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## ANNUAL REVIEW 2006 - 07

### Our Vision

*"A society free from the harm caused by tobacco"*

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## The year in review

In 2006-07 major new reports were published which added to the already substantial body of evidence demonstrating the impact of tobacco use in our community. New figures released by the Australian Institute of Health and Welfare (AIHW) proved that tobacco smoking continues to be responsible for the greatest health burden in Australia accounting for an estimated 7.8% of all disease, injury and death. In 2003 15,511 deaths were attributable to tobacco related illness alone.<sup>1</sup>

*The Health Consequences of Involuntary Exposure to Tobacco Smoke (2006)*<sup>2</sup> put beyond any doubt the health effects of second-hand smoke. Key findings by the US Surgeon General included: there is no risk-free level of exposure; second-hand smoke has immediate adverse effects on the cardiovascular system and; it causes coronary heart disease and lung cancer in adults. It also found in children it causes acute respiratory infections, ear problems, more severe asthma and slows lung growth. It also concluded that infants exposed to second-hand smoke are also at an increased risk for Sudden Infant Death Syndrome.<sup>2</sup>

Another major publication, *Ending the tobacco problem: A blueprint for the nation (2007)*<sup>3</sup> provided a comprehensive look at the evidence for the most effective tobacco control strategies to reduce the public health impacts of tobacco use. While the focus is on the United States there are lessons to be learnt for South Australia.

One of the key messages from the report is that further progress will require 'persistence' to address in-grained cultural and economic forces that tend to promote and sustain tobacco use, and 'nimbleness' to counteract the tobacco industry's clever innovations in marketing and product design. The report makes many recommendations mostly across two broad areas: prevention and cessation measures and; by creating more rigorous legislation.<sup>3</sup>

Recommendations from this report echoed many of the strategies contained in the *South Australian Tobacco Control Strategy 2005 – 2010*<sup>4</sup>. It also supported the argument behind recent changes to legislation which saw South Australia become the first State in Australia and one of the first jurisdictions in the world to ban smoking in cars when children under the age of 16 are passengers. In addition, the State Government banned the sale of fruit flavoured cigarettes and split-packs both clearly designed to appeal to young people. The number of on-the-spot fines for tobacco related offences were increased from 10 to 28 with a particular focus on illegal sales to minors. Tobacco licence fees were increased to \$200 per year with a separate licence required for each venue.

*The South Australian Strategic Plan*<sup>5</sup> was reviewed in January 2007 and continues to include a key target (T2.1) to reduce smoking prevalence among young people (15 to 29 years) by 10 percent by 2014. Legislative and policy changes like this help to make tobacco control strategies and programs such as those delivered by Quit SA more effective (including social marketing campaigns, the Quitline and training for health workers).

Quit SA collaborations through the National Health Warnings Campaign Steering Committee saw several new anti-tobacco television commercials go to air in South Australia during 2006-07. These included "Mouth Cancer" which highlighted the link between smoking and mouth cancer; "Which disease" reflecting smokers' behaviour in response to graphic health warnings; and a series of six short "Quitline" commercials promoting the key services offered by the Quitline.

Nearly 12,000 South Australians called the Quitline for help in 2006-07, well in excess of our target of 10,000 calls per annum. In addition nearly 16,000 call-backs were made providing ongoing support to smokers during their quit attempts. In 2006 a *Two-month Snapshot of Quitline Callers* showed that on average nearly 60% of callers to the Quitline are from disadvantaged areas and 39% from rural areas.<sup>6</sup>

Quit SA continued to provide support to disadvantaged smokers by working with Centrelink offices and prisons across the state. The support offered included: access to quit courses; subsidised Nicotine Replacement Therapy; and telephone smoking cessation support through the Quitline. Quit SA also worked with the Tobacco and Mental Illness Project and various Aboriginal and Torres Strait Islander tobacco projects throughout the year.

The *Smoke-free Pregnancy Project* was extended during 2006 to include all public birthing services in South Australia that cater for more than 50 births per year. Since the project's inception in late 2004, Quit SA staff have trained over 1,400 tertiary students and health workers (particularly antenatal, postnatal and domiciliary care staff). This has resulted in over 1,200 referrals being made by health workers to the Pregnancy Quitline. This has prompted over 2,700 call backs to pregnant women and their partners by the Quitline as a follow up service to further support quitting attempts.

Young people remain an important focus for Quit SA. The *Smarter Than Smoking SA* program continued to develop a range of activities that support teachers, parents and children to gain the information, skills and attitudes that will enable them to be non-smokers. Programs and activities include the *OxyGen* web site, the *Critics Choice* competition, exemplars for curriculum activities for senior secondary years and *National Youth Tobacco Free Day*. The *Generate O2* project is focused on encouraging young people in out-of-school settings to quit or remain a non-smoker. The project has developed a training program for youth health workers and other health professionals working with youth to increase their knowledge, confidence and skills in the area of smoking cessation.

We particularly acknowledge our voluntary Steering Committee members for their valued strategic leadership, expertise and commitment.

This annual review reflects our achievements over the financial year 2006-07. We are very pleased to see that smoking rates are declining in both adults and young people, as information campaigns, cessation support programs such as Quitline and legislation combine to have their effects.

Quit SA looks forward to building on this year of progress, and continuing to improve our programs and services to further reduce the impact of tobacco use in South Australia.



A handwritten signature in black ink that reads "D Edwards".

Mr David Edwards  
Manager Quit SA



A handwritten signature in black ink that reads "Margaret Arstall".

Dr Margaret Arstall  
Chair, Quit SA Steering Committee

## Quit SA

Quit SA was established in 1989 as a joint initiative of The Cancer Council South Australia and the National Heart Foundation (SA Division), with funding from the South Australian Department of Health. It was developed in response to the enormous cost of tobacco use to individuals who smoke, their families and the wider community. Tobacco remains the single greatest cause of morbidity and mortality in South Australia causing approximately 1,200 deaths per year.\*

Quit SA delivers key areas of the *South Australian Tobacco Control Strategy 2005–2010*.<sup>4</sup>

Quit SA is the main provider for state wide programs that promote and support quitting, tobacco education and information.

Quit SA staff work with local tobacco control programs assisting them to build their capacity to deliver effective and sustainable programs. Quit SA also plays a role in advocating for, and supporting, the extension of a smoke-free culture and environment.

Quit SA programs are based on the principles of the Ottawa Charter for Health Promotion<sup>7</sup> and the best available evidence of what is effective. They are adapted to meet the needs of diverse groups and settings and are routinely evaluated to ensure continuous improvement and achievement of outcomes.

Quit SA is well known in the community and surveys show we are the most frequently nominated source of help to smokers in quitting.

### ***Our vision***

A South Australian community free from the harm caused by tobacco use.

### ***Our mission***

Make a major contribution to the reduction of the social and personal costs of tobacco use in South Australia by continuously improving programs that:

- promote and support quitting;
- prevent the uptake of tobacco;
- build community knowledge about the damage caused by active and passive smoking and the benefits of not smoking; and
- advocate for policy and legislative changes.

