Benefits of using Community Health - Health Promotion resources to act to reduce tobacco-related harm

Quit Victoria

Your Community Health Service should prioritise community-focused action to reduce tobacco-related harm to:

- ✓ Reduce the **substantial burden** on **healthcare** and the **community** from the wide-ranging morbidity and mortality caused by smoking
- ✓ Achieve your purpose of **prioritising those** with, or **at risk** of, **poorer health**
- ✓ **Reduce** the **COVID-19 risks** and **consequences** exacerbated by smoking and vaping
- ✓ Act early on **concerns** that the increasing use of **e-cigarettes** will lead to **increases in smoking** in young people
- ✓ **Improve** mental health and wellbeing
- ✓ **Tackle poverty** in applying the social model of health
- ✓ Reduce exposure to the significant **adverse effects** of **second- and third-hand smoke** on non-smokers and children
- ✓ Facilitate and strengthen **collaborative** local and state-wide **efforts** to tackle tobacco-related harm
- ✓ **Benefit** from the **support, guidance** and **opportunities** offered by Quit Victoria

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Why your Community Health Service should prioritise community-focused action to reduce tobacco-related harm

✓ Reduce the substantial burden on healthcare and the community from the wide-ranging morbidity and mortality caused by smoking[1]

Smoking kills around **20,000 Australians** *each year.*

That's **54 preventable** deaths *every day.*

Smoking leads to at least **46 Medical conditions** requiring treatment and care.

Inpatient hospital treatment **$1.5 billion**

Primary healthcare treatment **$1.5 billion**

Ambulance and ED treatment **$453 million**

Pharmacy medications **$451 million**

Smoking cessation medications **$153 million**

Outpatient treatment **$289 million**

Residential care **$420 million**

Family care **$2.0 billion**

The cost of healthcare due to smoking is **$6.8 billion.**

Australia: July 2015 to June 2016

Costliest adverse health outcomes caused by smoking:

Cost	Outcome
$347.3 million	Chronic obstructive pulmonary disease
$205.9 million	Ischaemic heart disease
$152.8 million	Tracheal, bronchus and lung cancer

Other adverse health outcomes caused by smoking:

Heart disease and stroke

- Ischaemic strokes
- Haemorrhagic strokes
- Hypertensive heart disease
- Atrial fibrillation and flutter
- Aortic aneurysm
- Peripheral vascular disease
- Other cardiovascular and circulatory diseases

Orthopaedic

- Hip fracture
- Non-hip fracture

Other

- Diabetes mellitus type 2
- Peptic ulcer disease
- Rheumatoid arthritis
- Fire injuries

Cancer

- Lip and oral cavity cancer
- Nasopharynx cancer
- Cancer of nasal cavity and accessory sinuses
- Oesophageal cancer
- Stomach cancer
- Colon and rectum cancer
- Pancreatic cancer
- Larynx cancer
- Kidney cancer
- Bladder cancer
- Acute myeloid leukaemia
- Cervical cancer
- Liver cancer

Orthoptic

- Cataracts
- Macular degeneration

Respiratory

- Interstitial lung disease and pulmonary sarcoidosis
- Other chronic respiratory diseases
- Influenza and pneumonia
- Asthma in adolescents (for adults, smoking is only causally linked to exacerbation of existing asthma resulting in increased risk of hospitalisation and death)
- Tuberculosis

Reproduction and birth

- Reduced fertility in women
- Erectile dysfunction
- Antepartum haemorrhage
- Premature rupture of membranes
- Ectopic pregnancy
- Stillbirth

✓ Achieve your purpose of prioritising those with, or at risk of, poorer health[2]

While 16.9% of Victorian adults continue to be current smokers,[3] those with, or at risk of, poorer health have much higher rates of tobacco use:

- **21.2%** of Australians 14 years and over in the most disadvantaged SEIFA quintile were **current** smokers in 2019 (compared to **8.1%** in the least disadvantaged SEIFA quintile).[4]
- **32.5%** of Australians that were unable to work were **current** smokers in 2019.[4]
- **29.9%** of single Australians with dependent children were **current** smokers in 2019.[4]
- **37%** of Aboriginal and Torres Strait Islander Australians aged 15 and over smoked **daily** in 2018–19.[5]
- **24.2%** of Australian adults diagnosed or treated for a mental illness in the last year were current smokers in 2019 (compared to **12.9%** who were not diagnosed or treated).[4]
- **23%** of homosexual/bisexual Australians were **current** smokers in 2019.[4]
- **77%** of homeless people and **93%** of "street" homeless people (those usually dwelling on streets, in parks, in derelict buildings or other temporary shelters) have an **elevated prevalence** of smoking.[6]
- Some **culturally and linguistically diverse** communities[7]
  - Those residing in metropolitan Melbourne
  - Those that are younger
  - Arabic-speaking people from a Lebanese background
  - Mandarin-speaking males from a Chinese background
  - Males from a Vietnamese background
  - Hindi-speaking males from an Indian background
  - Smokers of shisha (particularly in Hindi and Arabic communities).

✓ Reduce the COVID-19 risks and consequences exacerbated by smoking and vaping

- Smoking has **substantial adverse effects** on the immune system.[8]
- Smoking disrupts the normal functioning of the immune system that fights infection in the **respiratory tract.**[8]
- Among younger people (less than 69 years) current smokers were **nearly twice as likely** as never smokers to become infected with the COVID-19 virus.[8]
- Among older people (69+ years), smokers were **more likely** to die from COVID-19 than non-smokers.[8]
- Smokers have an **increased risk of contracting** COVID-19 and an **increased risk of needing to be hospitalised** with COVID-19.[8]
- Current smokers with COPD, cancer, diabetes and those needing urgent surgery for hip fractures are at **greater risk of complications and death** from COVID-19.[8]
- Vaping has been linked to substantially **increased risk** of **COVID-19** in teens and young adults[9] and to more severe COVID-19 symptoms.[10]
- Preliminary evidence* hints at the possibility that smoking may **reduce the effectiveness** of COVID-19 vaccination.

