



Submission to the Tasmanian Government's consultation draft: 'Healthy Tasmania Five Year Strategic Plan'

1. Introduction

Quit Tasmania (part of Cancer Council Tasmania) welcomes the Tasmanian Government's consultation on Tasmania's five year preventive health strategy, 'Healthy Tasmania Five Year Strategic Plan' ("Draft Strategic Plan"), and strongly endorses the government's commitment to address tobacco smoking as a key priority for the strategy.

For over twenty years, Quit Tasmania has been working towards a tobacco-free future by providing leadership in tobacco control knowledge, education and advocacy. Tobacco smoking rates are at an all time low in Tasmania, due to a wide range of public health measures including anti-tobacco social marketing campaigns, regular increases to the price of tobacco, smoke-free environments, and smoking cessation programs such as the Tasmanian Quitline. This work would not have been possible without the diligent efforts of Quit Tasmania, Cancer Council Tasmania, the Department of Health and Human Services (DHHS), the National Heart Foundation (Tasmania) and others.

Quit Tasmania is funded primarily by DHHS to deliver evidence-based tobacco control measures including delivery of Tasmania's anti-tobacco social marketing program and the Tasmanian Quitline. Quit Tasmania collaborates with individuals and organisations across the health and community sector, Aboriginal controlled organisations, and government, including the Smoking Cessation Program, Alcohol and Drug Service (DHHS), the Drug Education Network, Flinders Island Aboriginal Association, National Heart Foundation (Tasmania), Pharmaceutical Society of Australia, Primary Health Tasmania, TasCOSS and the Tasmanian Aboriginal Centre.

Tobacco smoking is still a leading preventable cause of death and disease in Tasmania.¹ In 2013-14, about 425 Tasmanian deaths were attributable to smoking. In this same period, smoking cost the Tasmanian society an estimated \$465 million in tangible costs (including health care costs and the loss of productivity because of reduction in workforce).² If the current smoking rate is reduced to the target of 10 per cent by 2020³, it is estimated that this would result in tangible cost savings of \$969 million over a 20-year period.⁴ This would justify annual expenditures of up to \$114 million for 20 years to assist in a comprehensive strategy designed to reduce smoking rates.

The most recent data shows that Tasmania has the second highest smoking rate in the country; 17.9 per cent of Tasmanians smoke daily, compared with 14.5 per cent nationally.⁵ Smoking rates are disproportionately high among some population groups in our community, with these people more likely to die of tobacco related causes than the general population.^{6,7} Considerable progress has been made but there is still a lot of work to be done to further reduce smoking rates and show Tasmania's leadership in tobacco control.

Quit Tasmania supports the Tasmanian Government's goal to make Tasmania the healthiest population in Australia by 2025, and is encouraged the approaches laid out in the Draft Strategic Plan including a 'Health in All Policies' approach, use of a Health Impact Assessment model (with a focus on health-related behaviour) and a shift to anticipatory care.

Quit Tasmania recommends that approaches to address smoking-related disparities and accelerate further reductions in smoking rates in Tasmania should focus on measures where evidence and opportunities are strongest, including:

- Developing a whole-of-government State Strategic Plan based on principles including a ‘Health in All Policies’ approach to address the social determinants of health and promote equity in health across the life course (including early child development, educational experiences, health literacy, quality of local environments, employment and working conditions);⁸
- High levels of investment in anti-tobacco social marketing campaigns;⁸
- Continuing to build and support effective tobacco control policy, including expansion of smoke-free areas and supporting regular increases to the price of tobacco;⁹
- Investing and giving priority to targeted approaches that identify and support people in priority populations who smoke to quit (including pregnant women and their partners and socioeconomically disadvantaged groups) as part of a broader socioecological framework;
- Ensuring a collaborative local response to reducing smoking rates. For instance, increasing awareness and use of existing locally tailored smoking cessation services (e.g. Tasmanian Quitline) through promoting direct referrals from health and community service organisations and delivering support that is sensitive to the local needs of different population groups in Tasmania; and
- Improving surveillance and monitoring to adequately capture smoking rates and trends among all population groups in Tasmania, including priority populations (e.g. changing systems to record and monitor smoking status and behaviours in health and community service organisations).

