

NSW Health

Tobacco Strategy Work Plan 2019-2021



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NSW Health Tobacco Control Work Plan 2019-2021

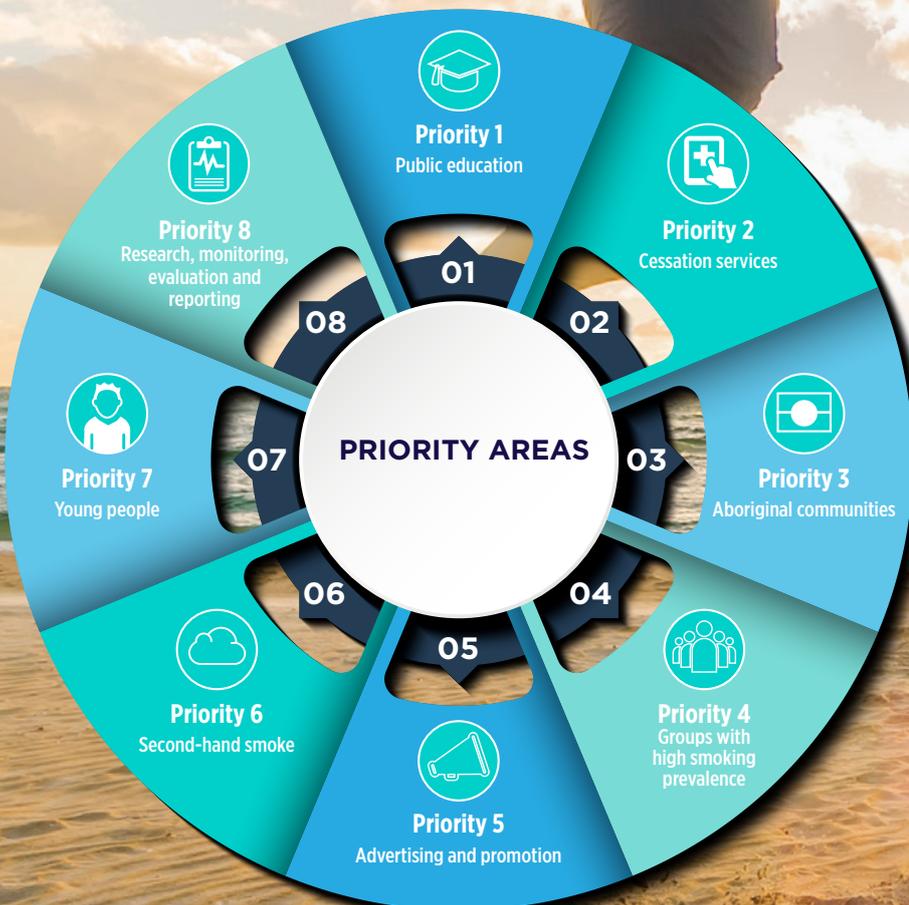
The NSW Tobacco Strategy 2012-2021 guides tobacco control efforts in NSW. This work plan describes the specific actions that will be undertaken over the next three years.

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 priority populations
- Decrease tobacco-related death and disease.





National targets:*

- **Reduce** the daily national smoking rate among Australian adults (aged 18 years or older) **from 19.1%** (age-standardised) in 2007-08 **to 10%** by 2018
- **Halve** the daily national smoking rate among Aboriginal adults (aged 18 years or older) **from 44.8%** (age-standardised) by 2018.

Source: COAG National Healthcare Agreement¹

- **Decrease** the rate of Aboriginal women who smoke during pregnancy **to 37%** by 2023.
- **Reduce** the smoking rate among Aboriginal people aged 18 or older **to 40%** by 2023.

Source: Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023²

* These targets will be updated to reflect new targets articulated in the National Tobacco Strategy which is expected to be released in 2019



Priority 1: Public education

Public education campaigns are one of the most effective population strategies to reduce tobacco consumption. Comprehensive tobacco control programs that include mass media campaigns can increase quitting intentions and behaviours and reduce smoking prevalence, including among lower socio-economic groups and identified priority populations.

