

## Successful buy-in by Aboriginal and Torres Strait Islander communities to reduced tobacco use and mental health initiatives

### Tom Calma<sup>1</sup>

<sup>1</sup>Tackling Indigenous Smoking

Our first is someone who I'm very much looking forward to, and that's Dr Tom Calma. Tom is an Aboriginal elder from the Kungarakan tribal group and a member of the Iwaidja tribal group whose traditional lands are south-west of Darwin and on the Coburg Peninsula in the Northern Territory. He's been involved in Indigenous affairs at the local, community, state, national, and international level and worked in the public sector for over 35 years. Tom, in his position as Social Justice Commissioner, has been instrumental in playing a leading role in establishing the Close the Gap campaign. Tom has been a senior advisor of Indigenous affairs to the Minister of Immigration, Multicultural and Indigenous Affairs, and worked as a senior Australian diplomat in India and Vietnam, representing Australia's interests in education and training. During his time in India, he also oversaw the management of the Australian International Education Offices in Pakistan, Nepal, and Sri Lanka. He moved to Canberra in 1992 and undertook various assignments, including Executive Director to the Secretary and Senior Executive of the Department of Employment, Education, Training, and Youth Affairs. In the early 1980s, Tom and Indigenous colleagues established the Aboriginal Task Force at the Darwin Community College, which later became the Darwin Institute of Technology. That provided second-chance education programs for Indigenous people. He became a senior lecturer and head of the ATF for some six years. So, ladies and gentlemen, could you please welcome Tom Calma, the coordinator for Tackling Indigenous Smoking in Australia.

**Dr Tom Calma:** Thank you very much for the opportunity to come and speak today. Louise has arrived, but because I was queued up, I'll go first, and I hope that we don't cross over each other.

This first slide is an interesting one because it depicts the Close the Gap campaign. And as you would be aware, just last month, we had the national Close the Gap Day, a day where we celebrate across the nation issues relating to Aboriginal and Torres Strait Islander health, and this year we exceeded 950 events around the country, by people in the community generating activities, conducting programs to raise awareness about the deficits in Aboriginal and Torres Strait Islander health, and it's a real depiction of what can happen if people work together.

As Lee mentioned, I'm Kungarakan on my mother's side, from just south of Darwin. For those that are up in the Territory, you'd be aware that from Berry Springs to Litchfield National Park, and Batchelor to Adelaide River is Kungarakan country, and Dad was on Coburg Peninsula, which is just north of Kakadu. So I, too, have a rural upbringing, and I was just over three before I moved to Darwin, but in those days, Darwin was such a small place it was still really a rural town.

I want to theme today around a number of issues that I consider most important. We were talking about successful buy-in, looking at reducing smoking, and about mental health, but I wanted to say that I think the whole issue that we face in Aboriginal and Torres Strait Islander health and in health of all Australians, and particularly in rural Australia because of the deficit and the difference, is about understanding and knowledge.

We have to give people the opportunity to know what the issues are. We need to look at partnership, and it's so critical, and we've seen that already talked about this morning, the need for partnership. We also have to develop the capacity of people to take control of their lives, to empower them, and if we do that right, we will see sustainable change. We will see a change in the future of all people living in rural Australia and particularly in Aboriginal and Torres Strait Islander people, and that's why I urge politicians to stay focused and not to come from their own perspectives, but to listen to people from the community to inform about the directions we need to take.

Now I'm going to race through, I've got a ton of slides here, but they'll be available later. This just depicts some of the organisations that I'm engaged with that are involved in our sector in rural and remote health. And particularly in relation to mental health and suicide prevention, and I'll take the opportunity to say that I was going to talk a bit about that, but at the time of constructing the abstract and so forth I thought that we would have some announcements made, and I'd expand on those. But they haven't been made as yet, but we do know that there was advertising some time ago for projects. People had put in submissions for projects to address Aboriginal and Torres Strait Islander suicide. About 150 applications amounting to \$97 million were received from people. There's about \$4.5 million allocated to this project. So we know that there's an interest out there. We know that people are working in the field, and, you know, if we want to address this very critical issue of suicide, for all Australians and people living in rural and remote areas, and particularly Aboriginal and Torres Strait Islander people, we need to look at investing more money in those areas. But these bodies are ones that I'm either chair or co-chair or patron or ambassador to, and many of you will recognise them, and I'll talk a bit more about the Rural Health Education Foundation a bit later.

