

The evidence for interventions to reduce smoking is strong and has accumulated over many years. The key planks of the tobacco recommendations are: fiscal – increasing the cost of cigarettes; regulatory – for example, plain packaging; and social marketing to reinforce the benefits of quitting for those who smoke, and to discourage non-smokers from taking it up. In addition the Taskforce recommends a range of initiatives aimed at particular sub-population groups among whom smoking rates remain high, such as Indigenous communities.

RECOMMENDED
KEY ACTION AREA 1 MAKE TOBACCO PRODUCTS SIGNIFICANTLY
MORE EXPENSIVE

- 1.1. Ensure that the average price of a packet of 30 cigarettes is at least \$20 (in 2008 \$ terms) within three years, with equivalent increases in the price of roll-your-own and other tobacco products.

The Government agrees with the finding of the Preventative Health Taskforce, and the recommendations of the WHO and the World Bank, that increasing prices is one of the most effective measures governments can take to reduce tobacco consumption and prevalence. Price increases encourage existing smokers to quit and raise the barrier for people considering taking up smoking, especially young people. Studies in the economic literature have found that teenagers and young adults are significantly more responsive to price, with teenage smokers up to eight times more responsive to price increases than smokers in their late 20s.

In Australia, cigarette prices, and the proportion of those prices represented by tax, are lower than in many comparable countries. In 2008, a packet of 30 cigarettes cost \$13.50 in Sydney compared with \$16 in Toronto, \$18 in London and \$20 in Dublin. In 2009 in Australia, taxes comprised around 62 per cent of the total price of cigarettes, compared with 80 per cent in France and 77 per cent in the United Kingdom.

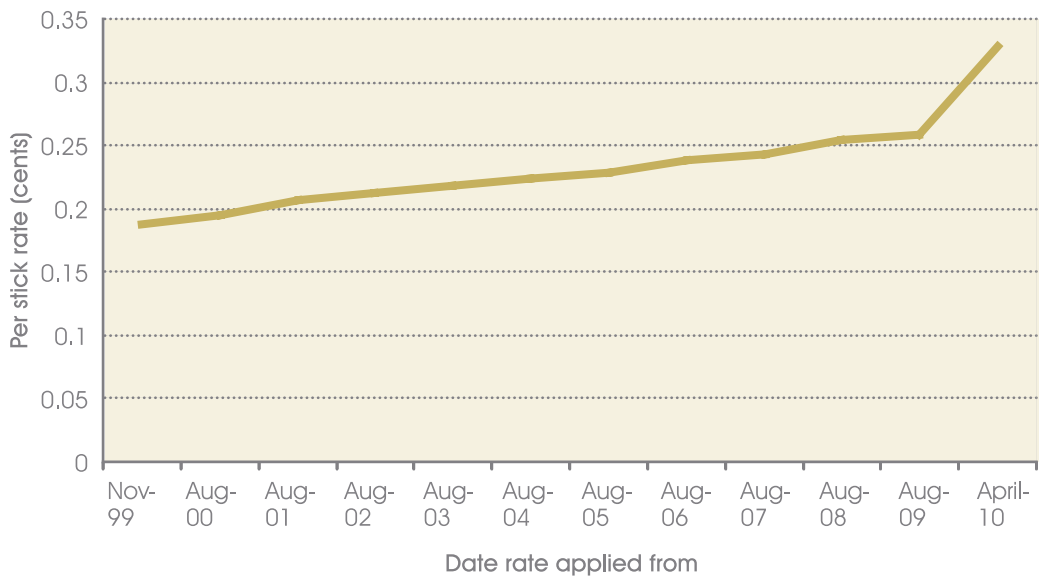
That is why the Commonwealth Government decided to raise the excise on all tobacco products by 25 per cent from 30 April 2010. This is the first increase in excise above CPI indexation in more than 10 years. It will bring Australia's taxes on tobacco into

line with other OECD countries and, in combination with other measures including the Government's world first plain packaging initiative, bring Australia back to the forefront of international tobacco control efforts.

This measure will increase excise by around seven cents per stick for cigarettes and nearly \$82 per kilo for other tobacco products. It will effectively increase the price of a packet of 25 cigarettes by \$1.80 and a pack of 30 cigarettes by \$2.16, bringing the price of a typical pack of 30 cigarettes to over \$15.

The excise increase is expected, on its own, to reduce tobacco consumption by six per cent and the number of smokers by two to three per cent, or 87,000 Australians – making a significant start on the COAG target of reducing the smoking rate to 10 per cent of the Australian population by 2018.

FIGURE 5: INCREASE IN EXCISE ON CIGARETTES (PER STICK) 1999–2010



A 2007 Australian Institute of Health and Welfare survey found that around two-thirds of Australians support increasing the tax on tobacco to discourage smoking, to pay for health education and to contribute to treatment costs. This 25 per cent increase in tobacco excise will provide an extra \$5 billion over four years which, along with existing revenues from tobacco, will be directly invested in better health and hospitals through the National Health and Hospitals Network Fund. In this way, all customs and excise duty on tobacco will fund a reformed Australian health and hospital system into the future.

The Government is conscious that, while increased prices can induce some smokers to quit and present a higher barrier to smoking uptake by young people, they can also induce financial stress among people who continue to smoke. The Government has therefore not decided to pursue the full 68 per cent increase in excise advocated by the Preventative Health Taskforce at this time.

1.2. Develop and implement a coordinated national strategy to prevent the emergence of illicit trade in tobacco in Australia.

Australia has in place a strong legislative and regulatory framework to control the illicit trade in tobacco products.

The Australian Taxation Office and the Australian Customs and Border Protection Service (Customs and Border Protection) have an active ongoing role in monitoring and enforcement activity against illicit tobacco production or importation.

Over the past three years Customs and Border Protection has seized 715 tonnes of tobacco and 217 million cigarette sticks in sea cargo and successfully prevented potential revenue evasion of approximately \$277 million. Customs and Border Protection has also disrupted organised tobacco smuggling operations through a number of successful prosecutions.

1.3. Contribute to the development and implementation of international agreements aiming to combat illicit trade in tobacco globally.

Australia is actively involved in current negotiations to develop an international protocol to eliminate the illicit trade in tobacco products under the auspices of the WHO Framework Convention on Tobacco Control (WHO FCTC).

