

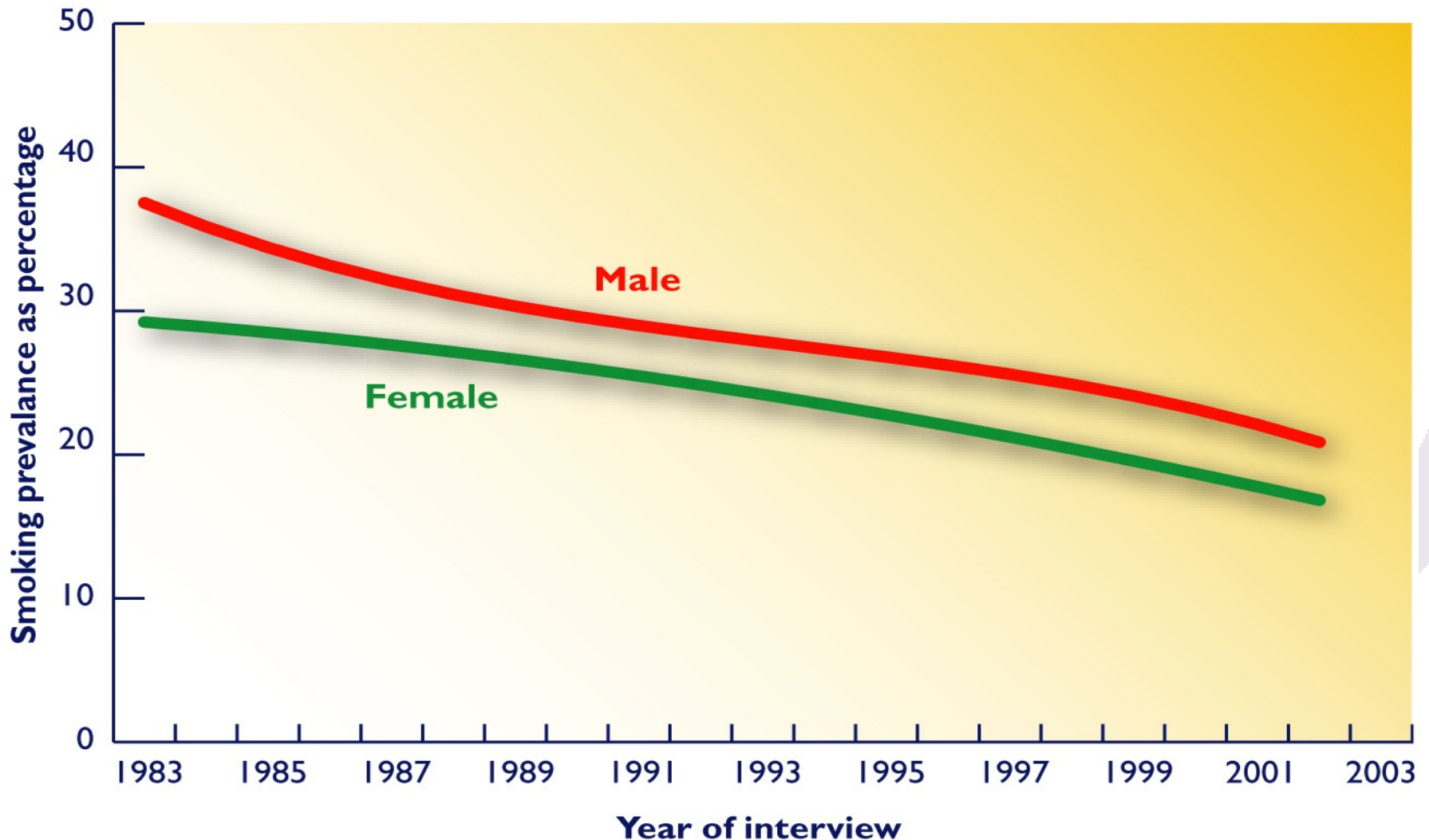
A large, light purple spiral graphic that starts from the center and expands outwards, partially overlapping the text.

