

TASMANIAN
TOBACCO
CONTROL PLAN
PROGRESS REPORT

2019

This report is for the range of stakeholders that contribute to the development of tobacco control policy in Tasmania including the Tobacco Control Coalition, the Inter Agency Working Group on Drugs, the Healthy Tasmania Steering Committee and Tasmanian Government.

Prepared by the Tobacco Control Coalition, November 2019

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Acronyms and Abbreviations

ASSAD	Australian Secondary Students' Alcohol and Drug Survey
FIAAI	Flinders Island Aboriginal Association Inc
GP	General Practitioner
NHS	National Health Survey
NRT	Nicotine Replacement Therapy
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
SEIFA	Socio-Economic Indexes for Areas
TAC	Tasmanian Aboriginal Centre
TARPS	Targeted Audience Rating Points
THS	Tasmanian Health Service
TPHS	Tasmanian Population Health Survey
UTAS	University of Tasmania

Introduction

Tobacco smoking is still the leading cause of preventable death and disease in Australia with long term smoking killing two in three users (1).

In 2015, it was responsible for 9.3 per cent of the total burden of diseases in Australia including lung cancer, chronic obstructive pulmonary disease, heart disease, stroke and asthma and other cancers (2).

The estimated social cost of tobacco use in Australia in 2015-16 was \$136.7 billion. This includes value of life lost, pain and suffering, premature ill-health and death, spending on tobacco by dependent smokers and workplace costs (3).

In Tasmania, an average of 559 Tasmanians die each year from smoking (4).

The *Tasmanian Tobacco Control Plan 2017-21* provides direction on ways to reduce tobacco use and its harms through actions by all sectors and levels of government over the next several years. Its goal is to *improve the health, social and economic wellbeing of all Tasmanians by reducing the prevalence of tobacco use and smoking and the inequalities it causes.*

There are four key areas for action in the Plan which are:

1. Encourage and help all people who smoke to quit for good
2. Prevent smoking uptake and de-normalise tobacco use
3. Reduce smoking by high prevalence groups and
4. Strengthen and integrate the evidence base.

The Plan was developed by the Tobacco Control Coalition, a group that consists of members with expertise in health and tobacco control from government and non-government sectors.

To help implement the Tobacco Control Plan, the Coalition established three working groups: addressing smoking by young people (to prevent smoking uptake and quitting); smoking in priority populations (including pregnant women, middle-aged men, Aboriginal people and people with mental ill-health and from low socio-economic areas); and tobacco control evaluation.

A focus of these groups is to develop opportunities for working in existing and new partnerships.

The Tobacco Control Plan commits to progress reports by the end of 2019 and 2021 to determine what is working well and what can be improved.

This first progress report provides recommendations on where efforts should be focussed for the remainder of the Tobacco Control Plan and beyond.

The Plan complements measures highlighted in the *Healthy Tasmania Five Year Strategic Plan* of 2016 which also addresses tobacco use. These include a commitment to effective levels of social marketing, targeted quit campaigns, strategies to help pregnant women to quit, increased licence fees, increased penalties for the supply of tobacco to a child, regulation of electronic cigarettes and support for activities that address the illicit tobacco trade.

Healthy Tasmania has established targets to reduce smoking. For Tasmanians under the age of 25, the target is to halve the gap between the Tasmanian and national smoking rates by 2020 and to better the national average by 2025.

For all ages, the target is to reduce the overall smoking rate to 10 per cent by 2020 and five per cent by 2025.

Overview

Challenges

Tasmania has the second highest smoking rate in Australia and will face many significant challenges for tobacco control during the life of this plan. It appears measures to prevent smoking uptake are working to drive smoking rates down with fewer young people taking it up but existing adult smokers are not quitting at significant levels.

Smoking continues to be related to socio-economics with more smokers living in areas of disadvantage.

Understanding the vast and ever increasing body of evidence about smoking is a challenge. Yet there are gaps in evidence for effectiveness on what works for disadvantaged and hard to reach population groups. For Aboriginal people in Tasmania, we don't fully know what their smoking prevalence is. The situation is similar for people with mental ill-health.

It is important to have good population and localised health data to guide activity, particularly to link what is happening within communities to our hospitals.

Tobacco is still widely available and common place despite it being a restricted product. There is an ongoing need to assess potential risks of new products such as electronic cigarettes and heat not burn products. New domains for regulatory controls such as the contents and engineering of tobacco products, where they are sold and further restrictions on access are areas to explore.

There is also the potential for complacency by decisions makers who may think tobacco control is finished business and to assume current downward trends in smoking rates will continue without sustained effort or new initiatives.

What is working?

More Tasmanians are smoke free. Trend data shows a continued decline in smoking prevalence by Tasmanian adults over the last ten years from 25 per cent in 2007-08 to 17.6 per cent in 2017-18 (5).

More young Tasmanians are also smoke free. Surveys of secondary school students continue to show declines in current smokers to five per cent in 2017 while those that have never smoked continues to increase to 78 per cent (6).

