

# NO ONE LEFT BEHIND



**An action plan to achieve  
a smoke free Tasmania**



**2018–2021**

# **Contents**

Introduction	3
Smoking in Priority Populations	4
Why are there high rates of smoking in these groups?	5
Smoking cessation support in Tasmania	7
Solutions	8
Strategy 1: Easy Access	8
Strategy 2: Effective Messaging	10
Strategy 3: Supportive Environments	11
Strategy 4: Tobacco Control Measures	12
Implementation	13
Anticipated Outcomes	14
Appendix 1: Guiding Documents	15
Appendix 2: Acronyms	16
References	17

# Introduction

Tobacco smoking remains the single greatest preventable cause of death and disease in Australia.

Actions to reduce smoking generally focus on population wide approaches. Despite an ongoing decline in smoking prevalence within the Tasmanian community, smoking rates remain comparatively high in certain population groups.

The *Tasmanian Tobacco Control Plan 2017-2021*<sup>1</sup> identifies six priority populations for their high smoking prevalence: pregnant women, men aged 25-44 years, young people aged 12-24 years, Aboriginal and Torres Strait Islanders, people with mental illness and people from low socio-economic areas.

These populations are a priority for intensive, targeted interventions to support quit attempts translating into sustained cessation.

This plan has been developed by the Smoke Free Priority Populations (SFPP) Working Group in consultation with Tasmanians who smoke from high prevalence groups.

The SFPP Working Group is a collaboration between organisations with expertise in smoking cessation and those that work with high needs groups.

It includes representatives from:

- the Department of Health, including Public Health Services; Alcohol and Drug Services; and Mental Health Services
- non-government organisations, including the Cancer Council Tasmania, Drug Education Network, Flinders Island Aboriginal Association Incorporated and Tasmania Aboriginal Corporation
- Primary Health Tasmania and the University of Tasmania.

This Working Group reports to the Department of Health and the Tobacco Control Coalition.

The Coalition is a group of stakeholders from government and non-government sectors that provides advice to the Tasmanian Government on tobacco policy and implementation of the *Tasmanian Tobacco Control Plan 2017-2021*.

The aim of this plan is to support people who smoke from priority populations to quit and stay quit, reducing the burden of tobacco related disease and preventable death in Tasmania.

The plan combines research, local knowledge and the lived experience, to develop evidence-based and innovative local solutions. It aims to ensure equitable access to services and supports for Tasmanians most at risk.

# Smoking in Priority Populations

Smoking prevalence is high among these priority populations groups:

<b>Pregnant Women</b>	Around one in seven Tasmanian women report smoking during pregnancy (13 per cent in 2016), with the rate much higher for those under 20 years of age at one in every three (35 per cent in 2016) <sup>2</sup>
<b>Men - Aged 25-44 years</b>	Around one in every three males aged 35 to 44 smoke (32.5 per cent in 2017/18). This age-group has the highest rates of smoking in Tasmania and compares poorly to the national rate (of 21.5 per cent) <sup>3</sup>
<b>Young People - Aged 12-24 years</b>	Most people who smoke take it up before the age of 25, predominantly during their teenage years. Very few take it up after the age of 25. Smoking rates for Tasmanian students have fallen in recent years to the lowest recorded at four per cent for 12 to 15-year olds and eight per cent for 16 to 17-year olds <sup>4</sup> . However, smoking rates among 18 to 24 year olds are 22.6 per cent <sup>3</sup>
<b>Aboriginal People</b>	Smoking rates in the Tasmanian Aboriginal population are very high with two in five aged 15 years and over reporting to smoke daily (37.7 per cent) <sup>5</sup>
<b>People with Mental Illness</b>	Nationally, people with a mental illness are 65 per cent more likely to smoke compared with the general population <sup>6</sup> . Within Tasmania, there is no data to monitor smoking prevalence by people with mental illness in clinical settings or the broader community. Among Tasmanians experiencing high or very high psychological distress <sup>a</sup> , 31.9 per cent report to be current smokers <sup>7</sup> .
<b>People from Low Socio-economic Areas</b>	Smoking is more common among Tasmanians who live in areas of greatest disadvantage at 24.2 per cent compared to 5.7 per cent in the least disadvantaged <sup>3</sup> .

