Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

COLLEGE SUBMISSION

Feedback on the Consultation Draft National Tobacco Strategy (NTS) 2022-2030
March 2022

About the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM's vision is *the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care.* It progresses this through the provision of quality vocational training; professional development education programs; setting and upholding practice standards; and through the provision of support and advocacy services for rural doctors and the communities they serve.

ACRRM is accredited by the Australian Medical Council to set standards for the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended skills required to deliver the highest quality Rural Generalist model of care in rural and remote communities, which often experience a shortage of face-to-face specialist and allied health services.

Initial Comments

The College welcomes the opportunity to comment on the Consultation Draft National Tobacco Strategy (NTS). The further Australians live from major cities, the more likely they are to smoke daily, and whilst smoking rates in major cities have fallen in the past 15 years, communities in rural and remote areas have not seen a similar level of decline.

Whilst there is little in the way of clear evidence to explain why smoking rates have remained virtually unchanged in these areas, it is clear from the statistics that more needs to be done to address smoking rates in our most rural and remote communities, and targeted campaigns are required alongside action to address the underlying social determinants of health which contribute to this situation.

The vast health disparities between Aboriginal and Torres Strait Islander peoples and other Australians related to smoking is also of major concern. The *Australian Burden of Disease Study 2018: Key findings for Aboriginal and Torres Strait Islander people* shows that tobacco is the greatest risk factor contributing to the disease burden for Indigenous Australians and remains the major contributor to fatal burden.

Robust measures are required to reduce tobacco use in our rural and remote and Aboriginal and Torres Strait Islander communities. Rural Generalists and General Practitioners working in rural and remote areas are well placed to integrate smoking interventions into patient treatment and cessation

programs. However, these must be sufficiently funded and supported and appropriately designed if the ambitious targets outlined in the NTS are to be met.

General Comments

Priority Area 2 - Develop, implement and fund mass media campaigns and other communication tools to: motivate people who use tobacco to quit and recent quitters to continue smoking abstinence; discourage uptake of tobacco use; and reshape social norms about the tobacco industry and tobacco use

Evidence demonstrates that mass media anti-smoking campaigns coupled with tobacco excise are the most effective policy interventions to reduce preventable death. It is acknowledged in the NTS that Australia has not yet committed adequate resources to anti-smoking campaigns, and the College is encouraged to see mass media campaigns sitting high on the list of priorities.

The commitment to run mass media campaigns as well as complementary campaigns for high prevalence and at-risk populations is welcomed, however this priority action must be linked to well-funded and resourced smoking cessation services, tailored and targeted to meet the needs of rural and remote and Aboriginal and Torres Strait Islander communities. It is also important that media campaigns are designed to be relevant to the context and circumstances of people living in rural and remote areas and Aboriginal and Torres Strait Islander peoples. Ideally, they should be co-designed with representatives from these communities.

Priority Area 3 - Continue to reduce the affordability of tobacco products

Whilst the College welcomes the commitment in the NTS to continue to reduce the affordability of tobacco products, the plan must take cognisance of the well-established fact that people with lower incomes, lower levels of education, co-morbid substance use, mental disorder, and those living in rural and remote areas are more likely to smoke. The success of this priority is dependent on robust interventions under priority area 5 (tobacco use reduction and prevention) to reach these population groups.

Priority Area 4 - Continue and expand efforts and partnerships to reduce tobacco use among Aboriginal and Torres Strait Islander people

Tobacco is the major contributor to disease burden for Aboriginal and Torres Strait Islander people, and ACRRM welcomes the tobacco reduction goals outlined in the NTS. The College agrees that these targets should be utilised as part of the implementation plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023. Including tobacco use reduction goals in the Closing the Gap refresh would be welcomed.

Programs to address smoking cessation in Aboriginal and Torres Strait Islander communities must be provided in the context of Aboriginal and Torres Strait Islander understanding of health and wellbeing. There is a need to adapt evidence-based interventions and develop culturally safe and culturally appropriate adaptations, rather than attempting to utilise the same interventions used in the mainstream.

Programs should aim to work collaboratively with Aboriginal and Torres Strait Islander communities to address alcohol abuse, with interventions being community supported, culturally sensitive, and backed by sufficient resourcing.

Priority Area 5 -Strengthen efforts to prevent and reduce tobacco use among populations at a higher risk of harm from tobacco use and other populations with a high prevalence of tobacco use

The further Australians live from major cities, the more likely they are to smoke daily.[1] Our rural and remote communities are some of the lowest socio-economic areas in the country, and the contribution of social determinants to health inequities must be acknowledged and addressed.

ACRRM welcomes the commitment to increase understanding about how smoking negatively impacts both physical and mental health and to factor this into making linkages across and within sectors. Ensuring tobacco strategies link with other broader health strategies, such as those around chronic disease and cancer, and are in keeping with treatment guidelines, can potentially lead to improved outcomes. Integrating smoking interventions into chronic disease management programs and mental health services would provide a single integrated point of contact for the patient.

The College welcomes the move to embed evidence-based smoking cessation programs across primary, acute, mental health, alcohol and other drugs and other healthcare settings, however these must be properly funded and resourced and appropriately designed.

Priority Area 11 - Provide greater access to evidence-based cessation services to support people who use tobacco to quit.

Rural Generalists and other General Practitioners are often the first, and sometimes the only, port of call and health care service providers in rural and remote areas. They are in a unique position to provide holistic care, crossing the siloes of healthcare and providing care across the illness spectrum and the lifespan.

Considering the links between smoking and mental health and other harmful substance use, those with specialist AOD training or experience in cessation programs will often be in the best position to deliver and coordinate a range of services, especially in those communities which lack the critical mass to employ a full health care team, including mental health and AOD workers. They are also well placed to integrate smoking interventions into patient treatment; however, they need to be fully funded and resourced to do so.

In summary**,** ACRRM supports the intent of the NTS, noting that smoking rates have not significantly declined in rural and remote areas over the past 15 years. The College recommends that targeted communication and education campaigns which are co-designed with rural and remote health professionals and community representatives, be implemented to address this issue. These campaigns should be well resourced and supported; relevant to the rural and remote context; and accompanied by associated education for health professionals working in these communities.

[1] National Drug Strategy Household Survey 2019 results released by AIHW 16 July 2020

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ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the traditional owners of lands across Australia in which our members and staff work and live and pay respect to their elders past present and future.