

# Strategic Directions for Tobacco Control in NSW 2011-2016

Discussion Paper



Health

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# Executive Summary

NSW has been among the world leaders in tobacco control for over three decades. From the development of the first Quit Campaign in the 1970s and the introduction of the *NSW Tobacco Advertising Prohibition Act* in 1991, NSW has been developing and implementing comprehensive strategies to reduce the harm caused by tobacco. Over this time, these strategies have successfully assisted smokers to quit, reduced the uptake of smoking by young people and protected the health of children and non smokers from exposure to environmental tobacco smoke (ETS).

Tobacco causes death, disease and disability on a huge scale. One in every two smokers will die prematurely because they smoked <sup>1</sup>, and over 5,200 people die in NSW every year from tobacco related disease <sup>2</sup>. Tobacco imposes huge costs to our health system and the economy more broadly in lost productivity.

We have been successful in driving smoking rates down. In 2009, less than one in five adults (17.2 per cent) <sup>3</sup> and in 2008, less than one in ten secondary school students were current smokers (8.6 per cent) <sup>4</sup>. Lung cancer rates have now fallen to levels last seen in the 1960s mainly due to tobacco control <sup>5</sup>. Tobacco advertising has been virtually eliminated and the majority of enclosed public spaces are now smoke-free.

Yet there is much more that needs to be done to reduce smoking prevalence and address significant smoking prevalence disparities across population groups. This NSW Government discussion paper has been prepared to assist community members in making a submission to the public consultation process to develop a strong strategic framework for future tobacco control in NSW over the next five years.

Within this discussion paper there are eight priority action areas for the future based on best practice approaches to tobacco control.

1. Continue social marketing campaigns to motivate smokers to quit.
2. Continue to provide evidence based cessation services to support smokers to quit.
3. Work in partnership with Aboriginal communities and peak bodies to reduce smoking and exposure to environmental tobacco smoke among Aboriginal people.
4. 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.
5. Eliminate the advertising and promotion of tobacco products and restrict the availability and supply of tobacco, especially to children.
6. Reduce exposure to environmental tobacco smoke in workplaces, public places and other settings.
7. Strengthen efforts to prevent uptake of smoking by young people.
8. Strengthen research, monitoring, evaluation and reporting of programs for tobacco control.

Each priority action area includes a number of proposed actions for the NSW Government and non-government organisations over the next five years. The proposed actions were informed by the outcomes of a November 2009 forum hosted by the NSW Department of Health and Cancer Institute NSW with key tobacco control stakeholders.

The NSW Government is interested in your views on these proposed actions, as well as the proposed framework, partnership approach, and monitoring framework to inform the development of a final tobacco control strategy for NSW for 2011-2016.

Part one of this discussion paper provides the background to tobacco control in NSW and Part two describes the purpose of the discussion paper and submission details. Part three of this discussion paper sets out a proposed partnership approach to achieving the proposed objectives, including key principles and priority areas. Part four of this discussion paper describes the proposed actions which could be taken by the NSW Government and partners in the non-government sector and proposed timeframes under each priority area. Evidence and progress to date to support the priority areas is contained in Part D of the Supplement to the discussion paper.

A feature of this discussion paper 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 more than double the rate of the non-Aboriginal population. It is proposed that the population-wide approaches that have been so effective and delivered substantial reductions in smoking prevalence be maintained and that these efforts be complemented with additional targeted approaches to assist disadvantaged groups to quit smoking and reduce the disproportionate levels of death and disease in these groups.

The NSW Department of Health will take the lead in coordinating and monitoring the implementation of a final strategic document for tobacco control in NSW in 2011 to 2016, with a mid-term review of progress towards the targets and implementation of actions undertaken in 2013. The NSW Department of Health will also continue to report on population level indicators of smoking prevalence for both adults and young people. Other key indicators would be reported on a regular basis by lead agencies and non-government partners.

# 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 <sup>6</sup>. More than 900,000 Australians have died prematurely because they smoked, in the 60 years after clear evidence of its dangers. Tobacco has been labelled “one of the great killers of the twentieth century”, causing unnecessary death, disease and disability on a huge scale <sup>7</sup>.

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 <sup>8</sup>. It is also clear that exposure to ETS involves adverse health effects including increased risk of asthma in children and sudden infant death syndrome for children.

NSW is proud of its achievements to date in tobacco control including:

- Smoking prevalence in NSW has declined by more than 5 percentage points since 2003 - falling to 17.2 per cent in 2009 <sup>9</sup>.
- Smoking by secondary school students has also declined by 6 percentage points - falling from 14.6 per cent in 2002 to 8.6 per cent in 2008 <sup>10</sup>.
- Nine out of ten adults now live in smoke-free homes <sup>11</sup>.
- NSW social marketing campaigns have been used across Australia and internationally including China, the United States and Canada.
- Lung cancer rates have now fallen to levels last seen in the 1960s mainly due to tobacco control <sup>12</sup>.
- NSW led the rest of Australia by introducing a comprehensive package of legislative reforms in 2008 to protect children from tobacco, introducing a ban on the display of tobacco, a single point of sale for tobacco and a ban on smoking in cars when children are present.

Yet 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 <sup>13</sup>.

Updated 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 <sup>14</sup>. The latest 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 remains a major cause of health inequalities - smoking rates remain unacceptably high among Aboriginal people, those from low socioeconomic groups and other disadvantaged groups.

Over the period 2002-2005 43.2% of Aboriginal people aged 16 years and over in NSW were current smokers (44.7% of Aboriginal males and 41.8% of Aboriginal females) <sup>15</sup>. A problem of this size demands a comprehensive, sustained and coordinated response from governments, non-government organisations and the community.

