evidence and experience clearly shows that:

• The magnitude and scope of commercial (non-traditional) tobacco use among Indigenous peoples is an international public health crisis.
• There is a disproportionately detrimental impact of commercial tobacco products on the health, economic and cultural wellbeing of the Indigenous peoples compared to other populations within the Pacific/Oceania.

• The regional and global spread of the promotion and sale of commercial tobacco products among Indigenous peoples is a form of exploitation.

• The use of cultural imagery, peoples and iconography to promote commercial tobacco products is a form of cultural appropriation and exploitation.

• Working together as Indigenous peoples with the support of, and in collaboration with, government and non-government organisations as well as other supporters will give a stronger and focused means of countering tobacco companies’ activities to promote and sell their products.

• The experiences of Indigenous peoples with the use of tobacco products are both diverse and similar; we strongly oppose and condemn the promulgation of commercial tobacco products upon our peoples.

• Some Indigenous peoples have traditional and sacred practices in relation to tobacco use that are to be safeguarded.

• The World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) makes specific provisions regarding the needs of and obligations to Indigenous peoples.”

Read it in full here: 2017 Oceania Tobacco Control Symposium Declaration 19 October 2017.

“Be strong, courageous, committed”

The Indigenous Statement came as the conference also presented the inaugural Dame Tariana Turia Award to recognise the need for reducing harm within Indigenous communities globally, an initiative of Hāpai Te Hauora Māori Public Health and the Cancer Society of New Zealand – Te Kahui Matepukupuku o Aotearoa.

It was named for Turia, former co-leader of the Māori Party and known as a fearless advocate for tobacco control and champion for reducing inequalities in Māori smoking rates in New Zealand.

And the inaugural award went to her former parliamentary colleague, Hone Harawira, who was the “driving force” behind the Māori Affairs Select Committee’s decision to undertake an inquiry into the tobacco industry and the impact of smoking on Māori. It was the catalyst for the Government’s Smokefree New Zealand 2025 goal which aims to get overall smoking rates down to under five per cent, currently at around 15 per cent.
Harawira told Croakey:

“Nothing works beyond being strong, being committed and being courageous and not taking a backwards step.”

“It doesn’t matter what it is, it doesn’t matter whether it’s land rights, health of the people – if you know what needs to be done, then do what needs to be done. You will cop flack, you will often get told off by your own and I did by many of my own who were smokers but at the end of the day you have to ask yourself why we are doing this and we’re doing this because our people are dying, our people are being killed by Big Tobacco.”

Watch this interview with Harawira:

Q&A with Croakey

Cheneal Puljevic is a Doctoral Candidate at the Griffith Criminology Institute at Griffith University. Cheneal’s doctoral thesis is investigating former prisoners’ return to tobacco smoking following their release from smoke-free prisons in Queensland. She won the #OTCC2017 Best Abstract and Presentation Award.

Dr Geoff Kenilore is Director – NCDs/ Tobacco Control Country Focal Point, at the Ministry of Health and Medical Services in the Solomon Islands.

Geoffrey Alacky is the team leader of the Global Youth Leadership Nexus in the Solomons and a senior member of the nation’s tobacco control technical advisory group.

Q1. What is your main takeaway/reflection from the conference?

Cheneal Puljevic: A common theme throughout the conference is that we need to be focusing our efforts on tobacco strategies that aim to reduce tobacco use among vulnerable populations, such as people with mental health or substance use issues, or prisoners.
You can track Croakey’s coverage of the conference here.

Geoffrey Alacky & Dr Geoff Kenilorea:

• Generally, cooperated effort from the Oceania region is paramount – coordination in the region, setting up a coordinating mechanism towards a Tobacco Free Pacific 2025 for the Pacific Islands for that matter, is very much needed. The work that individual countries are doing is great but not individual nations striving individually – we need an interlink between nations to push us – striding towards global – in that regard.

• Turning political push to action and implementation mechanisms.

• Information hub – established to support countries in informing countries of the Oceania as far as tobacco control work is concerned.

Q2. What were the standout presentations and why?

Cheneal Puljevic: Michelle Scollo’s presentation on industry responses to tax increases was informative and enlightening – we need to be addressing the bigger cigarette pack sizes (e.g. 40-50 cigarettes per pack) as these are resulting in more affordable options for tobacco users. Ray Lovett’s presentation on smoking prevalence among Indigenous populations was affirming in terms of the decreasing rates; our efforts at reducing tobacco use among Indigenous communities are working!

Geoffrey Alacky & Dr Geoff Kenilorea:

Integration of taxation and licensing is paramount – not just having one or the other as licensing – empowers regulators to ensure limits and taxation impeaches on the habits.

Use of digital media – social media: Solomon Islands will need to enter into this space as a means to collate support as well as informing the populace.

