

A REPORT ON THE NSW TOBACCO ACTION PLAN 2001–2004

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BACKGROUND

The NSW Department of Health's commitment to reducing tobacco-related harm in New South Wales is best articulated in its *NSW Tobacco Action Plan 2001–2004*.¹ In accord with the National Tobacco Strategy 1999–2003,² priorities under this plan include: reducing smoking prevalence; limiting the uptake of smoking by non-smokers; reducing the exposure to the general population to tobacco smoke; and, over the longer term, decreasing the prevalence of disease and deaths caused by smoking. In order to address these priorities, the *NSW Tobacco Action Plan 2001–2004* (Tobacco Action Plan) focuses on policies and legislative programs to restrict access to tobacco products; provision of support services to assist those wanting to quit smoking; and adoption of strategies to reduce exposure to tobacco smoke in indoor places both public and private.

Currently, the plan is more than half way through implementation and the significant gains in the promotion of smoke-free environments, and formative work in the provision of a broader range of cessation services to the community, mean that the plan is well on track to achieve its aims and objectives. This article describes a number of these achievements, and the challenges that remain.

CONTROL OF ENVIRONMENTAL TOBACCO SMOKE

Arguably the most significant contribution of the Tobacco Action Plan has been implementing strategies to further reduce community exposure to environmental tobacco smoke. Legislation has played a significant role with the introduction of the *Smoke-free Environment Act* in September 2000, and in subsequent initiatives between government and the hospitality industry to extend non-smoking areas in licensed premises. While progress to a total ban in licensed premises may not have been as rapid as that witnessed in countries such as Ireland and New Zealand,^{3,4} the NSW Government has made a commitment to phase out smoking indoors in licensed premises by 2007.⁵

Public opinion supports this move; a recent community survey found that 92 per cent of respondents support some form of smoking restriction in licensed clubs, 90 per cent support partial smoking restriction in hotels, and 66.8 per cent of respondents support a total ban on smoking in pubs and clubs.⁶ This is consistent with the findings of a survey commissioned by NSW Health, which indicated 66.8 per cent support for a total ban in gaming areas, 58.9

per cent for a total ban in registered clubs, and 54.3 per cent support for a total ban in pubs and bars and nightclubs.⁷

Reducing children's exposure to the harmful effects of environmental tobacco smoke has also been a priority under the current Tobacco Action Plan. In 2001, a campaign was launched to communicate to parents and carers who smoke, the simple message that both the car and home should be smoke-free zones. Evaluation of the first phase of this campaign, which was conducted between September and November 2002, showed that among the target group there was a 10.1 per cent increase in smoke-free cars and a 21.5 per cent increase in smoke-free homes.⁸

Reducing the number of patients, staff and visitors exposed to environmental tobacco smoke, when in contact with NSW Health facilities, has also been an area of significant policy work in the last three years. With over 100,000 staff members who work either in or with NSW Health, and with over 1,300 health facilities across the state, development of the NSW Health Smoke-free Workplace policy has involved significant consultation and negotiation with the area health services, unions, and representative bodies. This policy is currently at stage three of its implementation, which means that smoking is only allowed in outdoor designated smoking areas. Progression by area health services to stage four—smoke free campuses—is being undertaken.

ENFORCING TOBACCO LEGISLATION

Apart from the *Smoke-free Environment Act*, there are several sections in the *NSW Public Health Act 1991* that relate directly to limitations on the sale and promotion of tobacco products in the community. Regional public health units are responsible for testing compliance with these laws, and while NSW has been considered a national leader in developing strategies to monitor compliance, these efforts have been even further enhanced under the current Tobacco Action Plan. Strategies have included a more systematic approach to monitoring requirements, improved support for environmental health officers to attend training, development of a policy and procedure manual, and provision of additional educational material for tobacco retailers and their employees. As a result, statewide compliance rates have remained relatively high; for example, for the 2003–04 period there was 86 per cent compliance with sales to minors legislation and 82 per cent compliance with advertising restrictions.⁹

Prosecution is also an important tool in promoting compliance with legislation and while onus rests principally with educating retailers and proprietors of their obligations, NSW Health does instigate legal action if continual breaches are identified. Between July 2000 and December 2003 there have been 66 successful

prosecutions: two for advertising breaches; five for failure to display health warnings; one for a breach of the *Smoke-free Environment Act*; and 58 for offences under sales to minors legislation. Perhaps the most widely reported of these was the successful prosecution of Phillip Morris and Wavesnet, a web-based event promoter, for offences contrary to section 61 B(1) of the *NSW Public Health Act 1991*, for displaying a tobacco advertisement in a public place. Both Phillip Morris and Wavesnet pleaded guilty to their charges and were convicted and fined accordingly. This ruling is the first time a tobacco firm has ever been successfully prosecuted in Australia for breaching advertising laws.