The *Tasmanian Tobacco Control Plan 2017-2021* acknowledges other at-risk populations that need to be supported, depending on evidence and need.

This includes people with substance use issues, people with disability, people from culturally and linguistically diverse backgrounds and people identifying as lesbian, gay, bisexual, transgender and intersex.

While the plan is focussed on six population groups, it is acknowledged that there is likely to be overlap between these priority populations. For example, a 20 year-old female smoker may be pregnant and from a low socio-economic area.

Similarly, a 30 year-old male smoker may be an Aboriginal man and have a mental illness. Because of this overlap, there is a need to consider the shared needs of these population groups when determining options to support people from priority populations to quit smoking.

---

<sup>a</sup> It is acknowledged that high psychological distress is different to mental illness, however currently this is the best indicator of the issue.

## Why are there high rates of smoking in these groups?

The priority populations identified in Tasmania are made up of a range of social, economic and cultural groups with overlapping and significant health issues and complex needs. People from priority populations often experience many life stressors.

Evidence shows a strong correlation between life stressors and smoking prevalence<sup>8</sup>. For every additional ‘indicator of disadvantage’ a person experiences (eg unemployment, being a sole parent, living in poor housing), smoking prevalence increases.

Consequently, people facing multiple disadvantage smoke more cigarettes over a longer time and have heavier nicotine dependence. This heavier nicotine dependence is a barrier to quitting. While smokers experiencing disadvantage make as many quit attempts as smokers from more advantaged groups, they have greater difficulty converting attempts into sustained abstinence<sup>8</sup>.

Within the population of current smokers in Tasmania, approximately a third are from low socio-economic areas (SEIFA 1<sup>b</sup>)<sup>7</sup>. While it is clear smoking status is linked with social and economic circumstances, this is not the sole predictor.

High psychological distress is also linked to tobacco use, with about twice as many adult smokers experiencing high psychological distress compared to Tasmanian adults overall. Smokers with high psychological distress are uniformly represented across the socio-economic spectrum.

Similarly, male smokers aged 25-44 years who experience high psychological distress are evenly distributed across the socio-economic spectrum. This shows, regardless of socio-economic status, people experiencing high psychological distress face barriers to successfully quitting smoking<sup>7</sup>.

Common barriers to quitting identified through consultation with people who smoke from priority populations in Tasmania include<sup>9</sup>:

- smoking is a habit deeply ingrained within daily routine, even more so as people age
- life stressors, including other health issues, contribute to relapses
- the cycle of quitting and relapsing increases guilt and stress around quitting smoking
- cravings and withdrawal symptoms during a quit attempt can result in relapsing
- being around other people who smoke normalises smoking
- second hand smoke smells “good” and contributes to relapsing
- seeing other people smoking, including on television or in a movie, hinders quit attempts
- seeing health professionals smoking near hospitals is disheartening
- buying cigarettes is too easy
- incorrect use of Nicotine Replacement Therapy (NRT) leads to unsuccessful quit attempts
- it is common to get incorrect advice from health professionals on NRT dosage
- doctors are limited in their knowledge of NRT prescription
- limit of three months of patches on Pharmaceutical Benefits Scheme (PBS) is too short for many people
- combination NRT is not provided on the PBS.

---

<sup>b</sup> Socio-Economic Indexes for Areas (SEIFA) is a product developed by the ABS that ranks areas in Australia according to relative socio-economic advantage and disadvantage. SEIFA 1 refers to the most disadvantaged quintile of socio-economic areas

In addition to common barriers to smoking cessation, some people experience barriers unique to a specific population group. For example, quitting smoking can require changes to the prescription of certain psychiatric medication, adding additional challenges to a quit attempt<sup>10</sup>.

