

# NATIONAL TOBACCO CONTROL SCOREBOARD 2021

## AMA/ACOSH Award - Judges Comments

This year there are no A or B ratings, because no Australian government has implemented a comprehensive suite of strategies to put significant downward pressure on the prevalence of smoking.

As a consequence, the jurisdictions with the highest rating still received a C for Complacency.

### GRADE

## C QUEENSLAND

### POSITIVES

Queensland Health is well ahead of other health services in recording smoking status, delivering brief intervention, and referring patients to evidence-based smoking cessation support (e.g. Quitline). The program has strong components for training, education, and practice guidelines.

As part of Queensland's response to COVID-19, Quitline received additional funding to provide all Queenslanders who smoke, access to an intensive quit support program that combines behavioural support with a free 12-week supply of nicotine replacement therapy.

The Queensland government has continued to protect its community from secondhand smoke in a range of outdoor public areas including public transport, outdoor shopping malls, sporting, and recreation facilities.

### TOP FOUR ACTIONS NEEDED

1. Allocate consistent funding at evidence-based levels for strong media campaigns to produce declines in smoking.
2. Strengthen controls on the sale of tobacco by:
  - implementing a positive licence scheme with appropriate licence fees;
  - banning retailer incentives for promoting new products; and
  - banning employees under 18 from selling tobacco products.
3. Remove the exemption for high roller rooms at casinos.
4. Develop policies based on the World Health Organisation Framework Convention on Tobacco Control Article 5.3 to limit interaction across all government agencies with the tobacco industry, lobbyists, and front groups for the tobacco industry.

## C TASMANIA

### POSITIVES

The Tasmanian Government currently funds Cancer Council Tasmania, through the Quit Tasmania program, to deliver anti-smoking mass media campaigns at evidence-based levels.

Actions in the Tasmanian Tobacco Control Plan 2017-2021 include reducing smoking in high prevalence groups including the establishment of a Smoke Free Priority Populations Working Group. A dedicated Project Officer has facilitated the development of 'No One Left Behind: An action plan to achieve a smoke free Tasmania 2018-21'.

In 2019, Quit Tasmania was granted a Healthy Tasmania fund grant to deliver the '559 Lives' project until Dec 2021 to provide free NRT to priority population groups via the Tasmanian Quitline.

Good progress in protecting the community from exposure to second-hand smoke with smoke-free outdoor dining, pedestrian and bus malls, gaming rooms, and high roller rooms in casinos.

### TOP FIVE ACTIONS NEEDED

1. Implement and maintain consistent funding at evidence-based levels to address smoking among Indigenous and high priority communities.
2. Ensure the provision of brief advice is embedded as part of routine care in health services and hospitals (smoking status is recorded, advice delivered, and referral to an evidence-based behavioural intervention for smoking cessation support e.g. Quitline).
3. Strengthen controls on the sale of tobacco by:
  - banning retailer incentives and price boards for promoting new products;
  - banning employees under 18 from selling tobacco products.
4. Eliminate smoking designated zones in outdoor drinking areas.
5. Develop policies based on the World Health Organisation Framework Convention on Tobacco Control Article 5.3 to limit interaction across all government agencies, and members of parliament, with the tobacco industry, their lobbyists and front groups.

## C AUSTRALIAN CAPITAL TERRITORY

### POSITIVES

The ACT Government has continued to protect the community from exposure to second-hand smoke, with smoke-free policies in public transport waiting areas, as well as outdoor dining and drinking areas, gaming rooms, and the high-roller room in the ACT casino.

Strong restrictions have been maintained on tobacco sales and marketing, including a positive licence scheme and bans on the point-of-sale display of tobacco products, price boards, and retailer incentives.

The ACT was the first Government to divest from the tobacco industry and to implement a responsible investment policy.

### TOP FOUR ACTIONS NEEDED

1. Provide funding at evidence-based levels for strong media campaigns to produce declines in smoking.
2. Provide additional funds to support quitting in priority populations with a high prevalence of smoking, including people with mental health conditions, Aboriginal people and people experiencing socioeconomic disadvantage. While detainees and staff are only permitted to smoke in designated outdoor areas, a comprehensive smoke-free prison policy should be implemented.
3. Develop a system-wide program (hospitals, mental health services, GPs, primary care, etc) to ensure patients have their smoking status recorded, brief intervention delivered, and referral to evidence-based smoking cessation support (e.g. Quitline).
4. Strengthen controls on the sale of tobacco by banning employees under 18 from selling tobacco products.

