

TASMANIAN  
**TOBACCO**  
**CONTROL PLAN**  
PROGRESS REPORT  

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**2021**

## **Acknowledgement of Country**

The Department of Health Tasmania and the Tasmanian Tobacco Control Coalition respectfully acknowledge Tasmanian Aboriginal people as the traditional custodians of the land on which we live, work and play, and pay respect to Aboriginal Elders past and present.

## **Recognition Statement**

Tasmanian Aboriginal peoples' traditional lifestyle promoted physical and emotional health and wellbeing, centred around Country, Kin, Community and Spirituality. Aboriginal people continue to value the importance of culture, community connection and being on Country as vital components of health and wellness.

Through colonisation Aboriginal people experienced displacement and disconnection, which has significantly affected their health and wellbeing.

We recognise that Aboriginal people are the knowledge holders and provide best practice in promoting health and wellbeing for Aboriginal people. We acknowledge the ongoing work of Aboriginal organisations in ensuring continued health and wellness. We commit to working in partnership with Tasmanian Aboriginal communities and health leaders now and into the future.

# Contents

Introduction.....	3
Executive summary.....	4
Tobacco use in Tasmania.....	6
Action Area 1: Encourage and help all people who smoke to quit for good.....	7
Action Area 2: Prevent smoking uptake and de-normalise tobacco use.....	15
Action Area 3: Reduce smoking by high prevalence groups.....	26
Action Area 4: Strengthen and integrate the evidence base.....	46
Data sources.....	52

## Acronyms and abbreviations

<b>ASSAD</b>	Australian Secondary Students' Alcohol and Drug survey
<b>FIAAI</b>	Flinders Island Aboriginal Association Inc
<b>GP</b>	general practitioner
<b>NHS</b>	National Health Survey
<b>NRT</b>	nicotine replacement therapy
<b>NATSIHS</b>	National Aboriginal and Torres Strait Islander Health Survey
<b>SEIFA</b>	Socio-Economic Indexes for Areas
<b>TAC</b>	Tasmanian Aboriginal Centre
<b>THS</b>	Tasmanian Health Service
<b>TPHS</b>	Tasmanian Population Health Survey
<b>UTAS</b>	University of Tasmania

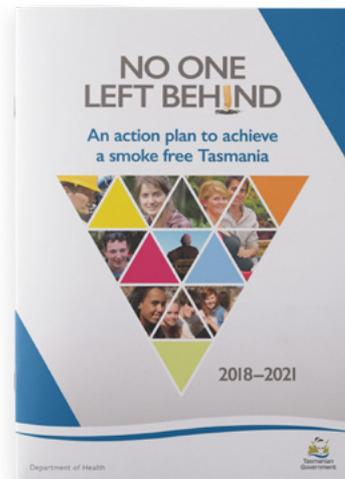
The *Tasmanian Tobacco Control Plan Progress Report 2021* is a culmination of work undertaken to reduce smoking prevalence in Tasmania over the past five years. This has been guided by the following plans and reports:



Tasmanian Tobacco Control Plan 2017–2021



Smoke Free Young People Strategy 2019–2021



No One Left Behind: an action plan to achieve a smoke free Tasmania 2018–2021



Tasmanian Tobacco Control Evaluation Plan 2017–2021



Tasmanian Tobacco Control Plan Progress Report 2019



Healthy Tasmania Five Year Strategic Plan 2016–2021

# Introduction

**Tobacco smoking is still the leading cause of preventable death and disease in Australia. Long-term smoking kills two in three people who smoke.**

In Tasmania, an average of 559 people die each year from smoking.

The *Tasmanian Tobacco Control Plan 2017–21* provided direction on ways to reduce tobacco use and its harms through actions by all sectors and levels of government. The Plan's goal was 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.

The Plan had four key action areas:

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.
4. Strengthen and integrate the evidence base.

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

To help implement the Tobacco Control Plan, the Department of Health established three working groups:

- » The Smoke Free Young People Working Group: which developed and implemented the *Smoke Free Young People Strategy 2019–2021*, aiming to prevent young Tasmanians from taking up smoking and to help those who have already started smoking to quit.
- » The Smoke Free Priority Populations Working Group: which developed the *No One Left Behind: an action plan to achieve a smoke free Tasmania 2018–2021*, aiming to increase smoking cessation among population groups with high smoking rates, including pregnant women, Aboriginal and Torres Strait Islander people,<sup>1</sup> young people, middle-aged men, people experiencing mental ill-health, and people from low socio-economic areas.
- » The Tobacco Action Evaluation Working Group: which developed and implemented the *Tasmanian Tobacco Control Evaluation Plan 2017–2021*, a framework to ensure progress to reduce tobacco use in Tasmania was measured over the four years of the Tobacco Control Plan.

The Plan also guided and complemented activities in the *Healthy Tasmania Five Year Strategic Plan 2016–2021*, which also addresses tobacco use.

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<sup>1</sup> Hereafter “Aboriginal people” will be used as an umbrella term to be inclusive of all people who identify as Aboriginal and/or Torres Strait Islander people

# Executive summary

This report describes progress made in reducing smoking prevalence in Tasmania over the life of the *Tasmanian Tobacco Control Plan 2017–2021*.

It includes an overview of key actions, data trends and recommendations for future actions. The stories of Tasmanians are also shared to highlight the positive impact of tobacco action on young people and people from priority populations.

This report provides an update to the *Tobacco Control Plan Progress Report 2019*, which reported that 17.6 per cent of Tasmanian adults were current smokers, and that 95 per cent of young Tasmanians were smoke free.

There has been no update on these statistics because the National Health Survey and the Australian Secondary School Alcohol and Drug Survey have not been repeated since that report.

Existing data and new insights generated through programs, projects, compliance and enforcement action and other surveys shared in this report indicate we are continuing to make progress to reduce smoking in Tasmania.

## Key achievements 2017–21

- » More Tasmanians are smoke free.
- » Most Tasmanian secondary school students are smoke free.
- » Smoke-free communities are becoming more common, with fewer retailers selling tobacco and more local councils establishing smoke-free areas.
- » Data recording the volume of smoking products sold in each local government area started in 2021. This will provide insights into locations where smoking cessation support needs to be targeted.
- » We have grown our local evidence base for what works. Trials of new and innovative community based projects help us understand how to support people in priority populations to quit.
- » The Department of Health and the Menzies Institute for Medical Research at the University of Tasmania have formed stronger partnerships through the Tasmanian Public Health Research and Action Coalition, which aims to increase the translation of research into practice. One of the current focus areas for this partnership is tobacco control.

## Key lessons

- » Online campaigns are successful in reaching younger people who smoke. Social media is also reaching more adults who smoke.
- » Providing free nicotine replacement therapy (NRT) to people from priority populations through the Quitline increases referrals, leading to more quit attempts.
- » Smoking and mental ill-health are strongly linked – one in three Tasmanians who smoke identify as having a mental health disorder. Understanding this has led to more education within the mental health sector of the strong association between mental ill-health and smoking, and action to support people with mental ill-health to quit.
- » Routine carbon monoxide monitoring as part of antenatal care increases referrals to smoking cessation support for pregnant women, leading to more quit attempts.

## Ongoing challenges

- » Smoking continues to be associated with socio-economic disadvantage and mental ill-health.
- » Tobacco is still widely available and accessible despite being a restricted product.
- » Tasmanian Health Service staff are reporting being less confident to support patients with smoking cessation. It is believed that this is linked to training no longer being mandatory.
- » Very few people who smoke (less than 3 per cent) are referred to specialist smoking cessation support.
- » Community service organisations are focused on addressing many health and social issues, and report that smoking cessation is often not a priority.
- » The growing use of electronic cigarettes (e-cigarettes) has the potential to reverse gains made in reducing smoking in Tasmania.

## Healthy Tasmania targets

The *Healthy Tasmania Five Year Strategic Plan 2016–2021* set ambitious targets to reduce overall smoking rates to 10 per cent by 2020 and 5 per cent by 2025. The most recent data suggest that these targets are not likely to be achieved. Results of the next National Health Survey and Australian Secondary Schools Alcohol and Drug Survey (delayed due to COVID-19) are required to confirm this.

### Impact of the COVID-19 pandemic

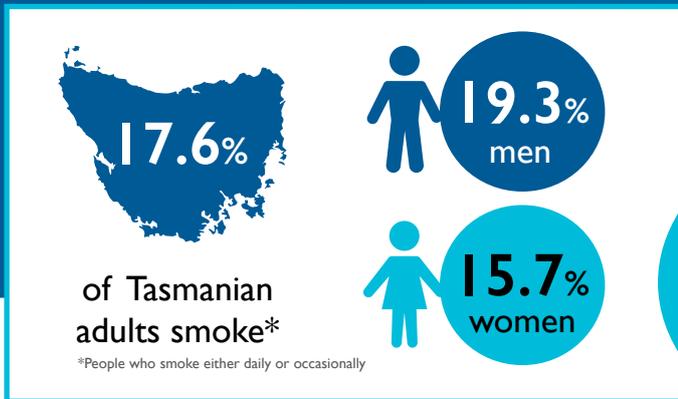
The COVID-19 pandemic interrupted some aspects of the planned implementation of the Tobacco Control Plan. Priorities in the tobacco space shifted due to an urgent need to support smoking cessation for people in hotel quarantine, as well as provide messaging around the link between smoking, respiratory health and poorer outcomes from coronavirus. Some tobacco projects were stalled, modified or abandoned due to restrictions or conflicting priorities. Many services had to learn new ways of working.

The COVID-19 pandemic has also delayed the release of the new *National Tobacco Strategy 2020–2030*. This Strategy remains in development and is due to be released in 2022.

## Next steps

The *Tobacco Control Plan Progress Report 2021* will inform future tobacco action in Tasmania. Priorities will be outlined in the *Healthy Tasmania Five Year Strategic Plan 2022–2026* and detailed in the *Tasmanian Tobacco Action Plan: reducing the use of tobacco and related products 2022–2026*.

# Tobacco use in Tasmania



That's **70,500 adults**

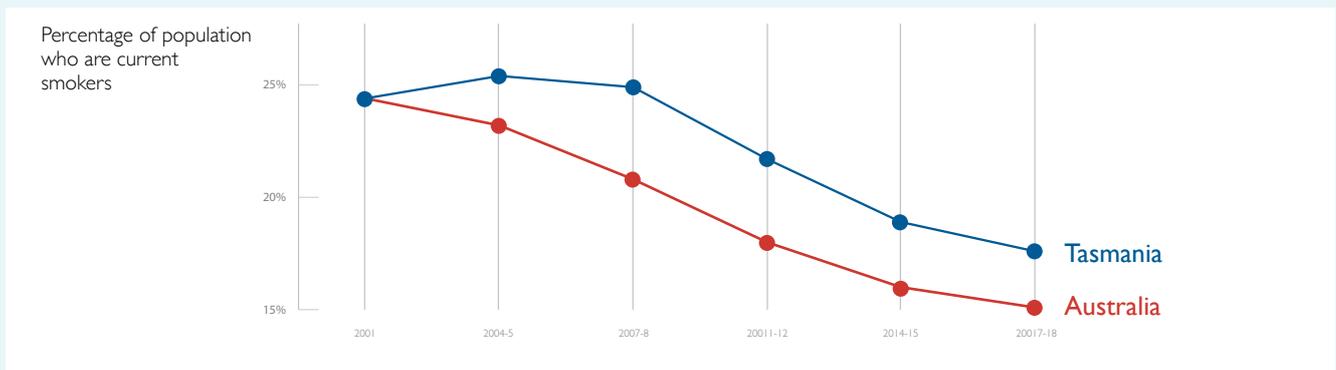
Tasmania has the second highest smoking rate in Australia



## Smoking rates vary by age and gender

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

## But smoking rates are gradually declining



Data from the National Health Survey 2017-18 (NHS), the primary indicator of smoking prevalence in Tasmania.

## ACTION AREA 1

# Encourage and help all people who smoke to quit for good

National Health Survey (NHS) results over time show a clear upward trend in the percentage of Tasmanians who have quit smoking, from 23.3 per cent in 1989–90 to 33.6 per cent in 2017–18 (Table 1).

However, since 2011–12, the proportion of ex-smokers has remained at around 33 per cent (Graph 1). This suggests that prevention measures are effective in reducing smoking uptake, but that measures to support people to quit smoking need to be further enhanced.

Graph 1: Ex-smokers 18+, Tasmania NHS 1989–90 to 2017–18

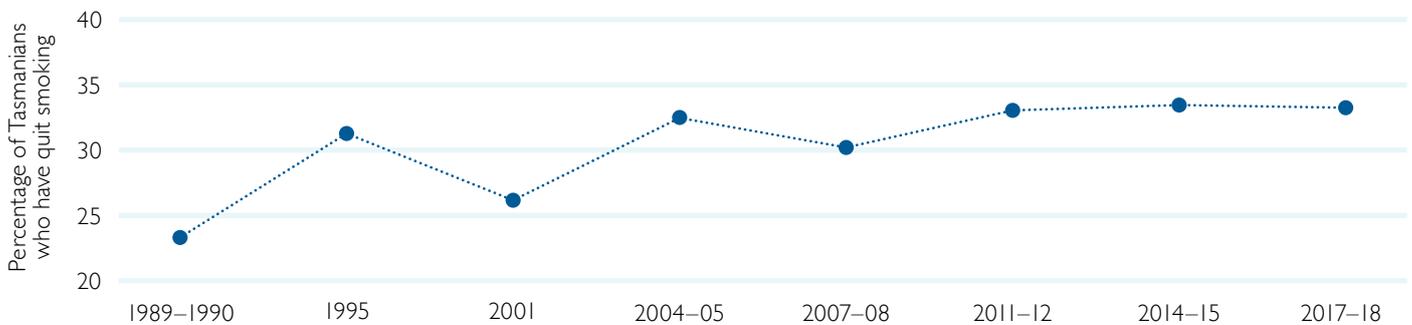


Table 1: Percentage of ex-smokers 18+, Tasmania NHS 1989–90 to 2017–18

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

### Key actions completed

- » Delivered advertising campaigns that had sufficient reach and intensity to be effective in prompting quit attempts.
- » Used social and digital media, as well as traditional televised campaigns, radio and print resources, to promote smoking cessation.
- » Redeveloped the Quit Tasmania website, including addition of the *Think* campaign and interactive tools. This was informed through consultation with Tasmanians who smoke.
- » Completed an audit of brief intervention practices by staff at THS hospitals each year from 2018–20.