### ***Our objectives***

Our objectives have been developed inline with the *South Australian Tobacco Control Strategy 2005-2010*<sup>4</sup> and the *State Strategic Plan*<sup>5</sup>. The objectives that Quit SA aims to achieve by the end of 2010 are:

- Reduce smoking prevalence in South Australia to 17%;
- Reduce the smoking prevalence of young people aged 15–29 by 10%;
- Maintain awareness about the damage caused by active smoking at 98% among both smokers and non-smokers;
- Increase awareness about the damage caused by passive smoking to at least 95% among both smokers and non-smokers;
- Maintain community support for smoking bans in hospitality venues at or higher than 75%; and
- Support legislation and community action to ensure passive smoke exposure is substantially reduced or eliminated in all enclosed public places and workplaces.

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\* This figure was estimated using the AIHW report – *The burden of disease and injury in Australia 2003* and ABS population data from 2004.

## ***Funding***

In 2006–07, Quit SA received base funding of \$1,256,000 from the Southern Area Health Service through Drug and Alcohol Services South Australia (DASSA) to deliver services across Strategy Areas 4, 5 and 6 of the *South Australian Tobacco Control Strategy 2005–2010*:

**Strategy Area 4:** Increase the Knowledge about Health Effects of Smoking and Community Support for Tobacco Control.

**Strategy Area 5:** Mass Media Led Quit Promotion.

**Strategy Area 6:** Cessation Support and Relapse Prevention.

Quit SA received additional funding through DASSA which increased investment in social marketing activities to a total of \$500,000 per year. Social marketing is one of the key drivers for reducing smoking prevalence in South Australia. Additional project-based funding allowed the continuation of the Smoke-free Pregnancy Project and smoking cessation programs in prisons.

The Cancer Council South Australia and the National Heart Foundation (SA Division) regularly provide additional in-kind support.

## ***Steering Committee***

The Quit SA Steering Committee provides advice and strategic direction in relation to Quit SA activities including strategic planning, annual budgets and financial reports. Members also consider issues of significance in relation to tobacco control in South Australia and provide links and networks to the broader community.

The Quit SA Steering Committee is chaired by Dr Margaret Arstall (Director of Cardiology, Lyell McEwin Hospital) and comprises the following persons:

- David Edwards, Manager, Quit SA
- Caroline Miller, Group Executive, Cancer Control Programs, The Cancer Council South Australia
- Wendy Keech, Director Cardio-vascular Health, National Heart Foundation (SA Division)
- Della Rowley, Manager, Tobacco Control Unit, Drug and Alcohol Services South Australia
- Jacqueline Hickling, Manager, Tobacco Control Research and Evaluation Program

Additional members are being recruited to join the Steering Committee including three independent persons with special expertise in the program areas operated by Quit SA.

# Snap shot of tobacco use in South Australia

## *Smoking prevalence*

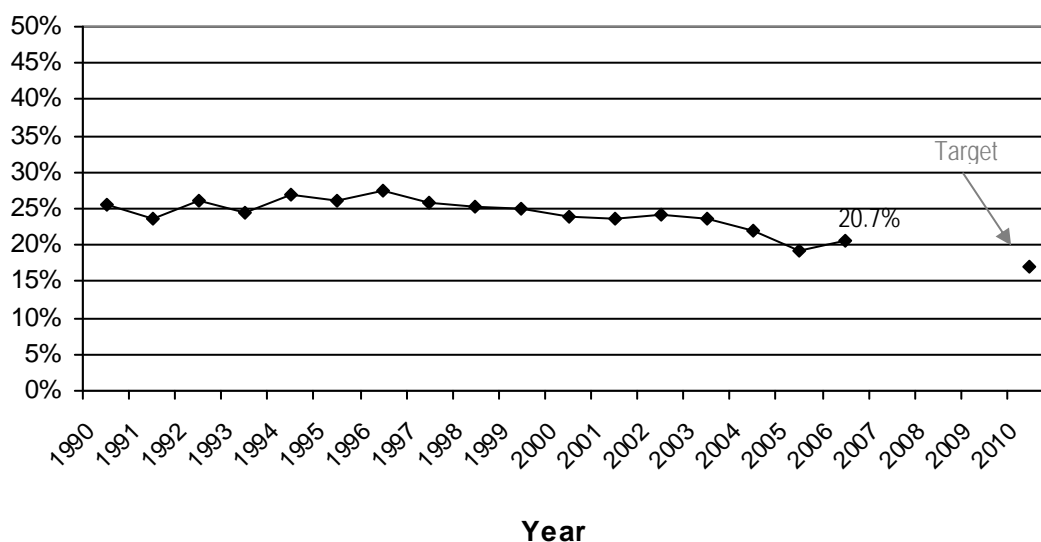
Smoking prevalence data is an indication of the response to tobacco control initiatives. South Australian smoking prevalence is measured yearly by the Health Omnibus Survey.

Figure 1 (below) shows that since 1999 steady progress has been made in reducing smoking rates among South Australians aged 15 years and over: in 2006 smoking prevalence was at 20.7%. Whilst this is not the lowest rate recorded; 2005 reached a low of 19.1%, statistically this increase indicates that smoking prevalence has not increased or decreased in SA between 2005 and 2006.<sup>8</sup>

In 2006 smoking rates remained higher amongst men (24.5%) than women (17.2%), and were higher for those aged between 30-44 and 15-29. Overall, smoking prevalence remained constant for all groups between 2005 and 2006.<sup>8</sup>

The South Australian Tobacco Control Strategy has set a target of reducing smoking prevalence to 17% among adults by 2010.<sup>8</sup>