A strategic framework for tobacco control in NSW over the next five years needs to provide a strong platform for partnerships between governments, non-government organisations and the community. These partnerships were a central feature of the previous Tobacco Action Plan and remain vital for 2011 - 2016. The strategic framework also needs to be based on best practice in tobacco control and complement existing policy frameworks at the state, national and international level.

## Smoking Prevalence

Smoking prevalence in NSW is declining. Results from the 2009 NSW Population Health Survey show that: <sup>16</sup>

- The prevalence of current smoking (daily or occasional) among adults was 17.2 per cent.
- More males were current smokers than females (20.3 per cent compared to 14.2 per cent).
- Since 2008, there has been a significant increase in current smoking among males aged 45-54 years and a significant decrease in current smoking among females aged 16-24 years.
- Since 1997, there has been a significant decrease in the proportion of adults who were current smokers (24.0 per cent to 17.2 per cent).

Part A of the supplement to the discussion paper provides a summary of smoking prevalence, quitting trends and smoke-free households over time.

## Policy context

The future strategic framework for tobacco control in NSW needs to be 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 future *National Tobacco Strategy 2010-2015*, *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 State Plan*, the future *NSW Cancer Plan 2011-2015*, and the *NSW Tobacco Action Plan 2005-09* at the state level.

Part B of the supplement to the discussion paper provides a summary of the policy context for the future NSW Tobacco Strategy 2011-2016.

## Achievements of the NSW Tobacco Action Plan 2005-09

The NSW Tobacco Action Plan 2005-09 set a target of 1 per cent reduction per annum in adult smoking prevalence between 2005 and 2009. Some key achievements of the Plan under the relevant priority areas include:

- Current smoking by secondary school students fell by 6 percentage points since 2002 to 8.6 per cent in 2008 <sup>17</sup>. (Priority Area - Smoking cessation)
- From July 2007, all enclosed public places in NSW pubs, clubs, nightclubs and the casino became smoke-free (with the exception of the private gaming area in the casino). (Priority Area - Environmental tobacco smoke)
- From 1 January 2010 the display of tobacco was prohibited in larger retail outlets (those with more than 50 employees) with small retailers needing to comply by 1 July 2010. (Priority Area - Marketing and the promotion of tobacco products)
- In July 2009 it became an offence to sell tobacco from more than one point in a retail outlet. (Priority Area - Availability and supply of tobacco products)
- 81 training workshops in brief interventions for smoking cessation were held across NSW as part of the SmokeCheck Project, increasing the capacity of Aboriginal Health Workers to initiate brief interventions for smoking. (Priority Area - Capacity building)
- The Social Costs of Tobacco Project was commenced in 2009 to estimate updated social costs resulting from tobacco use within NSW. (Priority Area - Research, monitoring and evaluation)

Part C of the supplement to the discussion paper provides more detail on the key achievements of the Tobacco Action Plan 2005-09.

# Developing a Strategic Framework for Tobacco Control in 2011-2016

## Purpose of this discussion paper

A strategic framework for tobacco control in 2011-2016 will need to build on the partnerships, key approaches and achievements of the former Tobacco Action Plan. This NSW Government discussion paper has been prepared to assist community members in making a submission to the public consultation process to inform the development of this strategic framework, including the key actions which could be taken by the NSW Government and the non-government sector.

*The Strategic Directions For Tobacco Control In NSW 2011-2016 Discussion Paper* presents a number of proposed actions for the NSW Government and non-Government organisations under eight priority action areas covering smoke-free environments; access and supply of tobacco; anti-tobacco social marketing; cessation support; and targeted interventions for groups in the population with continued high smoking prevalence. The proposed actions in the discussion paper were informed by the outcomes of a November 2009 forum hosted by the NSW Department of Health and Cancer Institute NSW with key tobacco control stakeholders.

## Submission details

The NSW Government is interested in your views on the proposed actions in this discussion paper. Your input to the public consultation process is valuable and will assist the NSW Government in finalising a strategy for tobacco control in NSW going forward.

This discussion paper is available electronically from the NSW Department of Health website ([www.health.nsw.gov.au](http://www.health.nsw.gov.au)) and stakeholders are invited to comment on the proposed framework and actions put forward in the discussion paper through an electronic submission process. An electronic submission form is also available on the NSW Department of Health website for this purpose. **The toll-free 24-hour Tobacco Information Line (1800 357 412)** can provide support and assistance to stakeholders who wish to make a submission.

All submissions must include the name, an electronic and/or postal submission address and the home postcode of the person or organisation making the submission. Anonymous submissions will not be considered.

To participate in this public consultation, submissions must be received by **5 pm Friday 28 January 2011**.



# A Proposed Approach to Tobacco Control in NSW

## Working in partnership

The challenges confronted by all governments working in tobacco control are multifaceted and complex, requiring 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 <sup>18</sup>.

