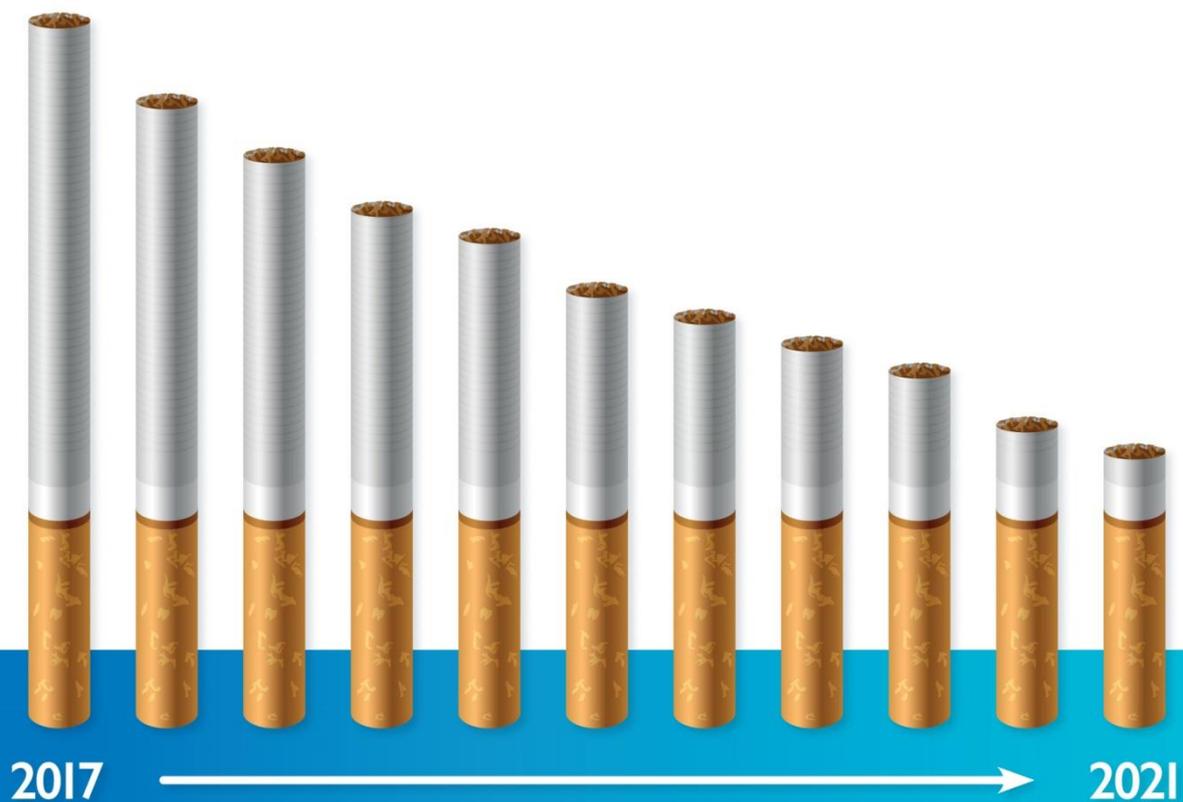


# TASMANIAN TOBACCO CONTROL PLAN

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## 2017–21



Prepared by the Tobacco Control Coalition

Endorsed by the Interagency Working Group on Drugs and  
the Secretary, Department of Health and Human Services (2017)

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## Foreword

Tasmania continues to have the second highest rate of daily smokers in Australia at 17.9 per cent, compared with 14.5 per cent nationally.

While these rates have decreased significantly over the last decade, there is still more work to be done.

We must continue to work together in order to further reduce smoking rates and improve health outcomes for the Tasmanian community.

Addressing smoking rates is an important priority for the Tasmanian Government. Through its *Healthy Tasmania Five Year Strategic Plan* (Healthy Tasmania), the Tasmanian Government has set an ambitious target to reduce the Tasmanian smoking rate to 10 per cent by 2020 and to five per cent by 2025.

Under Healthy Tasmania, the Tasmanian Government is targeting action towards those who supply tobacco, and education and marketing to help people quit.