**Figure 1. Smoking prevalence over time** (age standardised to 2001 population)<sup>8</sup>

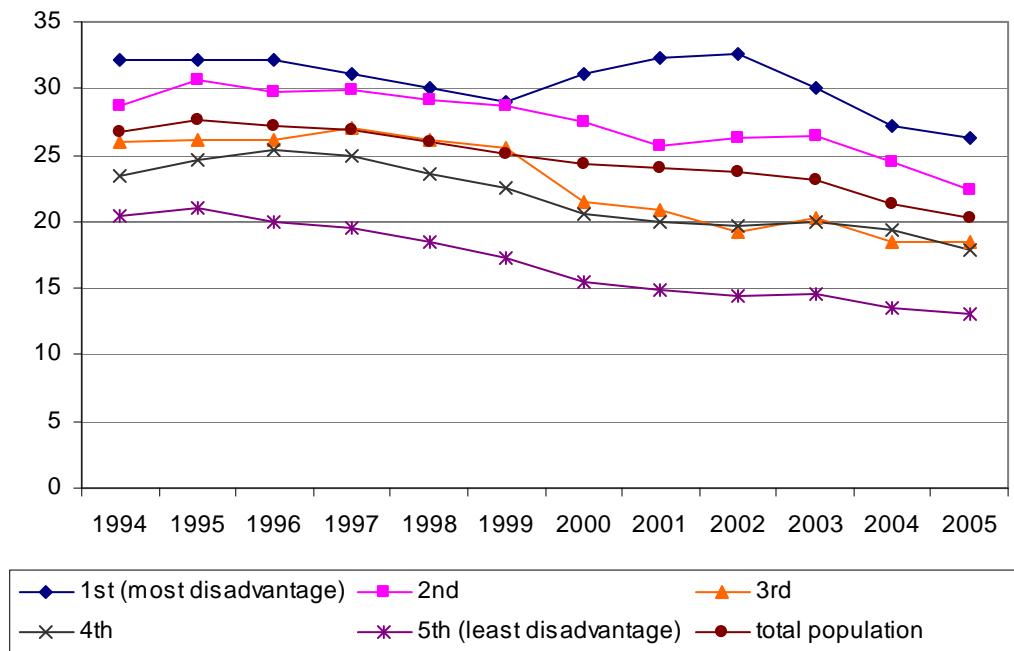


## *Smoking prevalence by socio-economic level*

In 2006, people living in areas of most disadvantage were still more likely to smoke than those living in areas of least disadvantage. There was no change in the prevalence of smoking for all socio-economic groups between 2005 and 2006.<sup>8</sup>

Figure 2. (next page) summarises smoking prevalence by socio-economic status over time. The data was derived from the 2001 Index of Disadvantage which assigns a score representing socio-economic status based on the postcode in which respondents reside. The consistent gap in smoking prevalence between the lowest and highest groups highlights that more work needs to be done to reduce the gap between these socio-economic groups.<sup>8</sup>

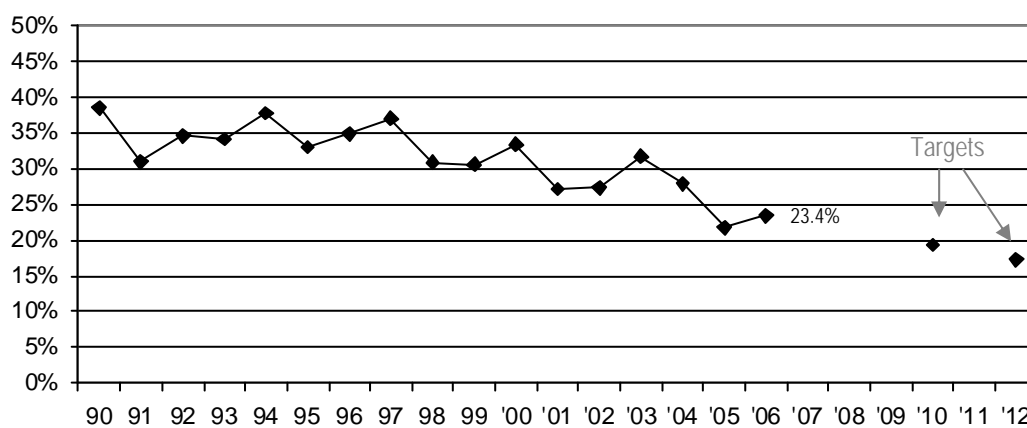
**Figure 2. Smoking prevalence by socio-economic status over time, 3 year moving averages<sup>8</sup>**



### ***Young People and Smoking (15-29 years)***

In 2006, 23.4% of young people aged 15-29 years smoked. Since 1990, smoking prevalence has followed a downward trend, particularly between the years of 2003-2006 when prevalence dropped by over 8%, refer to Figure 3. (below). A significant contributor to this decrease was the introduction of smoke free workplace laws in December 2004 as well as major adult Quit campaigns.<sup>8</sup>

**Figure 3: Smoking prevalence, 15-29 years, age standardised to 2001 population<sup>8</sup>**



### ***Youth and smoking (12 – 17years)***

The triennial Australian School Students' Alcohol and Drugs Survey (ASSAD) measures youth smoking prevalence. According to the 2005 survey (Table 1.) the estimated 14.9% of South Australian secondary school students aged 12–15 who smoked in 1996 declined to 4.2% in 2005. Of school students aged 16–17, 25.7% were smoking in 1996 compared to 14.2% in 2005<sup>9</sup>

**Table 1. Prevalence (current smokers) over time for students aged 12–15 and 16–17 years<sup>9</sup>**

	1996	2005
Males 12–15 years	14.9	4.2
Females 12–15 years	15.8	5.1
Males 16–17 years	25.7	14.2
Females 16–17 years	31.9	15.3

## Strategic Services

### Increase the knowledge about health effects of smoking and community support for tobacco control (Strategy Area 4, SA Tobacco Control Strategy)

#### *Community support for smoke free environments*

In 2005, the majority of South Australians (74%) were concerned about their exposure to passive smoking.<sup>8</sup>

Between March and April 2007, community support for smoke-free hospitality venues was high (86% for bars and 88% for gaming venues). This is approximately a 10% increase in support compared with survey results in 2003.<sup>8</sup>

In 2005, 84% of homes were smoke-free (having either a ban or no-one that smoked in the household). Furthermore, 87% of car owners reported no smoking in their cars.<sup>8</sup>

Since May 31<sup>st</sup> 2007, when the South Australian state government implemented legislation banning smoking in cars carrying children under the age of 16, it is likely that community support for smoke-free environments has risen even further.

#### *Health effects of active and passive smoking*

In 2006, 86% of the total sample population (80% of smokers) believed that passive smoking causes illness and/or damage to the body. To reach the 2010 target, community awareness of the health effects of passive smoking must be raised by 9%.<sup>8</sup>

Most people in South Australia (smokers included) in 2006 were aware of the negative health effects of active smoking. Overall, 93% of the total sample population (92% of smokers) believed smoking causes illness and/or damage to the body.<sup>8</sup>

As shown by Table 2, there was a significant increase in awareness that active smoking causes mouth cancer and gangrene among smokers and the general community since 2005. This is likely to be a result of two major adult Quit Campaigns aired in 2006, *Gangrene* and *Mouth Cancer*. To reach the 2010 target, community awareness of the health effects of active smoking must be raised by 5%.<sup>8</sup>

**Table 2. Beliefs that active smoking will cause illness and damage to the body, 2005 and 2006<sup>8</sup>**

Illness or damage	2005 Population (smokers only)	2006 Population (smokers only)
Lung Cancer	61% (55%)	62% (53%)
Mouth Cancer	11% (10%)	26% (25%)
Gangrene	4% (4%)	24% (27%)

#### *Information and publications*

Quit SA is the primary state-wide provider of printed information related to tobacco use and smoking cessation. The number of printed materials produced and distributed has increased from 133,219 in 2004-05 to 193,259 in 2006-07 (a 31% increase, see Figure 4.). During this period, the following top five resources accounted for approximately 30% of all resource requests made to Quit SA:

1. Quit Because You Can
2. Men and Smoking
3. Women and Smoking
4. Passive Smoking and Your Children
5. Smoking and Surgery

These resources are promoted to health workers in a range of settings including community health centres, hospitals, general practice, pharmacy and dental. In addition, every caller to Quitline is offered a 'Quitters Kit' including the Quit Because You Can booklet. Other groups who utilise this service include community organisations, tertiary and secondary students and schools.

