Tasmanian Tobacco Action Plan

2011-2015

Department of Health and Human Services

Tasmania
Explore the possibilities

Prepared by the Tobacco Coalition, 2010

Endorsed by the Alcohol, Tobacco and Other Drugs Steering Committee, the Inter Agency Working Group on Drugs and the Minister for Health

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Executive Summary

Tobacco smoking remains the single greatest preventable cause of ill health and death in Australia. The prevalence of smoking in Tasmania remains higher than the national prevalence.

Internationally, the WHO Framework Convention on Tobacco Control (FCTC), to which Australia is a signatory, provides a strategic framework for global cooperation in the fight against tobacco and its harms.

At a national level, the National Partnership Agreement on Preventive Health (NPAPH) identifies prevention of tobacco consumption as a key strategy for improving the health and well being of Australians. Also at the national level, the National Partnership Agreement on Indigenous Health has a focus on reducing smoking in the Aboriginal and Torres Strait Islander population, through social marketing and development of culturally appropriate activities.

The *Tasmanian Tobacco Action Plan 2011-2015* (the Plan) is a key strategy under the *Tasmanian Drug Strategy,* which provides a framework for a whole-of-Government mechanism for developing drug policy, to work co-operatively across all levels of government and the community and to form effective partnerships with all stakeholders in addressing the problems associated with tobacco, alcohol and other drug use. The *Tasmanian Drug Strategy* is currently under review. Tobacco issues are also addressed under the *Alcohol, Tobacco and Other Drugs Future Services Directions Plan 2008-2013*.

At a state level, Tasmania *Together* recognises smoking as a key area of concern in the promotion of 'healthy lifestyles'.

This Plan sets out the Government's commitment to the prevention and reduction of tobacco related harm in Tasmania. It builds on the achievements of the first *Tasmanian Tobacco Action Plan 2006-2010* particularly the legislative reforms contained in the *Public Health Act 1997* and the 2008/9 budget commitment to improve the coordination of cessation services and increased social marketing campaigns. It also continues to incorporate the goals and targets of Tasmania *Together* on tobacco issues and commits to the NPAPH benchmarks which aim to achieve the long-term goal of 10 per cent smoking prevalence by 2020.

The goal of the Plan is 'to significantly improve the health of Tasmanians by reducing the harm caused by tobacco in all its forms' by:

1. Preventing uptake of smoking
2. Encouraging and assisting as many people who smoke to quit as soon as possible
3. Eliminating harmful exposure to tobacco smoke among non-smokers
4. Reducing harm associated with continuing use and dependence on tobacco and nicotine
5. Reducing prevalence of smoking in Tasmania to 10 per cent by 2020.

This will be achieved through the implementation of strategies and activities in the following Key Action Areas:

1. Tackling social determinants
2. Prevention, cultural change and community ownership
3. Public policy, legislation and regulation
4. Social marketing and promotion of smoke free messages
5. Early intervention and cessation
6. Research, evaluation, monitoring, surveillance and reporting

Implementation of this Plan is supported by the Tobacco Coalition, a group of stakeholders from government and non-government sectors with a commitment to reducing smoking prevalence in Tasmania (*see Appendix A)*. The successful implementation of the plan is dependent on effective partnerships and collaboration between members of the Tobacco Coalition and broader stakeholders in the community.

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1 Introduction

Tobacco smoking remains the single greatest preventable cause of ill health and death in Australia. It contributes to more hospitalisations and deaths than alcohol and illicit drug use combined and is a major risk factor for coronary heart disease, stroke, peripheral vascular disease, cancer and a variety of other diseases and conditions[1].

Smoking causes twice as many deaths as alcohol,[2] and has been conservatively estimated to kill about one half of all persistent users[3]. The most recently available data show that between 2003 and 2007, an average of 568 Tasmanians died each year due to tobacco use[4].

Tobacco use costs millions of dollars each year in health expenditure alone. In 2004/5 Australia spent around $1,836 million on tobacco related health care. Further, tobacco use accounted for $31.5 billion in social costs, 56.2 per cent of the total social costs of all drug use for the same period[5]. The social cost of tobacco rose by 23.5 per cent during the period 1989/90 to 2004/5 despite smoking prevalence falling steadily, due to the lagged effect of past smoking on health care and the workforce. Current medical evidence indicates that young people bear the highest proportion of morbidity and mortality attributable to exposure to environmental tobacco smoke[6].

