



Health

SNAPSHOT

2016



Tobacco Strategy

2012-2017 Four colored arrows pointing right: yellow, green, blue, and red.

Despite all of the advances in tobacco control and changing community attitudes to smoking, it remains one of the leading causes of preventable disease and death in NSW – accounting for around 5,500¹ deaths and 46,300² hospitalisations a year.

The social costs of tobacco use in NSW are high, estimated at \$8.4 billion annually.³ Two in every three smokers will die prematurely as a result of being a smoker. Smoking greatly increases the risk of many cancers and is a major cause of heart disease.⁴

Exposure to second-hand tobacco smoke may result in adverse health effects, including increased risk of asthma in children and sudden infant death syndrome.⁴

The 2015 NSW Population Health Survey shows that 13.5% of adults in NSW smoke.

There is significant variation in smoking rates across the state, from 9.5% in Northern Sydney to 21.4% in Central Coast.

The NSW Government continues to be a leader in tobacco control by regulating the sale, display and advertising of tobacco and smoking in enclosed public places and some outdoor settings.

The NSW Tobacco Strategy 2012-2017 sets out the actions that the NSW Government is taking to reduce the harm associated with tobacco.

-  Education
-  Cessation
-  Smoke-free
-  Regulation

Tobacco Strategy 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

Progress



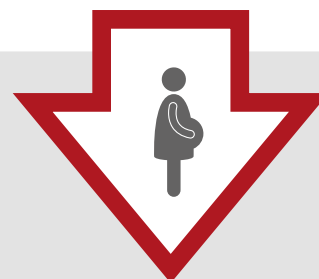
Significant decrease in the proportion of adults who are current smokers

**22.5% in 2002
to 13.5% in 2015**



Significant decrease in the proportion of secondary school students aged 12-17 years who are current tobacco smokers

**27.3% in 1984
to 6.7% in 2014**



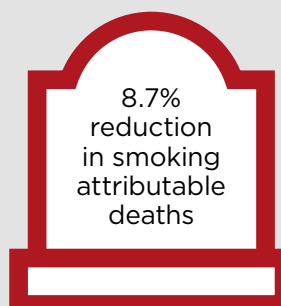
Significant decrease in the proportion of pregnant Aboriginal women who smoke

