

# NSW PUBLIC HEALTH BULLETIN

## Tobacco Control in NSW

### Good progress in tobacco control in NSW

#### GUEST EDITORS

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A previous issue of the *NSW Public Health Bulletin* (2004) highlighted an enviable track record of tobacco control in New South Wales (NSW).<sup>1</sup> These interventions continue to drive down the prevalence rates of smoking. The percentage of people aged 16 years and over who smoke ‘daily’ or ‘occasionally’ has undergone an unprecedented drop from 20.9% in 2004 to 20.1% in 2005, with a further decrease to 17.7% in 2006.<sup>2</sup>

This drop in smoking prevalence has largely been the result of changes to smoking legislation, improved treatment services for smokers and increased cessation training for health professionals. In addition, the Cancer Institute NSW has invested substantially in major anti-smoking advertising campaigns, including TV advertisements showing the consequences of smoking and promoting the Quitline.

However, tobacco smoking is arguably still the single largest preventable cause of premature death and disease in Australia, and we cannot afford to become complacent by ignoring this issue in either the general community or special population groups.

Smoking rates in some groups of the population are higher than others and these include Aboriginal and Torres Strait Islander people, socially and economically disadvantaged people, the unemployed, people with a mental illness and certain ethnic groups that have the highest current prevalence rates of smoking in NSW and who experience a larger burden of tobacco-related illness and mortality. The *NSW Tobacco Action Plan 2005–2009*, in addition to outlining strategies to reduce tobacco use in the general population, specifically identifies high-prevalence and high-risk populations to ensure that smoking in these groups is addressed as

a priority.<sup>3</sup> The NSW Cancer Council’s *Tobacco Control and Social Equity Strategy* has reinforced this same priority.<sup>4</sup>

This issue of the *Bulletin* illustrates some of these developments in tobacco control in NSW and contains several original perspectives on the introduction of smoke-free environment policies and a focus on disadvantaged populations.

John Sanders highlights the findings of two reports prepared by Collins and Lapsley for the NSW Department of Health, which describe the financial and social costs of tobacco use in NSW, and reminds us of the heavy toll that the use of tobacco extracts. Gow, Weir and Marich describe how the Greater Southern Area Health Service has risen to the challenge and developed a Tobacco Control Plan for their rural region. This plan has prioritised local action and focussed on a smoke-free status for all NSW Health sites within the Area Health Service: supporting cessation for clients and staff; developing specific interventions for pregnant women; reducing environmental tobacco smoke; prioritising Aboriginal and Torres Strait Islander peoples and people on low incomes; and maintaining pressure on reducing sales of cigarettes to minors.

Health services should play a lead role in tobacco control, and yet need to do more before smoking care is delivered effectively and routinely in the health care setting. Freund et al. review the literature on smoking-care provision in hospitals and propose several strategies for how this service can be enhanced. Mitchell et al., in *Enabling the NSW Health workforce to provide evidence-based smoking cessation advice through competency-based training delivered via video conferencing*, describe the development of national

competency standards in smoking cessation that formed part of the *NSW Tobacco Action Plan 2005–2009*.

Going completely smoke free is a good example of institutional role modelling, and Kia et al. describe their experiences of implementing a Smoke-Free Environment policy in the Northern Coast Area Health Service. The Health Promotion Tobacco Team adopted a change-management approach called Smoke-Free Health Care to engage management and staff across the health service. In *Tobacco and Aboriginal people in NSW*, Ivers presents evidence-based interventions to reduce the harm from tobacco use by Aboriginal people in NSW.

Encouraging smokers to quit is fundamental to tobacco control; Cotter and Perez describe how promoting the Quitline through anti-tobacco mass media campaign advertising encourages smokers to seek assistance to quit, and thereby increased their chances of successfully quitting. There is a clear relationship between the weight of television advertising (Target Audience Rating Points, known as TARPs) and the number of calls to the Quitline. General anti-tobacco advertising may also impact on adolescent smoking and help prevent the uptake of tobacco use.

Finally, the papers by van Beurden and co-workers, and Giffin and Eyeson-Annan describe the use of tobacco among young Australians. Van Beurden and co-workers

propose an interesting hypothesis to explain the high prevalence of tobacco use among young North Coast males. They argue that tobacco dependence is a function of high marijuana use in the area, and results from the mixing of cannabis with tobacco. Giffin and Eyeson-Annan present selected results from the *New South Wales School Students Health Behaviours Survey: 2005 Report*.

Tobacco control advocacy in NSW continues to be proactive and effective, although there is still more to be done, particularly with disadvantaged populations. However, we can take heart from the lower adolescent smoking rates, and hope that the next generation will continue to recognise the harms of tobacco smoking.

## References

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# NSW PUBLIC HEALTH BULLETIN

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