Quit also supports the production of printed resources for Aboriginal and Mental Illness projects. Throughout 2006-07 Quit SA has promoted and distributed over 6,000 resources on behalf of the Tobacco and Mental Illness Project and will be jointly funding the reprint of these resources in 2007-08. Quit has also printed, promoted and distributed over 11,000 resources on behalf of the Aboriginal Health Council.

Quit provides additional in-kind support to these programs with the in-house production of DVD's, pamphlets and order forms, storage of printed materials and processing orders including handling and postage. It is expected demand will increase as additional Aboriginal health workers are trained and the Mental Illness and Tobacco Project continues to increase its reach.

New and updated resources for 2006-07:

Oral Health Brochure

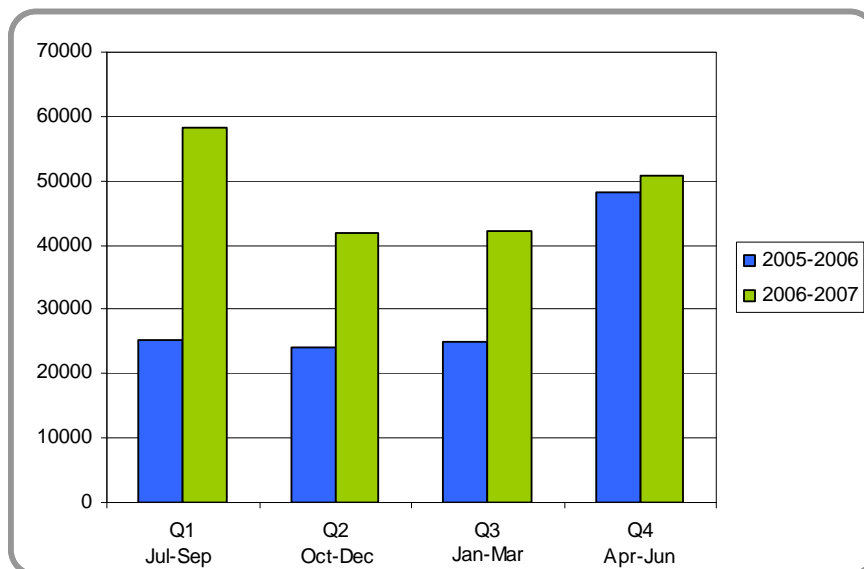
Quit Because You Can (revised by Quit Victoria in consultation with all states)

Smoking and Diabetes (revised and adapted from Quit Victoria)

Smoking and Pregnancy (revised and adapted from Quit Victoria)

Choosing the best way to Quit (new resource adapted from Quit Victoria)

**Figure 4. Resources distributed by Quit SA over time**

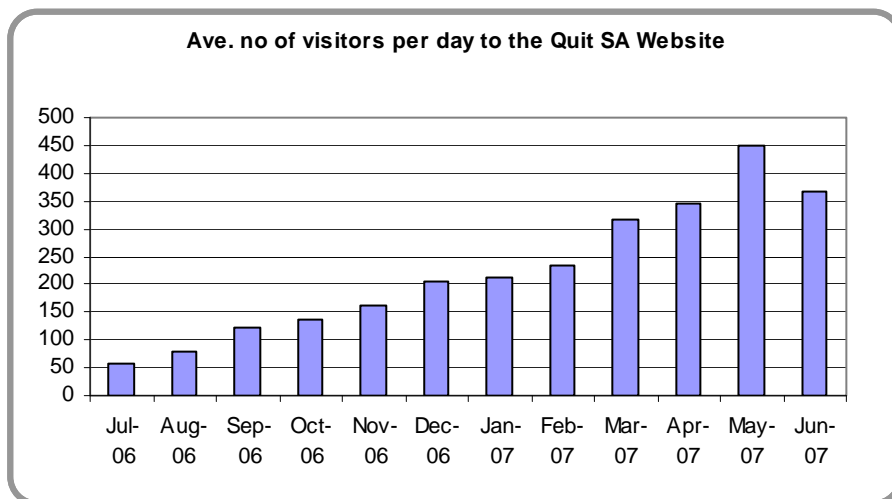


In addition to Quitline calls, Quit SA answers calls and email enquiries from the general public on a wide range of topics, including general tobacco information.

The Quit SA website ([www.quitsa.org.au](http://www.quitsa.org.au)) was recently re-built based on the recommendations of an independent review with a cross-section of the community. It is an important information gateway to the organisation for all people, whether they be smokers, students, health workers, or those just interested in tobacco control issues.

As illustrated in Figure 5. (below), the average number of daily visitors to the website increased every month until May 2007.

**Figure 5. Ave. number of visitors to [www.quitsa.org.au](http://www.quitsa.org.au) per day from Jul. 06 – Jun 07**



### **Engaging young people**

A key part of Quit SA’s work is to assist young people to gain the information, skills and attitudes that will enable them to be non-smokers. We aim to raise the awareness of educators and those influencing young people of the need to address tobacco issues, and provide educators with the resources and support to implement tobacco education programs. Our programs and projects for young people continued to grow in 2006–07.



**National Youth Tobacco-Free Day (NYTFD)** is an initiative of the Australian Network on Young People and Tobacco in which Quit SA is a major participant. The day aims to raise youth awareness of the consequences of smoking and the benefits of a smoke-free society. For NYTFD 2007, a national competition asking young people questions on ‘tobacco’ and ‘dependence’ was run through the OxyGen website. There were 4,816 entries to the competition compared to just 501 entries last year.

NYTFD kits which contained posters, stickers, bookmarks and an information sheet about the OxyGen website were sent to all South Australian schools and youth health services. The *Generate O2* project celebrated the day by hosting an information stall at Adelaide City TAFE.

The **Critics Choice** is an exciting resource for schools that encourages primary and secondary students to watch, critique and discuss 12 anti-tobacco commercials from Australia and overseas. They are then asked to vote for the commercial they think is most effective to either prevent them from taking up smoking or help them give up, for their chance to win prizes.



In 2007, Critics’ Choice was made available on an interactive DVD. 400 schools participated and 36,500 students were involved. ‘Relax’ was voted the winning commercial for 2007, which was developed by the

Department of Health in Washington State, USA. It dealt with the concept of how “smoking really can help you relax” finishing with.....“They’re about as relaxed as you can get.....tobacco smokes you”.



**‘Tobacco: The Truth is Out There!’** is the Smarter than Smoking SA curriculum package for middle school years, which continues to be a mainstay for teaching and learning activities in this area. It gives educators information on who smokes and why, how to say ‘no’, the short and long term effects of tobacco, passive smoking, world views on tobacco, tobacco as a local and global environmental issue, laws, policies and rules about smoking, politics of tobacco and quitting. Materials are available for download from the OxyGen website ([www.oxygen.org.au](http://www.oxygen.org.au)).