1.1 Tobacco Use in Tasmania

Smoking prevalence amongst Tasmanian adults remained relatively stable in the period 1995 to 2005 despite the national trend towards a decrease in prevalence. The 2007/8 National Health Survey (NHS) revealed a Tasmanian adult smoking prevalence of 24.9 per cent. This includes people who smoke daily (23.3 per cent) and those who smoke occasionally (1.6 per cent)[7]. In comparison, smoking prevalence was 25.4 per cent in 2004 and 24.4 per cent in 2001.

The NHS 2007/8 data revealed alarming smoking prevalence amongst young Tasmanians with 40.5 per cent of people aged 20-24 smoking compared to 20.6 per cent nationally[8]. When disaggregated by age and gender, daily smoking prevalence is higher amongst young Tasmanian women aged 15-19 years and 20-24 years than amongst males in the same age groups. Disturbingly, 47.5 per cent of Tasmanian women aged 20-24 years smoke, more than twice the national smoking prevalence (19.5 per cent) for women of the same age group.

In 2009, the Menzies Research Institute in conjunction with the Victorian Department of Health conducted the Tasmanian Population Health Survey (TPHS) using Computer Assisted Telephone Interview (CATI). 6139 Tasmanians participated in this survey. The results indicated a smoking prevalence of 21.1 per cent amongst Tasmanian adults[9]. While these results indicated lower prevalence from the NHS 2007/8 survey, caution must be used when making comparisons due to the different data collection methods used. The NHS uses face-to-face interviews, while CATI surveys use landlines which may have an impact on participation by those who only have mobile phones but who may also be more likely to smoke, such as young people. Research evidence also suggests that young adults under report smoking in telephone interviews when compared to face-to-face surveys[10].

Smoking prevalence amongst Tasmanian Aborigines is consistently higher than amongst the overall Tasmanian population. National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) 2008 results showed 44.5 per cent of Tasmanian Aborigines aged 15 years or older were current smokers[11]. This suggests a decline in smoking prevalence from the 2004/5 NATSIHS level of 50 per cent[12]. The TPHS 2009 revealed that 41.7 per cent of Tasmanian Aborigines, aged 18 years and older smoked daily, suggesting a further decline in smoking prevalence. However as discussed above, comparisons between face-to-face interviews and CATI survey data should be interpreted with caution.

In 2008, the Tasmanian component of the Australian Secondary Schools Alcohol and Drug (ASSAD) Survey found 9 per cent of Tasmanian school students aged 12 to 17 years were current smokers, that is, they had smoked cigarettes in the week prior to the survey[13]. This represents a decrease from the previous survey in 2005 which found 12 per cent of 12 to 17 year olds to be current smokers[14].

In 2008, the proportion of current smokers increased steadily between the ages of 12 (0 percent) and 17 (19 per cent) and on average, 25 cigarettes per week were consumed. Around one third of students had smoked at least part of a cigarette in their lifetime and the experience of smoking increased with age; only 17 per cent of 12-year olds said they have ever smoked compared to 51 per cent of 16-17 year olds.

Female students aged 12-15 years old were more likely to have smoked than males of the same age but no gender differences were found amongst older students. Amongst 12-15-year olds, smoking prevalence declined significantly from 11 per cent in 2005 to 5 per cent in 2008 but appears to have increased in the 16-17 age groups from 14 per cent in 2005 to 17 per cent in 2008 (although not statistically significant). When asked to describe their own smoking, 86 per cent considered themselves to be non smokers. Overall smoking prevalence among 12 to 17 year olds has declined significantly since 1984 for both male and female students[15].

Alarmingly, a large number of Tasmanian women continue to smoke during pregnancy. In 2007, 28 per cent of Tasmanian women smoked during pregnancy. Smoking prevalence was highest amongst the youngest mothers with 55 per cent of women aged less than 20 years and 44 per cent of 20-24 year olds continuing to smoke through pregnancy[16]. The high rate of smoking by women of child bearing age is a major concern for the health and wellbeing of both the mother and unborn child. Maternal smoking is associated with increased risk of stillbirth, premature birth and low birthweight[17]. Low birthweight is also a significant risk factor for cardiovascular disease, type 2 diabetes and kidney disease later in life[18].

