

Health promotion strategies

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Editorial—tobacco reforms

Welcome to the first issue of *Health Promotion Strategies* for 2008.

Tobacco smoking is the largest preventable cause of death, disease, illness and disability in Victoria and is known to increase the risk of lung cancer, cardiovascular disease, chronic pulmonary disease and many other illnesses. Environmental tobacco smoke also affects the health of many non-smokers, including more than a third of Australian children (Australian Bureau of Statistics). As recently as 1998, smoking caused 4,750 deaths in Victoria, that is 90 deaths per week. In the same year alcohol, illicit drugs and road related deaths combined totalled 1,508. The comparison is startling.

Unsurprisingly, the financial costs of this toll are significant. Smoking costs Victorians slightly more than \$5 billion a year, including almost \$190 million to the Victorian health system (Collins and Lapsley, 2006). A conservative method of estimation has determined that Victoria would benefit by \$2,034 million over a 20-year period from a five per cent reduction in smoking rates. This represents \$10,291 for each person prevented from smoking by anti-smoking interventions (Collins and Lapsley, 2006).

The Victorian Government has been a world leader in mitigating the costs imposed upon individuals, families and society by tobacco smoking. In the 20 years since the introduction of the Victorian Government *Tobacco Act 1987*, adult smoking rates in Victoria have dropped from 30 per cent in 1987 to 17 per cent in 2003. This and other successes are the result of a continued drive by many dedicated individuals and organisations to eradicate the negative consequences of tobacco.

In recent years, new laws outlined in detail elsewhere in this bulletin have been pivotal to the Government's commitment to further reduce tobacco use and exposure to passive smoke.

The success of the Quit campaign and of tougher legislation on tobacco products have seen a marked decline in smoking rates, but there is still more to be done if we're to continue this downward trend.

DR JIM HYDE
Director, Public Health

References

Australian Bureau of Statistics

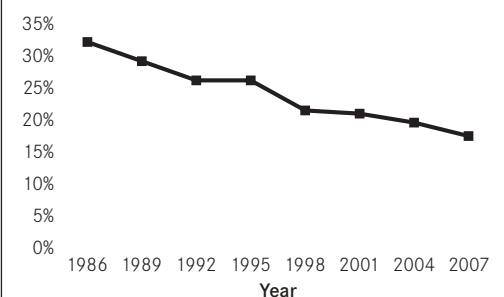
Centre for Behavioural Research in Cancer 2004

Collins D & Lapsley H 2005, *Counting the costs of tobacco and the benefits of reducing smoking prevalence in Victoria*, Victorian Department of Human Services, Melbourne.



Victorian Adult Smoking Prevalence

(Source: Centre for Behavioural Research in Cancer 2008)



Promoting perennial health solutions

By Todd Harper, CEO Victorian Health Promotion Foundation (VicHealth)

How's your health?

It's tempting to believe we have never had it so good, after all life expectancy now nudges an incredible 80 years. But there are stormy seas ahead.

The public rates health as a major concern—85 per cent of Victorians think health should be the top government spending priority. And nine out of 10 support health promotion and illness prevention, new VicHealth research shows.

These findings are in tune with the harsh reality. More than \$50 billion is spent nation-wide on coping with chronic diseases, many of which are largely preventable such as depression, heart disease, cancer and diabetes.

On average, around two per cent of the money we spend on health goes to preventing illness and disease. Yet around 70 per cent of disease-caused premature deaths and disability are related to human behaviour that is preventable.

So really, we spend two per cent of the health budget on way over half the problem. The figures are staggering.

Yet we know preventing chronic disease is value for money. Programs to reduce tobacco consumption over the past 30 years cost \$176 million but reduced health care costs by at least \$500 million.

Investing in programs to reduce tobacco use still represents perhaps the best value buy in reducing disease, but there are plenty of other opportunities too.

As we celebrate the 20th anniversary of the Victorian Tobacco Act, we can reflect on the vision and courage of Parliament that led to a world-first model of reducing tobacco harms and establishing dedicated funding for health promotion and illness prevention.

Just 20 years ago, cigarette companies lavished multi-million dollar contracts on sports and the arts.

