Tobacco

Strategy 2019–2023

Our 10-year goal

While the proportion of Victorians who smoke is declining, the tobacco industry is continually evolving its products to make them more appealing, and in some instances more affordable, thereby threatening to stall the progress made over the past 30 years.

Preventing uptake, promoting and supporting cessation, and reducing people's exposure to second-hand tobacco smoke are the key pillars to reducing harm from tobacco in Victoria.

Preventing tobacco use has been foundational work for VicHealth, and in 2013 we committed to a 10-year goal that 400,000 more Victorians would be tobacco-free by 2023.

Our progress so far

Over the past six years, we have supported Quit Victoria to deliver programs and campaigns across the Victorian population to reduce smoking, with a focus on:

- public education campaigns using mass and digital media

- cessation support delivered by the Quitline and online

- policy and regulatory change

- promoting cessation in health, community and social settings.

We have also funded research exploring the effectiveness of cessation support for disadvantaged groups and in partnership with the Royal Australian College of General Practitioners, supported health professionals to offer evidence-based support to people who smoke.

2019–2023

Over the next four years, we will aim to further reduce tobacco use, with a focus on:

- preventing uptake among young people

- supporting people to quit, particularly those from disadvantaged groups

- reducing the appeal of tobacco products.

VicHealth®

In 2013, VicHealth released its Action Agenda for Health Promotion, which set our strategic direction for the 10 years to 2023. Preventing tobacco use was one of the five strategic imperatives identified for action to improve the health of all Victorians, with a 10-year goal that 400,000 more Victorians would be tobacco-free by 2023.

In the last six years, we have supported Quit Victoria to deliver whole-of-population programs and campaigns to reduce smoking, with a focus on:

• public education campaigns using mass and digital media

• cessation support delivered by the Quitline and online

• policy and regulatory change

• promoting cessation in health, community and social settings.

We have also funded research exploring the effectiveness of cessation support for vulnerable groups, and partnered with the Royal Australian College of General Practitioners to support health professionals to provide evidence-based cessation support to people who smoke.

More information about our work on tobacco use from 2013 to 2019 can be found on our website.

What we aim to achieve

VicHealth's Action Agenda 2019–2023 reaffirms the 10-year goal that 400,000 more Victorians would be tobacco free by 2023. Over the next four years, we will work with partner organisations, including Quit Victoria and the Department of Health and Human Services, with a focus on:

- **preventing uptake among young people**

- **supporting people to quit, particularly those from disadvantaged groups**

- **reducing the appeal of tobacco products.**

Despite reductions in tobacco smoking over the past few decades, tobacco remains one of the leading preventable causes of disease and premature death for Australians (Winstanley & Greenhalgh 2015).

Both smoking and the negative health impacts it causes are unevenly distributed across Victoria. The least advantaged members of our community are significantly more likely to smoke, and are more likely to experience disease as a result (Ciapponi 2011; NPHT 2009). They are also likely to smoke for longer and find it harder to quit (Hiscock et al. 2011; Siahpush et al. 2005).

Reducing the disparity in smoking rates and disease is a priority for VicHealth. Over the next four years, we will work to ensure that:

- tobacco control initiatives that aim to reduce the prevalence of smoking among all Victorians have the greatest possible impact on disadvantaged groups

- smoking cessation services are tailored to meet the needs of the groups that need them most

- our policies and program investments do not exacerbate existing inequities in smoking and health outcomes.

Preventing uptake among young people

What will success look like?

Continued low rates of smoking among young people.

Government action to restrict tobacco product changes that increase their appeal to young people.

Over the past 20 years, smoking rates in Australia have halved (Greenhalgh et al. 2019a), mainly driven by significant declines in smoking uptake by teenagers. As most people who smoke start during their teenage years, preventing the uptake of smoking among young people is crucial to driving further reductions in tobacco use (Greenhalgh et al. 2019b). Recent industry tactics threaten to stall this progress through predatory marketing and the introduction of products that are designed to be more appealing to young people.