1.2 Goal

The goal of this Plan is '*to significantly improve the health of Tasmanians by reducing the harm caused by tobacco in all its forms*' by:

1. Preventing uptake of smoking
2. Encouraging and assisting as many people who smoke to quit as soon as possible
3. Eliminating harmful exposure to tobacco smoke among non-smokers
4. Reducing harm associated with continuing use and dependence on tobacco and nicotine
5. Reducing prevalence of smoking in Tasmania to 10 per cent by 2020.

The Plan will build on the key achievements of the previous plan (2006-2010) and develop strategies to ensure progress towards these goals.

1.3 Guiding Principles

To achieve the goal of '*significantly improving the health of Tasmanians by reducing the harm caused by tobacco in all its forms*', this Plan will be underpinned by the following principles:

- **Evidence based** – wherever possible, strategies will be informed by the best available evidence gained from scientific methods and critical evaluation. This is to ensure that only the best models and/or interventions are used to produce improved outcomes.

- A **population health** approach – this aims to improve the health of an entire population by reducing health inequalities among population groups. This can be achieved by addressing the social determinants of health, being the conditions in which people are born, grow, live, work and age, including the health system. The social determinants of health contribute greatly to health inequities.

- **Equity** – there is a need to ensure programs and services reach people from all sections of the community including smokers and non-smokers, with extra effort put into initiatives for groups for whom the burden of disease and disadvantage is particularly high.

- **Community engagement -** this recognises that communities are best positioned to respond to their particular circumstances.

- **Collaboration** – actions to reduce smoking prevalence will require support, cooperation and collaboration across the Tasmanian community, government and non-government sectors. Policy outcomes are best achieved when sectors work together to make better use of collective skills and resources to achieve a common outcome.

1.4 Priority Groups

In order to reduce health inequalities across the population, priority groups will be targeted that have had an especially high smoking prevalence or who are at risk of taking up or becoming regular users of tobacco. Specifically, these groups are:

- Children and young people
- People of low socio-economic status
- People with mental illness
- Aboriginal people
- Pregnant women and their families
- Women between the ages of 18 and 34

2 Tobacco Action Plan 2006-2010: Key Achievements

The following is a summary of achievements made in each of the six strategy areas identified in the *Tasmanian Tobacco Action Plan 2006-2010*:

2.1 Further Use of Regulation

Amendments were made to the *Public Health Act 1997* to:

- Include loose tobacco in the definition of a tobacco product
- Prohibit the sale of split packet cigarettes
- Prohibit the sale of fruit and confectionery flavoured cigarettes
- Prohibit smoking in vehicles where a child is present
- Prohibit the display of tobacco products in retail outlets (except for specialist tobacconists)
- Increase the fee for a tobacco sellers' licence to $200.

A discussion paper was released in 2010 on proposed further legislative reforms including extending smoke free areas to 100 per cent of outdoor dining areas, playgrounds, sporting stadiums and further restrictions on the sale of tobacco products.

2.2 Promotion of Quit and Smoke Free Messages

Increased funding for social marketing campaigns was provided in 2008 and a Social Marketing Program Working Group was established in 2009 to plan, implement and evaluate social marketing campaigns.

2.3 Cessation Services and Treatment

A Review of cessation services was conducted in 2007 that resulted in the implementation of a statewide Smoking Cessation Program in 2009 to provide education and training to health professionals in delivering brief smoking interventions with clients. Education and training is provided by three regional based Clinical Nurse Specialists in addition to an on-line e-learning tool. Specialised smoking cessation clinics were also established within public hospitals and the Quitline telephone counseling service continued to be provided by Quit Tasmania.