Social norms around smoking continue to change for the better and there are high levels of compliance with tobacco control laws by retailers and the general public.

Exposure to anti-tobacco campaigns is at sufficient levels of reach and frequency to ensure messages are received by Tasmanian smokers.

Evidence is being used better. The evaluation plan developed to guide this report is the most comprehensive summary of tobacco control in Tasmania ever completed.

New working groups and research projects have improved and expanded partnerships.

National achievements in tobacco control, such as regular increases in tobacco excise and plain packaging of tobacco, have positively impacted on Tasmania. The *National Tobacco Strategy 2020-2030* provides direction to guide tobacco control policy into the future.

Recommendations

The following is recommended as priorities for action in addition to existing work to reduce smoking:

Action Area 1

- Increase promotion of the Quit Tasmania website as a first place of contact for smokers – www.quittas.org.au
- Increase referral of smokers to cessation support by embedding Quitline referral pathways into all health services and make brief intervention online training mandatory for all Tasmanian Health Service (THS) staff. A review of resources to manage increased referrals would also be needed.
- Develop an improved evaluation tool to measure the use of brief intervention by THS staff, including reports on the proportion of inpatients that use nicotine replacement therapy (NRT).

Action Area 2

- Strengthen tobacco control laws to build on measures to prevent smoking uptake by increasing the minimum age for the sale of tobacco from 18 to 21 years; increase the responsibility on a tobacco licence holder when young members of staff are found to sell tobacco to a child; reintroduce infringement notices for the sale of tobacco to a child; and remove visual cues about smoking in shops such as sales product units from behind the counter, price boards and product availability notices.
- Limit the retail availability of tobacco by developing a retail density model that considers the number and type of outlets that sell tobacco in particular geographic areas; ban vending machines; ban or restrict new licences in areas designated as smoke free such as malls and shopping centres; incentivise or help retailers to reconsider selling tobacco or to develop new business models.

- Advocate for and support actions at the national level that seek to make smoking less attractive and cigarettes less palatable to young people including standardised pack sizes and filter designs, minimum price policies, further restrict advertising and promotion of electronic cigarettes and ban menthol and other flavourings.
- Promote smoke free generation messages and resources to educate and help young Tasmanians remain smoke free.

Action Area 3

- Continue to focus on the current six priority population groups.
- Trial options to improve access to cessation support for priority populations, particularly to free or subsidised NRT.
- Expand carbon monoxide monitoring and opt-out referral to antenatal care services statewide.
- Encourage staff from Mental Health Services inpatient and community teams to address smoking as a priority issue.
- Address the increasing use of roll-your-own tobacco by young Tasmanians.

Action Area 4

- Ensure evidence collected through monitoring and research is used, particularly to drive quality improvement and tobacco control activity in health services.
- Develop indicators to report on what success looks like when there are less smokers.

Tobacco Use in Tasmania

The *National Health Survey* (NHS) is used as the primary indicator of smoking prevalence in Tasmania. It is conducted every three years and provides reliable nationally comparable data.

The most recent NHS in 2017-18 indicated 17.6 per cent of Tasmanian adults are current smokers, being people who smoke either daily or occasionally. This is around 70 500 Tasmanians.

NHS results over time show that smoking prevalence has continued to decline in Tasmania and nationally (Table 1).

Table 1: Current Smokers 18+, Tasmania and Australia NHS 2001 to 2017-18*

%	2001	2004-05	2007-08	2011-12	2014-15	2017-18
Tasmania	24.4	25.4	24.9	21.7	18.9	17.6
Australia	24.3	23.2	20.8	18	16	15.1

*NHS crude rates, daily and occasional smoking combined

Nationally, Tasmania and the Northern Territory continue to have the highest proportion of current smokers of all jurisdictions and statistically higher than Australia as a whole (Table 2).

Table 2: Current Smokers 18+ by Jurisdiction, NHS 2017-18

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
15.4	15.2	15.9	14.3	13.3	17.6	21.1	11.8	15.1

Comparisons of daily smokers by jurisdictions shows declines in daily smoker rates between 2014-15 and 2017-18 with the Tasmanian decline being the second highest at 1.9 per cent (Table 3).

Table 3: Daily smokers 18+ by Jurisdiction, NHS 2014-15 to 2017-18*

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
2014/15	14.4	13.9	16.3	13.5	14.2	19.3	19.9	12.2	14.7
2017/18	14.2	13.7	15.1	13.3	11.9	17.4	18.9	10.6	14.0
% change	-0.2	-0.2	-1.2	-0.2	-2.3	-1.9	-1.0	-1.6	-0.7

*age-standardised

Smoking by gender

There has been a gradual decline in smoking for both males and females over the last 15 years with the current gap at 3.6 per cent in 2017-18 being the smallest it has been for the last 10 years (Table 4).

