



# Tasmanian Tobacco Action Plan

## 2011-2015

### **Year 4 Report**

Prepared by the Tobacco Control Coalition, October 2014 for the Inter Agency Working Group on  
Drugs and Minister for Health

For further information contact Population Health Services, Department of Health and Human Services,  
GPO Box 125, Hobart, Tasmania 7001

[www.dhhs.tas.gov.au](http://www.dhhs.tas.gov.au)

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## Executive Summary

The *Tasmanian Tobacco Action Plan 2011-2015* outlines Tasmania's goal to improve the health of Tasmanians by reducing the harm caused by tobacco. Specifically, the aim is to reduce smoking prevalence to 10% by 2020. In order to monitor performance, each year the Tobacco Control Coalition prepares a report to highlight recent achievements and priorities for the future. This report is for Year 4, being 2013-14.

A key outcome in Year 4 was the completion of the Tasmanian Population Health Survey (TPHS) 2013 which provides an interim indicator of progress between the three yearly Australian Health Surveys (AHS). This was a key recommendation made by the Coalition in the Year 3 report to enable investments and efforts in tobacco control to be aligned more effectively. Cancer Council Tasmania (CCT) also completed a smoking survey but the results are yet to be published.

The TPHS 2013 indicated a big decline in smoking rates by Tasmanian adults from 19.8% to 15% since a similar survey was last conducted in 2009. In comparison the AHS 2011-12 indicated 21.7% of adult Tasmanians are current smokers.

A major caveat for the TPHS 2013 is that it used land-line telephones which may result in lower participation from people on low incomes and young adults who are more likely to live in mobile-only households. Although this survey methodology may underestimate the true smoking rate compared to the more reliable face-to-face interviews used by the AHS, it does suggest smoking rates in Tasmania are declining and likely to be somewhere between the AHS 2011-12 (21.7%) and the TPHS 2013 (15%).

This indicates strategies being implemented under the Tobacco Action Plan are beginning to have a positive impact. Two actions that are likely to have had the greatest impact are the increased investment in social marketing campaigns which since mid-2013 have been at the level the evidence shows will reduce smoking rates and continued increases in tobacco excise.

While it appears Tasmania is moving towards the goal of reducing smoking rates to 10% by the end of this decade, we still have a way to go. Smoking rates are still comparatively high to the rest of Australia and it remains Tasmania's single most preventable cause of premature death and disease.

The Tobacco Control Coalition has highlighted the following as key priorities for implementation in the short to medium future to further reduce smoking rates:

1. **Vulnerable groups:** Increase focus on reducing smoking by young people, people on low incomes, people with mental illness, Aboriginal people and pregnant women and their families.
2. **Electronic cigarettes:** In line with the July 2014 report by the World Health Organisation on electronic nicotine delivery systems, extend sales to children, retail advertising and display and smoke free area provisions under the *Public Health Act 1997* to electronic cigarettes.
3. **Smoke free areas:** Support the Tasmanian Prison Service to implement smoke free prisons by 1 February 2015 and further increase smoke free public events.
4. **Tobacco supply:** Investigate strategies to further regulate how tobacco is sold, such as by location and year-of-birth.
5. **Media campaigns:** Ensure continued implementation of the Quit Social Marketing Program at its current level of approximately \$500,000 per annum post 30 June 2015, in line with the evidence based research that says this is the level needed to decrease smoking rates.

## Achievements in Year 4

The *Tasmanian Tobacco Action Plan 2011-2015* outlines Tasmania's goal to improve the health of Tasmanians by reducing the harm caused by tobacco. Specifically, the aim is to reduce smoking prevalence to 10% by 2020. Each year, the Tobacco Control Coalition prepares a report to highlight recent achievements and priorities for the future (refer to Appendix I for list of current members). This report is for Year 4, being 2013-14.