2.4 Community Support and Education

The *Managing Drug Issues and Drug Education in Tasmanian Schools* policy and the National Smoke Free Pregnancy project were implemented. Smoke free policies were also introduced for major community events such as Festivale and in public areas such as the Hobart Elizabeth Street Mall, bus mall and Wellington Walk and across health care services including:

- North West Regional and Mersey Community Hospitals
- Launceston General Hospital including Northside Mental Health Clinic
- Royal Hobart Hospital
- Flinders Island Multi Purpose Centre
- North East Soldiers Memorial Hospital, Scottsdale
- George Town Hospital

2.5 Tailoring Initiatives for Disadvantaged Groups

In relation to Tasmanian Aborigines, the Tasmanian Aboriginal Centre smoke free workplace policy was strengthened, the Healthy for Life program was implemented at the Tasmanian Aboriginal Centre and a position was funded at Quit Tasmania to implement the Aboriginal Health Project.

2.6 Research, Evaluation, Monitoring and Surveillance

With regard to legislation, retailer compliance testing on the prohibition of the sale of cigarettes to children continued and the impact of the smoke-free areas legislation introduced in 2006 was evaluated.

With regard to research, projects in relation to Chronic Obstructive Pulmonary Disease, smoking and pregnancy, smoking cessation and the health effects of smoking through the Childhood Determinants of Health and Tasmanian Older Adult Cohorts studies were conducted.

An evaluation of Quit Tasmania by the Public Health Advocacy Institute of Western Australia was also conducted in 2009.

Despite these achievements, the Tasmania *Together* benchmarks of 24 per cent smoking prevalence by 2005 and 15 per cent by 2010 were not achieved.

3 Strategic Framework

This Plan reflects the World Health Organisation (WHO) Framework Convention on Tobacco Control (FCTC) and is linked to national as well as Tasmania specific strategic directions, namely the National Partnership Agreement on Preventive Health, the National Partnership Agreement on Indigenous Health, Tasmania *Together* and the Alcohol, Tobacco and Other Drugs Future Directions plan.

It is also acknowledged that a new National Tobacco Strategy is to be developed during the life of this Plan using the *National Preventative Health Strategy – Australia the Healthiest Country by 2020* as a shared blueprint for action across Australia[19]. It is noted that recommendations made by the National Preventative Health Strategy are included in this Plan.

3.1 The WHO Framework Convention on Tobacco Control

The FCTC is a global public health treaty that was developed to advance international cooperation to protect present and future generations from the ill-effects of tobacco consumption and exposure to tobacco smoke[20]. It contains a range of measures addressing demand and supply issues relating to tobacco. Australia became a signatory in 2004. To help countries fulfill their commitment to the FCTC, in 2008 the WHO established the MPOWER package, a set of the six most important and effective tobacco control policies that are proven to reduce tobacco use[21]. These are as follows:

Monitor tobacco use and prevention policies with quantified smoking prevalence targets and enhanced data collections for vulnerable groups

Protect people from second hand tobacco smoke

Offer help to quit tobacco use

Warn about the dangers of tobacco such as through anti-smoking social marketing campaigns

Enforce bans on tobacco advertising, promotion and sponsorship

Raise taxes on tobacco.

These policies underpin the actions in this Plan as a model for best practice in reducing smoking prevalence.

3.2 National Partnership Agreement on Preventive Health (NPAPH)

The NPAPH is an agreement between the Commonwealth and State governments to address the rising prevalence of lifestyle related chronic diseases[22]. The Commonwealth government will fund States to deliver healthy living programs in workplaces covering topics such as physical activity, healthy eating, the harmful consumption of alcohol and smoking cessation. It will also fund national tobacco social marketing campaigns supported by state funded complementary activities.

The overall aim of the NPAPH is to reduce national adult smoking prevalence to 10 per cent by 2020. The performance benchmarks are a national reduction in smoking prevalence from the 2007 National Health Survey baseline by 2 per cent in 2011 and 3.5 per cent by 2013. It is yet to be determined as to whether the proportion will be applied State by State or pro rata of national population. If the benchmark is applied State by State, Tasmania will need to reduce smoking prevalence from 24.9 per cent to 22.9 per cent by 2011 and 21.4 per cent by 2013.

3.3 National Partnership Agreement on Indigenous Health (NPAIH)

The NPAIH has a focus on reducing smoking prevalence in the Aboriginal and Torres Strait Islander population, through social marketing and the development of culturally appropriate activities, including:

- Development of locally designed and delivered tobacco campaign activities
- Establishment of a network of tobacco action coordinators
- Sponsorship of community events
- Enhancement of Quitline services to make them more accessible for Aboriginal and Torres Strait Islander people
- Quit smoking role models and ambassadors
- Establishment of networks to share best practice and innovation.