## GRADE

### C NEW SOUTH WALES

#### POSITIVES

Development of the NSW Smoking Cessation Framework for local health districts (LHDs) to support health professionals to integrate quit support into routine care is a step toward a systematic approach to cessation by health services. NSW Ministry of Health has also partnered with Cancer Council NSW to trial the Tackling Tobacco program in mental health settings.

NSW Ministry of Health routinely monitors, seizes and reports illegal e-cigarettes and e-liquids that contain nicotine and are sold in NSW.

As confirmed by legislation, smoke drift is regarded as a cause of nuisance or hazard and there are smoke-free model by-laws that can be implemented in multi-unit strata housing.

#### TOP FOUR ACTIONS NEEDED

1. Increase and provide consistent funding at evidence-based levels for strong media campaigns to produce declines in smoking.
2. Strengthen controls on the sale of tobacco by:
  - implementing a positive licence scheme with appropriate licence fees;
  - banning price boards and retailer incentives; and
  - banning employees under 18 from selling tobacco products.
3. Legislate to end smoking in all outdoor dining and drinking areas. Address loopholes in legislation in licensed venues and eliminate exemptions for high roller rooms in casinos.
4. Develop policies based on the World Health Organisation Framework Convention on Tobacco Control Article 5.3 to limit interaction across all government agencies, and members of parliament, with the tobacco industry, their lobbyists and front groups.

### D SOUTH AUSTRALIA

#### POSITIVES

Smoke-free policy in prisons was successfully implemented in 2020 which included an education and training program for staff and prisoners, on-site counselling and NRT availability.

Commitment to address smoking among Indigenous communities through the implementation of a comprehensive framework for action for Aboriginal and Torres Strait Islander peoples, 'Give up smokes' campaign, tailored communication strategies, and culturally secure Quitline services.

Introduction of new e-cigarette laws including a ban on advertising, promotion and point-of-sale display of e-cigarette products and a ban on selling e-cigarette products by indirect orders (including internet sales).

#### TOP FOUR ACTIONS NEEDED

1. Ensure the provision of brief advice is embedded as part of routine care in health services and hospitals (smoking status is recorded, advice delivered, and referral to an evidence-based behavioural intervention for smoking cessation support e.g. Quitline).
2. Provide additional funds to support quitting in priority populations with a high prevalence of smoking, including people with mental health conditions and people experiencing socioeconomic disadvantage.
3. Strengthen controls on the sale of tobacco by:
  - banning sales from vending machines;
  - banning retailer incentives and price boards; and
  - banning employees under 18 from selling tobacco products.
4. Increase protection from second-hand smoke by banning smoking in outdoor drinking areas, entrances and exits to public buildings and areas adjacent to ventilation ducts.

### D WESTERN AUSTRALIA

#### POSITIVES

Consistent funding for media campaigns continues to be a strength of tobacco control for the Western Australian Government.

Good progress in the implementation of programs to reduce smoking among Indigenous communities, people with mental health conditions and people experiencing disadvantage.

From September 2020, all retail staff who sell tobacco products must be a minimum of 18 years of age.

#### TOP FOUR ACTIONS NEEDED

1. Ensure further protection for Western Australians from the harms of second-hand smoke by removing the exemption in beer gardens of licensed premises and the high roller international room at the Crown Casino. Smoke-free legislation should be extended to protection in public transport waiting areas, outdoor shopping malls and other crowded outdoor public places.
2. Ensure the provision of brief advice is embedded as part of routine care in health services and hospitals (smoking status is recorded, advice delivered, and referral to an evidence-based behavioural intervention for smoking cessation support e.g. Quitline).
3. Implement a comprehensive smoke-free policy in WA prisons.
4. Strengthen controls on the sale of tobacco by banning price boards, retailer incentives and vending machines.
5. Political parties should be prohibited from accepting donations from the tobacco industry and its front groups.

## D VICTORIA

### POSITIVES

Collaborative partnerships established with the Victorian Aboriginal Community Controlled Health Organisation, VicHealth and Quit Victoria to create a 'best practice unit' to reduce smoking in Victorian Aboriginal Communities as part of the Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027.

The Government, through its funding of Quit Victoria, provides training and education for health professions to embedding smoking cessation into health services. It has also funded pilot studies to test how to embed brief advice in the inpatient and oral health settings.

