



**VicHealth
Tobacco Strategy**

2016-19





The VicHealth Tobacco Strategy will enable the delivery of the strategic imperative of

PREVENTING

TOBACCO USE

Introduction

VicHealth has been committed to reducing harms from tobacco since it was established in 1987, primarily through funding Quit Victoria (led by Cancer Council Victoria (CCV)). This investment in tobacco control has enabled Quit Victoria to deliver a comprehensive and integrated approach aimed at reducing the harms from tobacco. Since 2002, VicHealth has invested over \$50 million in Quit Victoria.

In 2013, the *VicHealth Action Agenda for Health Promotion* was released, providing the organisational strategic direction for the next 10 years (2013–2023). Preventing tobacco use is one of five areas identified in our strategic plan to improve the health and wellbeing of Victorians.

In the first three years of the Action Agenda, VicHealth continued to support Quit Victoria, and also explored opportunities to further reduce harms from tobacco for people who are unwilling or unable to quit smoking. VicHealth hosted a forum to examine the role of tobacco harm reduction in the tobacco endgame, and funded research to investigate tobacco harm reduction interventions. Our work in tobacco going forward will also aim to reduce inequities in tobacco-related harm.

A refreshed Action Agenda in 2016 set out both a 10-year goal and a 3-year priority:

- **10-YEAR GOAL** – 400,000 more Victorians tobacco-free
- **THREE-YEAR PRIORITY** – 280,000 more people smokefree and quitting.

The three-year timeframe for this strategy (2016–2019) allows progress to be assessed at the three-quarter point, working towards the 10-year goal.

2016–19 PRIORITIES

OVER THE NEXT THREE YEARS,
VICHEALTH WILL:

- support Quit Victoria's delivery of impactful anti-smoking campaigns
- fund critical cessation services for smokers
- trial innovative approaches in settings and groups where smoking rates remain high.



10
YEAR

GOAL
400,000 more
Victorians
tobacco-free

3
YEAR

PRIORITY
280,000 more
people smokefree
and quitting

VicHealth's role

VicHealth is a pioneer in health promotion, with a primary focus on promoting good health and preventing chronic disease.

VicHealth plays a distinct role in preventing harm from tobacco and differentiates itself through a focus on:

- **Health equity** – VicHealth has a strong commitment to promoting fairness and opportunity for better health and ensures that health equity is reflected across all our work and has been embedded in our funding of Quit Victoria.
- **Investment** – VicHealth is one of the largest investors in tobacco control in Australia. Our investment provides almost \$4.7 million to Quit Victoria annually to deliver a comprehensive whole-of-population approach to reducing the harms from tobacco, and targeted interventions to address tobacco-related inequity.
- **Innovation** – Being an independent statutory body with bipartisan support, we have the capacity to absorb risk in ways that government may not. This allows VicHealth to back what is promising but unproven, and build evidence on cutting-edge interventions.

Why tobacco?

The risks of cancer, cardiovascular disease, respiratory disease and a range of other health problems are increased in tobacco smokers, and latest evidence suggests that two out of three long-term smokers will die from a smoking-related disease (Banks et al. 2015).

Smoking costs the Victorian community \$554 million annually in health care costs alone, and \$6.8 billion when health and social costs are combined (Collins and Lapsley 2011).

Smoking is the leading preventable health risk factor in Australia (Australian Institute of Health and Welfare 2016) and implementing a comprehensive tobacco control strategy is the single best thing that can be done for public health.

In recent years, significant steps forward have been made in tobacco control, with smoking prevalence in the general population reduced to 13 per cent of adults smoking regularly, and youth smoking rates declining to the lowest ever recorded (Department of Health and Human Services 2016a).

Despite the success in decreasing population smoking rates, the progress in reducing smoking prevalence among disadvantaged populations¹ has been markedly slower, resulting in continuing unacceptable levels of harm in this group.

¹ Disadvantaged populations include those with low incomes, low levels of education, and people experiencing severe and persistent mental illness and alcohol and other drug dependences.

