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| Tobacco control regulator planMarch 2018 – June 2019 |
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# Introduction

## Purpose of document

The Department of Health and Human Services (the department) administers numerous Acts and regulations aimed at promoting health and wellbeing, and protecting vulnerable clients. It has 11 internal business units and three statutory bodies that are recognised by the Department of Treasury and Finance as regulators of business and not for profit organisations.

An individual regulatory plan has been developed for each of the 11 internal business unit regulators. These documents are developed in line with the conceptual framework outlined in the department’s [Better regulatory practice framework](https://www.dhhs.vic.gov.au/better-regulatory-practice-framework) <https://www.dhhs.vic.gov.au/better-regulatory-practice-framework>.

This is the first consolidated regulator plan that the Tobacco Control Section has developed and published. If you have any feedback on the plan, please email the Tobacco Control Section <tobacco.policy@dhhs.vic.gov.au>.

This plan will be updated:

* on 30 June 2019 – in line with the requirement for Ministers to develop and re-issue Ministerial Statement of Expectations every two years; or
* where key legislative changes are made that will impact on regulatory functions and the currency of the regulatory plans.

## Document content

This regulator plan relates to the Tobacco Control Section. The structure of the regulator plan document includes:

* outcomes
* risk assessment and risk management strategy
* demonstrating impacts
* stakeholder engagement
	+ - overview of approach
		- key stakeholders (co-regulators)
		- key activities.

## Principles

In order to achieve the department’s outcomes, the regulators undertake their regulatory roles as informed by better regulatory practice principles. Consistent with better regulatory practice approaches interstate and internationally, the Tobacco Control Section seeks to apply the following principles:

Table 1: Regulatory practice principles

| Principle | Commitment |
| --- | --- |
| **Collaborative** | Where the various departmental regulatory regimes, and those of other agencies, intersect, the regulators will work together to maximise effectiveness and minimise regulatory burden. Regulators will also cooperate and engage with internal and external stakeholders, including interstate counterparts and those representing various client groups within the Victorian community.  |
| **Consistent** | The regulators will work to provide a consistent experience for regulated entities and the community. Regulatory responses will be predictable (meaning that, to the extent possible, regulators provide similar responses in similar circumstances - consistent with policy) and where possible standardised, following clear processes and delivering consistent results. This will ensure that individuals / organisations are treated fairly, and that the regulators are objective in their decision-making.  |
| **Efficient** | The regulators will allocate resources in a proportionate way that aims to most efficiently achieve outcomes, considering the direct and indirect impacts on the relevant sectors. This includes minimising unnecessary administrative burden and any adverse impact of regulatory actions on businesses to a level that is not justifiable to achieve regulatory outcomes. |
| **Intelligence-led** | The regulators will analyse incoming intelligence and data in order to allow them to be responsive and accurate when assessing risk and undertaking compliance activities. |
| **Outcomes-focussed** | Processes and decision-making will be driven by outcomes, and the regulators will be effective in achieving their regulatory objectives. Progress against outcomes will be measured to ensure continuous improvement. |
| **Proportionate** | The work undertaken by regulators should be proportionate to the risk being addressed. The principle of proportionality should guide regulators decisions in relation to the level of resources assigned to manage a particular risk, the regulatory tools used and enforcement activities. |
| **Risk-based** | The regulators will be proactive in identifying, assessing and responding to risk, prioritising and targeting resources toward specific groups or behaviours that pose the greatest risk to the department’s outcomes. |
| **Transparent** | The regulators will be open in their decision-making and processes, documenting decisions appropriately, including the justification for decisions. The regulators will aim to assist regulated parties to understand the decision-making processes, areas of focus and performance. Regulators will follow standard reporting requirements, enabling the department to monitor and oversee the performance of its regulators. |

# Regulator’s context

This section outlines the context that the regulator operates within, including its regulatory framework and a brief overview of its activities.

## Regulatory framework

The Tobacco Control Section develops and implements policy, strategy, legislation, programs and best practice in tobacco control, as well as funding and overseeing programs and services provided by external agencies such as Quit Victoria and local councils.

The Tobacco Control Section advises the Victorian Government about tobacco control issues and implements the Government’s tobacco control reform agenda. The Tobacco Control Section administers the *Tobacco Act*, which forms the basis of the Tobacco Control Section’s regulatory functions.