The Cancer Institute NSW has lead responsibility for the design, delivery and evaluation of anti-tobacco public education campaigns in NSW. This focus area's actions will continue building on the effective anti-tobacco public education campaign approaches delivered to date, with sustained investment for population-level campaigns at evidence-based levels. Social marketing campaigns will be developed to personalise the health risks of smoking, provide hope and confidence in the individual's ability to quit, and also increase people's sense of urgency about quitting. The development, implementation and evaluation of new campaigns to devalue the social currency of smoking and motivate quit attempts in Aboriginal and culturally and linguistically diverse communities also form part of this strategy.

Continue public education campaigns to motivate smokers to quit and stay quit

Actions	Lead	Partners
1. Develop, implement and evaluate population-level public education and social marketing campaigns to prevent uptake of smoking, encourage smokers to quit and remain smoke-free, including those from priority populations.	Cancer Institute NSW	NSW Ministry of Health, Australian Government Department of Health, local health districts, NSW Health pillars, Primary Health Networks, non-government organisations
2. Provide information to increase public knowledge on the harms of tobacco products and environmental tobacco smoke under the <i>Smoke-free Environment Act 2000</i> and the <i>Public Health (Tobacco) Act 2008</i> .	NSW Ministry of Health	Local health districts, Cancer Institute NSW, non-government organisations





Priority 2: Cessation services

Encouraging and supporting people who smoke to quit and remain smoke-free is critical. Nicotine is highly addictive and people who smoke often need many quit attempts before succeeding. There is no one way for people to quit; successful quitting can be influenced by a range of personal, environmental and clinical factors. The right supportive factors must be in place to best facilitate smokers' quit attempts.

Healthcare settings should routinely screen and assess patient smoking status, provide brief intervention and referral to follow-up care. Appropriate clinical policies, clinical practice change strategies, and electronic systems for data recording and reporting should be in place to support smoking cessation across the health system. The Smoking Cessation Framework for NSW Health Services provides a suite of strategies to assist local health districts to incorporate smoking cessation interventions into routine clinical care.

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

Actions	Lead	Partners
1. Provide, promote and evaluate digital and phone-based cessation supports, such as the iCanQuit website and the Quitline.	Cancer Institute NSW	Local health districts, government departments, Primary Health Networks, non-government organisations
2. Implement the NSW Health Smoke-free Healthcare Policy as standard practice. Under the policy, all staff and clients of the NSW health system who smoke are provided with a brief intervention and referral for ongoing advice and support to quit.	Local health districts	NSW Ministry of Health, Cancer Institute NSW, NSW Health pillars, NSW Health specialty networks, St Vincent's Health Network
3. Integrate smoking cessation interventions into relevant initiatives on healthy lifestyle, mental health, alcohol and other drugs, chronic diseases and other health issues.	NSW Ministry of Health, Cancer Institute NSW, local health districts	NSW Health pillars, Australian Government Department of Health, Primary Health Networks, Royal Australian College of General Practitioners, non-government organisations
4. Improve the accessibility of nicotine replacement therapy across the NSW health system.	Local health districts	Primary Health Networks, non-government organisations
5. Work with the Australian Government to remove barriers to the provision of subsidised smoking cessation medications.	NSW Ministry of Health	Australian Government
6. Identify opportunities to embed smoking cessation care pathways and tools across health and community service settings that work with priority populations.	NSW Ministry of Health, local health districts	NSW Health pillars, government departments, Primary Health Networks, non-government organisations, Royal Australian College of General Practitioners
7. Provide flexible smoking cessation training options (such as face to face or online training) for NSW Health staff, and explore training needs for primary care, community services and other healthcare organisations.	NSW Ministry of Health, Cancer Institute NSW	Local health districts, NSW Health pillars, Primary Health Networks, non-government organisations
8. Provide information on evidence-based models of cessation care including support for research on the benefits and risks of electronic cigarettes as a smoking cessation aid.	NSW Ministry of Health, Cancer Institute NSW	Researchers, local health districts, non-government organisations



Priority 3: Aboriginal communities

The smoking rate among Aboriginal people is higher than that of the general population. Aboriginal young people take up smoking at substantially higher rates than their non-Aboriginal counterparts and begin smoking at an earlier age. Factors that influence smoking prevalence among Aboriginal people include low socio-economic status, marginalisation, normalisation of smoking within their community, and stressful life circumstances.