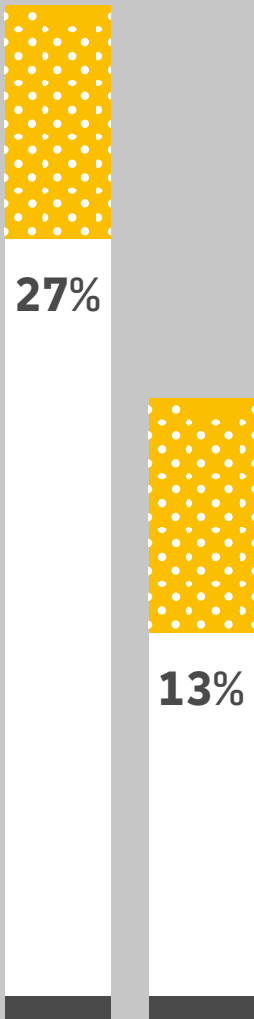
Trends in

TOBACCO-RELATED HARM

- In the past 21 years, the smoking rate in Victorian adults has more than halved from 27 per cent (Borland 1994) to 13 per cent in 2013 (Department of Health and Human Services 2016a).
- 3 per cent of 12–15 year olds smoked in the week prior to the 2014 survey down from 20 per cent in 1984 (White and Williams 2015).
- 10 per cent 16–17 year olds smoked in the week prior to the 2014 survey compared to 30 per cent in 1984 (White and Williams 2015).

DECLINING TOBACCO USE TRENDS IN VICTORIA

VICTORIAN ADULTS



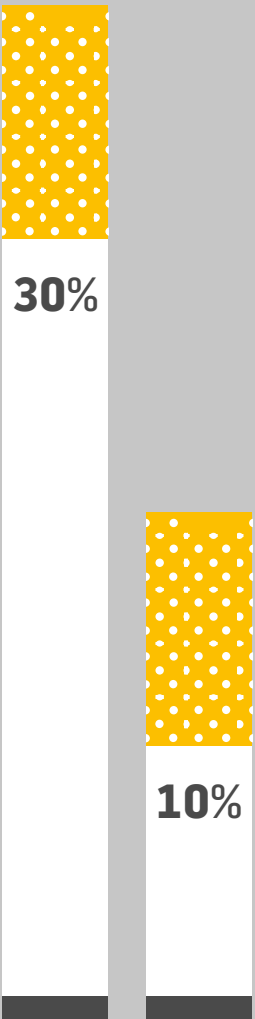
1994 2013

12-15 YEAR-OLDS



1984 2014

16-17 YEAR-OLDS



1984 2014

Smoking prevalence by population group (Australia)

(Australian National Preventive Health Agency 2013)

PEOPLE WITH SUBSTANCE USE DISORDERS

85%

YOUNG PEOPLE IN CUSTODY

79%

PEOPLE EXPERIENCING HOMELESSNESS

77%

PRISONERS

74%

PEOPLE LIVING WITH PSYCHOSIS

66%

ABORIGINAL AND TORRES STRAIGHT ISLANDER PEOPLE

48%

SOLE PARENTS

37%

PEOPLE WITH A MENTAL ILLNESS

32%

PEOPLE EXPERIENCING UNEMPLOYMENT

28%

PEOPLE IN LOW SOCIOECONOMIC GROUPS
(Bain et al. 2013)

16%

Preventing harm from tobacco: the evidence

The blueprint for tobacco control is well established and incorporates a range of strategies and approaches that prevent uptake, support cessation and protect against environmental tobacco smoke.

The World Health Organization (WHO) developed a policy package (MPOWER) to assist in the implementation of effective interventions to reduce the harm from tobacco. MPOWER's six components are:

1. Monitor tobacco use and prevention activities.
2. Protect people from tobacco smoke.
3. Offer help to quit tobacco use.
4. Warn about the dangers of tobacco.
5. Enforce bans on tobacco advertising, promotion and sponsorship.
6. Raise taxes on tobacco.

Tobacco related health inequities

While it is important to ensure that various populations have equal access to existing tobacco control policies and support services, it is even more important to understand that what is required in these populations is not always the same as what has worked for the majority of the population. To enact equity does not always mean approaches need to be equal.

The disparity in smoking prevalence between disadvantaged groups and the general population reflects the need:

- for targeted approaches to address the requirements for disadvantaged populations
- to ensure whole-of-population approaches contribute to reducing disparity and do not inadvertently contribute to the disparity.