However, in order to achieve the target set it will be necessary for action to be taken by everyone with an interest in reducing tobacco related harm.

The *Tobacco Control Plan 2017-21* is accordingly a plan for action by all sectors and levels of government. It highlights the opportunities for working in existing and new partnerships in recognition of the substantial evidence that health prevention action is more effective when it is integrated and comprehensive.

The Tobacco Control Plan recommends actions based on the best available evidence that can be taken over the next five years. These actions have been informed by the national and international evidence base for reducing tobacco related harm.

They were developed by the Tobacco Control Coalition through a series of consultations and workshops held during 2016 in collaboration with a number of additional stakeholders who also have expertise in health and tobacco control.

The Tobacco Control Coalition is made up of members with expertise in tobacco control issues, and it brings together government and non-government sectors to provide informed advice to reduce the harms from tobacco in Tasmania.

I would like to thank the members of the Tobacco Control Coalition for their hard work and commitment to the development of the Tobacco Control Plan.

I commend the Tobacco Control Plan as an important guide to action over the next five years.

I have no doubt that it will be a valuable resource for us all as we strive to further reduce the harms caused by tobacco on fellow Tasmanians and the Tasmanian community.

Michael Pervan  
Secretary, Department of Health and Human Services

# The Plan

The *Tasmanian Tobacco Control Plan 2017-2021* provides clear direction to further reducing tobacco use and its harms through actions that all sectors and levels of government can take over the next five years.

## The goal

To improve the health, social and economic wellbeing of all Tasmanians by reducing the prevalence of tobacco use and smoking, and the inequalities it causes.

## The problem

Tobacco use remains the single greatest preventable cause of death and disease in Australia.

It contributes to more deaths and hospitalisations than alcohol, illicit drug use, road vehicle accidents and injuries combined.<sup>1</sup> It is a major risk factor for coronary heart disease, cancers, stroke, peripheral vascular disease and other diseases and conditions.

Recent Australian research suggests that up to two thirds of people who smoke will die from their tobacco use if they continue to smoke.<sup>2</sup>

In Tasmania, an average of 502 Tasmanians die each year from smoking.<sup>3</sup>

Tobacco use harms not only the individual who smokes but also those exposed to second-hand smoke. For health, social and economic reasons, it is important we strengthen efforts to reduce tobacco smoking.

Although fewer adults smoke and fewer young people are taking it up, smoking levels in Tasmania still remain significantly higher than the Australian average.

This is a challenge to which we need to respond by being innovative, setting ambitious goals and maintaining evidence-based, population-wide approaches we know work.

## Building on past success

The Tobacco Control Plan builds on the work of previous plans and actions at the state, national and international level that reduce tobacco use.

During the period of the *Tasmanian Tobacco Action Plan 2011-15*, smoking for adults fell from 21.7 per cent in 2011-12 to 18.9 per cent in 2014-15.

Social norms around smoking changed for the better and a coalition of support on ideas to end tobacco use developed through greater engagement with the medical and education community.

There was also high level of compliance with tobacco control laws by retailers and the general public.

Nationally, the *National Tobacco Strategy 2012-2018* was developed to guide tobacco control policy across Australia. Staged increases in tobacco product excise were implemented and in a world first, plain packaging of tobacco products was introduced with new graphic health warnings.

## Challenges and opportunities

Despite this decline, Tasmania has the second highest smoking rate in Australia and will continue to face many significant challenges for tobacco control during the life of this plan.

These include:

- achieving reductions in smoking rates for some population groups
- adapting quickly to the changing media environment to communicate smoke free messages
- tobacco still widely available and commonplace despite it being a restricted product
- ensuring adherence to Australia's obligations under article 5.3 of the Framework Convention on Tobacco Control, which requires parties to protect tobacco control policies from commercial and other vested interests of the tobacco industry.

Actions recommended in the Tobacco Control Plan will address these and other challenges.

## Priorities for action

The Tobacco Control Plan is a guide to action all sectors and levels of government in Tasmania can take over the next five years.

