NSW GOVERNMENT
Health

SNAPSHOT
MAY 2014

TOBACCO STRATEGY
2012-2017
Despite all the advances in tobacco control and changing community attitudes, smoking remains the leading cause of preventable disease and death in NSW – accounting for around 5,300 deaths and 46,000 hospitalisations a year.

The social costs of tobacco use in NSW are high, estimated at $8.4 billion annually. It is the largest single preventable cause of death and disease in Australia. One in every two 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.

Exposure to second-hand tobacco smoke results in adverse health effects, including increased risks of asthma in children and sudden infant death syndrome.

The 2013 NSW Population Health Survey shows that 16.4% of all adults in NSW smoke. While this is higher than the 14.7% rate in 2011, the difference is not statistically significant and most likely reflects the change in survey methodology. In 2012, NSW Health implemented a new survey design that included mobile phones for the first time.

There is significant variation in smoking rates across the state, from 10.4% in Northern Sydney to 22.6% in Western NSW.

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.

For every dollar invested in tobacco control programs there is a two dollar savings in health care expenditure.


2015 Target
Reduce smoking rates by:
• 3% for non Aboriginal people (to 11.3%)
• 4% for Aboriginal people (to 26.7%)

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# KEY PROGRAM ELEMENTS AND STATUS

## PUBLIC EDUCATION – MOTIVATE SMOKERS TO QUIT

<table>
<thead>
<tr>
<th>Indicator &amp; Target</th>
<th>Current Status</th>
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<tbody>
<tr>
<td>Intention to quit.</td>
<td>63% of current smokers are considering quitting in the next 6 months.</td>
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<tr>
<td></td>
<td>23% of all current smokers in NSW are planning to quit in the next 30 days. ²</td>
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Over 40 public education campaigns have been run by the Cancer Institute NSW since 2004. Between July 2012 and June 2013, 10 campaigns have been implemented which have contributed to the prevention of uptake and significant declines in smoking prevalence.

Health remains the key motivator to quit. 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. A cost benefit analysis was conducted on the Institute’s anti-smoking mass media campaigns, demonstrating a benefit-cost ratio of between 6.6 to 19.1:1. Even on the most conservative basis this result demonstrates the cost effectiveness of these campaigns.

## CESSATION SERVICES

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<thead>
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<tr>
<td>Number of people supported to quit.</td>
<td>19,924 calls were answered by Quitline advisors in 2013.</td>
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Support services which help smokers to quit are an important complement to campaigns. The Cancer Institute NSW provides the Quitline, a telephone counselling service for people wishing to quit smoking. Service improvements have been made to increase cultural appropriateness for Aboriginal, Arabic, Chinese and Vietnamese callers. The Cancer Institute NSW also administers the iCanquit.com.au interactive website, which supports a growing online community of quitters. 85% of current smokers in NSW believe that feeling supported when they quit is important to them.

## ELIMINATE ADVERTISING AND RESTRICT SUPPLY

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<tbody>
<tr>
<td>Achieve high levels of compliance with tobacco legislation.</td>
<td>In 2012/13: 89% of tobacco retailers inspected are complying with point of sale tobacco retail requirements. 94% compliance with sales to minors.</td>
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</table>

The Public Health (Tobacco) Act 2008 brought into effect significant reforms in NSW to restrict the availability and supply of tobacco, especially to children and young people. NSW Health Authorised inspectors monitor compliance with this legislation.

The Australian Government regulates the sale 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.

## SECOND HAND SMOKE

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<tr>
<td>Achieve high levels of compliance with smoke-free legislation. Increase the proportion of adults living in smoke-free households by 0.5% per year to 2017.</td>
<td>A recent statewide blitz found broad compliance with the amendments to the SFE 2000. 1,056 sites were visited across the state with 21,000 people observed and 510 cautionary notices issued to people seen to be smoking. Education and enforcement activities will be ramped up from May 2014. 93% of NSW adults live in smoke-free households.</td>
</tr>
</tbody>
</table>

There is no safe level of exposure to second-hand smoke and it causes a range of serious health problems, especially in children.

NSW is at the forefront of world class tobacco control legislation. Amendments to the Smoke-Free Environment Act (SFE) 2000 have introduced a suite of tobacco reforms which prevent smoking in a number of outdoor public areas.

Since 7 January 2013 smoking is banned:
- Within 10 metres of children’s play equipment in outdoor public spaces.
- Swimming pool complexes.
- Spectator areas at sports grounds (whilst an organised sporting event is being held).
- Transport stops and stations.
- Within 4 metres of a pedestrian access point to a public building.

From 6 July 2015, smoking will also be banned in commercial outdoor dining areas and within 4 metres of a pedestrian access point to cafes, licensed premises and restaurants.

## QUIT FOR NEW LIFE

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<td>Reduce smoking rates by 2% per year for pregnant Aboriginal women. Reduce smoking rates by 0.2% for non-Aboriginal pregnant women.</td>
<td>In 2012: 50% of Aboriginal mothers reported smoking during pregnancy. 9% of non-Aboriginal mothers reported smoking during pregnancy.</td>
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The 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.

The program works by:
- Providing smoking cessation support for women and household members.
- Embedding smoking cessation support into routine clinical practice.

Quit for New Life is being implemented in Local Health Districts (LHDs) using a phased approach with all LHDs anticipated to be on board by June 2014.
Smoking rates in NSW Aboriginal communities remain high. NSW Health is working in partnership with the Aboriginal Health & Medical Research Council to address tobacco smoking for Aboriginal people and communities in NSW. Initiatives include:

- Training Aboriginal Health Workers to improve skills in cessation advice and community-based tobacco control programs.
- Supporting Aboriginal Community Controlled Health Services in their efforts to address smoking locally.
- Enhancing Quitline services, including employing an Aboriginal Quitline Coordinator and Advisor to better support Aboriginal callers.
- Projects with Forensic Mental Health Network, Corrective Services NSW and Justice Health to decrease smoking by Aboriginal people in custody.
- Grant funding to support local projects to reduce smoking by Aboriginal people in custody.

Smoking rates for disadvantaged populations are also a concern. Prevalence of smoking includes:
- Prisoners – 76%.
- People with mental illness – 32%.
- Young people in custody – 21%.

Overall, smoking prevalence has declined significantly in the general population, but less so among disadvantaged groups and some CALD communities. 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.

Programs are available to support health professionals in disadvantaged areas to Quitline and increase referrals, which can help reduce smoking rates by 4% for Aboriginal people and in disadvantaged populations.

Aboriginal communities in NSW continue to be affected by high smoking rates. Initiatives have been implemented since 1997 to reduce smoking and improve health outcomes, such as training Aboriginal Health Workers and enhancing Quitline services.

Key initiatives include:
- 2000: Smoking banned inside restaurants & cafes.
- 2004: NSW announced smoking in indoor areas or licensed premises would be phased out by July 2007.
- 2005: Commencement of anti-smoking campaigns in NSW.
- 2006: Health warnings on packaging.
- 2007: Smoke-free enclosed public places in pubs, clubs, nightclubs and the casino (except private gaming areas).
- 2008: Increased penalties for selling tobacco and non-tobacco smoking products to minors.
- 2009: Ban on smoking in cars with children.
- 2010: Point of sale reforms including tobacco display ban.

These efforts have contributed to a reduction in smoking rates, with indicators showing a decrease over the years, especially among targeted populations.