Table 4: Current Smokers 18+ by gender, Tasmania NHS 1989-90 to 2017-18*

%	1989-90	1995	2001	2004-05	2007-08	2011-12	2014-15	2017-18
Males	31.4	26.8	25	27.5	26.4	25.8	21.8	19.3
Females	26.3	23.6	23.7	23.5	23.4	17.9	16.8	15.7

*NHS crude rates

Smoking by age

The distribution of current smokers by age in Tasmania has remained relatively stable with the exception of a decline of about seven per cent in the 35-44 year age group (Table 5).

Table 5: Current Smokers by age, Tasmania NHS 2014-15 to 2017-18

%	18-24	25-34	35-44	45-54	55-64	65+
2014/15	24.5	23.8	28.7	21.5	17.3	4.5
2017/18	22.6	20	21.8	21.5	17.6	7.6

Smoking by age and gender

However, when taking age and gender into account, there are differences evident in current smoker rates for males and females particularly in middle age. Similar gender-age trends are evident at the national level, although with smaller proportions of smokers within each group (Table 6).

Table 6: Current Smokers by age and gender, Tasmania NHS 2017-18

%	18-24	25-34	35-44	45-54	55-64	65+
Males	23.7	25.2	26.2	22.8	17.3	8.2
Females	21.2	17.6	17.6	21.4	17.7	7.0

Healthy Tasmania targets

The most current data available suggests Healthy Tasmania targets for smoking are not likely to be achieved.

Smoking by 18-24 year olds will need to reduce by three per cent by 2020 to halve the gap between Tasmanian and national smoking rates for people under the age of 25.

More significant reductions are needed to reduce overall smoking rates to 10 per cent by 2020 and five per cent by 2025.

Action Area I

Encourage and help all people who smoke to quit for good

NHS results over time show a clear upward trend for Tasmanians that have quit smoking from 23.3 per cent in 1989-90 to 33.6 per cent in 2017-18 (Table 7). However, since 2011-12, there has been little change in the proportion of ex-smokers remaining at 33 per cent. This suggests prevention measures are working to drive smoking rates down but that existing smokers are not quitting.

Table 7: Ex-smokers 18+, Tasmania NHS 1989-90 to 2017-18

1989/90	1995	2001	2004/05	2007/08	2011/12	2014/15	2017/18
23.3	31.8	26.5	32.3	30.1	33.4	33.8	33.6

A key focus and priority for the Tobacco Control Plan is to continually prompt and provide support for people who smoke to quit. Progress is as follows:

1.1 Campaigns

Most Tasmanians are exposed to campaign messages.

Media campaigns are a highly effective way to prompt smokers to quit. They also encourage discussion about tobacco use, influence uptake by young people and are shown to prevent relapse by ex-smokers.

Although television continues to be the primary and most effective medium to promote quit smoking messages, it is getting harder to reach people this way. The delivery of campaign messages has therefore adapted to changing communication formats and expanded to digital and social media to increase engagement with smokers.

In 2018-19:

- 718 Targeted Audience Rating Points (TARPS) a month were achieved on average.
- 72% of adults were exposed to campaign advertising on television, 78% the year before.
- 80% of these were people residing in low income areas.
- The average time an adult viewed a campaign advertisement when aired on television was eleven.
- 38% of adults had seen campaign advertising from other sources, 34% the year before.
- 30% of adults viewed campaign advertising on social media, 25% the year before.

Source: Quit Social Marketing Program tracking surveys

1.2 Promotion of quit and smoke free messages

Most Tasmanian smokers are aware of the health risks of smoking and options to quit but few are making quit attempts.

Messages promoted to smokers aim to highlight the health risks of smoking, the need to quit and the range of options available for cessation support. Options generally promoted are to call the Quitline 137848, visit the Quit website, talk to your doctor or pharmacist or download the My QuitBuddy app.

In 2018-19:

- Most smokers were aware of the dangers of smoking and recognised that smoking affects others as well as themselves.
- Most smokers agreed campaigns (aired during this period) were 'powerful', 'believable' and 'relevant to them'.
- The most common action taken by smokers towards quitting in the past six months was to discuss quitting at home/with others (56%) followed by asking a doctor or health professional (23%).
- 37% of smokers were thinking about quitting within the next six months.

Source: *Quit Social Marketing Program tracking surveys*

1.3 Brief Intervention

Most health care workers ask patients about their smoking and document smoking status. However, the advice and support provided for smoking cessation is unclear and there appears to be significant variation.

The THS Smoking Cessation Program implements the ABC for Smoking Cessation brief intervention training for all health care workers in public hospitals. This is to ensure patients are asked about smoking status and provided with appropriate support as a routine part of health care. The training can be accessed by THS staff online or through education sessions in person. Except for a period in southern Tasmania and the north west, the training is not mandatory.

In 2018, 1 127 THS staff completed the ABC training, the majority online. This is a decline from 3 217 the year before.