**Tobacco Control
20 years
of better health -
using this knowledge to
best effect.**

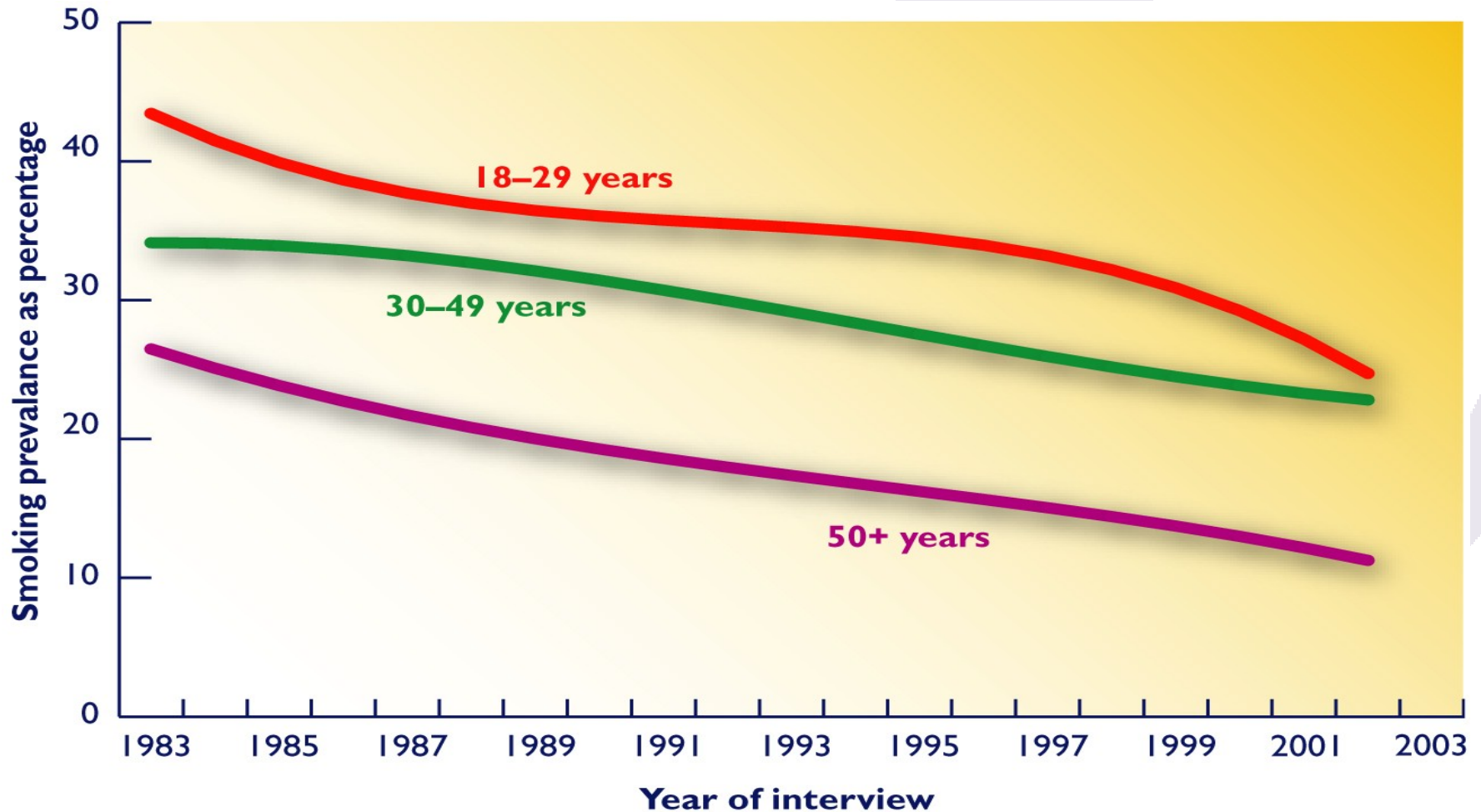
Quit Victoria's Objectives

- to encourage and assist smokers to quit
- to prevent uptake in young people
- to reduce the number of places in which people will be exposed to passive smoking
- to support legislative and policy change to achieve these objectives