These partnerships were a central feature of the previous Tobacco Action Plan and remain vital for 2011 - 2016. 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, 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 the community, workplaces, schools, media, childcare, the built environment, mental

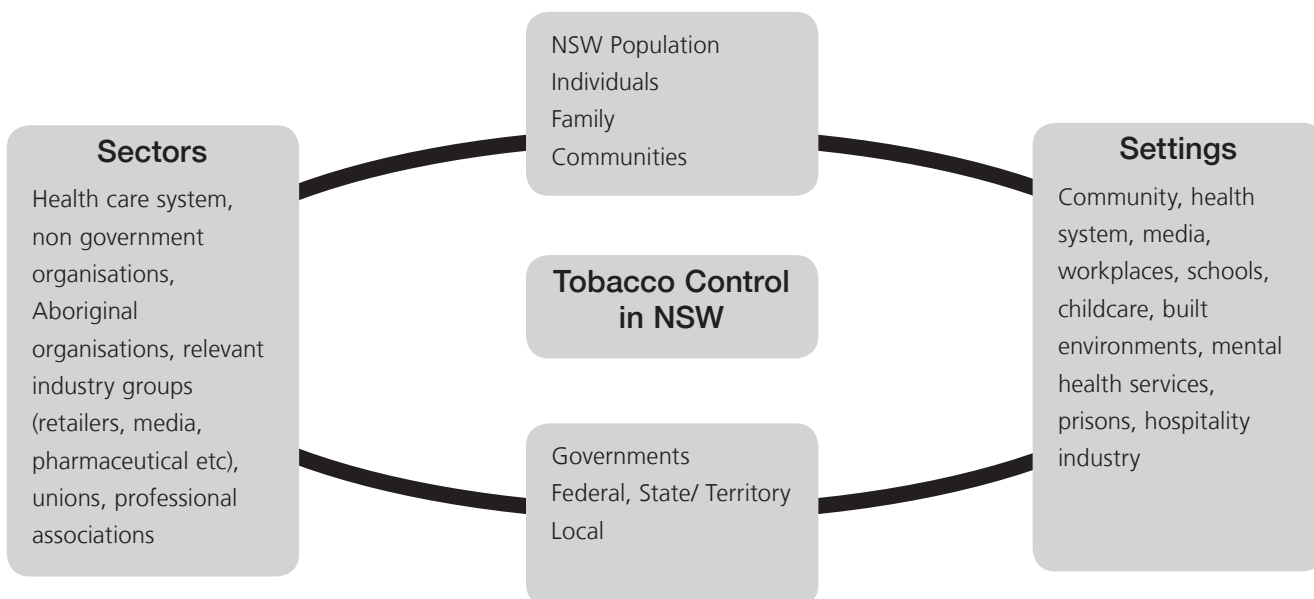
health services, the hospitality industry and prisons. Key partners include the health care system, social service organisations, non-government organisations, Aboriginal organisations, relevant industry groups (retailers, media, pharmaceutical etc), unions and professional associations.

To achieve our target, there is a 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 health and community settings;
- Work with a range of partners to improve the sustainability and accessibility of quit smoking services within the community for a range of population groups; and
- Build the capacity of a range of organisations and health workers to implement tobacco control programs <sup>19</sup>.

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

Figure 1: Tobacco Control in NSW – a partnership approach to tobacco control



Adapted from the National Preventative Health Strategy Figure 1.6 Working Together <sup>16</sup>.

## Key partners

The NSW Government recognises that it can not achieve continued reductions in smoking prevalence and further reduce people's exposure to ETS in isolation. To this end, it is proposed that the future NSW Tobacco Strategy 2011-2016 provides a strong platform for the NSW Government and non-government organisations to continue to work collaboratively on tobacco control initiatives by identifying key initiatives and actions requiring a strong partnership approach.

Key NSW Government partners responsible for implementing actions under the future NSW Tobacco Strategy should include:

- The NSW Department of Health
- Cancer Institute NSW
- Area Health Services
- Multicultural Health Communication Service
- Justice Health
- NSW Department of Education and Training
- NSW Department of Premier and Cabinet (Division of Local Government)
- Corrective Services NSW

Key non-NSW Government partners involved in implementing actions under the future NSW Tobacco Strategy should 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 communities
- Aboriginal peak organisations
- Local councils
- Local Government and Shires Association of NSW
- Consumer and media organisations

Activities in the future NSW Tobacco Strategy 2011-2016 should support and where possible complement the efforts of the Australian Government through the programs outlined in the next *National Tobacco Strategy* and the activities of non-government organisations. A proposed action in the NSW Tobacco Strategy 2011 – 2016 which

would require a strong partnership approach between government and non-government organisations includes cessation support for disadvantaged populations, as part of the Cancer Council NSW Tackling Tobacco project.

## Proposed Guiding Principles

It is proposed that the following six principles will inform the development and implementation of the future NSW Tobacco Strategy.

- **A population approach** - a focus on improving the overall health status of the community, concentrating on the circumstances that influence health throughout life. Delivering sustained, effective and comprehensive programs to improve health and creating environments that promote and support healthy living.<sup>20</sup>
- **Reducing inequity** - a focus on reducing 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<sup>21</sup>.
- **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 and communities as required<sup>22</sup>.
- **Capacity Building** - in a health promotion context, there are generally considered to be five critical issues for capacity building: organisational change, workforce development, resource allocation, partnerships and leadership. Capacity building 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<sup>23</sup>.
- **Engaging Communities** - a focus on acting and engaging with people where they live, work and play to inform, enable and support people to make healthy choices. Relevant settings may include home, work, school, 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.

## Proposed 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 uptake of smoking especially by children and young people
- Prevent exposure to ETS and the harm it causes
- Reduce smoking among Aboriginal people and other disadvantaged populations
- Decrease tobacco related death and disease

### Our Targets

*Reducing the number of people using tobacco and decreasing tobacco related death and disease*

- Reduce smoking by adults 0.5 per cent per annum to 2016.

NSW is also committed to the targets set in the National Prevention Partnership Agreement 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. These targets will be measured by the National Drug Household Survey allowing consistency of survey data across the states and territories. The NSW 2007 baseline has been confirmed as 17.2 per cent.