The primary purpose of the Tobacco Control Section is to reduce smoking rates and the burden of tobacco-related death and illness in the Victorian community, by developing and implementing a broad range of evidenced-based regulatory and complimentary measures.

By working towards lessening the impact and rate of smoking throughout Victoria, the Tobacco Control Section focus on two main areas of regulation, which affect different types of businesses and entities:

**Smoking bans, which affect:**

* small, medium and large hospitality businesses with outdoor dining areas, which are required to be smoke free. Examples include cafes, restaurants, take-away outlets and licensed premises. There are approximately 13,000 hospitality businesses in Victoria impacted by the smoking ban in outdoor dining areas. Food fairs and other organised events are also captured by the ban on smoking in outdoor dining areas.
* organisations that provide educative facilities to children, such as child care centres, kindergartens and schools. Smoking is banned within the grounds of, and within 4 metres of, these premises.
	+ businesses and organisations located within enclosed workplaces. Smoking is also banned at, and within 4 metres of, certain Victorian public buildings, such as public hospitals.

**Sale and promotion of tobacco and e-cigarette products, which affects:**

tobacco retailers, including supermarkets, convenience stores, milk bars and tobacconists. There are approximately 8,000 tobacco retailers in Victoria. A significant proportion of tobacco retailers are from non-English speaking backgrounds.

e-cigarette retailers. It is estimated there are approximately 1,100 retailers that sell e-cigarettes, of which approximately 10 specialise in the sale of these devices.

Geographically businesses regulated under the Tobacco Act are widely spread across rural, regional and metropolitan Victoria.

### Groups we rely on to undertake our regulatory function

#### Local councils

The Tobacco Control Section does not directly regulate tobacco retailers, hospitality businesses or workplaces under the Tobacco Act. This function is devolved to local councils.

Since 2001, the Municipal Association of Victoria has been funded by the department to manage distribution of funds to councils to educate businesses and the community regarding their responsibilities under the Tobacco Act, and to take enforcement action where breaches are verified (known as the Tobacco Service Agreement).

The Tobacco Control Section provides a broad range of guidance materials and information to individuals, businesses and local councils on the interpretation and application of the Tobacco Act. These are available for download on the department’s Tobacco Reforms website, and hard-copies can be ordered through an online order form, or by phoning or emailing the Tobacco Information Line. This includes materials in languages other than English.

#### Victoria Police

In some instances, Victoria Police officers who are empowered under the Tobacco Act, may investigate breaches of the Tobacco Act and undertake enforcement actions. For example, Victoria Police may issue infringement notices to patrons smoking in enclosed licensed premises after hours. Victoria Police may also assist council to investigate the sale of illicit tobacco at a retail outlet.

## Regulatory activities

The Tobacco Control Section undertakes the following key regulatory activities:

* **working with industry:** To support implementation of legislative reforms, such as the smoke free outdoor dining ban.
* **supporting compliance:** Available to provide clear and easy-to-understand information and guidance about the requirements of the Tobacco Act, through effective communication and education about legislative reforms.
* **monitoring compliance:** This includes oversight of the cigarette sales to minors program and risk-based inspections local councils undertake to determine whether retailers are complying with the Act.
* **supporting intervention and enforcement:** Available to provide guidance and support to inspectors under the Tobacco Act, including providing training and enforcement protocols. The Tobacco Control Section may also provide funding to support prosecutions in some circumstances.

## Complimentary activities

Regulation under the Tobacco Act forms the cornerstone of a suite of comprehensive and complimentary tobacco control measures to reduce smoking prevalence and to reduce tobacco related harm in Victoria.

Each year, the Victorian Government invests almost $9 million into tobacco control initiatives including anti-smoking social marketing, smoking cessation services, programs to reduce smoking in sub-populations who are disproportionately more likely to smoke, and research, as well as education and enforcement activities under the Tobacco Act.

