Preventing tobacco use
Local government action guide

Councils can influence the quality and distribution of conditions needed for good health, that is, the natural, built and social environments in which we live, learn, work and play.[1] They have a major role in supporting the objectives of the *Victorian Public Health and Wellbeing Act 2008* by protecting, improving and promoting public health.[2]

Although major tobacco control policies are typically the responsibility of the state and federal governments, councils can also have an impact on their residents' risk of harm from tobacco by coordinating work across areas such as:

- introducing and supporting workplace health promotion programs that address smoking
- expanding smoke-free areas to provide protection from second-hand tobacco smoke and contribute to the continued denormalisation of smoking
- monitoring compliance with and enforcing breaches of the *Tobacco Act 1987* (Vic).

This guide is one of six providing evidence-informed actions that local governments can consider when preparing their Municipal Public Health and Wellbeing Plan and other local strategies. The proposed strategies are consistent with state health promotion priorities and prevention frameworks including the *Victorian Public Health and Wellbeing Plan 2015–2019* (the Plan).[3]

The Plan builds on a 'systems thinking' perspective that recognises the complexity of health issues and the underlying causes of poor health and wellbeing. It also identifies place-based approaches as a key platform for change, recognising that the places where people spend their time – communities, schools, workplaces, sporting clubs and more – play an important role in shaping their health and wellbeing. The aim is to maximise value by leveraging multiple networks, investments and activities to deliver outcomes for communities.

Links to other guides and further resources and available at www.vichealth.vic.gov.au/localgovernmentguides.

Links to the Victorian Population Health Survey 2014 findings are available at www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2014.

For more detailed information on your area go to www.exploreyourdata.com.au.

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Why is preventing harm from tobacco a public health and wellbeing priority?

- One in 10 (9.8%) Victorian adults still smoke on a daily basis.[4] While this is a decline from 1986 when smoking prevalence in Victoria was 31%,[5] further efforts in smoking cessation are clearly still required.

- In Victoria, smoking costs approximately 4000 lives and $2.4 billion each year in direct health care costs and lost productivity.[6]

- 9% of Australia's burden of disease is due to smoking (Australian Institute of Health and Welfare, 2016).[7]

- Two out of three smokers, equivalent to about 1.8 million current Australian smokers, will die prematurely because of their smoking.[8]

- Smoking remains high in groups such as sole parents, Aboriginal and Torres Strait Islander peoples, people with mental health disorders, people who are homeless, and people with substance use disorders.[9]

- Heart disease is the leading single cause of death in Victoria[10] and is responsible for thousands of hospital admissions each year. Smoking is a major risk factor for cardiovascular disease.[11]

- Tobacco smoking is the biggest risk factor for preventable cancer. Around one in eight cancer cases[12] and one in five cancer deaths[13] are caused by smoking.

- There is evidence that socioeconomic disadvantage is associated with a higher smoking prevalence.[14]

Understanding equity

Health equity is the notion that everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential if it can be avoided.

Inequities are the observed differences between population groups (e.g. a subpopulation group and the Victorian population) that stem from socioeconomic, political and cultural drivers of social position.

Equitable approaches are those aimed at closing the gap in outcomes for different population groups. This may mean providing additional support for people experiencing disadvantage in order to achieve equal outcomes.

Strategies to prevent tobacco use

Strategic goal

Council is committed to supporting people to quit smoking and live tobacco-free.

Objectives and actions

Implement workplace health promotion programs that address smoking

Workplace health promotion programs can improve health risk factors[15] and can be implemented to support smoking cessation in workplaces. Councils may use the workplace setting to support cessation by:

- introducing and supporting workplace health promotion programs that address smoking

- introducing and actively participating in the Achievement Program[16] in all council-owned and funded services, and implementing the required organisational and environmental changes to achieve the smoking benchmarks

- providing support to other workplaces and education settings within the local government area to participate in the Achievement Program and actively supporting these organisations to achieve the smoking benchmarks.

Expand smoke-free areas and denormalise smoking

Exposure to second-hand smoke is known to increase the risk of serious health outcomes for both adults and young children,[17] and reducing and implementing smoke-free areas will provide protection from the harmful effects of second-hand smoke. To reduce exposure to second-hand smoke and denormalise smoking, councils can extend smoke-free public areas beyond existing state-based smoke-free areas to include:

- sporting grounds at all times (not just during junior sports times)

- open shopping malls and shopping strips

- council-organised or funded events.

Enforce regulations in accordance with the *Tobacco Act 1987*

Councils have the power to enforce the *Tobacco Act 1987* (the Act) and are funded by the Victorian Government under the statewide Education and Enforcement Program to educate the community and businesses about the Act, respond to complaints in relation to the Act, and monitor compliance with the Act. Some councils also participate in the Cigarette Sales to Minors Program and conduct test purchases with young people to identify tobacco retailers breaching the Act by selling tobacco to people under the age of 18 years.

Research indicates that active enforcement can lead to large decreases in the number of outlets selling to young people.[18] Councils who currently do not participate in the Cigarette Sales to Minors Program are encouraged to participate.

Address inequities in smoking

There are still marginalised groups within the population that have extremely high rates of smoking – as high as 85% for people with substance use disorders[19] (compared to the Victorian average of 9.8%). This disparity reflects the fact that although sustained and innovative tobacco control programs have been effective at decreasing rates of smoking as a whole, there is a need for targeted approaches to address the requirements of vulnerable, high-risk populations. VicHealth's *About Fair Foundations and promoting health equity* resource provides further information about how this can be achieved – www.vichealth.vic.gov.au/fairfoundations.

Councils can address inequities in smoking by:

- identifying groups that experience the most harm from tobacco, and ensuring council resources, policies and programs prioritise the inclusion of these groups[20,21]
- setting explicit goals and objectives in relation to reducing inequities in tobacco-related harm
- evaluating impacts and outcomes of local policies and programs for different social groups.

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