### TOP SIX ACTIONS NEEDED

1. Provide funding at evidence-based levels for strong media campaigns to produce declines in smoking. Investment by the Victorian Government in media campaigns is well below recommended levels.
2. Develop and implement a Tobacco Control Action Plan.
3. Strengthen controls on the sale of tobacco by:
  - implementing a positive licence scheme with appropriate licence fees;
  - banning retailer incentives and promotional schemes for consumers including multi-pack discounts and specials;
  - eliminate the exemption of specialist tobacconists and e-cigarette specialist retailers from point-of-sale display bans;
  - banning sales from vending machines; and
  - banning employees under 18 from selling tobacco products.
4. Ensure the provision of brief advice is embedded as part of routine care in health services and hospitals (smoking status is recorded, advice delivered, and referral to an evidence-based behavioural intervention for smoking cessation support e.g. Quitline).
5. Funding for the Quitline should be allocated for long-term periods rather than short-term contracts.
6. End the smoking exemption at outdoor drinking areas and the smoking-designated areas in high roller rooms at the casino. Smoke-free legislation should be extended to protection in public transport waiting areas, sporting and other crowded outdoor events, outdoor shopping malls, and entrances/exits to buildings.

## D COMMONWEALTH GOVERNMENT

### POSITIVES

Continuing commitment to the Tackling Indigenous Smoking Program which has demonstrated significant achievements to date. Sound evaluation programs show significant declines in smoking prevalence among Aboriginal adults in urban and regional areas have been observed (almost 10 per cent in the last 15 years). Most Aboriginal young people 12 – 17 years are now never smokers.

Regulatory approaches to e-cigarettes and novel tobacco products guided by advice from the National Health and Medical Research Council (NHMRC) and Therapeutic Goods Administration (TGA) have been maintained by Health Minister Hon Greg Hunt, despite intensive lobbying from the tobacco industry and associated front groups.

Guidelines published for all governments departments to act in accordance with Article 5.3 of the World Health Organization Framework Convention on Tobacco Control to limit interactions with the tobacco industry and its front groups.

Strong and continuing bipartisan commitment to tobacco control, with support for plain packaging legislation, and provision of exemplar role and guidance to other countries.

### TOP FIVE ACTIONS NEEDED

1. Funding should be reintroduced for sustained TV-advertising led public education campaigns at evidence-based levels for the current year and across the forward estimates. The Commonwealth is raising significant revenue by its robust approach to tobacco excise, and some of this revenue should be used to ensure growth in tobacco control measures, in particular media campaigns, to produce declines in smoking.
2. Ban all remaining tobacco advertising, marketing, lobbying, public relations activities and political donations.
3. Regulate the contents and design of tobacco products to significantly reduce appeal and addictiveness.
4. Continue to resist tobacco industry attempts to bypass TGA controls on novel tobacco products.
5. Ensure support for all smokers to quit when they come into contact with health services.

## E NORTHERN TERRITORY

### POSITIVES

Effective partnerships have been established between the Department of Health, Aboriginal Medical Services and Northern Territory Government Services to embed smoking cessation support in health services including brief intervention and referral to Quitline.

Northern Territory Government released its Tobacco Control Action Plan 2019 – 2023 and established the NT Tobacco Control Action Committee to monitor the Plan.

All retail staff who sell tobacco products (including e-cigarettes) must be a minimum of 18 years of age. The use of e-cigarettes is banned in smoke-free areas in the Northern Territory.

### TOP SIX ACTIONS NEEDED

1. Allocate dedicated resources to implement the Northern Territory Tobacco Action Plan 2019-2023.
2. Implement strong media campaigns to produce declines in smoking funded at evidence-based levels. The NT does not provide any funding for media campaigns despite having the highest prevalence of smoking in Australia.
3. Ensure the provision of brief advice is embedded as part of routine care in health services and hospitals (smoking status is recorded, advice delivered, and referral to an evidence-based behavioural intervention for smoking cessation support e.g. Quitline).
4. Strengthen controls on the sale of tobacco by:
  - implementing appropriate licence fees;
  - implementing a retailer training scheme;
  - allocating adequate resources and staff for monitoring and enforcement;
  - banning retailer incentives and promotional schemes for consumers;
  - banning sales from vending machines and mobile outlets.
5. Eliminate smoking-designated areas at education institutions (especially in schools), government-sponsored events and music festivals, drinking areas, and the exemption in the high rollers area at the casino.
6. Both major parties should reject political donations from industries allied with tobacco companies.