- » Enhanced awareness and access to best practice cessation treatments and services through initiatives to support people who smoke from priority population groups (see Action Area 3).
- » Provided free NRT to people who smoke who were required to self-isolate or quarantine due to COVID-19 restrictions.

### In progress

- » A review of the Quit Social Marketing Program.

## 1.1 Campaigns

### **Many Tasmanians are exposed to quit campaigns messages through television, and reach through social media is increasing.**

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

Television has traditionally been the primary and most effective medium to promote quit smoking messages. Since 2017, its reach has decreased while social media has reached more Tasmanians.

From 2017–18 to 2020–21:

- » On average, television quit smoking advertisements had sufficient reach to be effective (1 183 Targeted Audience Rating Points).
- » The percentage of Tasmanians who viewed quit smoking campaigns on television reduced from 71 per cent to 55 per cent.
- » The percentage of adults who saw quit smoking advertising on social media increased from 25 per cent to 44 per cent.
- » In 2020–21, 30 per cent of adults had seen quit smoking advertising from another source, such as education and print resources. This has remained consistent over the past four years.

*Source: Quit Social Marketing Program tracking surveys*

## 1.2 Promotion of quit and smoke-free messages

### **Most Tasmanians who smoke are aware of the health risks of smoking, but very few are planning to quit in the next month.**

Messages promoted to people who smoke aim to highlight the health risks of smoking, the need to quit, and the range of options for cessation support. Options traditionally promoted are to call the Quitline 13 78 48, visit the Quit website, talk to a doctor or pharmacist, or download the My QuitBuddy app.

Increasingly, other health professionals and services such as community service organisations are being promoted as potential supports for smoking cessation. This acknowledges the need to improve access to smoking cessation support for people from priority populations.

From 2018–19 to 2020–21:

- » Consistently, almost all (more than 94 per cent) Tasmanians surveyed were aware of the dangers of smoking and recognised that smoking affects others as well as themselves.
- » Around two-thirds (61–68 per cent) of people who smoke had made a quit attempt in the past six months.
- » Less than one in 10 (5–7 per cent) of people who smoke were planning to quit in the next month.

*Source: Quit Social Marketing Program tracking surveys*

## 1.3 Brief intervention

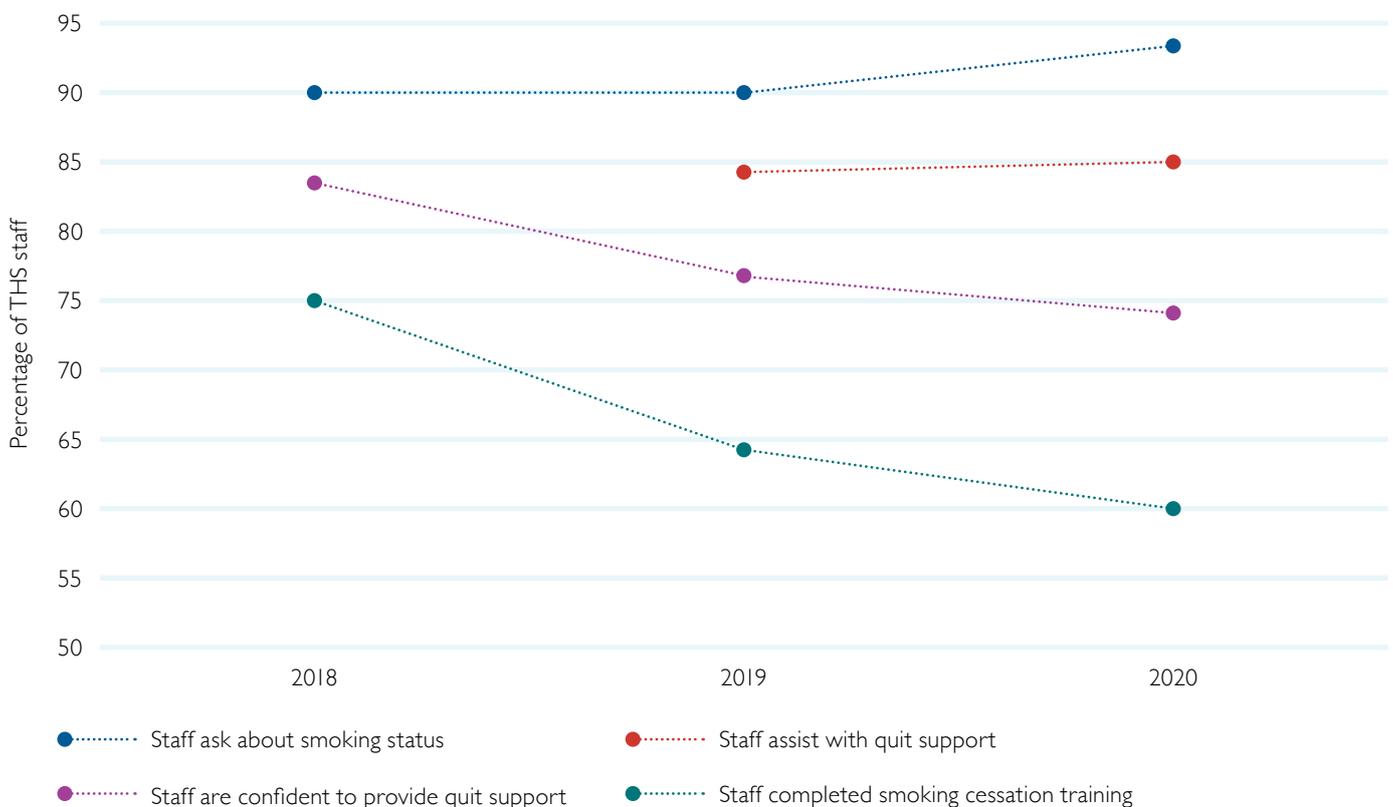
Most healthcare workers ask their patients about smoking status, but fewer workers follow up with smoking cessation support. Staff confidence to help patients to quit smoking has declined in line with a reduction in the number of healthcare workers training in this area.

The Tasmanian Health Service (THS) Smoking Cessation Program implements the *ABC for Smoking Cessation* brief intervention training for all healthcare workers within the THS. The training is no longer mandatory within THS.

A snapshot audit of THS staff was conducted annually between 2018 and 2020 to better understand their brief intervention practices (Graph 2). Most staff reported that they asked patients about their smoking status, but few provided advice and assistance to quit. Staff confidence to provide assistance has reduced over time, in line with a significant reduction in staff completing brief intervention training.

Healthcare workers based at Tasmanian hospitals remain well placed to deliver brief interventions to people who smoke at a point in their life where they may be motivated and have the support to quit. It is therefore recommended that healthcare workers continue to be encouraged to ask patients about their smoking status and to provide brief intervention to people who smoke.

Graph 2: THS staff responses to brief intervention audit 2018–20



Source: THS Smoking Cessation Program

## I.4 Referrals

### Very few Tasmanians who smoke are referred to smoking cessation support.

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

Some of the most common referral pathways are:

- » public hospitals to hospital smoking cessation clinics
- » public hospitals to the Quitline
- » GPs to the Quitline
- » community service organisations to the Quitline.

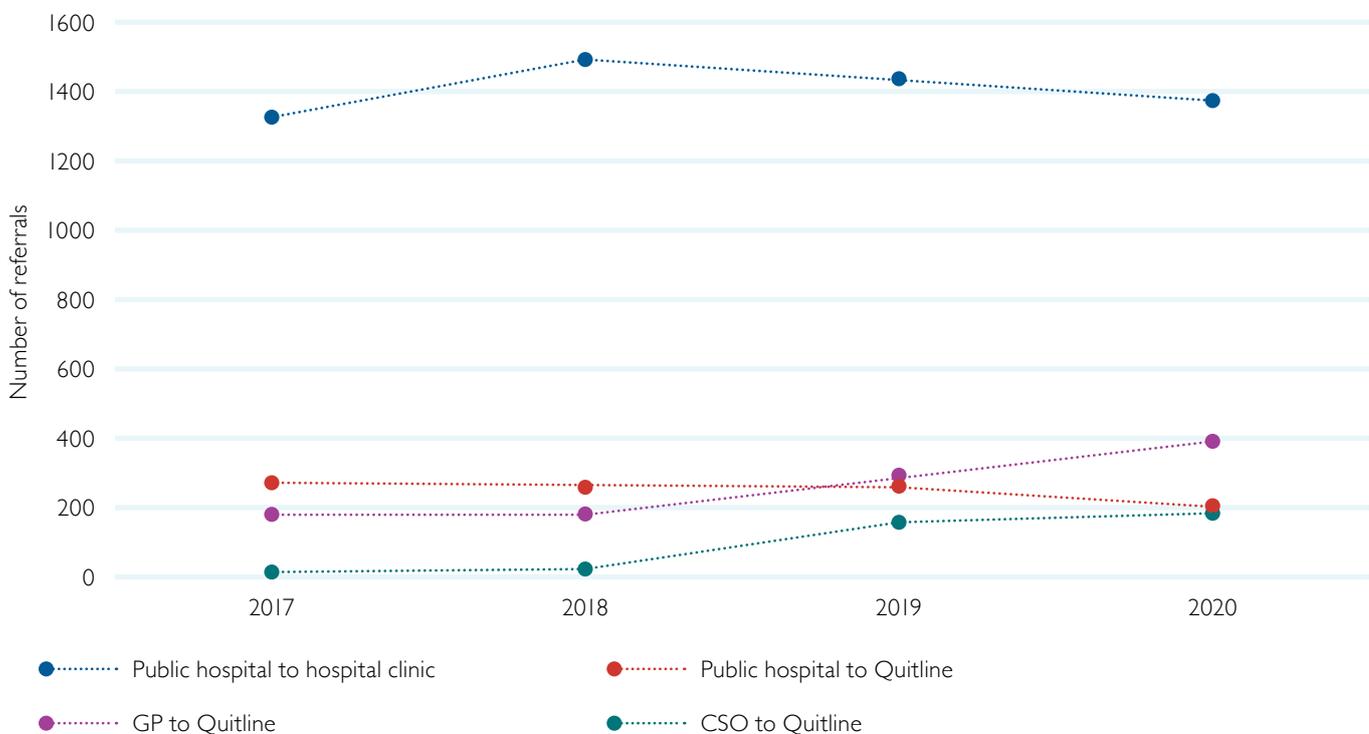
Referrals to the Quitline from GPs and community service organisations spiked significantly from 2019–21, when the Quit Tasmania project *559 Lives* was in progress (Graph 3). This project provided free NRT and behavioural support through the Quitline for people referred through health and community services.

Between 2017 and 2020:

- » The number of scripts issued for NRT remained consistent, with between 1 245 and 1 271 provided to hospital patients each year.
- » Free NRT was provided to 691 people through different Quit Tasmania initiatives.

Source: Tasmanian Quitline and THS Smoking Cessation Program

**Graph 3: Referrals to smoking cessation support 2017–20**



## CASE STUDY

# Free NRT helps people from priority populations to give up smoking

## Project: 559 Lives

### Why?

Best practice smoking cessation support involves a combination of medication, such as nicotine replacement therapy (NRT), and behavioural support, such as counselling through the Quitline. Although the Quitline offers free counselling, the cost of NRT is a barrier to quitting for many people who smoke.

### What?

Following a successful pilot, the *559 Lives* project provided cost-free NRT to people referred by service providers across the state from April 2020 to June 2021 (559 is the average number of people who died from smoking-related causes in Tasmania from 2013–17).

Criteria for referral included age over 18 and being prepared to make a quit attempt within 30 days of getting a call. Cancer Council Tasmania partnered with 27 community organisations and received referrals for 466 people, of whom 415 participated.

### Impact

- » Free NRT was provided to people who smoke from certain populations, such as those living with socio-economic disadvantage or mental ill-health.
- » 374 people set a quit date between 1 January 2020 and 16 July 2021. Of these, 98 people reported being smoke free for at least seven days in their last phone call with the Quitline. A review of longer-term outcomes is currently underway.
- » Of those who did not ultimately quit, many reported small behaviour changes such as reducing tobacco consumption.
- » There was an increase in service providers' confidence to have conversations with their clients about quitting.
- » There was increased engagement with the Quitline.

### What next?

The Department will trial free NRT provision through pharmacies as a more direct and cost-effective approach. It is the intention that this trial will be evaluated together with the other trials of free NRT to determine the most effective way to provide free NRT to support people to quit.



Quitline counsellor Wendy packs nicotine replacement therapy for 559 Lives participants.

## CASE STUDY

The offer of free nicotine replacement therapy (NRT) was the incentive Gregory Bowles needed to successfully give up smoking, which was costing him \$500 a month.

Gregory, 60, of north-east Tasmania, had smoked since age 10. He has bipolar disorder, which has been managed well since he moved from Melbourne to Tasmania five years previously. He was also recovering from alcoholism.

Although he was motivated to quit to save money, having run up significant debts during the manic phases of his illness, no one had ever offered him support to do so.

“It was easier to smoke than to give up—I hadn’t been given any alternatives before,” Gregory says.

“No one had said to me ‘if you quit smoking we will support you’, everyone just said ‘you have got to stop smoking you will die’. A hundred per cent, if I hadn’t been offered NRT I wouldn’t have gone on it.”



**No one had said to me ‘if you quit smoking we will support you’, everyone just said ‘you have got to stop smoking you will die’. A hundred per cent, if I hadn’t been offered NRT I wouldn’t have gone on it.”**

— Gregory Bowles, successful quitter



If people have been smoking for a long time, just getting NRT isn’t enough. Behavioural support is so important—and the more intensive and longer duration the support, the more chance they have of making the behaviour change.”

— Irena Zieminski, Community Engagement Coordinator with Quit Tasmania

Gregory was connected to the *559 Lives* program through his counsellor at Anglicare. He received free nicotine replacement patches, which he supplemented with lozenges that his GP supplied via the Pharmaceutical Benefits Scheme.

As a result, he successfully quit smoking for a year. He briefly smoked during a recent relapse of his bipolar disorder, but has subsequently given up a second time—this time paying for the NRT himself.

“I couldn’t afford NRT out of my own pocket before. But now I’m in a financial position where, yes it’s hard, but I had saved enough money over the past two years to go back on patches again,” Gregory says.

Irena Zieminski, Community Engagement Coordinator with Quit Tasmania, says people experiencing disadvantage have higher rates of smoking, need more support to quit, and have often been smoking for much longer.

