Ministerial Council for Education, Early Childhood Development and Youth Affairs
Secretariat
IEAP Consultation
Ministerial Council for Education, Early Childhood Development and
Youth Affairs,
PO Box 202,
Carlton South Victoria 3053.

Dear Secretariat

Thank you for the opportunity to comment on the *Indigenous Education Action Plan Draft 2010-2014* (Plan) as the National Coordinator – Tackling Indigenous Smoking[1]. A number of the areas raised in the Plan, which has been developed to focus and inform how the Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEECDYA) Ministers will work together to achieve the closing the gap targets, are of significance and well welcomed.

The action plan provides a useful suite of agreed outcomes, targets, performance indicators and actions to close the gap in Indigenous student outcomes which encompasses and emphasises good health as an essential aspect of life. However, the Plan does not specifically reference tobacco control and smoking which is the biggest single killer of Indigenous Australians and a major negative health determinant in the life expectancy gap.

Non-Indigenous smoking rates were as high as 75 per cent in 1945 and due to various factors including education, awareness raising and challenges to norms around smoking, it is now approximately 16 per cent. Indigenous smoking needs to follow a similar path to ensure good education attainment outcomes and good outcomes for Indigenous health.

Currently, Indigenous smoking rates are over 50 per cent overall and up to 80 per cent in some communities with tobacco smoking alone responsible for approximately 20 per cent of all deaths. Research also indicates an earlier age of uptake of tobacco use among children of Aboriginal and Torres Strait Islander descent and there is a general perception that children are taking up smoking at about the age of 10 years old within Aboriginal and Torres Strait Islander communities.

A comparison between the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) and the National Health Survey (NHS), both of 2004-05 signifies that approximately 10 per cent of Indigenous current and former smokers had commenced regular smoking prior to the age of 13 and by 18 years of age, 68 per cent of current and former Indigenous smokers were smoking regularly.

The Plan provides an opportunity to make a significant contribution to tackling the Indigenous smoking epidemic. Through schools and the education curriculum significant positive impacts can be made on economic and health outcomes for

[1] Please find attached a the media release re the National Coordinator to Tackle Indigenous Smoking.

Indigenous Australians, and consequently impact on improving education outcomes. As noted, the Plan can potentially influence over 150,000 Indigenous students at a fundamental stage of development in their lives.

Health promotion should be given greater prominence in the Plan with smoking messages commencing at the earliest years of school and be a consistent and priority message throughout education.

Indigenous Australians are the fasted growing population group in Australia, with over 50 per cent under 25 years of age. It is vital to engage with our children and youth to get the anti-smoking message across and in the classroom is the appropriate place to start.

Through an underpinning tobacco control and smoking cessation policy the Plan has the opportunity to actively promote and support preventative activities and environments which could significantly reduce the uptake of smoking and increase smoking cessation amongst Aboriginal and Torres Strait Islander peoples at home and in schools, communities and workplaces.

Schools should be used as a platform to deliver smoking cessation messages to parents, families and communities. In 2004–05, an estimated 119,000 Aboriginal and Torres Strait Islander children lived with a regular smoker. This represents two-thirds of all Indigenous children aged 0–14 years. In comparison, around one-third of non-Indigenous children aged 0–14 years lived with a regular smoker. Indigenous children are three times as likely to live in households with a regular smoker, or a smoker who smoked at home indoors, as non- Indigenous children.

A tobacco control and smoking cessation policy should provide guidance, assistance and reference subsidisation initiatives for school staff, leaders, mentors, volunteers and other relevant role models to give up smoking. It is also important that these role models actively encourage children and young people to value themselves, be healthy and smoke free. The tobacco control and smoking cessation policy should also link with Aboriginal Medical Services and other health providers to help deliver and develop smoking message in conjunction with a range of health promotion messages which are culturally appropriate and in relevant languages.

The policy should include regular child health checks (such as the annual ones proposed in the ACT jurisdictional plan) as part of an Indigenous child's education. This should include an assessment as to whether the child is smoking or if their health is being impacted on by smokers. If an Indigenous child is found to be a smoker, or their health is found to be adversely affected by parental or household smoking, a range of interventions could be considered in conjunction with health services.

There is a need to consolidate efforts through a real partnership across all governments and government agencies with Indigenous people (at the centre) to ensure equality in health and life expectancy outcomes between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

I appreciate the opportunity to comment on the Plan and I encourage you to seriously consider the inclusion of a tobacco control and smoking cessation policy in the Plan.

If I can be of any further assistance in the development of a policy do not hesitate to contact me and I look forward to the final Plan and its recommendations for improving Indigenous education over the next four years.

Yours sincerely

Tom Calma
National Coordinator – Tackling Indigenous Smoking
3 March 2010

THE HON WARREN SNOWDON MP
Minister for Indigenous Health, Rural and Regional Health and Regional Services Delivery

17 February 2010

New National Coordinator to Tackle Indigenous Smoking

Minister for Indigenous Health Warren Snowdon today announced high profile leader Mr Tom Calma has been engaged as the inaugural National Coordinator for Tackling Indigenous Smoking.

Mr Calma was most recently the Aboriginal and Torres Strait Islander Social Justice Commissioner from mid-2004 until early 2010 and has been Chair of the Close the Gap Steering Committee for Indigenous Health Equality since its inception in March 2006.

"Tom Calma will bring a wealth of experience, excellent advocacy skills and a strong personal commitment to the role. He has been involved in Indigenous affairs at a local, community, state, national and international level and worked in the public sector for over 35 years," Mr Snowdon said.

The role of the National Coordinator for Tackling Indigenous Smoking will be to:

- Lead and mentor the tackling smoking workforce being established under the Federal Government's $100 million COAG Tackling Smoking initiative to reduce the incidence of tobacco smoking in Indigenous communities
- Provide advice and insights which assist to shape policy and program directions in Indigenous tobacco control
- Play a key role in evaluating the Federal Government's $14.5 million *Indigenous Tobacco Control Initiative* to ensure successful pilot programs are translated into improved services on the ground
- Advocate the importance of, and best practice approaches to, reducing smoking in Indigenous families, communities and workplaces.

Mr Snowdon said the role was formed as part of the historic $1.6 billion Council of Australian Government's (COAG) agreement to Close The Gap in Indigenous Health Outcomes National Partnership Agreement.

"The Commonwealth is investing $100.6 million in the *tackling smoking* measure and the engagement of the national coordinator is one of the first milestones of the measure.

"Smoking is a major contributor to the life expectancy gap between Indigenous and non-Indigenous Australians. Tobacco smoking alone is responsible for 20 per cent of all deaths for Aboriginal and Torres Strait Islander people," Mr Snowdon said.

Mr Calma said the role that he will play as National Coordinator will build on and synergise with the work of the Close the Gap Campaign and member organisations.

“This includes working with the Aboriginal community controlled medical services to reach our people wherever they live and creating an environment where all parties working on the challenge of smoking cessation, work collegiately and strategically.

“I am honoured to be appointed to the National Coordinator position and I look forward to working with all parties to make a difference.

There are many challenges least of which will be working with Aboriginal and Torres Strait Islander communities and individuals to develop the strategies and interventions to tackle smoking addiction,” Mr Calma said.

Further background on Tom Calma:

Mr Calma 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 Northern Territory.

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