

NSW Tobacco Strategy

2012–2017



Health

NSW MINISTRY OF HEALTH

73 Miller Street

NORTH SYDNEY NSW 2060

Tel. (02) 9391 9000

Fax. (02) 9391 9101

TTY. (02) 9391 9900

www.health.nsw.gov.au

This work is copyright. It may be reproduced in whole or in part for study or training purposes subject to the inclusion of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the NSW Ministry of Health.

© NSW Ministry of Health 2012

SHPN (CHA) 100550

ISBN 978 1 74187 571 3

Further copies of this document can be downloaded from the
NSW Health website www.health.nsw.gov.au

February 2012

Contents

Foreword	2
Executive Summary	3
Part One	
Background and Context for Tobacco Control in NSW	4
Introduction.....	4
Policy Context.....	4
Part Two	
The Approach to Tobacco Control in NSW	5
Working in Partnership	5
Key Partners	6
Guiding Principles	6
Goals, Targets and Priority Areas.....	6
Supporting National Strategies to Reduce Tobacco Related Harm	8
Part Three	
Priority Areas	9
Public Education	9
Cessation Services.....	11
Aboriginal Communities	13
Groups with High Smoking Prevalence.....	15
Advertising and Promotion	17
Second-hand Smoke	19
Young People	21
Research, Monitoring, Evaluation & Reporting.....	23
References	25

Foreword

It is hard to believe that just a few decades ago we smoked in our workplaces, our homes, in cars, buses, trains. In fact everywhere - with ashtrays overflowing and long-suffering non-smokers having to put up with second hand smoke.

So it is gratifying to consider how far we have come in persuading people to give up smoking or not to take it up in the first place.

Campaigns to get us to quit smoking started slowly and have increased in incremental steps - introduced by different governments and always with bipartisan support.

So that now, fewer students are taking up smoking and fewer adults smoke.

But, despite this, smoking remains the leading cause of preventable disease and death in NSW – accounting for around 5,200 deaths and 44,000 hospitalisations a year.

That is why I am pleased to release this latest *NSW Tobacco Strategy 2012–2017* which places NSW at the front of tobacco control in Australia.

New initiatives in this strategy are focused on restricting smoking in outdoor areas commonly frequented by children, young people and families including:

- Playgrounds
- Public sports grounds and swimming pools
- Public transport stops
- Entrances to public buildings, and, from 2015
- Commercial outdoor dining areas.

The NSW Government will lead an education campaign to inform the community, businesses and affected agencies about these changes.

And we will continue to monitor and enforce restrictions on tobacco advertising and promotion.

For the benefit of the health of us all, I invite you to join with the NSW Government in welcoming these initiatives.



Jillian Skinner MP
Minister for Health
Minister for Medical Research

Executive Summary

The *NSW 2021 Plan* sets robust targets on reducing smoking in order to decrease chronic disease and combat rising health costs.

The *NSW 2021 Plan* states that the NSW Government will:

- Reduce smoking rates by 3% by 2015 for non-Aboriginal people and by 4% for Aboriginal people by 2015; and
- Reduce the rate of smoking by non-Aboriginal pregnant women by 0.5% per year and by 2% per year for pregnant Aboriginal women by 2015.

The *NSW Tobacco Strategy 2012–2017* sets out the actions that the NSW Government will take to reduce the harm which tobacco imposes on our community and achieve the *NSW 2021 Plan* targets.

The Strategy will see NSW make a number of public outdoor areas smoke-free in order to protect people from the harmful effects of second-hand tobacco smoke.

The Strategy includes:

- A focus on addressing tobacco smoking in populations with high smoking rates, particularly Aboriginal communities, women smoking in pregnancy, mental health consumers and people in corrections facilities;
- Enhanced programs to help smokers quit; and
- Measures to protect people from harmful second-hand smoke in outdoor areas.

Local Health Districts will also be supported to ensure that there is no smoking anywhere on NSW Health grounds.

The Strategy is comprised of three parts. Part One provides the background to tobacco control in NSW. Part Two sets out a partnership approach to achieving the objectives, including key principles and priority areas. Part Three describes the actions which will be taken by the NSW Government and partners in the non-government sector and timeframes under each priority area.

A feature of this Strategy is its focus on some of the most disadvantaged groups in our society. Many of these groups have much higher rates of smoking than the general population - for Aboriginal people it is at least double the rate of the non-Aboriginal population. To address these particular needs, the population-wide approaches that have been effective and delivered substantial reductions in smoking prevalence in the past will be maintained and complemented with additional targeted approaches to assist disadvantaged groups to quit smoking and to reduce the associated disproportionate levels of death and disease.

Background and Context for Tobacco Control in NSW

Introduction

The death toll in Australia from smoking will pass the one million mark within this decade.¹ More than 900,000 Australians have already died prematurely because they smoked. Tobacco has been labelled one of the great killers of the twentieth century, causing unnecessary death, disease and disability on a large scale.²

Tobacco adversely affects almost every organ in the body. Evidence about the dangers of tobacco continues to mount. Smoking greatly increases the risk of many cancers and is a major cause of chronic obstructive pulmonary disease and ischaemic heart disease.³ It is also clear that exposure to second-hand smoke involves adverse health effects including an increased risk of asthma and sudden infant death syndrome for children.⁴

NSW is proud of its successes in tobacco control. These include:

- Since 1997, there has been a significant decrease in the proportion of adults who were current smokers (24.0 per cent to 15.8 per cent in 2010).
- Smoking by secondary school students has declined by 6 percentage points - falling from 14.6 per cent in 2002 to 8.6 per cent in 2008.⁵
- Nine out of ten adults now live in smoke-free homes.⁶
- Lung cancer rates have now fallen to levels last seen in the 1960s mainly due to tobacco control.⁷
- NSW public education campaigns have been used across Australia and internationally in countries such as China, the United States and Canada.
- NSW led the rest of Australia by introducing a comprehensive package of legislative reforms in 2008 to protect children from tobacco. The reforms introduced a ban on the display of tobacco, a single point of sale for tobacco and a ban on smoking in cars when children under the age of 16 years are present.

The magnitude of the problems caused by tobacco continues to present a significant burden for NSW. Smoking is responsible for around 44,000 hospital admissions every year and causes the deaths of over 5,200 people in this state each year.⁸

Estimates of the annual social costs of tobacco use in NSW for 2006/07 are \$8.4 billion with tangible costs of \$2.9 billion.⁹ A study by Collins and Lapsley found that while real tangible costs grew 24 per cent from 1998/99 to 2006/07, real intangible costs fell by 14 per cent. Significantly, these results show that total real social costs are estimated to have fallen by around four per cent since 1998/99, reflecting the decline in smoking-attributable mortality in NSW over this period.

Despite these findings, smoking rates remain unacceptably high, particularly among Aboriginal people and those from low socioeconomic, disadvantaged and other specific groups. Over the period 2006-2009, 33.9 per cent of Aboriginal people aged 16 years and over in NSW were current smokers (33.5 per cent of Aboriginal males and 34.2 per cent of Aboriginal females).¹⁰ In the general population, more males are current smokers than females (18.1 per cent compared to 13.5 per cent) and since 2009, there has been an increase in current smoking among males and females aged 16-24 years.¹¹

Policy context

The *NSW Tobacco Strategy 2012-2017* is informed by relevant policy frameworks at the international, national and state level. This includes the World Health Organization's *Framework Convention on Tobacco Control* at the international level, the *National Partnership Agreement on Preventive Health* and the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* at the national level and the *NSW 2021 Plan*, the *NSW Cancer Plan 2011-2015* and the *NSW Tobacco Action Plan 2005-09* at the state level.

