

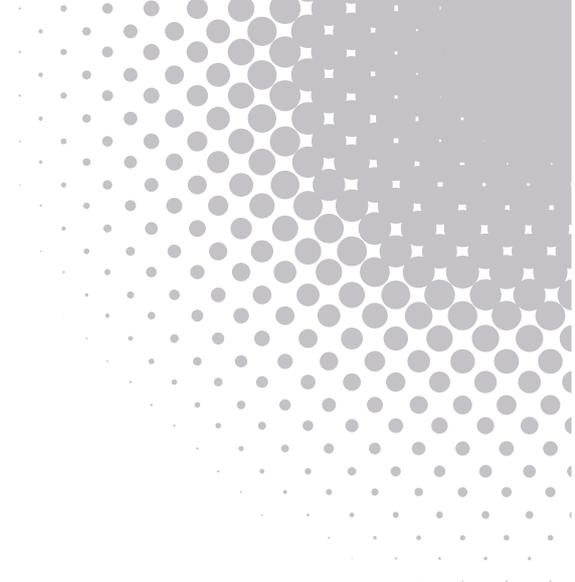
# Submission to the review of the National Tobacco Strategy 2012-2018

*Tobacco kills half the people who consume it. It is the most harmful drug that has ever existed in society. As a nation we have come a long way however, Tasmania has the second highest smoking rates in the country. This is not acceptable to the ATDC and our members. We welcome the range of initiatives outlined in the National Tobacco Strategy 2012-2018 and believe that it can be strengthened through increased linkages to the organisations and clients supported through the Tasmanian alcohol and other drugs sector. By providing collaborative strategic, evidence-based, targeted responses we can successfully reduce tobacco related harm in Tasmania.*

**August 2018**



Alcohol, Tobacco and other  
Drugs Council Tasmania Inc.



Alcohol, Tobacco and other Drugs Council of Tas Inc. (ATDC)

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## Our Submission

The ATDC acknowledges the success of government strategies to reduce the rates of, and harms associated with, smoking tobacco. This has been a key area of alcohol, tobacco and other drugs (ATOD) public health work across the last 30 years and we commend the ongoing commitment of funds to this vital area. However, tobacco continues to kill half of all those who choose to smoke, and consequently continues to pose the largest burden on public health budgets. As such, we must continue to invest in evidence-based, targeted strategies, particularly in in populations like Tasmania where there continue to be entrenched behaviours in certain cohorts.

### The impact of tobacco harm in Tasmania:

- **Second highest number of smokers in Australia**
- **Lower socio-economic status than the national average**
- **Regional, rural and remote status**

Tasmania has the second largest proportion of smokers in Australia, with 17% of the population smoking, and nearly all of those smoking daily.

Tasmanians are older, poorer, less healthy and more likely to be affected by disability than other Australians... Tasmanians are less likely to be employed than other Australians, and to earn less when they are employed ... they remain less well-educated, on average, than people living in other states and territories. All of these factors are contributors to the fact that Tasmania has relatively greater concentrations of economic and social disadvantage than any other state or territory - and conversely, fewer concentrations of social and economic privilege than other parts of Australia.<sup>1</sup>

The entire state of Tasmania is classified as 'outer regional' or 'remote' according to the Australian Bureau of Statistics.<sup>2</sup> Designing health outcomes requires consideration of the impact of living in areas that are not as highly populated or resource and service dense as those in metropolitan centres.

Australians living in rural and remote areas tend to have shorter lives, higher levels of disease and injury and poorer access to, and use of, health services compared to people living in metropolitan areas. Poorer health outcomes in rural and remote areas may be due to a range of factors, including a level of

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<sup>1</sup> Eslake, S, 2017, The Tasmania Report, Tasmanian Chamber of Commerce and Industry, accessed online on 8/8/18, p43, found here: [http://www.utas.edu.au/\\_data/assets/pdf\\_file/0011/1055693/Tasmania-Report-Saul-Eslake-2017.pdf](http://www.utas.edu.au/_data/assets/pdf_file/0011/1055693/Tasmania-Report-Saul-Eslake-2017.pdf)

