

# Oceania Tobacco Control Conference Report 2009

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## Key Outcomes:

- Raising tax on tobacco is an immediate issue we have a real chance of effectively advocating to Governments on – on both sides of the Tasman at present
  1. In Australia the time is right as the Preventative Health Task Force report is due in December, and submissions and meetings can enlist the growing public support on this issue.
  2. In New Zealand as the Māori Affairs Committee make their Inquiry into the Tobacco Industry's impact on Māori, there is a chance for members of the Coalition, researchers, health professionals, community groups and DHBs to make submissions that can place this issue and its effectiveness in front of parliament and media.

Emphasis on the supply side of the endgame planning was evident, and it was understood endgame planning itself was of key importance directly following the immediate tax and display campaigns now issuing.

- Social development is key to improving cessation rates: sure we are a community primarily working in the health sector, but quitting rates do not improve greatly in our lower socioeconomic smokers, our Māori and Pacific clustered communities, and our mental health patients, UNLESS we implement the programmes that shift the focus and broaden the desired outcomes of their socioeconomic and isolated conditions. Programmes focused on the wider issue of social condition take longer to implement, and results are seen to be effective in the long term, not the short term.
- The broad and general statistics paint national pictures but some of that isolated condition of low socioeconomic smokers is LOST unless we drill down into our research results. Researchers MUST go deeper to find true rates for isolated clustered communities where situations for smoking cessation is DIRE. The smallest studies can in fact tell us much:

The most local programmes, evaluated well, might make the most positive differences for targeting a specific remote community where smoking is still the NORM and quitting is widely thought impossible throughout the community.

## Youth Advocacy:

1. Parents DO make a difference, not so much as role models but as boundary setters and influential expectation setters. Parents must be encouraged for their leadership capability.
2. Peers make the most difference when it comes to social contagion.
3. Youth advocacy has a great effect when it takes the 'BY Youth FOR youth' approach pervasive in Māori programmes.

## Frameworking and Use of Language:

- Maybe it was the fact that I'd taken Riri Peti Haretuku, from HSC, out for coffee before I left that I was especially aware of frameworks at the conference. Riri introduced me to a matrix model of action for Te Reo Marama's restructuring, which she was working on for the purposes of building a better Māori coalition. Once a map was laid out of our coalition members and their tobacco control activities, large gaps still existed when it came to Māori and Pacific people, she argued...
- Ron Borland's Systems Theory approach presented an over-arching perspective of all the roles and relationships taking place between the key players of tobacco products – their producers and their consumers. Borland's model shows the difficulty we have as advocates for resistance, with no direct inroads toward the distribution channels between the industry and the suppliers. I plan to take more of a look at Borland's model, because it too looks like a matrix the Coalition can work against.
- Michelle Scollo brought back older network models of social contagion, challenging us to think of cessation in group terms. She used tipping point jargon and inspired me to explore framing New Zealand's priority groups – ie, Māori, Pacific, pregnant women, and in terms of preventing uptake, youth -as clustered communities that could respond well to a network method of cessation service.
- Heather Gifford has gone that step further with her iwi-based program in Whanganui, a program that incorporated the most impressive framework of the conference, for me. She apologised that it looked difficult, but only because it was comprehensive: as it turned out, it was the exact framework Karen Evison, of the Ministry of Health, was using for explaining the strategies in place to improve communications between the public and the health systems up and down the country. Note to self: when presenting proposals to MOH list inputs, list activities, then list desired outcomes in three phases – short, mid and long term.
- It was fantastic to meet Australia's ASH members, who tackled in various conference sessions the movement's use of language. "Tobacco Control" is old, not sexy enough, Stafford Sanders said. A reason New Zealand has its edge on Australia in this movement is because we're already using 'freedom' in our vision statements. Anne Jones emphasised the shared communication strategy between Australia and New Zealand on our shared priorities, and recommended a resolution for Australian Tobacco Control groups to invite the Māori Party to Australia to share inspiration on the issue. Richard Edwards, Head here of the Department of Public Health at Otago School of Medicine presented our need to framework tobacco arguments in terms of POISON – not as a health issue, not as a commodity – when presented in terms of poison the issue and the message is simplified and might cut through the time it takes to push legislation where it needs to go.

### **Staying Grounded:**

I personally feel obligated to bring home the message expressed a number of times at this conference with its focus on inequalities. It's so relevant for us as advocates, researchers, health workers, who face a daily grind of management and administrative affairs while trying to keep abreast of a programme's evaluation, or up with the latest reports and findings etc. Meanwhile we're also implementing pilot programmes for cessation, or navigating funding rounds for research, or strategising advocacy to the MPs while juggling a media release. In the end, the focus on helping real people who smoke can be lost sight of.

But these people are in pain. Family members are dead and dying. Whole communities are feeling powerless to stop this pervasive condition for themselves, or to be able to even prevent their kids from eventually doing it too. In some remote areas in both New Zealand and Australia, death and terminal illness is a day to day reality, and the grief and hopelessness is not something they can shelve for the sake of attending conferences. Brave representatives brought their people's grief and pain right to the roundtable, and shared it candidly. That reality can be easy to forget for some of us as our movement gains new momentum and excitement around achievable goals within a ten year endgame. This work we do, we have to remind ourselves, must humble us as we make our ground. It will never make up for those lives lost, ever. I've heard it's a thankless job, this one I've walked into, but at the conference I realised for the first time that appreciation is for me to realise, not receive.