1.4. Ban the retail sale of tobacco products via the internet.

The Government will amend the *Tobacco Advertising Prohibition Act 1992* (TAP Act) to clarify that advertisements published via the internet are prohibited by the TAP Act and to regulate retail sales on the internet on the same basis as other retail sales.

Some states have already banned the retail sale of tobacco products over the internet. The Commonwealth Government will discuss this recommendation further with states and territories.

1.5. End tax and duty free sales in Australia; abolish tax and duty concessions for all travellers entering Australia (specified limits for personal use); and participate in negotiations on international agreements concerning the application of limits to international travellers.

The Henry Review of Australia's taxation system has also recommended that there should be no duty free allowance on tobacco for international travellers entering Australia. The Government will consider further this recommendation. In addition,

the Government will continue to participate in international negotiations for a Protocol to Eliminate the Illicit Trade in Tobacco Products under the WHO FCTC, which is examining this issue.

RECOMMENDED
KEY ACTION AREA 2

INCREASE THE FREQUENCY, REACH AND INTENSITY OF
SOCIAL MARKETING CAMPAIGNS

- 2.1 Run effective social marketing campaigns at levels of reach demonstrated to reduce smoking.
 - 2.1.1 Fund nationwide screening of most effective television advertisements, including those demonstrated to be most effective in state campaigns.
 - 2.1.2 Provide long-term budget allocations at both federal and state levels to ensure commercially realistic funding for media campaigns (at least 700 TARPs per month until smoking prevalence reaches nine per cent).
 - 2.1.3 Fund development of a suite of effective materials covering a range of health issues including dramatic treatments.
 - 2.1.4 Place media to ensure maximum reach with smokers including young smokers and smokers from disadvantaged groups.
- 2.2 Choose messages most likely to reduce prevalence in socially disadvantaged groups and provide extra reach to these groups through the skewing of placement to television programs most likely to be watched by low SES groups, and by targeting radio, outdoor and other local advertising to low SES neighbourhoods.

The Government is committing over \$85 million over four years from 2010–11 to anti-smoking social marketing campaigns.

In the COAG National Partnership Agreement on Preventive Health, the Government announced a record \$61 million over four years from 2009–10 for a high-intensity national anti-smoking campaign. An expert advisory group, drawing on Australia's leading tobacco experts, has been established to guide the development of the campaign. The first advertisements are expected to be screened in 2010.

In addition the Government has committed a further \$27.8 million over four years from 2010–11 to target high-need and highly disadvantaged groups who are hard to reach through mainstream advertising. These include: pregnant women and their partners; people from culturally and linguistically diverse backgrounds; people living in low socio economic status neighbourhoods; people with a mental illness; and prisoners.

Smoking rates among these groups remains unacceptably high, particularly when compared with the overall national daily smoking prevalence of 16.6 per cent among all Australians aged 14 years and over:

- 41 per cent – pregnant teenagers;
- 38 per cent – unemployed people;
- 34 per cent – people unable to work;
- 32 per cent – people with a mental illness; and
- 78 per cent – male prisoners and 83 per cent female prisoners.

The targeted \$27.8 million campaign will comprise a multi-tiered social marketing approach including: targeted media strategy; extending the mainstream campaign; community toolkits; partnerships programs; cross-coordination initiatives; and direct mail campaigns.

RECOMMENDED KEY ACTION AREA 3	END ALL FORMS OF ADVERTISING AND PROMOTION OF TOBACCO PRODUCTS
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- 3.1 Legislate to eliminate all remaining forms of promotion, including advertising of price specials, public relations activities, payments to retailers and proprietors of hospitality venues, promotion through packaging and as far as feasible through new and emerging forms of media.
- 3.2 Regulate to require mandatory reporting of amounts spent on any form of promotion – on payments to public relations companies or any other third parties, as well as details of any other promotional expenditure.

The Commonwealth Government announced on 29 April 2010 that it would be developing legislation to introduce mandatory plain packaging of tobacco products from 1 January 2012 with full implementation from 1 July 2012. Further information on this measure is at action area 3.4.1 – 3.4.4 below.

In addition, the Government will be introducing legislation to restrict Australian internet advertising of tobacco products, bringing the internet – and other electronic media – into line with restrictions in other media.

The Government will work with states and territories to develop an action plan for ending other forms of tobacco promotion, and for possible mandatory reporting of promotion expenditure, in the next iteration of the National Tobacco Strategy, which is being developed during 2010.

- 3.3 Amend legislation to ensure that tobacco is out-of-sight in retail outlets in all jurisdictions.

All states and territories have moved to restrict or ban the retail display of tobacco products. The Commonwealth Government will task the Australian National Preventive Health Agency to monitor implementation of these bans and restrictions and report biennially as part of its state of preventative health report.

3.4 Eliminate promotion of tobacco products through design of packaging.

- 3.4.1 Amend *Tobacco Advertising Prohibition Act 1992* to require that no tobacco product may be sold except in packaging of a shape, size, material and colour prescribed by the government, with no additional design features.
- 3.4.2 Undertake research to establish optimal colours, pack sizes and fonts that would be prescribed.
- 3.4.3 Amend *Trade Practices SPIS (Tobacco) Regulations 2004* to specify exact requirements for plain packaging.
- 3.4.4 Commence new arrangements.

The Commonwealth Government will develop and implement legislation to mandate plain packaging with effect from 1 January 2012 and full implementation by 1 July 2012. Plain packaging will:

- increase the noticeability, recall and impact of health warning messages;
- reduce the ability of packaging to mislead consumers to believe that some products may be less harmful than others;
- reduce the attractiveness of the tobacco product, for both adults and children; and
- reduce the appeal and desirability of smoking generally.