Six key action areas (KAA) are identified in the Tobacco Action Plan. Collaboration and partnership is a key guiding principle that underpins implementation of the Plan and this is reflected in the highlights from Year 4 as follows:

### **KAA1: Tackling Social Determinants**

- Tasmania Medicare Local (TML) commenced implementation of Health Risk Factors and Social Determinants of Health projects. It allocated \$900,000 over three years to CCT to increase social marketing campaigns, improve data collection and target disadvantaged Tasmanians. It resulted in the establishment of *Targeting Tobacco* as a program to promote quit smoking messages within the social and community services sector.
- TML *Smoking Cessation Innovation Fund* implemented projects targeting young parents on low incomes in Glenorchy, New Norfolk, Bridgewater and Clarence Plains.
- A *Smoke Free Start for Every Tasmanian Baby* was developed by the Smoke Free Pregnancy Working Group as a plan to increase smoke free pregnancies, with a focus on disadvantaged groups, in particular young women, Aboriginal women and women on low incomes.
- A *Communication and Health Literacy Workplace Toolkit* was published by Population Health Services (PHS) to provide information and practical tools to help health and human services workers make it easier for people to access, understand and use health information and services.

### **KAA2: Prevention, Community and Cultural Change**

- The *Smoke Free Young People Strategy 2013-2017* was developed by the Smoke Free Young People Working Group as a plan to address youth smoking in Tasmania, including prevention and cessation.

### **KAA3: Public Policy, Legislation and Regulation**

- Regular checks of tobacco retailers continued to show very high levels of compliance with display and advertising laws (95%) and sale of cigarettes to children (98%).
- The number of licensed tobacco retailers continued to decrease to 831 compared to 859 the previous year and 1190 in 2009.
- Smoke free prisons by February 2015 were announced and staged implementation commenced.
- Smoke free bus and pedestrian malls were enabled with the finalisation of the *Public Health (Smoke Free Areas) Regulations 2012*.
- PHS and local councils continued to work together to implement smoke free public events with close to 75 either fully smoke free or with designated smoking areas.

- The Australian Government increased tobacco product excise by another 12.5% and continued work to progress regulatory frameworks to govern electronic nicotine delivery systems and tobacco product contents and disclosure.

#### **KAA4: Social Marketing**

- Additional funding was obtained that increased television advertising time from 19 to 32 weeks a year. TARP (Targeted Audience Rating Points) levels averaged 761 per month which is marginally above the 700 the social marketing program seeks to achieve.
- A local campaign called *Real Stories* was developed which featured Tasmanians sharing their quitting stories.

#### **KAA5: Early Intervention and Cessation**

- CCT redeveloped the Quit Tasmania website to be more responsive on all devices, including smartphones and tablets. The website averages 29.2 users a day – [www.quittas.org.au](http://www.quittas.org.au)
- Quitline received 3359 contacts, a 2% increase from the previous year (equates to approximately 4% of the smoker population).
- Alcohol and Drug Services (ADS) received 495 referrals to hospital inpatient clinics resulting in 618 appointments and 345 therapeutical phone consultations across the Royal Hobart Hospital (RHH), Launceston General Hospital (LGH), Mersey and North West Regional Hospitals.
- ADS obtained endorsement from the LGH for clinical guidelines to encourage the use of the ABC for Smoking Cessation ensuring they are now in place in all public hospitals.
- 1550 health professionals received the ABC training face-to-face and 3623 on-line.
- 36 *No More Butts* group cessation sessions facilitated by ADS Smoking Cessation Program staff and 27 *No More Butts* facilitator training sessions were conducted with 221 health workers.

#### **KAA6: Research, Monitoring and Evaluation**

- The Tasmanian Population Health Survey (TPHS) 2013 and CCT Smoking and Health surveys were conducted, both of which provide information on smoking prevalence, attitudes and behaviours.
- ADS surveyed health professionals in the Department of Health and Human Services (DHHS) seeking information on usage of the ABC and barriers to its use.
- CCT conducted two tracking surveys of smokers and ex-smokers for the Quit Social Marketing Program evaluation to determine awareness of campaigns, relevance and impact on smoking behaviour.
- Commissioner for Children engaged with young people in schools to gather information and feedback on attitudes towards the proposal to regulate how tobacco is sold by year-of-birth.