**OxyGen.org.au**, is the only Australian website dedicated to informing young people about the harmful effects of tobacco and its use. This site is a tri-state initiative between Smarter than Smoking SA , Quit Victoria and the Smarter than Smoking Project in Western Australia. In addition to information for young people, OxyGen also has a comprehensive range of resources for teachers and other professionals that work with young people. The website includes the following sections: tar wars, hard facts, interact, latest news and resources. The website is continually improving and based on the evaluation conducted in 2006, the website will be undergoing a redevelopment that will include an increase in games. The OxyGen website received 168,379 visits this year, compared to 120,168 last year.

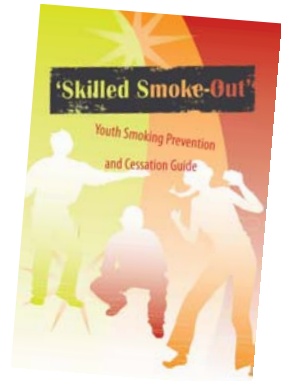


**Tobaccoeducation.org.au** was launched in November 2006 and is a website for students and educators, particularly at the senior level. The Smarter than Smoking SA Project recognised that there was currently no universal requirement for curriculum activities on tobacco at the senior level across Australia and particularly South Australia. This new initiative aimed to remedy this gap by developing exemplars for curriculum activities for senior secondary years that provide models for learning activities on tobacco in SACE (Stage 1) Australian Studies, Mathematics and English. This site also aims to provide an efficient and reliable source of programming and assessment ideas for teachers as well as provide up-to-date information for students. Since its inception, the site has received 5,438 visits this year.

**The Smarter than Smoking SA Young Directors Festival** (a pilot project) has got off to a flying start with four schools recruited. The festival will see schools produce their own anti-tobacco commercials and develop them from script to the post-production phase. The awards ceremony will be held on National Youth Tobacco Free Day with the winning commercial being aired on commercial television. Fulham North Primary, Enfield High, Paralowie R-12 and Renmark Primary were the successful schools recruited to the project.



**'Skilled Smoke-Out'** is a new package targeting young people in out-of-school settings. It has been developed to provide youth workers, and other health professionals working with young people in the community, with the knowledge and skills to integrate smoking prevention and cessation into their current practice and programs. It includes an interactive training workshop and resource CD to assist workers to empower young people to make decisions conducive to a smoke-free lifestyle. The *Skilled Smoke-Out* resource CD contains two guides; the first being a *Youth Smoking Prevention and Cessation Guide*, and the second called *Youth Professionals Guide to the 5A's Framework* providing a step by step guide to the 5A's specifically related to young people.



Quit SA is also involved with the Youth Event Safety Committee. This committee is comprised of representatives from the following agencies; Quit SA, Shine SA, Office for the Liquor and Gambling Commissioner, The Cancer Council South Australia, The Second Story and Drug and Alcohol Services South Australia. The committee develops and coordinates strategies for improving personal health, safety and harm minimisation at youth events - with a special focus on the Big Day Out event.

## Mass media led quit promotion

(Strategy Area 5, SA Tobacco Control Strategy)

### *Campaigns for 2006–07*

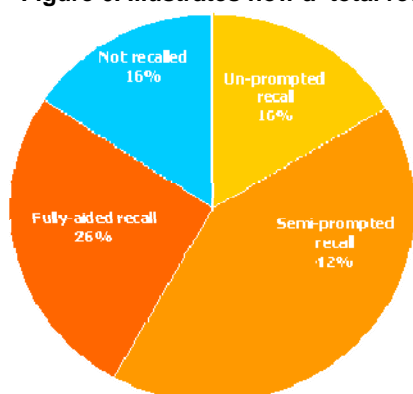
Quit SA coordinated several campaigns during 2006–07.

**July 2006** - The 'Mouth Cancer' campaign was launched in July 2006. It was the second of a series of National Health Warnings Campaigns developed by Non Government Organisations representing each State and Territory. The commercial depicted a middle-aged woman suffering mouth cancer, who speaks of her plight through diseased lips and decayed teeth, saying: "Smoking causes mouth cancer. If it didn't, I wouldn't be needing radiotherapy and chemotherapy."



An evaluation of the commercial was conducted to examine its recall and impact in a target segment of 18-39 year old daily smokers living in Adelaide. When asked to name any commercials they remembered seeing while watching their regular program, a total of 84% recalled the 'Mouth Cancer' commercial.<sup>10</sup>

**Figure 6. Illustrates how a 'total recall' figure of 84% was ascertained<sup>10</sup>**



This indicated the campaign delivered a powerful message and was also instrumental in increasing knowledge about mouth cancer, refer Table 2. (page 9).

**January 2007** - Traditionally one of the busiest months for the Quitline, January 2007 saw the airing of *Echo III* to promote quitting smoking in the New Year. This commercial reminded smokers of the excuses they make around not quitting, and the consequences of continuing to smoke.

**May 2007** - Several new commercials were launched in May 2007 to coincide with promoting *World No Tobacco Day* on the 31<sup>st</sup> May.

### ***Which Disease***



Commencing 13<sup>th</sup> May, Quit SA aired *Which Disease*, a campaign developed by the Cancer Institute NSW following the introduction of graphic health warnings on cigarette packs. The commercial highlighted smokers' behaviour in response to graphic health warnings. It was developed after research found that smokers were trying to avoid graphic health warnings on cigarette packets. Testing found that the commercial mirrored actual smokers' behaviour and encouraged them to self-assess their attempts at avoiding their addiction and health risks.<sup>11</sup>

#### Key results evaluated by Roy Morgan's Natural Exposure evaluation:<sup>11</sup>

- 40% recalled seeing the anti-tobacco advertising without prompting
- 67% remembered the campaign when prompted
- 98% understood it
- 70% thought it was believable
- 67% felt it was thought provoking
- 74% thought it was relevant to them
- 30% felt guilty as a result of the commercial
- 44% felt concerned by their smoking

### ***Voice Within***



*Voice Within* was a commercial launched in May 2007 to mark *World No Tobacco Day 2007*. This commercial was also developed by the Cancer Institute NSW, and forms a part of the second phase of the National Health Warnings campaign, along with the commercials depicting 'Mouth Cancer' and 'Amputation'. Instead of conveying the 'quit smoking' message graphically, it was aimed at confronting viewers emotionally, showing life after the disease. The purpose of the campaign was to communicate that stroke doesn't always kill but can result in a reduced quality of life for survivors and their families. Focus testing found that the commercial echoed strongly with smokers and tapped into the concern that their smoking would affect their loved ones.<sup>11</sup>

#### Key results evaluated by Roy Morgan's Natural Exposure evaluation:<sup>11</sup>

- 34% recalled seeing the anti-tobacco advertising, without prompting
- 67% remembered the campaign when prompted
- 95% understood it
- 79% thought it was believable
- 67% thought it was thought provoking
- 76% thought it was relevant to them
- 48% felt guilty as a result of the commercial
- 67% felt concerned by their smoking
- 41% said the commercial made them feel more motivated to quit

### Quitline

May 2007 also saw the airing of a series of newly developed commercials about the Quitline. The six 15 second commercials were developed by the Cancer Institute NSW, and deliver information on the range of services provided as well as providing smoking cessation advice. Each commercial focuses on a different topic; the call-back service, planning a quit attempt, nicotine replacement therapy, dealing with cravings, finding the best way to quit, and overcoming failed quit attempts. These 15 second commercials were placed within the same ad break as *Which Disease* and/or *Voice Within* as a call to action for those contemplating to quit smoking.

