

SOUTH AUSTRALIAN TOBACCO CONTROL STRATEGY 2017-2020

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Government
of South Australia

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Published May 2016

National Library of Australia Cataloguing-in-Publication entry

South Australian Tobacco Control Strategy 2017-2020
Drug and Alcohol Services South Australia.

ISBN 9780980504668 (paperback)

Tobacco--Government policy--South Australia.
Tobacco--Social aspects--South Australia.
Smoking--Prevention--South Australia.
Smoking--Social aspects--South Australia.
Substance abuse--South Australia--Prevention.

Drug and Alcohol Services South Australia

362.29664099423

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For more information:

Tobacco Control Unit
Drug and Alcohol Services South Australia
75 Magill Road
STEPNEY SA 5069
Tel: (08) 7425 5000

If you require this information in an alternative language or format please contact Drug and Alcohol Services South Australia on the details provided above and they will make every effort to assist you.



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Public, I2, A2

Preamble

In recent decades substantial progress has been made to reduce the harms caused by smoking and second hand smoke.

The South Australian Government strategies of high quality and intensity social marketing campaigns and a sustained commitment to legislative change, in combination with Australian Government strategies to increase excise tax and introduce plain packaging, have contributed to significant reductions in smoking prevalence.

In South Australia, smoking prevalence among the general population is now at its lowest on record. In addition, groups in the community with a high prevalence have recorded marked reductions in smoking. These impressive results reflect the committed effort of the Government under the previous South Australian Tobacco Control Strategy 2011-2016. During this period tobacco product displays were removed from the point of sale. More public places became smoke-free including around children's playgrounds, covered transport waiting areas, and other designated outdoor areas such as Glenelg's Moseley Square and the Royal Adelaide Show, thereby protecting the general public from second hand smoke.

This is excellent progress and has meant less harm and increased protection for our population. Commitment and continued action is required to maintain smoking prevalence reductions. There is still more that we can and will do.

Some populations remain more heavily burdened with ill-health caused by tobacco smoking than others. Our 2017-2020 Strategy will build upon the success of the previous Strategy and will specifically focus on continuing to decrease smoking prevalence across the entire community as well as amongst high prevalence groups including people who are socio-economically disadvantaged, Aboriginal people, country residents, those with a mental illness and prisoners. This Strategy encourages innovation to engage with communities and work collaboratively to reduce smoking prevalence. The Strategy highlights the transition to smoke-free outdoor dining areas on 1 July 2016 and the scope this provides in tackling passive smoking.

I commend the South Australian Tobacco Control Strategy 2017-2020 to you.



Hon Leesa Vlahos MP
Minister for Mental Health and Substance Abuse



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Executive Summary

The South Australian Tobacco Control Strategy 2017-2020 will guide state tobacco control efforts over the next four years. This Strategy builds on the success of previous South Australian Tobacco Control Strategies by continuing the population-wide approaches that have proved successful in reducing smoking prevalence.

The aim of the Strategy is 'To improve the health and wellbeing of South Australians by reducing the impact of tobacco smoking'. The key target is to reduce daily smoking prevalence in the South Australian population (15 years and over) from 12.8% in 2014 to 8% by 2020. However, targets and actions are included across five key areas:

1. Reduce daily smoking prevalence in the South Australian population
2. Reduce daily smoking prevalence among Aboriginal people
3. Reduce smoking in high prevalence groups
4. Reduce exposure to second hand smoke
5. Enforce legislation and regulation

Achieving a reduction in tobacco related harm requires a comprehensive approach; to significantly increase the number of people who quit smoking, reduce the number of people taking up smoking and protect people from exposure to second hand smoke.