Tasmania and the ACT were also declared joint winners of the 2014 Clean Ashtray Award for the National Tobacco Scoreboard awarded by the Australian Medical Association and Australian Council on Smoking and Health (ACOSH). Tasmania was noted for recognising the importance of reducing its high smoking rates and for having some of Australia's best practice legislation.

## Performance Monitoring

In the Year 3 report, the Tobacco Control Coalition noted the need for more regular collection of Tasmanian smoking data, particularly on sub-population groups. This would enable investments and efforts in tobacco control to be aligned accordingly rather than waiting every three years for the release of the AHS. This was achieved in Year 4 with the completion of the TPHS and CCT Smoking Survey. Both surveys provide interim indicators of progress.

The TPHS 2013 (n=6301) indicated a big decline in smoking rates by Tasmanian adults from 19.8% to 15% since a similar survey was last conducted in 2009. In comparison, the AHS 2011-12 indicated 21.7% of Tasmanians were current smokers. The CCT survey results are yet to be published (n=599).

A major caveat for both the TPHS 2013 and CCT surveys is that they used land-line telephones, which may result in lower participation from people on low incomes and young adults who are more likely to live in mobile-only households.<sup>1,2</sup> Although this survey methodology may underestimate the true smoking rate compared to the more reliable face-to-face interviews used by the AHS, it does allow an inference to be drawn that the actual Tasmanian smoking rate is likely to lie somewhere between the AHS 2011-12 (21.7%) and the TPHS 2013 (15%).

This indicates strategies under the Tobacco Action Plan are beginning to have a positive impact. The most significant of these is the increased investment in social marketing campaigns which since mid-2013, have been at the level the evidence shows will have an impact (being above 700 TARPS per month). Another is the continued increase in tobacco excise which occurred in December 2013 and September 2014.

Smoking prevalence in Tasmania is however still comparatively high to the rest of Australia and there is much more work to be done if the 10% target is to be achieved by the end of this decade. Overall, Tasmania appears to be on track to ensuring today's generation are less likely to take up smoking and suffer the adverse health outcomes faced by their parents. The following is more detailed information on selected indicators used to monitor progress:

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<sup>1</sup> Wakefield MA et al. *Introduction effects of the Australian plain packaging policy on adult smokers: A cross sectional study.* *BMJ Open.* 2013;3(7).

<sup>2</sup> Zacher M. *The silent salesman: An observational study of personal tobacco pack display at outdoor café strips in Australia.* Cancer Council Victoria, Seminar Series; Melbourne, 2 October 2012.

## Tasmanian Population Health Survey 2013

TPHS 2013 was a land-line based telephone survey of Tasmanians over the age of 18 answering a series of questions on health and lifestyle. It was completed in late 2013 and the results compared to the first TPHS conducted in 2009. Whilst the TPHS is likely to underestimate true smoking rates due to methodological reasons, it does nonetheless positively demonstrate significant declines in smoking rates.

The following is a comparison between the TPHS 2009 and 2013:

- Current smoker rates reduced from 19.8% to 15% (equates to approximately 60,000 smokers).
- Daily smokers reduced from 16.1% to 11.9%.
- Never smoked increased from 52.2% to 56.9%.
- Ex-smokers remained unchanged at 27.5%.
- In the south, current smokers reduced from 19.3% to 14.5%.
- In the north, current smokers reduced from 20.3% to 14%.
- In the northwest, current smokers reduced from 20.1% to 17.3%.
- Reductions occurred for every age group as follows:

18-24	23.0% to 19.7%
25-34	27.1% to 22.5%
35-44	25.7% to 16.9% statistically significant
45-54	22.9% to 16.2% statistically significant
55-64	13.6% to 12.2%
65+	8.8% to 7.0%
- For gender, statistically significant reductions occurred for males and females with rates falling from 21% to 15.5% for males and 18.6% to 14.5% for females. There were no significant differences in current smoker rates across the three regions or for any age group.
- For employees, there was a statistically significant reduction in current smokers from 21.3% to 14.5%.