Some people with mental illness believe smoking helps with managing their mental health and are, therefore, reluctant to quit<sup>10</sup>.

Some pregnant women have concerns about the affect of quitting on their unborn baby and, therefore, delay/cease quit attempts<sup>11</sup>.

Despite the many barriers, it is known people from priority populations need, want and try to quit just as much as other people who smoke<sup>12</sup>. Therefore, interventions need to be designed to overcome these barriers to facilitate more equitable access to smoking cessation support.

# Smoking cessation support in Tasmania

Tasmania provides a unique context for delivering smoking cessation services and supports.

Tasmania's population is spread across the state resulting in small regional cities and towns with some people living in remote or very remote areas. With our major hospitals in Hobart, Launceston and Burnie, many Tasmanians depend on local services for health information and support.

Smoking cessation services in Tasmania include:

SPECIALIST SERVICES	
Drug Education Network (DEN)	Statewide education service delivering smoking cessation projects and programs to schools and communities. The DEN hosts the Smoke Free Generation – be a part of it! website
Flinders Island Aboriginal Association Incorporated (FIAAI)	Funded through the Australian Government Tackling Indigenous Smoking initiative, FIAAI provides educational programs, projects and campaigns to the Tasmanian Aboriginal community, for primary school aged children through to adults.
Public Health Services – Department of Health	Lead tobacco policy, tobacco control and funding of smoking cessation programs and projects
Quit Tasmania	A program of Cancer Council Tasmania, Quit Tasmania operates the Quitline phone counselling service, implements a social marketing program, and provides education to community service organisations
Statewide Smoking Cessation Program	Based within the Tasmanian Health Service's three major public hospitals, this program is staffed by consultant nurses providing a variety of services from brief intervention training to one-to-one counselling support
Tasmanian Aboriginal Centre	Provides prevention and smoking cessation support to the Tasmanian Aboriginal community
GENERAL SERVICES	
General Practice	Doctors have the capacity to provide one-to-one smoking cessation support and prescribe NRT through the Pharmaceutical Benefits Scheme
Pharmacies	Pharmacists have the capacity to provide one-to-one smoking cessation support and fill prescriptions for subsidised NRT
Tasmanian Health Service workforce	Clinical staff receive training in brief intervention smoking cessation practices, and are expected to ask all patients about their smoking status

We need to strengthen effective services and deliver smoking cessation support from local services that people from priority populations are already accessing.

These services include GPs and community service organisations<sup>13</sup> who have long-term trusting relationships, social connections and provide the safety of a known environment<sup>14</sup>.

Staff at these services are best placed to deliver practical and emotional support.<sup>13</sup>

Guided by the expertise of established smoking cessation service providers, enhancing the skills and knowledge of GPs and staff working in community service organisations is critical to increasing quit attempts.

# Solutions

There is growing evidence on best practice methods to help people from priority populations quit smoking.

We need to apply this to the Tasmanian context, guided by the expertise from the SFPP Working Group and consultation with current and ex-smokers from Tasmania's priority populations.

This will involve combining evidence-based methods to help people quit smoking and new innovative strategies tailored to meet the needs of people who smoke from priority populations.

Piloting new initiatives will build a local evidence base to inform future directions.

The SFPP Working Group has identified four key strategies for implementation. The strategies aim to address state-specific issues and provide more enabling environments to support quit attempts and sustained cessation.

## Strategy 1 Easy Access

*Objective: Increase access by priority populations to smoking cessation services and supports – particularly combination NRT.*

Many population-wide smoking cessation approaches such as phone counselling, behavioural interventions and pharmacotherapies have been shown to be effective.

However, people from priority populations often do not experience the same benefit due to barriers to access. Improving access to smoking cessation services and supports may lead to more effective quit attempts for people in the identified priority populations.