3.4 Tasmania Together

Tasmania *Together* is a 20 year community plan for the future of Tasmania with 12 goals and multiple benchmarks that have been developed to measure the State's progress towards achieving the goals[23]. The Plan is used by the Tasmanian Government as a framework for setting policy priorities, including the allocation of resources to those priorities. Benchmarks relevant to tobacco aim to reduce the number of Tasmanians aged 18 years who are current smokers to 12 per cent in 2015 and 10 per cent in 2020. To ensure targets are achieved, Government agencies are assessed and required to report on performance against the benchmarks. This Plan is aligned to Tasmania *Together* through the work of the Inter Agency Working Group on Drugs.

3.5 Alcohol, Tobacco and Other Drug Services Future Service Directions

The Future Service Directions is a five year plan providing strategic focus for the alcohol, tobacco and other drugs service sector in Tasmania from 2008 to 2013. The Plan's aim is to ensure all Tasmanians affected by the use of alcohol, tobacco and other drugs have access to appropriate, timely, effective and quality services, supports and interventions which are based on contemporary best practice[24].

4 Implementation

4.1 Monitoring and Reporting

The progress of this Plan will be monitored by the Tobacco Coalition. This will be achieved through the development of a separate implementation plan which will be report on progress annually. Leadership responsibility for implementation will be allocated to various agencies for each recommended action.

4.2 Outcomes

Tasmania has been a leader in implementing tobacco control legislation and has made significant inroads, particularly in relation to smoke free areas, reducing advertising at the point of sale and access to tobacco products by children. However, further improvements could be made to supporting social marketing campaigns and continuing efforts to improve and increase access to cessation support.

This Plan will build on the achievements of the 2006-2010 plan and provide strategic direction for the implementation of initiatives that aim to reduce the harm caused by tobacco use in Tasmania.

By the end of 2015 we aim to see a significant reduction in the rate of smoking prevalence in Tasmania.

Specifically, the aim is to achieve the NPAPH benchmarks of a national reduction in smoking prevalence from the 2007 National Health Survey baseline by 2 per cent in 2011 and 3.5 per cent by 2013. This will be a significant step towards meeting the longer term Tasmania Together benchmark of 10 per cent smoking prevalence by 2020.

4.3 Key Action Areas 2011-2015

The goal of this Plan will be achieved through implementation of strategies and activities across the following Key Action Areas:

1. Tackling social determinants
2. Prevention, cultural change and community ownership
3. Public policy, legislation and regulation
4. Social marketing and promotion of smoke free messages
5. Early intervention and cessation
6. Research, evaluation, monitoring, surveillance and reporting.

KEY ACTION AREA 1
Tackling Social Determinants

Socioeconomic status (SES) is a way of looking at how individuals, families or communities fit into society using economic and social measures including income, level of education, occupation and employment status. SES and inequalities in health are closely related. A social determinants approach tackles the underlying social inequalities which contribute to health and wellbeing inequalities amongst population groups. In Tasmanian there are a number of population groups experiencing a disproportionate burden of tobacco related death and disease. These include Tasmanian Aborigines, people with disabilities, those with mental illness or in custodial settings, parents and carers in disadvantaged/low socioeconomic areas, people in rural and remote regions and from cultural and linguistically diverse (CALD) populations.

Policy Objective:

1.1 To apply the social determinants framework to tobacco control policy making in Tasmania

1.2 To reduce the burden of tobacco related death and disease for population groups disadvantaged by SES by ensuring access to treatments, information and specialist cessation support services.

Recommended Actions:

1.1.1 Further expand and develop partnerships between government and non-government health sector organisations and key stakeholders across the government, community and business sectors

1.2.1 Implement appropriate interventions for priority population groups that build on existing community strategies and which support structural changes within organisations

1.2.2 Ensure information and strategies address the cultural and ethnic diversity of Tasmanian society and identify specific needs of priority population groups

1.2.3 Explore the translation of successful culturally appropriate community models of smoking cessation into CALD communities

1.2.4 Reduce the prevalence of smoking and smoking related harm amongst Aboriginal people

1.2.5 Recognise Aboriginal community control and empowerment as a key factor in successful tobacco control.

KEY ACTION AREA 2

Prevention, Cultural Change and Community Ownership

While smoking is an individual behaviour, it occurs in the context of peers, family, community and society. Increasing community, parents' and educator's awareness of the harm caused by tobacco and developing protective capacities against smoking is essential in preventing uptake of smoking by children. This will ensure measures can then be taken collectively to continue to de-normalise tobacco use and consequently reduce harm.