### SMS Trial

Quit SA ran a SMS trial in late May and June 2007. Over a five week television campaign viewers were encouraged to initiate a relationship with the Quitline via SMS instead of calling the Quitline direct. The strongest response rate was from smokers born between the years 1981-1990 (17-26 years age group). Historically this age group has been a hard audience to engage with which was extremely encouraging.

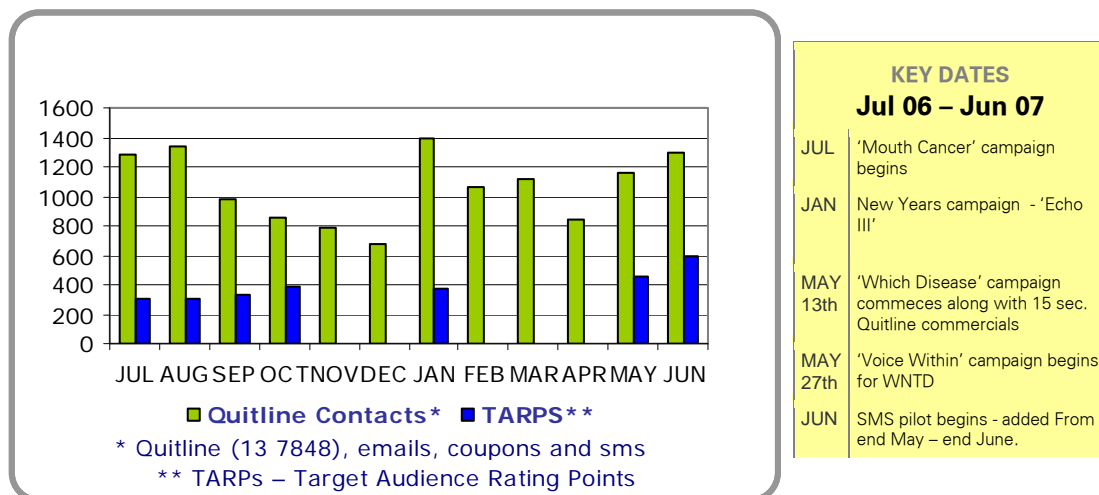
### No smoking in Cars with Kids

To celebrate *World No Tobacco Day*, May 31<sup>st</sup> 2007, the SA Government banned smoking in cars with kids under 16. Drug and Alcohol Services SA in collaboration with Quit SA celebrated the day by setting up a display in Rundle Mall. A short radio campaign was run to educate the public and Quit SA developed and distributed stickers and posters to promote the new legislation.

### Calls to the Quitline in response to mass media

As illustrated in Figure 7, the month of January received the greatest number of calls to the Quitline. This coincided with the airing of the *Echo III* commercial. From January - June 2007, it is clear that mass media had a positive impact on calls to the Quitline with over 1,000 calls taken per month except for in April which did not follow a campaign month. From July - December 2006 Quit SA media campaigns only benefited the months of July and August, as traditionally calls to the Quitline drop off towards the end of the year in the lead up to the festive season.

**Figure 7. Illustrates call rates in response to Quit SA's media buy for campaign months**



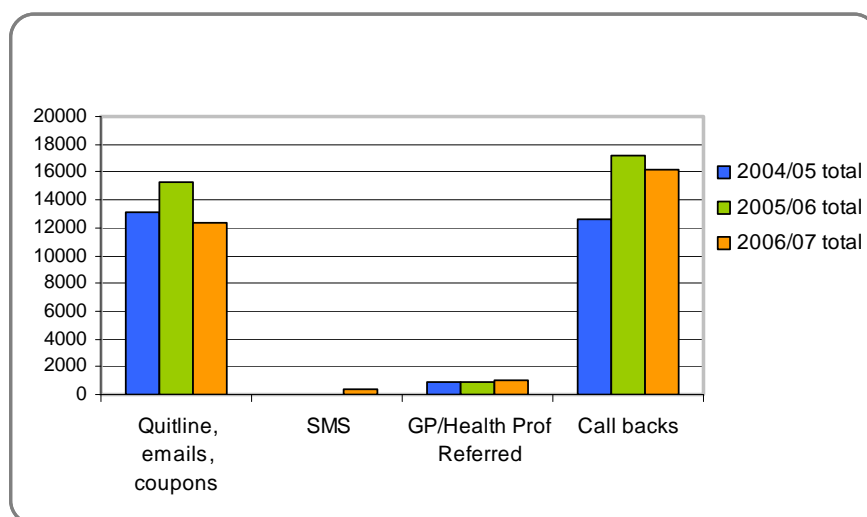
## Cessation support and relapse prevention (Strategy area 6, SA Tobacco Control Strategy)

### *Helping people quit*

The Quitline achieved several positive results for 2006-07. This year, over 12,000 South Australians contacted the Quitline for help with quitting smoking either by, phone, email, coupon, or SMS with a further 1,000 people agreeing to be contacted by the Quitline via a referral from their health professional. Additional to this, an impressive 16,000 call backs were made by Quitline advisors to clients attempting to quit. (Call backs are a complimentary follow up service offered to Quitline callers to help motivate them during their first three months of quitting). Figure 8. (below) compares the number of contacts made to/from the Quitline over the last three years.

Another achievement is that the results from an SMS pilot conducted in June 2007 proved a way of successfully encouraging 17-26 year olds to engage with Quitline services.

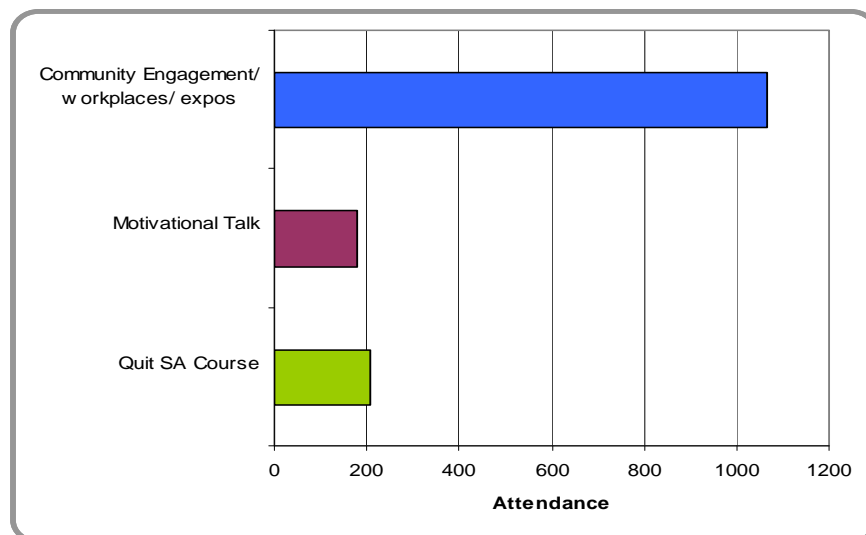
**Figure 8. Comparison by year of the number of people contacting the Quitline as well as call backs made from 2004-05 thru 2006-07**



In the previous year, other activities relating to tobacco control occurred that prompted a higher response than in 2007-06. i.e. the introduction of the Commonwealth Government's graphic pack warnings and the 'Lights and Milds' campaign. Whilst the Quitline consistently exceeds 10,000 calls every year, 2005-06 reflected an unusually high number of callers.