In a single cricket test match, a cigarette brand would gain exposure 40,000 times. Not to mention the endless promotion in Rugby League, Grand Prix, and the Australian Ballet to name just a few.

Victoria led the way in 1987 by banning tobacco sponsorship. From the ashes a phoenix was born, VicHealth.

Politicians of all persuasions took the bold step of setting up a foundation to improve the health of all Victorians; spending revenue earned from cigarette taxes on preventing tobacco and lifestyle-related diseases.

And the world took notice of this bold step—Switzerland, Thailand, Tonga, Malaysia and Mongolia, are among many countries which have established Health Promotion Foundations.

It is estimated that around 17,000 premature deaths are averted each year because of lower tobacco consumption.

The challenges have been huge over the past 20 years and if anything, they are getting bigger and more complex than ever.

Keeping the foot on the pedal of tobacco control is essential. We can do more to eradicate tobacco advertising on the pack itself and point-of-sale displays, which attract young people with bright, breezy images and colours.

The good news is that just as we did with tobacco, we know if we adopt the right approach we can turn back the rising tide of preventable chronic disease.

We know the sums. The numbers are clear. We can all solve this health equation together.

An edited version of this article appeared in *The Herald-Sun* on 19 November 2007

City of Whittlesea broadens Tobacco Strategy

The City of Whittlesea's 2007 Municipal Tobacco Strategy broadens the scope of the previous strategy to include issues such as community education, litter management of cigarette butts and a stronger emphasis on policy and planning. The strategy was reviewed in response to the significant amendments to the Tobacco Act.

The objective of the 2007 strategy is to reduce the promotion, availability, supply and exposure to tobacco and ensure the regulation and enforcement of tobacco laws in the municipality. The strategy proposes a range of interventions through four key priority areas of:

- community education
- policy and planning
- enforcement and monitoring
- infrastructure.

The 2007 strategy is a whole-of-Council strategy with input from departments such as Public Health, Waste Management, Leisure Services, Health Promotion, Youth Services, Risk Management and Maternal and Child Health. This input ensures that the strategy and its actions do not sit solely in one department but become a whole-of-Council working strategy.

Implementation of the strategy also draws together various departments to address issues that the community has raised.

Council is now implementing the actions, including providing education sessions to sporting clubs on creating smoke-free sporting environments.

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Victorian Tobacco Control Strategy of 2008–2013

In 1987, the Victorian Parliament passed the *Tobacco Act 1987* to prohibit certain sales or promotion of tobacco products and to establish the Victorian Health Promotion Foundation (VicHealth).

Dedicated to health promotion and funded by taxation on tobacco, VicHealth was the first organisation of its kind. It formed the basis for similar models in Thailand, Austria, Malaysia and Switzerland.

Underpinning the Act is a central principle: that tobacco use is so injurious to the health of smokers and non-smokers that people must be deterred from taking up the habit and that existing smokers need to be encouraged to give it up.

Three broad policy objectives of preventing uptake (particularly amongst adolescents), promoting smoke-free

environments and reducing advertising have driven reform. Since 2000, the Victorian Government has implemented reforms to realise these objectives, including smoke-free dining and shopping centres (2001) and smoking restrictions in licensed premises, the casino, bingo and gaming venues (2002). In March 2006, smoking bans were introduced in enclosed workplaces, at underage music and dance events and in covered areas of train station platforms, tram and bus shelters. Cigarette sales to minors laws were strengthened to include tougher fines for offending retailers, and the definition of the term ‘advertising’ was widened. Smoking bans in all enclosed licensed premises, including pubs and clubs, were introduced in July last year.

These reforms herald a major social change: 20 years ago, who could have imagined the Australian pub would be smoke-free? But then, in 1987, who would have predicted adult smoking rates in Victoria would decrease from 30 to 17 per cent?

These achievements are significant, but the work continues. Tobacco use still accounts for 4,000 deaths in Victoria every year (Victorian Government Department of Human Services, 2005). Partnerships between the State Government, VicHealth, Cancer Council Victoria and Quit Victoria have been a key to past successes and will continue to be crucial in the implementation of the Victorian Tobacco Control Strategy of 2008–2013.