“If people have been smoking for a long time, just getting NRT isn’t enough. Behavioural support is so important—and the more intensive and longer duration the support, the more chance they have of making the behaviour change,” she says.

“The success of this program was in engaging people and keeping them engaged.”

## I.5 Awareness and access to cessation services and treatments

Knowledge of cessation services and treatments is slowly increasing, but most Tasmanians are still quitting without any support ('cold turkey').

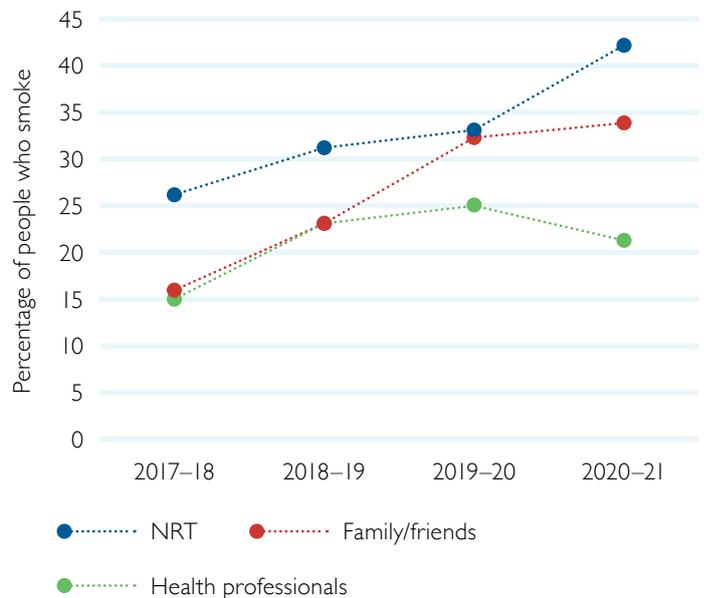
For people who smoke to be able to quit, it helps to be aware of options and services available.

From 2018–19 to 2020–21:

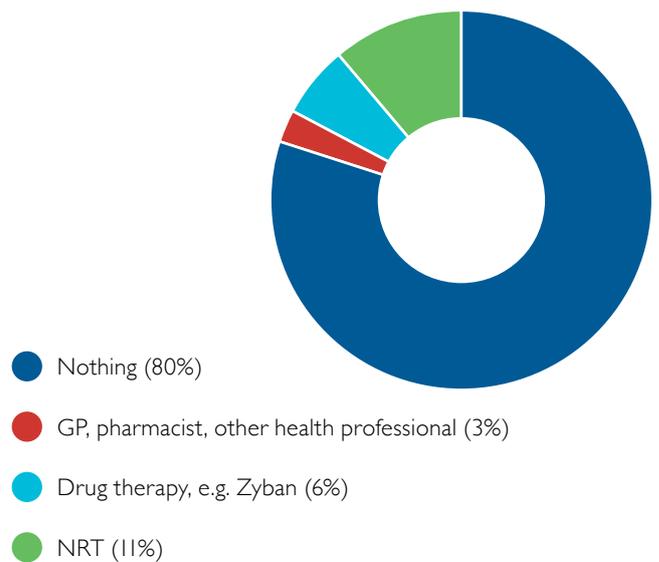
- » Around one in two (44–49 per cent) people who smoked were aware of the Quitline.
- » Around two in five (39–45 per cent) of people who smoked were aware that NRT could help them to quit.
- » An average of 3.5 per cent of people who smoked contacted the Quitline each year.

Different surveys report different successful cessation methods or support to quit, with use of NRT being the most common in the Quit Tracking Survey (Graph 4). Having no support to quit ('cold turkey') is the most common in the Tasmanian Population Health Survey (Graph 5). More work needs to be done to understand what 'no support' involves, for example, whether it includes family help or change of routines, as this could provide insights into how to support people to quit without using medication.

**Graph 4: Most useful smoking cessation methods or support used to quit smoking (Quit Tracking Survey)**



**Graph 5: Most useful smoking cessation method or support used to quit smoking (Tasmanian Population Health Survey 2019)**



Source: Quit Tasmania Tracking Survey and Tasmanian Population Health Survey 2019

## 1.6 Tobacco tax advocacy

### **Increases in tobacco excise have significantly increased the cost of smoking.**

Influencing the price of tobacco through taxation is a highly effective way to prompt people who smoke to quit because it reduces the affordability of cigarettes.

The Australian Government implemented a staged increase of 12.5 per cent in the tobacco product excise annually from 2013–20. This was in addition to regular increases in the consumer price index.

Tax increases were also applied to roll-your-own tobacco products and cigars in 2017–18.

Members of the Tasmanian Tobacco Control Coalition have been involved in advocating for increases in tobacco product excise, but there are concerns that a threshold has been reached where the weekly cost of tobacco is triggering food insecurity. Accessible smoking cessation support and other tobacco control actions continue to be needed as well as any further increases in excise.

## Action Area 1: What next?

- » Continue to deliver campaigns to increase public awareness about the health risks of smoking and to prompt quit attempt.
- » Promote Quit Tasmania and the Quitline as a place of contact for people who smoke.
- » Recommend reinstating mandatory ABC for Smoking Cessation brief intervention training for all healthcare workers in public hospitals.
- » Develop and implement an improved tool for evaluating the extent to which brief interventions are used in Tasmanian hospitals and outcomes for people who smoke.
- » Increase engagement with doctors, nurses, dentists and pharmacists.
- » Advocate for further increases in tobacco product excise.

## ACTION AREA 2

# Prevent smoking uptake and de-normalise tobacco use

Measures to prevent smoking uptake among young people appear to have had some impact. Most young Tasmanians are smoke free.

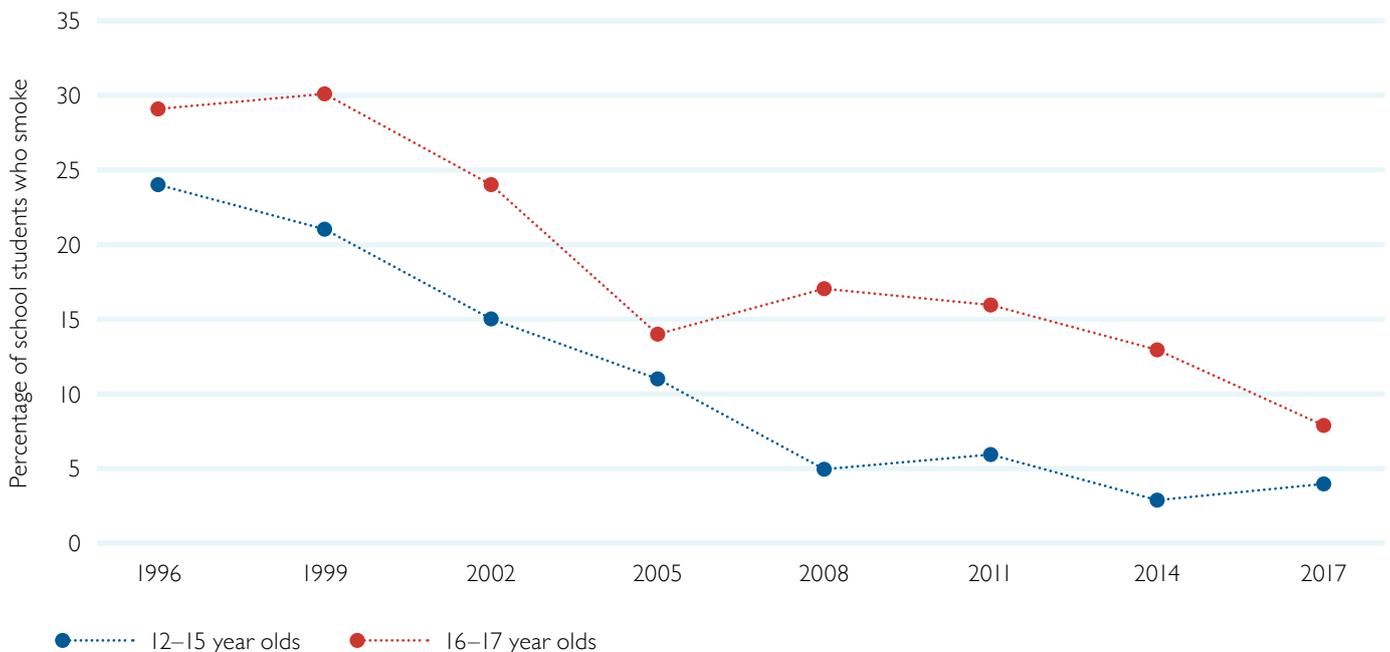
The Australian Secondary Students' Alcohol and Drug (ASSAD) surveys have been conducted every three years since 1984. Latest data (2017)<sup>2</sup> show that 5 per cent of 12–17 year olds in Tasmania were current smokers, the lowest ever recorded (Graph 6). In 2017, smoking by 16–17 year olds was at a low of 8 per cent, a significant decrease from 16 per cent in 2011 (Table 2, next page).

This suggests young people are remaining smoke free for longer. However, data from the National Health Survey (NHS) show that smoking rates increase with age. Just under one in four (22.6 per cent) of 18–24 year olds smoke regularly (Table 3, next page).

The difference between the prevalence of smoking in the oldest age group in the ASSAD survey and the youngest age group in the NHS may reflect that ASSAD surveys school students only. Children outside the school system may have a higher smoking prevalence, which is reflected in the NHS.

The proportion of Tasmanians who have never smoked can be used as an indicator of progress to prevent uptake. For adults, this has varied over time, but is currently at around 49 per cent (Table 4, next page).

**Graph 6: Current smokers 12–17 years of age, ASSAD Tasmania 1996–2017**



2 2020 ASSAD Survey has been delayed due to the COVID-19 pandemic

**Table 2: Percentage of current smokers 12–17 years of age, ASSAD Tasmania 1996–2017**

Age	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 3: Percentage of current smokers 18–24 years of age, Tasmania NHS 2004–05 to 2017–18**

2004–05	2007–08	2011–12	2014–15	2017–18
33.7	37.3	23.1	24.5	22.6

**Table 4: Percentage of Tasmanians aged 18+ who have never smoked, NHS 1989–90 to 2017–19**

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

## Key actions completed

- » Developed an online *Responsible Service of Tobacco* training tool to help retailers and their assistants to comply with point-of-sale laws.
- » Checked all tobacco retailers for compliance at least twice a year.
- » Investigated smoke free area complaints.
- » Implemented an online licensing system to support monitoring and enforcement activities.
- » Implemented the Tobacco Free retailers project, which encouraged retailers to transition away from selling tobacco.
- » Implemented new laws requiring retailers to have a licence to sell e-cigarettes.
- » Started the *Smoke Free Environments* Project, providing a foundation to work towards smoke-free schools and hospitals across Tasmania. This project included providing free NRT for THS staff through the Quitline.
- » Supported the implementation of new smoke-free areas, such as the City of Hobart Central Business District.

For young people:

- » Developed and implemented the *Smoke Free Young People Strategy 2019–2021*.
- » Developed and implemented the Smoke Free Generation campaign, *Don't Get Hooked!* to encourage young people to stay smoke free.
- » Consulted young people about aged-based laws for sale of smoking products.
- » Trialled live chat as an alternate option to engage young people with the Quitline.
- » In progress: A consultation with young people regarding attitudes and practices about e-cigarettes.

## CASE STUDY

# Students want to resist peer pressure to smoke

Year 8 students Hannah, Ely and Monique know about the serious health impacts of smoking and do not smoke, but they acknowledge there is considerable peer pressure at their age to try a cigarette.

“If someone keeps asking you, you want to look cool,” says Ely, 13. “Cigarettes are not hard to get, most people get them from an older brother or friend who goes and buys them for them.”

Monique, 14, says that smoking is more of a social thing for girls.

“The boys are doing it because of peer pressure and they are risk takers, but the girls are doing it to fit in,” she says.

“It’s important to make sure everyone is educated. Once you know what it does, smoking becomes much less fascinating.”

The need for tobacco prevention and cessation programs for Tasmanian schools was identified by focus groups held in 2018 as part of the *Smoke Free Generation—be a part of it!* campaign.

The Department of Health reviewed programs currently offered in Tasmania, nationally and internationally, and found that existing tobacco prevention and cessation programs were not suitable for Tasmanian schools.

The review acknowledged a lack of evidence supporting the effectiveness of programs currently available for Tasmanian school children, and that further research is needed on best practice for implementation. It suggested elements of several different programs that could be adapted into a tailored program to suit Tasmanian schools.

For such a program to be effective, the review said it must incorporate a multifaceted approach to address the extensive range of factors that influence young people to begin smoking.



Most young people in Tasmania do not smoke.

Following the review, the government committed \$1 million for a new Smoking Prevention Package for Young People.

The package will focus on preventing Tasmanian students from starting to smoke through school-based peer led prevention initiatives, a focus on smoke-free environments, further developing and promoting the *Smoke Free Generation—be a part of it!* website and supporting young people who smoke to quit.

When launching the package, the Minister for Mental Health and Wellbeing, Jeremy Rockliff, said: “We know the average age people start experimenting with smoking in Australia is 16, so the package will focus on ensuring young people have the information they need to make an informed decision on all the reasons why they shouldn’t take up the addictive substance by that age.”

Hannah, Ely and Monique support the Government taking action to prevent young people from starting to smoke. Ideally, they would like to see cigarettes made illegal, or the legal smoking age increased to 30 or 40.

“It would be good if we could get it done,” says Hannah, 13.

“Smoking definitely messes up your lungs. You underestimate how addictive it is; you think you’re in control, you made that first bad decision and chances are you will do it again.”

## 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, make an important contribution to preventing 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, in conjunction with the Local Council where relevant. Applications for smoke free public events are approved.

In 2020, an online *Responsible Service of Tobacco* training tool was launched to help retailers and their assistants comply with point-of-sale laws. To date, 1 821 people have completed this voluntary training module. A new online licensing scheme to sell tobacco and electronic cigarettes, the *Environmental Health Information System*, was implemented in 2020.

Compliance has been high over the life of the Tobacco Control Plan, with 99 per cent of retailers complying with point-of-sale laws in 2021.

Source: Department of Health

## 2.2 Strengthening tobacco control laws

### Fewer retailers sell tobacco, but it remains widely available in many Tasmanian shops.

In Tasmania, a person is required to have a licence to sell smoking products and must comply with tobacco control laws. In 2017, the cost of a licence increased from \$731.34 to \$1 161.54, and a licence to sell e-cigarettes was introduced (\$583.20 fee). Other laws were also introduced around e-cigarettes so that they largely mirrored laws around traditional cigarettes.