The Approach to Tobacco Control in NSW

Working in partnership

The challenges confronted by all governments working in tobacco control are complex and require the formation of partnerships with the community and the adoption of a ‘whole of government’ approach. The NSW Government recognises that past achievements in tobacco control in NSW have resulted from partnerships with strong allies and the ongoing commitment of non-government agencies and local health services to tobacco control.¹²

Partnerships were a central feature of the previous Tobacco Action Plan and remain vital for this Strategy. Collaboration between government and non-government agencies in NSW will continue to underpin tobacco control approaches in NSW – delivering benefits in terms of enhanced efficiency and effectiveness and ensuring successful implementation of the actions in this Strategy.

Delivering a comprehensive tobacco control strategy requires action in a variety of settings. Key settings for tobacco control in NSW include workplaces, schools, media, the built environment, health services (particularly mental

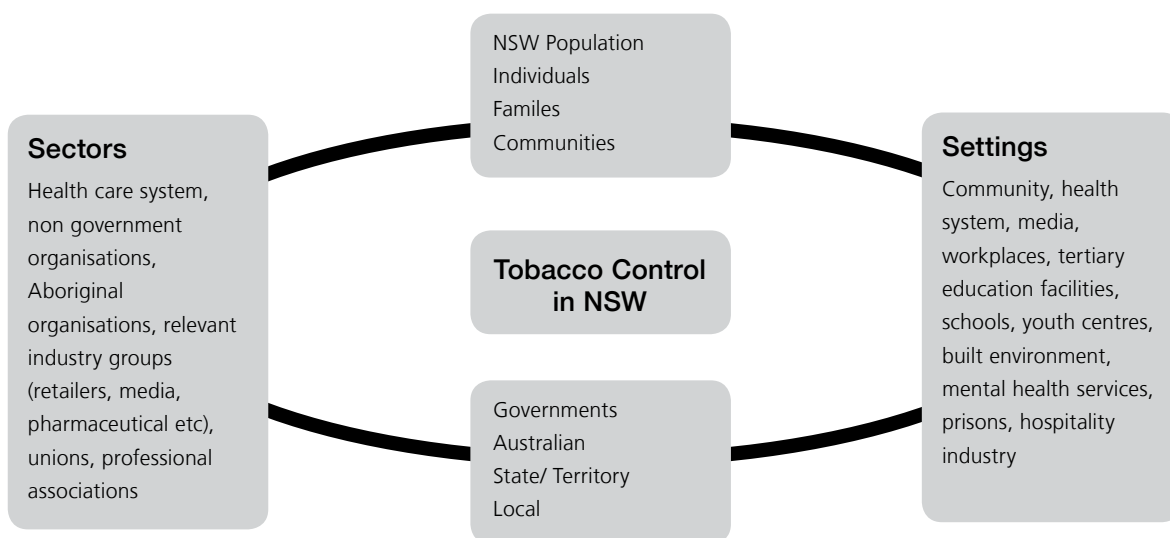
health services), the hospitality industry and prisons. Key partners and stakeholders include the health care system, social service organisations, non-government organisations, Aboriginal organisations, relevant industry groups (retailers, media, pharmaceutical etc), unions and professional associations.

To achieve our targets there is a recognised need to:

- Strengthen long standing partnership relationships;
- Identify and form new partnerships in order to expand opportunities for tobacco control interventions within a range of community settings;
- Work with a range of partners to improve the sustainability and accessibility of quit smoking services within the community for different population groups; and
- Build the capacity of different organisations and health workers to implement tobacco control programs.¹³

The figure below demonstrates the approach to tobacco control in NSW.

Figure 1: Approach to tobacco control in NSW



Adapted from the National Preventative Health Strategy Figure 1.6 Working Together.¹⁴

Key partners

Key NSW Government agencies responsible for implementing actions under the *NSW Tobacco Strategy 2012–2017* include:

- NSW Health, including the NSW Ministry of Health, Local Health Districts, Justice Health and Multicultural Health Communication Service
- Cancer Institute NSW
- NSW Department of Education and Communities
- NSW Department of Premier and Cabinet (Division of Local Government)
- Corrective Services NSW
- Community Services

Key partners involved in supporting actions under the Strategy include:

- Cancer Council NSW
- National Heart Foundation (NSW Division)
- Aboriginal Health and Medical Research Council
- Action on Smoking and Health
- Australian Respiratory Council
- NSW Quitline
- Universities and research groups
- Aboriginal community controlled health organisations
- Aboriginal communities
- Aboriginal peak organisations
- Culturally and linguistically diverse communities
- Mental health organisations
- GP divisions
- Medicare Locals
- Australian Government
- Local councils
- Local Government and Shires Associations of NSW
- Tertiary education providers
- Catholic and independent schools
- Consumer and media organisations

Guiding Principles

The following six principles underpin the implementation of this Strategy:

- **A population approach** - focusing on improving the overall health status of the community, delivering sustained, effective and comprehensive programs that promote and support healthy living for all.¹⁵
- **Reducing inequity** – addressing the differences in health status in the community by recognising and responding to the special needs of those groups whose health is poorest, especially Aboriginal people.¹⁶
- **Working in partnership** – recognising that many factors that influence health are outside the direct control of the health system and developing strategic partnerships across government, industry, business, unions, the non-government sector, research institutions, youth groups and communities as required.¹⁷
- **Capacity building** – focusing on organisational change, workforce development, resource allocation and leadership that incorporates advocacy and relies on partnerships. By working across sectors, there is potential to build individual skills, strengthen community action and empower organisations to promote sustainable health behaviours and support healthy environments.¹⁸
- **Engaging communities** – engaging with people where they live, work and play and informing, enabling and supporting people to make healthy choices. Relevant settings may include home, work, school, youth centres, workplaces and community.
- **Ensuring effective implementation** – providing a strong infrastructure that supports individuals and communities in making and sustaining healthy choices and measures progress in achieving targets.

Goals, Targets and Priority Areas

Our Goal

To improve the health of the people of NSW and to eliminate or reduce their exposure to tobacco in all its forms.

Our Objectives

- Reduce the number of people using tobacco
- Prevent the uptake of smoking especially by children and young people
- Prevent exposure to second-hand smoke and the harm it causes
- Reduce smoking among Aboriginal people and other disadvantaged populations
- Decrease tobacco related death and disease

Our Targets

The *NSW 2021* plan includes the following targets in regard to reducing smoking rates:

- Reduce smoking rates by 3 per cent by 2015 for non-Aboriginal people and by 4 per cent by 2015 for Aboriginal people; and
- Reduce the rate of smoking by pregnant Aboriginal women by 2 per cent per year and reduce the rate of smoking by pregnant non-Aboriginal women by 0.5 per cent per year.

NSW is also committed to the targets set in the National Partnership Agreement on Preventative Health (NPAPH) to reduce daily smoking among adult Australians aged 18+ to 10 per cent or lower by 2020. The Agreement sets interim targets for States and Territories of a 2 percentage point reduction from the 2007 baseline by 2011 and a 3.5 percentage point reduction from this baseline by 2013.