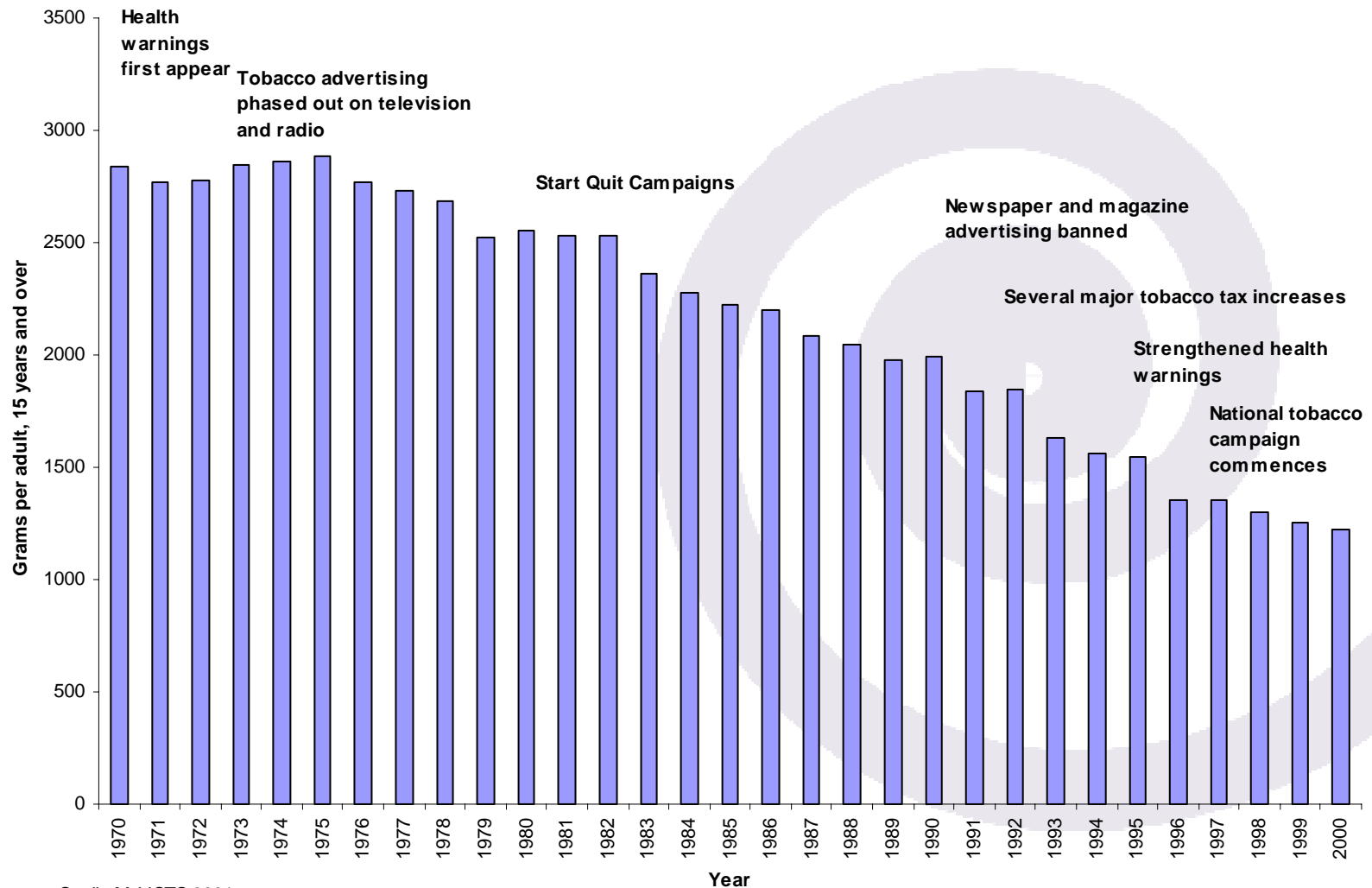
Adult smoking prevalence 1983-2003



Smoking prevalence by age group



Per Capita Tobacco Consumption 1970-2000



Source: Scollo M, VCTC 2001

Addressing tobacco use

- **Controlling tobacco use is more than just addressing the individual's smoking behaviour**
- **Addressing tobacco use requires a comprehensive approach to tobacco control**

Tobacco Control - evidence based interventions

- Best practice smoking cessation programs**
- Smokefree environments**
- Legislation and regulatory reforms**
- Health warnings**
- Social marketing and information campaigns**