Regulatory changes over time have seen a reduction in the size of tobacco product displays, and products moved out of sight behind a counter. However, even when tobacco products are hidden, there may still be visual cues that tobacco is sold, such as product availability notices ('Tobacco Sold Here') and price boards. In addition, the requirement for retailers to display certain warnings may also serve as visual cues/reminders to customers.

In 2019, the *Tobacco Free Retailers Project* aimed to encourage retailers to move away from selling tobacco through promoting this as a 'good business decision'. The project engaged 163 retailers in the north and north-west of Tasmania. Interested businesses were provided with Tasmanian-specific resources, including a guide to stopping selling tobacco. As a consequence of the intervention, 18 retailers stopped selling tobacco.

From 2017–21:

- » The number of licensed tobacco retailers declined from 729 in 2017 to 635 in 2021.
- » Between 21 and 48 retailers did not renew their licence each year.
- » The number of tobacco retailers displaying price boards declined, but the proportion of retailers displaying price boards increased from 64 per cent to 70 per cent.
- » Less than 1 per cent of retailers displayed a product availability notice.

Source: Department of Health

## 2.3 Smoke-free areas

### Local councils are establishing more smoke-free areas, but enforcement remains a challenge.

Smoke-free public areas not only protect people from exposure to second-hand smoke, but strengthen social norms about not smoking. In smoke-free areas, the use of tobacco products, e-cigarettes, personal vaporisers, herbal and non-tobacco cigarettes is banned.

The Tobacco Control Plan recommends actions to encourage local councils to use existing laws to create new smoke-free areas. This work is progressing well. Recent examples include:

- » Clarence City Council designated Blundstone Arena and surrounding areas including Bellerive Beach Park 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 central business district 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 central business district smoke free from 1 November 2018.
- » City of Launceston has various smoke-free areas within the central business district.
- » Kingston Community Hub, Kingston Park and Pardalote Parade were declared smoke free in May 2021.

At the state level, the *Smoke Free Environments Project* started in 2019 to increase smoke-free areas around schools and hospitals. This project includes the Quitline providing THS staff who smoke with free NRT and counselling support in anticipation that areas around their workplaces will become smoke free.

Enforcement remains a challenge. For example, asking people not to smoke in a smoke-free area may be met with hostility and therefore may be unsafe for the enforcement officer. A person who is breaking the law by smoking in a smoke-free area is unlikely to provide details of their name and address, or wait to be issued with an infringement notice.

Most homes in Tasmania are smoke free. However, there remains a small proportion of Tasmanians who smoke, or are exposed to smoking, at home:

- » In 2019, 2 per cent of adults smoked inside their home, down from 2.8 per cent in 2017.
- » In 2017, 11 per cent of students were exposed to second-hand smoke inside their home, the same as the previous survey in 2014.

*Source: Australian Secondary Students' Alcohol and Drug Survey 2017 and Tasmanian Population Health Survey 2019*

## CASE STUDY

# Smoke-free areas help reduce tobacco-related harm

### Project: *Smoke Free Environments* Project

#### Why?

Public buildings and workplaces, including hospitals and schools, are smoke free by law. This means that sometimes staff or visitors smoke in nearby areas and footpaths that are not subject to a smoke-free policy or law.

Consultations with people who smoke have indicated that seeing other people smoking hinders quit attempts, and that it is disheartening to see health professionals smoking near hospitals.

Smoke-free areas protect people from exposure to second-hand smoke, normalise smoke-free public places, and support people who have quit or are trying to quit smoking.



**We want children and young people to grow up in communities where smoke-free environments are the norm.”**

— Jasmine Angus, Department of Health

#### What?

The project aims to create more smoke-free areas in and around hospitals and schools in Tasmania, focusing first on Royal Hobart Hospital followed by Launceston General Hospital. Staff will be supported with free NRT through the Quitline.

It builds on the work of many local councils to address smoking in public places.

#### Impact

The project has created a foundation for understanding the challenges of implementing smoke-free areas and ensuring people who smoke are supported during the transition.

#### Next steps

The Department will continue work to create smoke-free areas around hospitals and to progress smoke-free environments in and around schools and workplaces where young people are employed as part of the Government's \$1 million Smoking Prevention Package for Young People.



Dancing is a smoke-free area for Les Bott and his dance partner Trudy Richardson. Photo: Jaymelia Webb

**Les Bott has created his own smoke-free zones to help reduce the impact of smoking on both his and his family's health and to help him to quit.**

A keen rock and roll dancer, Les, 64, leaves the cigarettes at home for his twice-weekly dance sessions in Launceston. When his eldest daughter was born more than 30 years ago, he decided that no one would smoke in his house or car to ensure she could breathe clean air.

A smoker for 50 years, Les has quit smoking three to four times during his life, most recently for 16 weeks in 2020 after attending a smoking cessation clinic at Launceston General Hospital.

"I'm trying to quit again now," Les says. "Most people in the dance group don't smoke and some are ex-smokers, so it's easier not to smoke there and helps me to cut down."

He says laws that have created smoke-free areas have also helped him to quit or cut down over the years.

"When the government banned smoking in hotels and restaurants, I thought that was a great thing. It forced me not to smoke in those areas."

Now Les supports plans to create smoke-free zones around hospitals.

"I have to walk past healthcare workers smoking outside the hospital grounds to get to my appointment at the quit smoking clinic," he says.

"It seems ironic. The health department is trying to get us to quit smoking because it's bad for our health, but we see healthcare workers smoking near the hospital."

Les believes declaring the whole hospital precinct smoke free would be a disincentive to people to smoke.

"I'd love to see the hospital smoke free," he says. "It would make a difference."

Jasmine Angus, Acting Senior Advisor Tobacco Policy and Programs, Public Health Services, Department of Health, says smoke-free areas are effective in reducing smoking prevalence, which is our goal in Tasmania.

"We want children and young people to grow up in communities where smoke-free environments are the norm," Jasmine says.

The project aligns with a smoking cessation program that supports hospital staff to talk to their patients about quitting.

## 2.4 Electronic cigarettes

### Electronic cigarettes have the potential to reverse gains made in reducing smoking in Tasmania.

The small but growing use of e-cigarettes in Tasmania is a concern. Although some people claim that e-cigarettes have supported them to quit smoking, there is insufficient population-level evidence to support the use of e-cigarettes as a cessation aid.

In 2017, Tasmania introduced laws to ban the sale of e-cigarettes to children and their use in smoke-free areas, and to restrict the advertising, display and marketing of e-cigarettes. Retailers must also have a licence to sell e-cigarettes.

Data on e-cigarette use in Tasmania remain scarce.

From 2016–19:

- » The proportion of Tasmanians regularly using e-cigarettes increased from 1.2 per cent<sup>3</sup> to 1.7 per cent.
- » The proportion of Tasmanians who have never tried e-cigarettes reduced from 92.8 per cent to 89.7 per cent.

In 2017, the ASSAD survey found that 13 per cent of Tasmanians aged 12–17 years had tried e-cigarettes and 42 per cent of these had never previously smoked a tobacco cigarette. In comparison, in the United States the proportion of high school students who were current users of e-cigarettes increased from 13.2 per cent in 2017 to 32.7 per cent in 2019.<sup>4</sup>

The extent to which the use of e-cigarettes has increased among young people in Tasmania will be indicated in the next ASSAD survey. However, members of the Smoke Free Young People Working Group report that e-cigarette use is increasing. Young people see vaping as 'cool' and an acceptable risk-taking behaviour, and a better option to other drugs – a belief purported to be reinforced by adults.

From 2017–21, the number of retailers in Tasmania exclusively selling e-cigarettes remained steady between 3 to 5 retailers. However, the number of retailers selling both e-cigarettes and tobacco increased from 37 retailers to 77 retailers (Graph 7).

Many of these retailers do not stock e-cigarettes, but they are licensed to do so. Therefore, there is potential for a rapid increase in product availability if demand increases.

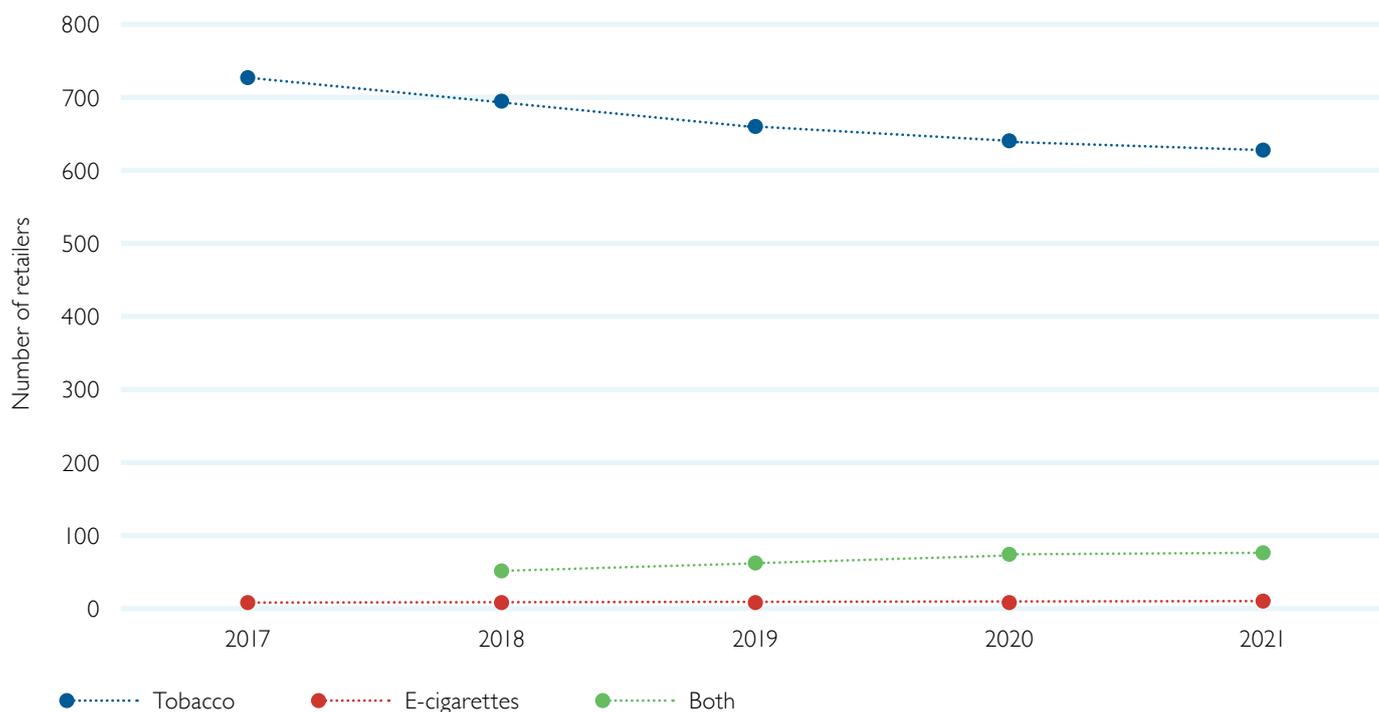
Although there is insufficient evidence that e-cigarettes are an effective smoking cessation aid, from 1 October 2021, people who wish to use e-cigarettes that contain nicotine for this purpose will require a prescription from a doctor. The impact of this in Tasmania is under review.

*Source: Department of Health, National Drug Strategy Household Survey, Australian Secondary School Alcohol and Drug Survey*

3 Data to be used with caution

4 Centers for Disease Control and Prevention. Trends in the prevalence of tobacco use national yrbs: 1991—2019. Youth Risk Behavior Surveillance System (YRBSS), 2020. Available from: <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

Graph 7: Licences—e-cigarettes and tobacco



## 2.5 Influencing young people to be smoke free

**More recent data are required to determine if young people are remaining smoke free and vape free for longer.**

In 2017, 78 per cent of 12–17 year olds had never smoked. With the delay of 2020 ASSAD survey due to the COVID-19 pandemic, more recent data are required to understand progress made in influencing young people to be smoke free in Tasmania.

There continues to be a significant jump in the prevalence of smoking after the age of 18 years. This suggests that measures continue to be needed to prevent smoking uptake in young people aged between 18 and 24 years and to support them 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 (focus groups) with young people in 2018 found that targeted online and social media resources were an effective way to deliver smoke-free messages to young Tasmanians.

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 influence young people to remain smoke free.

## CASE STUDY

# Young people need new types of support to quit smoking

**Jordan Russell used to start his day with a cup of coffee and a cigarette as he prepared for his early morning run.**

But that all changed one morning. “I thought, what am I doing? I’m putting on my running shoes and having a cigarette,” Jordan says. “This is madness.”

He has not had a cigarette since.

Jordan, 20, had been smoking around 10 cigarettes a day for about a year. He was already starting to feel an impact on his health, particularly shortness of breath while running.

“I really wanted to regain that lung capacity,” he says. “Smoking and fitness don’t really go together.”

Since giving up smoking, he has felt his lung capacity and conditioning improve every day.

Jordan, from Hobart, gave up smoking ‘cold turkey’ – he stopped abruptly without any support.

He says he did not turn to any support services such as Quitline. Instead, he “toughed it out” and avoided situations where he would be tempted to smoke, such as the pub.

“I didn’t feel comfortable calling the Quitline,” Jordan says. “I would have found that quite stressful.”

He believes that young people need new and different programs to help them to quit smoking, such as a text messaging service, which is supportive without being confrontational.



Jordan Russell quit cold turkey rather than calling the Quitline.

“If you want to stop smoking, you either have to brutally rough it out yourself, like I did, or put in the time and effort to seek out those resources, but they have to work for young people,” he says.

Jordan’s experience of quitting cold turkey is not unusual, says Jasmine Angus, Acting Senior Advisor Tobacco Policy and Programs, Public Health Services, Department of Health.

The Tasmanian Population Health Survey had found that 80 per cent of people who quit smoking also go cold turkey.

“Jordan’s experience highlights the need to find more options to support young people to quit smoking,” Jasmine says. “We are continuing to work on these options, especially technology-based support through the *Smoke Free Generation* collaboration.”

Tasmanian research into young people’s attitudes to smoking has also confirmed the need to find new ways to support young people to quit smoking.