*An Italian study found a lower level of antibodies in smokers compared to non-smokers 1–4 weeks after the second dose of the Pfizer vaccine.[11]

✓ Act early on concerns that the increasing use of e-cigarettes will lead to increases in smoking in young people

- Growing evidence suggests a possible relationship between e-cigarette use and the **uptake and escalation** of smoking in young people.[12]
- The use of e-cigarettes is growing in Australia with the **highest proportion** of ever users among current smokers and those aged 18–24 years.[13]
- For non-smokers aged 18–24 years, 4.9% used them in 2013, 13.6% in 2016 and **19.6%** in 2019.[13]
- In an Australian survey of school students, around **14%** of students aged **12–17 years** had used an e-cigarette (32% of these in the past month).[14]
- **Almost half (48%)** of school students who vaped had never smoked tobacco before trying an e-cigarette.[14]
- Around a quarter of these students who had used e-cigarettes before ever smoking, reported later **trying tobacco cigarettes.**[14]

✓ Improve mental health and wellbeing

- Smoking has been associated with the development of increasing **social isolation** and **loneliness** in older adults aged 50 years and over.[15]
- Quitting smoking for at least six weeks **improves mental health**, mood, and quality of life, and **reduces** depression, anxiety and stress, both among the general population and among people with a psychiatric disorder.[15]
- Quitting smoking for at least six weeks has the **same or larger effect** as that of antidepressant treatment for mood and anxiety disorders.[16]

✓ Tackle poverty in applying the social model of health[2]

- Due to increases in the tax on tobacco, the price of cigarettes has **increased substantially** with a ten-fold increase in cost between 1980 and 2020.[17]
- Multiple studies have found associations between **smoking, financial stress, and housing insecurity.**[18]
- Families where one or more parent uses tobacco not only suffer **more** immediate **financial stress,** but also less long-term financial security and a **greater** likelihood of **poverty.**[18]
- The lowest-income households' expenditure on tobacco products as a proportion of total household weekly expenditure has been shown to be **over double** that of the highest income households.[19]
- If smokers quit, their chances of experiencing financial stress **reduce substantially** when compared to those of continuing smokers.[19]

✓ Reduce exposure to the substantial adverse effects of second- and third-hand smoke on non-smokers and children

- **Adverse health outcomes** caused by secondhand smoke (cigarette smoke lingering in the air inhaled by those in the vicinity) include:
  - Low birthweight
  - Sudden Infant Death Syndrome (SIDS)
  - Asthma (children)
  - Lower respiratory illness (children)
  - Otitis media (children)
  - Oro-facial clefts
  - Lung cancer
  - Ischaemic heart disease
  - Cerebrovascular disease.[1]
- There is also **emerging evidence** that secondhand smoke exposure:
  - increases the risk of developing type 2 diabetes mellitus[20]
  - is associated with depressive symptoms, psychological distress and stress, including in the postpartum period[21]
  - has an impact on cognition and behaviour, including higher likelihood of childhood conduct problems and learning difficulties.[22]
- Children from disadvantaged families are **far more likely** to be exposed to secondhand smoke at home.[23]
- Emerging evidence indicates that thirdhand smoke (toxic residue from tobacco smoke that settles on surfaces that is inhaled, ingested or absorbed through skin) **increases the risk** of adverse health outcomes such as hyperactive behaviour in children.[24]
- Young children are **more likely to be at risk** of thirdhand smoke exposure due to more time spent indoors, more interaction with contaminated surfaces and a tendency to put objects in their mouth.[24]

✓ Facilitate and strengthen collaborative local and state-wide efforts to tackle tobacco-related harm

- In developing municipal public health and wellbeing plans (MPHWPs), local councils are required by legislation to have regard for the Victorian Public Health and Wellbeing Plan.[25]
- The Victorian Public Health and Wellbeing Plan 2019–23 identifies **reducing tobacco-related harm** as one of 10 health priorities and one of a subset of four priorities for **particular focus.**[25]
- Local councils are encouraged to concentrate MPHWPs on the four focus areas.[25]
- Community Health – Health Promotion teams are required to collaborate with local partners and align prevention and health promotion efforts with MPHWPs to **maximise impact.**[26]

✓ Benefit from the support, guidance and opportunities offered by Quit Victoria to Community Health – Health Promotion teams

- In 2022, Quit is **expanding** its **support and guidance** of Community Health – Health Promotion teams to build the capacity of the sector to reduce tobacco-related harm.
- Quit will establish a Resource Hub on its website providing offerings **tailored** to the work practice and circumstances of Community Health - Health Promotion teams including:
  - practice guides and frameworks
  - social marketing toolkits
  - professional development
  - interactive peer support opportunities
  - case studies
  - tools and templates
  - resources.
- Community Health – Health Promotion teams will have the opportunity to **sign up** to a Community of Practice and to receive this enhanced support and guidance.
- Quit will **showcase and enable sharing** of the initiatives and work practice of Community Health – Health Promotion teams in acting to reduce tobacco-related harm.
- Quit will invite Community Health Service senior leaders to provide a **summary of why** they have chosen to **prioritise** a focus on **reducing tobacco-related harm** which will be published on Quit's website and shared with key stakeholders.

For further information contact quit@cancervic.org.au.

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