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We would like to acknowledge the contributions made to the Aboriginal Tobacco Resistance Tool Kit. Thank you to everyone who contributed to the kit.

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The project team would also like to acknowledge Jasmine Sarin for her artwork, which reflects the aims and objectives of the project.

Section 1: Introduction

The *Aboriginal Tobacco Resistance Tool Kit* was developed to meet the growing need for practical support around tobacco resistance and control by Aboriginal Community Controlled Health Services (ACCHSs) in NSW. The AH&MRC Tobacco Resistance And Control (A-TRAC) team developed the kit in consultation with ACCHSs to ensure the resource addressed their needs in the workplace.

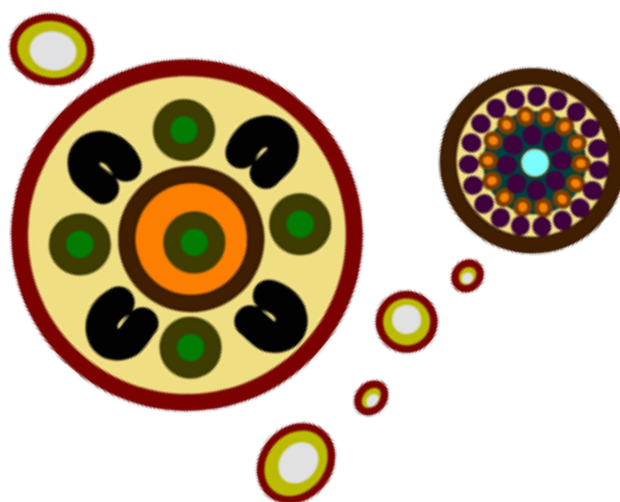
The kit is designed to be easy to use and practical, irrespective of how much or little experience someone has in tobacco control.

In the kit you will find modules on different topics. Each module contains tools and templates to assist you in undertaking tobacco resistance and control initiatives. The templates are specifically designed so that they can be used as they are, or you can adapt them to suit the needs of your initiative and service.

Templates will be found at the end of each module, on the USB that accompanies this kit and also on our website (www.ahmrc.org.au). The kit will be updated periodically and additional modules will be added as a need is identified.

We understand that ACCHSs have different approaches to tobacco resistance and control, therefore each of the modules has been designed to be 'stand alone'. There may be some duplication of information in some modules because of this.

If you have any suggestions or comments on the kit, or would like some support to use it, please don't hesitate to get in contact with the A-TRAC team. We hope that you find the kit useful and practical. To contact the A-TRAC team you can phone (02) 9212 4777 or email tobaccoteam@ahmrc.org.au.



Section 2: About us

About the Aboriginal Health and Medical Research Council of NSW (AH&MRC)

The Aboriginal Health & Medical Research Council of New South Wales (AH&MRC) is the peak representative body and voice of Aboriginal communities on health in NSW. We represent our members, the Aboriginal Community Controlled Health Services (ACCHSs) that deliver culturally appropriate comprehensive primary health care to their communities.

Aboriginal Community Control has its origins in Aboriginal people's right to self-determination. This is the right to be involved in health service delivery and decision-making according to protocols or procedures determined by Aboriginal communities based on the Aboriginal definition of health:

"Aboriginal health means not just the physical wellbeing of an individual but...the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life." (NAHS, 1989).

The AH&MRC is governed by a Board of Directors who are Aboriginal people elected by our members on a regional basis. We represent, support and advocate for our members and their communities on Aboriginal health at state and national levels.

About the AH&MRC Tobacco Resistance and Control (A-TRAC) Program

The AH&MRC supports Aboriginal Community Controlled Health Services (ACCHSs) around tobacco resistance and control through the A-TRAC program.

A-TRAC Program Goal

- Contribute to reduced smoking rates for Aboriginal people in NSW.