<sup>2</sup> Remoteness Areas divide Australia into 5 classes of remoteness on the basis of a measure of relative access to services. Remoteness Areas are intended for the purpose of releasing and analysing statistical data to inform research and policy development in Australia. ABS, 2018, The Australian Statistical Geography Standards (ASGS Remoteness Structure).

disadvantage related to education and employment opportunities, income and access to health services.<sup>3</sup>

Access to General Practitioners among other health services, are noticeably lower in rural and remote areas with the overall rate of employed medical practitioners (including specialists) lower (253 per 100 000 population compared with 409 in major cities). The number of General Practitioners in very remote areas is about half that of major cities.<sup>4</sup>

The above characteristics means that Tasmania, as with some other areas in Australia, requires targeted approaches that take into account these underlying factors.

With this in mind, the ATDC wishes to add the following key points with the view of strengthening the current National Tobacco Strategy 2012-2018, ensuring that regional and rural areas with lower socio-economic status of the people living in them, are represented adequately.

## **1. Acknowledgement of individuals seeking AOD treatment as a priority population group**

Currently the Strategy identifies the Aboriginal, Torres Strait Islander population as experiencing increased tobacco harm when compared with the rest of the population. Further categories of individuals who experience greater rates of smoking when compared to the rest of the population include those with a substance use issue and those with a mental health diagnosis. The high rates of smoking in those who seek treatment in our services is of core interest to the ATDC and we strongly encourage the inclusion of this population group within the Strategy.

Indeed our colleagues at the Cancer Council reiterate:

Smoking cessation has not traditionally been a major part of drug and alcohol treatment programs, as attention is usually focused on alcohol or illicit drug use. Yet diseases caused by tobacco smoking kill more people than illegal drugs and alcohol combined. Also, many smokers suffer these debilitating illnesses for years as a result of smoking, even if they don't die of smoking related causes.<sup>5</sup>

Additionally a review of 40 papers concluded with:

The very high smoking rates reported in addiction treatment samples warrant significant, organised, and systemic response from addiction

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<sup>3</sup> Quote sourced from Australian Institute of Health and Welfare web page, accessed online on 10/8/18, found here: <https://www.aihw.gov.au/reports/rural-health/rural-remote-health/contents/rural-health>

<sup>4</sup> Quote sourced from Australian Institute of Health and Welfare web page, accessed online on 10/8/18, found here: <https://www.aihw.gov.au/reports/rural-health/rural-remote-health/contents/rural-health>

<sup>5</sup> Cancer Council NSW, Information for staff in social and community services, accessed online on 14/8/2018, found here: [https://www.cancer council.com.au/wp-content/uploads/2016/04/16108\\_CA\\_CAN5086\\_DrugAlcoholTreatment\\_STAFF\\_WEB.pdf](https://www.cancer council.com.au/wp-content/uploads/2016/04/16108_CA_CAN5086_DrugAlcoholTreatment_STAFF_WEB.pdf)

treatment systems, from agencies that fund and regulate those systems, and from agencies concerned with tobacco control.<sup>6</sup>

## **2. The opportunity within ATOD treatment agencies to reduce tobacco harm**

In section 5.5 of the current Strategy, ATOD services are not mentioned as prospective partners. The ATDC strongly encourages their inclusion as key agencies. ATOD treatment providers would be constructive partners in identifying and delivering smoking cessation and harm reduction information. This is demonstrated through the direct quotes included at the end of this submission. ATOD treatment provides an opportunity for tobacco interventions and the reverse is true as well. Strengthening the strategic linkages between those that provide cessation services and mainstream ATOD services makes practical sense enabling both sectors to be gateways or referral points to the other, particularly in Tasmania. Drawing upon the knowledge and approaches of both sectors' workforce, clients can be offered cessation or harm reduction information for both concerns regardless on which issue they are tackling first.