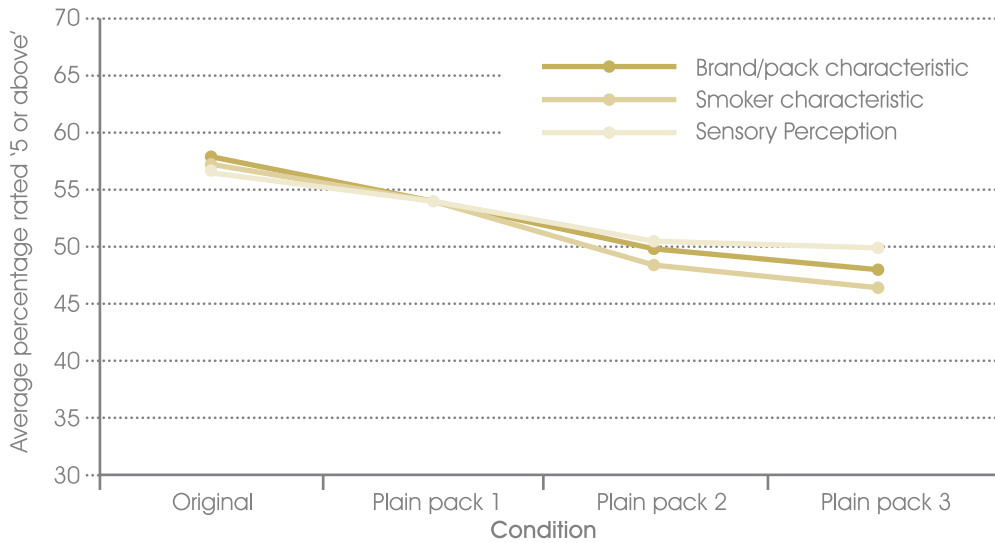
With restrictions on other forms of marketing, the branding and design of cigarette packs is now the primary means by which tobacco companies communicate brand image. Research shows that removing the design elements on branded packs of cigarettes changes how favourably the packs are perceived, including attitudes to those who smoke that brand and the quality of cigarettes in the packs. A recent experimental study in Australia, involving more than 800 smokers, investigated how plainer packs were perceived compared to current pack designs²². The study found that as the amount of pack branding design information was progressively reduced, the plainer packs were seen as less attractive (“brand/pack characteristic”), smokers of the packs were seen as significantly less stylish and sociable (“smoker characteristic”), and the cigarettes in the packs were thought to be less satisfying and of lower quality (“sensory perception”) (Figure 6).

Research will be conducted in 2010 to determine the optimal design to achieve the public health objectives of the measure. The concerns of retailers in handling plain packaged products, and anti-counterfeit measures, will also be considered in the packaging design. The current review of graphic health warnings commissioned by the Department of Health and Ageing will test new messages and images including the optimal size of warnings in the context of plain packaging. In addition, the outcomes of a review of the value of publishing emissions and ingredients data will be considered.

²² Wakefield MA, Germain D, Durkin SJ. How does increasingly plainer cigarette packaging influence adult smokers' perceptions about brand image? An experimental study. *Tobacco Control* 2008;17:416-21

Legislation will be developed to implement plain packaging in 2011. Legislation is expected to be gazetted on 1 January 2012, with a compliance date of 1 July 2012.

FIGURE 6: SMOKER'S RATINGS BY PACK CONDITION



Source: Wakefield M, Germain D and Durkin, SJ, 2008.

RECOMMENDED
KEY ACTION AREA 4

ELIMINATE EXPOSURE TO SECOND-HAND SMOKE IN
PUBLIC PLACES

- 4.1 Amend legislation and departmental policies to ensure that smoking is prohibited in any public places where the public, particularly children, are likely to be exposed.
- 4.2 Legislate to ensure that children are not exposed to tobacco smoke when travelling as passengers in cars.
- 4.3 Tighten and enforce legislation to protect against exposure to second-hand smoke in workplaces (including outdoor areas in restaurants and hotels, near the entrances to buildings and air-conditioning intake points, and in workplace vehicles).
- 4.4 Introduce and enforce legislation, and encourage adoption of policies that restrict smoking outdoors where people gather or move in close proximity.
- 4.5 Protect residents from exposure to smoke-drift in multi-unit developments.

Restrictions on smoking in public places are primarily a state and territory responsibility. Several state and territory governments have been active in legislating to reduce exposure to second-hand smoke in public places. Smoking is banned in workplaces and in most enclosed public spaces around Australia. Most states and

territories have banned smoking in cars with children. The Commonwealth will raise the need for further action with the states and territories at the Australian Health Ministers' Conference and ask the Australian National Preventive Health Agency to report biennially on progress as part of its report on the state of preventative health in Australia.

RECOMMENDED
KEY ACTION AREA 5

REGULATE MANUFACTURING AND FURTHER REGULATE
PACKAGING AND SUPPLY OF TOBACCO PRODUCTS

- 5.1 Tighten and enforce legislation to eliminate sales to minors and any form of promotion of tobacco at retail level.
 - 5.1.1 Require all tobacco retailers to be licensed.
 - 5.1.2 Legislate to preclude sales through vending machines, internet, at hospitality and other social venues.
 - 5.1.3 Review and if necessary legislate to put the onus of proving age on retailers and to increase the penalties for breaches.
 - 5.1.4 Ensure licence fees are high enough to provide funds for education on the legislation, compliance monitoring and prosecution.

Licensing of tobacco retailing is primarily a state and territory responsibility and most states and territories require retailers to be licensed. The Commonwealth will raise the need for further action with the states and territories at the Australian Health Ministers' Conference and task the Australian National Preventive Health Agency with reporting biennially on progress as part of its report on the state of preventative health in Australia.

In relation to retail sales of tobacco products over the internet, the Commonwealth Government will give further consideration to this issue in consultation with states and territories. Refer to action area 1.4 above.

In relation to licensing of retailers, sales through vending machines, hospitality and other social venues, reversing the onus of proof of age, and increasing penalties for sales to minors, the Commonwealth Government will raise the need for further action with the states and territories at the Australian Health Ministers' Conference and task the Australian National Preventive Health Agency to report biennially on progress as part of its report on the state of preventative health in Australia.

- 5.2 Improve consumer product information related to tobacco products.
 - 5.2.1 Mandate standard plain packaging of all tobacco products to ensure that design features of the pack in no way reduce the prominence or impact of prescribed government warnings.
 - 5.2.2 Substantially increase the size of front-of-pack warnings, prohibit misleading labelling, brand names and characteristics, and ban

products such as specially designed covers that would reduce efficacy of warnings:

- research to identify the optimal size for health warnings in the context of plain packaging;
- identify health issues that need to be covered in new warnings;
- specify all changes required to CPI (tobacco) regulations; and
- amend regulations.