2. Addressing the key consultation questions

2.1 Where do you think the current action we are taking on prevention and promotion have proven effective in improving the health of Tasmanians?

Tasmania’s daily smoking prevalence has dropped to a record low (17.9 per cent).² This highlights the effectiveness of proven tobacco control strategies in Tasmania to prevent and reduce tobacco use including improved level of investment in hard-hitting social marketing campaigns, expansion of smoke-free environments and provision of smoking cessation programs such as the Tasmanian Quitline. In addition to reducing smoking rates, these strategies play a vital role in reducing smoking-related disparities.

2.2 Where do you see that the most effective changes could be made in terms of overall population health benefit?

- **Developing a whole-of-government State Strategic Plan based on principles including a ‘Health in All Policies’ approach** to address the social determinants of health and promote equity in health across the life course (including early child development, educational experiences, health literacy, quality of local environments, employment and working conditions);⁸ If the Government is to improve the health of the Tasmanian population through prevention of risk factors, there must be action that tackles the underlying social drivers of these behaviours – the social determinants.⁹
- **Increasing investment in preventive health and long-term budget commitments**
Greater investment in preventive health and additional funding for comprehensive tobacco control measures are essential. Quit Tasmania recommends the State Government increase the

proportion of the budget allocation for preventive health, from the current 1.9 per cent to 5 per cent by 2020. Quit Tasmania also recommends that a minimum of \$2.4 million per year over the four year period 2016-17 to 2019-20 is allocated to Tasmania's comprehensive tobacco control strategy (as outlined in Quit Tasmania's State Budget Submission 2016-17). This includes sufficient funding to achieve a minimum of 700 target audience rating points (TARPs) per month, every month and other evidence-based tobacco control measures as set out in the Tasmanian Tobacco Action Plan.

2.3 Are there any alternative governance principles, strategies or enablers that would better support the shift to a more cost-effective model for preventive health in Tasmania?

Quit Tasmania believes that the Draft Strategic Plan should be guided by and acknowledge the Ottawa Charter for Health Promotion and be underpinned by the Charter's key principles. Furthermore, a socio-ecological model would provide a useful framework to consider the complex interplay between individual, relationship, community and societal factors and how they influence health behaviours. The most effective preventive health strategies address multiple levels of influence through interventions directed at developing healthy public policy (i.e. Health in All Policies approach), strengthening community action and creating supportive environments (such is the case with Tasmania's tobacco control strategy).

It is important to remember when considering cost-effective models for preventive health that some highly cost effective interventions may not fit neatly into shorter-term government agendas or funding cycles.¹⁰ Improvements in health at an overall population level do not just happen overnight; they result from many years, even decades, of work. Therefore, long-term policy and budget commitment is essential.

2.4 What targets would you like to see the Government adopt to reduce health inequities in the target areas outlined above?

Despite the decline in smoking rates in the general population as a result of comprehensive tobacco control strategies, smoking rates remain disproportionately high among some population groups in our community. Priority populations include people who are socioeconomically disadvantaged, are sole parents, unemployed, have mental ill-health, are in prison, are experiencing homelessness, have drug and alcohol problems or are Aboriginal and Torres Strait Islander.¹¹ While 17.9 per cent of Tasmanians are daily smokers, smoking rates among priority populations are much higher:⁵

- 32 per cent of people living with mental illness (66 per cent of people living with psychosis)
- 37 per cent of sole parents
- 49 per cent of Aboriginal and Torres Strait Islander women smoke during pregnancy¹²
- 77 per cent of people experiencing homelessness
- 85 per cent of people with substance use disorders

Note: this data is from a range of different studies from different years and not specific to Tasmania. Different research methods have been used therefore meaningful comparisons cannot be made between the different population groups.

