



Overview and summary of action proposed

Between 1950 – when clear evidence on the dangers of tobacco became available(1, 2) – and 2008, almost 60 years later, more than 900,000 Australians died prematurely because they smoked.(3)

The Australian death toll caused by smoking will pass the million mark within the next decade. The social costs of tobacco exceeded \$31 billion in 2005,(4) but it is impossible to put a value on the grief suffered by the hundreds of thousands of families who have lost a child, a spouse or a parent in what should have been the most productive and rewarding years of their life.

Projections based on current patterns of uptake and quitting suggest that on our current course, prevalence of daily smoking will still be over 14% in 2020 and will remain close to 10% well past the year 2070.(5)

Given the scale of death, disease and disability caused, and with an extensive body of evidence now providing clear guidance on effective ways to reduce smoking, both at the population level and in clinical settings, it is simply not acceptable to allow the tobacco epidemic to continue for another 60 years.

Following the adoption of an international Framework Convention on Tobacco Control in 2003,(6) governments around the world are moving quickly to strengthen policies to discourage smoking. Each week, the benchmark changes, with countries and states rapidly copying each other in an accelerating series of ‘catch ups’. If we want to reduce smoking to the greatest extent and as soon as possible, we should move to international best practice in all aspects of tobacco control policy.

The Tobacco Working Group of the Preventative Health Taskforce believes that if prevalence of daily smoking were to reduce to 9% or less by 2020, smoking would continue to decline until rates were so low that it would no longer be one of our most important health problems. Achieving this target will require a dramatic reduction in the numbers of children taking up smoking and a doubling of the percentage of smokers who are trying to quit.

Australia’s record over the past 30 years has been impressive, but over the past six years we have taken our foot off the accelerator pedal in several areas of tobacco control. Research and international experience indicate the need for sustained effort: there is no cruise control switch. Unless we make tobacco products much less affordable, commit to providing commercially realistic funding for media campaigns not just in some years but every year, ban all remaining forms of promotion and provide greater help for smokers trying to quit, reductions in tobacco use in Australia could easily stall.

This paper presents the latest data on smoking in Australia. Building on extensive information compiled in the National Tobacco Strategy document released in 2004,(7) it provides an update of research available since that time, and describes what has been done over the past four years and where Australia falls short of international best practice.

Crucially, this paper sets out what needs to be done next.



Most importantly, we need to increase taxes on tobacco products, invest more funds in media campaigns and implement other policies that are known to be highly effective, all of which could be done with a net positive increase in government revenue.

The paper also suggests the policies and programs that, in combination, would institutionalise the treatment of tobacco dependence in Australia's healthcare system, recognising that the cost-effectiveness of treating tobacco dependence compares very favourably with other medical interventions.

Finally, we propose something that has not yet been tried anywhere in the world, but which would cost the taxpayer nothing and offers the prospect of shattering the image of cigarettes as an ordinary consumer item. If we act quickly, Australia can overtake the British Government and become the first country in the world to mandate that cigarettes be sold in plain packaging. There is good evidence that this would have a profound effect on young image-conscious teenagers.

If the proposals outlined in this paper are pursued, in addition to dramatically reducing the numbers of people who smoke, we would move to a point where cigarettes are rarely supplied to children, and non-smokers are almost never exposed to second-hand smoke.

The paper argues that a piecemeal approach to tobacco control will be much less effective than a comprehensive one, with a higher likelihood of unintended consequences.

Action in all seven of the areas described in this document could – even within our lifetimes – make smoking history.



Summary of proposed measures

An overall target of at least one million fewer Australians smoking by the year 2020 (no more than 9% of people aged 14 and over).

Revenue measures that would reduce the affordability of tobacco products

1. Increase excise and customs duty on tobacco to discourage smoking and to provide funding for prevention activities, including those in lower socio-economic status groups.
2. Amend customs and excise legislation to implement measures to prevent erosion of prices through the evasion of duties on tobacco.

