

Reducing tobacco use

Local government action guide no. 8

Promoting health and preventing illness in the community



Local governments play a major role in supporting the objectives of the *Public Health and Wellbeing Act 2008* by protecting, improving and promoting public health within their municipality. By integrating action across the social, cultural, built, economic and natural environments, council policies and practices can make major contributions to economic prosperity, community cohesion and population health outcomes.^{1,2}

Councils play an essential role in protecting the health of the community through actions such as the enforcement of the *Tobacco Act 1987*, promotion of smokefree outdoor areas and provision of bins to reduce cigarette butt litter. They can also implement strategies to denormalise smoking, help smokers smoke less and prevent uptake by young people by enforcing laws on tobacco sales.

This guide is one of ten outlining a range of evidence-informed actions that councils may consider when preparing their Municipal Public Health and Wellbeing Plans and other strategies. The proposed strategies are consistent with national and state health promotion priorities and prevention frameworks, including *The Victorian public health and wellbeing plan 2011–2015*.

Why is reducing tobacco use a public health and wellbeing priority?

- Even though the smoking rate has dropped in Victoria, smoking remains the leading preventable cause of many cancers and respiratory, cardiovascular and other diseases.³
- In Victoria, smoking costs approximately 4,000 lives and \$5 billion each year.⁴
- Exposure to second-hand smoke increases the risk of chronic and fatal health conditions, including cardiovascular disease, heart disease and lung cancer.⁵
- Children, infants and unborn babies are particularly vulnerable to second-hand smoke, and associated health risks include sudden infant death syndrome (SIDS), lower birth weight, and lung and respiratory infections.⁶

Smoking rates remain disproportionately high in many of our communities. Some populations such as homeless people, people with mental illness and Aboriginal people all have higher rates of tobacco smoking than the general population.⁷

A sample council strategy to reduce tobacco use

Strategic goal

Council is committed to reducing the prevalence of smoking and its associated health, social and economic costs by:

- reducing exposure to second-hand smoke and smoking behaviours
- supporting programs that prevent the uptake of smoking
- encouraging and supporting smokers to quit.

Objectives and actions

Ensure the enforcement of regulations in accordance with the Tobacco Act 1987

- Enforce legislation about cigarette sales to minors, point-of-sale advertising and smokefree venues.
- Participate in the Department of Health's Tobacco Education and Enforcement Program.
- Participate in the Department of Health's Cigarette Sales to Minors Program.
- Communicate the laws on promotion of tobacco products and sale of tobacco products at underage music or dance events.
- Review and monitor any council local laws relating to the banning of smoking in outdoor areas.

Promote smokefree environments

- Trial smokefree policies in outdoor public areas.⁸
- Work with local businesses and other community groups on becoming smokefree.
- Consult with local traders and venues to mitigate the impact of smoking bans on businesses and community participation.

Support national and state anti-smoking campaigns

- Support and encourage smoking cessation services within the municipality.
- Support and encourage council staff to quit smoking.
- Work with local social and health services to identify and target at-risk populations.
- Inform the community about the negative effects of smoking and second-hand smoke exposure through council publications and local media.

References

- 1 Blane, D, Brunner, E & Wilkinson, R, 1996, *Health and social organisation: Towards a health policy for the 21st century*, Routledge, London, p. 12.
- 2 Wilkinson, R & Marmot, M, 2003, *Social determinants of health: The solid facts* (2nd edn), www.euro.who.int/en/what-we-publish/abstracts/social-determinants-of-health.-the-solid-facts
- 3 Collins, DJ & Lapsley, HM, 2006, *Counting the costs of tobacco and the benefits of reducing smoking prevalence in Victoria*, report prepared for the Victorian Department of Human Services, DHS, Melbourne.
- 4 Cancer Council Victoria, 2005, *The tobacco tragedy: Deaths caused by smoking in Victoria 1999-2002*, Cancer Council Victoria, Melbourne.
- 5 US Department of Health and Human Services, 2010, *How tobacco smoke causes disease: The biology and behavioral basis for smoking-attributable disease: A report of the Surgeon General*, US Department of Health and Human Services, Atlanta.
- 6 US Department of Health and Human Services, 2006, *The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General*, US Department of Health and Human Services, Atlanta.
- 7 Victorian Government Department of Human Services 2008, *Victorian tobacco control strategy 2008-2013*, Department of Human Services, Melbourne.
- 8 Examples are contained in the *Smoke-free policies in outdoor areas* resource kit prepared for Victorian local governments by the Heart Foundation and Quit Victoria.