NACCHO
National Aboriginal Community Controlled Health Organisation
Aboriginal health in Aboriginal hands
www.naccho.org.au

National Tobacco Strategy

Submission to the Department of Health

March 2022

ABOUT NACCHO

NACCHO is the national peak body representing 144 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 144 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are cost-effective. In 2016, a cost-benefit analysis of the services provided by Danila Dilba to Aboriginal and Torres Strait Islander people in the Greater Darwin region was undertaken by Deloitte Access Economics. The findings demonstrated that each dollar invested in the health service provides $4.18 of benefits to society. ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

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Key Recommendations

1. explicitly reference the National Agreement on Closing the Gap to ensure ongoing alignment with and progress toward the Priority Reform areas which focus on the need for structural reform.
2. disaggregate evidence base and smoking prevalence targets by Indigeneity and regionality.
3. Prevalence targets for Aboriginal and Torres Strait Islander communities should be co-designed with Aboriginal and Torres Strait Islander organisations and expert epidemiologists
4. add a new principle, *Addressing Health Inequities*, to make explicit the need to address health inequities and the social determinants of health which predispose people to tobacco and/or nicotine vaping product use and addiction.
5. include greater emphasis on the social determinants of health which influence smoking and vaping rates, particularly as they relate to Aboriginal and Torres Strait Islander people.
6. include a new objective to address equity of access to smoking and vaping cessation supports and therapies
7. strengthen the language in Action 4.8 to state, Aboriginal and Torres Strait Islander people have *equitable access to*…and *culturally safe* cessation supports….
8. strengthen Action 2.2 to ensure campaigns aimed at high prevalence populations, and specifically Aboriginal and Torres Strait Islander communities, are developed in partnership with the community
9. restate **Priority Area 4** as, *Strengthen and expand efforts and partnerships to prevent and reduce the use of tobacco and vaping products among Aboriginal and Torres Strait Islander people*.
10. reframe the language throughout **Priority Area 4** using a strengths-based approach.
11. commit to ongoing funding of culturally safe training Brief Intervention Training for staff in ACCHOs, and mainstreams providers delivering programs to Aboriginal and Torres Strait Islander communities.
12. commit to ongoing funding of culturally safe, Aboriginal specific smoking cessation programs.
13. prioritise community-led prevention and cessation approaches to use of tobacco and vaping products.
14. develop a framework for the extension of community AMSs to support the regulation, supply and use of tobacco and vaping products.
15. include a specific action to work in partnership with Aboriginal and Torres Strait Islander priority groups to design culturally safe interventions to support cessation.
16. expand the focus of the NTS from tobacco use to include vaping and other emerging products across all objectives and actions.
    a. include an objective to prevent uptake of nicotine vaping products, particularly by young people

b. include explicit protection of nicotine vaping product controls and policy from tobacco industry interference.

c. extend plain packaging requirements to nicotine vaping products.

d. prohibit flavouring and menthol for nicotine vaping products which currently are available both on prescription and illicitly (Action 7.5).

e. expand Action 9.5 to include promotion, advertising or marketing of online telehealth services where a prescription for nicotine vaping products may be obtained.

Additional recommendations

17. greater specificity regarding the period interval for tobacco industry reporting to strengthen Action 1.5.

18. strengthening the language in Action 1.6 to include explicit reference to the need for government officials and employees to avoid conflicts of interest with the tobacco industry.

19. strengthening Action 2.3 to centre social and digital media.

Introduction

NACCHO welcomes the opportunity to provide a submission to the consultation on the National Tobacco Strategy.

NACCHO would like to acknowledge the valuable input received from our Affiliates the Aboriginal Health and Medical Research Council (AH&MRC) and the Aboriginal Health Council of Western Australia (AHCWA) to this submission.

NACCHO supports the submission made to this consultation by the Australian Medical Association.

National Agreement on Closing the Gap

In July 2020 the Australian Government, all state and territory governments, and the Coalition of Peaks signed the National Agreement on Closing the Gap (National Agreement). The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians.

Through the National Agreement, Australian governments have committed to the implementation of four Priority Reforms which seek to effect structural and systemic change in how governments work with Aboriginal and Torres Strait Islander organisations, communities and individuals. The four Priority Reforms are:

Priority Reform Area 1 – Formal partnerships and shared decision-making
This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress against Closing the Gap.

Priority Reform Area 2 – Building the community-controlled sector
This Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. In recognition that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services.