The Commonwealth Government will develop and implement legislation to mandate plain packaging with effect from 1 January 2012 and full implementation by 1 July 2012. Plain packaging will:

- increase the noticeability, recall and impact of health warning messages;
- reduce the ability of packaging to mislead consumers to believe that some products may be less harmful than others;
- reduce the attractiveness of the tobacco product, for both adults and children; and
- reduce the appeal and desirability of smoking generally.

Research will be conducted in 2010 to determine the optimal design to achieve the public health objectives of the measure. The concerns of retailers in handling plain packaged products, and anti-counterfeit measures, will also be considered in the packaging design. The current review of graphic health warnings commissioned by the Department of Health and Ageing will test new messages and images including the optimal size of warnings in the context of plain packaging. In addition, the outcomes of a review of the value of publishing emissions and ingredients data will be considered.

Legislation will be developed to implement plain packaging in 2011. Legislation is expected to be gazetted on 1 January 2012, with a compliance date of 1 July 2012.

5.2.3 Automatically review and upgrade warnings on tobacco packages at least every three years, with the Chief Medical Officer to have the capacity to require amendments in between.

5.2.4 Link the process of regularly reviewing mandated consumer product information to a process that would provide more timely warning to Australian consumers of new and emerging health risks through mechanisms such as alerts in the media and notices at point of sale.

The current graphic health warnings on tobacco packages are being reviewed and upgraded following an evaluation in 2009. Consideration will be given to enlarging the updated warnings alongside the implementation of plain packaging of tobacco products.

Current Office of Best Practice Regulation requirements are that regulations of this kind are reviewed every five years. As part of the current review of graphic health warnings, the Government will investigate options for:

- the Chief Medical Officer to trigger an update of health warnings in between should this be indicated by emerging evidence; and
- the Australian National Preventive Health Agency to issue updated fact sheets and other communication materials, with associated media alerts, when new evidence on health impact of smoking emerges.

5.3 Ensure compliance with new regulations regarding reduced fire-risk cigarettes.

5.3.1 Introduce reduced fire-risk cigarettes in the market.

The Commonwealth Government has introduced regulations under the *Trade Practices Act 1974 – the Trade Practices (Consumer Product Safety Standard) (Reduced Fire Risk Cigarettes) Regulations 2009* to ensure that after 23 September 2010 all cigarettes sold in Australia must comply with the mandatory standard.²³ The Australian Competition and Consumer Commission will investigate any complaints received in relation to compliance with this standard.

5.4 Regulate tobacco design, contents, emissions and labelling.

- 5.4.1 Establish or nominate a body with the power to regulate the contents and performance of tobacco products and any alternative nicotine delivery devices that come onto the market in Australia, and with responsibility for specifying the exact wording of any public disclosure about contents and performance.
- 5.4.2 Specify the form and content of reporting required for all tobacco products, and the exact wording required for disclosures to consumers.
- 5.4.3 Consider prohibiting the use of filter ventilation in Australian cigarettes.
- 5.4.4 Consider banning all additives that enhance palatability or addictiveness.
- 5.4.5 Specify any further modifications required, restrictions on additives or upper limits for emissions.

The Department of Health and Ageing has commissioned research on the value of the disclosure of tobacco ingredients and emissions of Australian tobacco products. The outcomes from this research will be considered as the legislation on plain packaging is developed. The Commonwealth Government is not intending to establish a body specifically to regulate the contents and performance of tobacco products. The Government will engage the states and territories in preliminary discussions on the possibility of regulation of tobacco products through the National Drugs and Poisons Scheduling Committee, which currently regulates nicotine as a poison.

²³ The mandatory standard for reduced fire risk cigarettes refers to the test methodology from Australian Standard (AS) 4830–2007, Determination of the extinction propensity of cigarettes.

- 5.5 Investigate the feasibility of legal action by governments and others against tobacco companies to recover health and other costs.
 - 5.5.1 Investigate the legal implications of continuing sales of tobacco products and principles that should guide future regulation.
 - 5.5.2 Investigate possible mechanisms for recovery of costs.

The Commonwealth Government notes this recommendation and will keep its legal options open.

RECOMMENDED KEY ACTION AREA 6	ENSURE ALL SMOKERS IN CONTACT WITH HEALTH SERVICES ARE ENCOURAGED AND SUPPORTED TO QUIT, WITH PARTICULAR EFFORTS TO REACH PREGNANT WOMEN AND THOSE WITH CHRONIC HEALTH PROBLEMS
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- 6.1 Ensure all state or territory funded healthcare services (general, maternity and psychiatric) are smoke-free, protecting staff, patients and visitors from exposure to second-hand smoke both indoors and on facility grounds.
- 6.2 Ensure all patients are routinely asked about their smoking status and supported to quit, both while being treated and post-discharge.
 - 6.2.1 Include requirement in hospital accreditation procedures.
 - 6.2.2 Include a requirement in service funding agreements and performance contracts with senior staff.
 - 6.2.3 Provide training in institutional or health-service procedures for assessment and referral.
 - 6.2.4 Provide training in smoking cessation in pre-service training and continuing professional education for all health workers.

The Commonwealth Government strongly supports the value of brief interventions for lifestyle-related risk factors, including smoking.

The Commonwealth Government will consult the Safety and Quality Commission (which will be established permanently as part of the National Health and Hospitals Network) on these actions in the context of the Commission's development of clinical safety and quality standards. The Commonwealth will raise this with the states and territories at the Australian Health Ministers' Conference.

As part of the National Smoke-Free Pregnancy Project, which received funding of \$1.85 million (GST inclusive) over two years from the Commonwealth Government, midwives in 41 public hospitals were trained to conduct brief smoking cessation interventions for pregnant women and their partners at each visit.

6.3 Improve the quality and use of pharmacotherapies and services demonstrated to assist with smoking cessation.

The Commonwealth Government will task the Australian National Preventive Health Agency, in consultation with the Quitlines and other expert stakeholders, to bring together the evidence on best practice in this area and commission regular updates of best practice guidelines.

6.4 Increase availability of Quitline service.

Commonwealth Government officials will work with state and territory Quitline officials to conduct an evaluation and review of Quitline hours and services by 2012.

6.4.1 Ensure that Quitlines are resourced to respond to projected demand from media campaigns.

The Taskforce's report notes that the Quitlines are currently under-utilised. Consistent with existing practice, the Commonwealth Government will keep state and territory governments and Quitlines informed as new social marketing campaigns are rolled out so that demand on services can be monitored and resourcing can be considered if necessary.