A snapshot audit of THS staff conducted in October 2018 found:

- 90% report they ask at least some patients about their smoking.
- 83% report they have the skills, knowledge and confidence to provide support.
- 75% had ever completed brief intervention training face-to-face or online.

Source: *THS Smoking Cessation Program Snapshot 2018*

Future audits will obtain more detailed information on the quitting advice and assistance provided to patients as this is unclear. An improved tool for evaluation would provide a more comprehensive assessment on the extent to which brief interventions are used in Tasmanian hospitals and outcomes for smokers.

1.4 Referrals

Very few Tasmanian smokers are referred to cessation support services.

Quit smoking attempts are more successful with professional help such as counselling support combined with pharmacotherapy or NRT. Referrals to services are an important way for smokers to access and be supported with their quit attempt and are ideal in environments when smokers are likely to be most receptive to quitting, such as when in hospital or accessing a community or health service.

The burden of smokers in hospitals is high yet very few are referred to cessation support services. Referral options are the Quitline and inpatient smoking cessation clinics in public hospitals run by the THS Smoking Cessation Program. General practitioners (GP's) and pharmacists can also assist with quitting and some community service organisations receive targeted training on smoking cessation.

In 2018:

- Hospital inpatient clinics received 1 490 referrals, 1 323 in 2017.
- Hospital pharmacies issued 885 NRT scripts to inpatients, 518 in 2017.
- Quitline received 258 referrals from public hospitals, 273 in 2017.
- Quitline received 182 referrals from GP's, 179 in 2017.
- Quitline received 2 562 self-referrals from people who smoke, 2983 in 2017.

Source: *Tasmanian Quitline and THS Smoking Cessation Program*

1.5 Awareness and access to cessation services and treatments

Most Tasmanian smokers are aware of how to quit but are not using the services and treatments available.

For smokers to be able to quit, they need to be aware of options and services available.

In 2018/19:

- Most adult smokers were aware the Quitline (44%) and NRT (39%) can help you quit smoking.
- The most used method by adult ex-smokers to quit was NRT (31%) followed by advice from friends/relatives (23%) and a general practitioner or other health professional (23%).
- Around 3% of smokers contacted the Quitline.
- An average of 366 My QuitBuddy app downloads per month originated from Tasmania.

Source: *Quit Social Marketing Program tracking surveys and My Quit Buddy*

It is noted that indicators for how ex-smokers quit are not indicative of effectiveness.

1.6 Tobacco tax increases

Increases in tobacco excise are applied regularly.

Influencing the price of tobacco through taxation is a highly effective way to prompt smokers to quit by reducing the affordability of cigarettes.

The Tobacco Control Plan supports regular increases in tobacco product excise and the Australian Government has implemented staged increases of 12.5 per cent annually since 2013. This will continue until 1 September 2020 and is in addition to regular increases to the consumer price index. Tax increases were also applied to roll-your-own products and cigars in 2017-18.

However, this has created other challenges with industry using strategies to undermine regular increases to tobacco excise. Examples include the sale of products in large pack sizes, smaller roll-your-own pouches and cheaper products that are easier for young people to afford. Policy approaches to counter this included minimum prices and standardised or minimum pack sizes.

Non-government organisations report continued advocacy and support for regular increases in tobacco excise.

Action Area 2

Prevent smoking uptake and de-normalise tobacco use

Most young Tasmanians are smoke free.

Surveys of secondary school students have been conducted every three years since 1984 and the rate of current smokers in 2017 is the lowest ever recorded at five per cent for 12-17 year olds.

Measures to prevent smoking uptake appear to have had some impact with smoking by 16-17 year old students at a low of eight per cent, a significant decrease from 16 per cent in 2011 (Table 8).

This suggests young people are remaining smoke free for longer; however, it still increases as young people age with 22.6 per cent of 18-24 year olds smoking regularly (Table 9).

Table 8: Current smokers 12 to 17 years of age, ASSAD Tasmania 1996-2017

%	1996	1999	2002	2005	2008	2011	2014	2017
12-15	24	21	15	11	5	6	3	4
16-17	29	30	24	14	17	16	13	8

Table 9: Current smokers 18 to 24 years of age, Tasmania NHS 2004-05 to 2017-18

%	2004-05	2007-08	2011-12	2014-15	2017-18
18-24	33.7	37.3	23.1	24.5	22.6

The proportion of Tasmanians who have never smoked can be used as an indicator of progress to prevent uptake. For adults, it has varied over time but is currently at around 49 per cent (Table 10).

By gender, females are generally more likely to have never smoked particularly in the 18-24 age group which was 72 per cent in 2017-18. However, never smoked by young males has increased from 58.6 per cent in 2014-15 to 66 per cent in 2017-18.

Table 10: Never smoked 12 to 17 years of age, ASSAD Tasmania 1996-2017

1989-90	1995	2001	2004-05	2007-08	2011-12	2014-15	2017-18
47.9	42.7	49.1	42.2	45.0	44.9	46.8	48.9

There has been significant progress to reshape social norms about tobacco use but there is still a way to go to normalise being smoke free. Continued efforts to ensure young people do not take up smoking remains a priority. Progress is as follows:

2.1 Tobacco control laws

Monitoring of tobacco control laws is consistent and retailer compliance is high.