Quit Tasmania recommends clear targets be set for reducing smoking rates, specifically among priority populations. However, there is currently a lack of information available on smoking rates in different population groups. It is crucial that surveillance and monitoring is improved to adequately capture smoking rates, trends and behaviours among all priority population groups in Tasmania.

2.5 Do you see value in pursuing a health-in-all-policies approach in Tasmania

Quit Tasmania recommends a 'Health in All Policies' initiative as part of a whole-of-government approach to population health and health equity. The development of a State Strategic Plan will provide a legitimising framework across all government departments and is essential for a 'Health in All Policies' approach. This could be managed by the central government agency – the Department of Premier and Cabinet with a high level of commitment from DHHS. Furthermore, a Health Impact Assessment model needs to be supported by a sound knowledge base among all practitioners and policy-makers (within the health sector and other key sectors such as urban planning and education), of the social determinants of health and determinants of priority risk factors including tobacco use and obesity.

2.6 What do you see as the benefits and opportunity costs of the Tasmanian Government pursuing a 'best buy' approach to preventive health?

As stated previously, improvements in health at an overall population level do not just happen overnight; they result from many years, even decades, of work. Therefore, when considering a 'best buy' approach, it is important to factor in the longer times required for initiatives to be in place before improvements in health can be seen and determine how this should be reflected in funding agreements to ensure the best outcomes. It is also important to ensure a focus on localised or 'place based' initiatives and that the "cheaper" best buys are not necessarily the ones that deliver the best outcomes. A 'best buy' approach needs to be developed in consultation with the health and community sector and other organisations impacted by the approach.

2.7 What are the enablers and barriers that exist within the current structure of the health system in Tasmania (that are the responsibility of the Tasmanian Government) that will need to be considered in supporting implementation of the new direction for preventive health outlined in this Consultation Draft?

Quit Tasmania believes there are a number of enablers and barriers that currently exist within the current structure of the health system in Tasmania that will need to be considered in addressing key risk factors like tobacco use.

Barriers

- Lack of intersectoral response and mechanisms to support collaboration across government (must reach beyond the realm of DHHS and the Tasmanian Health Service) to improve health and health equity.
- Broader social attitudes of smoking in the daily context of priority population groups and lack of awareness of the health and economic benefits of smoking cessation to these groups.
- Access to and affordability of quit smoking medications and smoking cessation support.
- Tobacco control not integrated into core business across the health system. This highlights the need for a 'Health in All Policies' approach.
- Lack of information on smoking rates in priority population groups and of factors that maintain the inequitable distribution of smoking – i.e. why do these people smoke?
- Poor understanding and underutilisation of existing evidence-based smoking cessation referral services such as the Tasmanian Quitline.

Enablers

- History of collaboration across the health and community services sector and other organisations.

- An effective tobacco control strategy including anti-tobacco social marketing campaigns, increases to the price of tobacco, smoke-free environments, and smoking cessation programs such as the Tasmanian Quitline which address multiple levels of influence within the local context.
- Existing locally tailored smoking cessation services such as the Tasmanian Quitline. Quitlines represent a free, convenient, professional, evidence-based referral resource for health professionals.¹³

2.8 Do you support increasing the minimum legal smoking age to 21?

Quit Tasmania supports approaches that can accelerate further reductions in smoking rates in our community including the proposed Tobacco Free Generation, raising the minimum legal smoking age and other initiatives. Introduction of these approaches would need to coincide with public education and be undertaken as only part of a comprehensive tobacco control strategy which utilises existing strategies that have been proven effective at reducing smoking rates. These include continued and sustained high levels of investment in social marketing campaigns (to achieve a minimum average of 700 TARPs per month), increasing the cost of tobacco via rises in tobacco excise, increasing smoke-free areas and providing smoking cessation programs such as the Tasmanian Quitline.