6.4.2 Fund the development and delivery of interactive smoking cessation services using approaches such as internet, mobile phone and web-enabled mobile devices.

The Commonwealth Government will task the Australian National Preventive Health Agency to investigate options in this area.

6.4.3 Establish special Quitline counselling services for pregnant women, including call-back services and feedback to treating obstetricians/GPs/midwives.

6.4.4 Establish a group of counsellors within one or more Quitlines who would deal specifically with people needing to use interpreter services.

6.4.5 Establish a group of counsellors within one or more Quitlines who would deal specifically with people receiving specialist treatment for chronic health conditions (asthma, diabetes, arthritis, CVD etc), mental illness, providing call-back services and feedback to treating health professionals.

Quitlines are operated by states and territories. The Government will discuss these recommendations with states and territories through the Quit Group. The Australian National Preventive Health Agency will be tasked with reporting biennially on progress in this area as part of its report on the state of preventative health in Australia.

In addition, from 1 July 2010, the National Pregnancy Telephone Counselling Helpline will refer callers seeking help with smoking to Quitlines.

- 6.5 Ensure that NRT is affordable for all those for whom it is clinically appropriate.
 - 6.5.1 Investigate options for provision including through the Quitline and through the PBS.
 - 6.5.2 Ensure availability of NRT and Quitline services for patients and clients of all state and territory health services.

The Government currently provides over \$60 million annually in subsidies for smoking cessation aids under the Pharmaceutical Benefits Scheme (PBS). The smoking cessation aids Bupropion (Zyban) and Varenicline (Champix) are subsidised. Nicotine patches are also available on the PBS for Indigenous Australians and on the Repatriation PBS.

The Pharmaceutical Benefits Advisory Committee has recommended the listing of nicotine patches on the PBS as an aid to smoking cessation for smokers more generally. The Government will consider this recommendation in due course.

The Commonwealth will raise action 6.5.2 with the states and territories through the Australian Health Ministers' Conference.

- 6.6 Explore whether financial incentives might be effective in helping people to quit or stay non-smokers.
 - 6.6.1 Consider exempting from Fringe Benefits Tax employers who cover the costs of cessation therapies or who provide financial incentives to quit.
 - 6.6.2 Trial incentive program for young Indigenous children to stay smoke-free, remain at school, etc.
 - 6.6.3 Trial projects that use incentive payments to help people to retain their resolve to stay stopped after quitting.

The Government does not support the proposed exemption from Fringe Benefits Tax for employers who cover the costs of cessation therapies or who provide financial incentives to quit.

The Government will task the Australian National Preventive Health Agency to keep the evidence on financial incentives for quitting smoking under review.

RECOMMENDED KEY ACTION AREA 7	WORK IN PARTNERSHIP WITH INDIGENOUS GROUPS TO BOOST EFFORTS TO REDUCE SMOKING AND EXPOSURE TO PASSIVE SMOKING AMONG INDIGENOUS AUSTRALIANS
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Smoking is a major cause of chronic disease and avoidable mortality among Indigenous Australians. Smoking is estimated to be responsible for over 12 per cent of the total burden of disease for Indigenous Australians, and for one-fifth of the deaths of Indigenous Australians.

Almost half of Indigenous Australians smoke daily, compared with 16.6 per cent of all Australians aged 14 years and over.

The Government is making record investments, in partnership with Indigenous communities themselves, to reduce the devastating impact of smoking on Indigenous Australians.

In March 2008, the Government announced the \$14.5 million Indigenous Tobacco Control Initiative to pilot innovative approaches to reducing smoking in Indigenous communities. This Initiative is now funding 18 projects around Australia and all funding has been committed. Importantly, these projects are being driven by Indigenous communities themselves. Early successes under this initiative include:

- the Miwatj Tackling Smoking Project in East Arnhem Land, which has involved local communities and schools in developing anti-smoking videos, the use of smokerlyzers and Smoky Suzie dolls in the Strong Mothers' Strong Bubs program, growing community support for smokefree areas and counselling for smokers; and
- the Maari Ma smoking cessation project in the far west of New South Wales, which is supporting the Maari Ma Health service to become a smokefree workplace, providing specialist cessation advice for GPs, primary healthcare workers and child and family health practitioners, and expanding the existing 12-week smoking cessation program in the region.

Lessons learned from the Indigenous Tobacco Control Initiative will be applied to the implementation of the \$100 million Tackling Smoking measure under the \$1.6 billion COAG Closing the Gap in Indigenous Health National Partnership announced in December 2008.

The \$100 million Tackling Smoking measure is seeing the roll-out of a national network of Regional Tobacco Coordinators and Tobacco Action Workers across 57 regions around Australia. The first 20 regions will start employing workers from July 2010. The workers will be engaged through Aboriginal community controlled health organisations where practicable and will reach out to Indigenous communities across each region to increase awareness of the harms from smoking and facilitate smoking prevention and cessation programs. Full training is being provided to build workforce capacity.

Tobacco workers in each region will have access to funding and materials to conduct local community-based social marketing campaigns and community events.

Funding is also being provided to enhance Quitlines for Indigenous people and to train health workers seeing Indigenous patients in the use of brief interventions to support smoking cessation.

Former Indigenous Social Justice Commissioner Mr Tom Calma has been engaged as National Coordinator to lead this work. Implementation is being guided by a technical reference group of tobacco experts and Indigenous stakeholders and

state-based Partnership Forums comprising the Department of Health Ageing, the relevant state-based Aboriginal community-controlled health organisation peak body, the relevant state health department and state-based affiliates of the Australian General Practice Network.

The measure will be underpinned by an evaluation strategy to help ensure that the Government is staying on track in meeting the 2008 COAG National Healthcare Agreement target of halving the Indigenous smoking rate by 2018 and – more broadly – the COAG Closing the Gap target to close the gap in life expectancy within a generation.

7.1 Establish multi-component community-based tobacco control projects that are locally developed and delivered.

The Government accepts this recommendation and is pursuing this approach.

The \$14.5 million Indigenous Tobacco Control Initiative is trialling innovative community-based approaches to reducing smoking prevalence in Indigenous communities.

The \$100 million COAG Closing the Gap in Indigenous Health Tackling Smoking measure will implement multi-component community-based tobacco control measures developed and delivered locally in 57 regions around Australia.