The Victorian strategy will continue to support the National Tobacco Strategy 2004–2009 by continuing research, monitoring trends, funding programs such as Quitline, and tackling health inequalities. The Victorian Government has announced an additional \$5.6 million of funding for anti-smoking marketing campaigns, part of the government’s strategy to further reduce adult smoking rates in Victoria to 14 per cent by 2013. The Victorian Tobacco Control Strategy renews the Government’s commitment to easing the social and economic burdens of tobacco and protecting all Victorians from the harmful effects of tobacco use.

Quit relaunches the sponge campaign

Quit Victoria recently launched the latest graphic anti-smoking campaign, a hard-hitting remake of the famous ‘sponge’ advertisement. The revival of the iconic sponge followed the release of alarming research that revealed that around six out of 10 smokers do not mention lung cancer when asked to name the diseases caused by smoking, despite smoking being responsible for around 80 per cent of all lung cancer cases.

Research from The Cancer Council Victoria also shows the proportion of smokers that spontaneously identify smoking as a cause of lung cancer is now almost 25 per cent less than it was three years ago.

Executive Director of Quit Victoria, Ms Fiona Sharkie, said the data underlined the importance of refreshing the sponge campaign, showing thick cancer causing tar that builds up inside a smoker’s lungs, for a new generation of smokers.

“Lung cancer causes the most deaths, but is perhaps the most straightforward to prevent,” said Ms Sharkie.

“People tend to assume that every smoker is able to identify without prompting that their habit is a direct cause of lung cancer but the research paints a very different picture. By reinventing the iconic sponge campaign we are delivering the lung cancer message to a whole new generation of smokers.”

Ms Sharkie said the new sponge ad packs even more of a punch than the original, which was the first quit smoking campaign to present the dangers of tobacco use in a graphic and uncompromising manner.

“Smokers tell us to keep the bad news coming, so if we can communicate the devastating consequences of tobacco use through mass media campaigns such as *Sponge* then we are on our way to a future where the statistics on smoking related disease are not so grim.”

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References

- Collins D & Lapsley H 2005, *Counting the costs of tobacco and the benefits of reducing smoking prevalence in Victoria*, Victorian Department of Human Services, Melbourne
- Victorian Government Department of Human Services (2005) *Victorian Burden of Disease Study*, Melbourne, Victorian Government Department of Human Services

Nurses help parents to quit smoking

Parental smoking is an important child health issue. Approximately one third of Victorian smokers are parents and approximately 43 per cent of Australian children live in a household with at least one smoking parent. This equates to 570,000 children aged four and under living in households with one or more smokers

Maternal and Child Health Nurses (MCHNs) have a unique opportunity and are ideally placed to help address parental smoking. Most parents (94 per cent) access a MCHN in the first six months of their child's life. Research indicates that parents are receptive to health messages from MCHNs and that MCHNs accept involvement in preventive care.

However, MCHNs can find smoking a difficult issue to raise with parents. To support the nurses, Quit has provided interactive smoking cessation intervention training sessions since 2005. The training

aims to increase MCHNs' knowledge, confidence and skills to raise and address the issue of smoking with parents as part of routine care, using the 5As (Ask, Assess, Advise, Assist, Ask again) framework. As consultation time is limited, if the MCHN establishes the parent is interested in quitting, they can give them some brief smoking cessation advice and resources and refer them to Quitline for ongoing support. The training is also designed to increase protection of children from second-hand smoke.

Evaluations are completed at the end of the training and, for a sample of participants, three months post-training is provided. The results of the training have been extremely positive, including an increase in confidence about raising and dealing with the smoking issue with parents.

In 2006, using a small grants program, Quit conducted seven maternal and child

health sessions free of charge in a range of Victorian metropolitan and regional areas. In 2007 Quit, in partnership with the Department of Human Services Early Years and Best Start initiatives, provided eight sessions and a range of resources to complement the training and for use during consultations with parents.

Quit has also worked with the Maternal and Child Health Helpline to encourage parents who smoke to receive a call from Quitline to support them to quit. For further information contact Quit on 9663 7777.