## Social Marketing Campaigns

The aim of a social marketing approach is to promote messages about the harms associated with tobacco use and the benefits of not smoking by using marketing principles. Television advertising is the primary medium used to promote anti-tobacco messages in Australia. To be effective, however, advertising must reach enough of the audience at a high enough frequency for them to notice and cognitively process the content of a message.

Research suggests that to achieve sufficient reach and intensity, a social marketing strategy of maintaining a television advertising rate of 700 TARPS per month is required. In 2013-14, the Quit Social Marketing Program was funded to achieve 700 TARPS per month. This is the first time ever in Tasmania that campaigns have operated at the level needed to have a significant impact on smoking rates and the results of the TPHS 2013 suggest that is occurring. To achieve these additional TARPS, it is noted additional funds were provided by DHHS which ends on 30 June 2015 and TML which ends on 30 June 2016.

The Program aims to increase awareness of the dangers of smoking, increase motivation to quit and to inform smokers of the range of options for cessation support. While the media strategy is aimed at all Tasmanians who smoke, messages emphasised in campaigns are specifically targeted a group of smokers with high smoking prevalence being males between 25 and 44 years of age along with young women and new parents. A range of message types are also used featuring emotive, positive, narrative from ex-smokers and testimonial style messages along with three cessation support advertisements.

Activity in 2013-14 was evaluated and found:

- 88% of smokers and ex-smokers reported having seen some form of television advertising about smoking, the highest recall being for the Michael Roberts campaign.
- The most common action taken towards quitting was to 'discuss quitting with others at home' (66%) followed by 'asking a doctor or other health professional for advice' (30%), 'reading how to quit brochures (30%) and 'using nicotine replacement therapy' (29%).
- 74% agreed they 'believed the ad' and 70% believed that 'the ad made me stop and think' suggesting the advertisements have credibility and are thought provoking.
- Behavioural responses linked to Quitline contacts demonstrated that weeks with a high volume of contacts coincided with periods of high television advertising of anti-tobacco and cessation support messages. A total of 3359 contacts to the Quitline were made in 2013-14, the majority being for self-help information (2910 Quit packs), a 2% increase from the previous year.