The policy environment

The tobacco control policy environment is complex and multi-faceted with influence at international, national, state and local levels.

International policy environment

The Framework Convention on Tobacco Control (FCTC) is a global public health treaty negotiated under the auspices of the WHO. The FCTC aims to advance international cooperation to protect present and future generations from the preventable health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.

The primary obligations contained in the FCTC may be divided into two categories: those aimed at reducing the demand for tobacco products and those aimed at reducing the supply of tobacco products.

In 2005 Australia ratified the FCTC and therefore is legally bound to perform, in good faith, the full range of obligations outlined in the FCTC. Australia's obligation under the FCTC guides the national and state tobacco control policy environments.

National policy environment

The draft *National Drug Strategy 2016–2025* (Intergovernmental Committee on Drugs 2015) proposes a nationally agreed approach to reducing the harm arising from alcohol, tobacco and other drug use.

The *National Tobacco Strategy 2012–2018* (Intergovernmental Committee on Drugs 2012) is a sub-strategy of the *National Drug Strategy 2010–2015* (Ministerial Council on Drug Strategy 2011) and provides a framework to reduce tobacco-related harm in Australia. The National Tobacco Strategy identifies nine priorities areas:

1. Protect public health policy, including tobacco control policies, from tobacco industry interference.
2. Strengthen mass media campaigns to motivate smokers to quit and recent quitters to remain quit, discourage uptake of smoking and reshape social norms about smoking.
3. Continue to reduce the affordability of tobacco products.
4. Bolster and build on existing programs and partnerships to reduce smoking rates among Aboriginal and Torres Strait Islander people.
5. Strengthen efforts to reduce smoking among people in populations with a high prevalence of smoking.
6. Eliminate remaining advertising, promotion and sponsorship of tobacco products.
7. Consider further regulation of the contents, product disclosure and supply of tobacco products and alternative nicotine delivery systems.
8. Reduce exceptions to smokefree workplaces, public places and other settings.
9. Provide greater access to a range of evidence-based cessation services and supports to help smokers to quit.

Of note, in the last few years the Commonwealth Government has implemented plain packaging and increased tobacco excise, both of which have been credited with reducing smoking prevalence.

State policy environment

Although the Commonwealth Government has responsibility for tobacco control, states and territories also have certain regulatory and service-related responsibilities such as protection against second-hand smoke, aspects of advertising in retail outlets, and providing smoking cessation support.

In Victoria, the sale, supply and promotion of tobacco is regulated via the *Tobacco Act 1987*.

A raft of smokefree area reforms have been implemented in Victoria, including:

- outdoor public playgrounds (2014)
- public swimming pools, sea baths, skate parks and children's sporting events (2014)
- all areas of railway stations and raised platform tram stops (2014)
- childcare centres, kindergartens (or preschools) and primary and secondary schools (2015)
- within four metres of an entrance to children's indoor play centres, public hospitals and registered community health centres, and certain Victorian government buildings (2015)
- state prisons (2015)
- outdoor dining, food fairs and other outdoor organised events (2017).

The *Public Health and Wellbeing Act 2008* requires the Minister for Health to prepare a state public health and wellbeing plan every four years. The *Victorian public health and wellbeing plan 2015–2019* (Department of Health and Human Services 2015) outlines the government’s key priorities and focuses on encouraging healthy living from early years and throughout life. Tobacco-free living is one of the priorities areas in the plan with the following strategic directions listed:

- Continue to further reduce smoking rates with the ultimate aim of achieving a tobacco-free Victoria.
- Continue legislative and non-legislative approaches to tobacco reform, such as smoking cessation support, in order to continue the downward trend in smoking rates.
- Focus on smoking cessation support at a community level (via hospitals, GPs and community health services).
- Target smoking cessation measures for those groups with disproportionately high smoking prevalence, particularly Aboriginal people from Victoria.

The *Victorian Cancer Plan 2016–2020* (Department of Health and Human Services 2016b) acknowledges the importance of prevention in reducing the incidence rate of some cancers, and commits to reducing the incidence of cancer by:

- continuing to reduce smoking rates with the ultimate aim of achieving a tobacco-free Victoria
- protecting people from the harms of smoking through legislative and non-legislative approaches to tobacco control
- targeting smoking cessation measures for those groups with disproportionately high smoking prevalence, particularly Aboriginal people from Victoria.