There are four key areas for action:

1. Encourage and help all people who smoke to quit for good.
2. Prevent smoking uptake and de-normalise tobacco use.
3. Reduce smoking by high prevalence groups.
4. Strengthen and integrate the evidence base

For each action area, recommendations are drawn from latest state, national and international evidence for reducing tobacco harm.

Recommendations are also influenced by the guiding principles outlined in Appendix 1 and various international, national and local strategic frameworks outlined in Appendix 2.

The plan includes a mix of existing actions being undertaken and recommended to continue.

It also recommends some new directions including:

- a focus on encouraging and helping population groups with high smoking rates to quit for good
- removing all visual cues that tobacco is sold in retail shops
- reducing access to and the retail availability of tobacco
- helping tobacco retailers voluntarily transition away from selling tobacco
- advocating for regulation of tobacco product contents and engineering
- better use of evidence with improved evaluation and monitoring.

## Working in partnership

Tobacco control is a shared responsibility and everyone has a role to play.

Actions to address tobacco use in Tasmania have in the past received support from all political parties. There are also existing partnerships with federal, state and territory governments and the non-government sector.

A highlight of this plan is that many of the actions recommended seek to move beyond traditional partnerships with health agencies and organisations, and more actively engage with others such as local communities, education and retail sectors.

The Tobacco Control Plan has been prepared by the Tobacco Control Coalition, set up by the Department of Health and Human Services to guide and inform the Tasmanian Government on tobacco action in Tasmania.

Its membership includes government and non-government members with expertise and experience in tobacco control.

The Tobacco Control Coalition will set up working groups to progress specific actions.

These will develop and expand partnerships with those who want to make a difference.

Working groups will include evaluation, smoke-free young people and population groups with high smoking prevalence.

# Snapshot of Tobacco use in Tasmania

## Smoking status of adults

In 2014-15:

- 18.9 per cent were current smokers
- 33.8 per cent were ex-smokers
- 46.8 per cent had never smoked.

Current smokers are people who smoke both daily and occasionally.

18.9 per cent compares to 16 per cent nationally and equates to 74 100 Tasmanians.

Over time there has been a clear upward trend in the proportion of people who have successfully quit smoking.

## Smoking status by gender

In 2014-15:

- 21.8 per cent of adult males were current smokers
- 16.8 per cent of adult females were current smokers.

Tasmanian males continue to smoke more than females, although rates for both are declining.

## Smoking status by age

In 2014-15 current smokers by age groups were:

- 24.5 per cent of 18-24 year olds
- 23.8 per cent of 25-34 year olds
- 28.7 per cent of 35-44 year olds
- 21.5 per cent of 45-54 year olds
- 17.3 per cent of 55-64 year olds
- 4.5 per cent of 65 year olds and over.

Tasmanians are less likely to be current smokers as they get older. The highest smoking rate is in the 35 to 44 age group at 28.7 per cent which compares poorly to 18.3 per cent nationally.

## Smoking status by secondary school students

Of 12 to 17 year old students in 2014:

- 6 per cent were current smokers, this compares to 5.1 per cent nationally
- 77 per cent had never smoked a cigarette.

Current smokers are students who have smoked a cigarette in the seven days prior to the survey.

Surveys of Tasmanian secondary school students have been conducted every three years since 1984 and rates in 2014 are the lowest ever recorded.

The prevalence of students that have never smoked a cigarette is on an upward trend.

# Action Area I

## Encourage and help all people who smoke to quit for good

Quitting smoking can be a difficult and challenging process. This is because the nicotine in cigarettes is highly addictive. To quit successfully, people who smoke need to change many entrenched smoking behaviours while also dealing with nicotine withdrawal. This is why many people who smoke need to be encouraged and supported to quit.

There are around 74 000 adults and 2 200 secondary school students that smoke in Tasmania. A focus on prompting quit attempts and providing support remains a high priority.

The evidence for the effectiveness of media campaigns to prompt quit attempts is strong.<sup>4 5</sup> Campaigns also prompt discussion about tobacco use, influence uptake by young people and are shown to prevent relapse by ex-smokers.