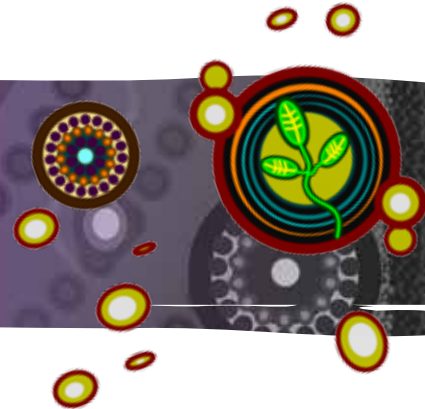
A-TRAC Program Objectives

- Shift community attitudes away from the belief that smoking is normal.
- Increase capacity of NSW Aboriginal Community Controlled Health Services to undertake tobacco resistance and control activities.
- Increase people's self-efficacy in their ability to quit smoking.

Tobacco is the single largest cause of premature death for Aboriginal people within Australia and contributes to significantly high rates of chronic disease. The *Aboriginal Tobacco Resistance Tool Kit* is just one of the strategies the A-TRAC team is undertaking to support reducing smoking rates for Aboriginal people. For more information about the A-TRAC program please go to the AH&MRC website: www.ahmrc.org.au

References: National Aboriginal Health Strategy Working Party (1989). *National Aboriginal Health Strategy*. Accessed 20.7.12. <http://www.naccho.org.au/definitions/abhealthp1.html>

Section 3: Objectives



Objectives

The kit has two objectives:

Increase the capacity of ACCHSs to undertake tobacco resistance and control activities.

Increase support for ACCHSs to enable them to “self assess” their tobacco resistance and control capacity.

Figure 1 Objectives

Target audience

The target audience is ACCHS staff in NSW. It is also important to make sure that people who are new to tobacco control, ACCHS or other people involved in the health sector — as well as those who are more experienced — find the kit practical and useful.

The kit reflects the different levels of understanding of tobacco resistance and control. It is not envisaged that all modules will be used by everyone.

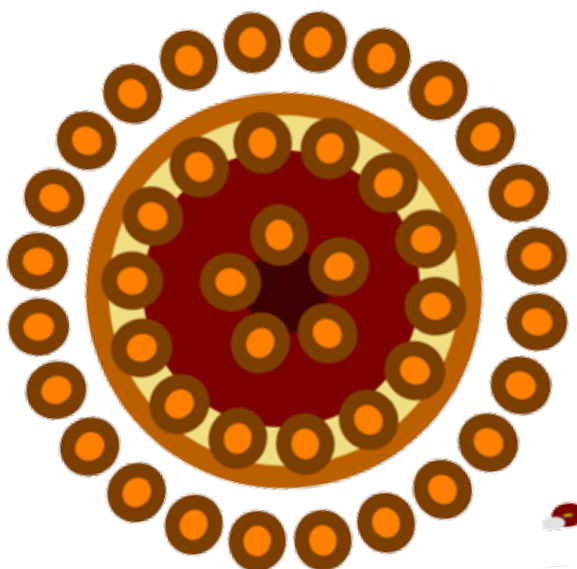
Section 4: What's in the kit

The kit contains a number of modules on different topics. These modules were identified through various A-TRAC program activities including feedback from the AH&MRC Tobacco Resistance Network (ATRN), the Inaugural A-TRAC Symposium, the 2010 AH&MRC Annual Tobacco Control Survey and general enquires made by ACCHSs. It is expected that the number of modules will increase as ACCHSs offer their feedback.

The Aboriginal Tobacco Resistance Tool (ATRT) Kit contains:

- Let's get started module
- Workplace smoking policy module
- Getting to know your community: data collection module
- A USB with all the templates on it
- Social marketing module

The kit is designed in individual modules so that people can use what they need, when they need it. Templates are included, which can be photocopied and used as is — or if you would like to adapt them, they are all in 2010 Microsoft Word format on the USB drive that comes with the kit.



Section 5: Kit support information

The AH&MRC can support ACCHSs and their staff to get the most out of the kit.

The AH&MRC recognises that each ACCHS and its individual staff members have different capacities and experiences. As such, the AH&MRC will be available to support ACCHSs to use the kit in a number of ways. Primarily the support will be through the A-TRAC program.