When we look at Aboriginal and Torres Strait Islander people, I think the stark issue is that we are a very young population, and in comparison to the general population, we are young. About 50 per cent of our people are under 30 years of age. And so when politicians are looking at public health policy development, they can't do it on the basis of what's out there in the mainstream. They need to look at it from the perspective of the group that they're working with, and particularly Aboriginal and Torres Strait Islander people, and knowing that if we don't address some of these issues now, they're just going to compound because the issues of overcrowded housing will be even worse, as an example, in the years to come as our young people get to the age where they'll need housing. We look at when Aboriginal and Torres Strait Islander people die, and we saw a slide saying that there have been improvements in child mortality rate and birth weights and so forth, but it's still a very big problem for us, and some of our people don't make it to one year of age, or they die in middle age.

We know the key diseases and ailments that are affecting us. And we know what's contributing to them. Things like tobacco, which is the most significant, tobacco use, and then we get into obesity and lack of exercise and so forth. And it's not what we see in the mainstream media. It's not alcohol that's killing us. Some of us do over-imbibe, but in real terms, Aboriginal and Torres Strait Islander people as a population group drink less; fewer of us drink than in the general population. It's just that those who do drink, drink in excess, and so that's an issue, but it's not the prime issue. There are social issues that are associated with that, but they're not health issues, and that's why we need governments to stay a little bit focused. One of the really bitter ironies is that the stresses that affect us and the most significant stressor for Aboriginal and Torres Strait Islander people is, you know, the amount of death in our population. As a major stressor, that affects our health, and our mental health and wellbeing, and so forth. And so it's a real catch 22 that we have to address.

We know that there is a real disparity in life expectancy of roughly 10 years in recent times, but back in 2005, when I did a report as Social Justice Commissioner which raised the issue about the inequality in health outcomes for Aboriginal and Torres Strait Islander people, it was 17 years. There has been a formulaic reconstruction by the ABS that brought it down to 10 or 11 years, but that's not shown in real progress as an increase in life expectancy. It's just a formulaic change that's drawn that. But we do know that whilst there are slight improvements in Aboriginal and Torres Strait Islander life expectancy, they're still not keeping up with the improvements in the general population. So the gap is not closing. It's, in fact, expanding, but this report in 2005 really set a lot of the groundwork.

Partnership: One of the most enduring partnerships is the Close the Gap campaign steering committee. It is being led by Aboriginal and Torres Strait Islander people, and these are the peak bodies involved with it, but it's in partnership because it's also including mainstream health peak bodies and human rights bodies. This is only the steering committee. This group is non-government funded; have been meeting since 2006 at their own expense, and any activities that we do are self-generated without government, because we want to stay as an independent advisor to government and lobbyist with

government. And this is a steering committee. In addition to that, there's probably another 40 other peak bodies including the National Rural Health Alliance, who are members. We've also got major campaigns, and, again, on that whole theme of partnership with Oxfam, Getup, ANTAR and so forth, and I urge you to think about becoming members of those groups, because having strong lobby groups to help keep governments focused, politicians focused, is what's going to make a difference into the future.

The Close the Gap campaign: I'll rush through this. Big campaign. Affects all of us whilst it's focused towards Aboriginal and Torres Strait Islander health and the inequality in health outcomes, it's also about people living in rural areas, and a lot of the theming that goes on, a lot of the events—those 950 events that just took place—took place in rural and remote areas, and I think it's the issue that, you know, we mentioned in the circus presentation. It's about hope. It's about resilience. It's about making people feel part of the process. We've got major sporting groups like the NRL getting behind it, through the national Close the Gap Round, Round 13, which is pretty significant and also the Reconciliation Cup goes hand in hand with that. Well, that's one of the events, but it's about getting the mainstream involved to work with Indigenous people. We've seen now the Geelong Cats, this weekend will be their Close the Gap Round and their Close the Gap match, and we're working with the AFL to do the same across the board. And if you are an Aussie Rules follower, have a look at this match on Saturday night, because you'll be surprised at some of the new initiatives that are coming out that will be seen for the first time on television.