In recent years, campaigns have adapted to changing communication and social marketing formats, particularly digital and social media. Although television continues to be the primary and most effective medium to promote anti-smoking messages, opportunities exist to deliver messages in different ways.

Healthcare workers are well placed to prompt quit attempts by providing encouragement and support to quit. Continued investment in training to ensure brief interventions and referral to cessation support services are delivered as part of routine care is needed along with a renewed effort by health managers and the Tasmanian Health Service to ensure this occurs.

Increasing prices of tobacco products is another strong prompt for quitting.

For all these actions, support services are needed as quit attempts are more successful with professional help such as counselling support and pharmacotherapy.

### RECOMMENDED ACTIONS

- 1 Deliver media campaigns of at least 700 TARPs a month to increase public awareness about the health risks of smoking and prompt quit attempts.
- 2 Use and adapt quickly to changing media and communication channels to promote quit and smoke free messages.
- 3 Ensure healthcare workers conduct brief interventions with all clients and have the skills and knowledge to provide cessation support.
- 4 Increase brief interventions and referrals by healthcare workers such as by establishing contract performance indicators in service agreements and investigate opportunities to increase the Commonwealth activity based funding model.
- 5 Ensure awareness and access to best practice cessation treatments and services, including the Quitline, group programs at work and in the community, pharmacotherapy and non-clinical self-help supports such as phone apps and websites.
- 6 Support and advocate for increases in the tobacco product excise.

## Action Area 2

### Prevent smoking uptake and de-normalise tobacco use

Social norms and community attitudes to smoking are changing for the better. Significant progress has been made to reshape social norms about tobacco use but there is still a way to go. This has mostly been achieved through strong laws that restrict the promotion of tobacco products and their use in public areas.

Tobacco control strategies in Tasmania have generally focussed on reducing demand rather than supply. Addressing supply is important as the widespread availability of tobacco may contribute to inequalities in smoking prevalence in some local areas.

The promotion of a smoke-free lifestyle through education and health promotion is also a critical part of reducing smoking uptake and ensuring our young Tasmanians grow up tobacco free.

The tobacco smoking landscape has changed with the emergence of alternative products such as personal vaporisers (commonly known as electronic cigarettes) for which the evidence of their safety and effectiveness is not yet known. There is considerable concern about their potential role in the re-normalisation of smoking and uptake by young people.

#### RECOMMENDED ACTIONS

- 1 Continue to monitor and enforce laws that restrict exposure to second-hand smoke, access to and the promotion of tobacco products.
- 2 Strengthen existing laws on how tobacco is sold such as licensing, removing visual cues that tobacco is sold in shops and reducing access and retail availability.
- 3 Help retailers transition away from selling tobacco.
- 4 Encourage the creation of new smoke-free areas by local councils using existing laws such as by applying smoke-free restrictions in outdoor dining areas at all times.
- 5 Regulate access, display and use of alternative tobacco and nicotine delivery products, such as personal vaporisers.
- 6 Influence young people to be smoke-free, such as by promoting the *Smoke Free Generation – Be a Part of It!* messages and resources, and the idea of a tobacco free generation.
- 7 Advocate for regulation of tobacco products, such as cigarette engineering, reducing nicotine content and the elimination of filter ventilation and additives.

## Action Area 3

### Reduce smoking by high prevalence groups

Media campaigns, price increases and legislation to restrict access and promotion all contribute to declines in smoking among the general population.

However, if we were to focus on population-wide approaches only, smoking could be reduced but the gaps between some population groups will widen. This is because the burden of smoking lies most heavily in some groups of people who need targeted actions.

Population groups who smoke most to be targeted as a priority are:

**Pregnant women**                      Around one in seven Tasmanian women report smoking during pregnancy (14.3 per cent in 2014) with the rate much higher for those under 20 years old at one in every three (34.9 per cent in 2014).<sup>6</sup>

**Middle aged males**                      Around one in every three males aged 35 to 44 smoke (35.7 per cent in 2014/15). This is the age-group who smoke most in Tasmania and we compare poorly to the national rate (of 22.2 per cent).