Key partnerships for service delivery are central to this approach. The Tobacco Control Section funds the Cancer Council Victoria (Quit Victoria) to:

* provide smoke cessation services to all Victorians who wish to Quit smoking
* provide programs targeted at groups that are disproportionately more likely to smoke including Aboriginal Victorians, those of low socio-economic status and people experiencing mental illness
* provide Victorian anti-smoking social marketing campaigns via various medias including television, radio, print and social media, to support smoking cessation and to reduce smoking initiation
* undertake research to inform tobacco control initiatives, including annual surveys on smoking prevalence and behaviours
* support people in geographic locations with historically high smoking rates to quit smoking, such as the Latrobe Valley.
* In addition, the Tobacco Control Section collaborates with and funds the Victorian Aboriginal Community Controlled Health Organisation to:
* provide a coordination point for the tackling smoking in the workforce within Victoria
* support the uptake or tobacco-related/brief intervention training among Aboriginal community controlled health organisations staff
	+ actively encourage Aboriginal community controlled health organisations to establish best innovative practices for Aboriginal tobacco control.

Additional partnerships are in place to support place-based and setting specific initiatives to address smoking, and embed delivery of smoking cessation as part of routine care across the health system. For example, the Gippsland Primary Health Network is leading an Australian-first smoking cessation program in partnership with Quit Victoria and the Department of Health and Human Services that will provide the Latrobe Valley residents with expert quitting advice and support when they visit their GP and other health professionals.

This work is critical in disseminating knowledge regarding the dangers of smoking throughout the community and crucial in helping the Tobacco Control Section achieve its outcomes of reduced rates of smoking and increased rates of smoking cessation in Victoria.

# Defining outcomes

This section includes a summary of the outcomes to which the team contributes.

Table 2: Defining outcomes

| Regulatory scheme | Outcomes |
| --- | --- |
| Regulation of tobacco control | **To reduce the proportion of regular smokers in the Victorian population**, and reduce disparities in smoking prevalence and/or smoking related harm with a focus on Aboriginal Victorians, pregnant women, those of low socio-economic status and people experiencing mental illness through: * + - eliminating remaining forms of tobacco advertising and promotion
		- anti-smoking advertising
		- education about the dangers of smoking
		- smoking cessation support
			* education and enforcement activities under the Tobacco Act.

**To prevent young people from becoming smokers and supporting cessation attempts by current smokers**, through:* + - de normalising the act of smoking
		- restricting access to tobacco products, visibility of tobacco product display, advertising and use
		- educating the public about the dangers of smoking, including updating the website and frequent communication with relevant stakeholders including Quit Victoria and Victorian Aboriginal community controlled health organisations
			* delaying and preventing smoking initiation.

**To reduce the exposure of all Victorians to second hand smoke, particularly children and young people**, through:* + - introducing more smoke-free areas
		- limiting children’s exposure to tobacco smoke in the home.
 |

# Risk overview

This section includes a risk assessment and risk management strategy which identifies and prioritises a small number of key risks to the regulator’s outcomes.

## Identified risks

This section outlines risks relating to specific groups of entities or behaviours, which stem directly from the outcomes and objectives identified. The key risks that we have identified are:

1. retailers selling tobacco to children and young people, resulting in an increasing amount of children and young people smoking, leading to the increased likelihood of tobacco addiction and harmful effects to health
2. smoking in outdoor public areas, resulting in the increased exposure to second-hand smoke and smoking behaviours potentially leading to the re-normalisation of smoking, creating smoking cues and triggers, as well as increasing the harmful effects on health
3. inconsistent participation in the Tobacco Service Agreement, which may result in less regulatory activity potentially increasing the public’s exposure to second-hand smoke, tobacco product display and advertising as well as a possible increase in the number of cigarette sales to minors
4. as a result of socio-economic disadvantage, some groups are disproportionately more likely to smoke including Aboriginal Victorians, those of low socio-economic status and people experiencing mental illness, resulting in these groups experiencing disproportionate smoking related harm, particularly in relation to smoking impacts on pregnancy.

## Assessing and treating risks

This section demonstrates how the TCS assesses and responds to risk; the risk is assessed against the risk matrix (as shown below), and given a risk rating.