Young people told the researchers that smoking cessation should be specific to young people and designed by young people. For example, Dr Seana Gall, senior research fellow, Menzies Institute for Medical Research, says many young people said they do not like making phone calls.

She says the Quitline is looking at alternative ways to deliver the program. A Live Chat function on the Quit Tasmania website has been piloted and counsellors are integrating some text message support into the Quitline service.

“It’s about making sure the services are appropriate for young people and they are accessible,” Seana says.

## 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 aims to make cigarettes less palatable for young people.

Product design is one of the few remaining ways industry can differentiate between products.

In Tasmania, apart from 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-own tobacco products, minimum price policies, standardised designs for filters and vents, bans on menthol and other flavourings, and actions to restrict the availability and uptake of e-cigarettes.

## Action area 2: What next?

- » Reinstate infringement notices that prohibit the sale of tobacco to children to maintain high compliance with the law.
- » Continue to monitor and enforce tobacco laws.
- » Remove all visual cues on smoking from shops.
- » Consider other options to limit retail availability.
- » Review processes for monitoring compliance with smoke-free areas.
- » Continue progress towards smoke-free schools and hospitals.
- » Continue action to support young people to be smoke free.
- » Enhance monitoring of e-cigarette use and consider need to increase regulation around these products.
- » Continue to advocate for the regulation of tobacco products to make them less palatable and appealing to young people.

## ACTION AREA 3

# Reduce smoking by high prevalence groups

**The burden of smoking is greatest in some population groups who need targeted actions to quit and stay quit.**

The Tobacco Control Plan identifies six priority populations based on their high smoking prevalence: pregnant women; middle-aged men; Aboriginal people; young people; people with mental ill-health; and people from low socio-economic areas.

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 aimed to increase smoking cessation among the six priority population groups.

### Key actions completed

- » Implemented the *Antenatal CO Monitoring Opt-out Referral Pilot Project*, which showed that carbon monoxide (CO) monitoring in routine care leads to an increase in referrals to cessation support for pregnant women and supports women to successfully quit.
- » Delivered Quit Tasmania's *Supporting People to Stop Smoking* training to community sector organisations.
- » Targeted men aged 18–44 and those in low socio-economic areas through Quit Social Marketing Program.
- » Developed and implemented the *Let's Start a Conversation* campaign. This encouraged staff who work with people with mental illness to become comfortable starting a conversation about stopping smoking.
- » Developed and distributed a plain language NRT card to inform people of options to support them to quit.

- » Trialled community-based healthy lifestyle programs that included a focus on smoking cessation support.
- » Trialled providing financial incentives and support from pharmacists to help people quit smoking.
- » Piloted providing free NRT through the Quitline to people from priority population groups.
- » Completed a literature review to better understand the barriers and enablers to embedding preventative health strategies into community service organisations, specifically smoking cessation support

### In progress

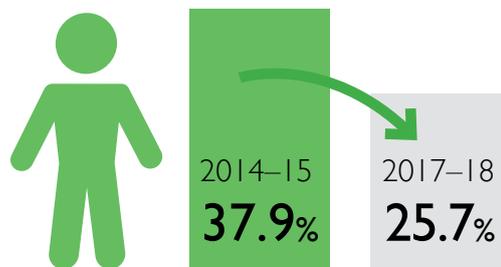
- » *559 Lives*, a project providing free NRT through the Quitline to people from priority population groups.
- » *makara patapa: Stop Smoking* project providing intensive smoking cessation support through the Tasmanian Aboriginal Centre to people who smoke. This includes development of storytelling resources to further promote smoking cessation within the Aboriginal community.
- » A trial of free NRT provision through pharmacies to people from priority population groups.
- » A qualitative project seeking to better understand barriers and enablers to enhancing the role of community service organisations in supporting smoking cessation among their clients.

# Tobacco use in priority populations in Tasmania

Pregnant women<sup>i</sup>



Men 25–44<sup>ii</sup>



Young people



But smoking rates are high among 18–24 year olds<sup>iv</sup>



Aboriginal people<sup>v</sup>



The smoking rate in Tasmania is lower than Australia's



People experiencing mental ill-health<sup>vi</sup>



**1 in 3** Tasmanians who smoke identify as having a mental health disorder

Tasmanians who have a mental health disorder are almost **2 times more** likely to smoke

Smoking and disadvantage<sup>vii</sup>

**1 in 3** people who smoke are from the most disadvantaged communities



**1 in 10** people who smoke are from the most advantaged communities

<sup>i</sup>Tasmanian perinatal database, 2018 <sup>ii</sup>National Health Survey 2017-18 <sup>iii</sup>Australian Secondary Students' Alcohol and Drug Survey (ASSAD) 2017 <sup>iv</sup>National Health Survey 2017-18 <sup>v</sup>National Aboriginal and Torres Strait Islander Health Survey 2018-19, aged 18+ <sup>vi</sup>Tasmanian Population Health Survey 2019 <sup>vii</sup>National Health Survey 2017-2018

## CASE STUDY

# Voice of experience supports young people to quit

Hobart youth worker Heetham Hekmat knows from his own experience that a practical approach can help when supporting young people to quit smoking.

Heetham, 33, had smoked since he was aged 12 in his home country of Iraq.

“I have lived in war zones in Iraq and Syria. Smoking was my way to cope with that what was happening around me,” he says.

Heetham says he had never actively tried to quit smoking. His intention was only to cut down to save a portion of the \$120 to \$150 he was spending each week on cigarettes.

Feeling no physical withdrawals, Heetham found he was able to stop smoking altogether.

Not only is he saving money, but he also feels much healthier, especially at his twice daily gym visits.

Heetham draws on this experience when talking to young people in his role at The Link youth health service in Hobart.

He emphasises the tangible and immediate effects of quitting, such as saving money.

“We have an open access area where sometimes people start talking about smoking. I roll with the conversation but try not to tell people what to do and why smoking is bad for them. They’ve heard all that before,” Heetham says.

“I usually ask about what they could do with the \$50 they’re about to spend on a packet of cigarettes.”



Youth worker Heetham Hekmat emphasises the tangible effects of quitting when talking to young people.

That conversation may not have an immediate impact, but it could plant a seed for later action, he says.

Heetham also suggests to young people how to change their routine to make it easier to quit.

“Smoking is a big part of a lot of young people’s routine. They need to change that routine by moving into groups where people don’t smoke, and going to places that are smoke free,” he says.

An updated resource from the Smoke Free Young People Working Group supports people in the community such as Heetham who are in a position to help young people to quit smoking or not to start.

*The future is smoke free—Your guide to supporting young Tasmanians to be smoke free* is aimed at those who work with young people such as teachers, school nurses and youth and health workers.

“

**For many of us working with young people, it can seem like smoking is the least of their problems, but the effects of tobacco use may become their most significant problem.”**

– Kat Fraser, Department of Health

It outlines practical ways to support young people to be smoke free, such as being a positive role model and understanding what influences a young person to start smoking.

The guide is an important resource, says Kat Fraser, Children and Young People’s Health Policy Officer with Public Health Services, Department of Health.

“For many of us working with young people, it can seem like smoking is the least of their problems, but the effects of tobacco use may become their most significant problem,” Kat says.

“It is important to ensure that the environment where we work with young people is not harmful to their health and wellbeing. This can be done by ensuring the reduction of tobacco use for young people is a high priority for those working with them.”

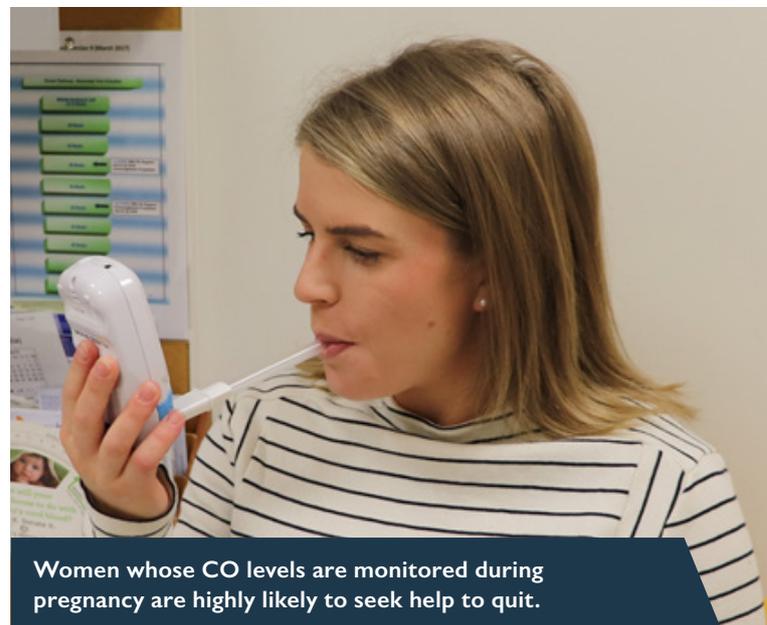
### 3.1 Pregnant women

**Embedding smoking cessation support into routine antenatal care will help more women to address their smoking during pregnancy.**

Smoking during pregnancy, or exposure to second-hand smoke, harms both the mother and the baby. Smoking during pregnancy is regarded as one of the key preventable causes of low birth weight and preterm birth. Very low birth weight babies are more likely to die in the first year of life and are more susceptible to chronic illness such as heart or kidney disease and diabetes later in life.

Tasmanian analyses have shown that children exposed to smoking during pregnancy are also more likely to present to an emergency department and be admitted to hospital for a range of smoking-related conditions.

Maternal smoking has slowly declined from 22.9 per cent in 2012 to 17.2 per cent in 2018 (Table 5, next page), but it continues to be very high for pregnant women under 20 years of age (Graph 8).

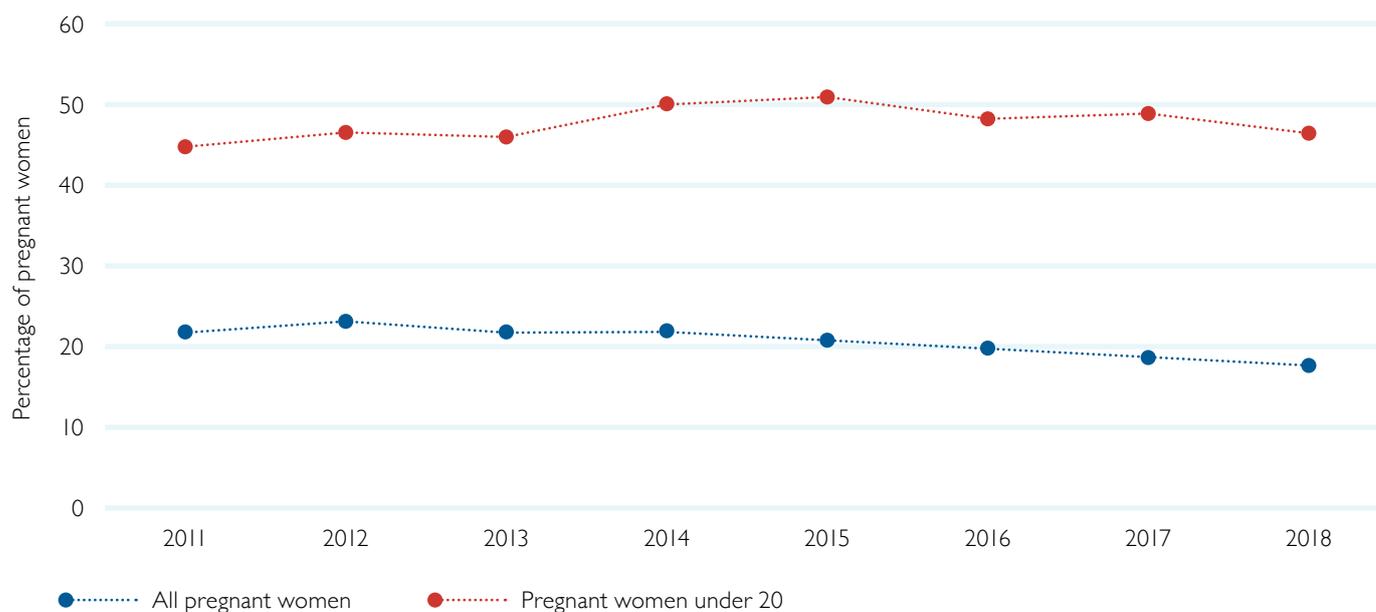


**Women whose CO levels are monitored during pregnancy are highly likely to seek help to quit.**

**Table 5: Smoking during pregnancy, Perinatal Data Collection, 2011–18**

%	2011	2012	2013	2014	2015	2016	2017	2018
<b>All</b>	21.4	22.9	21.5	21.6	20.5	19.4	18.4	17.2
<b>Under 20</b>	44.5	46.3	45.7	50.0	50.8	48.0	48.8	46.3

**Graph 8: Smoking during pregnancy**



Referrals of pregnant women to cessation support is generally low statewide. In 2018, a pilot project implemented by the Midwifery Group Practice in southern Tasmania demonstrated that routine screening of pregnant women as part of antenatal care increased referrals to cessation support by 90 per cent. Of the women referred for specialist support, 36 per cent successfully quit smoking during their pregnancy.

Other outcomes for pregnant women from 2017–21 included:

- » Fewer women smoked during pregnancy, reducing from 19.4 per cent in 2016 to 17.2 per cent in 2018.
- » Fewer women aged under 20 smoking during pregnancy, reducing from 48 per cent in 2016 to 46.3 per cent in 2018.
- » In 2018, public hospital patients were around 10 times more likely to smoke than private hospital patients (22 per cent compared to 2.1 per cent).
- » The number of referrals to hospital cessation clinics increased from 34 in 2017 to 178 in 2019 and 150 in 2020.
- » From 2017 to 2020, referrals from midwives to the Quitline ranged between 28 to 37 a year.

Source: Tasmanian Health Service, Tasmanian Quitline and Tasmanian Perinatal Database

## CASE STUDY

# Simple test motivates pregnant women to give up smoking

## Project: The Antenatal Carbon Monoxide Monitoring Opt-Out Referral pilot project

### Why?

Smoking in pregnancy causes serious health harm to both the woman and her developing baby. Smoking prevalence among pregnant women in Tasmania is high, and midwives are well placed to discuss smoking cessation as part of antenatal care

### What?

High carbon monoxide (CO) levels in pregnant women are commonly related to exposure to tobacco smoke. Testing CO levels can help to identify pregnant women who smoke, providing opportunities to have a conversation about smoking.