The NSW target to reduce smoking rates by 3 per cent by 2015 for non-Aboriginal people and by 4 per cent by 2015 for Aboriginal people is measured by the NSW Health Survey Program and includes daily and occasional smoking by people 16 years of age and older.

The NPAPH target is based on the National Drug Strategy Household Survey administered by the AIHW and includes only daily smoking by people 18 years of age and older. The NSW specific targets based on the 2007 baseline figure of 17.2% is to achieve 15.2% by 2011 and 13.7% by 2013.

Under the *NSW Tobacco Strategy 2012–2017*, NSW will also:

- Reduce the proportion of students who have ever smoked tobacco by 1 per cent per year to 2017; and
- Increase the proportion of adults living in smoke-free households by 0.5 per cent per year to 2017.

Our Priority Areas

The achievement of these targets will require renewed efforts in implementing our program of anti-tobacco public education campaigns, enhanced attention to cessation support, a strong commitment to monitoring and enforcing regulatory reforms and action to prohibit smoking in commercial outdoor eating areas to further protect the community from the health consequences of second-hand smoke.

A greater focus is needed on smoking in Aboriginal communities, smokers from culturally and linguistically diverse (CALD) communities, low socioeconomic and other disadvantaged groups. To achieve the objectives of this Strategy, eight priority strategy areas based on best practice approaches to tobacco control will be addressed:

- **Public Education**
Continue and build on public education campaigns to motivate smokers to quit.
- **Cessation Services**
Continue to provide evidence based cessation services to support smokers to quit.
- **Aboriginal Communities**
Work in partnership with Aboriginal communities and peak bodies to reduce smoking and exposure to second-hand smoke among Aboriginal people.
- **Groups with High Smoking Prevalence**
Strengthen efforts to reduce smoking among people in low socioeconomic and other groups with high smoking prevalence such as some culturally and linguistically diverse groups.
- **Tobacco Advertising and Promotion**
Regulate the advertising and promotion of tobacco products and restrict the availability and supply of tobacco, especially to children.
- **Second-hand Smoke**
Strengthen efforts to reduce exposure to second-hand smoke in workplaces, public places and other settings.

- **Young People**

Strengthen efforts to prevent the uptake of smoking by young people.

- **Research, Monitoring, Evaluation & Reporting**

Strengthen research, monitoring, evaluation and reporting of programs for tobacco control.

The NSW Ministry of Health will take the lead in coordinating and monitoring the implementation of the Strategy across government. A mid-term review of progress towards the targets and implementation of actions will be undertaken in 2014. The NSW Ministry of Health will report on population level indicators of smoking prevalence. Other key indicators from the Strategy will be reported on a regular basis by other lead agencies.

Supporting national strategies to reduce tobacco related harm

The Australian Government has a range of specific tobacco regulatory responsibilities. These include the regulation of tobacco products through trade practices legislation, the prohibition of sponsorship and advertising of tobacco products, the regulation of tobacco packaging (including cigarette contents and graphic health warnings on cigarette packs) and regulating taxes on tobacco products.

While the focus of this Strategy is on what NSW will do, it is recognised that there are a number of reforms outside the control of the NSW Government that would further reduce the harm caused by tobacco. Of critical importance is increasing the price of tobacco, plain packaging of tobacco products, eliminating the remaining forms of tobacco advertising and enhancing national anti-tobacco public education campaigns.

In April 2010, the Australian Government announced a range of national tobacco control strategies in a bid to reduce smoking rates. Strategies included: an increase in tobacco excise of 25 per cent, enacting legislation to require cigarettes to be sold in plain packaging, amending legislation to bring restrictions on tobacco advertising and sales on the internet into line with restrictions on other media and at physical points of sale and additional funding for anti-smoking campaigns targeting disadvantaged populations. To further assist quitting by low-income people, the Australian Government announced in December 2010 that concession card holders will be able to access nicotine patches under the Pharmaceutical Benefits Scheme (PBS) from February 2011, meaning the products are free of charge to concession card holders. Since December 2008, Nicotine Replacement Therapy (NRT) has been available to Aboriginal and Torres Strait Islanders through the PBS.

The Australian Government also indicated its intention to consider removing the duty-free allowance on tobacco products for international travellers entering Australia. The Australian Government will also continue to participate in international negotiations for a protocol to eliminate the illicit trade in tobacco products under the WHO *Framework Convention on Tobacco Control*.

The NSW Ministry of Health supported these measures through the NSW submission to the *National Preventative Health Taskforce Discussion Paper Australia: the Healthiest Country by 2020*. In addition, NSW prepared a joint submission on behalf of the Northern Territory, Western Australia, South Australia, Tasmania, New South Wales and the Australian Capital Territory Health Ministers for the Australian Government Henry Review – *Australia's future tax system*. This submission highlighted the important role that taxation plays in tobacco control and recommended that the Australian Government increase the price of tobacco through taxation and that it abolish duty-free sales of tobacco products.

Priority Areas

Public Education

Continue public education campaigns to motivate smokers to quit

There is strong evidence that public education campaigns are one of the most effective population strategies to reduce tobacco consumption. Public education campaigns help to personalise the health risks of smoking and increase people’s sense of urgency about quitting.¹⁹

The Cancer Institute NSW has lead responsibility for the design, delivery and evaluation of anti-tobacco public education campaigns in NSW. Since 2004, over 40 anti-tobacco campaigns have been implemented using a variety of styles of advertisements, from graphic to emotive executions, to maximise personal relevance and believability among smokers to motivate quitting. Examples of these high performing campaigns include *What’s Worse*, *Sponge* and *Everybody Knows*.

The actions under this priority area will build on the effective anti-tobacco public education campaign approaches that have been implemented over past years. Adult-targeted campaigns will continue to highlight the health consequences of smoking as the key motivator for smoking cessation. By providing fresh insights and delivering messages that are personally relevant to smokers, campaigns will aim to limit self-exempting beliefs and focus on delivering a strong message to quit, and stay quit.

The development, implementation and evaluation of new campaigns to highlight the danger of tobacco use to people from culturally and linguistically diverse backgrounds, people with mental illness, prisoners and Aboriginal communities will also form a key part of the Strategy. These groups within the community have a higher rate of tobacco use and have shown a smaller decrease in tobacco use in response to previous Government anti-smoking messages.