- **Ensure easy access** – smoking cessation interventions need to be available at locations already accessed by people from priority populations such as community-based services throughout Tasmania.
- **Ensure support is affordable** – this specifically refers to affordable combination NRT for the duration needed to quit smoking.
- **Provide support at an intensity and duration required** - people from priority populations often have high levels of nicotine dependence. As such, smoking cessation support needs to be provided at the right intensity and duration to successfully quit. Relapse is common, therefore, ongoing relapse prevention is also needed.
- **Ensure services are culturally safe** – people from culturally and linguistically diverse backgrounds need access to culturally safe services, responsive to their needs. The *Cultural Respect Framework For Aboriginal and Torres Strait Islander Health 2016-2026<sup>15</sup>* and the *Cultural Respect in Tasmania's Health Services: Community Consultation Report<sup>16</sup>* outline key considerations for working with the Tasmanian Aboriginal community.

<b>ACTIONS</b>	<b>Priority Population</b>	<b>Lead</b>
I.1 Trial options to provide free NRT and counselling through the Quitline, community service organisations and pharmacies to determine if it improves access to cessation support and successful quit attempts	All	PHS
I.2 Trial carbon monoxide monitoring opt-out referral for people with mental illness through a THS community based mental health service	Mental Illness	MHS, SCP
I.3 Trial a healthy lifestyle clinician at a THS community based mental health service	Mental Illness	MHS, SCP
I.4 Trial community based healthy lifestyle programs, such as Mission2Quit	All	CCT, SCP
I.5 Train staff from community service organisations to address smoking as a priority issue	All	CCT
I.6 Train staff from Mental Health Services inpatient and community teams to address smoking as a priority issue	Mental Illness	MHS, SCP
I.7 Implement recommendations from the Antenatal Carbon Monoxide Monitoring Opt-Out referral pilot	Pregnancy	PHS
I.8 Complete annual audits to determine if brief interventions are being conducted with patients by THS staff	All	SCP
I.9 Advocate for multicultural and Aboriginal cultural awareness e-learning training to be made compulsory for THS clinical staff and their managers	Aboriginal CALD	PHS, THS

## Strategy 2 Effective Messaging

*Objective: Develop and distribute effective, consistent, evidence-based messages that support people from priority populations to quit.*

There is a need to ensure messages provided to people who smoke from priority populations are consistent across services and supports they access across the state. These messages must not stigmatise or cause unintended harm to people who smoke.

- **Provide consistent messaging** – this is to ensure there is no confusion and people who smoke receive evidence-based information on why and how to quit smoking from all services and supports. This includes NRT prescription.
- **Address misconceptions** - many misconceptions exist around the best way to quit smoking. It is vital to distribute evidence based information that challenges these misconceptions and provides the right advice to people from priority populations about how to quit (and to try again if they relapse).
- **Promote meaningful alternatives** – there is a need to address the reality that smoking is a core activity for some people in priority populations. Messaging and cessation support should promote meaningful alternatives to smoking.
- **Provide strategies to manage stress** – life stress and managing this stress by smoking is seen as a key barrier to quitting smoking. There is a need to provide people who smoke with strategies to manage stress in ways other than smoking.

ACTIONS	Priority Population	Lead
2.1 Develop a plain language NRT protocol that can be easily followed by people who smoke and service providers, including GPs	All	PHS
2.2 Develop a communication strategy to ensure ongoing collaboration across the SFPP Working Group	All	PHS
2.3 Develop messages to help people better deal with life stressors and to prevent relapse	All	PHS
2.4 Develop messages to challenge and address misconceptions about how to quit	Men Low SES Mental Illness	PHS
2.5 Develop messages to encourage people to quit with others in their family or household	All	PHS

## Strategy 3 Supportive Environments

*Objective: Advocate and support action to normalise smoke-free environments and build supportive, smoke-free social networks, particularly in locations where people from priority populations live, work and visit.*

In determining approaches to support smoking cessation across priority population groups, it is critical to consider the environments in which people are born, grow, work, live and age that affect their health, wellbeing and smoking status.