Policy Objectives:

2.1 De-normalise tobacco use in Tasmania

2.2 Prevent the uptake of tobacco

2.3 Encourage community ownership and control over tobacco related issues

2.4 Increase awareness of the community and parents about tobacco-related health issues

2.5 Provide information and resources to support educators to address tobacco related issues across the school curriculum.

Recommended Actions:

2.1.1 Explore the use of a social norms approach and peer support models for prevention of uptake of tobacco amongst the Tasmanian population

2.1.2 Use sponsorship to promote anti smoking messages

2.1.3 Encourage and support smoke free policies in workplaces, including provision of cessation support and designating outdoor areas smoke free, particularly in health care facilities

2.2.1 Investigate the evidence base for effective prevention strategies

2.3.1 Advocate for measures to counteract positive portrayals of smoking in the media, including movies

2.3.2 Identify, encourage and support community champions to promote smoke free messages

2.4.1 Promote a smoke free lifestyle within communities, which complements other health promotion activities

2.4.2 Implement campaigns and programs to encourage parents to quit

2.5.1 Support and implement national initiatives through the *School Drugs Education Program*

2.5.2 Assist schools to implement the *Managing Drug Issues and Drug Education in Tasmanian Schools* policy (2009) and to use strategies to address student drug use, including smoking while keeping students connected to their educational or vocational pathway

2.5.3 Explore options to fund prevention programs such as the *Smarter than Smoking* program in primary, secondary and tertiary education settings, communities and other youth settings.

KEY ACTION AREA 3

Public Policy, Legislation and Regulation

Tasmania has been a leader in legislative reform and regulation of tobacco. Building on these gains, this Plan will continue to influence public policy to ensure that supply and demand for tobacco products and the associated harm is minimized.

Policy Objectives:

3.1 Eliminate remaining forms of tobacco promotion

3.2 Regulate supply so that tobacco products are not sold to children

3.3 Reduce demand and consumption of tobacco

3.4 Eliminate remaining forms of exposure to environmental tobacco smoke

3.5 Ensure accurate and timely advice about the health risks of smoking is provided to consumers

3.6 Regulate how tobacco products are manufactured

3.7 Increase communication between government and non-government organisations that contribute to tobacco control

Recommended Actions:

3.1.1 Monitor compliance by tobacco retailers and manufacturers with display and advertising provisions under the *Public Health Act 1997* and undertake appropriate enforcement action

3.1.2 Advocate for further State Government legislation to regulate how tobacco products are sold

3.2.1 Conduct a minimum of one statewide compliance survey annually to ascertain levels of retailer compliance with the sale of cigarettes to children and publicise results

3.2.2 Conduct regular controlled purchase operations and follow up with appropriate enforcement action including prosecutions and publicising results

3.2.3 Investigate the use of alternative enforcement options for the sale of cigarettes to children

3.2.4 Maintain an accurate register of tobacco retailers for distribution of educational and promotional materials

3.3.1 Support and advocate for further Commonwealth Government measures to increase excise on tobacco products

3.4.1 Implement smoke free areas provisions under the *Public Health Act 1997* by providing information, education and support to business owners, employees and the general community

3.4.2 Investigate complaints from the general public on non-compliance with the smoke free areas provisions and take appropriate action

3.4.3 Advocate for further State Government legislation to extend smoke free environments

3.5.1 Investigate the feasibility of scheduling nicotine as an S2/S3 product

3.5.2 Support National Preventive Health Taskforce recommendations regarding regulation of product information for consumers, manufacturing, ingredient disclosure and packaging of tobacco products, including plain packaging

3.6.1 Support measures to develop a regulatory system for how tobacco products are manufactured including potentially harm-reducing innovations such as alternative nicotine delivery systems

3.7.1 Develop partnerships between state and individual local government councils who choose to implement tobacco control policy

3.7.2 Director of Public Health (or proxy) to act as formal conduit for issues identified at Tobacco Coalition meetings to the Interagency Working Group on Drugs (IAWGD).