Public Education

Continue public education campaigns to motivate smokers to quit

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Build on, develop, implement and evaluate a range of anti-tobacco mass media campaigns which: a) Utilise a variety of styles and communication channels to maximise personal relevance and believability among smokers to motivate quit attempts; b) Have sufficient frequency, reach and intensity to have an impact at the population level; and c) Utilise a range of mediums to ensure maximum relevance, reach and impact on CALD groups, low socioeconomic smokers and smokers from other disadvantaged groups, including the custodial population.	Cancer Institute NSW Justice Health Corrective Services NSW NGOs	■	■	■	■	■	Recognition of campaign activity Quitline calls & website traffic

Public Education

Continue public education campaigns to motivate smokers to quit

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Develop public education campaigns for Aboriginal people that smoke: a) Using existing effective mainstream campaigns complemented by Aboriginal specific campaign elements; and b) Public education campaign messages developed and refined for Aboriginal people.	Cancer Institute NSW Aboriginal peak bodies Aboriginal communities	■	■	■	■	■	Recognition of campaign activity Quitline calls & website traffic Culturally relevant representation of Aboriginal people and smoking environments /situations in mainstream and Aboriginal specific tobacco public education campaigns
Develop innovative approaches to online advertising and social media strategies as part of tobacco campaign strategies to encourage, support and promote quitting.	Cancer Institute NSW	■	■	■	■	■	Response to online advertising and social media strategies
Develop partnerships with key organisations in NSW (including NGOs, Aboriginal peak organisations and primary care services) to extend the reach of campaigns.	Cancer Institute NSW NSW Health	■	■	■	■	■	Organisations undertaking campaign related support activities
Develop partnerships with other states, territories, the Australian Government and internationally to maximise the impact and cost effectiveness of campaign development and placement.	Cancer Institute NSW MOH	■	■	■	■	■	National and inter-state partnerships established National campaigns effectively implemented in NSW
Conduct education campaigns to ensure the community is aware of the risks associated with exposure to second-hand smoke, particularly for children.	Cancer Institute NSW NGOs NSW Health	■	■	■	■	■	Value adding activities identified Community awareness of second-hand smoke related harm

Key:
MOH – NSW Ministry of Health
MHCS – NSW Multicultural Health Communication Service
NGOs – Non-government organisations

Cessation Services

Continue to provide evidence based cessation services to support smokers to quit

Complementing anti-tobacco public education campaign strategies are cessation support services to help smokers to quit. These cessation services include a range of programs such as the NSW Quitline, online services, specialised cessation services, brief interventions provided by health professionals and workplace programs.

There is now increasing recognition in Australia of the need to increase the proportion of smokers who access the

Quitline and for additional strategies to increase smokers' confidence in their ability to quit.

Actions for this priority area focus on enhancing the high quality and effectiveness of the Quitline telephone and online services and on better integrating referral pathways to and from the Quitline with the health system, primary care services and relevant non-government organisations.

There is also a need to increase smokers' awareness and understanding of pharmacotherapies, particularly for highly dependent smokers. Evidence suggests that there are considerable benefits in enhancing brief interventions by GPs and other health professionals.

Cessation Services

Continue to provide evidence based cessation services to support smokers to quit

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Continue to implement and promote the iCanQuit website to provide greater opportunities for interaction and support smokers to quit.	Cancer Institute NSW NSW Quitline		■	■	■	■	Website traffic and number of registered users
Build on and promote Multilingual Quitline services and enhance coordination between this service and tobacco control programs delivered by health services.	Cancer Institute NSW MHCS NSW Health	■	■	■	■	■	Calls to the Multilingual Quitline
Comply with the National Quitline Minimum Standards and contribute to any national reviews of the standards.	Cancer Institute NSW NSW Quitline MOH	■					Achievement against National Quitline Minimum Standards
Enhance recruitment to and effectiveness of the Quitline to ensure it is an effective and high quality service accessed by an increasing proportion of smokers.	Cancer Institute NSW NSW Quitline MOH			■			Evaluation of the Quitline conducted Proportion of smokers that utilise the Quitline
Develop and implement strategies to improve the integration of the Quitline with other programs across the health system, primary care services and relevant non-government agencies with a priority focus on CALD communities, low socioeconomic and disadvantaged groups, including the custodial population.	Cancer Institute NSW NSW Quitline NSW Health NGOs MHCS Justice Health	■	■	■	■	■	Quitline referrals from other agencies
Provide training in best practice smoking cessation (particularly brief interventions) to a range of health professionals and health workers including mental health staff, nurses, allied health, dentists, medical staff, Aboriginal Health Workers, drug and alcohol workers and other relevant groups including non-health sector professionals who work with disadvantaged populations.	NSW Quitline NSW Health Universities NGOs		■		■		Number of workshops conducted and staff trained Changes in health professionals and other workers confidence to implement brief interventions with clients

Cessation Services

Continue to provide evidence based cessation services to support smokers to quit

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Develop strategies to promote cessation services to pregnant women and the families of pregnant women.	Cancer Institute NSW NSW Quitline NSW Health GP Divisions	■	■	■	■	■	Calls to Quitline by pregnant women and their families Quit attempts by pregnant women and their families % of women who smoke during pregnancy
Develop, implement and review NSW Ministry of Health policies and systems to ensure patients and clients of health services: a) Receive appropriate and consistent management of nicotine dependency; b) Are routinely asked about their smoking status and are supported to quit while being treated and post discharge; c) Have their smoking status and treatment routinely recorded to enable consistent protocols for smoking cessation treatment; and d) Are reported on in terms of smoking status and the provision of smoking cessation care and outcomes.	NSW Health NGOs	■		■		■	Let's take a moment, Brief intervention for smoking cessation – a guide for health professionals implemented and regularly updated Managing Nicotine Dependent Health Clients guide implemented and regularly updated Health services reporting on the proportion of patients whose smoking status is assessed and the proportion of patients identified as smokers offered NRT and supported to quit
Under the Healthy Workers Initiative, promote the <i>Get Healthy Information & Coaching Service®</i> to workplaces and refer callers wishing to quit smoking to the Quitline.	NSW Health NGOs Workplaces		■	■	■	■	Quitline referrals from the <i>Get Healthy Information & Coaching Service®</i>

Key:
MOH – NSW Ministry of Health
MHCS – NSW Multicultural Health Communication Service
NGOs – Non-government organisations

Aboriginal Communities

Work in partnership with Aboriginal communities and peak bodies to reduce smoking and exposure to second-hand smoke among Aboriginal people

The level of poor health and disadvantage experienced by Aboriginal people is significant. Aboriginal people experience greater levels of chronic disease and injury and have shorter life expectancies than the non-Aboriginal population. The burden of disease and injury study for the Aboriginal and Torres Strait Islander population of Australia which was published in 2007, shows that the Aboriginal health gap accounted for 59 per cent of the total burden of disease for Aboriginal people in Australia in 2003. Tobacco was the largest risk factor and was responsible for 17 per cent of the health gap and 12 per cent of the total burden of disease.²⁰

The 2006-2009 Report on Adult Aboriginal Health from the NSW Population Health Survey found that since 2002-2005

there has been a significant decrease in the proportion of Aboriginal adults who were current smokers (41.3 per cent to 33.9 per cent).²¹ While these results are encouraging, there is much more that needs to be done, as Aboriginal people remain twice as likely as non-Aboriginal people to be current daily smokers.

The drivers of the high rate of smoking among Aboriginal people are complex and include both historical and contemporary processes. Evidence suggests that smoking is highly normalised in Aboriginal communities and that strong social factors drive early initiation and can act as barriers to smoking cessation among Aboriginal people.^{22 23}

The involvement of Aboriginal community-controlled health organisations in providing leadership, policy development, program implementation and the evaluation of tobacco control strategies in partnership with governments, health services and non-government organisations will be critical if we are to achieve further reductions in the prevalence of smoking among Aboriginal people.