The *Victorian Cancer Plan* identifies potential indicators that track and measure progress. For tobacco, the proposed indicator is the ‘proportion of Victorians who smoke tobacco, including data for people in high prevalence population groups’ (Department of Health and Human Services 2015).

Local government environment

Local councils have a role in tobacco control by having authority to enforce breaches of the Tobacco Act and the ability to implement local smokefree public area policies through the development and implementation of their respective Municipal Public Health and Wellbeing Plans.

VicHealth’s Operational Model

VicHealth’s work is built on three interconnecting pillars (Innovate–Inform–Integrate), delivered through five organisational approaches.

INNOVATE

We innovate to discover how to accelerate outcomes for health promotion.

INFORM

We inform to give individuals and organisations the best information for healthier decisions.

INTEGRATE

We integrate to help Victoria lead health promotion policy and practice.



Tobacco Strategic Approach 2016–19

VicHealth’s strategic approach in tobacco will involve a program investment spread across four focus areas.

3

YEAR

3-YEAR PRIORITY

PRIORITY

280,000 more people smokefree and quitting

HEALTH EQUITY

Reduce inequities in smoking and quitting through the inclusion of targeted strategies for those with greatest disadvantage or need

FOCUS AREA 1

INFORM

Increase smoking cessation rates and reduce smoking uptake through social marketing campaigns

VicHealth will support social marketing campaigns as part of a comprehensive tobacco control strategy, and therefore will provide funding to Cancer Council Victoria to deliver social marketing campaigns as part of Quit Victoria.

FOCUS AREA 2

INNOVATE–INTEGRATE

Increase availability and access to programs and services that support smokers to quit

VicHealth is committed to funding cessation services. We will therefore provide funding to Cancer Council Victoria to deliver the Quitline service and to explore options for increasing access to cessation support through other digital platforms.

VicHealth is also committed to ensuring health and community service sector staff and clinicians have the ability and capacity to provide evidenced-based smoking cessation support. VicHealth will provide funding to Cancer Council Victoria to increase the number of health and community services and staff.

Funding provided to Cancer Council Victoria for smoking cessation support services will target the general population and also specific groups where smoking remains high, through cessation interventions.

Tobacco control activity in Victoria has been supported by a unique partnership between the Victorian Government Department of Health and Human Services (DHHS), VicHealth, and Cancer Council Victoria (CCV).

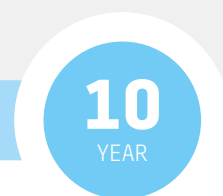
Quit Victoria is a joint initiative of, and receives financial and other support through this unique partnership to deliver a comprehensive approach to reducing the harm from tobacco in Victoria. VicHealth has committed to providing funding of \$18.7 million to Quit Victoria between 2016 and 2019.

In addition to funding Quit Victoria, partners also undertake additional tobacco control activities using their respective

organisational strengths and expertise. These activities complement the work of Quit Victoria and aim to further strengthen tobacco control in Victoria.

VicHealth's strategic approach for tobacco reflects that VicHealth will aim to achieve its three-year activity and 10-year goal largely through Quit Victoria funded activities.

In addition to funding Quit Victoria, we will undertake a limited number of projects utilising VicHealth's strength in innovation. This will help identify new approaches to improve smoking cessation outcomes and further reduce the harm from tobacco in Victoria.



FOCUS AREA 3

INTEGRATE

Increase policies and practices across organisations and government that support people to be smokefree or quit, or that prevent uptake by young people

VicHealth acknowledges the importance of legislation and regulation in relation to reducing the harms from tobacco.

In the absence of legislation and regulation, there are organisational policies and approaches that may be adopted to reduce the harms from tobacco including voluntary smokefree areas and workplace smoking cessation support.

VicHealth will fund Quit Victoria's advocacy work to influence legislative policy and programmatic-based tobacco control approaches.

VicHealth will also undertake work in this area, particularly in relation to expanding the scope of existing cessations support, tools and aids currently available in Australia. This includes exploring opportunities to increase access to and use of nicotine replacement therapy.