KEY ACTION AREA 4

Social Marketing and Promotion of Smoke Free Messages

Social marketing campaigns are needed to personalise the health risks of smoking and to encourage smokers to make quit attempts by using available evidence based treatments and specialist cessation support services. To effectively communicate to smokers, a variety of campaign messages and advertisements are needed. Evaluations of smoking trends in jurisdictions with and without social marketing campaigns indicate that they can be highly effective in reducing smoking prevalence, with the extent of reductions related to levels of expenditure.

Policy Objectives:

4.1 Increase public awareness and personalise the health risks of smoking

4.2 Increase the number of quit attempts by smokers.

Recommended Actions:

4.1.1 Continue to fund social marketing campaigns from a base of 400 to an average of 700 Targeted Audience Rating Points (TARPS) per month annually. Campaigns must create public awareness and personalise the health risks of smoking

4.1.2 Through the National Partnership Agreement on Preventive Health, contribute to rolling out national social marketing campaigns targeting common risk factors for chronic disease, including smoking

4.1.3 Investigate the use of social networking tools and other emerging technology to promote quit messages

4.2.1 Increase awareness by consumers of options for quitting and contact details for specialist cessation support services for people who smoke.

KEY ACTION AREA 5
Early Intervention and Cessation

Appropriate services and treatments for smokers are essential to ensure access to support and affordable pharmacotherapies if they decide to quit. The implementation of interlinking policies and programs is also needed to ensure all people in contact with health care services who smoke are identified and advised to quit, particularly pregnant women and new parents, chronic disease sufferers, people living in institutions and other high risk groups.

Policy Objective:

5.1 Increase awareness of evidence-based treatments and specialist support services

5.2 Encourage the use of and ensure accessibility to resources and services to assist smokers to quit.

Recommended Actions:

5.1.1 Investigate options to ensure all people in contact with health care services who smoke are encouraged and supported to quit

5.1.2 Increase promotion of Quitline services, and ensure the Quitline is appropriately resourced to respond to demand generated by local and national social marketing campaigns

5.2.1 Expand training for and promote adoption of screening tools and brief intervention practices for all health professionals

5.2.2 Develop, implement and evaluate group cessation programs in workplace and community settings

5.2.3 Provide and promote cessation services for priority population groups and employees who work with these groups, including subsidised nicotine replacement therapies (NRT) where appropriate

5.2.4 Explore options to ensure NRT are affordable for all those for whom it is clinically appropriate

5.2.5 Explore options to fund cessation programs in secondary and tertiary education settings, including student support and counseling in specific cases of addiction

KEY ACTION AREA 6

Research, Evaluation, Monitoring, Surveillance and Reporting

Central to this Plan is the use of evidence based interventions and programs shown to be effective in reducing smoking prevalence. It is therefore essential that all aspects of this Plan are subject to regular evaluation of their implementation and, importantly, their effectiveness in the Tasmanian setting. It is this research that will ensure the Plan achieves its aim of reducing smoking prevalence in Tasmania. The types of research necessary include evaluation and monitoring of the implementation process for interventions and regular surveillance of smoking prevalence. Regular reporting of this research to key stakeholders will ensure the tobacco control workforce in Tasmania remains focused on the goal of eliminating harm from tobacco.

Policy Objective:

6.1 To report on the impact of recommended actions in this Plan on tobacco consumption in Tasmania

6.2 To ensure all promotion activities and treatment services are coordinated, integrated with the Chronic Diseases Framework, evidence based and evaluated regularly.