*Preventing the uptake of smoking, especially by children and young people*

- Reduce the proportion of students who have ever smoked tobacco by 1 per cent per year to 2016.

*Preventing exposure to ETS and the harm it causes*

- Increase the proportion of adults living in smoke-free households by 0.5 per cent per year to 2016.

*Reduce smoking among Aboriginal people and other disadvantaged populations*

- Reduce the proportion of Aboriginal adults who smoke by 1 per cent per year to 2016.

### Our Priority Areas

It is proposed that achievement of these targets will require renewed efforts in implementing our program of anti-tobacco social marketing campaigns, renewed attention to cessation support, a strong commitment to monitoring and enforcing the package of regulatory reforms which commenced in 2009 and action to prohibit smoking in commercial outdoor eating areas to further protect the community from the health consequences of ETS.

Most importantly, it will require a greater focus on Aboriginal smokers, smokers from low socioeconomic and other disadvantaged groups. To achieve the objectives of this Strategy there are eight priority areas based on best practice approaches to tobacco control.

- **Priority Area 1**  
Continue social marketing campaigns to motivate smokers to quit.
- **Priority Area 2**  
Continue to provide evidence based cessation services to support smokers to quit.
- **Priority Area 3**  
Work in partnership with Aboriginal communities and peak bodies to reduce smoking and exposure to environmental tobacco smoke among Aboriginal people.
- **Priority Area 4**  
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.
- **Priority Area 5**  
Eliminate the advertising and promotion of tobacco products and restrict the availability and supply of tobacco, especially to children.

- **Priority Area 6**  
Reduce exposure to environmental tobacco smoke in workplaces, public places and other settings.
- **Priority Area 7**  
Strengthen efforts to prevent uptake of smoking by young people.
- **Priority Area 8**  
Strengthen research, monitoring, evaluation and reporting of programs for tobacco control.

It is proposed that the NSW Department of Health would take the lead in coordinating and monitoring the implementation of the Strategy across government. A mid-term review of our progress towards the targets and implementation of actions will be undertaken in 2013. The NSW Department of Health would also continue to report on population level indicators of smoking prevalence for both adults and young people. Other key indicators from the Strategy will be reported on a regular basis by lead agencies.

## Supporting national strategies to reduce tobacco related harm

The Federal 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 discussion paper is on what NSW can 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, eliminating the remaining forms of tobacco advertising and enhancing anti-tobacco social marketing campaigns.

In April 2010, the Federal 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 restrict Australian internet advertising of tobacco products; and additional funding for anti-smoking campaigns targeting disadvantaged populations.

The Federal Government also indicated its intention to consider bans on the tax and duty-free allowance on tobacco products for international travellers entering Australia. The Federal 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 Department of Health supported these measures through the NSW Government's 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 Northern Territory, Western Australia, South Australia, Tasmania, New South Wales and the Australian Capital Territory Health Ministers for the Australian Government Henry Review consultation on Australia's future tax system. This submission highlighted the important role taxation plays in tobacco control and recommended that the Australian Government increase the price of tobacco through taxation and further that it abolish duty free sales of tobacco products.

The NSW Government strongly supports the elimination of the promotion of tobacco products through design of packaging; amendments to Federal legislation to close other loopholes permitting tobacco advertising; and continued increases in the real price of tobacco through national action. As highlighted earlier, NSW will play a key role in advocating for the implementation of plain packaging for cigarettes and will match national action to prohibit internet advertising by strengthening state legislation to expressly prohibit the sale of tobacco on the internet.

# Priority Areas

## Priority Area 1

### Continue social marketing campaigns to motivate smokers to quit

There is strong evidence that social marketing campaigns are one of the most effective population strategies to reduce tobacco consumption. Social marketing campaigns help to personalise the health risks of smoking and increase people's sense of urgency about quitting <sup>24</sup>.

The Cancer Institute NSW has lead responsibility for the design, delivery and evaluation of anti-tobacco social marketing 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*.

It is proposed that the actions under this Priority Area will build on the effective anti-tobacco social marketing campaign approaches that have been implemented over the past six 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.

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 Australians 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.

## Priority Area 1

### Continue social marketing campaigns to motivate smokers to quit

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Continue to develop, implement and evaluate a range of anti-tobacco social marketing campaigns which: a) Utilise a variety of styles, from graphic to emotive executions, 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) Have maximum relevance, reach and impact on low socioeconomic smokers, CALD groups and smokers from other disadvantaged groups	Cancer Institute NSW	■	■	■	■	■	Knowledge, attitude and awareness of tobacco and campaign messages among target audience (including low SES smokers)  Quit attempts & intention to quit in the next six months  Quitline calls & hits to cessation websites  Knowledge, attitude and awareness of tobacco and campaign messages among CALD smokers.