Cessation Programs

- **most smokers want to quit; 80% have already tried** (Borland & Hill, 1990)
- **health professionals are a respected source of smoking cessation support**
- **smokers expect their GP to advise them to quit**
- **82% of adults see a doctor once a year**
- **brief advice results in 2.5% more smokers quitting** (Silagy & Ketteridge, 1998)

National Smoking Cessation Guidelines for Australian GPs

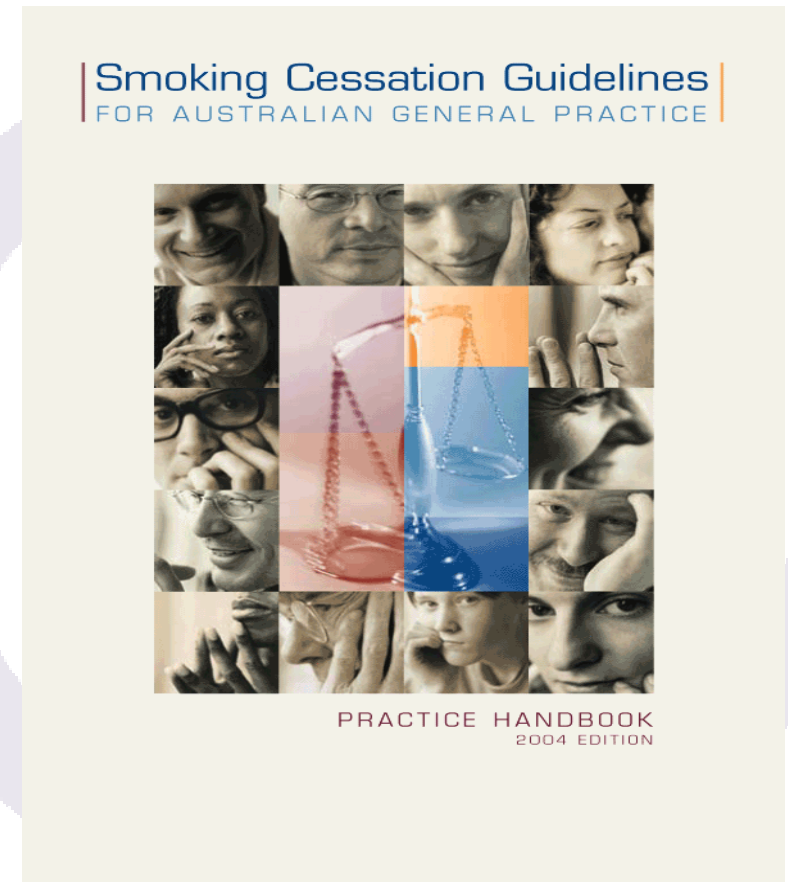


- guidelines link smoking cessation advice in general practice to materials and support services provided through the Quitlines operating in each state and territory

To order a copy:

phone 1800 020 103 or visit

<http://www.health.gov.au/pubhlth/publicat/order.htm>



The 5As framework

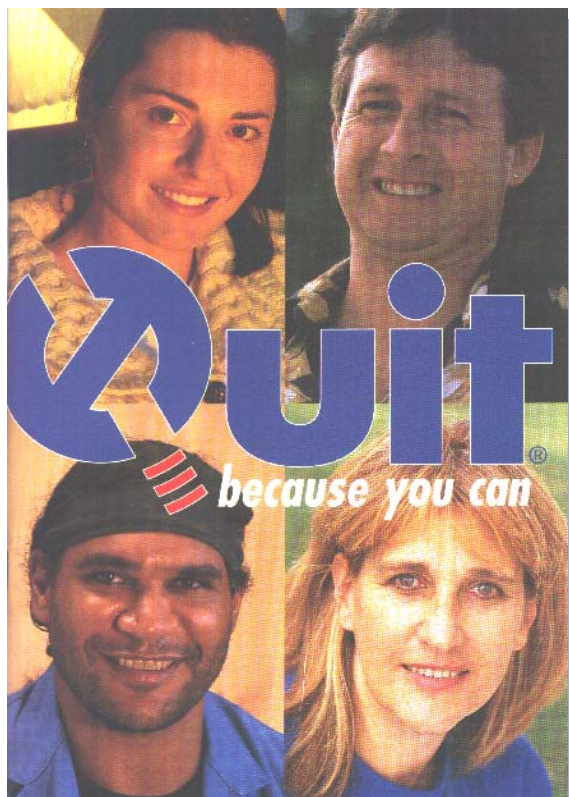
1. **Ask** about smoking at each visit
2. **Assess** patient's willingness and confidence to quit (or to stay quit)
3. **Advise** patients to quit (or to stay quit) based on health effects/benefits
4. **Assist** with quitting dependent on where the patient is at
5. **Arrange for follow up/Ask** again at the next visit

The model enables very brief or more extended assistance.