**52.2% in 2011
to 45.2% in 2014**



High levels of compliance with smoke-free outdoor laws

99% in 2015



8.7%
reduction
in smoking
attributable
deaths

**5822 in 2012
to 5460 in 2013**

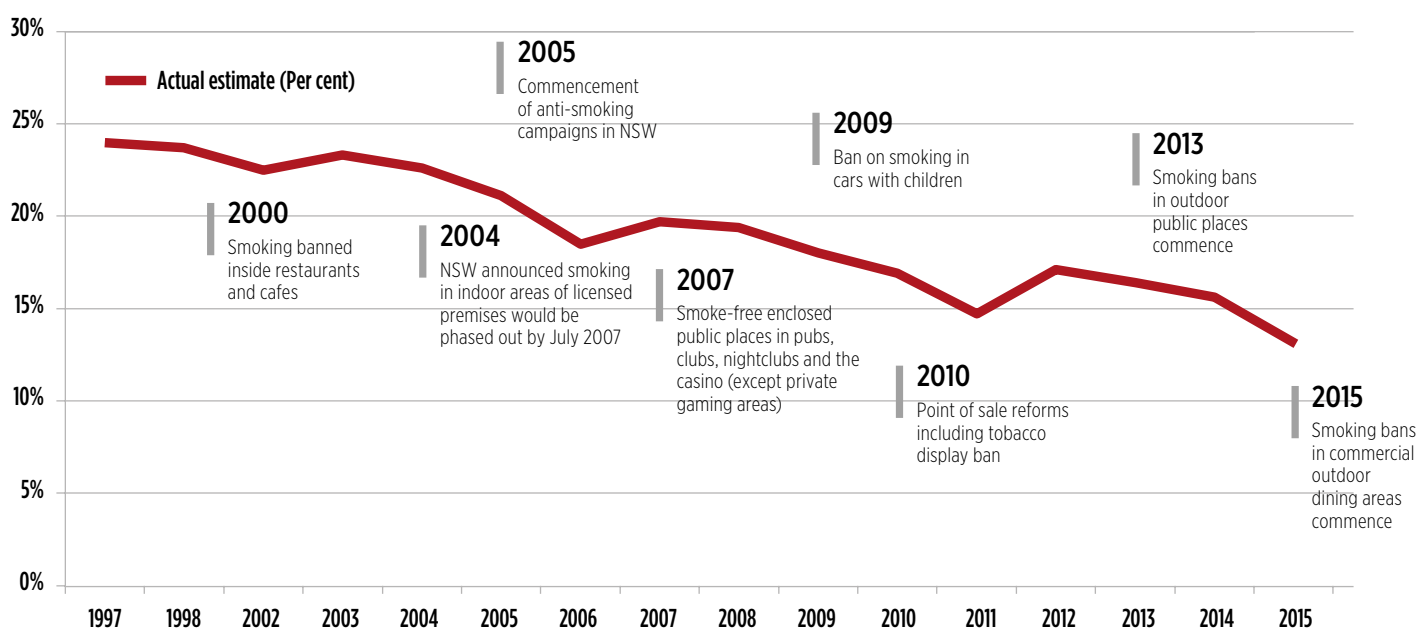
Key program elements and status



SMOKERS


PRIORITIES		OBJECTIVE	STATUS
Public education 	In 2014-15, 12 campaigns were implemented to educate, motivate and support smokers to quit and stay quit. The approach to campaigns has continued to evolve – digital advertising and innovative approaches including embedded & content driven marketing are being explored.	Continue public education campaigns to motivate smokers to quit.	60.8% of current smokers are considering quitting in the next 6 months. 17.8% of current smokers are planning to quit in the next 30 days.
	Support services which help smokers to quit are an important component of tobacco control efforts. Services include the NSW Quitline and the iCanQuit.com.au website. Service improvements have been made to increase cultural appropriateness for Aboriginal callers. Recent enhancements have made the iCanQuit.com.au website more accessible.	Continue to provide evidence based cessation services to support smokers to quit.	13,383 incoming calls to Quitline from July 2014 to June 2015. 307,280 unique visits to the iCanQuit website from July 2014 to June 2015.
Eliminate advertising and promotion of tobacco products and restrict supply 	NSW is at the forefront of world class tobacco legislation. The <i>Public Health (Tobacco) Act 2008</i> restricts the availability and supply of tobacco, especially to children and young people.	Achieve high levels of compliance with tobacco legislation.	In 2015, 96% of retailers inspected complied with sales to minors laws. In 2015, 88% of tobacco retailers inspected complied with point of sale tobacco retail requirements.
	The <i>Smoke-free Environment Act 2000</i> bans smoking in indoor public areas and a number of outdoor public areas. NSW Health Authorised Inspectors monitor compliance with this legislation.	Achieve high levels of compliance with smoke-free legislation.	In 2015, there were over 2000 inspections of smoke-free outdoor areas, with a 99% compliance rate. 155 on the spot fines and 491 cautions were issued during this period by NSW Health Inspectors.
Reduce exposure to second hand smoke 	From 6 July 2015 smoking is banned in commercial outdoor dining areas and within 4 metres of a pedestrian access point to or from cafes, licensed premises and restaurants.	Achieve high levels of compliance with smoke-free legislation.	During the first six months of smoke-free outdoor dining there were over 1800 inspections of commercial outdoor dining venues, with a 98% compliance rate.
	Increase the proportion of adults living in smoke-free households.	Increase by 0.5% per year to 2017.	In 2014 93% of NSW adults lived in smoke-free households , up from 92% in 2010.