7.2 Enhance social marketing campaigns for Indigenous smokers ensuring a 'twin track' approach of using existing effective mainstream campaigns complemented by Indigenous-specific campaign elements.

- 7.2.1 Identify and run existing mainstream tobacco control campaigns that have demonstrated an effect in terms of awareness, impact and relevance to Indigenous people.
- 7.2.2 Identify existing campaign material that could be adapted to include greater representation of Indigenous people and include relevant themes and calls to action.
- 7.2.3 Develop new Indigenous-specific campaign material using radio and complemented by local print and/or outdoor campaigns.
- 7.2.4 Link social marketing campaigns to community projects and activities of health workers.
- 7.2.5 Enhance qualitative research efforts to examine the impact of campaigns and future campaign directions.

The Government is considering this recommendation as part of the development of the \$61 million national anti-smoking social marketing campaign under the COAG National Partnership Agreement on Preventive Health and the \$100 million Tackling Smoking measure under the COAG Closing the Gap in Indigenous Health National Partnership.

These campaigns will certainly deliver a 'twin track' approach of national mainstream and local Indigenous campaigns. The COAG National Partnership Agreement on Preventive Health will deliver the national campaign. Under the COAG Closing the Gap Tackling Smoking measure, the regional tobacco workforce will have access to materials and funding to support the development of local campaigns – both to build on existing materials and to develop or adapt new materials. A third track of national Indigenous-specific messaging is also being considered following initial developmental research and the advice of the technical reference group for the Tackling Smoking measure.

All of this work will be closely evaluated so that lessons learned can inform future campaign directions.

- 7.3 Provide training to Aboriginal and Torres Strait Islander health workers to improve skills in the provision of smoking cessation advice and in developing community-based tobacco control programs.

The Government is providing funding for the engagement and training of a national network of regional tobacco coordinators and tobacco action workers under the \$100 million COAG Closing the Gap Tackling Smoking measure. This will include training on smoking cessation advice and developing community-based tobacco control programs.

- 7.4 Improve training in the provision of smoking cessation advice of other health professionals working in Aboriginal and Torres Strait Islander health services.

The Government strongly supports the value of brief interventions for lifestyle-related risk factors, including smoking. The Government is providing funding for training in brief interventions for existing health workers to assist Indigenous Australians to quit smoking under the \$100 million COAG Closing the Gap Tackling Smoking measure.

- 7.5 Place specialist Tobacco Control Workers in Indigenous community health organisations to build capacity at the local health service level to develop and deliver tobacco control activities.

The Government is providing funding for the engagement and training of a national network of regional tobacco coordinators and tobacco action workers under the \$100 million COAG Closing the Gap Tackling Smoking measure. These workers will specialise in tobacco control and will be employed by Aboriginal community controlled health organisations where practicable.

- 7.6 Provide incentives to encourage NGOs to employ Indigenous workers.

The Government notes this recommendation. The Commonwealth Government provides a range of incentives and supports specifically for employers of Indigenous workers including through the Australian Apprenticeships program and the Indigenous Employment Program.

The Government is greatly concerned about the high rates of smoking among high-risk and highly disadvantaged groups. Smoking rates among these groups remain unacceptably high, particularly when compared with the overall national daily smoking prevalence of 16.6 per cent among all Australians aged 14 years and over. Some 41 per cent of pregnant teenagers, 38 per cent of unemployed people, 34 per cent of people unable to work, 32 per cent of people with a mental illness, 78 per cent of male prisoners and 83 per cent of female prisoners are smokers.

In April 2010, the Government announced it would commit \$27.8 million over four years to target high-need and highly disadvantaged groups who are hard to reach through mainstream advertising. These include: pregnant women and their partners; people from culturally and linguistically diverse backgrounds; people living in low socio economic status neighbourhoods; people with a mental illness; and prisoners.

The targeted \$27.8 million campaign will comprise a multi-tiered social marketing approach including targeted media strategy, extending the mainstream campaign, community toolkits, partnerships programs, cross-coordination initiatives, and direct mail campaigns.

In addition, the Government has committed:

- over \$500,000 from 2010–11 to 2011–12 for three applied research projects into practical ways of assisting people with mental illness in hospitals and the community to quit smoking; and
- \$150,000 for a national summit on smoking in prisons in July 2010 to provide recommendations to governments on tackling the high rates of smoking among prisoners.

8.1 Boost efforts to discourage smoking in highly disadvantaged neighbourhoods.

8.1.1 Target surveillance and enforcement of sales to minors legislation in disadvantaged areas.

Enforcement of bans on sales to minors is a state and territory government responsibility. Several states and territories are implementing or considering a range of similar strategies as a part of their Tobacco Action Plans.

The Government will task the Australian National Preventive Health Agency to report on this issue biennially as part of its report on the state of preventative health in Australia.

- 8.1.2 Target promotion aimed at encouraging GPs and other health professionals to refer to Quitlines to practices located in disadvantaged areas.

The Government will raise this recommendation with states and territories through the Commonwealth-State Quit Group.

The Australian National Preventive Health Agency will be tasked with monitoring and reporting annually on activities being conducted by Divisions of General Practice and other local health agencies in this area.

- 8.1.3 Place the majority of any poster/outdoor or mobile advertising in highly disadvantaged neighbourhoods.

This recommendation will be considered as part of the development of the \$61 million national anti-smoking social marketing campaign and the \$27.8 million targeted anti-smoking for high-risk and high-need groups, including people living in disadvantaged neighbourhoods.

- 8.2 Ensure access to information, treatment and services for those with common mental health problems.

- 8.2.1 Intervene more vigorously to prevent smoking uptake in young people at risk of developing mental health problems.

The Government's \$27.8 million targeted anti-smoking social marketing campaign includes people with a mental illness as a specific target group. The Government will consider how young people at risk of mental illness can best be reached and connected to services in the development of this campaign and the \$61 million national anti-smoking social marketing campaign under the COAG National Partnership on Preventive Health.

- 8.2.2 Educate GPs and other health professionals that people with common mental health problems can succeed in quitting and benefit from greater control of withdrawal symptoms.

The Government notes this recommendation and will commission work from the Australian National Preventive Health Agency, GP organisations and professional bodies about the most appropriate strategies for educating health professionals in this area.