Referral to Quitline



- Quitline 131 848 – fax referral sheet
- Quit pack



Smoking Cessation Referral Form

GPs Referral to Quitline

Fax Numbers:

ACT (02) 6262 2223 • NSW (02) 9361 8011 • NT (08) 8922 8403 • Qld (07) 3298 4075 • SA (08) 8291 4280
Tas (05) 6228 4149 • Vic (03) 9635 5520 • WA (08) 9222 2068

From: Dr _____

Address: _____

Phone: _____

Fax: _____

Privacy Warning: The information contained in this fax message is intended for Quitline Staff only. If you are not the intended recipient you must not copy, distribute, take any action reliant on, or disclose any details of the information in this fax to any other person or organisation.

Confidential

Patient's Name _____ D.O.B. _____

Patient's preferred phone no. (h) _____ (w) _____ (m) _____

What is the best time & day for Quitline to call?
Monday – Friday ☐ 9am – 1pm ☐ 1pm – 5pm ☐ 5pm – 8pm

Is it okay for Quit to leave a message?
Yes ☐ No ☐

Smoking status

☐ Daily ☐ Weekly ☐ Less than weekly Number per day _____

What stage is your patient at with quitting?

☐ Not ready (not currently thinking of quitting) ☐ Unsure (thinking about quitting within 6 months)
☐ Ready (planning to quit within 1 month) ☐ Recent quitter (within the last year)

Use of medication?

☐ Currently using/ planning to use Bupropion/Hydrochloride (Zyban)
☐ Currently using/ planning to use nicotine patches/gum/lozenges/sprays

What are the patient's health issues relevant to Quitline counsellors?

☐ Heart/lung disease ☐ Respiratory disease ☐ Diabetes ☐ Depression ☐ Anxiety
☐ Pregnancy ☐ Other – please specify _____

Please note

The interaction of chemicals in cigarettes and some medications, e.g. insulin, some antidepressants / antipsychotics, and the interplay between the chemicals and some symptoms can mean some smokers need monitoring of drug levels and symptoms by their GP through the quitting process.

☐ GP is monitoring the above

I consent to this information being faxed to Quitline and for Quitline Staff to call me at a time that I have suggested on this form. I understand that persons within the organisation with access to the fax machine, who may not be Quitline staff, might view this form.

GP's signature _____

Patient's signature _____

Date _____

For use by Quitline staff

Quitline Confirmation of Action on Referral

Date: _____

Your referral for _____

has been received by Quitline on _____

A call back time has been organised for _____

Quitline
131 848

To obtain further
copies of this form
either photocopy or
download form from
www.quitnow.info.au

The Quitline is answered 24 hours a day. Counselling is available with hours varying dependent on State or Territory. Specialist staff will call your referred patient back at an agreed time within the next week to provide information, support and advice on smoking cessation.

Smokefree Environments



- Secondhand smoke causes heart disease and lung cancer
- Children are at particular risk from secondhand smoke
- Smokefree public places and workplaces result in decreased consumption, increased cessation
- www.smokefree.org.au

SMOKEFREE
VICTORIA

New Smokefree Legislation

In Victoria smoking will be banned:

- **in enclosed workplaces from 1 March 2006**
- **at underage 'music/dance' events from 1 March 2006**
- **in covered areas of train station platforms, tram stops and bus stops from 1 March 2006**
- **in enclosed licensed premises from 1 July 2007**