Culturally appropriate, comprehensive interventions, which take a whole community approach incorporating Aboriginal leadership, partnership and engagement, are effective in reducing Aboriginal smoking when integrated with existing health programs. NSW Health in partnership with the Aboriginal Health and Medical Research Council developed the ATRAC Framework: A Strategic Framework for Aboriginal Tobacco Resistance and Control in NSW and the Aboriginal Tobacco Resistance and Control (ATRAC) Yarning Tool to guide and inform the efforts of everyone working in tackling smoking in Aboriginal communities.

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

Actions	Lead	Partners
1. In collaboration with Aboriginal Community Controlled Health Services, deliver targeted and culturally appropriate approaches to tackling tobacco uptake and use among Aboriginal people.	NSW Ministry of Health, Aboriginal Health and Medical Research Council	Cancer Institute NSW, Aboriginal Community Controlled Health Services, local health districts
2. Support Aboriginal health services to deliver and promote culturally appropriate smoking cessation services for Aboriginal people.	NSW Ministry of Health, Cancer Institute NSW	Aboriginal Health and Medical Research Council, Aboriginal Community Controlled Health Services, local health districts, non-government organisations





Priority 4: Groups with high smoking prevalence

Within the actions under this priority area, targeted populations include people from low socio-economic 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.

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 these communities.

Strengthen efforts to discourage and reduce smoking among groups with high smoking prevalence

Actions	Lead	Partners
1. Deliver targeted, innovative and culturally appropriate approaches to tackling tobacco uptake and use among priority populations.	NSW Ministry of Health, Cancer Institute NSW	NSW Multicultural Health Communication Service, local health districts, NSW Mental Health Commission, ACON, Aboriginal Health and Medical Research Council, government departments, non-government organisations and appropriate lead based on priority population
2. Provide and promote smoking cessation support services, including tailored and culturally appropriate approaches that address the needs of priority populations.	Cancer Institute NSW, NSW Ministry of Health, local health districts	NSW Health pillars, Primary Health Networks, Multicultural Health Communication Service, non-government organisations, Royal Australian College of General Practitioners, appropriate lead based on priority population
3. Develop, implement and evaluate initiatives to support prison inmates and forensic patients to remain smoke-free as they transition back into the community.	Justice Health and Forensic Mental Health Network	Local health districts, NSW Health pillars, Primary Health Networks, non-government organisations
4. Address smoking in pregnancy as a system-wide priority. Ensure that all pregnant women who smoke are offered high quality and culturally appropriate cessation support as part of routine care throughout their pregnancy.	Local health districts	NSW Ministry of Health, Cancer Institute NSW, NSW Health pillars, Primary Health Networks

Pregnant women

The prevalence of smoking during pregnancy in NSW continues to decline but there are still over 8,500 women each year who put themselves and their unborn baby at risk.³ Women having an Aboriginal baby are over-represented in these statistics.

Reducing the rate of smoking during pregnancy is a priority for NSW Health. Exposure to tobacco smoke causes numerous health conditions among adults and children, and smoking (first or second hand) during pregnancy can affect the health of both mother and baby. There is cessation support in place for women who smoke during pregnancy. This includes health workers routinely identifying smokers and providing them with advice and referrals to treatment.



Priority 5: Advertising and promotion

Preventing the uptake of smoking is important to reduce the number of people who smoke across NSW. Most people who smoke start smoking in their teenage years. Some of the factors that influence young people taking up smoking include exposure to tobacco advertising and promotion, peer pressure, parental smoking and socio-economic factors, such as level of education.