Supporting the above is a requirement to broaden tobacco treatment training to ATOD specialists to deliver tobacco interventions. This workforce development component should be strengthened in the current Strategy. Standardised and accredited tobacco treatment training should be prioritised across ATOD treatment services.

Expanding the categories of priority populations and identifying gateway organisations into our service system serve two purposes: better targeting of responses, as well as knowing where to place the interventions. ATOD services are ideally placed to continue the good work achieved so far in reducing tobacco harm. Due to the size and profile of the Tasmanian community sector, our State would be well placed to trial any new or emerging pilots focused on shared-training and streamlined service delivery.

## **3. Place-based program design and delivery**

The current Strategy could be strengthened by referring explicitly to peer-based approaches in the design or delivery of tobacco strategies. The ATDC, and our members believe that it is critical that representatives of priority populations are involved in program design and delivery, particularly in Tasmania. Peer-based approaches within the community also provide a good way of reaching hard to access populations in rural and regional areas. Innovative partnerships in local communities across local government, private enterprise, health professionals and peers present an opportunity to reach into communities and deliver meaningful outcomes. One example of this is combining financial incentives to drive smoking cessation in combination with community partnerships.<sup>7</sup>

## **4. Prevention of relapse: targeting those populations at higher risk**

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<sup>6</sup> Guydish, J., Passalacqua, E., Tajima, B., Chan, M., Chun, J, Bostrom, A., 2011, 'Smoking Prevalence in Addiction Treatment: A Review', *Nicotine and Tobacco Research*, June, pp401-411.

<sup>7</sup> Sigmon, S., & Patrick, M., 2012, 'The Use of Financial incentives in promoting Smoking Cessation', *Preventive Medicine*, Nov, pp24-32.

There continues to be a lot of people who require several attempts at quitting nicotine, therefore a focus on relapse prevention is important. The Strategy currently refers to relapse strategies, primarily in relation to mass media and advertising.

Whilst utilising mass media is a great prevention approach that has proven to shape norms and behaviors, its impact only goes so far. The ATDC believes that significant impact can be achieved by targeting relapse approaches and programs to populations where the risk is highest. For example, individuals who have been recently released from prison. These individuals experience high rates of relapse (~90% relapse upon discharge) as explained below:

94% of participants relapsed to smoking within two months of release; 72% relapsed on the day of release. 62% of participants smoked significantly less per day after (release) compared with before incarceration.<sup>8</sup>

Additionally, further to our above-mentioned comments under Point 1 - those leaving ATOD treatment are another group where relapse risk is heightened, and significant impact can be achieved through a targeted approach to these individuals. This is particularly pertinent in Tasmania where there are higher rates of unemployment, education and social disadvantage, which may exclude many individuals from benefiting from a mass media communications approach.

## **5. Don't forget harm reduction: increasing the options and products**

Nicotine is incredibly addictive and quitting is difficult and the ATDC welcomes the inclusion of harm reducing products within the Strategy.

The ATDC believes that Tasmanians having the option to switch to safer nicotine delivery systems<sup>9</sup> (such as vaporisers) is a better option. While it is acknowledged that further research into these products is required, we believe that the national approach should be inclusive of all people regardless of where they find themselves on the 'quitting spectrum'.

Nicotine Replacement Therapy (NRT) doubles the likelihood of people quitting. Further, when two NRTs (e.g. patch and gum) are combined, quitting rates are doubled. The ATDC believes that increasing access to these products and incorporating them in ATOD services and other community health services can ensure greater uptake. If these are embedded into existing services that provide psychosocial supports, then their effectiveness will be maximised. This echoes the above statements of integrating smoking interventions into ATOD services and wider community and health services.

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<sup>8</sup> Puljevic, C., de Andrade, D., Coomber R., & Kinner, S., 2018, 'Relapse to smoking following release from smoke-free correctional facilities in Queensland, Australia', *Drug Alcohol Dependence*, June, pp127-133.

<sup>9</sup> Shahab, L., Brose, L., & West, R., 2013, 'Novel delivery systems for nicotine replacement therapy as an aid to smoking cessation and for harm reduction: rationale, and evidence for advantages over existing systems', *CNS Drugs*, December, pp1007-19.