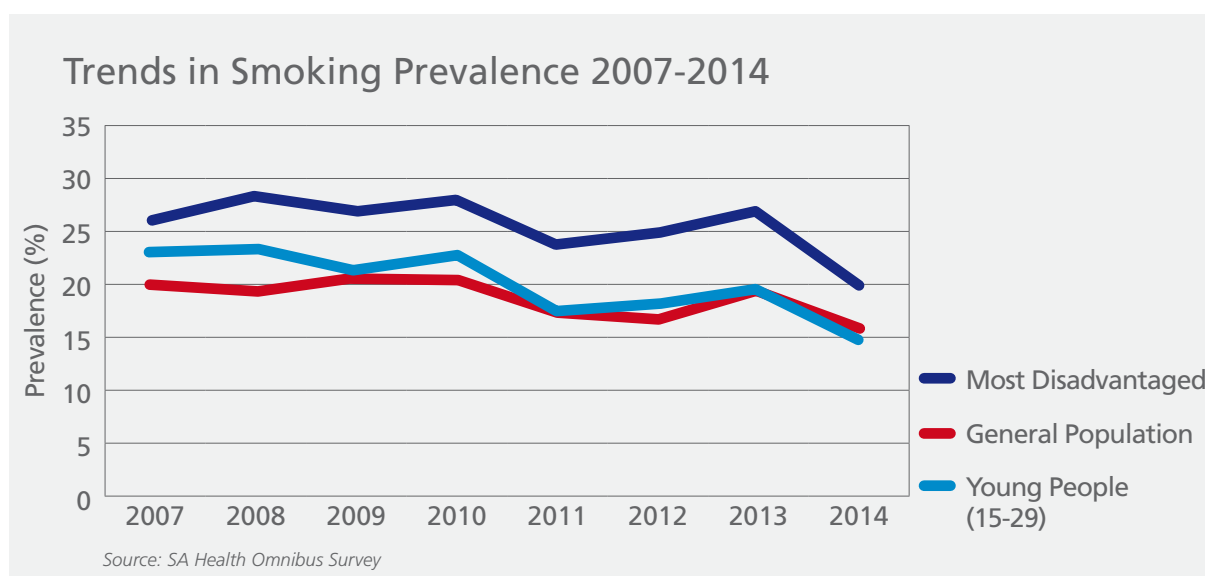
The Strategy has a specific focus on reducing smoking rates amongst high smoking prevalence groups. Smoking is more prevalent among Aboriginal people in South Australia, people experiencing socio-economic disadvantage, country residents, people with mental illness and prisoners. To make the most impact on smoking rates in these groups, the population-wide approaches that have been effective in reducing smoking prevalence will continue to be complemented with additional targeted actions.

Legislation banning smoking in certain areas and regulating how tobacco products are sold, are important to reducing harm. The Strategy includes actions to enforce legislation and suggests that legislation should be regularly reviewed to reflect the most up to date evidence and responses to emerging issues.

Background

South Australian Tobacco Control Strategies have been designed to guide efforts to reduce the prevalence and impact of tobacco smoking on South Australians over three previous editions since 1998. Achievements under the South Australian Tobacco Control Strategy 2011-2016, include:

- Substantially decreasing smoking prevalence in the general community (15 years and over) from 17.6% in 2011 to 15.7% in 2014, the lowest prevalence on record.
- Reaching the youth (15-29 year olds) smoking prevalence target two years ahead of schedule, reducing from 17.6% in 2011 to 14.8% in 2014.
- Substantial reductions in smoking prevalence among Aboriginal and Torres Strait Islander people from 47% in 2008 to 42.2% in 2012-2013.
- Removing tobacco product displays from the point of sale.
- An increase in regulated smoke-free areas, such as covered transport waiting areas and around children's play equipment.
- Empowering local communities and event managers to create designated smoke-free areas and events, which have included the Royal Adelaide Show and Moseley Square.
- Commencement of smoke-free outdoor dining on 1 July 2016.
- The introduction of smoke-free policies across most South Australian Government departments.
- Delivering high quality and sustained social marketing campaigns.
- Developing and delivering evidence-based, culturally appropriate smoking cessation campaigns and services for Aboriginal people in South Australia.



The primary target of the South Australian Tobacco Control Strategy 2011-2016 was to *reduce the percentage of young cigarette smokers (15-29 years) to 16% by 2016*. In 2014, the reported smoking prevalence of this age group was 14.8%, achieving the target two years ahead of schedule.

There was a decrease in smoking prevalence among the most disadvantaged people in South Australia from 27.1% in 2013 to 20.1% in 2014. Smoking rates in country areas reduced from 24.7% to 17.9% in the same period. This is a significant reduction and is evidence of the positive effect of concerted effort to minimise tobacco related inequality in South Australia.

Challenges

Some population groups remain burdened with higher smoking rates, including Aboriginal people, those who are socio-economically disadvantaged,

rural residents, people with mental illness and prisoners. The South Australian Tobacco Control Strategy 2017-2020 includes actions to reduce smoking among high prevalence groups by focusing on the specific needs of each group.

