

The Greater Southern Area Health Service Tobacco Control Plan 2006–2009

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Abstract: In response to the *NSW Tobacco Action Plan 2005–2009*, Greater Southern Area Health Service (GSAHS) has developed a local plan. This short report describes how activities promoted in the state plan were prioritised and six outcomes identified as the focus for the *GSAHS Tobacco Control Plan 2006–2009*.

NSW Health has articulated continued commitment to addressing the harm caused by smoking.^{1,2} Smoking is also of concern to Greater Southern Area Health Service (GSAHS), with prevalence rates in 2005 above the NSW rate at 22.5%.³ Five of the 10 NSW local government areas within the GSAHS have hospitalisation rates attributable to smoking-related disease that are more than twice the state average.³ Seven of the 29 NSW local government areas with rates of smoking during pregnancy that are more than twice the state average are also within the GSAHS.³

Responses to control tobacco-related harm require a sturdy framework for action. In the GSAHS, the intention was to implement the *NSW Tobacco Action Plan 2005–2009*. However, with the knowledge that it detailed more initiatives than could be successfully undertaken by the GSAHS, a local plan was developed. Activities from the *NSW Tobacco Action Plan 2005–2009* were reviewed and prioritised according to whether:

- there was good evidence to support the effectiveness of the intervention or activity
- the intervention or activity is legislated or mandated (for example, if the area health service receives funding from NSW Health for an intervention)
- the intervention or activity is likely to be appropriate and feasible for GSAHS in terms of cost, scale or setting

- the intervention or activity builds on existing programs and models of service delivery
- the intervention or activity addresses health inequities.

The resulting *GSAHS Tobacco Control Plan 2006–2009* has identified the following six key outcome areas:

1. Achieve totally smoke-free status at all NSW Health sites within the GSAHS
2. Support health workers to deliver brief interventions for smoking cessation to GSAHS clients, support inpatients and outpatients with smoking-cessation treatment and nicotine-dependence management
3. Reduce smoking in pregnant women and environmental tobacco smoke exposure for infants and children
4. Reduce smoking rates in at-risk population groups including Aboriginal and Torres Strait Islander peoples and people on low incomes
5. Reduce the inappropriate sale of tobacco by retailers
6. Reduce the impact of environmental tobacco smoke within the hospitality industry and in public places.

To date, action under the *GSAHS Tobacco Control Plan 2006–2009* has occurred to varying extents in most of the key outcome areas. Significant effort has been directed to achieving totally smoke-free status at all GSAHS sites, with a self-imposed deadline of 1 July 2007. This process has given impetus to the second key outcome area, particularly with regard to establishing procedures to manage nicotine-dependant inpatients and encouraging participation in cessation training. Good progress is also being made in key outcome areas 5 and 6, with GSAHS environmental health staff maintaining a rigorous program of education combined with inspection to ensure compliance with the law by the retail and hospitality industries.

Key outcome areas 3 and 4 continue to provide challenges. The slower progress here reflects the complexity of these tasks. Tobacco control initiatives with these subpopulations must address layers of determinants, including social norms and socioeconomic disadvantage. In contrast, the achievement of totally smoke-free environments and restrictions on the sale of tobacco are more easily addressed through legislation and policy enforcement.

The clarity of focus provided by the *GSAHS Tobacco Control Plan 2006–2009* has encouraged concerted effort on specified priorities. In a context of close competition for resources, with a dispersed population over a large

geographical area, clearly articulating a limited number of priorities that are realistic and achievable has been beneficial.

References

1. NSW Department of Health. *NSW Tobacco Action Plan 2001–2004*. Sydney: NSW Department of Health, 2001. Available at: http://www.health.nsw.gov.au/pubs/t/pdf/tobac_plan.pdf. Accessed 22 January 2008.
2. NSW Department of Health. *NSW Tobacco Action Plan 2005–2009: A vision for the future*. Sydney: NSW Department of Health, 2005. Available at: http://www.health.nsw.gov.au/pubs/2005/tobacco_ap_vision.html. Accessed 22 January 2008.
3. NSW Department of Health. *NSW Health 2006 Report of the NSW Chief Health Officer*. Sydney: NSW Department of Health, 2006. Available at <http://www.health.nsw.gov.au/public-health/chorep/>. Accessed 22 January 2008.

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