Michael Roberts



Last Dance



Real Stories

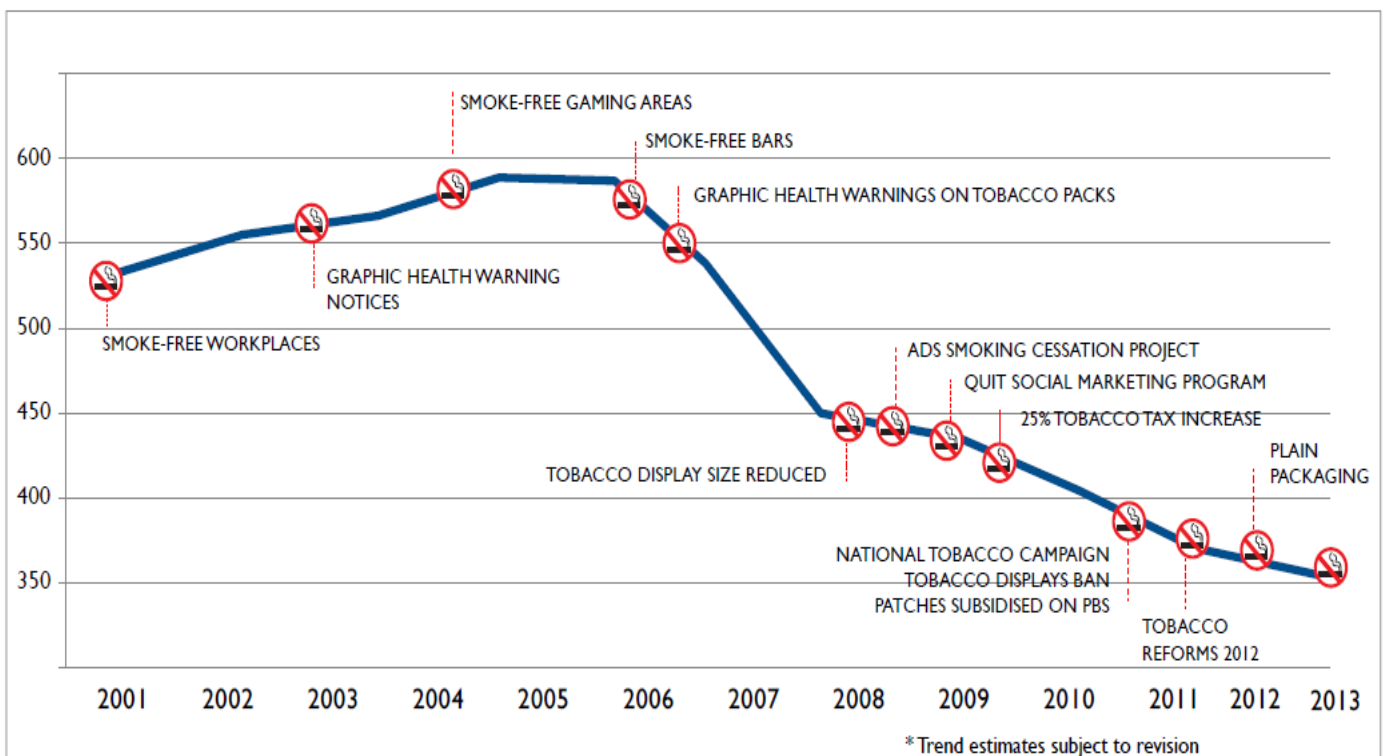
## Tobacco Product Expenditure

The Australian Bureau of Statistics (ABS) household survey of expenditure on tobacco is an indicator that can be used to show the potential impact of the Tobacco Action Plan on smoking behaviour (although it is noted there are other influences on smoking behaviour not quantified here). Reduced expenditure means less tobacco is being consumed, although it doesn't necessarily indicate people have quit smoking. As shown in Figure 1, a trend towards less being spent on tobacco is evident in the last decade. These figures are sourced from the ABS consumption expenditure chain volume measures and adjusted for price increases. Key changes in policy and programs are also included and indicate reductions in expenditure, particularly since 2008 when a significant increase in funding for tobacco control measures was allocated.

Figure 1

### How much Tasmanians spend on tobacco (\$m)

(Source: Australian Bureau of Statistics\*)



## Priority Population Groups

The Tobacco Action Plan identifies six priority groups to be targeted due to their high smoking prevalence and level of risk of taking up or becoming regular smokers. The following is a summary of progress in Year 4 for each priority group:

### Young People

The most recent Australian Secondary Schools Alcohol and Drug (ASSAD) survey in 2011 indicates 9% of 12 to 17 year old secondary school students in Tasmania were current smokers, smoking an average of 20 cigarettes a week. No significant gender differences were found and similar to previous surveys, more 16 and 17 year olds were current smokers (16%) compared to 12 to 15 year olds (6%). Nationally, this compares to 6.7% being current smokers, smoking 16.6 cigarettes a week. These results are encouraging but have plateaued in the last five years. The results of the next ASSAD survey being conducted by CCT in 2014 and disseminated in 2015 will be of high interest. For the older 18 to 24 age groups, the AHS 2011-12 indicated 23% and the TPHS 2013 found 19.7% were current smokers.