Although smoking prevalence amongst Aboriginal people in South Australia has reduced, it still remains more than three times higher than the general population. This contributes to lowered life expectancy and increased levels of chronic disease. The South Australian Tobacco Control Strategy 2017-2020 highlights the importance of a community-centred approach and collaborative work to minimise smoking prevalence among Aboriginal people.

Passive smoking continues to be a public concern with 71% of respondents reporting concern with passive smoking in outdoor areas in 2014¹. Exposure to second hand smoke is expected to reduce with the introduction of smoke-free outdoor dining in July 2016.



Context and development of the 2017-2020 Strategy

Smoking prevalence has reduced significantly in South Australia because of a commitment to sustained, evidence-based strategies. Continued application of these strategies will reduce this further. This will require a collaborative approach from multiple organisations leading and supporting the actions outlined in the Strategy.

The South Australian Tobacco Control Strategy 2017-2020 is informed by several policy frameworks that include obligations and strategies for further regulating tobacco and its use.

At the international level, Australia is signatory to the World Health Organization's *Framework Convention on Tobacco Control*², which commits countries to obligations and minimum standards in many areas of tobacco control.

In Australia, the *National Tobacco Strategy 2012-2018*³ was developed by the Intergovernmental Committee on Drugs (IGCD) Standing Committee on Tobacco, with input from the Commonwealth, State and Territory Governments and the community. *The National Tobacco Strategy 2012-2018* sets out the national framework to reduce tobacco related harm in Australia. It details objectives and targets for tobacco control until 2018 and sets out nine priority areas for action. The core performance benchmark of the National Tobacco Strategy is to:

“By 2018 reduce the national smoking rate to 10% of the population, and halve the Indigenous smoking rate, over the 2009 baseline”.

This was adopted as a *National Healthcare Agreement*⁴ performance benchmark which commits all states to achieving the target.

The South Australian Tobacco Control Strategy 2017-2020 responds to national priority areas and the benchmark with focused targets on high prevalence communities. These include specific approaches and campaigns to minimise prevalence among Aboriginal people, socio-economically disadvantaged people, people with mental illness, country residents and prisoners, whilst also working to minimise prevalence in the general population. National actions to reduce the affordability of tobacco products and eliminate any remaining forms of tobacco promotion are also supported.

The South Australian Tobacco Control Strategy 2017-2020 draws together successful actions of the 2011-2016 Strategy, using proven population-wide approaches and targeting specific populations of need with tailored actions, while remaining informed by national and international developments and knowledge.

Model of Tobacco Control

Goal

To improve the health and wellbeing of South Australians by reducing the impact of tobacco smoking.

Vision

South Australia has the lowest rate of smoking in Australia for the general population and high prevalence groups.

Values

- Maximise social benefit
- Engage in collaborative relationships with key partners
- Apply an evidence-based approach to decision making
- Meaningfully involve the community and stakeholders
- Support research, evaluation and innovation
- Commitment to reducing social, health and economic impacts of tobacco smoking

Reduce daily smoking prevalence in the South Australian population

- Reduce the daily smoking prevalence in the South Australian population (15 years and over) from 12.8% in 2014 to 8% by 2020.
- Reduce daily smoking prevalence in young people (15-29 year olds) from 9.9% in 2014 to 5% by 2020.

Reduce daily smoking prevalence among Aboriginal people

- Reduce daily smoking prevalence in the Aboriginal population from 42.2% in 2012-13 to 30% by 2020.
- Reduce smoking during pregnancy among Aboriginal women from 50.5% in 2012 to 35% by 2020.

Reduce smoking in high prevalence groups

- Reduce smoking prevalence among those who are most socio-economically disadvantaged from 18.9% in 2014 to 12% by 2020.
- Reduce smoking prevalence among those who reside in country SA from 17.9% in 2014 to 13% by 2020.
- Maintain the downward trend for smoking prevalence among people with a mental illness.

Reduce exposure to second hand smoke

- Reduce the proportion of the population exposed to second hand smoke in public areas from 67.1% in 2014 to less than 50% by 2020.

Enforce legislation and regulation

- Reduce retailer non-compliance with tobacco sales to minors legislation to 3% by 2020.

1

Reduce daily smoking prevalence in the South Australian population

- **Reduce daily smoking prevalence in the South Australian population (15 years and over) from 12.8% in 2014 to 8% by 2020.**
- **Reduce daily smoking prevalence in young people (15-29 year olds) from 9.9% in 2014 to 5% by 2020.**

Significant gains have been made to reduce smoking prevalence. However, tobacco smoking is still one of the leading causes of death and disability in Australia. Smoking is responsible for an estimated 15,000 deaths each year. Smoking greatly increases the risk of many cancers, heart disease, chronic obstructive pulmonary disease and many other serious medical conditions.