Priority Reform Area 3 – Transformation of mainstream institutions
This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

Priority Reform 4 – Sharing data and information to support decision making
This Priority Reform commits to shared access to location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

Disappointingly, there is no explicit reference to the National Agreement on Closing the Gap despite the significance of this commitment from Australian governments to improve health outcomes for Aboriginal and Torres Strait Islander people and communities. The NTS must explicitly reference the National Agreement in *1.1 Policy Context*. Further, the Strategy must demonstrate its alignment with the four Priority Reforms of the National Agreement throughout.

While the guiding principles hint at alignment with the four Priority Reforms, they fall short of actually referencing the National Agreement. The principle on strengthening or establishing partnerships with Aboriginal and Torres Strait Islander communities and with the Aboriginal community-controlled sector aligns with Priority Reform 1, formal partnerships and shared-decision making, and with Priority Reform 2, building the community-controlled sector.

Unfortunately, this guiding principle is not well reflected in the NTS generally, nor in Priority Area 4 and actions relating to Aboriginal and Torres Strait Islander communities. For example, there are several actions for with NACCHO and the ACCHO sector have been ascribed responsibility (particularly: 2.2, most actions in Priority 4, 5.4 11.7, 11.9), but these responsibilities have not been determined in partnership or as a shared decision either with NACCHO or the sector more broadly. Neither is there any indication of how or whether NACCHO, the Affiliates and ACCHOs will be funded to implement these important reforms.

There must also be consideration of the fact the NTS sits within a broader range of strategies, including the National Agreement on Closing the Gap and the National Aboriginal and Torres Strait Islander Health Plan 2021-2031. A significant gap in the draft NTS is the absence of intersection with other policies and programs that could support reductions in the use of tobacco and vaping products.

Smoking contributes to 23 per cent of the health gap[1], and thus the risk factors for smoking as well as the National Agreement must be acknowledged and guide any strategies to address tobacco and nicotine vaping product use at a national level. That is, strategies must support shared decision-making, build the community-controlled sector, ensure culturally safe support is provided by mainstream services and contribute to local decision-making with the sharing of data.

NACCHO strongly recommends the National Agreement be explicitly referenced to ensure ongoing alignment with and progress toward the Priority Reform areas which focus on the need for structural reform. Without structural reform across all elements of the health system, progress toward closing the gap will continue to be slow.

Disaggregation of data

In 2012, the Council of Australian Governments set a target to halve the prevalence of Aboriginal and Torres Strait Islander adult daily smoking by 2018, from the base level of 47.7 per cent in 2008. As at 2018-19, the rate sat at 37 per cent. Data released by the AIHW in March 2022, shows that tobacco use contributes 11.9 per cent of the burden of disease for Aboriginal and Torres Strait Islander people[2].

[1] Department of Health. Tackling Indigenous Smoking [Internet] Canberra (AU) Australian Government Department of Health 2021 [updated 2021 Jan 21; cited 2022 Mar 01]. Available from https://www.health.gov.au/initiatives-and-programs/tackling-indigenous-smoking.

[2] Australian Institute of Health and Welfare (2022) Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2018 – summary report, AIHW, Australian Government, accessed 10 March 2022. doi:10.25816/vdfe-n141

NACCHO supports the goal of the draft NTS, and the ambitious target for whole of population reduction in smoking prevalence. However, given the prevalence of smoking in Aboriginal and Torres Strait Islander communities, and the impact this has on health outcomes and burden of disease, **NACCHO recommends** evidence base and prevalence targets be disaggregated by Indigeneity and by regionality.

As noted elsewhere in the draft NTS, tobacco use has declined among Aboriginal and Torres Strait Islander people in urban areas, but increased in remote areas. Disaggregation of data will help ensure measurable impact is being made across the board.

As it stands, there is a significant risk that a single population level target could be achieved without any measurable impact on the prevalence of tobacco use in Aboriginal and Torres Strait Islander communities.

NACCHO recommends smoking reduction targets for Aboriginal and Torres Strait Islander communities be co-designed in partnership with Aboriginal and Torres Strait Islander organisations and expert epidemiologists in smoking cessation.

Social determinants

The draft NTS would be strengthened with broader reflection on the social and structural determinants of health which contribute to reduced health equity and increased burden of disease for Aboriginal and Torres Strait Islander people.

There are important structural and social barriers that are not captured in the draft NTS nor reflected in the proposed actions. Structural determinants of health, such as racism and discrimination work alongside social determinants such as income, housing, employment and education to influence health behaviours such as propensity to smoking or vaping.