Aboriginal Communities

Work in partnership with Aboriginal communities and peak bodies to reduce smoking and exposure to second-hand smoke among Aboriginal people

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Provide training to Aboriginal Health Workers and other relevant health workers to improve skills in the provision of smoking cessation advice and in developing community-based tobacco control programs.	NSW Health Cancer Institute NSW Universities AHMRC NGOs	■					Knowledge, skills, attitude and awareness of Aboriginal Health Workers and other relevant workers Proportion of clients who smoke identified
Develop and implement strategies to tackle the high levels of smoking by Aboriginal Health Workers.	NSW Health AHMRC	■	■				% of Aboriginal Health Workers who smoke Attitude and awareness of Aboriginal Health Workers to smoking
Deliver best practice smoking cessation brief interventions as part of routine service delivery to Aboriginal clients.	NSW Health Cancer Institute NSW AHMRC Universities NGOs	■	■	■	■	■	Aboriginal clients routinely asked about their smoking status, brief interventions implemented and cessation support provided as required
Develop and implement strategies to enable the NSW Quitline to better meet the needs of Aboriginal people who smoke.	Cancer Institute NSW AHMRC NSW Quitline	■	■	■	■	■	Strategies implemented
Develop and implement policies and projects in collaboration with peak Aboriginal organisations, Corrective Services NSW and Justice Health to decrease smoking by Aboriginal people in custody.	NSW Health AHMRC Justice Health Corrective Services	■	■	■	■	■	% of Aboriginal people in custody who smoke

Aboriginal Communities

Work in partnership with Aboriginal communities and peak bodies to reduce smoking and exposure to second-hand smoke among Aboriginal people

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Encourage and support pregnant Aboriginal women to quit by providing best practice cessation interventions.	NSW Health AMIHS AHMRC	■	■	■	■		% of Aboriginal women who smoke during pregnancy % of pregnant Aboriginal women who live in smoke-free homes Number of quit attempts and intention to quit
Establish a high level NSW Aboriginal Tobacco Advisory Group to advise on tobacco control efforts for Aboriginal people in NSW.	MOH AHMRC Cancer Institute NSW	■	■	■	■	■	Advisory Group established and key strategic approaches identified and agreed
Review existing evidence and current projects being implemented to reduce Aboriginal smoking in NSW and identify effective models that can be built upon in the future.	NSW Health MOH AHMRC Cancer Institute NSW	■	■	■	■	■	Review completed Effective models identified and integrated into strategic approach and planning of the NSW Aboriginal Tobacco Partnership Group
Strengthen partnerships and collaboration between key organisations in NSW to develop and deliver sustained and coordinated Aboriginal tobacco control programs especially between AMS and health services.	NSW Health AHMRC Cancer Institute NSW NGOs	■	■	■	■	■	Number and range of organisations and partners delivering programs
In partnership with peak Aboriginal organisations, NGOs, health services and other relevant groups: a) Build the capacity of Aboriginal organisations and staff to develop and implement tobacco control programs; and b) Support Aboriginal organisations to move towards smoke-free workplaces and events.	NSW Health AHMRC Cancer Institute NSW NGOs	■	■	■	■	■	Knowledge, attitude and awareness of tobacco among Aboriginal organisations Tobacco control programs developed, implemented and evaluated by Aboriginal organisations Number of smoke-free organisations (change from baseline measure)
Support national tobacco control efforts to reduce Aboriginal smoking and ensure coordination with NSW programs.	MOH AHMRC Cancer Institute NSW NGOs Universities	■	■	■	■	■	Nationally funded programs to reduce Aboriginal smoking implemented in NSW coordinated with NSW activity
Build tobacco control capacity within Aboriginal Community Controlled Health Services.	NSW Health AHMRC	■	■	■	■	■	Knowledge, skills, attitude and awareness of Aboriginal Health Workers and other relevant workers
Increase awareness and use among Aboriginal people that smoke of NRT products available through the PBS.	NSW Health AHMRC Universities Cancer Institute NSW	■	■				Uptake of NRT through PBS in NSW

Key:
 MOH – NSW Ministry of Health
 MHCS – NSW Multicultural Health Communication Service
 NGOs – Non-government organisations
 AHMRC - Aboriginal Health and Medical Research Council

Groups with High Smoking Prevalence

Strengthen efforts to discourage smoking among people in low socioeconomic and other groups with high smoking prevalence such as some culturally and linguistically diverse groups

Over the past 40 years, smoking prevalence has declined significantly in the general population. However, the decline has been less evident amongst the most disadvantaged. Smoking rates are high among people from low socioeconomic groups, Aboriginal people, those who are unemployed, homeless or imprisoned and those with a mental illness or drug or alcohol dependency. For example:

- Smoking rates among people in NSW correctional facilities are around 76 per cent²⁴ and the prevalence is higher among inmates of psychiatric wards.²⁵
- People who self-reported mental or behaviour problems have smoking rates of 32 per cent compared to 20 per cent of those who do not report these problems with rates significantly higher among people admitted to a mental health hospital.²⁶

- People in drug treatment have smoking rates ranging from 74-100 per cent.²⁷

Within the actions under this priority area, targeted populations include people from low socioeconomic groups, people with mental illness, people with drug and alcohol dependency, people in correctional facilities and other population groups with high smoking prevalence such as some culturally and linguistically diverse groups. Specific strategies for Aboriginal people are covered under the Aboriginal Communities priority area.

Working in these settings is complex and poses many challenges for tobacco control. A range of approaches will be implemented over the life of this plan in partnership with correctional facilities, mental health and social service organisations to build the capacity of these services to contribute to tobacco control efforts and discourage smoking among disadvantaged communities.

Groups with High Smoking Prevalence

Strengthen efforts to discourage smoking among people in low socioeconomic and other groups with high smoking prevalence

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Build on existing advocacy for staged tobacco tax increases to encourage smokers from low socioeconomic groups to quit.	MOH Cancer Institute NSW NGOs	■	■	■	■	■	Monitor real price of tobacco increases over time
Implement measures to promote cessation assistance for smokers from CALD communities, low socioeconomic and other disadvantaged groups.	NSW Health Cancer Institute NSW NGOs MHCS NSW Quitline	■	■	■	■	■	Assistance measures for disadvantaged smokers
Further strengthen partnerships with social service and mental health organisations to build the capacity of these groups to contribute to tobacco control efforts.	NSW Health Cancer Institute NSW NGOs Social service organisations						Assistance measures for disadvantaged smokers Knowledge and attitudes of staff in relation to tobacco Tobacco control goals reflected in relevant service plans and policies
Review and fully implement the NSW Health Smoke-Free Health Care Policy in mental health and drug and alcohol facilities.	NSW Health Cancer Council NSW	■	■	■	■	■	Progress reports on implementing the Smoke-Free Health Care Policy & Guidelines for Smoke Free Mental Health Services
Increase referrals by GPs and other health professionals in disadvantaged areas to Quitline and the iCanQuit website.	NSW Health Cancer Institute NSW NSW Quitline GP Networks	■	■	■	■	■	Referrals to Quitline and the iCanQuit website from NSW Health and GPs

Groups with High Smoking Prevalence

Strengthen efforts to discourage smoking among people in low socioeconomic and other groups with high smoking prevalence