Ways the AH&MRC can assist you:

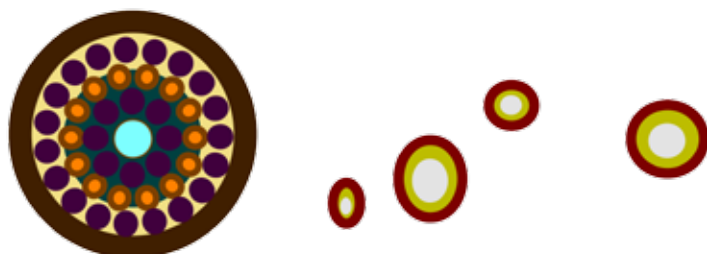
- The A-TRAC team is contactable by email or phone.
- A member of the A-TRAC team may be able to come out to your service to assist you.

If you have any questions, please don't hesitate to get in contact with one of the A-TRAC team.

Contact Details

tobaccoteam@ahmrc.org.au

Phone: (02) 9212 4777



Section 6: Glossary

As with any specialty area there are a lot of technical terms used throughout the kit. The list below outlines some of the more common words you will come across and what they mean.

A

Aboriginal Community Controlled Health Service (ACCHS): An Aboriginal Community Controlled Health Service (ACCHS) is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it (through a locally elected Board of Management). (NACCHO, 2012)

Australian Bureau of Statistics (ABS): Australia's national statistical agency. The agency undertakes the Australian Census every five years. It then looks at the information it collects and posts the results on its website. For more information go to: www.abs.gov.au.

Aim: What you want to achieve overall, e.g. to reduce smoking in your community by 10% over three years.

B

Baseline data: The collection of information, either at the beginning or before you start an initiative or program. Baseline data is usually collected so you can evaluate or review your initiative.

Bidis: Small, hand-rolled cigarettes.

Bupropion hydrochloride: See Zyban.

C

Carbon monoxide (CO): A colourless, odourless and highly poisonous gas found in tobacco smoke and in the lungs of people who have recently smoked, or (in smaller amounts) in people who have been exposed to tobacco smoke.

Current smoker: An adult who has smoked 100 cigarettes in his or her lifetime and who currently smokes cigarettes. (CDC, 2012)

Champix: A medicine to help adults stop smoking. Champix is the brand name of Varenicline, which is the active drug. It is a prescription medication that does not contain nicotine and is available only from a doctor. It is on the Pharmaceutical Benefit Scheme (PBS).

D

Data analysis: The process of inspecting data with the goal of highlighting useful information, suggesting conclusions and supporting decision making.

Data collection: The process of collecting information. This could be client records, conducting surveys, evaluation forms or any other method that you might use to collect information.

Data collection tools: Refers to the tools used to collect data, such as a survey, or a question guide for focus groups or interviews.

E

Emphysema: A long-term, progressive disease of the lungs that primarily causes shortness of breath. In people with emphysema, the tissues necessary to support the physical shape and function of the lungs are destroyed.

Environmental scan: A tool which looks at the physical environment of your work site and helps you get a good picture of smoking at your service. It will assist you to see what is happening at your service, what is working well and where you can make improvements.

Environmental Tobacco Smoke (ETS): Cigarette smoke in/around a non-smoker. Inhaling ETS is called passive smoking. (CDC, 2012)

Evaluation: The process of assessing how well your initiative has worked and why.

Ex-smoker: An adult who has smoked at least 100 cigarettes in his or her lifetime but who had quit smoking at the time of interview. (CDC, 2012)

F

Fagerstrom test: Developed by Dr Karl Fagerstrom, one of the world's leading authorities on the effects of smoking, this test is a dependency quiz that can help you determine how hard it will be for your client to break the habit.

G

H

Health education: According to the World Health Organisation, health education comprises planned opportunities for learning that involve some form of communication designed to improve health literacy, including improving knowledge and developing life skills which are conducive to individual and community health. (WHO, 1998)

Health promotion: The process of enabling people to increase control over — and improve — their health:

“Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Health promotion is the process of enabling people to increase control over the determinants of health and hereby improve their health. Participation is essential to sustain health promotion action”. (WHO, 1998)

I

Inhaler: A form of Nicotine Replacement Therapy (NRT). The nicotine inhaler, also nicknamed “the puffer”, is a thin, plastic cartridge that contains a porous nicotine plug in its base. By puffing on the cartridge, nicotine vapour is extracted and absorbed through the lining of the mouth.