Laws that regulate how tobacco is sold particularly to children, are an important contributor to the prevention of smoking uptake. Ongoing activities include inspecting retailer compliance with display and advertising laws and controlled purchase operations for the sale of tobacco to children.

Complaints relating to smoke free areas are also investigated and smoke free public events are

administered. A licensing scheme to sell tobacco and electronic cigarettes is operated with annual fees and applications.

In 2017, there were changes to the enforcement approach for the sale of tobacco to children with increased penalties for sale and supply and the removal of infringement notices.

In 2018-19:

- 951 tobacco retailer checks were completed.
- 99% of retailers were compliant with display and advertising laws.
- 97% of tobacco retailers were compliant with the law banning the sale of cigarettes to a child.

Source: Department of Health

2.2 Strengthening tobacco control laws

Fewer retailers sell tobacco but it is still evident and widely available in many Tasmanian shops.

In Tasmania, provided a person has a licence to sell and is compliant with tobacco control laws, there are few restrictions on where tobacco is sold.

Regulatory changes over time have seen large displays of tobacco products reduce in size then covered up but still located behind a counter along with other visual cues that tobacco is sold such as product availability notices (being a sign that says 'Tobacco Sold Here'), price boards and price tickets.

Recent increases to tobacco licence fees are most likely the reason for a small decline in retailer numbers, however some areas still have too many tobacco retailers.

In 2018:

- 687 retailers were licensed to sell tobacco, 729 in 2017.
- The cost of a licence increased from \$731.34 to \$1 161.54.
- A licence to sell electronic cigarettes was introduced at \$583.20.
- 64% of retailers displayed a price board.
- 1% of retailers displayed a product availability notice.

Source: Department of Health

2.3 Exposure to second hand smoke

More local councils are acting to establish and expand smoke free areas.

Smoke free public areas not only protect people from exposure to second hand smoke but work to strengthen social norms about smoking. The Tobacco Control Plan recommends actions to encourage local councils to use existing laws to create new smoke free areas.

This is progressing well with some recent examples being:

- Clarence City Council designated Blundstone Arena and surrounding areas including Bellerive Beach Park as smoke free from 20 December 2019.

- City of Hobart designated Franklin Square, University Rose Garden and Legacy Park smoke free from 15 October 2019 and areas around Collins, Liverpool, Murray and Campbell streets from April 2020. This is in addition to existing smoke free areas in the CBD and outdoor dining areas in licensed venues.
- George Town Council designated school crossings smoke free from 7 May 2018.
- Central Coast Council designated the Ulverstone CBD smoke free from 1 November 2018.
- City of Launceston has various smoke-free areas within the central business district (CBD).

At the state level, the Smoke Free Environments project commenced in 2019 to increase smoke free areas around hospitals, schools and their surrounds. An initial focus for the project is the Royal Hobart Hospital and Launceston General Hospital followed by schools and their surrounds.

There is insufficient data to determine the extent to which Tasmanians are exposed to second hand smoke.

ASSAD 2017 indicates 11 per cent of students are exposed to second hand smoke inside their home, the same as the previous survey in 2014.

2.4 Electronic cigarettes

The market for electronic cigarettes in Tasmania is small.

The emergence and use of personal vaporisers (commonly known as electronic cigarettes) is increasing nationally. Against any possible benefit of these products to help people quit tobacco smoking, is the risk of harms and potential to re-normalise smoking behaviour, users taking up tobacco smoking and dual use of both products at the same time.

In 2017, Tasmania introduced laws to ban the sale of electronic cigarettes to children, their use in smoke free areas and restrict their advertising, display and marketing.

Retailers must also have a licence to sell electronic cigarettes.

The extent to which Tasmanians use electronic cigarettes is unknown. In 2017, 13 per cent of Tasmanian students had ever used an electronic cigarette with 17 per cent of males and eight per cent of females having used cigarettes (7). Future National Health Surveys are likely to collect information on current use, ever used, frequency of use and age first used.

Generally, it would appear the market for electronic cigarettes is small noting many users reportedly purchase online and not from retail shops. Retailers have indicated tobacco flavoured products are the most commonly sold but a range of fruit and confectionary flavoured products are available for sale.

In 2018:

- 64 retailers were licensed to sell both tobacco and electronic cigarettes.
- 32 of these 64 retailers actively sold electronic cigarettes.
- Four additional retailers sold electronic cigarettes only.

The licensing system could be strengthened to discourage retailers to sell electronic cigarettes as part of their licence to sell tobacco.

Source: Department of Health

2.5 Influencing young people to be smoke free

More young Tasmanians are remaining smoke free for longer.