FOCUS AREA 4

INNOVATE

Trial innovative approaches in settings and groups where smoking persists

VicHealth will continue to provide funding for Quit Victoria to incorporate the trialling of innovative approaches in settings and groups where smoking persists.

VicHealth will also continue to investigate and fund other innovative approaches to reduce the harm from tobacco. This may include funding research to increase cessation in population groups where smoking remains high, such as people experiencing severe and persistent mental illness, and drug and alcohol dependency.

GOAL

400,000 more Victorians tobacco-free

Monitoring and evaluation

Evaluation will be an essential component of new investments and where possible will be conducted independent of program implementation. We will endeavour to measure differential impact across all evaluations.

As a public body, VicHealth is committed to ensuring our performance is measured against rigorous indicators which focus on both individual behaviour change and environmental change. VicHealth's Action Agenda Scorecard is the system used to track our progress towards achieving targets set in the VicHealth Action Agenda for Health Promotion, our 10-year goal of 400,000 more Victorians tobacco-free.

Key national and state surveys, as well as program and project-based monitoring and evaluation, will be used to monitor progress against our targets.

Developing the plan

The development of the Action Agenda sparked a new era in VicHealth's role in tobacco control in Victoria. In addition to continuing to support Quit Victoria, VicHealth began exploring opportunities to accelerate the existing rate of decline in smoking prevalence and broaden the existing range of tobacco control strategies in Victoria, with an aim of further reducing the harm caused by tobacco.

This plan has been developed acknowledging both VicHealth's long-term and continued commitment to Quit Victoria and VicHealth's role in exploring opportunities to strengthen tobacco control outcomes in Victoria.

References

Australian Institute of Health and Welfare 2016, *Australian burden of disease study: Impact and causes of illness and death in Australia 2011*, Australian Burden of Disease Study Series no. 3. BOD 4, AIHW, Canberra.

Australian National Preventive Health Agency 2013, *Smoking and disadvantage evidence brief*, ANPHA, Canberra.

Bain E, Durkin S & Wakefield M 2013, *Smoking prevalence and consumption in Victoria: key findings from the 1998–2012 population surveys*, CBRC Research Paper Series, No. 44, Centre for Behavioural Research in Cancer, Cancer Council Victoria, Melbourne.

Banks E, Joshy G, Weber M, Liu B, Grenfell R, Egger S, Paige E, Lopez A, Sitas F & Beral V 2015, 'Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence', *BMC Medicine*, vol. 13, no. 1, p. 1.

Borland R 1994, 'Population estimates of occasional smoking among self-described smokers and non-smokers in Victoria, Australia', *Tobacco Control*, vol. 3, no. 1, p. 37.

Collins DJ & Lapsley HM 2011, *The social costs of smoking in Victoria in 2008/09 and the social benefits of public policy measures to reduce smoking prevalence*, report prepared for Quit Victoria and the VicHealth Centre for Tobacco Control, Melbourne.

Department of Health and Human Services 2015, *Victorian public health and wellbeing plan 2015–19*, State Government of Victoria, Melbourne.

Department of Health and Human Services 2016a, *Victorian Population Health Survey 2014: modifiable risk factors contributing to chronic disease*, State Government of Victoria, Melbourne.

Department of Health and Human Services 2016b, *Victorian cancer plan 2016–2020*, State Government of Victoria, Melbourne.

Intergovernmental Committee on Drugs 2012, *National Tobacco Strategy 2012–2018*, Commonwealth of Australia, Canberra.

Intergovernmental Committee on Drugs 2015, *National Drug Strategy 2016–2025: draft for public consultation*, Commonwealth of Australia, Canberra.

Ministerial Council on Drug Strategy 2011, *National Drug Strategy 2010–2015*, Commonwealth Department of Health and Ageing, Canberra.

White V and Williams T 2015, *Australian secondary school students' use of tobacco in 2014*, Centre for Behavioural Research in Cancer, Cancer Council Victoria, Melbourne.



Victorian Health Promotion Foundation
PO Box 154 Carlton South
Victoria 3053 Australia
T +61 3 9667 1333 F +61 3 9667 1375

vichealth@vichealth.vic.gov.au
vichealth.vic.gov.au
twitter.com/vichealth
facebook.com/vichealth

VicHealth acknowledges the support
of the Victorian Government.

© VicHealth 2017
March 2017 P-T-462