Such behaviours must be informed by an understanding of the unique history of colonisation of Aboriginal and Torres Strait Islander peoples, and their ongoing experiences of dispossession and marginalisation, of systemic and interpersonal racism, and intergenerational trauma. The deep history of trauma and dispossession, grief and loss that Aboriginal and Torres Strait Islander communities continue to experience cannot be discounted as a significant contributor to behaviours around smoking and vaping.

NACCHO recommends an additional principle, *Addressing Health Inequities*, be included to make explicit the need to address health inequities and the social determinants of health which predispose people to tobacco and/or nicotine vaping product use and addiction.

NACCHO recommends the NTS include greater emphasis on the social determinants of health which influence smoking and vaping rates - particularly as they relate to Aboriginal and Torres Strait Islander people.

As a related action, NACCHO would welcome specific analysis of the impact of tobacco excise increases on Aboriginal and Torres Strait Islander people and communities, in addition to young people and those in low income populations (ref: Action 3.4).

Cultural safety

The need for culturally safe support and services is critical for Aboriginal and Torres Strait Islander people and other diverse communities, and must be embedded across all Priority Areas and actions, not just those relating to Aboriginal and Torres Strait Islander people.

There are significant barriers that prevent or discourage Aboriginal and Torres Strait Islander people from accessing support services, particularly in rural and remote locations, and particularly mainstream services. Contributing factors include difficulty navigating the system, a lack of service providers, a lack of culturally appropriate and/or trauma informed services, experiences of racism, and distrust as a result of both personal and historical experiences.

NACCHO recommends an additional objective to address equity of access to smoking and vaping cessation supports and therapies.

NACCHO recommends the language in Action 4.8 be strengthened to state, Aboriginal and Torres Strait Islander people have *equitable access* to…and *culturally safe* cessation supports….

NACCHO welcomes the guiding principle on ensuring mainstream services deliver culturally safe support and services to Aboriginal and Torres Strait Islander clients (and for their Aboriginal and Torres Strait Islander workforce). This principle aligns with Priority Reform 3, *transforming government organisations*, and this should be made explicit in the NTS.

It is imperative that any action undertaken in relation to populations at higher risk from harm from use of tobacco and nicotine vaping products are culturally safe and appropriate for the setting. Other actions must also be strengthened to this end. This includes, but is not limited to, explicit provision for **equitable, culturally safe and co-designed** policies, programs and investments (5.1), research and evidence base (5.2), awareness raising (5.3), prevention and cessation programs (5.4, 5.5) and best practice (11.11).

In addition, while the Action 2.2, *complementary mass media campaigns targeted at high prevalence populations* is welcome, it is not sufficient. **NACCHO recommends** Action 2.2 be strengthened to ensure campaigns aimed at high prevalence populations, and specifically Aboriginal and Torres Strait Islander communities, are developed in partnership with the community, and in line with Priority Reform 1, *partnership and shared decision-making*.

Aboriginal and Torres Strait Islander people will also be exposed to mainstream campaigns and these should also be developed in partnership with Aboriginal and Torres Strait Islander organisations to ensure they are culturally safe. Specific reference to ensuring mainstream mass media campaigns are culturally safe for Aboriginal and Torres Strait Islander people would be welcome and would align with Priority Reform 3 of the National Agreement, transforming government organisations.

Priority Area 4

NACCHO welcomes the inclusion of specific measures to address the prevalence of tobacco use by Aboriginal and Torres Strait Islander people. However, explicit reference to the National Agreement on Closing the Gap is required throughout. All actions under this Priority Area must align with the Priority Reforms of the National Agreement. That is: partnership and shared decision-making, building the community controlled sector, transforming government organisations and shared access to data information. This is not currently the case.

NACCHO believes this Priority Area requires significant strengthening. For example, the language as it stands is weaker than that used in relation to other priority areas (see for example, Priority Area 5).

In line with the language of other Priority Areas, **NACCHO recommends** Priority Area 4 be restated as, *Strengthen and expand efforts and partnerships to prevent and reduce the use of tobacco and vaping products among Aboriginal and Torres Strait Islander people.*

Our Affiliate, AHCWA notes, there are a number of statements under this Priority Area that are not referenced and come from a deficit discourse rather than a strengths based discourse. For example, the Strategy discusses the challenges to effective smoking cessation outcomes, stating that challenges include the normalisation of smoking behaviours including in children, particularly in locations where smoking rates are high (p.17). This description focuses on the normalisation of behaviours without considering the broader historical and socio-economic factors that influence behaviour. An approach that exclusively focuses on changing behaviours without tackling broader contextual factors will be of limited value. The Strategy also states that strong social norms in many Aboriginal and Torres Strait Islander communities reinforce high smoking prevalence among Aboriginal people (p.17). Again, there is no reference for this claim nor elaboration on the broader contextual factors that contribute to the prevalence of certain behaviours. We refer you to the previous discussion on social determinants, and **recommend** the language in this Priority Area be reframed taking a strengths-based approach[3].