Recommended Actions:

6.1.1 Evaluate the effectiveness of actions, in particular social marketing campaigns, changes to legislation, programs in schools, cessation programs and health professional training

6.1.2 Investigate the utility of a range of indicators for monitoring tobacco use such as sales of NRT products and wholesale sales of tobacco products

6.1.3 Advocate for adequate sampling for Tasmania in relevant national surveys including the National Drug Strategy Household Survey, National Health Survey and Australian Health Survey

6.1.4 Conduct the Tasmanian component of the Australian Secondary Schools Alcohol and Drug survey every three years

6.2.1 Develop the capacity across government and non-government sectors to conduct research and evaluation

6.2.2 Ensure all policy development and evaluation includes engagement with the community and that information gained from such consultation is incorporated into strategies developed as part of this Plan

6.2.3 Expand and build on existing research partnerships and identify new opportunities for Tasmanian based research

6.2.4 Investigate other data sources that could be used to inform tobacco policy and program development, such as the Get Healthy Coaching data.

Appendix A

Tobacco Coalition Members 2010

Government Members:

Department of Health and Ageing, Australian Government

Department of Education

Department of Health And Human Services, Acute Health Services

Department of Health And Human Services, Alcohol and Drug Services

Department of Health And Human Services, Cancer Screening

Department of Health And Human Services, Mental Health Services

Department of Health And Human Services, Oral Health

Department of Health And Human Services, Population Health

Department of Health And Human Services, Respiratory Medicine Unit, RHH

Non Government Members:

Advocacy Tasmania

Alcohol, Tobacco and Other Drugs Council

Asthma Foundation

Cancer Council of Tasmania

Chapter of Addiction

Drug Education Network

General Practice Tasmania

Heart Foundation

Local Government Association of Tasmania

Menzies Research Institute

Pharmaceutical Society of Australia

Quit Tasmania

Tasmanian Aboriginal Centre

University of Tasmania (Pharmacy)

References

[1] Australian Institute of Health and Welfare. *Australians Health 2010*. p84

[2] Beaglehole R and Bonita R. *Alcohol: A Global Priority*. www.thelancet.com Vol 373, 27 June 2009

[3] Cancer Council Victoria. *Tobacco in Australia: Facts and Issues*. Third Edition, 2008. http://www.tobaccoinaustralia.org.au/

[4] Department of Health and Human Services. Epidemiology Unit, unpublished data 2010

[5] Collins D and Lapsley H. *The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/*05. National Drug Strategy Monograph Series no. 64. Department of Health and Ageing, 2008

[6] Ibid

[7] Australian Bureau of Statistics. *National Health Survey 2007-2008: Summary of Results.* Cat. No. 4360.0

[8] Australian Bureau of Statistics. *National Health Survey 2007-2008:* Confidentialised Unit Record File

[9] Menzies Research Institute. Tasmanian Population Health Survey 2009

[10] Russell V et al. *Validity of Telephone Surveys in Assessing Cigarette Smoking in Young Adults*, American Journal of Public Health, Vol79, No.2, 1989

[11] Australian Bureau of Statistics. *National Aboriginal and Torres Strait Islander Social Survey 2008*

[12] Australian Bureau of Statistics. *National Aboriginal and Torres Strait Islander Health Survey 2004/5*

[13] The Cancer Council of Tasmania. *The use of tobacco among Tasmanian secondary school students in 2008 and trends over time*. March 2010.

[14] The Cancer Council of Tasmania. *Prevalence of cigarette smoking among Tasmanian secondary school students in 2005 and trends over time*. September 2006

[15] The Cancer Council of Tasmania. *The use of tobacco among Tasmanian secondary school students in 2008 and trends over time*. March 2010.

[16] Department of Health and Human Services. Tasmanian Perinatal database, 2007

[17] Cancer Council Victoria. *Tobacco In Australia: Facts and Issues*. Third Edition, 2008. Chapter 3.7, Pregnancy and Smoking. http://www.tobaccoinaustralia.org.au

[18] Australian Institute of Health and Welfare. *Prevention of cardiovascular disease, diabetes and chronic kidney disease. Targeting risk factors*. December 2009, p44

[19] Kate Purcell Consulting. *Review of the National Tobacco Strategy 2004-09*. June 2010, p9

[20] http://www.who.int/fctc

[21] http://www.who.int/tobacco/mpower/en/

[22] Council of Australian Governments. *National Partnership Agreement on Preventive Health*. December 2008

[23] http://www.tasmaniatogether.tas.gov.au

[24] Department of Health and Human Services. *Alcohol, Tobacco and Other Drug Services Tasmania: Future Service Directions. A Five Year Plan 2008/09 – 2012/13*