Smoking by 16 and 17 year old students has declined significantly which suggests young Tasmanians are remaining smoke free for longer however uptake still increases significantly between the ages of 18 to 24 (Table 8 and Table 9). This suggests measures to prevent uptake need to continue along with targeted actions to encourage those aged 18 to 24 to quit smoking.

The *Smoke Free Young People Strategy 2019-2021* outlines a range of actions to shift attitudes, intentions and behaviours about smoking by young Tasmanians, particularly those aged between 10 and 17 years.

A focus is on messages to promote the benefits of being smoke free, the negative short-term and immediate effects of smoking, the reality that most young Tasmanians are smoke free, the addictiveness of nicotine and how to deal with peer pressure and not smoke.

Local research in 2018 found targeted online and social media was an effective way to deliver smoke free messages to young Tasmanians.

Education is a strategy that is best implemented alongside legislative measures to prevent smoking uptake. With there being less established smokers in early adolescence, the timing for strong action such as an increase in the minimum age for the sale of tobacco is ideal to influence young Tasmanians to remain smoke free for longer.

Actions to normalise being smoke free, including encouraging parents to quit smoking, restricting where people can smoke in public places and reducing the promotion of products and smoking behaviour also work to influence young people to remain smoke free.

2.6 Tobacco product regulation

There are opportunities to advocate nationally for measures to regulate tobacco products that would benefit young Tasmanians.

The Tobacco Control Plan supports the regulation of tobacco products such as through cigarette engineering, reducing nicotine content and the elimination of filter ventilation and additives. This is with a view to ensuring cigarettes are less palatable for young people. Product design is one of the few remaining ways industry can differentiate between products.

In Tasmania, apart from some regulation of flavourings (fruit and confectionary), there have been no changes or regulation to address the content of tobacco products and limited advocacy.

Advocacy at the national level could support a minimum pack size for roll-your-tobacco products, minimum price policies, standardized designs for filters and vents, bans on menthol and other flavourings and actions to restrict the availability and uptake of electronic cigarettes.

Action Area 3

Reduce smoking by high prevalence groups

The burden of smoking lies most heavily in some population groups who need targeted actions to quit and stay quit. The Tobacco Control Plan identifies pregnant women, middle-aged men, Aboriginal people, young people, people with mental ill-health and people from low socio-economic areas as priority populations due to their high smoking prevalence.

In 2018, the Smoke Free Priority Populations working group was established and developed *No One Left Behind: An action plan to achieve a smoke free Tasmania 2018-2021*. The plan aims to improve the identification of smokers from the six priority populations identified and to help them quit smoking.

Progress is as follows:

3.1 Pregnant women

Smoking by pregnant women has declined significantly over the last decade but rates have stagnated and continue to be alarmingly high among teenage mothers.

Maternal smoking has declined from 28 per cent in 2005 to 14.5 per cent in 2017; however, in recent years, the rate of decline has stagnated and continues to be very high for pregnant women under 20 years of age.

A pilot project was recently implemented by the Midwifery Group Practice in southern Tasmania to see if the use of carbon monoxide (CO) monitoring and referral of all women with a positive CO reading improves smoke free outcomes. 533 pregnant women underwent CO testing which resulted in 151 being referred to specialist smoking cessation support. This represented a 90 per cent increase in engagement and resulted in 26 women (36 per cent) successfully quitting smoking during their pregnancy.

Referrals of pregnant women to cessation support is generally low statewide. The success of the pilot project suggests expanding CO monitoring and cessation support to antenatal care services across Tasmania will ensure more pregnant women who smoke are identified and then provided with support to quit.

In 2017:

- 14.5% women smoked during pregnancy, 12.8% the year before.
- 40% were women under 20 years of age, 35% the year before.
- 19% were patients in public hospitals and 2% private hospitals.
- 20.6% of patients from the Royal Hobart Hospital smoked during pregnancy, a significant increase from 13.7% the year before.
- 15.3% of patients from the Launceston General Hospital smoked during pregnancy, the same as the year before.

Source: *Tasmanian Perinatal Data 2017*

In that same year, 28 pregnant women were referred to the Quitline and 34 to hospital inpatient cessation clinics.

Source: *Smoking Cessation Program THS and Tasmanian Quitline*

3.2 Middle aged males

Smoking by middle aged males has declined significantly but rates are still high.

Efforts to target males between the ages of 25 and 44 appear to have worked in recent years as smoking prevalence has dropped considerably. A focus has been on selecting and targeting placement of campaign advertising to reach this population group. As a result, Quitline contacts by males aged 15 to 44 have increased steadily with an average of 12 contacts a week in 2018-19.

In 2017-18:

- 25% of 25-34 year old males were current smokers, a decrease from 36% in 2014-15.
- 25% were ex-smokers, an increase from 17% in 2014-15.
- 26% of 35-44 year old males were current smokers, a significant decrease from 40% in 2014-15.
- 32% were ex-smokers, an increase from 24% in 2014-15.

Source: *National Health Surveys*

3.3 Young people

Smoking by early adolescents is low but increases significantly as teenagers become young adults.