We have seen both the government and the opposition sign up to working with Aboriginal and Torres Strait Islander people and the health peak bodies to Close the Gap. We have seen a commitment by both of them that's been reaffirmed by the current Prime Minister, and Leader of the Opposition, that they will work in partnership with us, and so they need to stay focused, and we are in a position to help them stay focused, and it's the only bipartisan agreement, and we do have in most states and territories agreement between the opposition and the government to also work together. And South Australia is a good case in point where we've seen some tremendous health activities taking place, particularly in the area of tobacco use. Part of that agreement, is about developing a national plan, a plan of action, and that's well progressed. It's been done in conjunction with government and with the health representative peak bodies. It's also taking into account social determinants, which was mentioned a bit earlier. We've seen a lot of money start to be directed toward Aboriginal and Torres Strait Islander disadvantage, and \$1.6 billion of that goes towards looking at chronic disease, and as part of that, just over \$100 million is to do with the tobacco program that I lead.

We've now got a very strong health leadership forum, which is led by Aboriginal and Torres Strait Islander peak bodies. Aboriginal and Torres Strait Islander people at the helm of advising governments and oppositions and minor parties about what we see is needed, and it's up to those politicians and bureaucrats to hear what we're saying. This is not an ill-conceived program. This is a very concerned program, and I have to say, and I know that there's a couple of Pollies here, and, you know, that what they need to also understand is that we are apolitical. We're not interested in party politics. What we are interested in is making sure that the politicians don't use us as a proverbial political football. If they want to have a ping at the opposition or at the government, don't use us. Do that in some other way.

We want to stay focused. We are professional as a body, as a peak body, and we will continually take that up. And they need to take notice of some of the big reports that have come about the government and opposition, and this one here is the Department of Finance's report, which was done just a couple of years ago, and clearly said that for the past forty years public policy has failed for Aboriginal and Torres Strait Islander people, principally because it's about governments and bureaucrats thinking that they know what's best for people, and that goes beyond just Aboriginal and Torres Strait Islander health. It goes into people in rural areas, and picks up on that theme that was mentioned a bit earlier, about making sure you hear what we have to say as advocacy groups.

The whole notion of social determinants is starting to come up into the thinking of politicians and bureaucrats, which is important because health alone is not going to resolve and address a lot of the issues. It's got to be around all those things that make us healthy. And stay focused on the new body, the Social Determinants of Health Alliance that has been formed, and that's of interested parties who are, again, and you'll see mainly mainstream, supported by Aboriginal and Torres Strait Islander groups, that are trying to get governments to focus on understanding the difference. And, in fact, we started talking. I talked about it in the 2005 Social Justice Report about social determinants, before the United Nations even got up to establish the Commission on Social Determinants, which happened a year later. And so this course is not only happening internationally, we're also pushing it here.

I should point out at this juncture the difference between the Close the Gap campaign, which is a community, non-government funded body, versus Closing the Gap, which is the government's response. Close the Gap is principled. It's about a community development, a human rights-based approach. It's about empowering people to take control of their lives and life situation. Government's policies, which are sometimes branded as Closing the Gap, don't necessarily follow that developmental approach. We're about trying to change that.

So let's look at smoking. We know that we smoke. Aboriginal and Torres Strait Islander people, 50 per cent of the population roughly, 70 to 80 per cent in some of our communities. We start young, and we also know that people living in remote areas and very remote areas smoke more than others, and so that's a real issue. We also know that second-hand smoke is a big issue. It's about education. Letting people understand, because, you know, Aboriginal people often smoke because that's been a culture that's been developed over generations through the provision of rations, of which tobacco was one. So we're trying to address a culture that's been created by governments and by employers over many years. It's not something that's just come out of thin air. There's been, and there's only been one significant bit of research on social marketing that was done back in 2010 with Ipsos and Willingani (phonetic)—that's the Aboriginal group, and they went and surveyed people around the nation and looked at what are the issues that address people, and it's a big report. I've just picked a couple of slides that talk about it here. Public spaces was an important one and making sure that we understand that, you know, smoke-free areas are pretty important.