ASSISTANCE TO HELP PEOPLE QUIT SMOKING

Enhancing support services to assist people to quit smoking has been an area of intensive area of work under the Tobacco Action Plan. In mid-2002, funding of the NSW *Quitline* was substantially increased to provide a 'best practice' telephone counselling service, incorporating a callback option of up to six calls during a person's attempt to quit, provision of written material within 24 hours of all calls, and referral to relevant health agencies and/or health professionals.

To complement this service, particularly for smokers who might prefer a more anonymous form of advice, a web-based smoking program called *Quit-online* has been developed and is currently being tested among staff in all area health services across the State. Depending on the results of an evaluation due in July 2005, *Quit-online* will ultimately be offered to the general public.

Development of resources in the area of cessation has also included the production and dissemination of the highly-popular *Quit Stories* video. This video features personal accounts from 13 staff of NSW Health who have quit smoking, including why they gave up smoking and the strategies they have used to remain a non-smoker. A second video explaining the use and benefits of Nicotine Replacement Therapy, released under the NSW Health Smart series, was recently launched as part of World No Tobacco Day activities.

Increasing the range and number of health professionals with the skills to assist people to quit has also been an important focus. The aim of this strategy has been to provide more front line health workers with skills in brief intervention counselling and with knowledge to appropriately care for nicotine dependent clients and patients. In 2002 a resource entitled *Guide for the management of nicotine dependent inpatients* was developed to assist health workers effectively treat nicotine dependent patients admitted to NSW Health facilities.¹⁰ This resource has been widely disseminated and has since been adapted for use interstate. Competency standards for the provision of smoking cessation have also been developed and included in the Australian National Training Authority's training package in

population health, which is expected to be endorsed in 2004. Training materials are currently being developed to implement these competency standards, which will form the basis of an accreditation scheme in smoking cessation practice for health professionals in NSW.

Providing resources to population groups where smoking prevalence is high has also received attention. At a forum held in Sydney in 2002, it was determined that the first priority to address smoking among Aboriginal and Torres Strait Islander people in NSW was to increase the capacity and skills of health workers to deliver best practice interventions for smoking cessation. An Aboriginal advisory committee was established and the first task of this committee has been to provide assistance and direction in the development of a cessation training manual for Aboriginal health workers and those who work predominantly with Aboriginal communities throughout NSW. The resources that are being developed for this project include a facilitator's training manual, a video demonstrating brief motivational interviewing, overheads, a slide presentation, a workers' handbook and desk tool, and pamphlets and promotional material for clients. The resources will be completed and distributed to all relevant organisations in NSW in late 2004. It is then anticipated that a 'train-the-trainer' module will be developed to build the capacity of Aboriginal health workers to deliver training, enhancing the sustainability of the project, and ensuring that each Aboriginal medical service or other health service working with Aboriginal people has a worker who can train and support other staff.

Services to culturally- and linguistically-diverse communities have involved the piloting of a five-week *Quitline* service as part of World No Tobacco Day activities in 2001 and 2002. In 2001, this service was offered to the Arabic and Chinese speaking communities, and in 2002 it was extended to the Vietnamese and Turkish speaking communities. Implementation of the service consisted of a training program for bilingual telephone counsellors, an electronic and print media campaign, and comprehensive evaluation. In both years the majority of callers were male, aged between 36–45 years of age and of Chinese origin. Piloting these services provided insights into how to structure an ongoing service for these communities and these are currently being incorporated into the multicultural phone lines soon to be offered through the NSW *Quitline*.

AWARENESS AND EDUCATION

Since 1998, smoking rates in NSW have steadily declined, as described in the article by Mitchell and Sanders in this issue of the Bulletin. Current NSW figures show that over the last three years, among those over the age of 16 years, smoking prevalence rates have fallen from 23.7 per cent to 21.4 per cent.¹¹ Campaign and educational activities, both at the national and state levels, have contributed to this and there has been a concerted effort to target available

resources towards population groups where smoking levels are high.

Youth 12–17 years of age have also been a priority, and strategies to reach this group have included a junior high school program known as *Smoking: Don't be a Sucker*; annual sponsorship of the Rock Eisteddfod Challenge; cinema advertising of *Every Cigarette Is Doing You Damage*, voiced by a popular young television personality; participation in the National Youth Tobacco-free Day; and support of the Commonwealth initiative *Smoke Free Fashion*.

THE VALUE OF PARTNERSHIPS AND ADVOCACY

Achievements in tobacco control are only reached in partnership with strong allies. In NSW these include dedicated individuals as well as non-government organisations and medical associations. In recognition of the contribution these stakeholders make to tobacco control, a specific aim of the Tobacco Action Plan has been to strengthen the capacity of health workers at a local level to engage and participate in tobacco control activities. The principal strategy adopted to achieve this has been through the establishment of the NSW Tobacco Control Network. With over 50 members from around the state, this forum provides an avenue for consultation on tobacco issues; an opportunity to collaborate and coordinate on the development of regional tobacco action plans; and scope to promote best practice through information sharing, professional development and better utilisation of existing resources. This network convenes twice a year, and once a year a workshop is held covering an issue of topical interest in tobacco control. An email list-server keeps members in contact and briefed of ongoing tobacco control issues.