In the pilot project, CO monitoring was included as part of routine antenatal care. Women who had high CO readings were referred to a smoking cessation Clinical Nurse Consultant.

### Impact

- » Referral rates to smoking cessation advice increased from 10 per cent in 2016 to 90 per cent in 2018–19.
- » Of the women referred for specialist support, 36 per cent successfully quit smoking
- » The results showed that carbon monoxide monitoring can be successfully implemented as a routine part of antenatal care.

### What next?

The evaluation of the project recommended that CO monitoring and referral to cessation support should be expanded to antenatal care services statewide to reduce tobacco use by pregnant women, particularly those aged under 20.



## CASE STUDY

**A breath test that measures carbon monoxide levels has changed the way that midwife Jenny Barnes talks to a pregnant woman about giving up smoking.**

“As a health professional, part of our job is to talk to women about quitting smoking,” Jenny says. “But it’s always just a health professional telling a person what they probably already know.”

Jenny, a registered nurse and midwife, was involved in a pilot project in 2018–19 to test carbon monoxide (CO) levels as part of routine antenatal care at Royal Hobart Hospital’s Midwifery Group Practice—the first time this has been done in Australia.

She says the test is a non-judgmental, concrete and immediate way for women to see the effects of smoking.

“When they do a test, and the result comes up red (showing high levels of CO), it really made them think,” Jenny says. “Most women with high levels were really happy to be referred to help to quit smoking.”

The women who tried to quit said their main motivation was the CO readings.

“The first thing they asked when they came in for an antenatal visit was: ‘Can I do my carbon monoxide?’” Jenny says.

“It had a really important role in helping women who made the choice to quit to stay smoke free. They wanted to see a number on the test and that it wasn’t red.”

One participant in the project, Melissa,\* had been smoking two to three cigarettes a day but was too embarrassed to tell the midwife.

“I stopped smoking after I saw the breath test result,” Melissa says. “The CO program was ultimately what made me give up. It made me accountable.”

\* A pseudonym



**Midwife Jenny Barnes says the carbon monoxide test is a non-judgmental and concrete way for women to see the effects of smoking.**

Project Chief Investigator, Nancy Westcott, says a strength of the project was its opt-out design. CO monitoring was automatically included in antenatal care unless women chose not to be involved.

“We were trying to make carbon monoxide testing a routine part of the antenatal visit, just like taking a blood pressure,” says Nancy, Nurse Manager with the Smoking Cessation Program in the Department of Health’s Alcohol and Drug Service.

“We wanted to normalise the discussion around smoking and smoking cessation support.”

“

**I stopped smoking after I saw the breath test result. The CO program was ultimately what made me give up. It made me accountable.”**

— Melissa, successful quitter

## 3.2 Middle-aged men

There has been a significant drop in the number of middle-aged men who smoke, but rates are still high.

Efforts to target men aged between 25 and 44 years appear to have worked in recent years. Smoking prevalence in this group has dropped considerably (Graph 9).

A focus has been on selecting and targeting campaign advertising to reach this population group.

From 2017–18 to 2020–21, campaigns prompted 5 to 9 per cent of middle-aged men to plan to quit in the next month.

In the same period, the number of Quitline contacts from men aged 30–44 years reduced from 440 to 236.

Source: National Health Survey, Quit Tasmania Tracking Survey and Tasmanian Quitline

Graph 9: Smoking prevalence—middle-aged men



## 3.3 Young people

Campaign improves interaction with Smoke Free Generation website and resources.

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

The Smoke Free Generation website, which was developed in 2016, is promoted to young people and adults who work with young people as a source of local information on options to quit smoking.

A new Smoke Free Generation campaign, *Don't Get Hooked!* ran from November 2020 to January 2021. This campaign improved interaction with the website and resources through a number of social media channels, with 1 861 new website users in the first six months of 2021.

In 2017, of students who identify as current smokers:

- » 5 per cent were aged 12–17 years, a decline from 9 per cent for that age group in 2011.
- » 4 per cent were aged 12–15 years.
- » 8 per cent were aged 16–17 years.
- » An average of 13 cigarettes per week were smoked.
- » 36 per cent used roll-your-own pouch tobacco.
- » 74 per cent of students that had smoked in the past month used roll-your-own pouch tobacco.
- » More than one in 10 students aged 12–17 years (13 per cent) had tried e-cigarettes.

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.

Source: Australian Secondary Students' Alcohol and Drug Survey 2017

## CASE STUDY

# *Don't Get Hooked!* A campaign to prevent smoking by young people

Although Tasmania has one of the highest rates of smoking in Australia, 95 per cent of young people in the state do *not* smoke.

Encouraging young people to be like most of their peers by being non-smokers was the thinking behind the highly successful *Don't Get Hooked!* campaign. It was designed to reinforce positive behaviours that support young people not to take up smoking.

Pip Cooper, campaign lead and Marketing Coordinator at Quit Tasmania, a program of Cancer Council Tasmania, says that young people aged 10–17 are potentially the next wave of smokers.

“We know through Quit Tasmania that it's hard to stop smoking because there are so many aspects to it, including physical addiction to nicotine but also emotions and habits. Once you are hooked it's really hard to quit. So it's better to prevent you from smoking in the first place,” Pip says.

*Don't Get Hooked!* built on research conducted by the Menzies Institute for Medical Research on the use of social media to broaden the reach of smoke-free messages. Creative concepts were developed by local advertising agency, Gloop, and tested on 171 young people. The young people shaped the development of the campaign while being exposed to messaging around prevention, cessation and support.

Aimed at all young Tasmanians aged 10–17, *Don't Get Hooked!* reinforced messages that most young Tasmanians are smoke free, there are negative short-term and immediate effects of smoking, and that nicotine is addictive. It suggested ways of dealing with peer pressure and saying no, and highlighted the benefits of being smoke free.

The campaign ran between November 2020 and January 2021, placing various creative posts and videos on social media platforms and using a range of print resources.

An evaluation showed that using videos to convey messages to young Tasmanians was very successful, with the campaign videos being viewed 72 000 times on YouTube, resulting in 670 click throughs to the Smoke Free Generation website. Messages also reached 36 152 people on Facebook, resulting in another 9 428 video views and 1 064 clicks.

As an unexpected bonus, there was a surge in the number of girls aged 13–17 who accessed the Quit Tasmania Facebook page during the campaign period.

“It showed me that you might be left behind smoking in the future and no one will have any cigarettes and you will be the odd one out,” said a 10 year-old girl who viewed the campaign.

“Smoking isn't as cool as it used to be,” agreed a 14 year-old boy. “Smoking is bad and can easily become addictive so you should try to prevent yourself smoking whenever you can.”

Pip says the campaign showed it is possible to convey smoke-free messages to a large number of young people when using the right digital platforms.

“In future, we would recommend keeping it fresh and have a more regular set of creative assets going to market rather than just at campaign time,” she says.



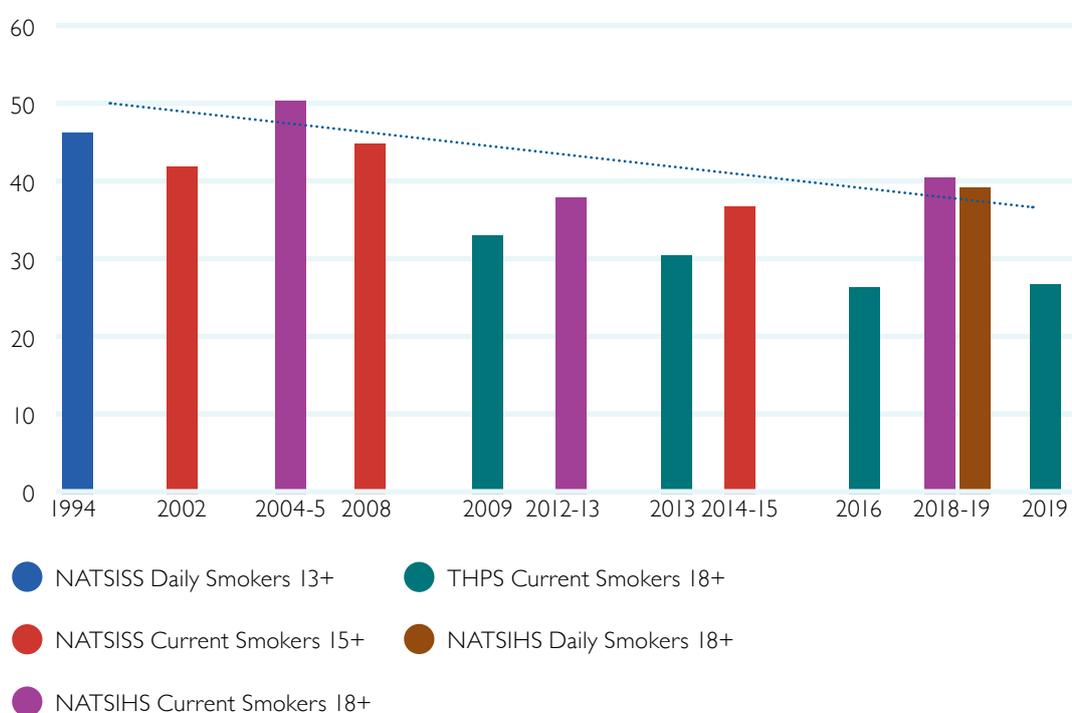
## 3.4 Aboriginal and Torres Strait Islander people

### The smoking rate among Aboriginal people is high.

The most recent National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) conducted in 2018–19 found that 38.7 per cent of Tasmanian Aboriginal people aged 15 years and over were daily smokers. The smoking prevalence among Aboriginal people in Tasmania remains lower than in Australia as a whole (40.2 per cent).

It remains a challenge to determine how smoking rates among Tasmanian Aboriginal people are trending over time. Surveys are infrequent, and different surveys cannot be directly compared. Small sample sizes mean that not all data can be reported with confidence. However, presented collectively (Graph 10) they do provide some insight into smoking prevalence among Tasmanian Aboriginal people, suggesting a possible downward trend in smoking rates.

**Graph 10: Smoking Prevalence (%) among Tasmanian Aboriginal people\***



\* Surveys are not directly comparable, and the data from the Tasmanian Population Health Survey (TPHS) cannot be used with confidence due to small sample sizes.

Current action in this area is led by the Flinders Island Aboriginal Association Inc (FIAAI) and the Tasmanian Aboriginal Centre (TAC).

FIAAI, which is funded through the Commonwealth Tackling Indigenous Smoking initiative, implements a range of community-based programs focused on cessation and youth smoking prevention.

The TAC has a longstanding commitment to reducing smoking-related harm in the Tasmania Aboriginal community through its state-wide comprehensive primary health care services. Smoking cessation practices are embedded into routine care. Most recently, TAC has implemented makara patapa: Stop Smoking project (see case study, next page), which provided intensive smoking cessation support to more than 382 people between January and July 2021.

Source: National Aboriginal and Torres Strait Islander Health Survey, National Aboriginal and Torres Strait Islander Social Survey (NATSISS) and Tasmanian Population Health Survey 2019



Tina Goodwin talks to community members about quitting smoking.



## CASE STUDY

# *makara patapa*: How the Tasmanian Aboriginal Centre made smoking cessation everybody's business

### Project: *makara patapa*: Stop Smoking

#### Why?

The Tasmanian Aboriginal community has been identified as a priority group for smoking cessation due to the high burden of smoking-related illness in this population.

#### What?

The *makara patapa* project aimed to reduce smoking rates in the community by providing intensive smoking cessation support to people who use the Aboriginal Health Services across the state. Training and funding were provided to embed service level processes and support the Tasmanian Aboriginal Centre (TAC) to offer smoking cessation advice and support to Aboriginal people who smoke.

#### Impact

- » With an initial goal of contacting 30 people who smoke per month, the program is now offering to support several hundred community members.
- » People who smoke have been provided with pathways for support, such as nicotine replacement therapy and other specialised services.
- » Training has been provided to TAC staff to start a conversation with clients around stopping smoking.

#### What next?

The *makara patapa* Storytelling Project will share stories about the Stop Smoking project to promote the work of the TAC, inspire Tasmanian Aboriginal people to quit smoking, and encourage others to provide smoking cessation support.

## Sustained support is essential for anybody when they are trying to give up smoking.

So to support more than 750 clients recorded as smokers, the Tasmanian Aboriginal Centre (TAC) hit the phones to see how they could help them cut down or stop smoking for good.

It was part of the *makara patapa: Stop Smoking* project, funded by the Department of Health to decrease smoking rates among Aboriginal people using TAC services.

Tina Goodwin, Health Promotion Officer at the TAC, says the close-knit community has high levels of smoking.

“We have worked with them years. It’s real faces, people we have grown up with. We have developed trusting relationships with them, knowing what we do today will affect our community in 20 to 30 years to come,” says Tina.

The job of the TAC is to work beside each client individually and support them as they make their own choices.

A dedicated *makara patapa* worker has conversations with clients aiming to engage them and plant the idea of giving up. The worker is then available to provide support if they ask for it, or to gently nudge them towards cutting down or stopping smoking.

The feedback from clients has been very positive, with most people welcoming the contact and opportunity to discuss their smoking and find out about the support available for quitting smoking.

Tina says success goes beyond a successful quit attempt.

“Sometimes a success might be cutting down from 50 to five. It might be going from a bucket bong to using filters and then going to tailor-mades. Sometimes success is people reducing cigarettes or people exercising more,” she says.

*makara patapa* is the latest initiative for the TAC, which has led the way in making smoking cessation everybody’s business.

Tina says that 20 years ago, most of the TAC staff smoked, as did most participants at community events.

With the guidance of the CEO and a GP, the TAC implemented a quit smoking policy that removed smoking from cars and community events, supported staff to stop smoking and limited the time employees could spend on a smoking break.

Community events also became smoke free. Tina says this was difficult for some at first, but is now accepted as the norm.

“Smoking cessation used to be something we all knew was extremely important, but it was at the side of my desk. Now it’s everybody’s business,” she says.

The TAC received funding through the Healthy Tasmania Fund. The Department has also funded Quit Tasmania to deliver Supporting People to Stop Smoking training to staff at community service organisations. So far 43 health and community services have received this training in initiating conversation about smoking.

The Department has also funded trials of community-based smoking cessation initiatives including healthy lifestyle programs, financial incentives-based programs, providing free NRT and behavioural support, and encouraging staff to start a conversation about smoking.

With the view to making smoking cessation “everybody’s business”, the Department has funded the Tasmanian Council of Social Service to further explore how community service organisations can support embedding smoking cessation into routine care.