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Provide information to GPs and other health professionals to highlight that people with common mental health problems can succeed in quitting and benefit from greater control of withdrawal symptoms.	NSW Health Cancer Institute NSW NGOs GP Networks	■	■	■	■	■	Information disseminated Knowledge and attitudes of health professionals regarding smoking and mental illness
Develop, implement and evaluate a range of appropriate strategies to reduce smoking prevalence and exposure to second-hand smoke amongst custodial populations and workforce specific to the correctional environment.	Justice Health Corrective Services NSW MOH	■	■	■	■	■	Policies developed and implemented Exposure of staff and inmates to second-hand smoke Smoking rates among prisoners Quit attempts & pharmacotherapy use
Develop and implement the Collaborative Tobacco Initiatives Plan through the Corrective Services NSW and Justice Health Tobacco Working Group to guide tobacco control activities in the NSW custodial setting.	Justice Health Corrective Services NSW	■	■	■	■	■	Plan developed and implemented
Increase awareness and use among low income groups that smoke of NRT products available through the PBS.	MOH Cancer Institute NSW	■	■				Uptake of NRT through PBS in NSW

Key:
MOH – NSW Ministry of Health
MHCS – NSW Multicultural Health Communication Service
NGOs – Non-government organisations

Advertising and Promotion

Eliminate the advertising and promotion of tobacco products and restrict the availability and supply of tobacco, especially to children

Tobacco advertising portrays tobacco smoking as a regular and socially acceptable activity. Tobacco advertising can also undermine the warnings about the adverse health effects caused by smoking.

Research suggests that displays of tobacco can influence children's perceptions about the availability and accessibility of cigarettes in their community.²⁸ In addition, tobacco displays have been found to make it harder for intending quitters to quit smoking.²⁹

Tobacco sponsorship, advertising and point of sale promotions have been restricted and progressively phased out over time. The commencement of the *Public Health*

(*Tobacco*) Act 2008 on 1 July 2009 brought into effect significant reforms in NSW to restrict the availability and supply of tobacco, especially to children and young people. More can be done to further reduce the advertising and promotion of tobacco products.

The Australian Government has significant responsibilities in this area, including the regulation of tobacco products through trade practices legislation, the prohibition of sponsorship and advertising of tobacco products and the regulation of tobacco packaging, including cigarette contents and graphic health warnings on cigarette packs. NSW will build on the Australian Government commitment to bring restrictions on tobacco advertising and sales on the internet into line with restrictions on other media and at physical points of sale by strengthening state legislation to expressly prohibit the sale of tobacco on the internet.

Advertising and Promotion

Eliminate the advertising and promotion of tobacco products and restrict the availability and supply of tobacco, especially to children

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Monitor and enforce the requirements of the <i>Public Health (Tobacco) Act 2008</i> .	NSW Health	■	■	■	■	■	Compliance with legislation Warning notices/ prosecutions Survey data on source of supply of cigarettes for children and whether they have been asked for proof of age
Review data collection and reporting systems for the <i>Public Health (Tobacco) Act 2008</i> and implement key recommendations.	NSW Health	■	■				Review completed and recommendations implemented
Continue to implement the retailer notification scheme and review its effectiveness.	NSW Health	■	■	■	■	■	Scheme implemented Number of retailers registered
Conduct retailer education campaigns (including those specifically tailored for CALD groups) to raise tobacco retailer awareness of their obligations under the law and increase compliance with legislation.	NSW Health MHCS	■	■	■	■	■	Knowledge of retailers about tobacco legislation Compliance with legislation Retailer education available in other languages
Publicise successful prosecutions to enhance community and retailer awareness.	NSW Health	■	■	■	■	■	Prosecutions publicised in the media
Conduct regular training to ensure Authorised Inspectors are appropriately skilled and supported to monitor compliance with legislation and assist with prosecutions.	NSW Health	■	■	■	■	■	Regular training and skills update sessions conducted for Authorised Inspectors

Advertising and Promotion

Eliminate the advertising and promotion of tobacco products and restrict the availability and supply of tobacco, especially to children

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Monitor and review the <i>Public Health (Tobacco) Act 2008</i> to ensure its effective operation and identify whether further amendments are required.	MOH	■	■	■	■	■	Regular reviews conducted and key findings implemented as appropriate.
Develop a protocol for compliance with Article 5.3 of the World Health Organization <i>Framework Convention on Tobacco Control</i> (FCTC) regarding transparent communication with the tobacco industry.	MOH	■	■				Protocol developed
Contribute to initiatives to determine the optimal design of plain packaged cigarettes to reduce their appeal and increase the impact of health warnings.	MOH Cancer Institute NSW NGOs	■	■				Issues relating to Commonwealth legislation put forward in appropriate forums, considered and implemented as appropriate
Review compliance data relating to tobacco vending machines to determine whether tobacco vending machines represent a risk of sales to minors.	MOH	■	■	■	■	■	Data monitored regularly
Examine options to phase out tobacco sales on NSW Government premises.	MOH	■	■				Options examined and recommendation made
Amend the <i>Public Health (Tobacco) Act 2008</i> to expressly prohibit the sale of tobacco on the internet.	MOH		■				Legislation amended

Key:
 MOH – NSW Ministry of Health
 MHCS – NSW Multicultural Health Communication Service
 NGOs – Non-government organisations

Second-hand Smoke

Reduce exposure to second-hand smoke in workplaces, public places and other settings

It is well established that there is no safe level of exposure to second-hand smoke and that it causes a range of serious health problems including coronary heart disease and lung cancer in non-smoking adults.³⁰ Children are particularly susceptible to health damage caused by second-hand smoke due to their immature immune systems and their smaller airways. Children can suffer a range of health problems including increased risk of asthma and sudden infant death syndrome from exposure to second-hand smoke.³¹

Smoke-free environments are effective in reducing non smokers' exposure to second-hand smoke and it is argued that they contribute to the denormalisation of tobacco smoking. Smoke-free environments are also beneficial for smokers by supporting their efforts to quit and reducing the consumption of cigarettes as smoke-free environments provide fewer opportunities to smoke.

Local councils in NSW have been progressively introducing smoke-free policies in outdoor areas such as children's playgrounds, swimming pools and beaches. The NSW Government will amend the *Smoke-Free Environment Act* to protect the community from harmful second-hand tobacco smoke in a number of outdoor settings, including: at public sports grounds, within 4 metres of the entrance to a public building and in commercial outdoor dining areas.

Second-hand Smoke

Reduce exposure to second-hand smoke in workplaces, public places and other settings

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Amend the <i>Smoke-free Environment Act 2000</i> to prohibit smoking in the following areas: a) In public playgrounds within 10m of children's play equipment; b) In open areas of public swimming pools; c) In major sporting facilities and at public sports grounds; d) At public transport stops and stations; e) Within 4m of the entrance to a public building; and f) In commercial outdoor dining areas.	MOH	■	■	■	■	■	
Continue to monitor and enforce the <i>Smoke-free Environment Act 2000</i> .	NSW Health	■	■	■	■	■	Number of complaints Number of inspections and % premises complying with the legislation Prosecutions and warning notices issued
Conduct a targeted communications strategy (including for CALD groups) to ensure licensed premises and other employers are aware of their obligations under the Act.	NSW Health MHCS	■	■	■	■	■	Education activities conducted Level of awareness of the Act and its provisions across the hospitality industry
Continue to monitor and enforce the ban on smoking in cars when children under the age of 16 years are present.	MOH NSW Police	■	■	■	■	■	Number of infringement notices issued by NSW Police
Build the capacity of Authorised Inspectors to enforce smoke-free legislation.	NSW Health	■	■	■	■	■	Regular training and skill update sessions conducted