Current smoking in NSW Adults, 16 years and over and major NSW Tobacco control initiatives 1997-2015






Key program elements and status

YOUNG PEOPLE

PRIORITIES	OBJECTIVE	STATUS
<p>Strengthen efforts to prevent the uptake of smoking by young people</p> 	<p>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. Key focus areas are the regulation of advertising, promotion and supply of tobacco products; population health measures to denormalise smoking; and educating students about the health risks of tobacco in the school curriculum.</p>	<p>Reduce the proportion of students who have ever smoked tobacco by 1% per year to 2017.</p> <p>In 2014, 6.7% of secondary school students aged 12-17 years were current tobacco smokers compared to 27.3% in 1984.</p> <p>96% of tobacco retailers that were subject to inspections were compliant with sales to minors provisions in the legislation.</p>

GROUPS WITH HIGH SMOKING PREVALENCE

PRIORITIES	OBJECTIVE	STATUS
<p>Reduce smoking rates among Aboriginal people</p> 	<p>Smoking rates in NSW Aboriginal communities remain high. NSW Health is working in partnership with the Aboriginal Health & Medical Research Council (AH&MRC) and other stakeholders to address tobacco smoking for Aboriginal people and communities in NSW.</p> <p>Tobacco resistance and control initiatives are implemented in accordance with the ATRAC Framework - A Strategic Framework for Aboriginal Tobacco Resistance and Control in NSW.</p> <p>A range of strategies are underway including the establishment of the NSW Aboriginal Health Partnership Committee on Tobacco Resistance and Control, the implementation of the A-TRAC program, integration of smoking cessation with other existing programs for Aboriginal people, the Aboriginal Quitline and the development of Can't Even Quit, a mobile application to support Aboriginal people to quit smoking.</p>	<p>Reduce smoking rates by 4% for Aboriginal people by 2015.</p> <p>In 2015, 34.9% of Aboriginal adults aged 16 years and over are current smokers compared with 40.2% in 2002.</p>
<p>Reduce smoking rates among pregnant Aboriginal women and women having an Aboriginal baby</p> 	<p>The Quit for New Life program supports Aboriginal women and women having an Aboriginal baby to quit smoking while pregnant and to stay quit after the birth of the baby.</p> <p>Thirteen Local Health Districts across NSW have been funded for five years to implement Quit for New Life and embed smoking cessation support into routine antenatal and postnatal care.</p>	<p>Reduce smoking rates by 2% per year for pregnant Aboriginal women.</p> <p>In 2014, 45.2% of pregnant Aboriginal women smoked compared with 52.2% in 2011.</p> <p>Quit for New Life has supported over 2,434 Aboriginal clients in their quit attempt over the past three years – this includes 1065 pregnant women, 524 postnatal women and 846 cohabitants.</p>
<p>Reduce smoking rates among disadvantaged groups</p> 	<p>Smoking rates are high among people from low socioeconomic groups, and those who are unemployed, homeless, imprisoned, or have a mental illness or drug or alcohol dependency.</p> <p>A range of approaches are being implemented with correctional facilities, mental health and social service organisations to contribute to tobacco control efforts, discourage smoking and reduce exposure to second hand smoke. Programs are also underway to improve referrals by health professionals in disadvantaged areas to Quitline.</p>	<p>Strengthen efforts to discourage smoking among disadvantaged groups</p> <p>Prevalence of smoking:</p> <ul style="list-style-type: none"> • Prisoners – 75.9% • People with mental illness – 23.1% • Young people in custody – 21.1% <p>Smoke-free correctional services policy implemented. Cancer Institute NSW awarded grants to local/ community based organisations to implement tobacco control projects focusing on population groups with high smoking prevalence.</p>

References: 1 Preliminary data from Cause of Death-Unit Record File (COD-URF) (SAPHaRI), Centre for Epidemiology and Evidence, HealthStats NSW, Sydney: NSW Ministry of Health. Available at: www.healthstats.nsw.gov.au. 2 NSW Combined Admitted Patient Epidemiology Data and ABS population estimates (SAPHaRI), Centre for Epidemiology and Evidence, NSW Ministry of Health. 3 Collins DJ, Lapsley HM. 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. <http://www.health.nsw.gov.au/tobacco/Publications/social-cost-of-smoking.pdf>. 4 Banks E, Joshy G, Weber MF, Liu B, Grenfell R, et al. Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence. BMC Medicine, 2015; 13(1):38. Available at: <http://www.biomedcentral.com/1741-7015/13/38>.

For more information contact the Tobacco Information Line on 1800 357 412

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NSW Ministry of Health, Snapshot of Tobacco Strategy 2016, May 2016.

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