Quit SA also runs training sessions for local community groups, organisations and workplaces that want to help people quit smoking. The *Quit SA Course* is run over two sessions, providing a comprehensive program for quitters. Motivational talks are much shorter and are aimed to motivate smokers to quit. Quit SA advisors also attend various community events and expos to reach smokers trying to quit. Figure 9 (next page) summarises these cessation courses and their levels of attendance.

**Figure 9. Attendance at Quit SA cessation courses for the community**



### ***Increasing involvement of health workers in smoking cessation***

Quit SA plays a key role in a number of projects working across different health professions and settings, exploring how best to encourage and support health workers and their teams to be more proactive in the area of smoking cessation. This includes general practice, pharmacy, dental, hospital (in particular maternity) and mental health.

Health worker involvement in addressing smoking is continuously improved through collaboration and partnerships with key organisations that represent and engage with the various professional groups. Over the past 12 months Quit SA has continued to work closely with the:

- Australian Dental Association (SA Branch);
- Dental Hygienists Association (SA Branch);
- University of Adelaide Dental School;
- SA Dental Service;
- TAFE SA;
- Northern Metropolitan, Southern Metropolitan, and Children, Youth and Women's Health Services including key staff within the hospitals and health services within these regions;
- Flinders University Department of General Practice; and
- Royal Australian College of General Practitioners.

Training of others to provide quitting support is very important. Quit SA is currently the only organisation that provides regular undergraduate and continuing education programs focused on tobacco cessation and prevention in SA.

In partnership with SA Dental Service, a program was established to embed systematic strategies within the public dental service to assist dental staff provide brief intervention advice to their clients. In 2006-07 105 SA Dental Services staff were trained at major metropolitan dental educational and clinic facilities across the state. As a result of the project, almost 400 Brief Interventions with smokers were recorded in this financial year.

In collaboration with the SA Dental Service, University of Adelaide, and TAFE SA - Quit SA designed and delivered a semester-long education in Tobacco Use Prevention and Cessation. This was provided to approximately 40 Bachelor/Diploma of Oral Health students over eight sessions. To evaluate the success of the inaugural program, an evaluation was conducted and a report on the evaluations findings will become available in mid 2008.

Approximately 260 General Practitioners and students of General Practice received training in providing brief intervention advice in 2006-07, and 21 sessions on the *Quit SA 12-week Referral Program* were run across the state in 16 different metropolitan and rural hospitals.

The Health Service Project continued to provide education and training to a variety of health professionals, including general practitioners, oral hygienists, asthma and diabetes educators, pharmacists, as well as tertiary students.

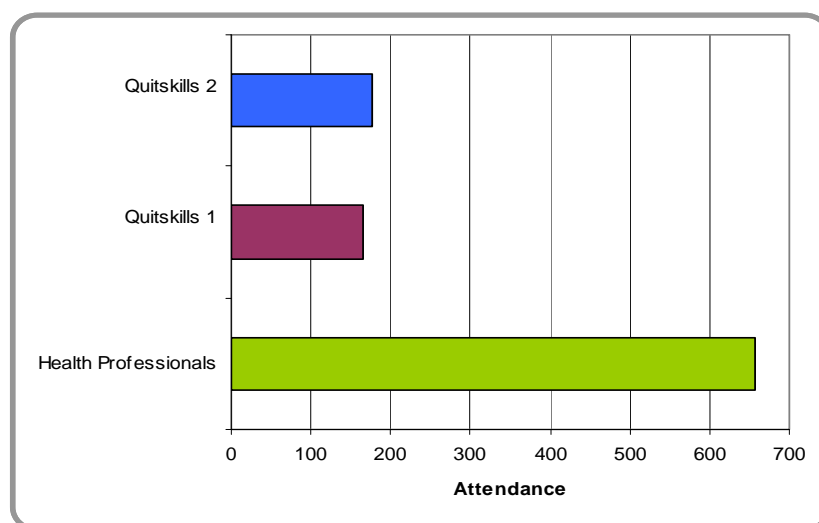
### ***Hospitals and health services***

Quit SA and the eight major metropolitan public hospitals in SA continued to work together to improve policies and strategies addressing tobacco. Rural and regional hospitals were also active, with a range of health professionals attending education programs on tobacco use and smoking cessation resources. Contact and support to other metropolitan hospitals is maintained to further progress initiatives at each individual site. Interest to progress Smoke-free Hospitals has been high, particularly amongst smaller, rural hospitals. Information and education sessions were facilitated at 11 different hospitals around the state in 2006-07.

### ***Training & Support***

Quit SA provides training and education to a variety of groups, with a particular focus on educating health professionals. Quitskills 1 and 2 sessions are aimed at health professionals who would like to improve their knowledge and skills to assist clients to quit. Additional short courses are also run for health professionals on request. Figure 10 (below) summarises attendance levels of these courses.

**Figure 10. Attendance at Quit SA run training for Health Professionals**



### ***Disadvantaged Groups***

Quit SA continues to expand the level of work undertaken with disadvantaged groups. Funding was received from the Social Inclusion Unit through the SA Prison Health Service to provide quit programs to prisoners. This included access to quit courses, subsidised Nicotine Replacement Therapy and telephone smoking cessation support through the Quitline. 81 prisoners accessed the quit courses and Nicotine Replacement Therapy throughout 2006-07.

Throughout 2006-07 a project providing additional smoking cessation support to Centrelink customers on income support payments was continued. The project serviced nine Centrelink offices within SA, with seven of these being located in suburbs of lowest socio-economic wellbeing. 245 callers to the Quitline accessed support through this project which included behavioural counselling as well as subsidised Nicotine Replacement Therapy.