Building the community controlled sector

The Strategy states that, *it will also be important to explore partnerships with mainstream services to ensure culturally safe smoking cessation support for Indigenous Australians*. While NACCHO supports efforts to improve the cultural safety of mainstream services in line with Priority Reform Three, it is imperative that any strategies and programs aimed at reducing tobacco use among Aboriginal people are designed (and, wherever possible, delivered) by Aboriginal people. This is an ideal opportunity to work with ACCHOs as equal partners, rather than resourcing mainstream organisations to deliver programs to Aboriginal people as so often happens. It also aligns with Priority Reform Two, *build the community-controlled sector*.

It is noted that Actions 4.3 and 4.6 specifically aim to improve the ability of community-controlled organisations and workforce to deliver effective programs. However, these actions are somewhat undermined by funding arrangements.

Action 4.3 commits to, *build tobacco control capability and capacity for Aboriginal and Torres Strait Islander communities within Aboriginal community-controlled organisations and mainstream services*. However, Aboriginal specific smoking cessation programs such as Aboriginal QuitSkills and Aboriginal Quitline Enhancement Programs (QALT) have been defunded with no alternative made available. This will impact Aboriginal people seeking to access support, and Aboriginal tobacco control programs across the country will struggle to promote the mainstream Quitline support service to their communities.

In Western Australia, the Quitline service moved to Cancer Council Victoria in July 2021, and although there has been a commitment from Cancer Council Victoria to employee WA based Aboriginal counsellors for Aboriginal people using the service, it is still necessary for the Cancer Council to partner with ACCHOs to ensure localised and culturally secure smoking cessation services.

Action 4.6, *continue to provide training to Aboriginal and Torres Strait Islander health workers*, is significantly undermined by the fact there is no longer Aboriginal-specific Brief Intervention Training available for the ACCHO workforce, as discussed above. There is significant demand for this training which aims at both upskilling the Aboriginal health workforce and providing culturally-specific training that is necessary to deliver effective programs. Workforce development in this space is

[3] Lowitja Institute, Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing, 2018. https://www.lowitja.org.au/page/services/resources/Cultural-and-social-determinants/racism/deficit-discourse-strengths-based

inadequate and the limited professional development pathways available can impact the capacity of service delivery as well as its effectiveness.

NACCHO recommends a commitment to ongoing funding of culturally safe training Brief Intervention Training for staff in ACCHOs, and for mainstream providers delivering programs to Aboriginal and Torres Strait Islander communities.

NACCHO recommends a commitment to ongoing funding of culturally safe, Aboriginal specific smoking cessation programs.

Community led approaches

While NACCHO welcomes continued Commonwealth investment in multi-faceted and culturally safe approaches to reduce tobacco use, we support the view of our Affiliate, the AH&MRC that current funding models for smoking cessation and tobacco control programs in Aboriginal communities are inadequate. There is a need for long-term funding for ACCHOs to deliver culturally appropriate programs for their communities, and investment in sustainable interventions that are available over the course of a person's life.

A commitment to the provision of community-led approaches to health promotion and prevention in this Priority Area would also strengthen alignment of the NTS with Priority Reforms 1 and 2 of the National Agreement.

There are many examples of communities determining their own approach or interventions to reducing the use of harmful substances, such as local council bans on smoking in outdoor areas or Alcohol Management Plans (AMPs) employed by remote Aboriginal and Torres Strait Islander communities.

AMPs have often been introduced in rural and remote parts of Australia, particularly in Aboriginal and Torres Strait Islander communities with history of alcohol related problems[4]. Such strategies enable communities to influence the supply and use of alcohol within their communities, and thereby reduce the level of harm experienced within the community.