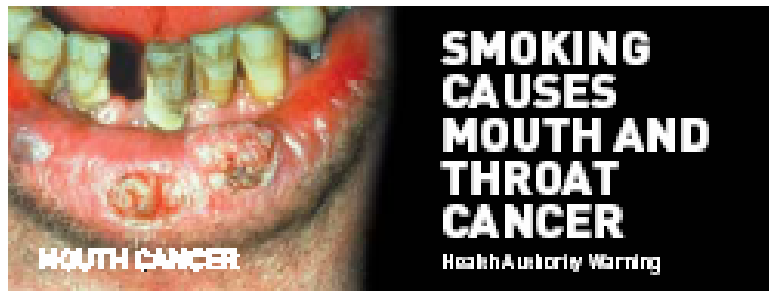
Health Warnings

- **Warnings placed on packs since 1973**
- **Evidence that current warnings have lost their visual impact**
- **Prominent and graphic health warnings covering the front of the pack encourage smokers to quit**
- **New warnings to appear from March 2006**

Australian Health Warnings - 2006



Mouth and Throat Cancer



Social Marketing and Information Campaigns

- **Campaigns raise awareness of tobacco smoking**
- **Media aids advocacy to encourage support for legislative reforms**
- **Health findings in relation to smoking can inform health planners and support tobacco control strategies at a local level**



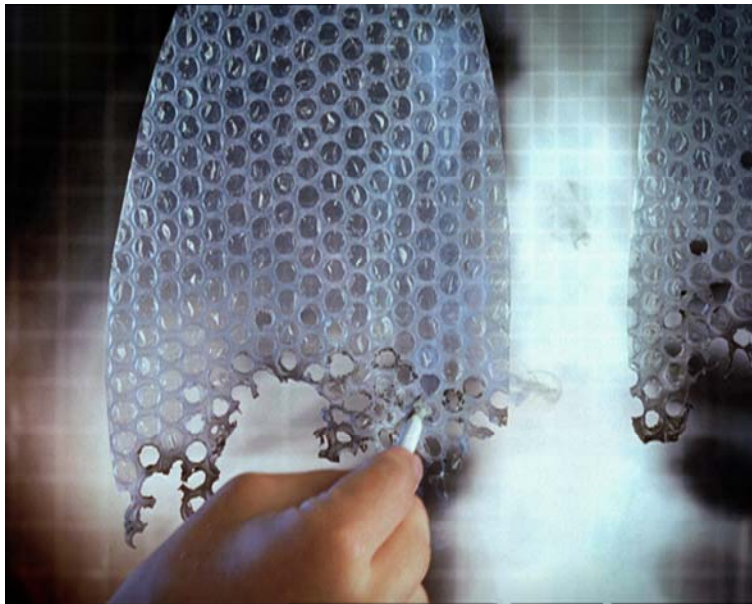
How can advertising encourage people to quit and call the Quitline?

Smokers:

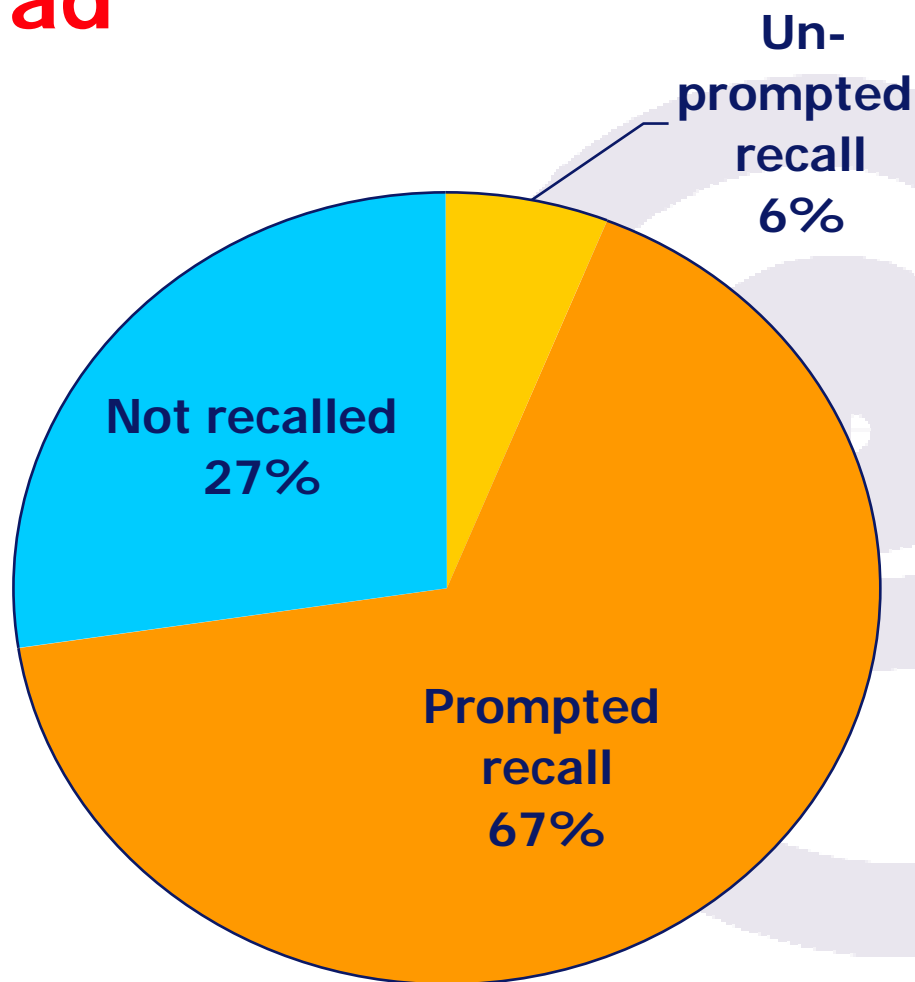
- Heavier users of TV and radio than non-smokers
- 64 per cent of smokers watch more than 2 hours commercial television a day
- Daytime viewing popular with smokers