This includes acknowledging and building on existing strengths within communities, for example, family and community connections, to engage emotional and practical support.

- **Build supportive social context** – a smoke-free social network, including peer support, can assist with quitting. Through building social connections and sharing experiences, people have greater support to quit.
- **Normalise smoke-free environments** – smoking is prevalent in many family and community groups within priority populations. There is a need for targeted measures to reduce the visibility of smoking – including expanding smoke-free areas.
- **Engage family or household** – some people who smoke live in households with other smokers. To achieve a smoke-free environment at home, smoking cessation support needs to engage whole families or households.
- **Acknowledge multiple life stressors** – while the acuity of other issues often take precedence over addressing smoking cessation, initiatives to quit will not be effective unless they consider the many social challenges such as social issues, other health conditions and illnesses.

ACTIONS	Priority Population	Lead
3.1 Implement the Smoke Free Environments Project targeting hospitals and schools, particularly actions to incentivise quitting for THS staff	All	PHS, THS
3.2 Advocate for expanding smoke-free areas outside health services, including mental health services	All	PHS, THS
3.3 Advocate for expanding and enforcing smoke-free areas across Tasmania, especially in public spaces where people/families congregate	All	PHS
3.4 Build on learnings from the Tobacco Free Communities project on the effectiveness of community supports in smoking cessation	All	DEN

Note: Many of the actions outlined in *Strategy 1 Easy Access* and *Strategy 2 Effective Messaging* also help create supportive environments.

## Strategy 4 Tobacco Control Measures

*Objective: To support priority populations, resource and implement measures identified in the Tasmanian Tobacco Control Plan 2017-2021 and Healthy Tasmania Five Year Strategic Plan<sup>17</sup> to reduce smoking rates in Tasmania.*

To support priority populations, ongoing tobacco control measures to reduce smoking rates should continue. This includes:

- increase smoke-free areas
- further restrict sale and supply of tobacco to children and young people
- enforce bans on advertising and promotion of tobacco
- support graphic health warnings and plain packaging of tobacco
- support and advocate for regular price increases
- educate young people to prevent uptake
- implement sustained social marketing campaigns at evidence-based levels
- monitoring and evaluation.

ACTIONS	Priority Population	Lead
4.1 Advocate for a new Smoke Free Young People strategy to prevent young Tasmanians from taking up smoking and to help those who have already started to quit	Young People	All
4.2 Advocate for ongoing tobacco control measures to reduce smoking rates and prevent uptake	All	All
4.3 Advocate for data collection to enable monitoring of smoking prevalence among people with mental illness in Tasmania	Mental Illness	MHS

# Implementation

This plan has been developed to inform future investment in helping people quit smoking.

Effective implementation depends on the following:

## I. Communication and Collaboration

To implement the identified actions successfully across Tasmania, ongoing collaboration is needed.

The SFPP Working Group brings together stakeholders with direct contact with people who smoke from priority population groups and, therefore, can advise, in consultation with clients, the most effective way to implement strategies.

Strengthening and developing new partnerships further helps knowledge sharing and consistent messaging.

These stakeholders include:

- Drug Education Network.
- Flinders Island Aboriginal Association Incorporated.
- Primary Health Tasmania.
- Public Health Services (Department of Health).
- Quit Tasmania (Cancer Council Tasmania).
- Statewide Smoking Cessation Program (Tasmanian Health Service).
- Statewide Mental Health Services (Tasmanian Health Service).
- Tasmanian Aboriginal Corporation.
- University of Tasmania.
- Local Government Association of Tasmania.

## 2. Monitoring and Evaluation

The Tobacco Control Coalition is required to prepare reports on progress to implement the Tasmanian Tobacco Control Plan in 2019 and 2021.

Ultimately, progress can be measured by reviewing smoking prevalence data for identified priority population groups.