**Young people**                              Most people who smoke take it up before the age of 25, predominantly during their teenage years. Very few take it up after the age of 25. Smoking rates for Tasmanian students have fallen in recent years to the lowest recorded at three per cent for 12 to 15 year olds and 13 per cent for 16 to 17 year olds.<sup>7</sup> However, smoking among 18 to 24 year olds is around 24 per cent.<sup>8</sup>

### Aboriginal and Torres Strait Islander peoples

Smoking by Indigenous Tasmanians is very high with two in five aged 15 years and over reporting smoking daily (37.7 per cent).<sup>9</sup>

### People experiencing mental ill-health

Nationally, people with high or very high psychological distress are twice as likely (31 per cent) to smoke as those with low or moderate psychological distress (16 per cent).<sup>10</sup>

Smoking among people with mental ill health in Tasmania is uncertain.

Many barriers to quitting for people experiencing mental ill-health are largely based on misconceptions. It is important to acknowledge they can become smoke-free without worsening mental health conditions.

### People from low socio economic areas

Smoking is more common among Tasmanians who live in areas of greatest disadvantage at 23.4 per cent compared to 7.6 per cent in the least disadvantaged.<sup>11</sup>

Other at-risk populations we may need to target, depending on evidence and need, include people with substance use issues, disabilities, culturally and linguistically diverse and Lesbian, Gay, Bisexual, Transgender and Intersex communities.

Reducing gaps for those groups who smoke more than the general population is a priority.

We will need to improve integration of smoking cessation support into the routine care provided by staff who work with each of the groups with high smoking rates,.

This includes identifying those who smoke, help with quitting and follow-up.

This would be best achieved through a coordinated and shared approach across all targeted groups.

Engagement with people who smoke is also critical for the success of this action area.

## **RECOMMENDED ACTIONS**

- 1 Establish a working group to focus on cessation for groups with high smoking prevalence groups that will:
  - share information and evidence
  - create partnerships
  - ensure consistent messaging
  - engage with people who smoke, local communities and councils
  - promote Quitline services and the Community Services Workers Toolkit.
- 2 Respond to demand in the healthcare sector for increased one-on-one intensive cessation support, such as for clients experiencing mental ill-health and pregnant women – particularly those under 20 years old.
- 3 Provide specialised education for workers in the health and community sector who work with pregnant women.
- 4 Provide and promote options for young people in schools and where youth gather to quit smoking, such as continued development and promotion of the Smoke Free Generation – Be a Part of It! website and self-help resources.
- 5 Ensure media campaign messages and placement target people on low incomes and middle-aged males, wherever possible.
- 6 Recognise Aboriginal community control and empowerment as a key factor in successful tobacco control.

## Action Area 4

### Strengthen and integrate the evidence base

The actions in the Tobacco Control Plan are underpinned by the best available evidence. Where evidence does not yet exist or is unclear, actions are guided by the best available information.

The Tobacco Control Plan recommends robust evaluation to ensure the most effective action is taken. This is important as it will help Tasmania contribute to future evidence, particularly for new and innovative policies.

It is particularly important that interventions targeting population groups where smoking is common, are continually evaluated and based on best evidence.

Where new interventions are effective, it is important to capture our findings to add to the evidence.

This can then be used to support future decisions on how and where to act.

### RECOMMENDED ACTIONS

- 1 Prepare a *Tobacco Action Evaluation Plan* to:
  - set and monitor targets, particularly for groups where smoking is common
  - guide the need for economic and cost/benefit analyses
  - expand data such as tobacco and electronic cigarette sales volumes
  - increase access to data such as by partnering with the Tasmanian Data Linkage Unit.
- 2 Develop capacity across government and non-government sectors to conduct research and evaluation.
- 3 Further develop partnerships to expand and build on existing research and to identify new opportunities for Tasmanian based research.
- 4 Advocate for sustainable and adequate sampling for Tasmania in relevant surveys such as the National Health Survey and Australian Secondary Students Alcohol and Drug Survey.

## Monitoring and Reporting

The Tobacco Control Coalition will monitor and report on progress in 2019 and review recommendations as required.