To prevent young people from smoking, we will:

- continue to monitor tobacco and related products to ensure they are not designed to appeal to young people
- support, through Quit Victoria, the delivery of public education campaigns about the negative health impacts of smoking to increase quitting behaviour and to discourage the uptake of smoking among young people.

Supporting people to quit, particularly those from disadvantaged groups

What will success look like?

Further positive impacts of Quit Victoria programs, evidence of new and stronger collaborations and increased adoption of evidence-based practices in health service settings.

A key challenge in reducing tobacco use across the population is supporting people who currently smoke to quit and to remain tobacco-free. While some people can quit on their own, many others require support to do so. This is particularly true for disadvantaged Victorians who are not only more likely to smoke, but also likely to find it more difficult to quit (Greenhalgh et al. 2015; Hiscock et al. 2011).

We have supported Quit Victoria to work with community and health organisations to increase the promotion of smoking cessation to key population groups. We have also invested in research to explore the effectiveness of cessation support among drug and alcohol treatment clients.

Drawing on this work, we will support Victorians who smoke to quit by:

- continuing to provide substantial funding for the Quit Victoria program and explore opportunities for greater collaboration between different organisations and communities to contribute to smoking cessation
- engaging in coordinated effort and action to integrate evidence-based smoking cessation support in health service settings.

Reducing the appeal of tobacco products

What will success look like?

Further reform of regulations to limit the appeal of tobacco products.

Australia's world-first plain-packaging legislation sought to reduce the appeal and the capacity of packaging of tobacco products to suggest reduced harm, by mandating a standardised colour and shape for all tobacco products and the inclusion of prominent graphic health warnings. The evidence shows that the legislation was effective and led to an increase in quit attempts among people who smoke (Greenhalgh & Scollo 2018; McNeill et al. 2017; White et al. 2015).

However, the tobacco industry continues to create new ways to differentiate and market its products to make them more palatable and appealing through product design (for instance, flavour capsules), brand variant names and pricing strategies that undermine the intent of plain packaging and other tobacco control legislation (Bayly et al. 2016).

We will reduce the appeal of tobacco products by:

- continuing to advocate for national reform on tobacco products, including pricing and further regulation of product packaging and contents
- working with government and other stakeholders, including Quit Victoria, to identify and close loopholes in tobacco advertising and promote legislation.

Supporting Evidence

Tobacco is a leading cause of cancer, cardiovascular and respiratory disease and illness (AIHW 2016). Up to two-thirds of Victorians who smoke will die prematurely if they continue to smoke long term (Quit 2019). This loss is widely felt, with more than 4400 Victorian families each year losing a loved one to an early death caused by smoking (Quit 2019).

Smoking rates among Victorians aged 18 years and over have more than halved over the past two decades, falling from 24.3 per cent in 1998 (AIHW 2018) to 10.7 per cent in 2018 (Hayes & Bain 2019). Declines in smoking over the longer term have been attributed to investment in public education, legislative changes such as banning advertising and promotion, the introduction of smoke-free spaces and tax increases (Greenhalgh et al. 2019a).

Although declines in smoking have been significant, challenges remain in reducing the burden of disease from tobacco. Of the total burden of disease and injury in Victoria in 2015, almost 9 per cent was attributable to tobacco use (VicHealth 2019).

Both smoking and tobacco-related illnesses are distributed unevenly across population groups. Not only are disadvantaged Victorians about twice as likely to smoke, they are also likely to smoke for longer and find it harder to quit (Hiscock et al. 2009; Hiscock et al. 2011; Siahpush et al. 2005; Siahpush et al. 2009). People who are unemployed, have lower education levels, are Health Care Card holders, are sole parents, have a mental health issue, have a substance use problem, are in prison, are experiencing homelessness or are Aboriginal or Torres Strait Islanders peoples typically have a higher prevalence of smoking (ANPHA 2013; Hayes et al. 2017).