An existing gap is the absence of data specifically quantifying smoking prevalence of people with mental illness. It is anticipated that a data set will be established during the life of this plan.

As one of the aims of this plan is to trial new initiatives to build an evidence base, it is critical that detailed evaluation plans are included in the implementation of all projects.

Evaluation needs to determine the effectiveness of actions to support people from priority populations to quit smoking, as well as the acceptability of these methods.

There should also be consideration around the reach of new initiatives to ensure all people from priority populations across Tasmania have easy access to cessation support.

## Anticipated Outcomes

People who smoke from priority populations will:

- benefit from easy physical access to cessation support through a local community service organisation, a hospital admission, pharmacy or a mental health service they have accessed
- access correct dose combination NRT for their needs and smoking cessation counselling
- access smoking cessation support through respectful, culturally safe services
- receive long-term smoking cessation support through established relationships with staff at local community service organisations
- seek to quit with other people in their family, household or friendship network
- build a smoke-free social network through connecting with other people in their local community who are quitting smoking
- have strategies to manage stress, knowing that smoking will not help
- have meaningful activities to replace smoking in their daily routines
- be encouraged to quit through social marketing campaigns
- hear consistent smoking cessation messages from different sources, including recommendations on how to use NRT
- not see staff smoking around hospitals.

Staff at health and community services working with priority populations (specifically, community service organisations and the Tasmanian Health Service) will:

- understand the need to prioritise smoking cessation among other life stressors
- either support or refer people who want to quit to cessation support
- have identified smoking cessation champions
- support smoke-free workplaces
- encourage people to quit with others of their family, household or friendship network
- consistently provide evidence-based information to people who smoke.

Tasmania will benefit from having:

- a culturally safe Tasmanian Health Service with knowledge and skills in brief intervention
- expanded smoke-free areas around Tasmanian Health Service sites, particularly hospitals, and more smoking cessation advocates within the workforce
- a Mental Health Services workforce with targeted skills in brief intervention and smoking cessation
- a community services sector with knowledge in best practice smoking cessation support
- systems that help pregnant women to quit smoking
- more young Tasmanians that have never smoked
- smoke-free public places across Tasmania
- a stronger evidence base to support ongoing smoking cessation practices.

# **Appendix I: Guiding Documents**

## **I. Tasmanian Tobacco Control Plan 2017 – 2021**

The Tasmanian Tobacco Control Plan provides clear direction to further reduce tobacco use and its harms through actions that all sectors and levels of government can take over the next four years.

The plan has four key areas for action including:

- Priority 3. Reduce smoking by high prevalence groups

## **2. National Tobacco Strategy 2012 – 2018<sup>18</sup>**

The National Tobacco Strategy sets out a national framework to reduce tobacco-related harm in Australia. Tasmania had input into the development of the strategy and its nine priority areas including:

- Priority 4. Bolster and build on existing programs and partnerships to reduce smoking rates among Aboriginal and Torres Strait Islander people.
- Priority 5. Strengthen efforts to reduce smoking among populations with high smoking prevalence

## **3. Healthy Tasmania Five Year Strategic Plan**

The Healthy Tasmania Five Year Strategic Plan is the Tasmanian Government's strategy for how individuals, communities and governments can work together to ensure people stay healthier for longer. It has four priority areas, one being smoking with a range of actions focussing on enforcement, education and marketing to help people quit.

## **4. Rethink Mental Health: A long-term plan for Mental Health in Tasmania 2015-2025<sup>19</sup>**

The Rethink Mental Health plan sets a vision for Tasmania to be a community where all people have the best possible mental health and wellbeing.

It brings together action to strengthen mental health promotion, prevention and early intervention, action to improve care and support for people with mental illness, their families and carers and sets a path for integrating Tasmania's mental health system.

## **5. Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026**

The Cultural Respect Framework 2016-2026 is a 10-year framework that commits the Commonwealth Government and all states and territories to embedding cultural respect principles into their health system.