“

**Smoking cessation used to be something we all knew was extremely important, but it was at the side of my desk. Now it’s everybody’s business.”**

— Tina Goodwin, Tasmanian Aboriginal Centre

### 3.5 People experiencing mental ill-health

#### There is a strong link between smoking and mental ill-health.

Data relating to smoking prevalence among people with mental ill-health in Tasmania have been collected for the first time through the Tasmanian Population Health Survey 2019.

These data reveal a strong link between smoking and mental ill-health in Tasmania, which, unlike other priority population groups, is not linked to socio-economic status.

Data from the survey, Quit Tasmania and THS show that:

- » Around one in three (32.5 per cent) people who smoke have a mental health disorder.
- » Tasmanians who have a mental health disorder are almost two times more likely to smoke.

- » Of Tasmanians with a mental health disorder:
  - similar numbers of men and women smoke
  - People aged 45-64 years are more likely to smoke than people in other age groups
  - people who smoke are equally represented across all income groups.
  - Just over one in 10 (13 per cent) people who contact the Quitline report having mental ill-health.
- » Less than 2 per cent of referrals to the Statewide Smoking Cessation Program come from Statewide Mental Health Services (SMHS); 19 per cent of referrals for people with mental ill-health come from non-SMHS services.

The *Let's Start a Conversation* campaign was developed and implemented in 2020 and 2021. The campaign encourages staff in mental health and community sectors to start a conversation with their clients about stopping smoking.

Source: Tasmanian Population Health Survey 2019, Tasmanian Quitline and THS Smoking Cessation Program



## CASE STUDY

# Starting a conversation about quitting smoking

**Project:** *Let's Start a Conversation* campaign

### Why?

Although smoking prevalence among people with mental illness is high, addressing smoking cessation within mental health services is not done in a consistent way in Tasmania.

### What?

The *Let's Start a Conversation* campaign was developed and implemented in 2020 and 2021. It was a month-long awareness-raising campaign aiming to encourage staff within the mental health sector in Tasmania to become comfortable to start a conversation with their clients about stopping smoking.

In 2020, 106 services participated in the campaign and received resources, videos, weekly emails and access to smoking cessation training. Although initial uptake was high, engagement with the online campaign was lower than expected. This was attributed to busy clinical workloads in an unusually busy year due to COVID-19.

The 2021 campaign focused on a smaller number of services and more intensive support. Specifically, nominated workplace Smoke Free Champions were recruited from 25 services to embed the campaign messages and practices into their workplace and routine care.



### Impact

- » 69 per cent of staff who participated tried to start a conversation with their clients, with both positive and negative responses.
- » Due to the change to the Tasmanian Population Health Survey, there are now data on the prevalence of smoking among people with mental health disorders that can be tracked over time.

### What next?

It is acknowledged that staff are busy, and that a culture shift in the way staff approach smoking cessation will take time. A review of the 2021 campaign is underway. The outcome of this evaluation, combined with lessons from other hospital and community-based initiatives, will inform the future direction of this work.

## CASE STUDY

As a case manager working with people experiencing persistent mental ill-health, Renae Michelin saw how smoking affected her clients every day.

She often saw clients using smoking to cope, even though it increased their heart rate and level of anxiety. Long-term, she knew many of them would suffer physical ill-health as a result of their smoking.

The *Let's Start a Conversation* campaign provided resources that supported mental health workers in assisting their clients to reduce or cease smoking.

Renae says the campaign brought smoking to the forefront her mind, and reminded her of its importance for her clients' overall wellbeing.

"It gave us more tools and increased our confidence in using them," she says.

The campaign supported staff to address smoking in a three-step intervention: first ask clients about their smoking, then provide brief information, and refer to cessation support service.

“

**The hardest part is changing your practice, and when you have made that change it's much easier to sustain. It's definitely something I will continue."**

— Renae Michelin, occupational therapist



Laura says her role as a support worker is to build a rapport and have a continuing conversation with clients about quitting.

The campaign also featured video interviews with people who had given up smoking as well as service providers discussing their experiences.

Renae says she found the videos particularly helpful, as they provided hope that people experiencing persistent mental illness could successfully stop smoking.

Her service downloaded the videos and played them in the waiting room, leading to several clients entering a consultation already having increased motivation to give up smoking.

Now that she has moved to another role, Renae is keen to maintain the conversation around stopping smoking, and is encouraging her team to do so as well.

"The hardest part is changing your practice, and when you have made that change it's much easier to sustain. It's definitely something I will continue," she says.

## 3.6 People from low socio-economic areas

### Smoking by people from lower socio-economic areas remains high.

The link between socio-economic status and tobacco use is evident in Tasmania. Smoking continues to be more prevalent among those who 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), around one in four (24.2 per cent) are daily smokers (Graph 11). Of those who live in the least disadvantaged area (quintile 5), around one in 13 (7.6 per cent) are daily smokers. The difference between the proportions of people who smoke in these two quintiles is statistically significant. This distribution is similar at a national level, with significantly more people who smoke living in the most disadvantaged areas compared with the least disadvantaged fifth quintile. This is consistent across other priority population groups, for example, pregnant women (Graph 12, next page).

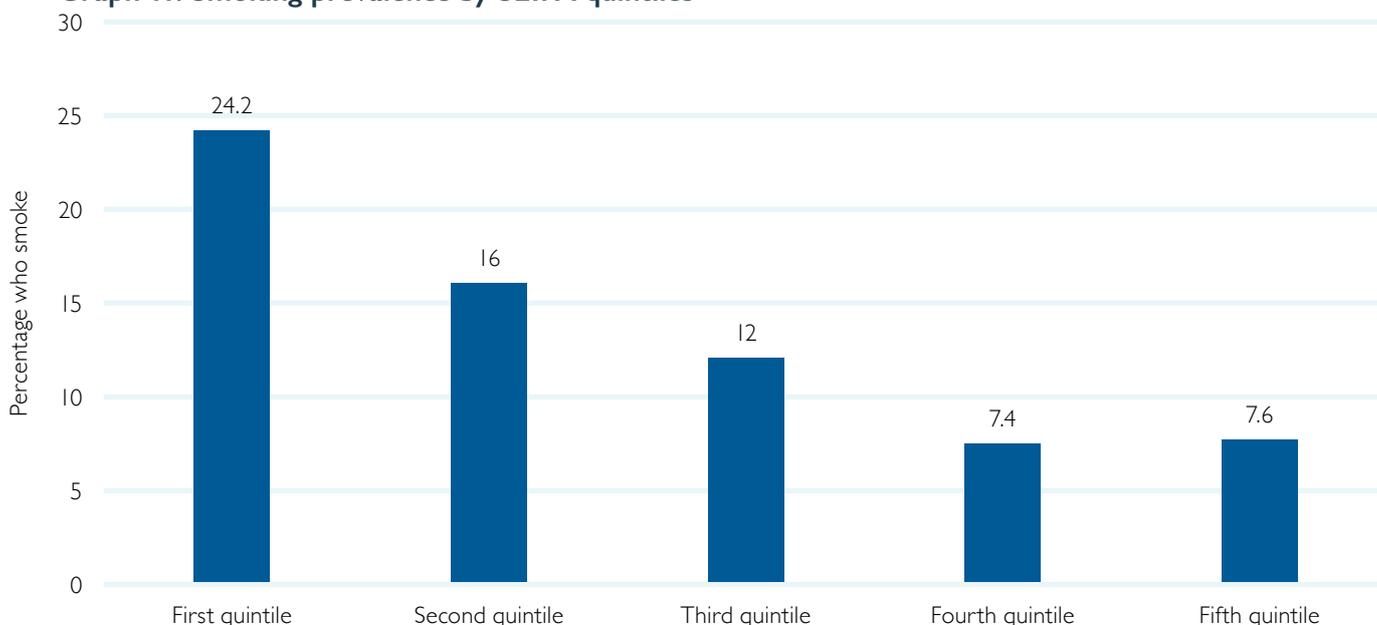
However, as mentioned above, smoking prevalence among people with mental ill-health is more consistent across all socio-economic areas (Graph 13, next page).

Campaign advertising over recent years has been designed and placed to reach people living in SEIFA quintiles 1 and 2, in addition to middle-aged men. Campaign messages motivate people from low socio-economic areas to quit, but this impact remains limited. Between 2018 and 2021, 4–6 per cent of people who smoke from SEIFA 1 and 2 planned to quit in the next month.

Contact with the Quitline from people living in the most disadvantaged areas (SEIFA quintiles 1 and 2) has remained consistent over the life of the Tobacco Control Plan, averaging 27 contacts per week. Engagement with people living in SEIFA quintiles 3 and 4 is low. Interestingly, contact from people living in the least disadvantaged areas (SEIFA quintile 5) has also increased during this time, averaging 10 contacts a week.

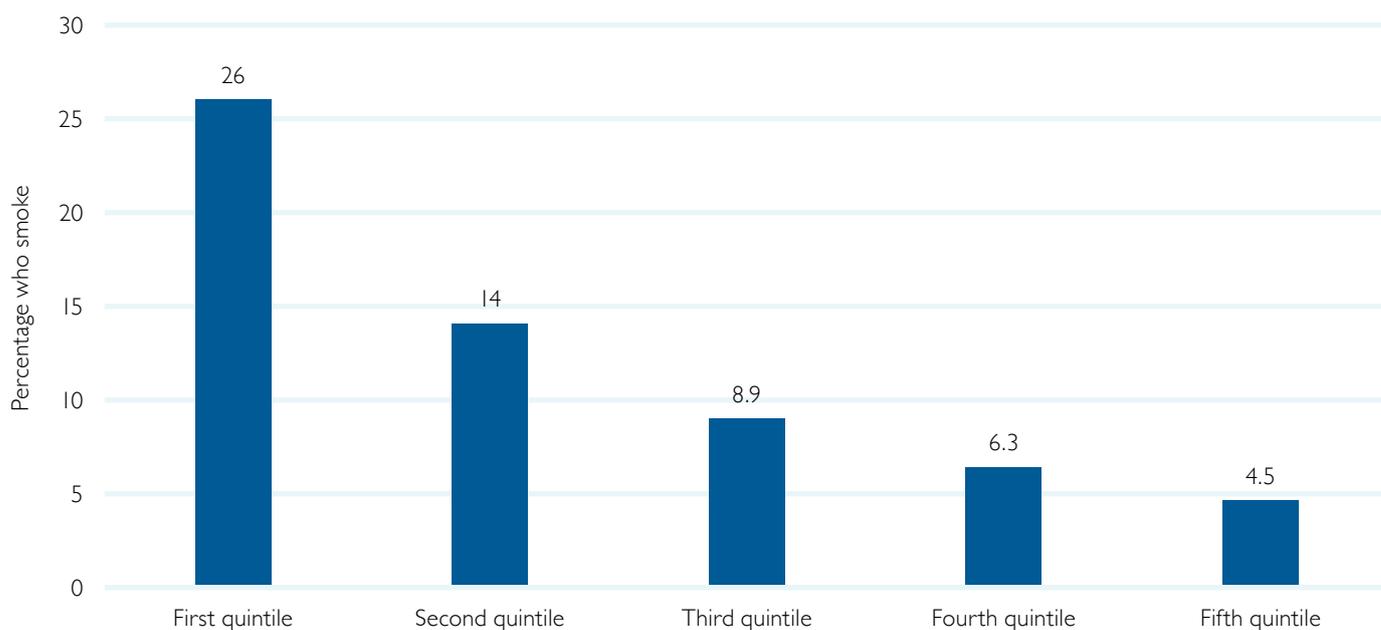
*Source: Tasmanian Population Health Survey and Tasmanian Perinatal Database*

**Graph 11: Smoking prevalence by SEIFA quintiles<sup>5</sup>**

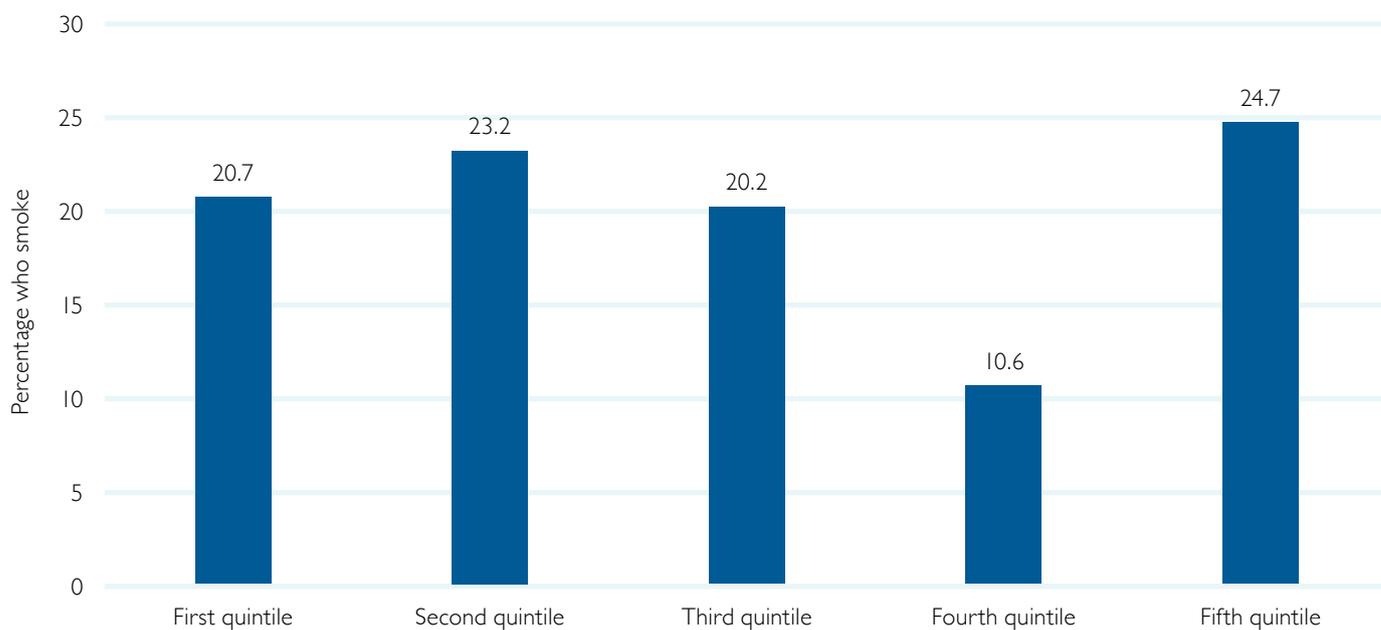


<sup>5</sup> SEIFA: Socio-Economic Indexes for Areas

**Graph 12: Smoking prevalence among pregnant women by SEIFA quintiles**



**Graph 13: Smoking prevalence among people with mental ill-health by SEIFA quintiles**



## CASE STUDY

# Community-based programs focus on healthy lifestyle to support smoking cessation

The project: Trialling smoking cessation support as part of a community-based lifestyle programs

### Why?

For many people, quitting smoking is one of many challenges. Life stressors and health issues can hinder quit attempts and contribute to relapses.