Young Tasmanians can access a range of cessation supports including the Smoke Free Generation website, the Quitline, various youth health services and some schools provide support to quit.

The Smoke Free Generation website was developed in 2016 and is promoted to young people and adults that work with young people as a source of local information on options to quit smoking. Promotion of the website is inconsistent and usage is low. In 2018, there were 1185 new users of the website which averages 1 000 visits a year.

In 2017, for students that identify as current smokers:

- 5% were between 12-17 years of age, a decline from 9% in 2011.
- An average of 13 cigarettes per week were smoked.
- 4% were between 12-15 years of age.
- 8% were between 16-17 years of age.
- 36% of current smokers used roll-your-own pouch tobacco.
- 74% of students that had smoked in the past month used roll-your-own pouch tobacco.

Source: *ASSAD 2017*

The high percentage of students who have not become established smokers but are using roll-your-own tobacco sold in smaller, more affordable sizes for young people is a concern.

3.4 Aboriginal and Torres Strait Islander peoples

Smoking by Aboriginal people in Tasmania is high.

The most recent National Aboriginal and Torres Strait Islander Social Survey (NATSISS) conducted in 2014-15 found 36.5 per cent of Tasmanian Aboriginal people aged 15+ were daily smokers. This is similar to the national average of 39 per cent. The Tasmanian sample size for this survey was 1 200 Aboriginal and/or Torres Strait Islander people from 694 households. Updated NATSISS results for 2017-18 will provide an indication of how efforts to reduce smoking by Aboriginal people in Tasmania are progressing.

The Flinders Island Aboriginal Association Inc (FIAAI) and the Tasmanian Aboriginal Centre (TAC) are some of the organisations that do extensive work to address smoking by Aboriginal people in Tasmania.

FIAAI implements a range of community-based programs with a focus on cessation and youth smoking prevention. This includes education in schools, social marketing campaigns and community events that are tailored to local Aboriginal communities. A focus is on providing information to help support quitting and building relationships.

The TAC has a longstanding commitment to reducing tobacco related harm in the Tasmanian Aboriginal community. This includes policy development and research in addition to working directly with Aboriginal individuals, families and community. The health service does work to reduce uptake of smoking, support quitting and to provide health care for people with smoking related health issues.

3.5 People experiencing mental ill-health

Smoking by people with mental ill health in Tasmania is unknown but is likely to be very high. People with mental ill-health are not being referred and there is an urgent need to upskill the workforce.

As there is minimal data on smoking by people with mental ill-health in clinical settings or the broader community, it is difficult to monitor or measure progress. Nationally, we know that people with mental illness are 65 per cent more likely to smoke compared with the general population (8). Psychological distress is not an indicator of mental ill health but the Tasmanian Population Health Survey (TPHS) does provide current smoking data which provides some insight.

In 2016:

- 32% of people experiencing high or very high psychological distress were current smokers
- 18% of people experiencing low psychological distress were current smokers.

In 2018, the THS Smoking Cessation program received 28 referrals from Mental Health Services and 119 from other services for people with mental ill-health.

3.6 People from low socio-economic areas

Smoking by people from lower socio-economic areas has declined slightly but is still high.

The link between socio-economics and tobacco use is evident in Tasmania with smoking continuing to be more prevalent among those that live in areas experiencing the greatest disadvantage.

Of all Tasmanians aged 18 years and over who live in the most disadvantaged geographic areas (quintile 1), 24.2 per cent or one in four are daily smokers. Of those that live in the least disadvantaged area (quintile 5), 7.6 per cent or one in thirteen are daily smokers. The difference between the proportions of smokers in these two quintiles is statistically significant. This distribution is similar at the national level with significantly more smokers living in the most disadvantaged areas compared with the least disadvantaged fifth quintile.

Employment status is also related with smoking being over one and a half times as common among unemployed Tasmanians compared to those in the workforce. Of all Tasmanians aged 18 years and over who were employed in 2017-18, 16.5 per cent were daily smokers compared to 38 per cent of all Tasmanians who reported to be unemployed.

In addition to middle aged males, campaign advertising over recent years has been designed and placed to specifically reach people living in SEIFA quintiles 1 and 2. Campaign messages shown to work best with this population are high-emotive and narrative styles.

In 2018-19, of people from the lowest income areas, most were aware the Quitline and NRT can help with quitting and 1 430 contacted the Quitline, an average of 28 contacts a week.

Action Area 4

Strengthen and integrate the evidence base

Actions in the Tobacco Control Plan are underpinned by the best available evidence or information where evidence does not yet exist or is unclear.

Progress to strengthen and integrate the evidence base is as follows:

4.1 Tobacco action evaluation

Planning for evaluation to support future decisions on how and where to act has improved.

The Tobacco Action Evaluation working group was established to develop a framework to ensure progress to reduce tobacco use in Tasmania can be measured over the four years of the Plan and to inform this first progress report.