The progress report will be guided by the *Tobacco Action Evaluation Plan* and based on suitable indicators to gauge progress.

Progress will be measured against the targets established in Healthy Tasmania and any new indicators recommended in the *Tobacco Action Evaluation Plan*.

# Appendix I: Guiding Principles

The Tobacco Control Plan is underpinned and guided by the following principles:

## 1. Population-wide Approach

These are approaches that target the health of an entire population. They are usually more effective, less costly and more sustainable than measures or interventions that target individuals.

## 2. Evidence Based

Strategies will be informed by the best available evidence from scientific methods and critical evaluation.

## 3. Social, Economic and Environmental Factors that influence Health

The conditions in which people are born, grow, live, work and age shape the conditions of daily life which can impact on a person's chances of maintaining good health.

Considering these conditions can lead to improvements in health status experienced by certain groups of people.

## 4. Equity

While population-wide approaches are effective, if we were to focus on these only, our work could reduce smoking rates but still widen the gaps between some population groups for whom the burden of disease and disadvantage is particularly high.

Extra effort is needed to ensure equity so that no one experiences poor health and wellbeing because of unfair and avoidable disadvantage.

## 5. Community Engagement and Capacity Building

This recognises communities are best positioned to understand their particular circumstances and should be engaged in ways that enable them to actively contribute to their health needs.

## 6. Collaboration

This recognises that policy outcomes are best achieved when sectors work together to make better use of collective skills and resources to achieve a common outcome.

This includes government, non-government, community and business sectors and is reflected in the whole-of-government and partnership approach outlined in the Healthy Tasmania Five Year Strategic Plan.

## 7. Innovation

Advocacy for new ideas is to be supported and encouraged, particularly if it builds on the evidence base and complements what already works.

## Appendix 2: Related Strategic Directions

The Tobacco Control Plan is influenced by various international, national and local strategic frameworks and policies such as:

### 1. Framework Convention on Tobacco Control (FCTC)

This is a global public health treaty that was developed by the World Health Organization to advance international cooperation to protect present and future generations from the ill-effects of tobacco use.<sup>12</sup>

Australia became a signatory in 2004 and reports to the FCTC on progress to implement the convention every two years. This plan aims to be consistent with the FCTC.

### 2. National Tobacco Strategy 2012-2018

This sets out a national framework to reduce tobacco-related harm in Australia.<sup>13</sup>

Tasmania had input into the development of the Strategy and its nine priority areas being:

1. Protect public health and tobacco control policies from tobacco industry interference
2. Strengthen mass media campaigns
3. Continue to reduce the affordability of tobacco products
4. Bolster and build on existing programs and partnerships to reduce smoking rates among Aboriginal and Torres Strait Islander people
5. Strengthen efforts to reduce smoking among populations with high smoking prevalence
6. Eliminate remaining advertising, promotion and sponsorship of tobacco products
7. Consider further regulation of contents, product disclosure and supply of tobacco products and alternative nicotine delivery systems
8. Reduce exceptions to smoke free workplaces, public places and other settings
9. Provide greater access to a range of evidence-based cessation services and supports to support smokers to quit.

### 3. Healthy Tasmania Five Year Strategic Plan

This is the Tasmanian Government's plan for how individuals, communities and government can work together to ensure people stay healthier for longer.<sup>14</sup> It has four priority areas, one being smoking with a range of actions focussing on enforcement, education and marketing to help people quit.

#### 4.State of Public Health Report

This is a report to the Tasmanian Parliament that is required by the Public Health Act 1997 every five years.<sup>15</sup> It provides an appraisal of trends in performance across public health and makes recommendations as required to promote and improve the health status of Tasmanians.

The next report is due in 2018.

#### 5. Everybody's Business

This is the Tasmanian Government's strategic framework on prevention and early intervention that seeks to address the complex underlying causes of substance use relating to alcohol, tobacco and other drugs.<sup>16</sup>

It intends to broaden the focus beyond traditional education, law enforcement and justice responses by advocating strategies and approaches that cut across multiple sectors.

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