While whole-of-population approaches are likely to drive the greatest overall reductions in the prevalence of smoking, priority must be given to those population groups most likely to smoke and experience harm as a result. This includes ensuring that public education initiatives are based on evidence that messaging will be effective for all population groups, and tailoring cessation services and support to the needs of people who find it hardest to quit.

The other factor contributing to uptake and continued use of tobacco products is their appeal and promotion, particularly to young people. Despite the success of plain packaging, tobacco companies continue to use their packets to appeal to consumers and differentiate their products via brand variant names (Scollo et al. 2018). Similarly, the uptake of cigarettes with flavoured capsules in their filters has been particularly pronounced among young smokers (Scollo et al. 2018). And tobacco companies that manufacture roll-your-own tobacco have introduced package sizes that effectively undermine taxation strategies to make smoking less affordable (Bayly et al. 2018; Scollo et al. 2018).

References

AIHW (Australian Institute of Health and Welfare) 2016, *Australia's health 2016*, Australian Institute of Health and Welfare, Canberra, ‹https://www.aihw.gov.au/reports/australias-health/australias-health-2016/contents/ill-health›.

AIHW (Australian Institute of Health and Welfare) 2018, *National Drug Strategy Household Survey 2016: Detailed findings: State and territory tables*, Australian Institute of Health and Welfare, Canberra, ‹https://www.aihw.gov.au/reports/illicit-use-of-drugs/2016-ndshs-detailed/contents/table-of-contents›.

ANPHA (Australian National Preventive Health Agency) 2013, *Smoking and disadvantage: Evidence brief*, Australian National Preventive Health Agency, Canberra ‹http://www.health.gov.au/internet/publications/publishing.nsf/Content/smoking-disadvantage-evidence-brief/$FILE/Screen%20res-Smoking&Disad_ev%20brief.pdf›.

Bayly, M, Freeman, B & Scollo, M 2016 (updated 2017), '10.8 Trends in products and packaging', in M Scollo & M Winstanley (eds), *Tobacco in Australia: Facts and issues*, Cancer Council Victoria, Melbourne, ‹http://www.tobaccoinaustralia.org.au/chapter-10-tobacco-industry/10-8-trends-in-products-and-packaging›.

Bayly, M, Scollo, M & Wakefield, M 2018, 'Who uses rollies? Trends in product offerings, price and use of roll-your-own tobacco in Australia', *Tobacco Control*, vol. 28, no. 3, pp. 317–24.

Ciapponi, A 2011, *Systematic review of the link between tobacco and poverty*, World Health Organization, Geneva, ‹https://www.who.int/tobacco/publications/economics/syst_rev_tobacco_poverty/en/›.

Greenhalgh, E, Bayly, M & Winstanley, M 2015 (updated 2017), '1.7 Trends in the prevalence of smoking by socio-economic status', in M Scollo & M Winstanley (eds), *Tobacco in Australia: Facts and issues*, Cancer Council Victoria, Melbourne, viewed 11 June 2019 ‹https://www.tobaccoinaustralia.org.au/chapter-1-prevalence/1-7-trends-in-the-prevalence-of-smoking-by-socioec›.

Greenhalgh, E, Bayly, M & Winstanley, M 2019a, '1.3 Prevalence of smoking – adults', in M Scollo & M Winstanley (eds), *Tobacco in Australia: Facts and issues*, Cancer Council Victoria, Melbourne, viewed 14 March 2019 ‹http://www.tobaccoinaustralia.org.au/chapter-1-prevalence/1-3-prevalence-of-smoking-adults›.

Greenhalgh, E, Bayly, M & Winstanley, M 2019b '1.6 Prevalence of smoking – teenagers', in M Scollo & M Winstanley (eds), *Tobacco in Australia: Facts and issues*, Cancer Council Victoria, Melbourne, viewed 14 March 2019 ‹http://www.tobaccoinaustralia.org.au/chapter-1-prevalence/1-6-prevalence-of-smoking-teenagers›.