## Priority Area 1

### Continue social marketing campaigns to motivate smokers to quit

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Develop social marketing campaigns for Aboriginal smokers: a) Using existing effective mainstream campaigns complemented by Aboriginal specific campaign elements; and b) Social marketing campaign messages developed and refined for Aboriginal people.	Cancer Institute NSW Aboriginal peak bodies Aboriginal communities	■	■	■	■	■	Knowledge, attitude and awareness of tobacco and campaign messages among Aboriginal smokers  Quit attempts & intention to quit in the next six months  Quitline calls & hits to cessation websites  Culturally relevant representation of Aboriginal people and smoking environments /situations in mainstream and Aboriginal specific tobacco social marketing campaigns
Develop innovative approaches to online advertising as part of anti-tobacco campaign strategies to encourage, support and promote quitting.	Cancer Institute NSW	■	■	■	■	■	% smokers in the target group who have seen online advertising used in recent campaigns  Number of people who ‘click through’ to the website from online advertising
Develop partnerships with key organisations in NSW (including AHS, NGOs, Aboriginal peak organisations, primary care services) to extend the reach of campaigns.	Cancer Institute NSW DOH	■	■	■	■	■	Number and range of organisations undertaking campaign related support activities
Develop partnerships with other states and the Australian government to maximise the cost effectiveness of campaign development and placement (in particular subscription TV).	Cancer Institute NSW DOH	■	■	■	■	■	National partnerships and agreement reached
Support and add value to national and international tobacco campaign efforts.	Cancer Institute NSW DOH AHS NGOs	■	■	■	■	■	National campaigns effectively implemented in NSW  Value adding activities identified
Conduct education campaigns to ensure the community is aware of the risks associated with exposure to ETS, particularly for children.	Cancer Institute NSW NGOs	■	■	■	■	■	Community awareness and attitudes to ETS exposure, particularly relating to children Survey reports on % smoke-free homes & % smoke-free cars

Key:  
DOH – NSW Department of Health  
AHS – Area Health Services  
MHCS – Multicultural Health Communication Service  
NGOs – Non-government organisations

## Priority Area 2

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

Complementing anti-tobacco social marketing 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 for additional strategies to increase smokers' confidence in their ability to quit.

Proposed actions for Priority Area 2 will focus on building the high quality and effectiveness of Quitline telephone and online services, and better integrating referral pathways to and from the Quitline across the health system, primary care services and relevant non-government organisations.

There is also a need to increase smoker 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 and continuing to review policy guidelines to ensure appropriate management of nicotine dependent patients in NSW health facilities. Future actions to address these opportunities are included.

## Priority Area 2

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

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Continue to promote the 13QUIT website to provide greater opportunities for interaction and support smokers to quit.	Cancer Institute NSW NSW Quitline	■					Number of website hits % of target audience (including low SES smokers) who are aware of / have used the website
Implement online strategies to provide a comprehensive interactive online quit smoking program.	Cancer Institute NSW NSW Quitline	■	■	■	■	■	As above
Continue to implement Multicultural Quitline services and enhance coordination between this service and tobacco control programs delivered by AHS.	Cancer Institute NSW MHCS AHS	■	■	■	■	■	Calls to the Multicultural Quitline  Quit attempts & intention to quit smoking in the next six months
Contribute to the National Review of Quitline Quality standards and implement findings as appropriate.	Cancer Institute NSW NSW Quitline DOH	■					Review completed  Implications for NSW Quitline identified and relevant recommendations implemented
Continue to review the effectiveness of Quitline to ensure it remains an effective and high quality service.	Cancer Institute NSW NSW Quitline DOH			■			Review completed on time and recommendations implemented  Quitline meeting National Quality Standards.
Develop strategies to improve the integration of Quitline with other programs across the health system, primary care services and relevant non-Government agencies with a priority focus on low socioeconomic and disadvantaged groups.	Cancer Institute NSW NSW Quitline DOH AHS NGOs	■	■	■	■	■	Quitline referrals from other agencies  Calls to Quitline  Characteristics and demographics of Quitline callers  Quit attempts

## Priority Area 2

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

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Provide training in best practice smoking cessation (particularly brief interventions) to a range of health professionals and health workers including nurses allied health dentists, medical staff, Aboriginal health workers, drug and alcohol workers and other relevant groups.	DOH NSW Quitline AHS Universities NGOs		■		■		Number of workshops conducted and staff trained  Changes in health professionals' and workers confidence to implement brief interventions with clients  Increase in brief interventions provided by health professionals and workers
Develop, implement and review NSW Department of Health policies and procedures to: a) Ensure appropriate management of nicotine dependent patients; b) Ensure patients are routinely asked about their smoking status, supported to quit while being treated and post discharge; c) Develop mechanisms for the collection of data on patients' smoking status to enable consistent protocols for smoking cessation in hospitals; and; d) Utilise these data to report on the smoking status of patients, the provision of smoking cessation care and outcomes by AHS.	DOH AHS NGOs	■		■		■	Let's take a moment, Quit smoking brief intervention – a guide for health professionals implemented and regularly updated  Guide to the Management of Nicotine Dependent Inpatients implemented and regularly updated  Area Health Service reporting on numbers of smokers identified, offered NRT and supported to quit  Quit rates post discharge from hospital at 6 months  Data collected and regularly reported
Under the Healthy Workers Initiative, promote the Get Healthy Information & Coaching Service® to workplaces and refer callers wishing to quit smoking to the Quitline.	DOH AHS NGOs Workplaces		■	■	■	■	Quitline referrals from the Get Healthy Information & Coaching Service®

Key:  
DOH – NSW Department of Health  
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MHCS – Multicultural Health Communication Service  
NGOs – Non-government organisations



## Priority Area 3

### Work in partnership with Aboriginal communities and peak bodies to reduce smoking and exposure to environmental tobacco 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. In the context of high rates of chronic disease, the contribution of tobacco is significant. The burden of disease and injury study for the Aboriginal and Torres Strait Islander population of Australia 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 responsible for 17 per cent of the health gap and 12 per cent of the total burden of disease.<sup>25</sup>

Recent results from the Australian Bureau of Statistics 2008 National Aboriginal and Torres Strait Islander Social Survey found that between 2002 and 2008, the proportion of Aboriginal and Torres Strait Islander current daily smokers

aged 15 years and over nationally fell from 49% to 45%. This represents the first significant decline in national smoking rates since 1994<sup>26</sup>. However, 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 act as barriers to smoking cessation among Aboriginal people. Smoking is both common and accepted amongst Aboriginal people. Smoking is also prevalent among Aboriginal Health Workers and community leaders<sup>27, 28</sup>.