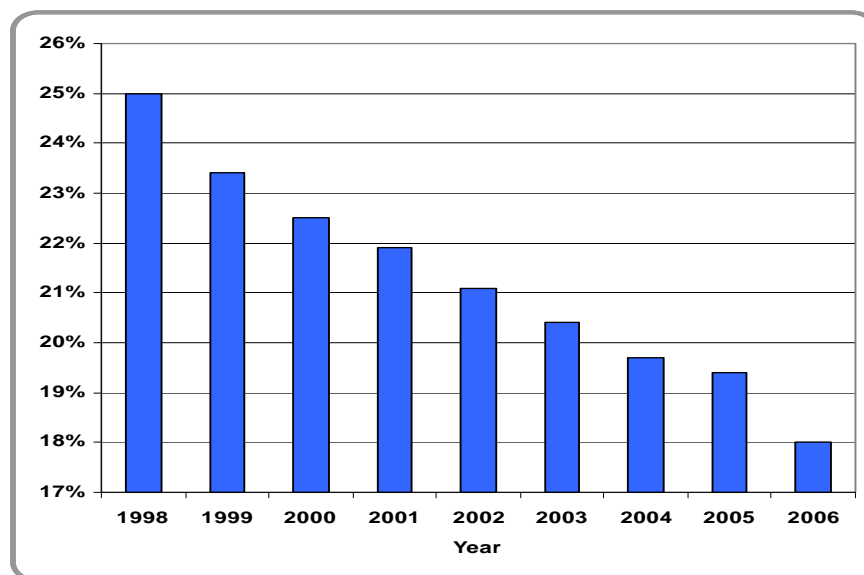
Quit SA has also been involved in a range of activities to address the high rate of smoking amongst people with mental illness. Quit SA offers a range of resources for people with mental illness who want to address their tobacco use. In addition, Quit SA has been working closely with the Tobacco and Mental Illness Project to assist people with mental illness through the Quitline and through smoking cessation groups. Quit SA has also been involved in assisting with the implementation of policy change across mental health services in South Australia.

### ***Smoke-free Pregnancy Project***

Funding for the *Smoke-free Pregnancy Project* was extended again in 2006 to include all public birthing services in South Australia that cater for 50 births per year or more. Since late 2004 when the project began, Quit SA has trained over 1,400 tertiary students and health workers (particularly antenatal, postnatal and domiciliary care staff) which has resulted in over 1,200 referrals being made by health workers to the Pregnancy Quitline. This has prompted over 2,700 call backs to pregnant women and their partners by the Quitline as a follow up service to further support quitting attempts.

Since 1998 the prevalence of maternal smoking in SA has dropped 7%, and data from 2006 shows that prevalence dropped a very impressive 1.4% in one year alone (see Figure 11. below).

**Figure 11. Decline in the prevalence of maternal smoking over time in South Australia**



A Medical Record Number has now been allocated to the *Smoke-free Assessment and Intervention Form* for use in all public birthing services. This has highlighted the importance of health professionals to undertake smoking interventions and shows that hospitals are committed to continue with this important work. It is now anticipated that the SA Pregnancy Hand Held Record, provided to all maternity health workers, will be updated to include this *Smoke-free Assessment and Intervention Form*. This will ensure that smoke-free pregnancy education and training occurs at the undergraduate level in tertiary organisations.

## Evaluation

Quit SA is committed to continuous improvement of its services and programs through ongoing monitoring and evaluation. The Tobacco Control Research and Evaluation (TCRE) program is an independent agency funded by the Tobacco Control Unit and undertakes tobacco control evaluations in SA. In 2006–07 TCRE released the following evaluations of Quit SA projects:

Sedivy V. ***Quit SA Course Program Evaluation report: August 2006***, TCRE, Adelaide, August 2006

Sedivy V. & Miller C. ***Trial of Nicotine Replacement Therapy for low-income smokers: Findings from 6-month follow-up***. Adelaide, Australia: Tobacco Control Research and Evaluation, The Cancer Council South Australia, September 2006

Sedivy, V. ***OxyGen website survey***. Adelaide, Australia: Tobacco Control Research and Evaluation, The Cancer Council South Australia, November 2006.

Sedivy, V. ***Analysis of Quitline Call Outcomes: August – October 2006*** Adelaide, Australia: Tobacco Control Research and Evaluation, The Cancer Council South Australia, January 2007

TCRE. ***Smoking cessation in the prison setting: An overview of intervention measures***, Tobacco Control Research and Evaluation, The Cancer Council South Australia, February 2007.

Sedivy V. and Miller C. ***Trial of nicotine replacement therapy for low-income smokers, 12 month follow-up***. Tobacco Control Research and Evaluation, The Cancer Council South Australia, March 2007.

TCRE. ***Evaluation of the Quit Program in South Australian correctional facilities***, Tobacco Control Research and Evaluation, The Cancer Council South Australia, February 2007

TCRE. ***Tobacco Education Website Survey Evaluation***, Tobacco Control Research and Evaluation, The Cancer Council South Australia, June 2007.

Evaluation work on the following projects is currently underway:

- Quitline SMS evaluation
- Quitline trials
- Dental education study
- Skilled Smoke-out
- Smoke-free Lodges

## World Conference on Tobacco OR Health

The work of Quit SA staff was acknowledged at the 13<sup>th</sup> World Conference on Tobacco OR Health. The following abstracts were accepted for presentation:

### ***Oral presentations***

Edwards, D Gilbert A, Rowett D, Karadchi G, Vial R. "Improving smoking cessation services in community pharmacy"

### ***Poster presentations***

Edwards, D. "Improving policies and strategies that address tobacco in hospitals and health services using a systems approach"

### ***Evaluation outcomes***

Hickling, J., Miller, C., Abram L "*Health professional referrals to a Quitline with multiple counselling sessions as a motivation for cessation*". WCTOH, Washington, USA. July 2006.

Sedivy, V., Miller, C., Hickling, J. "*A randomized controlled trial of nicotine replacement therapy for low-income smokers*". WCTOH, Washington, USA. July 2006.

## References

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- 1 Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez AD, 2007. The burden of disease and injury in Australia 2003. PHE 82. Canberra: AIHW.
- 2 US Department of Health and Human Services. The health consequences of involuntary smoking. A report of the Surgeon General. Rockville, Maryland: US Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Health Promotion and Education, Office on Smoking and Health, 1986. DHHS Publication No (CSC) 87-8398.
- 3 IOM (Institute of Medicine). 2007. Ending the tobacco problem: A blueprint for the nation. Washington, DC: The National Academies Press.
- 4 Government of South Australia. South Australian Tobacco Control Strategy 2005-2010. Drug and Alcohol Services South Australia. December 2005.
- 5 South Australia's Strategic Plan 2007 ([www.SAplan.org.au](http://www.SAplan.org.au))
- 6 Hoey, M & Hickling, J. 'Two-month Snapshot of Quitline Callers - July-August 2005.' Tobacco Control Research and Evaluation Program, Adelaide, January 2006.
- 7 Charter adopted at an International Conference on Health Promotion  
The move towards a new public health, November 17-21, 1986 Ottawa, Ontario, Canada
- 8 Hosking, J & Hickling, J 'Progress against 'the South Australian Tobacco Control Strategy 2005-2010': Report 2: January – December 2006, TCRC, Adelaide, May 2007.
- 9 Hoey. M. & Miller, C. 'Smoking among South Australian Secondary Students – Results from the 2005 ASSAD survey.' Tobacco Control Research and Evaluation Program, Adelaide, August 2006.
- 10 Graphic Health Warnings Campaign Collaboration. Natural Exposure Evaluation of the Graphic Health Warnings Campaign – 'Amputation' and 'Mouth Cancer Talks' ads. CBRC, November 2006
- 11 TCRC. Evaluation of the 2007 Quit Television Campaigns - "Voice Within" and "Which Disease" August 2007. Tobacco Control Research and Evaluation. Adelaide, Australia