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From the mouths of quitters—what helps them quit

Quit's annual Smoking and Health Population Survey has shown that mass media campaigns are influential across all stages of quitting and that conventional cessation aids and services and advice from health professionals are important sources of support when successful quitters are attempting to quit.

As part of the survey, 2,996 randomly sampled Victorian adults were interviewed by telephone in November/December 2006. Former smokers who had quit within the five years preceding the survey (n=177) were asked whether their decision to quit, their attempt to quit, and their ability to stay non-smoking was helped at least somewhat by anti-smoking television commercials (TVCs), advice from health professionals, and any of the conventional cessation aids (nicotine replacement

therapy or other medications, self-help materials, the Quitline and internet sites). Information about sex, age, education level and socioeconomic status of the respondents' residential area (SEIFA) was also collected.

One-third of all successful quitters said anti-smoking TVCs contributed to their decision to quit, while advice from health professionals helped 27 per cent of successful quitters decide to quit. Anti-smoking TVCs also supported 26 per cent of successful quitters during their quit attempt. In contrast, 32 per cent of successful quitters thought that at least one of the conventional cessation aids and services helped during their attempt, and 23 per cent believed advice from a health professional had helped. When asked what had helped them to stay quit, successful quitters again indicated TVCs

were an important source of support (33 per cent), whereas conventional aids and services (21 per cent) and advice from health professionals (19 per cent) were less influential during this time.

Understanding the factors that motivate and help smokers when they are deciding to quit, trying to quit and trying to stay quit is important for optimising the allocation of tobacco control resources.

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Eastern Health—Tackling Tobacco Addiction

Eastern Health Health Promotion is exploring and implementing various models to help people stop smoking. While the team has offered smoking cessation support through QUIT programs, recent evaluation identified a need to offer additional program models. In response, the Health Promotion Unit, in partnership with respiratory nurses, considered available evidence-based models and a Smoking Cessation Clinic has been established based on the model developed by Renée Bittoun and Woolcock Institute at the Royal Prince Alfred Hospital in Sydney¹. This model was piloted in Victoria through Colac Area Health and is also promoted through Lung Health Promotion Centre at The Alfred Hospital Melbourne.²

The model uses a variety of interventions including client-based care, health education and skill development, workforce development and organisational change.

A minimum of eight sessions are conducted between the client and trained practitioner, with the focus on tailored nicotine replacement therapy and psychosocial support, highlighting behaviour management skills to replace the use of tobacco. The initial session involves detailed screening and assessment to identify the most appropriate therapies. This is followed by regular face to face appointments and telephone contact between the clinician and client.

This approach is based on evidence indicating that nicotine replacement therapy needs to be individualised to meet the client's degree of dependence, enables discussion of behavioural strategies and consideration of potential unpredictable drug reactions during a quit attempt³. A published review of more than 100 studies found that nicotine

replacement therapy increases the odds of quitting 1.5 to two-fold⁴ with the addition of behavioural support found to further increase the odds of quitting. Unfortunately, research has also identified that adult smoking populations know very little about smoking cessation aids and with at least 70 per cent of Australian smokers believed to be dependent on tobacco-delivered nicotine⁵ there is a need for models to address this issue.

Progress and planning

The initial two four-hour sessions at Box Hill have been expanded to a further two four-hour sessions at Maroondah. A partnership has been developed with Knox Community Health Service, which has established the same clinic model. This partnership has involved sharing resource templates and printing costs for items that can be used across multiple sites. A partnership has also been established with Whitehorse Community Health Service with the intent of developing a relapse prevention clinic where access to a range of additional supports and programs will be available in a community setting.

Increasing interest from the community health sector has resulted in two new partnerships developing with Yarra Ranges Community Health Service Indigenous Health Unit and Mullum Mullum Gathering Place (in partnership with Eastern Access Community Health Service). Two Indigenous health practitioners will offer this model in recognition of the high incidence of tobacco addiction in their communities. The Eastern Health team will support the new clinics through mentoring and liaison and encouraging a team approach to problem solving to increase

client success and reduce the barriers to smoking cessation.

Two of the Eastern Health practitioners, Anna Berkelmans and Julie Evans, have also been participating as facilitators in the Alfred Lung Health Promotion Centre Smoking Cessation Course.