It is proposed that 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 Aboriginal smoking.

## Priority Area 3

### Work in partnership with Aboriginal communities and peak bodies to reduce smoking and exposure to ETS among Aboriginal people

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Establish a high level NSW Aboriginal Tobacco Advisory Group to advise on tobacco control efforts for Aboriginal people in NSW.	DOH AHMRC Cancer Institute NSW NGOs AHS	■	■	■	■	■	Advisory Group established within 6 months 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.	DOH AHMRC Cancer Institute NSW NGOs AHS	■	■	■	■	■	Review completed  Effective models identified and integrated into strategic approach and planning of the NSW Aboriginal Tobacco Advisory Group
In partnership with peak Aboriginal organisations, NGOs, AHS and other relevant groups: a) Build the capacity of Aboriginal organisations and staff to develop and implement tobacco control programs; b) Support Aboriginal organisations to move towards smoke-free workplaces and events	DOH AHMRC Cancer Institute NSW NGOs AHS	■	■	■	■	■	Knowledge, attitude and awareness of tobacco among Aboriginal organisations  Tobacco control programs developed, implemented and evaluated by Aboriginal organisations  Number of smoke-free organisations and events
Strengthen partnerships and collaboration between key organisations in NSW to develop and deliver sustained and coordinated Aboriginal tobacco control programs, especially between AMS and AHS.	DOH AHMRC Cancer Institute NSW NGOs AHS	■	■	■	■	■	Number and range of organisations and partners  Number and range of programs

## Priority Area 3

### Work in partnership with Aboriginal communities and peak bodies to reduce smoking and exposure to ETS among Aboriginal people

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Support national tobacco control efforts to reduce Aboriginal smoking and ensure coordination with NSW programs.	DOH AHMRC Cancer Institute NSW NGOs Universities	■	■	■	■	■	Federally funded programs to reduce Aboriginal smoking implemented in NSW  Programs coordinated with NSW activity
Build tobacco control capacity within Aboriginal Community Controlled Health Services.	DOH AHMRC	■	■	■	■		Knowledge, skills, attitude and awareness of AHW and other relevant workers
Continue to implement SmokeCheck to 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.	DOH AHMRC Cancer Institute NSW NGOs Universities AHS	■					Implementation of Phase 2 of SmokeCheck completed  Funding to ensure continuation of SmokeCheck considered  Knowledge, skills, attitude and awareness of AHW and other relevant workers  Proportion of clients who smoke identified
Deliver best practice smoking cessation brief interventions as part of routine service delivery to Aboriginal clients.	DOH AHS Cancer Institute NSW AHMRC Universities NGOs	■	■	■	■	■	Aboriginal clients routinely asked about their smoking status, brief intervention implemented and cessation support provided as required  Number of quit attempts & intention to quit
Increase awareness among Aboriginal smokers of NRT, understanding of correct use of NRT and its availability through the PBS.	DOH AHMRC Universities Cancer Institute NSW AHS	■	■				Knowledge attitude and awareness of Aboriginal smokers and health workers to NRT and other pharmacotherapies  NRT uptake and use by Aboriginal smokers
Encourage pregnant Aboriginal women to quit and provide messages about ETS exposure and how it can be reduced through maternal and child health services.	DOH AMIHS	■	■	■	■		% of Aboriginal women who smoke during pregnancy  Knowledge attitude and awareness of pregnant women to smoking and ETS exposure  Number of quit attempts & intention to quit
Evaluate the effectiveness of specialist tobacco control workers and the feasibility and potential impact of expanding their use.	DOH AHMRC AHS NGOs	■	■				Impact of specialist tobacco control workers identified through project evaluation process

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 AHMRC - Aboriginal Health and Medical Research Council

## Priority Area 4

### 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

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 other drug or alcohol dependency. For example:

- Smoking rates among people in NSW correctional facilities are around 72 per cent and the prevalence is higher among inmates of psychiatric wards <sup>29</sup>.
- People who self-report mental or behaviour problems have smoking rates of 32 per cent compared to 20 per cent of those who do not report these problems <sup>30</sup>.
- People in drug treatment have smoking rates ranging from 74-100 per cent <sup>31</sup>.

Within the proposed actions under this Priority Area, disadvantaged 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 proposed for Aboriginal people are covered under Priority Area 3 and are not included in this section.

Working in these settings is complex and poses many challenges for tobacco control. It is proposed that a range of approaches are implemented over the next five years in partnership with corrections facilities, mental health and social service organisations to build the capacity of these agencies to contribute to tobacco control efforts and discourage smoking among disadvantaged communities.

## Priority Area 4

### 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

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Continue to advocate for staged tobacco tax increases to encourage low socioeconomic smokers to quit.	DOH Cancer Institute NSW NGOs	■	■	■	■	■	Real price of tobacco increases over time
Ensure tobacco tax increases are accompanied by: a) Measures to provide assistance for smokers from low socioeconomic and other disadvantaged groups; and b) Partnerships with social service and mental health organisations to build the capacity of these groups to contribute to tobacco control efforts.	Cancer Institute NSW DOH NGOs Social service organisations AHS	■	■	■	■	■	Assistance measures for disadvantaged smokers accompany tobacco tax increases  Quit attempts & Intention to quit  Number of cigarettes smoked  Knowledge and attitudes of staff in relation to tobacco  Tobacco control goals reflected in relevant service plans and policies
Encourage the implementation of the NSW Health Smoke Free Workplace Policy in mental health and drug and alcohol facilities through increasing health professionals' capacity.	DOH Cancer Council NSW AHS	■	■	■	■	■	Progress reports on implementing the Smoke Free Workplace Policy & Guidelines for Smoke Free Mental Health Services