2.9 What are some examples of other evidence-based initiatives that Government could consider to effectively target key risk factors and chronic diseases in the community?

Quit Tasmania has provided four examples of evidence-based initiatives to target tobacco use (refer to pages 6-10).

Example 1. Tackling Tobacco

There is strong evidence that many people in priority populations want to quit smoking but face obstacles associated with their disadvantage which prevent them from doing so.¹⁴ Community service organisations (CSOs) and mental health services have been identified as ideal settings for reducing smoking rates among disadvantaged population groups. There is evidence that the integration of 'quit smoking' programs such as the Tackling Tobacco project in these organisations has shown a reduction in smoking rates amongst people who regularly access their services.¹⁶

Tackling Tobacco is a program developed by Cancer Council NSW (CCNSW) in 2006 to address smoking among disadvantaged populations. While Australian smoking rates among the general population are at historic lows, findings from a range of Australian studies report significantly higher smoking rates, between 2-5 times as high, among sole parents, Aboriginal and Torres Strait Islander people, people with mental illness, people experiencing homelessness, people who misuse drug and alcohol and prisoners.¹⁵ To address these disparities Tackling Tobacco partners with non-government CSOs to develop and implement policies, practices and systems in order to create a supportive environment which aims to reduce exposure to secondhand smoke and which encourages quit attempts among clients and staff.

Since 2006, Tackling Tobacco has been implemented in more than 130 CSOs in NSW. The evidence shows that CSO clients are interested in quitting and want information and support from CSOs to do so.¹⁶ Furthermore, there is a growing body of evidence which shows that Tackling Tobacco positively impacts on attitudes of CSO staff to providing smoking cessation care and increases staff confidence in integrating smoking care into routine service delivery. This has resulted in a decrease in the number of clients reporting smoking.^{17,18}

In 2013, Quit Tasmania received funding for three years (until June 2016) under the Primary Health Networks Programme – an Australian Government Initiative, to initiate a program to address smoking among disadvantaged populations in Tasmania. Quit Tasmania has collaborated with DHHS, TasCOSS, Primary Health Tasmania and others to work with CSOs to reduce smoking-related harm among clients and staff. As part of this project, a number of measures have been identified that could be embedded in State Government service agreements with the health and community service sector:

- Making active quit support a part of clients' routine care, including informing and offering access to evidence-based treatment including referral to the Tasmanian Quitline and access to pharmacotherapies (e.g. NRT);
- Smoking status and quit attempts are recorded in client histories and reported annually;
- All services provide a supportive smoke-free environment for clients and staff (e.g. implementation of smoke-free policies and provision of smoking cessation support);
- All staff provided with training and support to build their confidence in delivering smoking cessation advice or referrals; and
- Changing other practices to de-normalise smoking.

For the remainder of the project until June 2016, Quit Tasmania will be undertaking two pilot projects with CSOs using the Tackling Tobacco framework under agreement with CCNSW. Quit Tasmania will leverage the expertise and capacity of CCNSW, academia, DHHS, TasCOSS, Primary Health Tasmania and CSOs to implement and evaluate the pilot projects. The current funding for this initiative ends in June 2016; without further investment Quit Tasmania will not be able to continue delivering this important program which can make a significant contribution to reducing Tasmania's smoking rates and providing support to those who need it most. Refer to Quit Tasmania's State Budget Submission 2016-17.