The *Public Health (Tobacco) Act 2008* regulates the packaging, advertising and display of tobacco products, electronic cigarettes and accessories and non-tobacco smoking products in the retail environment. This includes a ban on the sale of tobacco and electronic cigarette products to minors. The *Poisons and Therapeutic Goods Regulation 2008* bans the unauthorised supply of liquid nicotine in NSW, including in electronic cigarettes.

The Australian Government regulates the publication of tobacco advertisements under the *Tobacco Advertising Prohibition Act 1992*. This legislation limits the public exposure to images and messages that attract people to start smoking or use tobacco products.

The Australian Government's *Tobacco Plain Packaging Act 2011* mandates requirements for the plain packaging and appearance of tobacco products in Australia to further reduce the appeal of tobacco products to consumers. Health warnings and plain packaging are effective in garnering attention and evoking emotional reactions, reducing the appeal of smoking, and increasing intentions to not start smoking or to quit smoking.

Tobacco tax increases are the single most effective and cost-effective policy to reduce tobacco use and socio-economic inequalities in smoking. There is evidence that increasing cigarette prices and banning tobacco promotion at the point of sale can reduce the initiation, prevalence and intensity of smoking among young people. Non-price related tobacco control policies, such as smoke-free policies, bans on advertising and promotion, health warnings and cessation services, also contribute to reducing the prevalence of smoking among lower socio-economic groups and young people.



Continue effort to eliminate the advertising and promotion of tobacco products, and restrict the availability and supply of tobacco, especially to children

Actions	Lead	Partners
1. Continue to monitor compliance with and enforce the <i>Public Health (Tobacco) Act 2008</i> to limit access to and supply of tobacco products and electronic cigarettes.	NSW Ministry of Health	Local health districts, non-government organisations
2. Ensure swift and effective sanctions, including on the spot fines, for retailers that break tobacco retailing laws.	NSW Ministry of Health	Local health districts, NSW Police
3. Provide tobacco retailers with education and information about how to comply with tobacco retailing laws.	NSW Ministry of Health	Local health districts
4. Work with the Australian Government to strengthen restrictions on digital advertising, promotion and sponsorship of tobacco and electronic cigarettes, including electronic liquids, under the <i>Tobacco Advertising Prohibition Act 1992</i> .	NSW Ministry of Health	Australian Government Department of Health
5. Work with the Australian Government to strengthen regulatory efforts to respond to illicit tobacco.	NSW Ministry of Health	Australian Government Department of Health, Australian Border Force, local health districts, state and federal law enforcement
6. Work with the retail industry to enhance compliance with the <i>Public Health (Tobacco) Act 2008</i> .	NSW Ministry of Health	Local health districts, retail and industry bodies





Priority 6: Second-hand smoke

The NSW Government is committed to reducing people's exposure to tobacco smoke and vapour from electronic cigarettes. The *Smoke-free Environment Act 2000* bans smoking and the use of electronic cigarettes in all enclosed public places, certain outdoor public areas, and in cars when children under the age of 16 are present. The NSW Smoke-free Health Care Policy bans smoking and the use of electronic cigarettes on NSW Health grounds and facilities and in vehicles.

NSW Health enforces smoke-free laws. NSW Health inspectors conduct regular compliance monitoring and enforcement activity, including issuing on the spot fines and notices, as well as providing education to the public on smoking bans.

Smoking and using electronic cigarettes on public transport vehicles such as trains, buses, light rail and ferries is also banned under the *Passenger Transport (General) Regulation 2017*.