So the government, through the Closing the Gap campaign, chronic disease package, came up with the Tackling Indigenous Smoking Program, and really it's rolling out teams across the nation, and it's about social marketing. It's about supporting people in the health sector to be able to address issues. There are 57 teams targeted—40 have rolled out so far. When they are rolled out, there is a Regional Tobacco Coordinator, two Healthy Lifestyle Workers, and a Tobacco Action Worker that are there, and slowly, each year the others will come on board. But it's about working with governments and so forth.

I love this slide: it's a big staircase that goes up with all the rest of the staff, but this at our conference last year, and, you know, what we're going to do next year, we're not sure. We'll have to have a big room like this with a big wide angle lens to be able to take in everybody.

A lot of our effort has gone towards quitline enhancements, assisting quitlines to develop up and be able to respond in a culturally safe way to Aboriginal and Torres Strait Islander people, and that's happening. Allowing people to understand more about quitlines, and how to call them. We have seen, since this has come into place, an increase, a very significant increase in the number of people who are ringing quitlines—Aboriginal and Torres Strait Islander people.

As part of it, Cancer Council of South Australia has got a contract to run around the country, well, not quite run, but to go around the country and support people to understand about brief interventions, and all of us here have a responsibility as a health professional to (a) lead by example, and (b) when you're working with a client to give them that brief intervention. To ask them, have you thought about giving up smoking if you're a smoker? Do you understand the impacts of smoking on your family or

people around you? Do you know that if you want support, this is where you go to get it? You know, be it a quitline or another health professional and what we do.

In the OATSIH (Office of Aboriginal and Torres Strait Islander Health) agreements now, anybody who's a recipient of OATSIH funding has to contract to make their workplace smoke-free. Develop a policy, implement a policy, and so forth. That is starting to have a fairly significant impact there. There's also a lot on social marketing and communications. Getting the message out. Empowering people so that they can take control of their lives because governments can't make us healthy. We're the ones that make ourselves healthy. Governments have a responsibility under the rights to health, the United Nations right to health that the government signed up to, to help facilitate that process. That's all. Not to try and do more than that. They facilitate by providing support and allowing people to be empowered to take control of their lives. They sometimes lose that focus. The whole messaging is about working with the families and addressing them with real stories. Issues that people can relate to, because the mainstream media hasn't worked. The research showed us that it wasn't having an impact on Aboriginal and Torres Strait Islander people, and whilst we know that in 1945, 75 per cent of the male population in Australia smoked, it's now down to less than 20 per cent over many years of very strong media campaigning, but that media campaigning hasn't hit the Aboriginal and Torres Strait Islander people and our population.

So we've got to do something different, and this is what it's about. This is what the research tells us. So we fund vehicles. We fund teams, and the teams have got vehicles, and we want the vehicles to be very, very prominent so that the clear messaging, tackling smoking, healthy lifestyle, hand in hand. These are some of the others. This is down in Mildura and also as part of their kit they can get a trailer which is full of things like tables, projectors, barbecues so they can go out anywhere, erect a marquee, have a community event, and inform people, and they're working very successfully. They're all well kitted out in high visibility. Important, high visibility. That people know that there's support out there. And, you know, I've had grown men cry when they understand the level of support that they can now receive, and to know that somebody cares—because in the past nobody's given a rat about them.

And so now we're start the dialogue, but it is early. You know, as I mentioned before, the pledge was 2008. So the money didn't roll out until 2009. Didn't start to take effect until 2010. And so it's very early days in these programs, and that's why I get pretty cranky when I see the opposition spokesperson talk about a waste of money of 100 million dollars to tackle smoking and programs like this. Not informed, you know. Does not understand what's happening out there within the community, and I really urge politicians, and I know Andrew's [Andrew Laming] down there, and he can take this message back to the Opposition that they need to hear what people are saying and understand what the real effects of these programs are. That they are having an impact. It's very early days, but they are starting to have an impact.

You know, we talk to people in a way that they understand. You know, high visibility. We show them in practical terms where having a look at a smokaliser, you know what it means if you're a smoker. How bad your health is, and what the impacts are. We run national programs like the Quit for Two program, which you've seen, and the most successful one so far for both the Aboriginal and Torres Strait Islander population, and the general population, is Break the Chain, you know, which was the first all-Aboriginal actors messaging towards Aboriginal people.