Measures to address youth smoking in Tasmania (being 12 to 24 year olds) are outlined in the *Smoke Free Young People Strategy 2013-2017*. The Strategy includes actions to prevent smoking uptake and to assist young people already smoking to quit. Implementation is managed by a working group under the Tobacco Control Coalition (refer to Appendix I for membership). Overall, strategies to address smoking by young people progressed very well in Year 4, although funding for a key component identified being youth targeted television advertising was not obtained. Measures being progressed include:

- 'But it's the least of their problems' guide for youth workers
- 'Smoke free generation – be a part of it' selected as a branding device following consultation with young people
- Online toolkit to help young people with quitting
- Promotional resources such as fact sheets and postcards
- Smoke free messages promoted at youth sporting events
- Tobacco curriculum resources collated and promoted to schools
- Youth targeted social media advertising through the Cornerstone #switchitaround project (although not linked to the *Smoke Free Generation – Be a Part of It* branding)
- Proposal to reduce the supply of tobacco by year-of-birth (tobacco free generation)



## People on low incomes

Surveys of smoking by people on low incomes indicate prevalence is high. The AHS 2011-12 found 28.2% of people in the most disadvantaged areas were daily smokers compared to 12.1% in the least disadvantaged (note data for current smokers is not available). Similarly, the TPHS 2013 found 18% of people in the most disadvantaged areas were current smokers compared to 9.1% in least disadvantaged areas.

A key measure being implemented in Tasmania to address smoking by people on low incomes is the *Targeting Tobacco* program. Funded by TML and implemented by CCT, *Targeting Tobacco* seeks to promote quit smoking messages within the social and community sectors to reduce the burden of smoking across a range of population groups but with an emphasis on people with low incomes. The project also aims to build the capacity of community service organisations to create more supportive environments for their clients and staff to quit smoking. The project does not include working directly with clients.



## People with mental illness

The prevalence of smoking by people with mental illness in Tasmania is unknown as it is not measured directly in any of the current population surveys.

ADS provide ongoing cessation support and information to inpatients accessing the RHH Department of Psychiatry, staff and clients from Northside (LGH), the Spencer Clinic, Rivendell Ward (northwest) and St Helens Hospital (private mental health facility). Support is also provided through on-site visits in conjunction with the RHH respiratory team.

Mental Health Carers Tasmania implemented the National Tobacco and Mental Illness project in 2013-14 to help people living with mental health issues and illness to quit, reduce or address their tobacco use. The project has been very successful however ended on 30 June 2014. Mental Health Carers Tasmania is seeking funding to reinstate the project preferably for a three year period. The project delivered the following:

- 42 staff information sessions for workers in public hospitals, rehabilitation centres, activity and drop-in centres, health and supported accommodation facilities.
- 32 'Talking about Tobacco' awareness raising sessions aimed at prompting quit attempts by smokers with mental illness.
- 'Tobacco FREE' courses completed with approximately 58 participants tailored for people living with mental ill health, their family, friends, carers and work colleagues.

Despite the above, overall there is a significant gap in the specialised support people with mental illness need to quit smoking. Even if the National Tobacco Mental Illness project is extended, it is southern based and not statewide. Much more is needed to address smoking in this priority population group.

## Pregnant women and their families

The Tasmanian Perinatal Database indicates that in 2012, 16.3% of Tasmanian women smoked during pregnancy. This is a significant decline from 2005 when it was 27.6%. Whilst the overall decline is positive, it is a concern that maternal smoking continues to be more prevalent for young women, particularly those under 20 years of age which has remained unchanged for many years and in 2012 was 35.6%. Smoking during pregnancy also continues to be more prevalent for public hospital patients (21.4%) compared to private patients (3%) which reflects the higher smoking rates in lower socio-economic groups. By public hospital, in 2012 it was also highest at the Mersey (21.5%) followed by the RHH (20.7%) and LGH (17.5%).

Measures to address smoking during pregnancy in Tasmania are outlined in *A Smoke Free Start for Every Tasmanian Baby: A Plan for Action – 2014 to 2017*. It contains four strategy areas relating to education and support for health professionals and community and support workers, promotion of smoke free messages and access to cessation services and support. Implementation is managed by a working group under the Tobacco Control Coalition (refer to Appendix I for membership).