Evaluation

Evaluations of the Eastern Health clinics have demonstrated a success rate of 30 per cent, compared to existing rates of 13 per cent with other models and 5 per cent for who choose to go cold turkey. Knox Community Health Service has identified the correlation between follow up telephone calls and a higher success rate. The Eastern Health team agrees with this and is aiming to improve their success rates through more dedicated follow up contact.

As part of an ongoing commitment to improve the model, the Eastern Health team will conduct a detailed evaluation in June 2008. This will involve analysis of the data collected including patterns of client smoking histories, household smoking habits, number of attempts to cease and relapse occurrences. Barriers and enablers will also be discussed to support further smoking cessation programs in the Eastern Region and Eastern Health.

Funding

The Health Promotion Unit provided seed funding for the establishment of the clinics and general administration support. Clients are charged a one-off fee that is based on Department of Human Services guidelines for delivery of services across the various income brackets. All nicotine replacement therapy is purchased by the client through their local pharmacy.

Continued on page 6

1 Bittoun, R 1998, *The Management of Nicotine Addiction. A guide for counselling in smoking cessation*, University of Sydney, Sydney.

2 Brennan, M & Buckley, C 2006, *A Community Approach to Smoking Cessation*. Colac Area Health Service.

3 Schein, JR 1995, 'Cigarette smoking and clinically significant drug interactions', *Ann Pharmacother*, vol.29, no.11, pp.1139–48.

4 Silagy, C, Lancaster, T, et al. 2004, 'Nicotine replacement therapy for smoking cessation' *Cochrane Database Syst Rev*, no.3, pp.CD000146.

5 Fong, GT, Hammond, D, et al. 2004, 'The near-universal experience of regret among smokers in four countries: findings from the International Tobacco Control Policy Evaluation Survey', *Nicotine Tob Res*, vol.6 Suppl 3, pp.S341–51.

Extra funding supports Quitline response

A timely increase in funding enabled Quit Victoria's Quitline to cope with the extra calls generated when Victoria's tobacco reforms became effective in 2006 and 2007.

The reforms, introduced in legislation in 2005, included the introduction of smoke-free workplaces, smoke-free tram and bus shelters and covered railway platforms, smoke-free underage music/dance events, broader tobacco advertising restrictions and tighter controls on cigarette sales to minors, which all took effect on 1 March 2006. The reform banning smoking in pubs and clubs was effective from 1 July 2007.

Evidence from New Zealand and Ireland had shown that creating smoke-free pubs and clubs was likely to lead to an increase in quitting activity among smokers and declines in prevalence. Combined with initiatives such as the introduction of graphic health warnings on tobacco packaging, the reforms were expected to create a supportive environment for quitting and a corresponding increase in calls to the Quitline.

To capitalise on the reforms, Quitline needed to be able to respond effectively. This meant recruiting and training staff, increasing staff hours, dealing with the increase in the number of call-backs required, increasing administration support, and distributing more Quit packs. The Department of Human Services provided additional funding to ensure



Quitline could deliver an appropriate level of service that would meet the needs of priority groups.

The funding allowed Quitline to respond to the 29 per cent increase in calls experienced from 2005 to 2006, and to the 13 per cent increase in the number of completed callbacks. Quitline was also able to enhance the service for a number of priority groups by developing strategies to encourage Indigenous smokers to make more use of Quitline services and to make the service more culturally responsive. Strategies were also developed to promote and make the Quitline more accessible to those in correctional settings, young people and people with specific health needs.

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Eastern Health—Tackling Tobacco Addiction—Continued from page 5

In recognition of the long-term health and economic benefits of smoking cessation models, the Eastern Health team is continuing to explore funding options that enable support for the most disadvantaged client populations. This includes identifying potential for partnerships to provide subsidised nicotine replacement therapy for the first week to engage clients when they are motivated. This would assist them to save the money spent on cigarettes for subsequent purchases of the required intervention therapy.

The existing collaboration between Eastern Health and community partners has resulted in a team of passionate health practitioners who have committed to exploring appropriate joint development of resources, ongoing evaluation, submissions to funding bodies to increase smoking cessation access for most 'at risk' population groups, ongoing marketing and advocacy for the model with clinical practitioners, general practitioners and the community at large.