AMPs are usually based in a legislative framework and encompass strategies aimed at harm, demand, and supply reduction. NACCHO endorse an extension of this approach (as determined by communities themselves) to include the use of tobacco and vaping products. Based on a harm, demand and supply focus, such initiatives might include:

Supply Reduction

- developing a strategy to phase out the sale (supply) of tobacco products in the community
- reducing the density of tobacco outlets, limiting hours in which tobacco can be sold
- ceasing the sale of tobacco products if supported by the community

Harm Reduction

- phasing in the sale of tobacco products with lower nicotine levels
- support for delivery of Quit and other smoking cessation programs in the community
- changing community tolerance of smoking especially by pregnant mothers, adolescents and children
- changing the community's tolerance of smoking in public spaces and in homes

[4] Supply Restrictions in the Northern Territory, 2013

Demand Reduction

- increasing community awareness (particularly in schools) of the burden of disease of smoking and the cost to the community
- changing individual attitudes, personal knowledge and behaviours to smoking
- organising community health promotion initiatives

NACCHO recommend the NTS prioritise community-led prevention and cessation approaches to the use of tobacco and vaping products.

NACCHO recommend a framework for the extension of community AMPs be developed to support the regulation, supply and use of tobacco and vaping products.

Priority cohorts

The identification of priority cohorts within Aboriginal and Torres Strait Islander communities is broadly welcome, however, NACCHO caution against a focus based predominantly on these cohorts. There is a risk that a focus on cohorts will see a corresponding reduction of focus on the population as a whole. Given tobacco use is responsible for 12 per cent of the burden of disease for Aboriginal and Torres Strait Islander people, this would be detrimental to closing the gap.

For example, a focus on pregnant women obscures the fact that the rate of tobacco use among Aboriginal and Torres Strait Islander women has increased steadily between 1994-2018 in remote areas[5]. A focus on the prevalence of tobacco use among Aboriginal and Torres Strait Islander *women* (not just mothers) will have an impact on population use overall, and is likely to impact the prevalence of use in pregnancy.

This proposal that prisoners should refer to local ACCHOs on release for assistance to remain smoke free is welcome, however must be supported by adequate resourcing for ACCHOs to provide such support. Quitline services could be utilised by prisoners, and should be equipped to provide culturally appropriate tobacco cessation services to Aboriginal people.

Although the draft NTS identifies four priority groups within Aboriginal and Torres Strait Islander communities, there are no specific actions aimed at reducing use among these groups beyond encouraging them to quit and share their stories. It is unclear what the *additional approaches to be explored* refer to in relation to remote communities. Specific actions are required to support these groups to quit, and these should be determined in partnership with these groups.

NACCHO recommends a specific action to work in partnership with Aboriginal and Torres Strait Islander priority groups to design culturally safe interventions to support cessation.

Campaigns

NACCHO support **Action 4.10**, to complement mass media campaigns with culturally specific and community specific campaigns. There is strong evidence that culturally specific campaigns are more likely to be successful for an Aboriginal cohort. The importance of culturally specific campaigns has

[5] Greenhalgh, EM, Maddox, R, van der Sterren, A, Knoche, D, & Winstanley, MH. 8.3 Prevalence of tobacco use among Aboriginal and Torres Strait Islander peoples. In Greenhalgh, EM, Scollo, MM and Winstanley, MH [editors]. Tobacco in Australia: Facts and issues. Melbourne: Cancer Council Victoria; 2021. Available from http://www.tobaccoinaustralia.org.au/chapter-8-aptsi/

been highlighted in previous studies[6] [7], and demonstrated by the ACCHO sector which continues to deliver effective public health awareness campaigns.

Vaping and other emerging products

NACCHO strongly recommends expanding the focus of the NTS to include vaping and other emerging products across all objectives and actions, including (but not limited to) public health policy and legislation, supply and affordability, advertising and promotion as well as content. The current focus primarily on tobacco products risks creating a policy and education gap around the dangers of vaping and other emerging products. Further, the role of the tobacco industry in developing and marketing nicotine vaping products such as e-cigarettes should be made explicit.

Conventional smoking is responsible for one in five Aboriginal and Torres Strait Islander deaths and is the most preventable causes of poor health and early death. While there is insufficient evidence to understand how many deaths vaping is potentially responsible for, there is emerging evidence about the detrimental health impacts of nicotine vaping products, including but not limited to, dependence; cardiovascular disease; cancer; respiratory disease; oral diseases; reproductive outcomes; injuries and poisonings[8][9]. There are significant known safety risks regarding nicotine toxicity after accidental or intentional ingestion or dermal exposure to liquid nicotine used in e-cigarettes.