Table 3: Overall risk rating



| **Consequence** | Likelihood:Negligible (5%) | Likelihood: Minor (10%) | Likelihood: Moderate (20%) | Likelihood: Major (40%) | Likelihood: Extreme (80%) |
| --- | --- | --- | --- | --- | --- |
| **Extreme** | Medium | High | High | Critical | Critical |
| **Major** | Medium | Medium | High | High | Critical  |
| **Moderate** | Low | Medium | Medium | High | High |
| **Minor** | Low | Low | Medium | Medium | High |
| **Negligible** | Low | Low | Low | Medium | Medium |

## Identified risks

### Risk 1

| Likelihood | Consequence | Rating |
| --- | --- | --- |
| **Minor** | **Extreme** | **High** |

**Retailers selling tobacco to children and young people, resulting in an increasing amount of children and young people smoking, leading to the increased likelihood of tobacco addiction and harmful effects to health.**

#### Extent of the risk

The Municipal Association of Victoria reports that between 1 July 2015 and 30 June 2016, 3,269 test purchases were undertaken over 213 days as part of the cigarettes sales to minors program. Of these, 290 sales resulted in a sale to a minor. This represents a non-compliance rate of 8.9%. In response to these breaches, 209 written warnings were issued, 114 infringement notices were issued and one criminal prosecution was undertaken. The Tobacco Control Section is of the view that a non-compliance of 9% suggests there is a reasonable chance that some tobacco retailers are selling tobacco products to children and young people. This has extreme consequences as evidence suggests that restricting the retail supply of cigarettes to minors will decrease teenage smoking prevalence and prevent young people from moving from experimental smokers to regular and addicted smokers.

Over the time period 1 July 2015 and 30 June 2016, 56 of 79 councils were participating in the cigarette sales to minors program.

#### Specific groups of entities or behaviours

Training of staff is necessary to ensure that tobacco retailers are aware of their responsibility to ensure that tobacco products are not sold to minors. This is particularly vital in the context of tobacco retailers with a high turnover of staff.

#### Ongoing controls

Ongoing controls include:

* local council inspections
* cigarette sales to minors test purchasing program
* ensuring training on tobacco laws for tobacco retailer staff.

### Risk 2

| Likelihood | Consequence | Rating |
| --- | --- | --- |
| **Negligible** | **Moderate** | **Low** |

**Smoking in outdoor public areas, resulting in increased exposure to second hand smoke and smoking behaviours potentially leading to the renormalisation of smoking, creating smoking cues and triggers as well as increasing the harmful effects on health.**

#### Extent of the risk

The Municipal Association of Victoria reports that between 1 July 2015 and 30 June 2016, inspectors conducted 2,221 visits to outdoor locations where smoking is banned. There were 22 breaches were reported, suggesting a compliance rate of over 99%, making the likelihood negligible. However, 55% of non-compliance related to persons smoking at or within 4 metres of any part of a pedestrian access point to Victorian public premises. In response to these breaches, 21 verbal warnings were issued and 2 written warnings were issued. Local councils also reported that in total they received 75 complaints from the public regarding smoking in outdoor areas where it is banned. The Tobacco Control Section is of the view that the consequence of smoking in areas where smoking is banned is moderate, as it increases the public’s exposure to second hand smoke, reduces efforts to de normalise the act of smoking and creates smoking cues and triggers.

It is important to note that compliance rates in relation to the ban on smoking in outdoor dining areas, introduced on 1 August 2017, are not yet available.

#### Specific groups of entities or behaviours

It can take some time for the community to become aware of new bans on smoking in particular areas. As such, non-compliance may be higher in the first year of a bans existence. This can be seen in the data above, where non-compliance was higher in at or within 4 metres of any part of a pedestrian access point to Victorian public premises when the ban was introduced in 2015.

#### Ongoing controls

Ongoing controls include:

* proactive local council inspections
* education materials for businesses and the community about the nature of the smoking bans in outdoor areas
* council inspections resulting from complaints from members of the public.

### Risk 3

| Likelihood | Consequence | Rating |
| --- | --- | --- |
| **Minor** | **Major** | **Medium** |

**Inconsistent participation in the Tobacco Service Agreement, which may result in less regulatory activity potentially increasing the public’s exposure to second hand smoke, tobacco product display and advertising as well as a possible increase in the number of cigarette sales to minors.**

#### Extent of the risk

Currently, 79 of 79 councils participate in tobacco control through the tobacco service agreement. 56 of the 79 councils participate in the cigarette sales to minors program, representing 75% participation. Overall, the Tobacco Control Section considers the overall likelihood of this risk to be minor, given the high rate of council participation in the tobacco service agreement and the somewhat smaller number of councils participating in the cigarette sales to minors program. The consequence of non-participation in the tobacco service agreement and the cigarette sales to minors program is considered to be major, as enforcement of the Tobacco Act, particularly the laws prohibiting sales to minors, is a vital aspect of Victoria’s tobacco control system.

