

Media Release

Making the case: Why the Australian health system needs to do more to help smokers quit

A commentary published today in the Australian & New Zealand Journal of Public Health has called for smoking cessation to be included as routine practice in the health system.

According to the data released by the Australian Institute of Health & Welfare last month, smoking is still the leading cause of preventable death and disease.

The authors, some of whom head up key organisations and groups working in smoking cessation policy and practice, write that the Australian health system has overlooked the need to make sure people who smoke are routinely provided with best practice care.

Tanya Buchanan, Lead Author and Chief Executive Officer at Cancer Council Australia, said that while Australia has a strong record as a world leader in aspects of tobacco control that work at a population level, more could be done to ensure smoking rates continue to decline. She also stressed that Australia needs to deliver a consistent and systematic approach to providing evidence-based treatment to individuals.

“There’s no single ‘magic bullet’ to reduce smoking prevalence, we need all those population-level interventions, like mass media campaigns, to help motivate and support people to quit. But we also need to include ways to make sure we are supporting individuals in their quit attempts, as part of a multifaceted, coordinated and comprehensive approach.”

“This isn’t an either/or scenario, we need to recognise that population level interventions drive people to attempt to quit, while individual treatment increases the success of those quit attempts.”

According to Senior Author Dr Henry Marshall, from the University of Queensland, the need for individual support is particularly important for people who face additional challenges to quitting because of mental illness or complex health and social reasons.

“Someone making a quit attempt that includes counselling from the Quitline and medicines recommended by a health professional is more than twice as likely to succeed compared to someone who tries to quit ‘cold turkey’,” said Dr Marshall. “For people who might be struggling with every-day issues, that support is really important.”

Dr Sarah White, Head of the Quit program, said that a consistent national approach to health professional training, plus convincing health decision-makers of the need to make smoking cessation part of routine care, would “pay off in spades.”

“Smoking results in preventable health care expenditure and reduces our health system capacity. Training our health professionals to deliver a short piece of non-judgemental advice and a genuine offer of help for treatment is something that people who smoke absolutely appreciate and it will have huge benefits for our health system. It’s a bit of a no-brainer, really.”

Ms Buchanan continued “We look forward to the release of the National Tobacco Strategy for consultation and would strongly encourage the inclusion of both population level interventions and smoking cessation as routine practice in the health system in order to ensure all Australians trying to quit receive best practice care.”

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