Capacity for evaluation will improve following an amendment made in 2017 to the *Public Health Act 1997* that will enable information to be obtained from tobacco retailers on the number of products they sell including by product and brand type and any new products. This will provide data on where smokers are which will help us to understand where to target actions locally. Unfortunately, due to delays with the procurement of an online data collection system, this has not commenced as planned with reporting likely to start in 2021.

Evaluations of the work delivered by Quit Tasmania are conducted regularly including the Quitline service (2014, 2018) and annual evaluations of the Quit Tasmania Social Marketing Program.

4.2 Research and evaluation

Partnerships with the University of Tasmania and Menzies continue to develop.

Access to and capacity for professional development in research and evaluation has not changed significantly, however workshops hosted by the Menzies Institute of Medical Research and improved capacity to evaluate programs through partnerships with UTAS are noted.

4.3 New research and partnerships

New research projects and the testing of ideas has increased in recent years leading to many new partnerships and local evidence for what works.

Research projects implemented in recent years include:

- *Tobacco Free Retailer Project*, Cancer Council Tasmania (2019), to encourage and support small retailers in the north and north west of Tasmania to voluntarily give up their licence to sell tobacco.
- *Offering Support to Interested Quitters via the Quitline*, Cancer Council Tasmania (2019), to evaluate the impact of offering callers to the Tasmanian Quitline from priority population groups free NRT.

- *Vaping by young Tasmanians*, UTAS (2019), focus groups to determine awareness and use of electronic cigarettes by young Tasmanians.
- *Youth Smoking Prevention*, Menzies Research Institute (2019 onwards), to determine attitudes and belief of young people, stakeholders and government, non-government and industry sectors towards the legal age of tobacco purchase.
- *Campaign Development Exploratory Research*, Cancer Council Tasmania (2018), to gain a better understanding from Tasmanian smokers and recent quitters of what they respond to, why they are not quitting and the support they need to quit to inform future campaign activity.
- *Social media strategy for the 'Smoke Free Generation – be a part of it!' campaign* (2018), to develop, implement and evaluate the effectiveness of a social media-based campaign to reduce uptake of smoking by young Tasmanians.
- *Antenatal Carbon Monoxide Opt-out Referral Pilot* (2018-19), to determine if the use of CO monitoring on pregnant women improves identification of those who smoke and increases engagement with cessation support to improve smoke free outcomes.
- *Tobacco Free Communities East Coast* (2018) and *George Town* (2019), to determine if a community led program providing voucher-based incentives and cessation support improves smoke free outcomes.
- *Squeezing Tobacco Retail Availability in Tasmania* (2018 onwards), to examine tobacco control policies between 2000 and 2019 focused on the retail environment (for example licensing, tax and regulation) to determine associations with tobacco availability and smoking behaviour.

Focus areas for future research include cessation for people with mental ill-health, how brief intervention is working in public hospitals, the impacts of tobacco price increases on poverty and exposure to second hand smoke in public areas.

4.4 Survey sampling

There has been no change to survey sampling sizes in Tasmania.

There has been little advocacy to increase survey sampling in Tasmania. The inclusion of a question on tobacco use in the 2021 census would provide more detailed information on smoking prevalence by age, gender, location and Aboriginality.

Data Sources

National Health Survey (NHS)

The NHS is conducted every three years using face-to-face interviews. It provides nationally comparable data on general smoking prevalence 18+, by age group, gender, income and quitting.

Tasmanian Population Health Survey (TPHS)

The TPHS is conducted every three years using telephone. It provides data on general smoking prevalence, age, gender, region, indigenous, psychological distress, income, exposure to environmental tobacco smoke and quitting.

Australian Secondary Students' Alcohol and Drug Survey (ASSAD)

The ASSAD survey is conducted every three years using a questionnaire completed by secondary students aged between 12 and 17 in classrooms. 2 225 Tasmanian students participated in the last survey in 2017. The survey has questions about tobacco use in students' lifetime, past year, past month and the past week providing information on smoking prevalence, brands used, source of cigarettes, self-perceived smoking status and the type of tobacco used including electronic cigarettes.

Tasmanian perinatal database

Self-reported information on smoking status generally obtained in the first 20 weeks of pregnancy by clinicians from the mother for all births reported in Tasmania and provided to the Perinatal Data Collection annually.

Quit Social Marketing Program

Conducted online every two months with adult smokers and recently quit smokers. It does not include non-smokers. It provides data on campaign awareness (recall and recognition), processing of campaign messages and behavioural responses. The survey methodology used changed in 2018 which limits the comparability of results from previous years.

Tasmanian Quitline

Data collected and maintained by Quit Tasmania that provides information on contacts to the Quitline by age, gender and region, quitting option used such as telephone counsellor, self-help material, pharmacotherapy, online support and referrals.

Department of Health Smoking Product Licencing

Data collected and maintained by the Department that provides information on licenced retailers of tobacco and electronic cigarettes and compliance with tobacco control laws.

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