#### Specific groups of entities or behaviours

Anecdotal evidence suggests that some local councils with limited staff find it more challenging to participate in the cigarette sales to minors program.

#### Ongoing controls

Ongoing controls include:

* funding
* relationship building and management
* support and assistance provided to local councils.

#### Planned changes in controls for 2017–18

In December 2017 – July 2018, the Tobacco Control Section propose to consult with local councils to develop a new tobacco service agreement.

### Risk 4

| Likelihood | Consequence | Rating |
| --- | --- | --- |
| **Moderate** | **Major** | **High** |

**As a result of socio-economic disadvantage, some groups are disproportionately more likely to smoke including Aboriginal Victorians, those of low socio-economic status and people experiencing mental illness, resulting in these groups experiencing disproportionate smoking related harm, particularly in relation to smoking impacts on pregnancy. The likelihood of this risk is considered moderate, as smoking prevalence can be as high as 39.9%. The consequence is considered to be major, as these groups are disproportionately more likely to experience smoking related harm.**

#### Extent of the risk

According to the 2015 Victorian Population Health Survey the proportion of current smokers was higher in people:

* who were part of a household that earns less than $40,000 (30.1% of men and 26% of women).
	+ experiencing high psychological distress (30.2% of men and 28% of women).

According to the National Aboriginal and Torres Strait Islander Health Survey 2014–2015 the smoking prevalence in Victorian Aboriginal and Torres Strait Islander people is 39.8%.

According to the Consultative Council on Obstetric and Paediatric Mortality and Morbidity report in 2014–15 the proportion of women who smoked at any time during pregnancy was:

* 39.9% of Aboriginal mothers
* 9.4% of non-Aboriginal mothers.

#### Specific groups of entities or behaviours

As outlined above, Aboriginal Victorians, those of low socio-economic status and people experiencing mental illness are disproportionately more likely to smoke. Pregnant women are disproportionately more likely to experience smoking related harm.

#### Ongoing controls

Ongoing controls include:

* smoking cessation support services, including the Quitline and dedicated Aboriginal Quitline, which provides expert advice and personalised counselling to smokers wanting to quit
* smoking cessation and education programs targeted at sub-populations with the highest rates of smoking
* training for allied health professionals (including Aboriginal health workers) in the provision of brief smoking cessation interventions during consultations with clients and quit smoking programs for their clients.

#### Planned changes in controls for 2017–18

In 2017–18 the Tobacco Control Section will write to all stakeholders involved with the delivery of smoking cessation support in the primary care and health services, particularly in relation to sub populations with historically high rates of smoking prevalence.

# Regulatory tools

This section includes an overview of departmental regulation, illustrating the full suite of tools available to the Tobacco Control Section. Enforcement activity is undertaken by the Tobacco Control’s co regulators, local council officers.

Figure: 1: Regulatory tools



Compliance with the Tobacco Act is premised on an educative approach and enforcement action is taken where appropriate. The Tobacco Control Section assists members of the public, businesses and local councils to comply with smoking bans and restrictions on the sale and promotion of tobacco and e-cigarette products through education and compliance related assistance and advice.

Similarly, inspectors authorised under the Tobacco Act may provide education and information to a person or business breaching a requirement of the Tobacco Act in the first instance. In the case of more serious or repeated breaches, the inspector may issue a written warning, infringement notice or instigate legal proceedings. The Tobacco Control Section supports inspectors to undertake these activities by providing training, education and enforcement protocols and in some circumstances, funding to assist with prosecutions.

# Measuring performance

This section sets out our understanding of how the activities that we undertake, as targeted by the identification and assessment of risks, contribute to our outcomes.

## Our contribution story

The Tobacco Control Section works to reduce the burden of smoking on the community and acts as a steward, system manager and agent in a number of aspects of the tobacco policy and regulation in Victoria.