Second-hand Smoke

Reduce exposure to second-hand smoke in workplaces, public places and other settings

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Review and fully implement the Smoke-Free Health Care Policy for NSW Health.	NSW Health NGOs	■	■				Review conducted and policy revised as appropriate Number of NSW facilities which achieve totally smoke-free health care status
Increase awareness of parents, particularly those from CALD communities, low socioeconomic groups and Aboriginal people, of the health risks to children of second-hand smoke and ban on smoking in cars with children.	NSW Health AHMRC NGOs MHCS	■	■	■	■	■	% population reporting their home and car is smoke-free (especially CALD, low SES and Aboriginal populations)
Under the Healthy Workers Initiative, develop and implement guidelines and other resources for workplaces and other settings wishing to go smoke-free.	MOH	■	■				Guidelines developed and implemented
Conduct research on impacts of second-hand smoke to health.	MOH	■	■				Research conducted and recommendations made
Support the implementation of smoke-free multi-unit residential dwellings by strata organisations through the promotion of guidelines.	MOH NGOs	■	■	■	■	■	% of strata schemes which introduce smoke-free requirements
Advocate at a national level for a national approach on the issue of removing smoking ban exemptions for casino private gaming areas.	MOH	■					Discussions held with the Australian Government and other states and territories
Develop and implement options for reducing smoking on NSW Health facilities.	NSW Health	■	■				Options paper finalised and action taken to progress recommendations
Promote smoke-free policies in youth centres and tertiary education facilities, including TAFE, universities and private colleges.	NSW Health	■	■	■	■	■	Number of tertiary facilities and youth centres introducing smoke-free policies % of young people exposed to second hand smoke in tertiary facilities and youth centres
Introduce a strengthened enforcement regime for the Smoke-Free Health Care Policy through penalty notices.	MOH	■	■				Powers granted to Local Health Districts Policy Directive issued on use of penalty notices

Key:
 MOH – NSW Ministry of Health
 MHCS – NSW Multicultural Health Communication Service
 NGOs – Non-government organisations

Young People

Strengthen efforts to prevent the uptake of smoking by young people

Evidence

The teenage years are the most common time for taking up smoking, with 80 per cent of current smokers saying they began before the age of 20 years.^{32 33} The earlier a person takes up smoking, the harder it is to quit. By the age of 20, more than 80 per cent of smokers wish they had never started, having underestimated the addictive power of nicotine.³⁴ The younger a person is when they start to smoke, the less likely it is that they will ever cease.^{35 36}

The research literature indicates that effective youth smoking prevention requires a comprehensive approach. Sustained and integrated effort is required as short-term and one-off or limited focus interventions targeting young people are unlikely to have lasting results.³⁷

Critical to these efforts are population health measures to denormalise smoking and public education campaigns to encourage adult smokers to quit. One of the most significant predictors of the likelihood of young people smoking is whether their parents smoke. Young people whose parents smoke are significantly more likely to experiment with smoking than those whose parents do not smoke. Other research shows that children of non smokers are also more likely to remain non smokers in the long term.

Young People

Strengthen efforts to prevent the uptake of smoking by young people

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Build on the existing provision of information about the health risks of tobacco in the curriculum.	DEC NSW Health	■	■	■	■	■	Knowledge, attitude and awareness of tobacco and related disease Smoking rates by secondary school students
Ensure that information about the health risks of tobacco is available to young people attending youth centres and tertiary education including at TAFEs, universities and private colleges.	DEC MOH TAFE NSW Universities Private Colleges Community Services	■	■	■	■	■	Knowledge, attitude and awareness of tobacco and related disease Smoking rates by young people attending tertiary education and youth centres
Develop and implement strategies for young people in custody to stop smoking, or the uptake of smoking, once they leave the juvenile justice setting.	MOH Justice Health Corrective Services NSW	■	■				% of young people leaving custody who smoke
With regard to fruit and confectionary flavoured tobacco: a) Continue to monitor the market for fruit and confectionary flavoured tobacco products and take steps to declare them prohibited products if appropriate; and b) Advocate at a national level to ban the sale of fruit and confectionary flavoured tobacco.	MOH	■	■	■	■	■	Relevant products declared prohibited products Discussions held with the Australian Government and states and territories

Young People

Strengthen efforts to prevent the uptake of smoking by young people

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Advocate to the Standing Council on Health to include approved anti-smoking ads for films and enhanced classification of films which recognise the harmful effects that can result from the positive portrayal of smoking.	MOH Cancer Institute NSW	■	■				Discussions held with the Australian Government and states and territories
Review guidelines for Authorised Inspectors for the Sales to Minors Program.	MOH	■					Guidelines reviewed

Key:
 MOH – NSW Ministry of Health
 DEC – NSW Department of Education and Communities
 NGOs – Non-government organisations

Research, Monitoring, Evaluation & Reporting

Strengthen research, monitoring, evaluation and reporting of programs for tobacco control

Tobacco control is based on a strong body of Australian and international research that has amassed since the 1950s and continues to develop.

Policies and interventions in tobacco control in NSW are underpinned by a strong research, monitoring and

evaluation capacity. NSW has developed a comprehensive monitoring and surveillance system for tobacco, which enables us to monitor population trends over time and evaluate our success in achieving our targets.

Strengthening research, monitoring, evaluation and reporting of programs for tobacco control remain a continued priority throughout the life of the *NSW Tobacco Strategy 2012–2017*.

Research, Monitoring, Evaluation & Reporting

Strengthen research, monitoring, evaluation and reporting of programs for tobacco control

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Work collaboratively with Aboriginal communities, peak organisations, NGOs, health services and researchers to strengthen the evidence base around effective interventions to reduce smoking by Aboriginal people.	NSW Health AHMRC Cancer Institute NSW Universities & research groups	■	■	■	■	■	Development of a more comprehensive evidence base around effective interventions to reduce Aboriginal smoking Reports and studies on Aboriginal smoking and effective interventions published and disseminated
Work in partnership with relevant groups to strengthen the evidence base around effective interventions to reduce smoking by CALD communities, low socioeconomic groups and other disadvantaged populations, including the custodial population.	NSW Health Cancer Institute NSW NGOs Universities & research groups Justice Health Corrective Services NSW MHCS	■	■	■	■	■	Development of a more comprehensive evidence base Reports and studies on smoking by low SES groups and disadvantaged populations and effective interventions published and disseminated
Explore methods to improve data collection to monitor smoking prevalence by CALD communities, low socioeconomic groups and other disadvantaged populations.	MOH MHCS NGOs	■	■				Review conducted and recommendations implemented
Implement research programs to better understand the drivers of the high rates of smoking initiation among Aboriginal children and develop strategies to prevent uptake.	MOH AHMRC Universities research groups		■	■	■		Research programs initiated, completed and key messages disseminated
Develop a research program in order to build the evidence base for anti-tobacco public education campaigns, cessation services and regulatory strategies and refine strategies in the light of this evidence.	Cancer Institute NSW MOH Research organisations	■	■	■	■	■	Research program developed Evidence generated and disseminated Strategies refined in light of this evidence
Develop dissemination strategies and ensure the effective translation of research into policy and practice, particularly around health services and smoking in Aboriginal and CALD communities, low socioeconomic groups and other disadvantaged populations, including the custodial population.	NSW Health Cancer Institute NSW Universities NGOs Justice Health Corrective Services NSW MHCS	■	■	■	■	■	Key research findings reflected in tobacco control policies in NSW