The South Australian Tobacco Control Strategy 2017-2020 will build on the success of previous tobacco control strategies to reduce the harm caused by smoking. A comprehensive approach will be used to encourage more people to quit smoking and discourage young people from taking up smoking. This includes delivering quit smoking messages through a state-wide mass media campaign and providing smoking cessation support services. All health practitioners will be encouraged to routinely ask their patients about their smoking status and take steps to assist all smokers to quit. Children will continue to receive smoking prevention education in schools.

ACTIONS	LEAD AND PARTNER AGENCIES
1 Deliver state-wide tobacco cessation mass media campaigns at best practice levels of least 400 to 700 Target Audience Rating Points to decrease smoking prevalence in the community.	SA Health (DASSA) in partnership with Cancer Council SA
2 Provide best practice and culturally appropriate smoking cessation support services, ensuring the Quitline service is accessible and able to meet the needs of smokers from diverse backgrounds.	SA Health (DASSA) in partnership with Cancer Council SA and Local Health Networks
3 Develop health practitioners' knowledge of effective smoking cessation strategies and increase their skills in brief intervention.	SA Health (DASSA) in partnership with Primary Health Networks.
4 Embed screening and brief intervention in health care practice within primary and tertiary health systems.	SA Health (DASSA) in partnership with Local Health Networks, Primary Health Networks and Heart Foundation (SA)
5 Strengthen the evidence base for tobacco control initiatives by reporting research, monitoring and evaluation of policy measures to reduce smoking prevalence.	SA Health (DASSA) in partnership with SA Health and Medical Research Institute
6 Deliver smoking prevention education to students in schools and encourage any students engaged in smoking to stop.	Department for Education and Child Development

2

Reduce daily smoking prevalence among Aboriginal people

- **Reduce daily smoking prevalence in the Aboriginal population from 42.2% in 2012-13 to 30% by 2020.**
- **Reduce smoking during pregnancy among Aboriginal women from 50.5% in 2012 to 35% by 2020.**

Smoking rates among Aboriginal people in South Australia are significantly higher than in the non-Aboriginal population. This contributes to a lower life expectancy and more ill-health for Aboriginal people. The actions of this Strategy have the potential to substantially contribute to reducing the inequalities caused by smoking tobacco. These actions will link with the Australian Government's Tackling Indigenous Smoking initiative to reduce smoking rates among Aboriginal and Torres

Strait Islander people. It commits to supporting Aboriginal and Torres Strait Islander people and communities to prevent uptake of smoking or to quit smoking and thereby contribute to closing the gap in health outcomes.

Smoking during pregnancy is a key risk factor associated with poorer health outcomes including pre-term birth and low birthweight. Pregnancy presents an opportunity for mothers and families to provide the best start for their baby and improve their own health. This Strategy will include a focus on developing innovative ways to help increase smoke-free pregnancies by encouraging smoking cessation and smoke-free environments. This includes working in collaboration with partner agencies to address the social health issues that impact on Aboriginal women and their families.

ACTIONS	LEAD AND PARTNER AGENCIES
1 Deliver targeted social marketing campaigns with Aboriginal communities that meet their needs and reduce smoking prevalence.	SA Health (DASSA) in partnership with the Aboriginal Community Controlled Health Sector, Local Health Networks and Cancer Council SA
2 Support the delivery of Aboriginal community controlled smoking cessation services.	SA Health / Aboriginal Community Controlled Health Sector in partnership with Primary Health Networks, Cancer Council SA and Local Health Networks
3 Encourage health practitioners to routinely ask Aboriginal people about smoking status, provide advice, encourage quitting and follow up.	SA Health / Aboriginal Community Controlled Health Sector in partnership with Primary Health Networks, Cancer Council SA and Local Health Networks
4 Work in partnership with Aboriginal health and community organisations, Elders and communities to decrease smoking prevalence in the Aboriginal population.	SA Health / Aboriginal Community Controlled Health Sector in partnership with Local Health Networks
5 Support smoke-free pregnancies among Aboriginal women and their families, including assistance to quit smoking and information about the harms of second hand smoke.	SA Health / Aboriginal Health Council of SA in partnership with Aboriginal Community Controlled Health Sector, Primary Health Networks and Local Health Networks