The Tobacco Control Section works closely with organisations such as Quit Victoria and the Victorian Aboriginal community controlled health organisations to reduce smoking prevalence and smoking related harm. This is achieved by providing:

* smoking cessation support services, including the Quitline and dedicated Aboriginal Quitline, which provides expert advice and personalised counselling to smokers wanting to quit
* programs targeted at sub-populations with the highest rates of smoking, including Aboriginal Victorians, pregnant women, those of low socio-economic status and people experiencing mental illness
* continuous, sustained Victorian anti-smoking social marketing campaigns (integrated across television, radio, print and social media) to reduce smoking uptake and increase cessation
* research to inform tobacco control policy and regulatory reform, such as annual surveys of smoking prevalence and behaviours
	+ training for allied health professionals (including Aboriginal health workers) in provision of brief smoking cessation interventions and quit smoking programs for their clients.

The Tobacco Control Section also provides leadership and direction in developing and implementing legislation and enforcement of the Tobacco Act by local councils.

Local government is a key partner in tobacco control. Council officers (inspectors) from each Victorian council play an important role in educating businesses and the community about their obligations under the Tobacco Act, such as not smoking in outdoor dining areas or at entrances to public hospitals. Inspectors are empowered to take enforcement action and can do so where necessary. Victoria Police can also issue infringements under the Tobacco Act. Their primary focus is on enforcement of the ban on smoking in cars carrying children, as these provisions cannot be enforced by Inspectors.

The Tobacco Control Section also works with the Municipal Association of Victoria to manage the distribution of funds to all Victorian local councils to support enforcement of the Tobacco Act.

## Direct indicators

In this section, we have outlined a small number of indicators that can be used to guide our activity and evaluate our effectiveness. To the extent possible, these indicators demonstrate the Tobacco Control Section’s contributions to the outcomes that we are trying to achieve, rather than simply the activities that we are undertaking.

While the Tobacco Control Section contributes to and influences smoking prevalence, it is important to note that a number of other factors also influence these outcomes.

This section sets out the measures that we use to indicate success against our outcomes.

Table 4: Measures used to indicate success against outcomes

| Indicator | Current baseline | Target | 2015-16 actual | 2016-17 actual | 2017-18 actual |
| --- | --- | --- | --- | --- | --- |
| **Percentage of test purchases resulting in a sale of tobacco products to a minor** | Non-compliance rate of 8.9%[[1]](#footnote-1) | Non-compliance rate of 6.9% | Non-compliance rate of 8.9%[[2]](#footnote-2) | 8.7% | N/A |
| **Participation in the cigarette sales to minors program**  | 56 of 79 councils participated[[3]](#footnote-3) | 60 of 79 councils participating  | 56 of 79 councils participated[[4]](#footnote-4)  | 56 of 79 councils participated[[5]](#footnote-5) | N/A |
| **Percentage of workplaces and pubs and clubs complying with smoke free environment laws** | 99% rate of compliance  | 99% rate of compliance | 99% rate of compliance | N/A | N/A |
| **Overall daily smoking prevalence in Victoria** | 11.9% of Victorians smoke daily[[6]](#footnote-6) | 9.9% of Victorians smoke daily  | 11.9% of Victorians smoke daily[[7]](#footnote-7) | N/A | N/A |
| **Percentage of enquiries to the Tobacco Policy Inbox and Tobacco Information Line responded to within two business days**  | N/A[[8]](#footnote-8) | 90% | N/A  | N/A | N/A |
| **Percentage of inspectors authorised under the Tobacco Act that have been surveyed following training provided by the Tobacco Control Section who rate the training as useful or very useful** | N/A[[9]](#footnote-9) | 75% of inspectors rating the training as useful or very useful  | N/A  | N/A | N/A |

### Other sources of evidence to indicate performance

In addition to the indicators of success discussed above, the Tobacco Control Section funds local councils through the Municipal Association of Victoria and Quit Victoria to provide smoking cessation support and anti-smoking social marketing.

# Stakeholder engagement

## Ongoing communications

Our team undertakes day-to-day operational communication regarding regulatory activities. This includes:

* **seeking feedback from public health organisations:** When developing tobacco control policy, the Tobacco Control Section consults with a range of public health organisations, including organisations that specialise in research, such as hospitals and universities. This information helps to facilitate a range of tobacco control measures and interventions.
* **oversight of local council activities:** There is ongoing communication with council in relation tocompliance-related matters and the introduction of legislative reforms, including the creation of smoke-free areas, such as at outdoor dining areas and the entrances to public hospitals. The Tobacco Control Section, through a range of mediums, ensure local councils are properly informed and well-resourced to undertake education and enforcement activities. Some of these include:
	+ - sending resources, such as signs, posters and brochures via mail
		- providing compliance related assistance via email or phone
			* training on the cigarette sales to minors program.
* **providing education and advice to businesses and the community**: The Tobacco Control Section provides education and advice to businesses and the community via the Tobacco Information Line and the Tobacco Policy Inbox.