We've got localised messaging, and these are some of the sites. You would have seen the stuff that happens out of Yirrkala with Skinny Fish, fantastic DVDs. They create posters at a local level. This is the messaging that people at the local level want to get out, you know. The one on the left there was done by a number of rangers, you know, those caring for country ranges in the Northern Territory. They wanted to get the message out to their families. So they created that ad. The other one was done in West Australia and with Julie Coffin. You know, we've got websites that are funded, and whilst the government funds it, Menzies runs it. It's about quitting. It's giving you all the information that you

need to be able to quit in a way that people can relate to, about the stories from people of their struggles, and giving up smoking is a struggle, you know.

We all know if we've tried it, and it's like me trying to give up eating. It's a real big struggle. One of our teams has created a play, and it has toured nationally. It's about giving up the smokes, and, you know, 'Lost and Found in Smoke', and this is a play where real people, Aboriginal and Torres Strait Islander people are talking about their challenges to give up smoking and some of the successes, and that's really taken off. There's a board game which is really a top game, and the contacts are down there you can have a look at this later, but it's raising the question, empowering people so that they know some of the facts and fiction relating to smoking and consumption. And there's a couple of others that are about to be designed, but for all the health professionals out here we give you the answers. Not only the questions, you got the answers down there as well so that you're not going to get caught out when you get asked that question in the board game. So there's a whole lot of other instructions there, and this same team have focused on things like making homes smoke-free.

And this, I've just picked this one team out. This is KAMS, (Kimberly Aboriginal Medical Services), and their team up there; they look at smoke-free homes. They look at smoke-free cars. Things that people don't think about. And we all know, for us, in the general population, we get to see it a lot more. We understand it, but to have people in Aboriginal communities who don't necessarily think about these issues, to help get the dialogue started, it's about empowerment. Creating smoke-free areas, and the number of community councils that are out there now making areas smoke-free, particularly going into the community store. Don't smoke at the front door, you know, through the bloody corridor of smoke to get in there, you know. Understand that these have impacts. We produce out of the department a publication on nicotine replacement therapies and all the facts about the different therapies that you can use, and what they mean. And there's one for medical practitioners and there's also a guide that goes out to the individual consumer.

Let me talk a little bit about one of the other bodies that I'm Patron of, and that's the Rural Health Education Foundation, and I know that many of you here understand what the Foundation is about. We have a stall out there. So go and have a look at it and sign up, but we, and I have just focused here on some of the tobacco-related issues, and they're out there. But there's a lot of material that we do, and it's about professional development for health professionals in rural areas. In relation to tobacco, we've got a number of campaigns that are out there. Already DVDs are produced that have a clinical approach and a community marketing approach that you can look at. You know that we've got the Health Channel out now, and that broadcasts across the nation, that you can have a look at. And, again, supported by government but also many other partners out there, from the private and philanthropic sector, that assist us in getting those messages out. Particularly in the Channel you'll see these ongoing series that we're looking at. Things like palliative care that we in the remote areas don't get enough support for; in the urban areas, a lot. So it covers palliative care in the remote communities, you know, all the issues: we've got programs about them here. And particularly a new series that is starting called the Be Strong series, which is looking specifically at Aboriginal and Torres Strait Islander smoking and what we need to address it. First and third Friday of the month, they'll be going out, and the times are up there, but the programs, you can get the programs out there and work out how you do it.

In closing, I want to also direct some attention to all of you here because we all have a role to work with and help governments focus, and both the government and the opposition have lent their support to a recognition of Aboriginal and Torres Strait Islander people in the Constitution, and there's a lot of discussion taking place. The three per cent of the Aboriginal population isn't going to make a difference, and this is about how you and I and we all work together to get the Constitutional recognition for Aboriginal and Torres Strait Islander people, and look at a couple of other issues that are yet to be determined.

So let me close with one of my mantras, and that is: racism has an impact on all of us. Discrimination has an impact on all of us, and what we need to do is to make sure that we're not perpetrators. And so

this is a UN oath, a little pledge that people can take and to be very conscious of, because racism does have a profound impact on people who are the recipients of racial action and losses. And while a lot of attention is being paid by the Human Rights Commission to address systematic racism, it's the everyday racism and discrimination that we experience that will make a difference. So the pledge, the oath is about let's not be perpetrators ourselves in this process.

Thank you.