Example 2. Intersector collaboration and Quitline referral systems

The Quitline is an evidence based telephone counselling service to support people to quit smoking. Quitlines have been found to be among the most cost effective smoking cessation interventions, particularly when they include the use of pharmacotherapy (e.g. nicotine replacement therapy).¹⁹ Furthermore, Quitline's callback service has been shown to double a person's chances of successfully quitting.²⁰ Although Quitlines are a valuable resource to help smokers to quit, they are often underutilised.^{21,22} System changes and interventions in settings including hospitals, general practice and community service organisations can increase engagement in smoking cessation and promote referrals to the Quitline. Several studies have demonstrated that linking health professional advice with Quitline referral increases quit rates.^{23,24,25}

From late 2007 to 2009, Quit Tasmania implemented the Commonwealth funded Smoke-Free Pregnancy Project. The project aimed to increase knowledge, capacity and confidence among antenatal midwives in public birthing services, to deliver brief intervention to pregnant women who smoke and their partners and provide referral to the Tasmanian Quitline. In 2008-09, 415 Quitline referrals were received for pregnant women from public birthing services, compared to 60 referrals in the year before the project commenced. In 2014-15, Quitline received 79 referrals for pregnant women. The project demonstrates the effectiveness of working with the health sector to promote the Quitline and to generate more referrals, and the need to integrate Quitline referrals into systems and routine patient care.

Example 3. Smoking and Health Survey

Since 1998, Cancer Council Victoria (CCVic) has been funded to conduct Victoria's annual population smoking and health survey to measure tobacco-related knowledge, attitudes and behaviour. During this time, they have been able to track trends and observe significant reductions in smoking prevalence across almost all demographics groups studied. Findings have also been used to understand a variety of smoking behaviours in detail, thus improving services and informing strategies that have led to a continued decline in smoking rates. The survey data has also improved outcome monitoring of smoking prevention and cessation services in Victoria. Similarly, the Cancer Institute NSW undertakes a smoking and health survey to identify any shifts in key measures over time. It forms part of the Cancer Institute NSW's evaluation of its tobacco control program, and assists in driving new tobacco control measures.

In Tasmania, population health surveys measuring smoking prevalence have been conducted from time to time but do not consistently capture comparable time series data and do not allow the accumulation of valid data to track smoking behaviours. In addition, mobile phone users have not been included in the surveys, likely due to the high cost involved. Given that sole mobile phone use is very common among young people, younger age groups (18-24 year olds) and low socioeconomic groups, smoking rates are likely to be underestimated in these surveys.

Since 2013, Quit Tasmania has been funded under the Primary Health Networks Programme – an Australian Government initiative for three years (until June 2016) to implement the Tasmanian Smoking and Health Survey. The Tasmanian Smoking and Health Survey provides a much-needed rolling update on Tasmania's smoking data and can help the Government and other tobacco control counterparts in Tasmania to monitor outcomes. The data is used to tailor quit programs to have the greatest impact on reducing the smoking rates in Tasmania, specifically among high smoking rate population groups. It also provides valuable information on which to base policy initiatives and how best to target future investment.

By continuing the Tasmanian survey, trends can be monitored and assessed over time. The longitudinal data gained from future surveys will be integral in assessing long-term changes in smoking and quitting behaviours. The survey also ensures resources are being invested wisely which results in better outcomes. Refer to Quit Tasmania's State Budget Submission 2016-17 for further information.

Example 4. Measures to reduce access and retail availability of tobacco

Despite the devastating harm that tobacco causes the Tasmanian population, tobacco is sold in 810 retail outlets in Tasmania, is more available than bread and milk and can be sold almost anywhere.^{26,27} This widespread availability can contribute to the dangerous perception that tobacco is a normal part of everyday life and is relatively harmless.^{26,27} Tobacco is not a normal grocery product; it is a product that, when used as intended kills one in two of its long term users. The lack of controls on where and how tobacco can be sold stand in stark contrast to the regulation of other dangerous goods such as pharmaceutical products, poisons, firearms, pesticides and dangerous chemicals which are subject to a wide variety of restrictions. Research has shown that the majority of Tasmanian adults (79%), including 54% of current smokers, support reducing the number of outlets that sell tobacco.²⁸