Roy Morgan Research

Social Marketing - Bubblewrap Television Ad



Results: Recall of Bubblewrap television ad



Tobacco Tragedy

- Data prepared by the Cancer Council Victoria's Cancer Epidemiology Centre covering the period 1999–2002
- Data shows deaths caused by smoking in every local government area and electoral district in Victoria
- Smoking-caused deaths outstrip deaths caused by illicit drugs, alcohol and road deaths combined

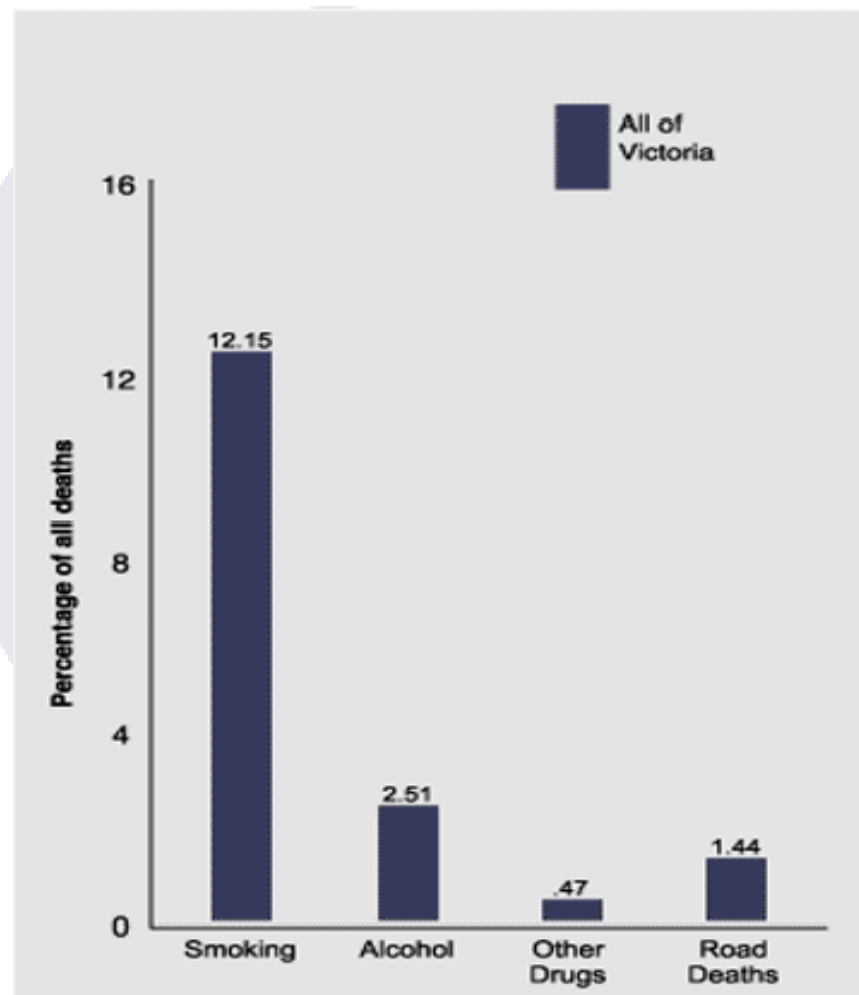
Avoidable deaths 1999 - 2002



Percentage of deaths
from avoidable causes

On average, out of 1,000
deaths in Victoria:

- 122 are caused by smoking
- 25 are caused by alcohol (including road deaths caused by drinking)
- 14 are caused by road deaths (including those caused by drinking)
- 5 are caused by other drugs (including heroin)