Research, Monitoring, Evaluation & Reporting

Strengthen research, monitoring, evaluation and reporting of programs for tobacco control

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Monitor and analyse population health indicators to determine success in meeting targets.	MOH Cancer Institute NSW	■	■	■	■	■	Population data collected, analysed and reported and progress towards targets identified Mid-term review of <i>NSW Tobacco Strategy 2012–2017</i>
Use the results of regular research, monitoring and evaluation to refine the design, development and implementation of programs.	MOH Cancer Institute NSW	■	■	■	■	■	Comprehensive monitoring and evaluation components of all major tobacco control programs in NSW Mid-term review of <i>NSW Tobacco Strategy 2012–2017</i>
Strengthen the evidence base for tobacco control by regular reporting of research, monitoring and evaluation information.	NSW Health Cancer Institute NSW NGOs Universities	■	■	■	■	■	Tobacco related reports published and disseminated
Continue to support national and international tobacco control efforts by disseminating the results of NSW tobacco control programs, in particular anti-tobacco public education and regulatory policies.	MOH Cancer Institute NSW	■	■	■	■	■	Tobacco related reports published and disseminated to the Australian Government and other relevant organisations
Continue to monitor the social cost of smoking and the social benefits of public policy measures to reduce smoking prevalence.	MOH			■			Report published

Key:
 MOH – NSW Ministry of Health
 MHCS – NSW Multicultural Health Communication Service
 NGOs – Non-government organisations
 AHMRC – Aboriginal Health and Medical Research Council

References

1. Commonwealth of Australia: Australia the Healthiest Country by 2020 Technical Report No 2 Tobacco Control in Australia; Making Smoking History 2009
2. Commonwealth of Australia. Australia the Healthiest Country by 2020, National Preventative Health Strategy – the roadmap for action 2009.
3. Peto R. Mortality in relation to smoking: 40 years' observations on male British doctors. *British Medical Journal* 1994; 309: 901-911
4. NSW Department of Health. 2008. Protecting Children from Tobacco: A NSW Government Discussion Paper on the Next Steps to Reduce Tobacco-Related Harm
5. Centre for Epidemiology and Research. New South Wales School Students Health Behaviours Survey. Sydney: NSW Department of Health, 2009.
6. Centre for Epidemiology and Research. 2010. NSW Population Health Survey: 2010 Report on Adult Health. Sydney: NSW Department of Health.
7. Scollo M & Winstanley M. 2008. Tobacco in Australia: Facts and Issues. Melbourne Cancer Council.
8. Centre for Epidemiology and Research. 2010. The Health of the people of NSW: Report of the Chief Health Officer, Summary Report 2010. Sydney: NSW Department of Health.
9. Collins DJ, Lapsley H. The social costs of smoking in NSW in 2006/07 and the social benefits of public policy measures to reduce smoking prevalence. Sydney: NSW Department of Health, 2010
10. Centre for Epidemiology and Research, 2006-2009 *Report on Adult Aboriginal Health from the NSW Population Health Survey*, 2010, NSW Department of Health: Sydney
11. Centre for Epidemiology and Research. 2010. NSW Population Health Survey: 2010 Report on Adult Health. Sydney: NSW Department of Health.
12. NSW Department of Health. NSW Tobacco Action Plan 2005-2009 Background Paper
13. NSW Department of Health. NSW Tobacco Action Plan 2005-2009 Background Paper
14. Commonwealth of Australia. Australia the Healthiest Country by 2020, National Preventative Health Strategy – the roadmap for action 2009
15. Population Health Division. 2007. Healthy People NSW: Improving the Health of the Population. Sydney: NSW Department of Health
16. Population Health Division. 2007. Healthy People NSW: Improving the Health of the Population. Sydney: NSW Department of Health
17. Commonwealth of Australia. Australia the Healthiest Country by 2020, National Preventative Health Strategy – the roadmap for action 2009
18. NSW Department of Health. 2001. A framework for building capacity to support health.
19. Commonwealth of Australia. Australia the Healthiest Country by 2020, National Preventative Health Strategy – the roadmap for action 2009
20. Vos T, Barker B, Begg S, Stanley L and Lopez A. Burden of Disease and Injury in Aboriginal and Torres Strait Islander People: the Indigenous Health Gap *International Journal of Epidemiology* 2008; 1-8
21. Centre for Epidemiology and Research, 2006-2009 *Report on Adult Aboriginal Health from the NSW Population Health Survey*, 2010, NSW Department of Health: Sydney

22. Cultural and Indigenous Research Centre Australia. 2008. Development of anti smoking campaigns for Indigenous smokers - A report for the Cancer Institute NSW
23. Commonwealth of Australia. Australia the Healthiest Country by 2020-National Preventative Health Strategy, the roadmap for action 2009
24. Indig, D., Topp, L., Ross, B., Mamoon, H., Border, B., Kumar, S. & McNamara, M. (2010) 2009 NSW Inmate Health Survey: Key Findings Report. Justice Health. Sydney.
25. NSW Department of Health. NSW Public Health Bulletin July 2001
26. Australian Bureau of Statistics. 2006. Mental Health in Australia; a snapshot 2004-05.
27. Baker A, Ivers R, Bowman J, Butler T, Kay-Lambkin F, Wye P, Walsh R, Pulver L, Richmond R, Belcher J, Wilhelm K and Wodak A. 2006. Where there's smoke there's fire: high prevalence of smoking among some sub-populations and recommendations for intervention. *Drug and Alcohol Review* 25; 1 ;85-96
28. Wakefield M, Germain D, Durkin S, Henriksen L. An experimental study of effects on schoolchildren of exposure to point of sale cigarette advertising and pack displays. *Health Education Research* Vol 21 no. 3: 2006, 338-347
29. Wakefield M, Germain D, Henriksen L. The effect of retail cigarette pack displays on impulse purchases. *Addiction*. 2008 103(2), 322-328
30. Scollo M & Winstanley M. 2008 Tobacco in Australia: Facts and Issues. Melbourne Cancer Council..
31. NSW Department of Health. 2008. Protecting Children from Tobacco: A NSW Government Discussion Paper on the Next Steps to Reduce Tobacco-Related Harm
32. Winstanley M, Woodward S, Walker N. 1995. Tobacco in Australia: Facts and issues. Quit Victoria.
33. Lantz PM, Jacobson PD, Warner KE et al. 2000. Investing in youth tobacco control: a review of smoking prevention and control strategies. *Tobacco Control*; 9:47-63.
34. NSW Department of Health. 2008. Protecting Children from Tobacco : A NSW Government Discussion Paper on the Next Steps to Reduce Tobacco-Related Harm.
35. McDermott L, Russell, A, Dobson A. 2002. Cigarette Smoking Among Women in Australia. *National Tobacco Strategy 1999 to 2002-03 occasional paper*.
36. Wiencke JK, Thurston SW, Kelsey KT, Varkonyi A, Wain JC, Mark EJ, et al. 1999. Early age at smoking initiation and tobacco carcinogen DNA damage in the lung. *Journal of the National Cancer Institute*; 91:614-9.
37. Scollo M & Winstanley M. 2008. Tobacco in Australia: Facts and Issues Melbourne Cancer Council.