Greenhalgh, E & Scollo, M 2018, 'InDepth 11A.9 Real-world research on the effects of plain packaging', in M Scollo & M Winstanley (eds), *Tobacco in Australia: Facts and issues*, Cancer Council Victoria, Melbourne, viewed 11 June 2019 ‹http://www.tobaccoinaustralia.org.au/chapter-11-advertising/11a-9-real-world-research-on-the-effects-of-plain-›.

Hayes, L & Bain, E 2019, *Research brief: Smoking prevalence among Victorian adults, 2015–18: First results from the 2018 Victorian Smoking and Health Survey*, Cancer Council Victoria, Melbourne.

Hayes, L, Durkin, S & Wakefield, M 2017, *Smoking prevalence and consumption in Victoria: Key findings from the Victorian Smoking and Health population surveys, CBRC report*, prepared for Quit Victoria Centre for Behavioural Research in Cancer, Cancer Council Victoria, Melbourne.

Hiscock, R, Bauld, L, Amos, A, Fidler, J & Munafò, M 2011, 'Socioeconomic status and smoking: A review', *Annals of the New York Academy of Sciences*, vol. 1248, no. 1, pp. 107–23.

Hiscock, R, Dobbie, F & Bauld, L 2009, 'Smoking cessation and socioeconomic status: An update of existing evidence from a national evaluation of English stop smoking services', *BioMed Research International*, vol. 2015, article ID 274056, doi: 10.1155/2015/274056.

McNeill, A, Gravely, S, Hitchman, S, Bauld, L, Hammond, D & Hartmann-Boyce, J 2017, 'Tobacco packaging design for reducing tobacco use', *Cochrane Database of Systematic Reviews*, vol. 3, no. 4, art. no. CD011244, doi: 10.1002/14651858. CD011244.pub2.

NPHT (National Preventative Health Taskforce) 2009, *Australia: The healthiest country by 2020. Technical Report 2. Tobacco control in Australia: Making smoking history, including addendum for October 2008 to June 2009*, Commonwealth of Australia, Canberra.

Quit 2019, *Target 2025: Countdown to a tobacco-free Victoria*, viewed 14 May 2019 <https://www.quit.org.au/resources/policy-advocacy/advocacy/target-2025/>.

Scollo, M, Bayly, M, White, S, Lindorff, K & Wakefield, M 2018, 'Tobacco product developments in the Australian market in the 4 years following plain packaging', *Tobacco Control*, vol. 27, no. 5, pp. 580–4.

Siahpush, M, Heller, G & Singh, G 2005, 'Lower levels of occupation, income and education are strongly associated with a longer smoking duration: Multivariate results from the 2001 Australian National Drug Strategy Survey', *Public Health*, vol. 119, no. 12, pp. 1105–10.

Siahpush, M, Yong, H, Borland, R, Reid, J & Hammond, J 2009, 'Smokers with financial stress are more likely to want to quit but less likely to try or succeed: Findings from the International Tobacco Control (ITC) Four Country Survey', *Addiction*, vol. 104, no. 8, pp. 1382–90.

VicHealth 2019, *Burden and potential burden of risk factors in Victoria: Key findings from an AIHW analysis of the Australian Burden of Disease Study 2015*, Victorian Health Promotion Foundation, Melbourne.

White, V, Williams, T & Wakefield, M 2015, 'Has the introduction of plain packaging with larger graphic health warnings changed adolescents' perceptions of cigarette packs and brands?', *Tobacco Control*, vol. 24, suppl. 2, pp. 42–9.

Winstanley, M & Greenhalgh, E 2015, '3.0 Introduction', in M Scollo & M Winstanley (eds), *Tobacco in Australia: Facts and issues*, Cancer Council Victoria, Melbourne, <http://www.tobaccoinaustralia.org.au/chapter-3-health-effects/3-0-background>.

VicHealth

VICTORIA
State
Government