## Planned communication activities

In 2017–18, the Tobacco Control Section will undertake the following stakeholder engagement activities:

* in December 2017 – July 2018, we propose to consult with local councils to develop a new tobacco service agreement, which will aim to obtain data on compliance rates in relation to the ban on smoking in outdoor dining areas.
* to conduct a process review of the communications campaign regarding the ban on smoking in outdoor dining areas, to ensure that the outcomes from this review are adopted in future engagement with stakeholders.
* to continue communication with all stakeholders involved with the delivery of smoking cessation support in the primary care and health services. This plan is targeted at sub populations with historically high rates of smoking prevalence.

These activities address the risks the Tobacco Control Section has identified to the delivery of its outcomes.

## Stakeholders

Table 5: List of key stakeholders

| Key stakeholders  | Type |
| --- | --- |
| **Hospitality businesses**  | Regulated entities |
| **Tobacco and E-cigarette retailers** | Regulated entities  |
| **Victoria Police** | Co-regulator/education |
| **Local councils** | Co-regulator  |
| **Municipal Association of Victoria**  | Peak body |
| **Worksafe** | Education/co-regulator  |
| **Cancer Council**  | Education / outcomes  |

# Glossary

| Term | Definition |
| --- | --- |
| **Co-regulator** | Any national, other State and Territory, or Victorian regulator that has complementary objectives or functions, and/or the same regulated entities.  |
| **Outcomes** | The change in the community that the regulator is seeking to achieve, which should be specifically related to harms (including physical harms, emotional harms, economic or financial harms, psychological harms, environmental harms and social harms). |
| **Regulator** | A State Government entity (either independent or within a department) that derives, from primary or subordinate legislation, one or more of the following powers in relation to businesses and occupations:inspectionsregulatory advice to a third party; licensingaccreditationstandards monitoring and enforcement. |
| **Regulatory tools**  | The actions or resources that regulators use in order to manage or respond to risk (for example, warning letters and inspections). |
| **Tobacco Service Agreement**  | The Tobacco Control Section provides funding to local councils for education and enforcement activities undertaken in relation to the *Tobacco Act 1987* (Tobacco Act)via the Tobacco Service Agreement with the Municipal Association of Victoria. The role of the Municipal Association of Victoria in relation to this agreement includes to: manage the agreement to ensure that local councils who are signatories to the agreement are funded for activities specified in the agreementcollate information on tobacco education and enforcement work undertaken by local councils and ensure this is provided in timely, bi-annual reports to the Tobacco Control Section advocate the importance of the tobacco education and enforcement program in attempting to maintain comprehensive update of the Tobacco Service Agreement.  |

# Diagram text

Figure 1: Regulatory tools

This figure is an enforcement pyramid. The figure seeks to demonstrate that the unit will use the full range of tools available to it in line with the risks that they are seeking to manage. The enforcement pyramid illustrates a graduated and proportionate enforcement approach. The bottom of the pyramid outlines the lighter touch interventions such as education and advice to regulated parties, through to prosecution at the top of the pyramid, where regulated parties deliberately work against intended outcomes and intend to evade compliance obligations.

1. Municipal Association of Victoria, Tobacco Activity Report 2015–16 [↑](#footnote-ref-1)
2. Ibid. [↑](#footnote-ref-2)
3. Ibid. [↑](#footnote-ref-3)
4. Ibid. [↑](#footnote-ref-4)
5. Municipal Association of Victoria, Tobacco Activity Report 2016–17 [↑](#footnote-ref-5)
6. Centre for Behavioural Research in Cancer, Smoking prevalence and consumption in Victoria: key findings from the Victorian Smoking and Health population survey 2016. [↑](#footnote-ref-6)
7. Centre for Behavioural Research in Cancer, Smoking prevalence and consumption in Victoria: key findings from the Victorian Smoking and Health population survey 2016. [↑](#footnote-ref-7)
8. As this is a new measure, there is currently no baseline data. [↑](#footnote-ref-8)
9. As this is a new measure, there is currently no baseline data. [↑](#footnote-ref-9)