J

K

Key performance indicator (KPI): A type of performance measurement. KPIs are commonly used by an organisation and funding bodies to evaluate its success or the success of a particular activity.

L

Lozenges: A form of Nicotine Replacement Therapy (NRT). The nicotine contained in the lozenges is absorbed through the lining of the mouth, which means it is absorbed quickly into the bloodstream and reaches the brain fast.

M

Mixed methods: A process of research which combines quantitative and qualitative methods. It is orientated towards “what works”. Using both quantitative and qualitative data reduces the limitations of each individual method.

N

Never smoker: An adult who has never smoked, or who has smoked less than 100 cigarettes in his or her lifetime. (CDC, 2012)

Nicotine replacement therapy (NRT): A smoking cessation treatment in which nicotine from tobacco is replaced for a limited period by pharmaceutical nicotine. This reduces the craving and withdrawal experienced during the initial period of quitting while users are learning to be tobacco-free. The nicotine dose can be taken through the skin (using patches), by inhaling (a spray), or by mouth (using gum or lozenges).

Nicotine: A colourless, poisonous chemical which comes from the tobacco plant. Nicotine is highly addictive.

O

Ottawa Charter: The first worldwide action plan for health promotion:

“The Ottawa Charter identifies three basic strategies for health promotion. These are advocacy for health to create the essential conditions for health indicated above; enabling all people to achieve their full health potential; and mediating between the different interests in society in the pursuit of health”. (WHO, 1998).

P

Passive smoking: Breathing in someone else’s cigarette smoke in a closed or open environment.

Patches: A form of Nicotine Replacement Therapy (NRT). The patch slowly releases nicotine into the body through your skin. Patches come in a variety of strengths and can be worn for up to 24 hours.

Public health: A social and political concept aimed at improving health, prolonging life and improving the *quality of life* among whole populations through *health promotion, disease prevention, social marketing* and other forms of health intervention. (WHO, 1998)

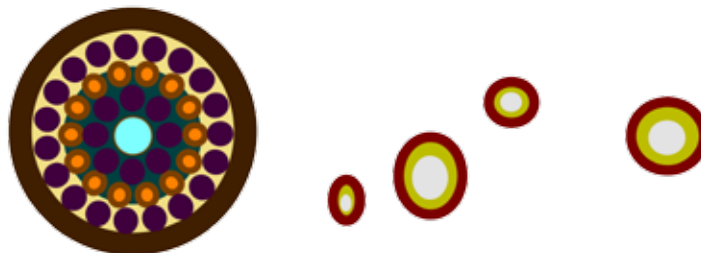
Patient information management systems (PIMS): Computer software that deals with the day-to-day operations of a medical practice. The software usually allows users to record patient demographics, schedule appointments, maintain lists of insurance payers, perform billing tasks and generate reports.

Q

Qualitative research: A research method associated with descriptions of events (e.g. of people, events or behaviour).

Quantitative research: A research method that tends to be associated with numbers as a unit of analysis; it often includes statistical analysis.

Quit attempt: Stopping smoking for one day or longer with the intention of quitting. (CDC, 2012)



R

Rationale: A set of reasons or a logical basis for a course of action. In documents, the rationale is often a subheading that explains what the logic behind the document is. In terms of a workplace smoking policy, for example, a rationale will explain why it is important to have a policy about not smoking in the workplace.

S

Smokelyzer™: A small hand-held device used to estimate the amount of carbon monoxide in the lungs of people who have been smoking. (Bedfont, 2012)

Second-hand smoke (SHS): Also called environmental tobacco smoke (ETS). A mixture of smoke exhaled by smokers and smoke released from lit cigarettes, cigars, pipes, bidis, etc. The smoke mixture contains gases and particulates, including nicotine, carcinogens and toxins.

Smoking cessation: Refers to giving up the smokes.

Social determinants of health: *“The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.” (WHO, 2011).*

Social marketing: The process of using commercial marketing principles to influence or change a person or group of people’s behaviours for the benefit of society. The “Breaking the Chain” commercial, for example, is part of the Commonwealth Government’s social marketing campaign to tackle smoking among Aboriginal people.