3

Reduce smoking in high prevalence groups

- **Reduce smoking prevalence (daily, weekly and less than weekly) among the most socio-economically disadvantaged South Australians from 18.9% in 2014 to 12% by 2020.**
- **Reduce smoking prevalence (daily, weekly and less than weekly) among those who reside in country SA from 17.9% in 2014 to 13% by 2020.**
- **Maintain the downward trend for smoking prevalence among people with a mental illness.**

Socio-economically disadvantaged people, rural South Australians, people with mental illness and prisoners have significantly higher smoking rates than the general population. This contributes to a larger burden of disease for these groups. This Strategy is committed to reducing these inequalities and will focus on reducing smoking rates and minimising the gap between these groups and the general population. Non-government organisations that work with these communities will be encouraged to have a consistent approach to addressing smoking by adopting smoke-free policies.

ACTIONS	LEAD AND PARTNER AGENCIES
1 Ensure state-wide mass media and social marketing campaigns have a strong resonance with socio-economically disadvantaged populations and placement maximises exposure in these communities.	SA Health (DASSA)
2 Encourage non-government organisations to adopt smoke-free policies.	SA Health (DASSA) / Community Service Agencies / Department for Communities and Social Inclusion / Heart Foundation (SA)
3 Develop smoking cessation action plans in partnership with each Country Health SA local health network rural region, for the delivery of smoking cessation strategies that reach and engage with smokers in these local areas.	SA Health (DASSA) and Country Health SA in partnership with Rural Health Networks and Country SA Primary Health Network
4 Develop and implement processes to reach and engage with smokers with mental illness by: <ul style="list-style-type: none"> • encouraging mental health professionals to consistently and routinely ask about smoking status, provide brief interventions to motivate quitting and facilitate the use of cessation products and services. • raising awareness amongst key mental health groups about the benefits and value of quitting for improved mental and physical health. 	SA Health (Mental Health Services) in partnership with Local Health Networks
5 Introduce smoke-free policies in South Australian correctional facilities by 2020.	Department for Correctional Services in partnership with SA Health Prison Health Service

4

Reduce exposure to second hand smoke

- **Reduce the proportion of the population exposed to second hand smoke in public areas from 67.1% in 2014 to less than 50% by 2020.**

Second hand tobacco smoke is known to cause harm to those who are exposed to it. The public is protected from second hand smoke through smoking bans in public areas and in cars when children are present. There is a high level of community support for making more public areas smoke-free.

ACTIONS	LEAD AND PARTNER AGENCIES
1 Report on the 2016 implementation of smoke-free outdoor dining areas.	SA Health
2 Encourage the expansion of smoke-free areas through the use of Declared Smoke-free Areas legislation by local councils and event organisers.	SA Health (DASSA) in partnership with Local Government and Heart Foundation (SA)
3 Include "no-smoking on site" clauses in all government funding contracts to ensure funded organisations are smoke-free.	All SA Government Departments
4 Complete the introduction of smoke-free policies across all government departments by 2020.	All SA Government Departments
5 Provide information to businesses and organisations to encourage and support them to introduce smoke-free workplace policies.	SA Health in partnership with Safework SA

5

Enforce legislation and regulation

- **Reduce retailer non-compliance with tobacco sales to minors legislation to 3% by 2020.**

Legislation banning smoking in certain areas and regulating how tobacco products are sold, is important to reducing harm. Legislation should be regularly reviewed to reflect the most up to date evidence and responses to emerging issues.

Enforcement activities ensure that compliance with legislation is high. Key enforcement activities include monitoring smoke-free areas, monitoring bans on promotion and display, and testing retailer compliance with bans on sales to minors.