- 8.2.3 Ensure that the most clinically suitable pharmacotherapy to aid smoking cessation is affordable for all those with mental health problems.

The Government currently provides over \$60 million annually in subsidies for smoking cessation aids under the Pharmaceutical Benefits Scheme (PBS). The smoking cessation aids Bupropion (Zyban) and Varenicline (Champix) are subsidised. Nicotine patches are also available on the PBS for Indigenous Australians and on the Repatriation PBS.

The Pharmaceutical Benefits Advisory Committee has recommended the listing of nicotine patches on the PBS as an aid to smoking cessation for smokers more generally. The Government will consider this recommendation in due course.

The Commonwealth Government will task the Australian National Preventive Health Agency with reporting on the availability of Nicotine Replacement Therapy in its biennial report on the state of preventative health in Australia.

- 8.2.4 Train all staff working on Quitlines about common mental health problems and how to support people living with such problems to quit successfully.

Quitlines are a state and territory Government responsibility. Several states and territories are already providing or considering the provision of such training to Quitline staff. The Government will raise this recommendation with states and territories through the Quit Group.

- 8.2.5 Include information on quitting and common mental health problems in Quitbooks, internet and other educational materials.

The Government will consider how to provide more comprehensive information on quitting and common mental health problems as part of its \$27.8 million anti-smoking social marketing campaign targeting high-risk and hard-to-reach groups.

Several states and territories currently provide information on quitting smoking specifically for people with a mental health condition.

8.3 Support cessation among those using mental health services.

- 8.3.1 Educate mental health professionals about the importance of quitting and the importance of not discouraging quit attempts in clients.
- 8.3.2 Include in healthcare agreements requirements that child, adolescent and adult mental health services and drug treatment agencies:
- be smoke-free;
 - routinely identify smokers;
 - include smoking cessation advice and treatment of nicotine dependence in all patient treatment plans; and
 - offer support to patients at transition points.
- 8.3.3 Support these processes by commissioning the production of national information packages for clinicians and facility managers.
- 8.3.4 Run a rolling program to train all staff in such services over a three-year period.

The Government notes these recommendations, which will be referred to the Safety and Quality Commission to be established under the National Health and Hospitals Network.

The Government is providing funding of over \$500,000 during 2010–11 for applied research to support smoking cessation among people with mental illness. This includes:

- over \$80,000 to the University of Newcastle to trial the effectiveness of an integrated model of smoking cessation care among people using mental health services;
- \$210,000 to the University of New South Wales to trial multi-component interventions to promote smoking cessation and reduced cardiovascular disease risk among people with psychosis; and
- over \$210,000 to the University of New South Wales to trial internet-based treatments for reducing tobacco use and improving cardiovascular health among people with depression.

8.4 Encourage cessation in those with mental health problems outside institutional settings.

8.4.1 Encourage GPs, maternal and child health nurses, other health professionals and services such as KidsLine, MensLine and the BeyondBlue information line to ask people about smoking status/extent of tobacco use and to refer smokers to Quitline.

8.4.2 Fund Quit courses for people mental illness in non-threatening community settings.

The Government notes these recommendations and will refer them to the Inter-governmental Quit Group for consideration and, as appropriate, implementation.

8.5 Ensure all state-funded human services agencies and correctional facilities (adult and juvenile) are smoke-free and provide appropriate cessation supports.

The Government is concerned about the high rates of smoking among people in prison. Some 78 per cent of male prisoners and 83 per cent of female prisoners smoke.

Prisoners will be a key target group in the Government's \$27.8 million anti-smoking social marketing campaign targeting high-risk and high-need groups.

In addition, the Commonwealth Government has provided \$150,000 to support a national summit on tobacco smoking in prisons in July 2010 which will provide recommendations to governments on ways of reducing smoking prevalence in prisons.

Implementation of smoke-free policies and provision of cessation supports in correctional facilities and other human services agencies are a state and territory Government responsibility. The Government will raise this issue with state and territory Governments at the Australian Health Ministers' Conference.

RECOMMENDED
KEY ACTION AREA 9

ASSIST PARENTS AND EDUCATORS TO DISCOURAGE
USE OF TOBACCO AND PROTECT YOUNG PEOPLE FROM
SECOND-HAND SMOKE

- 9.1 Convey the message that parents can help – by quitting smoking; making homes smoke-free; choosing appropriate films, videos and games; and by making it clear that they do not want their children to smoke for the sake of their health.

Parents will be considered as a target audience in the \$61 million national anti-smoking social marketing campaign being conducted under the COAG National Partnership Agreement on Preventive Health.

- 9.2 Cover the medical, social, environmental and economic aspects of tobacco in the school curriculum.
- 9.3 Encourage schools to enforce smoke-free policies (grounds as well as buildings) for all members of the school community consistently, both indoors and in grounds.
- 9.4 Encourage universities and other institutions of higher education to adopt smoke-free policies, including outdoors on campus.

The Minister for Health and Ageing will write to the Ministerial Council for Education, Early Childhood Development and Youth Affairs asking them to consider these recommendations.

- 9.5 Make smoking a 'classifiable element' in movies and video games.
- 9.5.1 Designate tobacco use as a 'classifiable element', to be taken into account by the Classification Board when rating films.
- 9.5.2 Produce guidance notes to the Board and to television licensees based on the literature on the impact of portrayals of smoking on young people.
- 9.5.3 Fund a project to raise awareness among people working in the Australian film, television and entertainment industries of the damaging effects of seductive portrayals of smoking in popular entertainment viewed by children.
- 9.5.4 Include training to decode depictions of smoking in movies in drug education in schools.

The Commonwealth Government does not support making tobacco use a 'classifiable element' at this time.

The Australian National Preventive Health Agency will be tasked to review the evidence around recommendations 9.5.2 through 9.5.4 and discuss them with: the Department

of Broadband, Communication, and Digital Economy; the Department of Environment, Water Heritage and the Arts; the Office of Film and Literature Classification and Screen Australia.

RECOMMENDED
KEY ACTION AREA 10

ENSURE THAT THE PUBLIC, MEDIA, POLITICIANS AND OTHER OPINION LEADERS REMAIN AWARE OF THE NEED FOR SUSTAINED AND VIGOROUS ACTION TO DISCOURAGE TOBACCO USE

- 10.1 Ensure the public is constantly alerted to information about tobacco and its impact arising from new research findings.
- 10.2 Ensure that politicians and other opinion leaders are aware of international developments in tobacco control; including guidelines developed to assist countries comply with international obligations under the FCTC, and research on the efficacy of TC interventions.