Legislative reforms to address current deficiencies in tobacco regulation

3. Mandate plain packaging of cigarettes and increase the required size of graphic health warnings to take up at least 90% of the front and 100% of the back of the pack.
4. Modernise the Tobacco Advertising Prohibition Act 1992 (Cth) to cover new forms of media and to ban internet sales, tobacco displays at point of sale, payments to retailers and proprietors of hospitality venues, and public relations activities including promotion of corporate image and 'corporate responsibility' donations.
5. Establish a national system to more regularly review mandated warnings and to warn smokers of emerging and new evidence about health effects in a more timely and systematic manner.

6. Establish or nominate a regulatory body with the powers to ban, limit or mandate tobacco product constituents, emissions, additives or design features.
7. Strengthen state and territory legislation to ensure that cigarettes are not sold to children.
8. Extend state and territory laws that protect against exposure to second-hand smoke.

Expenditure measures

CAMPAIGNS

9. Provide commercially realistic funding over a period of several years for a continuing social marketing campaign to be developed by an expert group and run in collaboration with state Quit agencies.

This would include an Indigenous component and research to help maximise impact with lower socio-economic status groups. Funding would need to be sufficient – at least \$43 million per annum – to ensure television advertising at levels known to be effective (at least 700 Television Audience Rating Points in every jurisdiction each month) and sufficient to produce creative material for all the major messages (health effects, personal consequences etc) that need to be covered. To complement and enhance the credibility of paid advertising, funding should also cover an advocacy project to alert and assist journalists to report more of the research published each week on the health effects of smoking.



Indigenous tobacco control

10. In addition to the measures included in 9 above and 11 below, fund:
 - advocacy training and mentoring for people working in Indigenous tobacco control
 - Indigenous Tobacco Control Workers in each state and territory affiliate of NACCHO, the National Aboriginal Community Controlled Health Organisation
 - incentives to encourage non-government agencies to employ Indigenous workers to improve Indigenous-specific programs
 - appropriately designed training that is realistic and empowering for health workers
 - a trial of multi-component community-based programs in three sites (urban, rural and remote) to deliver locally managed interventions.

Other initiatives to reduce social disparities in smoking

11. Establish initiatives to tailor services for Indigenous smokers and for other highly disadvantaged groups unable to be reached by mainstream services. These would include:
 - telephone call-back services available to pregnant smokers, to Indigenous and to non-English-speaking smokers in any state or territory, delivered by staff experienced in working with each group
 - resources for professionals to encourage and assist smokers in psychiatric and correctional facilities.
12. Implement programs to subsidise nicotine replacement therapy (NRT) for people who are homeless and other highly disadvantaged people in financial stress, for patients of mental health services, for clients of juvenile justice and correctional services, and for callers to the Quitline.
13. Implement a pilot campaign including outdoor advertising and other initiatives to boost the use of cessation products and services in disadvantaged areas.
14. Trial 'payment for performance for patients' (P4P) schemes in highly disadvantaged communities.



Health system interventions

15. Include in healthcare agreements between the Australian Government and states and territories requirements to:
 - provide extended-hours Quitline and call-back services
 - ensure that all government-funded organisations and services are smoke-free
 - ensure that all health and human services (community health centres, maternal and child health services, drug treatment agencies, mental health services and hospitals etc) routinely identify patients who smoke, advise such patients to quit, provide them with NRT and where appropriate refer them to the Quitline.
16. Develop national resources to provide training to professional staff working in private health and medical practices, and in all healthcare services and institutions.

Reinvigoration of the Australian National Tobacco Strategy

17. To reinvigorate Australia's comprehensive National Tobacco Strategy:
 - update (but do not waste time and money redrafting) the Strategy⁽⁷⁾ and supporting documents,⁽⁸⁻¹⁴⁾ and encourage more effective use of these by the tobacco control field
 - promote the relevance of the Strategy for achieving the Australian Government's broader objectives of reducing the costs of chronic disease, improving workforce productivity, achieving greater social inclusion and contributing to social development, both in Australia and in developing countries.

Overseas development

18. Australia could use its expertise in both the legislative and policy spheres in tobacco control to encourage recipients of overseas aid to adopt strong tobacco control measures as a component of economic and social development. Such a focus would help to amplify Australia's contribution to the achievement of millennium goals to an extent well in excess of what is achievable through its monetary contribution alone.