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A new direction for smoking cessation

Smoking cessation efforts need to change and respond to the needs of the community and to the research on smoking.

For example, when we look closely at smoking and nicotine addiction a confronting and challenging picture emerges. Confronting because 'socioeconomic status is strongly associated with smoking prevalence' and challenging because 'social class differences contribute substantially to social inequalities in mortality' (Siahpush, 2002). The conclusion is that effective anti-smoking interventions for lower socioeconomic groups can potentially enhance social equality (Peto & Lopez, 2001)

With the advent of smoking cessation courses being offered at The Alfred Hospital since 2005, a number of

specialised clinics have been established. Colac Area Health opened the first specialised smoking cessation clinic in Victoria in August 2005, and has demonstrated a therapeutic efficacy (complete abstinence rate) of 52 per cent at three months and 33 per cent at 12 months. These encouraging results have been reproduced by other similar clinics based on the same model of care.

The most significant change in the approach to smoking cessation is the recognition of nicotine as a drug of addiction. This recognition, together with the ability to correctly identify the level of addiction and to treat it appropriately, is integral to the success of new programs.

Also important is the need to recognise smoking as a concern for the whole community not just the medical profession. A partnership between local

communities, local specialised smoking cessation services and publicly funded programs needs to occur. The sooner this is established, the sooner we can deliver an effective smoking cessation process.

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References

- Peto R, Lopez A. (2001) The future worldwide health effects of current smoking patterns. In: Koop EC, Pearson CE, Schwarz MR, eds. *Critical issues in global health*. New York: Jossey-Bass, 2001:154–61.g
- Siahpush M, McNeill A, Hammond D and Fong G. (2002) *Socioeconomic and country variations in knowledge of health risks of tobacco smoking and toxic constituents of smoke: results from the 2002 International Tobacco Control (ITC)*
- White Paper on Tobacco. *Smoking Kills*. (1998) Presented to Parliament by the Secretary of State for Health and the Secretaries of State for Scotland, Wales and Northern Ireland by Command of Her Majesty Referenced on 20 November 2007 from <http://www.archive.official-documents.co.uk/document/cm41/4177/4177.htm>





Totally Smoke Free at Barwon Health

A 12-month audit of Barwon Health's comprehensive smoke-free policy has identified a number of issues and opportunities for implementation.

In July 2006, Barwon Health, Victoria's largest regional health care provider, introduced a totally smoke-free environment, prohibiting smoking within the boundaries of all its sites. The policy is the culmination of a four-year project that aims to achieve health benefits for staff, patients and visitors and ensure Barwon Health meets its obligations to these groups and to the wider community.

The project took a stepped approach to smoking restrictions commencing with designated outdoor smoking areas in December 2004 and moving to a totally smoke-free environment from 1 July 2006.

An important feature of the policy is the introduction of measures, including nicotine replacement therapy, to manage nicotine dependence for all patients admitted to Barwon Health. Staff are also supported through counselling and subsidised nicotine replacement therapy. These services are provided by StaffCare, a dedicated employee health department within Barwon Health.

Wide consultation and a communication strategy have been important in ensuring support for the project and smooth implementation. Outcomes include high levels of compliance and involvement in the staff quit smoking initiatives.

Audit findings

An audit conducted in August/September 2007 provided input into an ongoing implementation plan. Information from surveys and interviews with various departments and audits of the environment and communication initiatives, identified variability in practice. This reflects a need to:

- adopt a more coordinated approach to policy implementation
- develop detailed generic protocols for management of nicotine dependence in inpatients and ambulatory care
- provide staff training in the management of nicotine dependence
- address environmental issues such as cigarette litter
- ensure clear enforcement procedures to support compliance.

The audit also identified a number of opportunities that will be addressed in the next 12 months, including opportunities to:

- provide more proactive support for staff
- focus efforts in high risk/high return areas such as surgery, maternity and diabetes
- develop a dedicated smoking cessation service
- work closely with drug and alcohol services in developing approaches to implementation.

Barwon Health will address these issues systematically with collaboration from stakeholders and the use of shared strategies and resources.

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