The National Health and Medical Research Council (NHMRC) is the agency responsible for managing health research, including prevention. The NHMRC has a range of existing and new schemes aimed at investing in applied health research and research translation including: Targeted Calls for Research; Centres for Research Excellence (CREs); Partnership Grants; and proposed Partnership Centres in Research Excellence. These grants schemes also seed the development of 'a culture' of research oriented to policy and practice in the Australian research community. To support its role and in recognition of the growing policy importance of prevention, the NHMRC established the Prevention and Community Health Committee in 2009. The Committee provides advice on a range of preventative health matters and will support the development of clinical guidelines.

The Government has also committed \$13.1 million to the Australian National Preventive Health Agency through the National Partnership Agreement on Preventive Health for research translating evidence into policy and programs.

The Commonwealth Government supports informed public debate on tobacco control. In particular, the Government supports conferences such as the Oceania Tobacco Control Conference and the Asia Pacific Association for the Control of Tobacco Conference, which will be held in Australia for the first time in 2010.

- 10.3 Ensure greater awareness that selling tobacco products is incompatible with principles of corporate social responsibility.
 - 10.3.1 Seek to make the percentage of revenue generated from tobacco products an agreed component of CSR award programs (e.g. Australian Business Awards, Telstra Business Awards and Australasian Reporting Awards).
 - 10.3.2 Seek amendment of ASXCGC Best Practice Recommendations.

The Government notes this recommendation, which will be referred to the relevant Government portfolios for consideration and advice.

The Government announced a 25 per cent increase in the excise and excise-equivalent customs duty on tobacco products effective from 30 April 2010 and revenue generated will be invested in the National Health and Hospitals Fund.

RECOMMENDED
KEY ACTION AREA 11

MEASURE PROGRESS AGAINST AND TOWARDS TARGETS

11.1 Establish a National Tobacco Strategy Steering Committee.

The Commonwealth Government is leading a review of the National Tobacco Strategy in 2010. A National Tobacco Strategy Steering Committee incorporating government and expert stakeholder membership will be established to oversee the review. In addition, the Australian National Preventive Health Agency will provide expert advice and may establish its own expert committee to assist in preparation of its biennial report on the state of preventative health in Australia.

11.2 Include a question on smoking among Australians aged 18 years and over in the Australian Census.

The Government currently funds extensive data collections on tobacco prevalence in Australia, including the:

- National Drug Strategy Household Survey conducted every three years;
- Australian Secondary Students' Alcohol and Drug (ASSAD) survey; and
- National Aboriginal Torres Strait Islander Health and Social Surveys.

The \$54 million Australian Health Survey commencing in 2011 will provide valuable additional data to further enhance understanding of the patterns and impact of smoking in Australia and appropriate policy responses.

The recommendation about the Australian Census will be referred to the Australian Bureau of Statistics (ABS) for consideration.

11.3 Establish a mechanism to collect reliable data on prevalence in 2011 in Queensland, Tasmania, the Australian Capital Territory and Northern Territory.

The Commonwealth Government together with the Heart Foundation has engaged the ABS to perform the most detailed review of the health of Australians ever conducted. From 2011, 50,000 randomly selected Australians will be asked to complete the Australian Health Survey, including optional pathology samples that will provide health researchers with invaluable data on the risk factors of disease – guiding future preventative health measures.

11.4 Include in future reports of ASSAD surveys the proportion (and number) of teenagers who have ever smoked more than 100 cigarettes.

The Government currently funds extensive data collections on tobacco prevalence in Australia, including the:

- National Drug Strategy Household Survey conducted every three years;
- Australian Secondary Students' Alcohol and Drug (ASSAD) survey; and
- National Aboriginal Torres Strait Islander Health and Social Surveys.

The \$54 million Australian Health Survey commencing in 2011 will provide valuable additional data to further enhance understanding of the patterns and impact of smoking in Australia and appropriate policy responses.

11.5 Report on trends in the proportion of smokers and recent smokers who have attempted to quit in the previous three and 12 months, and the proportion who intend to quit in the next three months.

The Department of Health and Ageing will pursue this recommendation with the organisations administering the International Tobacco Control (ITC) policy evaluation study.

11.6 Report on trends over time in prevalence of smoking and numbers of cigarettes smoked for persons in all various SES groups, both in reports on detailed findings of the National Drug Strategy Household Survey, and in reports of the Australian School Students' Smoking, Alcohol and Drug Survey.

11.7 Increase sample sizes of the National Aboriginal Torres Strait Islander Health and Social Surveys to provide reliable indications of changes over time in each state and in the Northern Territory. This should be done in preference to trying to include sufficient Indigenous People in annual state population surveys.

11.8 Use state population surveys to over-sample each year within two or three state health department regions with a high proportion of Indigenous residents, so that reliable estimates of prevalence of Indigenous smoking at a regional level become available on a three-yearly basis.

11.9 Analyse percentage changes in the prevalence of Indigenous smoking compared with percentage changes in previous periods, and compared with absolute and percentage changes in the non-Indigenous population.

11.10 Extend the ASSAD survey to more remote areas of Australia and to Indigenous schools to ensure the inclusion of greater numbers of Indigenous children.

- 11.11 Establish a panel of Indigenous people who are currently smokers to enable the monitoring of intentions and attempts to quit, amounts smoked and the prevalence of smoking indoors and around others. The panel could also be used to monitor the impact of tobacco control policies among Indigenous people.
- 11.12 Report on trends over time, by SES, in the proportion of Australians aged 14 years and over exposed to second-hand smoke at work and indoors at home.
- 11.13 Report on long-term trends in the percentage of students (smokers and non-smokers) who have one or more parents who smoke, and who live in homes that are smoke-free.
- 11.14 Report for each state and territory for women living in areas of varying levels of social disadvantage, and for Indigenous and non-Indigenous women, the proportion of pregnant women who report smoking at early and late stages of pregnancy.

The Department of Health and Ageing will continue to seek to enhance data collections and reporting on key tobacco control indicators across the Australian population and particularly among Indigenous Australians as resources and opportunities allow, in line with the above recommendations.