## Priority Area 4

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

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Increase referrals by GPs and other health professionals in disadvantaged areas to Quitline.	Cancer Institute NSW NSW Quitline AHS	■	■	■	■	■	Referrals to Quitline from AHS and GPs
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.	DOH Cancer Institute NSW NGOs AHS	■	■	■	■	■	Knowledge and attitudes of health professionals regarding smoking and mental illness.
Develop and implement policies and projects in collaboration with the Corrective Services NSW to reduce exposure to ETS and encourage smokers to quit in correctional facilities.	Justice Health Corrective Services NSW DOH	■	■	■	■	■	Policies developed and implemented  Exposure of staff and inmates to ETS  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

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## Priority Area 5

### 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 also undermines 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<sup>32</sup>. In addition, tobacco displays have been found to make it harder for intending quitters to quit smoking<sup>33</sup>.

Tobacco sponsorship, advertising and point of sale promotion 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. However, there is still much more that can be done to further eliminate the advertising and promotion of tobacco products.

The Federal Government also 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.

## Priority Area 5

### 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> , specifically: a) The display ban restrictions; b) Vending machine restrictions; and c) The prohibition on the sale of cigarettes to children through the NSW Sales to Minors Program	DOH AHS	■	■	■	■	■	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.	DOH AHS	■	■				Review completed and recommendations implemented
Continue to implement the retailer notification scheme and review its effectiveness.	DOH AHS	■	■	■	■	■	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.	DOH AHS Cancer Institute NSW 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.	DOH AHS	■	■	■	■	■	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.	DOH AHS	■	■	■	■	■	Regular training and skills update sessions conducted for Authorised Inspectors
Monitor and review the <i>Public Health (Tobacco) Act 2008</i> to ensure its effective operation and identify whether further amendments are required.	DOH AHS	■	■	■	■	■	Regular reviews conducted and key findings implemented as appropriate

## Priority Area 5

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	
Contribute to initiatives to determine the optimal design of plain packaged cigarettes to reduce their appeal and increase the impact of health warnings.	DOH Cancer Institute NSW NGOs	■	■				Issues relating to Federal 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.	DOH AHS	■	■	■	■	■	Data monitored regularly
Examine options to phase out tobacco sales on NSW Health facilities, with the potential application to other NSW Government premises.	DOH NSW Govt agencies	■	■				Options examined and recommendation made
Amend the <i>Public Health (Tobacco) Act 2008</i> to expressly prohibit the sale of tobacco on the internet.	DOH		■				Legislation amended

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## Priority Area 6

### Reduce exposure to environmental tobacco smoke in workplaces, public places and other settings

It is well established that there is no safe level of exposure to ETS and that it causes a range of serious health problems including coronary heart disease and lung cancer in non-smoking adults<sup>34</sup>. Children are particularly susceptible to health damage caused by ETS due to their immature immune systems and their smaller airways, suffering a range of health problems including increased risk of asthma and sudden infant death syndrome<sup>35</sup>.

Smoke-free environments are effective in reducing non smokers' exposure to ETS. They are also beneficial for smokers by supporting their efforts to quit and reducing consumption of cigarettes because they have fewer opportunities to smoke.

At present, exemptions to smoking bans are in place for private gaming areas in casinos nationwide. The NSW Government, through representations to other jurisdictions from the Minister Assisting the Minister for Health (Cancer), has advocated a national approach to phasing out these exemptions. The Queensland Government has indicated its support for this approach, with a proposal that national consideration of this issue be recommended to the Chair of the Ministerial Council on Drug Strategy.

## Priority Area 6

Reduce exposure to environmental tobacco smoke in workplaces, public places and other settings							
Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Continue to monitor and enforce the <i>Smoke-free Environment Act 2000</i> .	DOH AHS	■	■	■	■	■	Number of complaints  Number of inspections and % hospitality venues complying with the legislation  Prosecutions and warning notices issued
Conduct a targeted communications strategy to ensure licensed premises and other employers are aware of their obligations under the Act.	DOH AHS	■	■	■	■	■	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.	DOH NSW Police	■	■	■	■	■	Number of infringement notices issued
Build capacity of Authorised Inspectors to enforce smoke-free legislation.	DOH AHS NSW Police Councils	■	■	■	■	■	Regular training and skill update sessions conducted
Review and fully implement the Smoke Free Workplace Policy for NSW Health.	DOH AHS NGOs	■	■				Review conducted and policy revised as appropriate  Number of AHS who have progressed to Phase 4 of the Smoke Free Workplace Policy  Date of implementation
Increase awareness of parents, particularly those from disadvantaged groups of health risks of ETS especially for children.	DOH AHS- Maternal and child health services NGOs	■	■	■	■	■	Knowledge, attitudes and awareness of ETS  Proportion of smoke-free cars and homes among low SES and other disadvantaged groups.