Some of the strategies identified in *A Smoke Free Start for Every Tasmanian Baby* are implemented on an ongoing basis however resource issues within PHS may impact on the progress of some key deliverables. Actions implemented in 2013-14 included:

- ADS provided the ABC training to antenatal staff in all public hospitals.
- Pregnant women were provided with the option of referral to hospital smoking cessation clinics operated by ADS. 12 referrals were received in the north, 10 from the south and 7 from the northwest.
- Pregnant women were also referred to the Quitline which received 133 contacts from pregnant women. 388 Quitline contacts were also received from females aged 15 to 29.
- TML funded projects targeting young parents and pregnant women in Glenorchy, New Norfolk, Bridgewater and Clarence. It found the provision of free nicotine replacement therapy to be a valuable inclusion and smokerlyzers to be a popular tool to reinforce smoking reduction.
- Quit Social Marketing Program continued to target young women and new parents.
- National Tobacco Campaign 'More Targeted Approach' implemented the *Quit for You, Quit for Two* campaign, including a downloadable app.



## Women between the ages of 18 and 34

The AHS 2011-12 indicated 17.9% of females were current smokers and the TPHS 2013 found 14.5%. Measures to address smoking by young women are linked to the work of pregnant women and their families.

## Aboriginal people

The TPHS 2013 indicated smoking prevalence by Aboriginal people in Tasmania is high at 30% compared to 32.9% in 2009.

Measures to address smoking by Aboriginal people are primarily being implemented through funding under the Australian Government's Tackling Indigenous Smoking programs, most of which end on 30 June 2015. The Tasmanian Aboriginal Centre also implements a range of actions to reduce the high rates of smoking by its clients. Recent actions implemented include:

- Flinders Island Aboriginal Association Inc (FIAAI) Healthy Lifestyle Project launched the *Smokes Won't Crush Us* campaign encouraging Aboriginal Tasmanians to give up or never take up smoking. The campaign used locally recognised Tasmanian Aboriginals to ensure messages resonate with local Aboriginal communities. It also continued to operate a weekly Quit Café as an informal information and support session for Aboriginal people and their family who want to quit.
- CCT Quitline Enhancement project continued to work with Aboriginal health organisations across Tasmania to identify and address barriers to access for Tasmanian Aboriginal people to the Quitline, promote the Quitline as a culturally sensitive service, facilitate cultural awareness training for Quitline counsellors, design and develop Aboriginal specific Quitline resources and attended various community events to promote Quitline services.

## DHHS Investment in Tobacco Control

In 2013-14, DHHS invested approximately **\$1,746,381** in recurrent funding specifically for tobacco control activities. It is noted that investment of \$900,000 over three years by TML through the Tasmanian Health Assistance Package Health Risk Factors project also commenced in 2013-14. The following summarises DHHS expenditure broadly. Exact figures are at Table 1:

- **Quit Services:** Of the **\$985,000** allocated to CCT in total, approximately **\$430,000** was used for the Social Marketing Program (including media purchase and placement, health promotion and evaluation). Additional funding of \$210,000 per annum for the social marketing program was also provided for 2013-14 and 2014-15.
- **Smoking Cessation Program:** **\$433,000** was spent by ADS to implement the Smoking Cessation Program. This includes one statewide coordinator and three hospital-based clinical nurse consultants in the south, north and northwest.
- **Tobacco Control Operations:** **\$263,000** was spent by PHS on tobacco control operations which is sourced from tobacco licensing revenue. This includes a senior adviser, an officer to administer the tobacco sellers licensing system and enforcement officers in the north and south. In year 4 there were approximately 831 licenced retailers.
- **Tobacco Policy:** **\$64,000** was spent by PHS for tobacco policy and program development (it is noted this was previously for two positions with one being shifted to Tobacco Control Operations). In addition to the above, but not readily costed in salary terms, are the contributions from a range of DHHS staff who contribute to tobacco control activities including legislation review and reform, enforcement support, epidemiology, administration and policy input from senior staff.