Reducing availability of tobacco can further support quitting rates and reduce smoking-related deaths. Preliminary studies suggest that retail density and close proximity to retail outlets may make quitting less likely and can negatively affect quitters and contemplators - for some smokers, the mere sight of a retail outlet prompts thoughts about smoking or buying cigarettes, even though tobacco must now be out of sight in stores.^{29,30} Evidence shows that young peoples' access to tobacco contributes to the initiation of smoking.³¹ Furthermore, the perceived ease of access to cigarettes influences the risk of smoking among young people. Research has shown that a number of young people in Tasmania believe that purchasing cigarettes for themselves would be easy.³²

Although Tasmania has a tobacco retailer licencing system, there is currently a lack of information available on tobacco wholesalers and retailers (for example, tobacco sales data). Information on the amount of tobacco actually sold in Tasmania would provide another evaluative measure of tobacco control activity (e.g. How do tobacco sales relate to anti-tobacco social marketing campaign activity? Are tobacco sales higher in low socioeconomic areas? Is the overall amount of tobacco purchased declining each year?). Quit Tasmania recommends that information on tobacco retailers is reported at least annually and that this information be publicly available (Refer to New Zealand's Health Promotion Agency 'Tobacco Control Data Repository' <http://tcddata.org.nz>).

Other licencing related approaches to reduce availability (which could be included in the current licencing scheme) include:

- Treating tobacco licencing similar to liquor licencing;
 - Under Liquor Act 1990 sales to minor penalties 15 units or \$2310 versus Public Health Act 1997 sales to minor penalties 4 units or \$616
 - Applicants for liquor licences are require to undertake 'Responsible Service of Alcohol' training whereas there is no 'fit and proper' test for tobacco licensees
 - Liquor licensees must report sales, whereas there is no requirement for tobacco licensees
- Applying stricter penalties for tobacco retailers who have contravened tobacco control laws (e.g. selling tobacco to minors) such as revoking or refusing licenses of these retailers – there is simply no excuse;
- Restrictions on the number and location of tobacco retail outlets; (for example, restricting or granting no new licences for retail outlets near schools or in areas with a high number of existing tobacco retailers);
- Limiting the proximity of tobacco outlets to specific locations such as hospitals, universities and government buildings;
- Establishing a minimum distance between tobacco outlets;

- Prohibiting the sale of tobacco products in licensed premises (e.g. pubs and hotels) where smoking is already prohibited;
- Restrictions on the opening hours of outlets permitted to sell tobacco such as during the hours of an ordinary business day of 8:30 to 17:00 or during school hours only;
- Reframing the process to place the onus on the retailer to prove a new licence is needed in a particular area, rather than providing an automatic right to a licence; and
- Restrictions on particular types of outlets and phasing out of particular types of outlets if this were deemed to be desirable at some stage. For instance, large supermarket chains are the most common location of the first cigarette purchases following an unsuccessful quit attempt among Tasmanian smokers.²⁸

These measures would likely reduce illegal sale of tobacco to young people, reduce the availability of tobacco in the community, and limit the capacity of the tobacco industry to create or perpetuate environmental conditions that “normalise” smoking.

Other recommendations for decreasing the availability of tobacco include:

- Banning the sale of tobacco products via vending machines and in venues that sell alcohol. Vending machines within licensed venues continue to promote the association between socialising, alcohol and smoking. The banning of vending machines will be vital to further denormalise smoking and eliminate a potential visual cue which may trigger relapse or make it more difficult for people trying to quit, particularly in an environment where willpower may already be depleted by alcohol consumption;
- Banning retailer incentives from the tobacco industry; and
- Encourage tobacco retailers to no longer sell tobacco (e.g. New Zealand’s Tobacco-free retailers project available at: <http://www.smokefreesshops.co.nz/tobacco-free-retailers-toolkit/>) and undertake research on the impact of a decision not to sell tobacco on their customers and the community.

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