## Priority Area 6

### Reduce exposure to environmental tobacco smoke in workplaces, public places and other settings

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Under the Healthy Workers Initiative, develop and implement guidelines for workplaces and other settings wishing to go smoke-free.	DOH AHS	■	■				Guidelines developed and implemented.
Conduct research of air quality in commercial outdoor eating and drinking areas.	DOH	■	■				Research conducted and recommendations made.
Consider amendments to the <i>Smoke-free Environment Act 2000</i> to prohibit smoking in the following areas: a) Commercial outdoor eating areas; b) In public playgrounds and within 10m of children's play equipment; c) In and around public swimming pools and public recreation centres; d) In sporting stadia; e) At public sports grounds; f) At enclosed or covered bus stops and taxi ranks; and g) Within 4m of the entrance to a public building.	DOH	■	■	■	■	■	Amendments considered as appropriate
Advocate at a national level through the Ministerial Council on Drug Strategy and with other jurisdictions for a national approach on the issue of removing smoking ban exemptions for casino private gaming areas.	DOH	■					Report on outcomes of discussions with the Commonwealth and other jurisdictions.
Develop and consider options for reducing smoking on NSW Health facilities.	DOH AHS	■	■				Options paper finalised and action taken to progress recommendations.

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## Priority Area 7

### Strengthen efforts to prevent uptake of smoking by young people

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<sup>36, 37</sup>. 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<sup>38</sup>. The younger a person is when they start to smoke, the less likely it is that they will ever cease<sup>39, 40</sup>.

The research literature indicates that effective youth smoking prevention requires a comprehensive approach sustained over time. A range of evidence based, coordinated and complementary strategies act synergistically and reinforce each other, thereby increasing

overall effectiveness. Sustained and integrated effort is required – short-term and one-off or limited focus interventions targeting young people are unlikely to have lasting results<sup>41</sup>.

Critical to efforts are population health measures to denormalise smoking and social marketing 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.

## Priority Area 7

### Strengthen efforts to prevent uptake of smoking by young people

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Continue to include information about the health risks of tobacco in the curriculum and develop and implement a smoking prevention programs in schools.	DET DOH	■	■	■	■	■	Knowledge, attitude and awareness of tobacco and related disease  Smoking rates by secondary school students  Evaluation of the smoking prevention program
Encourage the adoption of smoke-free homes especially among low socioeconomic groups, Aboriginal people and other disadvantaged populations.	DOH AHMRC AHS NGOs MHCS	■	■	■	■	■	% population reporting their home is smoke-free (especially low SES and Aboriginal populations)
Monitor the market for fruit and confectionary flavoured tobacco products and take steps to declare them prohibited products if appropriate.	DOH AHS	■	■	■	■	■	Number of products declared prohibited products
Review and implement new guidelines for Authorised Inspectors for the Sales to Minors Program.	DOH AHS	■					Guidelines developed and implemented

Key:

DOH – NSW Department of Health

AHS – Area Health Services

DET – NSW Department of Education and Training

MHCS – Multicultural Health Communication Service

NGOs – Non-government organisations

AHMRC – Aboriginal Health and Medical Research Council

## Priority Area 8

### 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.

It is proposed that strengthening research, monitoring, evaluation and reporting of programs for tobacco control remain a continued priority throughout the life of the NSW Tobacco Strategy 2011-2016.

## Priority Area 8

### 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.	DOH AHMRC Cancer Institute NSW AHS 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
Encourage greater collaboration and coordination between research, monitoring, evaluation and reporting efforts focused on Aboriginal smoking across NSW and throughout Australia.	DOH AHMRC Cancer Institute NSW AHS Universities & research groups	■	■	■	■	■	Greater awareness of efforts to reduce Aboriginal smoking among the tobacco control field and peak Aboriginal organisations
Work in partnership with relevant groups to strengthen the evidence base around effective interventions to reduce smoking by low socioeconomic groups and other disadvantaged populations.	DOH Cancer Institute NSW NGOs AHS Universities & research groups Justice Health	■	■	■	■	■	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
Implement action research programs to better understand the drivers of the high rates of smoking initiation among Aboriginal children, and develop strategies to prevent uptake.	DOH AHMRC Universities & research groups		■	■	■		Research programs initiated, completed and key messages disseminated
Continue to build the evidence base for anti-tobacco social marketing campaigns, cessation services and regulatory strategies and refine strategies in the light of this evidence.	Cancer Institute NSW DOH Research organisations	■	■	■	■	■	Tobacco Continuous Information Tracking (CIT) Program implemented  Smoking and Health Survey conducted regularly  Report on compliance with legislation and other key outcomes e.g. support for legislation, source of cigarettes for children, exposure to ETS, implementation of smoke-free cars  Reports of key findings published  Strategies refined in light of this evidence

## Priority Area 8

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

Actions	Responsibility	Timeframe – Year					Measurement
		1	2	3	4	5	
Develop dissemination strategies and ensure effective translation of research into policy and practice, particularly around Aboriginal smoking, low socioeconomic groups and other disadvantaged populations.	DOH Cancer Institute NSW Universities AHS NGOs	■	■	■	■	■	Key research findings reflected in tobacco control policies in NSW  Research findings appropriately considered in a mid-term review of NSW Tobacco Strategy 2011-2016
Monitor and analyse population health indicators to determine our success in meeting targets.	DOH Cancer Institute NSW	■	■	■	■	■	Population data collected, analysed and reported and progress towards targets identified  Mid-term review of NSW Tobacco Strategy 2011-2016
Use the results of regular research, monitoring and evaluation to refine the design, development and implementation of our programs.	DOH Cancer Institute NSW	■	■	■	■	■	Comprehensive monitoring and evaluation components of all major tobacco control programs in NSW  Mid-term review of NSW Tobacco Strategy 2011-2016
Strengthen the evidence base for tobacco control by regular reporting of research, monitoring and evaluation information.	DOH Cancer Institute NSW NGOs AHS 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 social marketing and regulatory policies.	DOH Cancer Institute NSW	■	■	■	■	■	Tobacco related reports published and disseminated to the Australian Government and other relevant organisations

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