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

Actions	Lead	Partners
1. Continue to monitor compliance with and enforce smoke-free environments under the <i>Smoke-free Environment Act 2000</i> and the <i>Public Health (Tobacco) Act 2008</i> .	NSW Ministry of Health	NSW Police, local health districts
2. Implement the amendments to the <i>Smoke-free Environment Act 2000</i> to prohibit the use of electronic cigarettes in smoke-free public areas.	NSW Ministry of Health	Local health districts, Transport for NSW
3. Monitor the effectiveness of the guidelines for identifying enclosed areas under the <i>Smoke-free Environment Act 2000</i> .	NSW Ministry of Health	Local health districts, hospitality venues and industry bodies
4. Strengthen compliance with the NSW Health Smoke-free Healthcare Policy on hospital grounds and in health facilities.	Local health districts	NSW Ministry of Health
5. Promote the implementation of smoke-free policies among health, welfare and social service agencies that provide care for priority populations.	NSW Ministry of Health	Local health districts, Cancer Institute NSW, non-government organisations
6. Encourage organisations to develop voluntary guidelines to become smoke-free.	Non-government organisations	NSW Ministry of Health, local health districts, Cancer Institute NSW
7. Investigate current approaches and opportunities to improve smoke-free policies in government funded services that are not already covered under the <i>Smoke-free Environment Act 2000</i> .	NSW Ministry of Health	NSW Government departments, non-government organisations
8. Encourage non-government organisations to promote smoke-free homes and possible avenues for people to seek relief from exposure to second-hand smoke in multi-unit dwellings.	NSW Ministry of Health to work with non-government organisations	NSW Ministry of Health, NSW Fair Trading



Priority 7: Young people

Young people are vulnerable to experimentation with tobacco smoking. The majority of adults who are daily smokers started smoking before the age of 18. Addiction to nicotine can be quickly established, which means that young people who start smoking casually can quickly progress to daily smoking. The earlier a person starts smoking, the earlier the onset of smoking-related disease.

Strengthen efforts to prevent the uptake of smoking by young people

Actions	Lead	Partners
1. Support the NSW Department of Education to continue the comprehensive education approach to tobacco control and implement the new kindergarten to Year 10 syllabus with strengthened content on drug use including smoking.	NSW Ministry of Health to support the NSW Department of Education	NSW Ministry of Health
2. Continue to monitor compliance with the sales to minors activities under the <i>Public Health (Tobacco) Act 2008</i> .	Local health districts	NSW Ministry of Health





Priority 8: Research, monitoring, evaluation & reporting

NSW Health and partners continue to monitor emerging evidence and report progress in tobacco control. These efforts allow NSW Health to track and set priorities, improve performance and provide evidence to inform future programs and policies. Valuable sources of data and information include NSW Health population surveillance systems, clinical information systems, regulatory data collections and program evaluations.

Strengthen research, monitoring, evaluation and reporting of programs for tobacco control		
Actions	Lead	Partners
1. Monitor smoking uptake, prevalence, and quit rates, particularly for priority populations.	NSW Ministry of Health, Cancer Institute NSW	NSW Multicultural Health Communication Service, local health districts, NSW Mental Health Commission, ACON
2. Capture and report data on patient smoking status and the provision of smoking cessation support within the NSW health system.	NSW Ministry of Health, local health districts	Cancer Institute NSW, eHealth NSW
3. Strengthen the tobacco and electronic cigarette retailer notification scheme to improve compliance, monitoring and reporting.	NSW Ministry of Health	Local health districts
4. Monitor data on tobacco regulation and control through public health information management system, and publicly report on the outcomes.	NSW Ministry of Health	Local health districts
5. Monitor and evaluate population level anti-tobacco mass media campaigns, and campaigns and interventions for priority populations.	Cancer Institute NSW	NSW Ministry of Health, local health districts
6. Review, monitor and respond to evidence about third-hand smoke, electronic cigarettes and other tobacco-related devices to users and bystanders.	NSW Ministry of Health	Cancer Institute NSW, non-government organisations, Australian Government Department of Health, researchers
7. Report on NSW's implementation of the National Tobacco Strategy and its compliance with the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) across NSW government departments.	NSW Ministry of Health	Australian Government Department of Health

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