Table 1: Total tobacco control expenditure by DHHS over the last five years

Program	2009-10	2010-11	2011-12	2012-13	2013-14
Quit Tasmania	792,029	735,800**	726,890		
Cancer Council Tasmania				756,745#	985,075
Smoking Cessation Program (ADS)	341,000*	440,900	423,956	451,889	433,788
Tobacco Control Operations (PHS)	222,000	217,000	218,911	190,285	263,774
Tobacco Policy (PHS)	103,000	88,000	123,402	125,457	63,744
Menzies Research Institute	30,000				
	<b>1,488,029</b>	<b>1,481,700</b>	<b>1,493,159</b>	<b>1,524,376</b>	<b>1,746,381</b>

\* \$90,000 transferred to Quit Tasmania as one-off grant    \*\* Includes \$18,800 one-off grant for smoking and pregnancy program

# Includes \$13,500 one-off grant for Quit website upgrade

# Moving Forward

The Tobacco Control Coalition highlights the following as key priorities over the short to medium term to further reduce smoking rates and ensure the 2020 target of 10% smoking prevalence is achieved:

## **1. Vulnerable groups (KAA 1, 2 and 6)**

Increase focus on reducing smoking in vulnerable population groups and ensure ongoing collection of data to monitor progress. Population groups of priority are:

- Young people (through the *Smoke Free Young People Strategy 2013-2017*)
- People on low incomes
- People with mental illness
- Aboriginal people
- Pregnant women and their families (through *A Smoke Free Start for Every Tasmanian Baby*)

## **2. Electronic cigarettes (KAA3)**

In line with the July 2014 World Health Organisation report on electronic nicotine delivery systems, extend smoke free area, sales to children and tobacco advertising and promotion laws under the *Public Health Act 1997* to include electronic cigarettes.

## **3. Smoke free areas (KAA3)**

Support the Tasmanian Prison Service to implement smoke free prisons by 1 February 2015 and further increase smoke free public events.

## **4. Tobacco supply (KAA3)**

Investigate strategies to further regulate how tobacco is sold, such as by location and year-of-birth.

## **5. Media campaigns (KAA4)**

Ensure continued implementation of the Quit Social Marketing Program at its current level of approximately \$500,000 per annum post 30 June 2015, in line with the evidence based research that says sustained TARP levels of 700 are required to decrease smoking rates.



# Appendix I

## Membership

### Tobacco Control Coalition

#### *Non-Government*

Advocacy Tasmania  
Alcohol, Tobacco and Other Drugs Council  
Asthma Foundation  
Cancer Council Tasmania  
Chapter of Addiction  
Drug Education Network  
Heart Foundation  
Menzies Research Institute Tasmania  
Pharmaceutical Society of Australia  
Smoke Free Tasmania  
Tasmania Medicare Local  
Tasmanian Aboriginal Centre  
University of Tasmania

#### *Government*

Department of Education  
Department of Health and Human Services

- Alcohol and Drug Services
- Mental Health, Alcohol & Drug Directorate
- Oral Health Services
- Population Health Services

Local Government Association

#### *Individuals*

Harley Stanton  
Stuart Ferguson  
Julia Walters

### Smoke Free Young People Working Group

Population Health Services (DHHS)  
Alcohol and Drug Services (DHHS)  
Department of Education  
Catholic Education  
Independent Schools  
Drug Education Network  
Heart Foundation  
Headspace  
The Link  
Salvation Army

### Smoke Free Pregnancies Working Group

Population Health Services (DHHS)  
Alcohol and Drug Services (DHHS)  
Child Health and Parenting Services (DHHS)  
Tasmania Medicare Local  
University of Tasmania  
Cancer Council Tasmania