Other strategies to broaden ownership and responsibility for tobacco control issues have included the establishment of a Tobacco Legislative Compliance Group made up of the directors of public health and environmental health officers, who advise the Chief Health Officer on strategic and practical directions for the enforcement of tobacco legislation. The Smoke-free Workplace Policy Advisory group provides direction on the implementation of smoke-free policy in health campuses across the state, and the Aboriginal and Torres Strait Islander Tobacco Prevention Project Steering committee oversees and advises on the development and implementation of strategies to address tobacco-related harm among Aboriginal and Torres Strait Islander people in NSW. These networks and working groups have been a powerful force in strengthening and extending the strategic directions of the Tobacco Action Plan, and have also ensured that momentum on key issues such as smoke-free environments and compliance with tobacco legislation is sustained.

CONCLUSION

Implementation of the *NSW Tobacco Action Plan 2001–2004* has shown that the strategic use of policies and interventions can make a difference. Actions arising from this plan have made a significant contribution towards the reduction of smoking in indoor areas; raised awareness about the importance of tailoring strategies to assist smokers to quit; and broadened the constituency for tobacco control among health workers and others. Challenges remain, however; particularly for improving the way we address the needs of specific groups in the population where smoking rates remain high (see Box). Scope exists to develop more innovative social marketing strategies, especially as the use of alternate forms of media such as the internet and text messaging take hold. Legislative options for further reform include a total ban on smoking in all workplaces, tighter controls on non-traditional advertising, and greater regulation of the display and purchase of tobacco products at point-of-sale. Discussing strategies to address these issues will be the starting point for development of the *NSW Tobacco Action Plan 2005–2008*, which will be commenced later in this year.

NSW TOBACCO ACTION PLAN 2001–2004: KEY CHALLENGES AHEAD

- Broaden NSW smoke-free legislation to cover all indoor workplaces in NSW.
- Amend existing NSW tobacco control legislation to: ban 'mobile' tobacco sellers from family and youth events; require tobacco products to be stored out of sight (information about the types and prices of tobacco products available by means of regulated signage); review definitions of tobacco promotion to ensure it covers more subliminal forms of tobacco advertising, such as internet promotions and product placement in film and television.
- Continue to enhance support for those wishing to quit smoking by ensuring appropriate access to high quality information and services.
- Increase expenditure on social marketing campaigns to complement gains already being achieved through regulation and legislation. These strategies will need to be cognisant of the diversity of advertising and communication avenues now on offer through new and emerging technology.

Copies of the *NSW Tobacco Action Plan 2005–2008* can be obtained from the NSW Department of Health website at www.health.nsw.gov.au/pubs/t/pdf/tobac_plan.pdf.

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MANAGING NICOTINE DEPENDENCE IN NSW HOSPITAL PATIENTS

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BACKGROUND

In recognition of the adverse consequences of tobacco use on patient health,¹ the financial burden of smoking on the health care system,² and the role of health services in the treatment of tobacco users (to enable their cessation of smoking), the NSW Department of Health has implemented a number of smoking cessation initiatives in recent years. Among these are the 1999 NSW Smoke-free Workplace Policy, which requires all area health service facilities and campuses to become smoke-free,³ and the development and release of the *Guide for the Management of Nicotine Dependent Inpatients* in 2002.⁴ This article describes the implications of the NSW Smoke-free Workplace Policy on hospitals and discusses the development and utility of the Guide in the context of the ongoing challenge of improving care for inpatients who are dependent on nicotine.

THE PROVISION OF SUPPORT TO SMOKERS BY HOSPITAL STAFF

There is little research in Australia that has investigated tobacco use by patients during their hospitalisation and the support provided by hospital staff to assist patients to abstain from smoking. Evidence suggests that while approximately 20–35 per cent of hospital patients are smokers,^{5,6} the provision of support for smokers within Australian hospitals is limited. A small cohort study by Feeney et al. of 60 inpatients who were smokers from medical or surgical wards found that 20 per cent of these patients reported that they had been offered assistance with quitting tobacco smoking by medical staff.⁷ Further, a larger study of over 300 direct care nurses from six hospitals in NSW indicated that while the majority of staff felt that providing smoking cessation advice and assistance to patients was part of their clinical role, they lacked knowledge of effective cessation strategies.⁸ The study found that only 21 per cent of staff felt competent to discuss cessation with patients. Following the introduction of the NSW Smoke-free Workplace Policy, the only published research evaluating tobacco use and the provision of smoking cessation support within NSW hospitals is a study by Boomer and Rissel.⁹ This study recruited self-reported smokers during attendance at pre-admission clinics at two large hospitals within the Central Sydney Area Health Service. Sixty-eight smokers were followed up after discharge. Reported assistance with smoking abstinence ranged from 17–38 per cent between