Tightening up legislation to include private homes and private vehicles – in the Solomons we are just controlling, or should I say still trying to control that the public environment is kept smoke-free, looking at hospitals, workplaces, schools, public transport, hotels, restaurants, bars and night clubs but venturing into private homes and private vehicles has the potential.

Q3. Taking up from Michelle Scollo’s presentation on Day 1, what do you see as the biggest challenge and/or the biggest opportunity looming in tobacco control (for your work, your community or generally)? What would be an easy win?

Cheneal Puljevic: Again, the biggest challenge is reducing tobacco use among vulnerable populations such as people with mental health or substance use issues, prisoners, and Indigenous communities. Many people in these populations do not want to quit for various reasons, and so we need to focus on increasing motivation to quit, and the provision of (nicotine replacement therapy) to overcome nicotine addiction.
Geoffrey Alacky & Dr Geoff Kenilorea:

Information is always an asset and sharing of information to get a greater audience will go a long way and is an opportunity.

On the technical front – if we are looking for a silver bullet, I still see taxation as a good weapon.

The challenge that the industry (big tobacco) poses is ever present and continues to be a major challenge – so yeah the biggest challenge for me would be tobacco industry interference – mentions of the industry being inside the pockets of politicians and leaders.

Tax policies and legislation would be an easy win – but to get there we will need policies and legislation to curb tobacco industry interference as well.

Q4. What do you want to see discussed (or discussed more deeply) at #OTCC2019?

Cheneal Puljevic: I would like to see more of a focus on interventions addressing tobacco smoking among priority populations; what works and where should we be focusing our research?

Geoffrey Alacky & Dr Geoff Kenilorea:

With all the presentations it would be great to also discuss action points and recommendations that countries can take home at the end of the conference. Was there any possibility to forming an OTCC secretariat to keep discussions going in between the two yearly conferences?

We wonder, rather than being a topic for discussion, whether a market place can be provided for countries to showcase their achievements and success stories as well – as former Maori Party MP Hone Harawira alluded to – rather than research taking up the whole time, maybe such market places can provide countries to also tell their stories from a poster, slides etc. This could be done informally.

Time for a Pacific #OTCC

Watch also this video interview with Stephanie Erick who is the Senior Advisor for the new National Tobacco Control Advocacy Service at Hāpai Te Hauora Māori Public Health. She called at the conference for an OTCC event to be held in one of the Pacific nations soon.
Final words via Twitter

Make Smoking History @msh_wa · Oct 18
Last words from Professor Mike Daube at #OTCC2017 inspire all delegates to keep up the good fight!

Where Next?

• Constant awareness of challenges – but also pride in progress
• Maintain focus on collaborative approaches
• FCTC focus – with special attention to Article 5.3; all parts of government – and spirit of FCTC for those outside government;
• Maintain advocacy activity – including opposing and exposing industry
• Stay with it!

Marianne Shearer @MShearerCEO · Oct 18
#OTCC2017 Prof Mike Daube sums up five learnings-work collegially. Remember 3 step approach: ask, advise, help/refer @quiltvic , it works!

Five more learnings

• Working collegially
• We know about key measures that work – but also that inadequate funding and implementation are needed
• We cannot afford complacency
• Key contributors to progress
• The resurgent industry

Becky Freeman @DrBFreeman · Oct 18
Congratulations @SarahWhisar and the organising team on an engaging & diverse conference program & plenary speaker gender equity! #OTCC2017

Sandra Turner @sturner_sandra · Oct 18
Nearing the end - Oceania Tobacco Control Conference 2017. An amazing bunch of people and a strong vision. Met many, learnt lots. #otcc2017

Sarah White @SarahWhisar · Oct 18
Replying to @WePublicHealth
You cannot complain about that view! What a brilliant job @WePublicHealth has done in covering #otcc2017
As Big Tobacco is forced into public truth-telling, Indigenous people call for action – #OTCC2017

Christina Heris @HerisChristina · Oct 18
Fantastic 3 days at #OTCC2017. Huge thanks to the committee for the scholarship to attend and present my PhD research for the first time.

Make Smoking History @msh_wa · Oct 18
Cancer Council Tas CEO Penny Egan closes #OTCC2017. Well done to everyone involved in organising & presenting at this great conference.

Karen P @kp_karenprice · Oct 18
Wow! That’s very nice, thanks #otcc2017 Terrific to network with such committed & friendly people working towards a #tobacco free Oceania

Ruth Praeger @RuthPraeger
Congratulations to @kp_karenprice for honourable mention for best presentation at #OTCC2017 lbq women represent! #smokefresstillfierce
As Big Tobacco is forced into public truth-telling, Indigenous people call for action – #OTCC2017

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As Big Tobacco is forced into public truth-telling, Indigenous people call for action – #OTCC2017
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Croakey Conference News Service

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