People who smoke also often report that receiving support from others was an integral part of successfully quitting. It was anticipated that peer support that builds social connections through shared experiences could help people to quit smoking.

### What?

Healthy Tasmania provided grants to trial two community-based smoking cessation programs: Launceston City Mission's Mission2Quit and George Town Council's iQuit. Both programs provided information and support about smoking cessation, including subsidised NRT. They also covered other healthy lifestyle topics, such as healthy eating, stress management and physical activity. Both programs emphasised peer support.

### Impact

These programs reported that up to one to two-thirds of participants quit smoking and all reduced the number of cigarettes that they smoked. Participants also reported that they:

- » had increased confidence and motivation to quit
- » were more likely to participate in community-based healthy lifestyle programs
- » saved money by smoking fewer cigarettes—George Town participants collectively saved more than \$2 000 over the seven weeks of the program.

### What next?

Although these groups achieved positive results, the programs only reached a small number of participants, were costly to run, and the longer-term benefits are unknown. More evidence is needed about how the community sector can effectively support people to quit smoking, including the benefit of healthy lifestyle programs.



Kerry Daniels (left) has been smoke free for over a year thanks to support from the George Town Council's iQuit program.

“

The group setting was really great to provide the extra support we needed. We celebrated our successes and coped with the challenges together.”

— Kerry Daniels, successful quitter

## CASE STUDY

**Kerry Daniels' life has been very different since she finished George Town Council's iQuit program.**

Kerry, 40, from George Town, hasn't smoked for more than a year—by far the longest smoke-free period in her life since she started smoking as a teenager.

With the money she saves every week by not smoking, Kerry can afford to do things she could never afford before.

“I gave up because I got sick of smoking. I just didn't want to do it anymore,” Kerry says. “But then I noticed I could take my four children out for a meal. To me, that is kicking goals.”

Kerry had low expectations before signing up to the iQuit program.

“I never said I'm here to quit smoking. I said I'm here to try and give up smoking,” Kerry says. “I went in with no expectations so that nobody could be disappointed.”

She found a supportive and non-judgmental program that allowed her to find her own way to stop smoking.

Kerry recalls that one day she had smoked half a packet of cigarettes before turning up to the program, and she was not happy with herself.

The facilitator, exercise physiologist Hayden Fox, did not judge her—he just asked what he could do to help.

“There was no pressure towards us to give up smoking,” Kerry says. “They were only there to offer their suggestions, their tools and guidance, and it really helped. If I didn't do that program, I believe I would still be smoking.”

Although the program offered free healthy lifestyle information and support, Kerry says she wasn't interested during the program.

“But later, after I had quit smoking, I ended up joining the exercise group because I could afford it because I didn't have to buy cigarettes.”

Smoking cessation expert Penny Prebble was a guest speaker with both iQuit and Mission2Quit programs.

She says the holistic approach used in both programs helped people like Kerry to make big changes in her life.

“At first I could see that some participants were resistant. But with time, and with gentle support and encouragement, I could see people making that transformation,” says Penny, Clinical Nurse Consultant with the Smoking Cessation Program of the Department of Health's Alcohol and Drug Service.

Penny says encouragement and support from fellow participants was a key factor in helping participants to achieve their goals. As Kerry says: “The group setting was really great to provide the extra support we needed. We celebrated our successes and coped with the challenges together.”

## Action Area 3: What next?

- » Recommend expanding the carbon monoxide monitoring and cessation support to antenatal care services across Tasmania to ensure more pregnant women who smoke are identified and provided with support to quit.
- » Trial a carbon monoxide opt-out referral project for people with mental ill-health.
- » Continue to enhance the role of community service organisations in supporting smoking cessation.
- » Develop and implement targeted initiatives to support young pregnant women and girls aged under 20 to be smoke free.
- » Continue to review and update the content of the Smoke Free Generation website.
- » Continue to recognise Aboriginal community control and empowerment as a key factor in successful tobacco control.

## 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.

### Key actions completed

- » Established the Tobacco Action Evaluation Working Group.
- » Developed and implemented the *Tasmanian Tobacco Action Evaluation Plan 2017–2021*.
- » Completed the *Tasmanian Tobacco Control Plan Progress Report 2019*.

- » Started collection of volume sales data, with Department of Health Tobacco Control Officers supporting retailers with data collection methods.
- » Participated in a new translation research group, the Tasmanian Public Health Research and Action Coalition, supporting stronger connections between the Department of Health and the Menzies Institute of Medical Research at the University of Tasmania. One of the research focus areas is Tobacco Control.

## 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 that progress to reduce tobacco use in Tasmania could be measured over the four years of the Tobacco Control Plan and to inform the 2019 and 2021 progress reports.

For the first time, the *Tasmanian Tobacco Control Plan Progress Report 2019* collated data on smoking prevalence and tobacco control action in Tasmania, and provided recommendations on where efforts should be focused for the remainder of the Tobacco Control Plan.

In July 2021, after an amendment to the Public Health Act in 2017, information collection started from tobacco retailers on the number of products sold, including by product and brand type, and any new products.

This will provide data on the volume of products sold in different local government areas around Tasmania to inform where to target action locally.

A question regarding mental health was added to the 2019 Tasmanian Population Health Survey to determine the prevalence of smoking among people with mental ill-health. This has shown the strong link between smoking and mental ill-health, regardless of socio-economic status, and sets a benchmark to measure the impact of targeted tobacco action in this space.

Evaluations of small-scale pilot projects have been undertaken to assess their suitability for further investment or scale-up.

Evaluations of Quit Tasmania's work are conducted regularly, including evaluations of the Quitline service (2014, 2018) and annual evaluations of the Quit Social Marketing Program. A more detailed evaluation of the Quit Social Marketing Program is underway.

## 4.2 New research and partnerships

**New research projects and 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*, University of Tasmania (2021), focus groups to determine young Tasmanians' awareness and use of e-cigarettes.
- » *Youth Smoking Prevention*, Menzies Institute for Medical Research (2019 onwards), funded by the Minderoo Foundation, to determine attitudes and beliefs of young people, stakeholders and government, non-government and industry sectors about the legal age of tobacco purchase.
- » *Campaign Development Exploratory Research*, Cancer Council Tasmania (2018), to inform future campaign activity by gaining a better understanding from Tasmanian smokers and people who have recently quit of what they respond to, why they are not quitting, and the support they need.
- » *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 young Tasmanians' uptake of smoking.
- » *Antenatal Carbon Monoxide Opt-out Referral Pilot* (2018–19), to determine if the use of carbon monoxide monitoring of 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 (such as licensing, tax and regulation) to determine associations between tobacco availability and smoking behaviour.
- » *559 Lives*, Cancer Council Tasmania (2019–2021), to evaluate the impact of providing free NRT via the Tasmanian Quitline to people from priority population groups.

## CASE STUDY

# What turns experimentation into addiction? Young people have their say

**At 16, Jordan Peel has never smoked –but he had plenty of friends who do.**

The high school student, who lives in Clarence, believes family and friends have a big part to play in young people's journey towards becoming a regular smoker.

"The people you associate with do have a massive impact on the decisions you take," Jordan says.

"A lot of my friends are athletes and do lots of sport and community work, so they don't have that much free time. But the people I know who do smoke don't do much outside school. They give in to peer pressure and make that one bad decision."

“

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**A lot of my friends are athletes and do lots of sport and community work, so they don't have that much free time. But the people I know who do smoke don't do much outside school. They give in to peer pressure and make that one bad decision."**

— Jordan Peel, high school student

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Research conducted by the Menzies Institute for Medical Research at the University of Tasmania has provided startling insights into young people's smoking habits and why some become regular smokers while others do not. Researchers Dr Seana Gall and Dr Suzie Waddingham undertook quantitative and qualitative research to understand the views of young people, including those who are disengaged with mainstream schooling. They discovered that access to cigarettes is relatively easy for many children in Tasmania.

Despite the high price of tobacco, children obtain cigarettes from their parents, often without their knowledge, or first access cigarettes from peers who are close in age. Suzie says some on-sell single cigarettes to cover their costs, or pool money to buy a pouch of tobacco.

"We heard of young people collecting butts and creating their own pouch of tobacco, and of strangers being approached to buy cigarettes for kids and keeping a couple as payment," she says.

The research found that those who go on to smoke regularly often live with trauma or anxiety, are more likely to be disengaged from school, and have created reliable supply chains for their cigarettes.



Researcher Dr Seana Gall says that multifaceted approaches are required to prevent uptake of smoking by young people.

Seana says the interviews showed one of the most important influences in young people's trajectory to addiction is smoking among family members and their community. It was very common for children to have both parents smoking, plus many of their friends.

"Kids are getting cigarettes initially from their friends and parents, they are quite available. It makes it easier to experiment and it quickly escalates. Before kids know it, they are addicted," she says.

“

**We heard of young people collecting butts and creating their own pouch of tobacco, and of strangers being approached to buy cigarettes for kids and keeping a couple as payment.”**

— Dr Suzie Waddingham,  
University of Tasmania

“

**Kids are getting cigarettes initially from their friends and parents, they are quite available. It makes it easier to experiment and it quickly escalates. Before kids know it, they are addicted.”**

— Dr Seana Gall, University of Tasmania

The young people interviewed wanted more education programs in schools to discourage children from experimenting with smoking. But the research has indicated that just information about the adverse effects of smoking in one-off talks may not be enough.

While young people may understand the harmful effects of smoking, many do not relate these to their own situation at a young age, but see these harms as problems that might happen when you get older. The researchers say the uptake and continuation of smoking is driven by a host of complex social, biological, environmental and even genetic influences.

“All of these layers must be addressed in a multi-faceted approach to prevent or delay uptake of smoking among children. Strategies to reduce smoking uptake need to be multi-layered and part of a comprehensive program that starts in early primary school and continues throughout high school and beyond,” Suzie says.

## 4.3 Research and evaluation

### Partnerships between the Department of Health and the Menzies Institute of Medical Research are strengthening.

The Tasmanian Public Health Research and Action Coalition (TasPHRAC) was established to bring together researchers and policy makers from the University of Tasmania and Public Health Services. The current focus is across the risk factor areas of tobacco, nutrition, physical activity and air quality.

TasPHRAC has improved opportunities for collaboration, translating research into policy and evaluation.

Formalising this partnership will allow for greater collaboration and prioritisation of research needs within the Tasmania context.

## 4.4 Survey sampling

### With no change to survey sampling sizes in Tasmania, data regarding certain population groups cannot be used with confidence due to the small number of people surveyed.

There have been efforts to increase information available on smoking prevalence in Tasmania, particularly in relation to priority populations.

The inclusion of a question around mental health in the Tasmanian Population Health Survey in 2019 has allowed data around smoking and mental ill-health to be collected for the first time in Tasmania.

Recent and comparable data on smoking by Aboriginal people in Tasmania over time remains a challenge. The Tasmanian Population Health Survey does not reach enough Aboriginal people for the data to provide an accurate representation of smoking prevalence within the Tasmania Aboriginal community.

Both the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) and the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) have adequate sample sizes, but there are long and sometimes inconsistent time frames between surveys. Surveys inconsistently report on smoking prevalence among people over 15 years or people over 18 years.

The Department of Health has recently purchased data from Roy Morgan on smoking prevalence in Tasmania between 2009 to 2019. These data will inform the Tobacco Retail Regulation Project and support a better understanding of the link between smoking prevalence and availability of tobacco.

The Roy Morgan Survey collects data each fortnight on the use of roll-your-own and factory-made cigarettes. These data may also provide large enough sample sizes to understand more about smoking in priority populations. The data have the potential to be analysed by age, gender, location, Aboriginality and other characteristics to guide where tobacco action should be targeted.

## Action Area 4: What next?

- » Include a question on e-cigarette use in the next Tasmanian Population Health Survey.
- » Monitor volume sales by tobacco retailers.
- » Further strengthen the partnership between the Department of Health and Menzies Institute of Medical Research at the University of Tasmania as part of the TasPHRAC.
- » Continue to build on the evidence base focusing on both supply and cessation.
- » Continue advocacy for sustainable and adequate sampling for Tasmania in relevant population surveys, particularly Aboriginal people.

# 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 by telephone. It provides data on general smoking prevalence, age, gender, region, Aboriginality, psychological distress, income, exposure to environmental tobacco smoke and quitting.

## Australian Secondary Students' Alcohol and Drug (ASSAD) survey

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 e-cigarettes.

## National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) and National Aboriginal and Torres Strait Islander Social Survey (NATSISS)

These two survey are conducted exclusively with Aboriginal people to collect information on health and social indicators, including smoking prevalence. They are undertaken by the Australian Bureau of Statistics approximately every six years.

## Tasmanian Health Service (THS) Smoking Cessation Program

Data collected by the THS Statewide Smoking Cessation Program includes annual audits on brief intervention practices within THS hospitals and program referrals.

## National Drug Strategy Household Survey (NDSHS)

The NDSHS is conducted every two to three years, and collects information on alcohol and tobacco consumption, and illicit drug use among the general population in Australia. It also surveys people's attitudes and perceptions relating to tobacco, alcohol and other drug use.

## Tasmanian Perinatal Database

Self-reported information on smoking status is obtained at each antenatal visit during the first 20 weeks and the last 20 weeks of pregnancy for all births reported in Tasmania. These data are provided to the Perinatal Data Collection annually.

## Quit Social Marketing Program

This is conducted online every two months with adults who smoke and those who have recently quit. 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 provides information on contacts to the Quitline by age, gender and region, as well as quitting option used such as telephone counsellor, self-help material, pharmacotherapy, online support and referrals.

## Department of Health Smoking Product Licensing

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





Department of Health  
GPO Box 125, Hobart 7001 Tasmania  
[www.health.tas.gov.au](http://www.health.tas.gov.au)