## Some final comments: Real life perspectives on working to reduce tobacco related harm in Tasmania

Below are some direct quotes describing the situation of reducing tobacco harm in Tasmania:

Tasmania is classified as 'outer regional' or 'remote' which creates isolation, loneliness and vulnerability – all of which impact on the mental and physical health of these Tasmanians and lead to a range of addictions including tobacco. We need to find ways to connect with these people, to support them, educate them and encourage a healthy and valued quality of life.<sup>10</sup>

Upon initial appointment we undertake assessment and screening and triage substances most problematic (in the instance of poly drug use). Tobacco, out of all substances being used by the client, tends to be the last one they would like to work on. This however does not mean it goes off the radar with us workers. Strategies undertaken are: working with GPs for Champix and NRT prescriptions, linking in with Quit Tasmania Helplines, apps, hypnosis and where appropriate medical and non-clinical detox. Mainstream approaches to therapy are utilised such as CBT and MI. We undertake reduction plans as well as building resilience with urges and cravings. We also deliver drug education both individually and to groups regarding tobacco and ensuing issues. Interestingly, Vaping has become a sought after option for clients who have had no success with 'cold turkey', NRT and prescribed medications.<sup>11</sup>

There is also pressure 'to just quit' and a lapse or relapse is seen as a failure, which is interesting as with any other substance the stages of change model is applied and is seen as a normal progression of quitting. The *Quit Buddy* App is great in that it helps people see the money they are saving and the amount of carbon monoxide they have avoided, however, if they have lapsed say with one cigarette they have to start the process again. Apps would be more efficient if they worked with reduction strategies not just pure cold turkey and only readjusted the figures for a lapse of one cigarette for instance so as to not be disheartening. In terms of resources, there are plenty of handouts and websites available but what would be handy is cheaper NRT for those not working with GP's and distraction activities identified.<sup>12</sup>

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<sup>10</sup> Director of a Tasmanian community organisation, 2018.

<sup>11</sup> Tasmanian ATOD worker, 2018.

<sup>12</sup> Tasmanian ATOD worker 2018.



Alcohol, Tobacco and other  
Drugs Council Tasmania Inc.

## About the ATDC

The Alcohol, Tobacco and other Drugs Council Tas Inc. (ATDC) is the peak body representing the interests of community sector organisations (CSOs) that provide services to people with substance use issues in Tasmania. We are a membership based, independent, not-for-profit and incorporated organisation. The ATDC is the key body advocating for adequate systemic support and funding for the delivery of evidence based alcohol, tobacco and other drug (ATOD) initiatives.

We support workforce development through the provision of training, policy and development projects with, and on behalf of, the sector and represent a broad range of service providers and individuals working in prevention, promotion, early intervention, treatment, case management, research and harm reduction.

We are underpinned by the principle of harm minimisation, which aims to improve public health, social inclusion and co-morbid illness outcomes, for individuals and communities. We play a vital role in assisting the Tasmanian Government to achieve its aims of preventing and reducing harms associated with the use of alcohol, tobacco and other drugs in the Tasmanian community.

## Tasmanian ATOD community sector organisations

- Advocacy Tasmania
- Anglicare Tasmania Inc.
- Bethlehem House Tasmania Inc.
- Circular Head Aboriginal Corporation
- Drug Education Network Inc.
- Headspace/Cornerstone Youth Services
- Holyoake Tasmania
- Launceston City Mission (Missiondale)
- Quit Services Tasmania
- Red Cross Tasmania
- Rural Alive and Well Inc.
- South East Tasmanian Aboriginal Corporation
- Tasmanian Aboriginal Centre
- Tasmanian Council on Hepatitis, HIV AIDS and Related Diseases.
- Tasmanian Users Health Support League
- Teen Challenge Tasmania
- The Link Youth Health Service
- The Salvation Army
- Velocity Transformations.
- Wyndarra Centre
- Youth Family and Community Connections

**Thank you for reading.**