Aboriginal and Torres Strait Islander people, who experience chronic health conditions and co-morbidity at higher levels than other Australians, are particularly susceptible to the harmful effects of conventional smoking and vaping, as are Aboriginal and Torres Strait Islander people living in overcrowded housing exposed to second-hand smoke.

Despite the work of ACCHOs to reduce conventional smoking among Aboriginal and Torres Strait Islander people, particularly youth, there are concerns that the health effects of vaping and the risk of it leading to conventional smoking will only increase.

While Australia leads the world with its ban on nicotine in vaping products, there remain significant concerns that the tobacco industry continue to lobby for legalisation of nicotine in vaping devices[10]. It is also of concern that the industry has specifically targeted Aboriginal and Torres Strait Islander communities to promote the uptake of vaping products[11]. Vaping products also appear to be

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[6] Krzysztof Kubacki, Natalia Szablewska, Social marketing targeting Indigenous peoples: a systematic review, Health Promotion International, Volume 34, Issue 1, February 2019, Pages 133–143, https://doi.org/10.1093/heapro/dax060;

[7] Nikki A Percival, Janya McCalman, Christine Armit, Lynette O'Donoghue, Roxanne Bainbridge, Kevin Rowley, Joyce Doyle, Komla Tsey, Implementing health promotion tools in Australian Indigenous primary health care, Health Promotion International, Volume 33, Issue 1, February 2018, Pages 92–106, https://doi.org/10.1093/heapro/daw049

[8] Banks E, Yazidjoglou A, Brown S, Nguyen M, Martin M, Beckwith K, Daluwatta A, Campbell S, Joshy G. Electronic cigarettes and health outcomes: systematic review of global evidence. Report for the Australian Department of Health. National Centre for Epidemiology and Population Health, Canberra: April 2022.

[9] Australian National University, Centre for Public Health Data and Policy, Health impacts of electronic cigarettes. https://nceph.anu.edu.au/research/projects/health-impacts-electronic-cigarettes#health_outcomes. 2022

[10] Chenoweth N. The secret money trail behind vaping. Australian Financial Review Feb 20, 2021. Available online https://www.afr.com/policy/health-and-education/the-secret-money-trail-behind-vaping-20210217-p573bi on 01/12/2021

[11] Bogle A. Tobacco giants lobby PM and key MPs with pro-vaping message. *Australian Broadcasting Corporation.* 10 Jan 2020. Accessed online https://www.abc.net.au/news/science/2020-01-10/tobacco-industry-sought-vaping-meetings-with-pm-and-cabinet/11855264 on 01/09/2021

designed to explicitly appeal to children and young people both in packaging and flavourings such as bubble-gum and other juice and sweet dessert flavours.

NACCHO recommends the inclusion of a new objective to *prevent uptake of nicotine vaping products, particularly by young people*.

NACCHO recommends protection of nicotine vaping product controls and policy from tobacco industry interference be made explicit.

NACCHO recommends Action 6.3 extend plain packaging requirements to nicotine vaping products.

NACCHO recommends Action 7.5 also include prohibiting flavouring and menthol for nicotine vaping products which currently are available both on prescription and illicitly.

NACCHO further recommends expanding **Action 9.5** to include promotion, advertising or marketing of online telehealth services where a prescription for nicotine vaping products may be obtained. Such services essentially provide a one-stop-shop service to provide streamlined access to nicotine vaping products.

Additional recommendations

NACCHO also recommends the following amendments to further strengthen the draft NTS:

- greater specificity regarding the period interval for tobacco industry reporting to strengthen **Action 1.5**.
- strengthen the language in **Action 1.6** to include explicit reference to the need for government officials and employees to avoid conflicts of interest with the tobacco industry. This would both strengthen the Action and clearly align the NTS to the implementation of Article 5.3 Guidelines, specifically to Recommendation 17.4, and to the APS Code of Conduct.
- strengthen **Action 2.3** to centre social and digital media. While television may remain an effective way of reaching lower income communities, the proportion of the population who are digital natives (i.e. those born after 1980 in high income countries) will, by definition, only continue to increase.
- **Action 3.5** explicitly and transparently allocate all funds from tobacco (and nicotine vaping product) excises to tobacco and nicotine cessation programmes and supports.
- **Action 7.2** strengthen language to position Australia as a world-leader in international tobacco regulation.
- **Action 11.3** clarify which groups will be invited to participate in the proposed national workshop.
- swap the order of **Actions 11.6 and 11.7** to emphasise the need for appropriate training (c.f. IT accreditation systems).