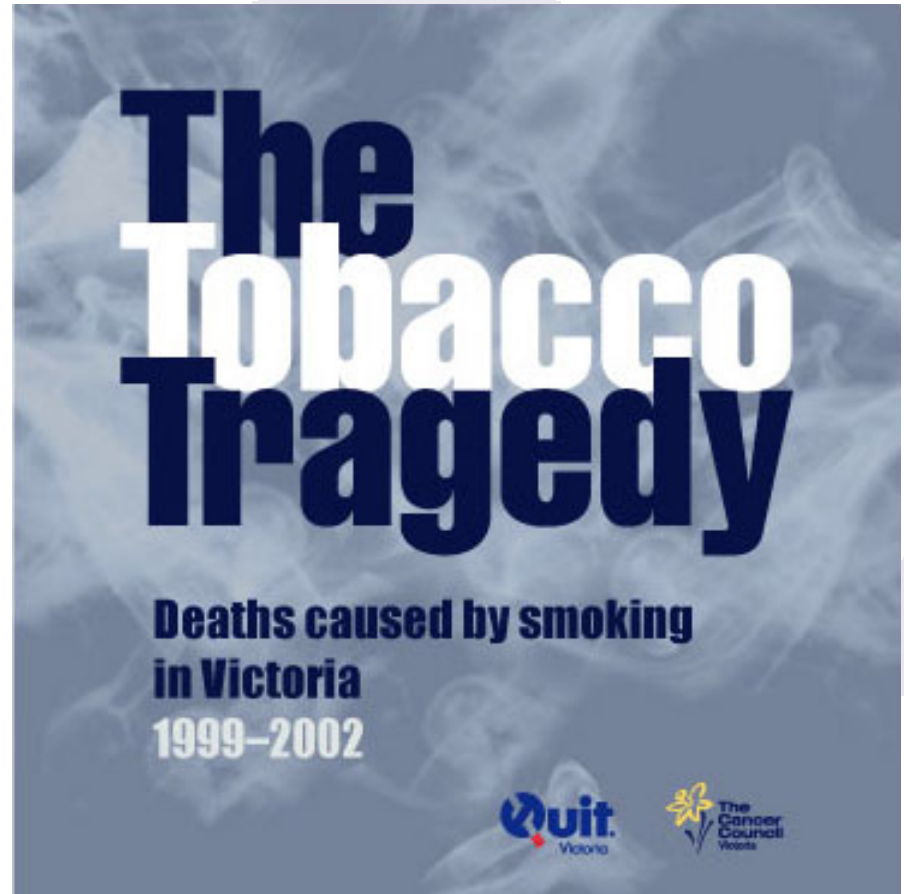


Website

www.quit.org.au/tobaccotragedy

Further information:

- Question and answers
- Methodology sheet
- How to use the data
- Data on smoking deaths by various regions
 - Victorian DHS regions
 - Local Government Areas
 - Primary Care Catchments



The Future for Tobacco Control

- Increased funding for sustained campaigns to encourage smokers to quit
- Bans on all forms of tobacco marketing
- Regulatory provisions covering: product safety, packaging, product information (covered in marketing)
- Engaging Health Professionals to support smokers to quit
- Smokefree environments including homes and cars



**Would you like further
information?**

Marcelle Natoli

Community Programs Coordinator

Smokefree and Community Program

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