



National Tobacco Strategy 2022-30 Consultation Draft

WANADA Submission – 31 March 2022

WANADA welcomes the opportunity to provide feedback on the *National Tobacco Strategy 2022-2030 Consultation Draft*.

WANADA supports the Consultation Draft's intent to maintain "a strong emphasis on reducing health and social inequalities by complementing population-wide strategies with more targeted approaches to reduce smoking among populations with a high prevalence of tobacco use." Given the National Tobacco Strategy will be a sub-strategy under the *National Drug Strategy 2017-2026*, we consider it important that the Consultation Draft's intent also reflects the National Drug Strategy's focus on a balanced approach across harm, demand and supply reduction.

We note that the Consultation Draft includes actions which reference alcohol and other drug treatment services, in particular:

- 5.5 Embed evidence-based smoking cessation programs across all primary, acute, mental health, drug and alcohol, and other health care settings and where applicable, explore the feasibility of mandating these programs as a condition of government funding.
- 10.3 Ensure all publicly funded health and social services work towards introducing and enforcing comprehensive smoke-free policies
- 11.11 Implement measures to ensure best practice cessation support and tobacco dependence treatment is offered to every tobacco user in every interaction within the health, mental health and alcohol and drug dependence treatment systems, with reporting of brief intervention strategies and cessation service outcomes routines.

The alcohol and other drug sector has a significant role in contributing to reducing the harms related to tobacco.

- The prevalence of cigarette smoking is much higher amongst people who are experiencing alcohol and other drug harms than the general community. People experiencing alcohol and other drug related harms, on average, smoke substantially more cigarettes daily, and the level of tobacco-related mortality amongst this cohort is higher than other smokers (Walsh et al., 2005).
- A very high proportion of clients who access alcohol and other drug services smoke tobacco (Kelly et al., 2012), and it is estimated that 65% of clients engaged in alcohol and other drug treatment in Australia are interested in quitting smoking (Manning et al., 2018).

WANADA supports the intention of the Consultation Draft to improve access to best-practice smoking cessation support and smoke-free policies. Alcohol and other drug services have implemented a range of practices to date that align with, or provide a step towards, this intent. The sector's historical engagement in the Western Australian *Make Smoking History* campaign provides one such example of supporting change management across both populations and service sectors.

We believe it is important that measures to further embed cessation practices within treatment settings are developed in partnership with the alcohol and other drug treatment sector. This would reflect the Consultation Draft's guiding principle of *Working in Partnership*.

The recommendation to mandate practices as a condition of funding is not reflective of a working in partnership approach. Designing, implementing, and evaluating measures in partnership with the sector provides an opportunity to identify, consider and effectively address a range of service delivery-specific factors, including:

- Alcohol and other drug treatment and support services respond to the needs of their service users. As such, nicotine withdrawal and treatment are extensively considered within contemporary service resources and guidelines (for example see Stone et al., 2019). Depending on the needs identified by the service user, service responses may incorporate a goal of abstinence and/or improved safety and wellbeing through education and harm reduction measures.
- Many regional services report that smoke-free requirements can present a disincentive to access treatment and support services.
- Not-for-profit treatment organisations that are smoke-free and provide smoking cessation support regularly report the cost of nicotine replacement therapies as an area which could be addressed to better incentivise consumer access.
- National reporting requirements need to be considered alongside state and territory data and reporting requirements. There is a need to rationalise data requirements across funding bodies, minimise the reporting burden, and align requirements to service, organisation and system planning objectives.

There is an opportunity for the National Tobacco Strategy to emphasise and support all stakeholders to engage in collaboration that recognises and supports best practice treatment, support and harm reduction in service settings. This partnership approach will result in targeted actions that best meets the Consultation Draft's intent of reducing health and social inequalities.

WANADA notes that as a sub-strategy of the National Drug Strategy, the National Tobacco Strategy will require cross-jurisdictional coordination. With the dissolution of the Ministerial Drug and Alcohol Forum, there is currently no national governance structure to support the strategy's implementation. WANADA recommends that an inclusive and effective national governance structure specifically for alcohol and other drugs is reinstated as a priority.

Sources

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