ACTIONS	LEAD AND PARTNER AGENCIES
1 Provide education and regular enforcement measures to ensure compliance with the <i>Tobacco Products Regulation Act 1997</i> .	SA Health (Health Protection Branch and DASSA)
2 Monitor and enforce legislation prohibiting the sale of tobacco to minors including compliance testing by controlled purchase operations of at least 10% of all tobacco retail licence holders and publicise the outcomes of successful enforcement action.	SA Health (Health Protection Branch)
3 Review and, where appropriate, make amendments to the <i>Tobacco Products Regulation Act 1997</i> .	SA Health (Health Protection Branch and DASSA)
4 Monitor state, national and international developments in the tobacco environment to identify any emerging products or issues such as electronic cigarettes and shisha smoking and develop appropriate responses.	SA Health (Health Protection Branch and DASSA)
5 Explore options to reduce retail tobacco licence density, especially in socio-economically disadvantaged areas.	SA Health (Health Protection Branch and DASSA)
6 Develop an enforcement framework between Government agencies that are involved in enforcement of the <i>Tobacco Products Regulation Act 1997</i> to support a broader tobacco control enforcement strategy.	SA Health (Health Protection Branch and DASSA)

Targets

OUTCOME	2014 BASELINE	2017 ESTIMATE	2020 TARGET
Source: SA Health Omnibus Survey, annual			
1 Reduce daily smoking prevalence in the South Australian population (15 years and over) from 12.8% in 2014 to 8% by 2020.	12.8%	11%	8%
2 Reduce daily smoking prevalence in young people (15-29 year olds) from 9.9% in 2014 to 5% by 2020.	9.9%	8%	5%
3 Reduce smoking prevalence (daily, weekly and less than weekly) among the most socio-economically disadvantaged South Australians from 18.9% in 2014 to 12% by 2020.	18.9%	16%	12%
4 Reduce smoking prevalence (daily, weekly and less than weekly) among those who reside in country SA from 17.9% in 2014 to 13% by 2020.	17.9%	17%	13%
5 Reduce the proportion of the population exposed to second hand smoke in public areas from 67.1% in 2014 to less than 50% by 2020	67.1%	59%	<50%
Source: Health Protection Branch, annual			
6 Reduce retailer non-compliance with tobacco sales to minors legislation to 3% by 2020.	5%	4%	3%
Source: Pregnancy Outcome Unit, annual			
7 Reduce smoking during pregnancy among Aboriginal women from 50.5% in 2012 to 35% by 2020.	50.5%	41%	35%
Source: ABS National Aboriginal and Torres Strait Islander Surveys, tri-annual			
8 Reduce daily smoking prevalence in the Aboriginal population from 42.2% in 2012-13 to 30% by 2020.	42.2%	35%	30%

Appendix One

State and National targets to which South Australia is committed

1. The National Healthcare Agreement (NHA)

Updated in 2012, the NHA committed states and territories and the Commonwealth of Australia to the following performance benchmark:

'By 2018, reduce the national smoking rate to 10% of the population and halve the Aboriginal and Torres Strait Islander smoking rate, over the baseline' (COAG 2008; COAG 2012).

This benchmark is the basis for the targets adopted in the National Tobacco Strategy (NTS) 2012-2018. The NTS 2012-2018 complements existing public health policy frameworks and tobacco control policies, and includes a set of outcome indicators for measuring progress in meeting the objectives in the strategy.

2. South Australia's Strategic Plan (SASP) 2004-2018 Target 80

'To reduce the daily smoking rate to 10% of the population by 2018 and halve the smoking rate of Aboriginal South Australians by 2018'.

Smoking prevalence data is obtained from the South Australian Health Omnibus Survey (HOS) and from Australian Bureau of Statistics National Aboriginal and Torres Strait Islander Surveys which informs progress towards the strategic targets.

Appendix Two

Abbreviations

COAG	Council of Australian Governments
DASSA	Drug and Alcohol Services South Australia
DCSI	Department for Communities and Social Inclusion
HOS	Health Omnibus Survey
NHA	National Healthcare Agreement
NTS	National Tobacco Strategy
SAHMRI	South Australian Health and Medical Research Institute
SASP	South Australia's Strategic Plan

Appendix Three

Definitions

Electronic cigarettes, also known as *e-cigarettes*, *electronic nicotine delivery systems*, *electronic non-nicotine delivery systems* or *personal vaporisers*, are battery-operated devices that vaporise a liquid (which may or may not contain nicotine) into a fine aerosol that is inhaled into the lungs.

Passive smoking, also known as ***second hand smoking***, is the exposure of non-smokers to side-stream smoke from a burning cigarette combined with mainstream smoke exhaled by a smoker.

Public area means an area or place that the public, or a section of the public, is entitled to use or is open to, or used by, the public or a section of the public (whether access is unrestricted or subject to payment of money, membership of a body or otherwise).

Shisha also known as *hookah* is a water pipe with a smoke chamber, a bowl, a pipe and a hose.

Smoke-free means that no smoking is permitted in that area.

Appendix Four

References

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