Social media: Web-based social communication, such as Facebook or Twitter. It can be used as part of health promotion or social marketing.

Strategy: How you want to achieve your aims and objectives.

T

Tobacco control: Tobacco control is anything which is anti-tobacco. This could include legislation, policy development, social marketing, smoking cessation programs and health promotion.

Tobacco resistance: Individual efforts to take responsibility for acting against tobacco use.

U

V

Varenicline: See Champix.

W

Withdrawal: A variety of behavioural, emotional and physical symptoms which occur after use of an addictive drug is reduced or stopped.

X

Y

Z

Zyban: A prescription medication which helps smokers quit more easily. It comes in a pill form. Zyban is the brand name in Australia of bupropion hydrochloride, which is the active drug. It does not contain nicotine. Like most drugs, Zyban does have some side effects.

References

Bedfont Smokerlyzer (2012), Accessed 20.7.12.

Link: www.bedfont.com/smokerlyzer.

Centers for Disease Control (2012). *NHIS – Adult Tobacco Use Information*. Accessed 20.7.12.

Link: http://www.cdc.gov/nchs/nhis/tobacco/tobacco_glossary.html

Fagerström KO, Schneider NG (1989). Measuring nicotine dependence: A review of the Fagerström Tolerance Questionnaire. *J Behav Med*. Volume 12: pg 159-181

National Aboriginal Community Controlled Health Organisation (2012). *Definitions*. Accessed 20.7.12.

Link: <http://www.naccho.org.au/definitions/ams.html>.

World Health Organisation (1998), *Health Promotion Glossary*. Accessed 20.7.12.

Link: <http://www.who.int/healthpromotion/about/HPG/en/>

World Health Organisation (2011).

Social determinants of health. Accessed 20.7.12.

Link: http://www.who.int/social_determinants/en.

Section 7: Acronym list

- ABS:** Australian Bureau of Statistics
- ACCHS:** Aboriginal Community Controlled Health Service
- AH&MRC:** Aboriginal Health & Medical Research Council of NSW
- A-TRAC:** AH&MRC – Tobacco Resistance and Control program
- AHW:** Aboriginal Health Worker
- CEO:** Chief Executive Officer
- CO:** Carbon monoxide
- CtG:** Closing the Gap
- ETS:** Environmental Tobacco Smoke
- HREC:** Human Research Ethics Committee
- KPI:** Key Performance Indicator
- NGO:** Non-Government Organisation
- NRT:** Nicotine Replacement Therapy
- OH&S:** Occupational Health and Safety
- PIMS:** Patient Information Management Systems
- PBS:** Pharmaceutical Benefits Scheme
- SHS:** Second-hand Smoke
- WHO:** World Health Organisation



Section 8: Evaluation and feedback for the kit

Your feedback and opinions on the kit are highly valued and allow the A-TRAC team to provide better support to ACCHSs.

To ensure the kit remains practical and relevant to workers there is a one-page evaluation form. We request that you complete the form after you have completed a module and send it back to us either via email, fax or post. The evaluation form can be found at the end of the kit. On the USB and on the AH&MRC website (www.ahmrc.org.au). The evaluation form allows you to nominate which module you used. If you used more than one module, please fill in a separate evaluation form for each of them. We would also appreciate feedback verbally or via email.

Please email completed evaluation forms to:

Contact details

tobaccoteam@ahmrc.org.au

Phone: (02) 9212 4777

Section 9: Resources list

Below is a list of a few websites which might help you to understand tobacco control better:

- Australian Bureau of Statistics: www.abs.gov.au.
- Centre for Excellence in Indigenous Tobacco Control: <http://www.ceitc.org.au/>
- World Health Organisation – social determinants of health: http://www.who.int/social_determinants/en/
- World Health Organisation – Health promotion glossary: http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf
- World Health Organisation – The Ottawa Charter: <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>
- Cancer Council: <http://www.cancer.org.au/home.htm>
- Cancer Institute: <http://www.icanquit.com.au/>
- Ministry of Health: <http://www.health.nsw.gov.au/publichealth/chorep/>