Cultural Respect is defined as: 'Recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people.'

## **Appendix 2: Acronyms**

- CALD Culturally and Linguistically Diverse
- CCT Cancer Council of Tasmania
- FIAAI Flinders Island Aboriginal Association Incorporated
- GPs General Practitioners
- MHS Mental Health Services
- NRT Nicotine Replacement Therapy
- PHS Public Health Services
- SCP Smoking Cessation Program
- SEIFA Socio-economic Indexes for Areas
- SES Socio-economic status
- SFPP Smoke Free Priority Populations
- THS Tasmanian Health Service

## References

---

- <sup>1</sup> Tobacco Control Coalition (2017). Tasmanian Tobacco Control Plan 2017-21, Department of Health and Human Services, Hobart, Tasmania
- <sup>2</sup> Department of Health Epidemiology Unit (2018). Smoking and Pregnancy in Tasmania 2016, Department of Health, Tasmania
- <sup>3</sup> Australian Bureau of Statistics (March 2019). National Health Survey 2017/18 First Results
- <sup>4</sup> Cancer Council Victoria (2016). The use of alcohol, tobacco, over-the-counter substances and illicit substances, among Tasmanian secondary school students in 2014 and trends over time
- <sup>5</sup> Australian Bureau of Statistics (March 2014). Australian Aboriginal and Torres Strait Islander Health Survey: First Results 2012/2013
- <sup>6</sup> Commonwealth of Australia (2017). The Fifth National Mental Health and Suicide Prevention Plan, Department of Health, Canberra
- <sup>7</sup> Department of Health Epidemiology Unit (2018). Unpublished data sourced from Tasmanian Population Health Survey 2016, Department of Health, Tasmania
- <sup>8</sup> Commonwealth of Australia (2013). Smoking and Disadvantage, Australian National Preventative Health Agency, Canberra
- <sup>9</sup> Public Health Services (2018). Smoke Free Priority Populations: Summary of Focus Groups held in September 2018, Department of Health, Tasmania
- <sup>10</sup> Greenhalgh, E, et al (2018). 7.12 Smoking and mental health. In Scollon, MM and Winstanley, MH [editors]. Tobacco in Australia: Facts and issues. Melbourne: Cancer Council Victoria; 2018. Available from <http://www.tobaccoinaustralia.org.au/chapter-7-cessation/7-12-smoking-and-mental-health>
- <sup>11</sup> Department of Health and Human Services (2014). A Smoke Free Start for Every Tasmanian Baby: A Plan for Action 2014 to 2017, Tasmanian Government
- <sup>12</sup> Bonevski, B, et al (2017). No smoker left behind: it's time to tackle tobacco in Australian priority populations, Medical Journal of Australia, vol 207 (4), pp 141-142
- <sup>13</sup> Parnell, A., et al (2019). Potential sources of cessation support for high smoking prevalence groups: a qualitative study, Australian and New Zealand Journal of Public Health
- <sup>14</sup> The Australian Prevention Partnership Centre and Department of Health Tasmania (2018). Resource use in community health programs, The Australian Prevention Partnership Centre
- <sup>15</sup> Australian Health Ministers' Advisory Council (2016). Cultural Respect Framework For Aboriginal and Torres Strait Islander Health 2016-2026, Department of Health, Australian Government
- <sup>16</sup> Department of Health (2018). Cultural Respect in Tasmania's Health Services: Community Consultation Report, Department of Health, Tasmania
- <sup>17</sup> Department of Health and Human Services (2016). Healthy Tasmania Five Year Strategic Plan, Tasmanian Government
- <sup>18</sup> Intergovernmental Committee on Drugs (2012). National Tobacco Strategy 2012-2018, Commonwealth of Australia
- <sup>19</sup> Department of Health and Human Services (2015). Rethink Mental Health: A Long Term Plan for Mental Health in Tasmania 2015-2025, Mental Health, Alcohol and Drug Directorate, Hobart.