DEVELOPMENT OF
A NATIONAL PREVENTIVE HEALTH STRATEGY
ON
TOBACCO

Submission to the Preventative Health Taskforce
December 2008

ACTION ON SMOKING AND HEALTH (ASH) AUSTRALIA

www.ashaust.org.au

...the solution to many of today's medical problems will not be found in the research laboratories of our hospitals, but in our parliaments. For the prospective patient, the answer may not be cure by incision at the operating table, but prevention by decision at the Cabinet table.

Sir George Young,
UK Parliamentary Undersecretary of Health,
World Conference on Smoking and Health, Stockholm 1979

ASH Australia 153 Dowling St Woolloomooloo

ASH Australia

Action on Smoking and Health Australia is a national health organisation committed to reducing deaths, disease and disabilities caused by tobacco products and the misleading and deceptive conduct of the tobacco industry. Founded in 1994, ASH is funded by the Cancer Council and the Heart Foundation.

The ASH Board is chaired by Associate Professor Matthew Peters, a Thoracic Physician at Concord Hospital, and includes experts from the Cancer Council NSW, Heart Foundation, Sydney University and the Royal Australasian College of Physicians. Anne Jones, Chief Executive Officer since 1994, is a policy adviser on tobacco control in Australia, and in the Asia-Pacific region for the International Union on Tuberculosis and Lung Disease on behalf of the Bloomberg Initiative to reduce the tobacco epidemic worldwide.

ASH is a member of several national coalitions aiming to reduce tobacco diseases, including the Protecting Children from Tobacco coalition of 40 organisations and the SmokeFree Australia workplace coalition of 11 organisations.

SUMMARY

The challenges are great but a well funded national preventative health strategy can transform our future and help achieve a healthier nation in incremental steps over the next ten years. The size of the steps will depend upon the size of government investment and strength of commitment to an evidence based strategy. The cost for funding the strategy should not be a barrier as can be offset by increases in tobacco and alcohol tax.

Tobacco control policies that we know work are the foundation for this strategy as smoking is the single largest risk factor for disease.

We commend these recommendations to reduce tobacco use to 9% or less before 2020 as they are common sense, backed by evidence and supported by health leaders and community opinion. The economic crisis adds more urgency to the need for leadership now to guide the agenda for the next ten years.

Most importantly, this action plan is within the grasp of a government with a strong mandate and a commitment to lead the way.

Introduction

We welcome the opportunity to comment on the Discussion Paper. We congratulate the Australian Government for establishing the Taskforce and we commend the work of the Taskforce in preparing an excellent discussion paper and consulting widely on how best to reorientate our overburdened health care system towards preventing chronic diseases now and in the future.

Although good progress has been made in Australia to reduce some of our preventable disease burden, there is enormous potential to "raise the bar" with high level leadership and a funding commitment that can be offset by increases in tobacco excise duties.

Section Three: Tobacco

Tobacco has a catastrophic but preventable impact on the health of Australians. Reversing this epidemic must become a top priority for government leaders if we are to achieve a nation of healthier people.

While Australia is often regarded as a world leader in tobacco control, current weekly smoking prevalence of just under 20% is simply unaffordable - given our ageing population, rising health care costs and the economic crisis facing us all. Although governments have known since the 1950s that tobacco diseases can be prevented, tobacco smoking is still the single largest preventable cause of death and disease in Australia and a major cause of devastating and costly health inequalities. Much more can and must be done over the next ten years to ensure future generations can live productive lives free from the burden of tobacco.

Research has clearly established what works in tobacco control and that we can achieve a largely tobacco-free future through evidence based policies - as opposed to softer options and counter strategies preferred by tobacco interest groups. Although we have made gains in the past, the missing link is decisive and visionary leadership by a Prime Minister and a Health Minister united in their commitment to fully funding a comprehensive preventive health strategy.

Strong government action on tobacco control, including increasing tobacco excise duties that have not risen since 1999, apart from CPI, will be opposed by the tobacco industry but welcomed by the majority of the population. Surveys confirm that increasing tobacco tax is popular – particularly if support services are increased to help people suffering from tobacco addiction and related diseases.

The Framework Convention on Tobacco Control[1]

The FCTC is a global treaty ratified by 160 countries including Australia, requiring parties to implement effective, evidence-based tobacco control strategies.

The FCTC is intended to be "a floor, not a ceiling" – to establish minimum legislative and policy commitments. Even so, Australia does not yet fully comply with some key articles, including:

- Protection from exposure to tobacco smoke (Article 8)
- Regulation of the contents of tobacco (Article 9)
- Regulation of tobacco disclosures (Article 10)
- Education, training and awareness (Article 12)

[1] www.who.int/tobacco/framework/WHO_FCTC_english.pdf

- Advertising, promotion and sponsorship (Article 13)
- Sales to minors (Article 16)

Australia's compliance needs to be proactively monitored and a schedule of tobacco reform routinely reported to ensure best practice measures are adopted and implemented going forward in time.

In helping countries to reverse the tobacco epidemic, the Convention established **MPOWER**[2], a package of six effective tobacco control policies:

***M**onitor tobacco use and prevention policies;*
***P**rotect people from tobacco smoke;*
***O**ffer help to quit;*
***W**arn about dangers;*
***E**nforce advertising, promotion and sponsorship bans; and*
***R**aise tobacco taxes.*

Our recommendations are in line with these policies as follows.

Monitor tobacco use and prevention

We support rigorous monitoring of the tobacco epidemic including the setting of goals, targets and a monitoring program to ensure best practice measures are adopted and fully implemented.

Goals and targets

We support the setting of a significant goal to prevent chronic diseases that with coordinated and sustained effort can create the foundation for a healthier nation. Although the Discussion Paper says we can realistically achieve a daily smoking prevalence of 9% or less by 2020, we suggest a bolder target is possible if there was a major and sustained investment in tobacco control programs between now and 2020. Some other countries are planning to "raise the bar" by implementing a "de facto" prohibition on smoked tobacco products; and health leaders in New Zealand are planning steps to end the sale of combustible tobacco products by 2020.

We support the setting of quarterly and mid-term targets for reducing the number of tobacco sellers so that tobacco products are limited to a number of specially licensed outlets by 2020. Ensuring we have a nationally consistent licensing or registration scheme for all retailers, wholesalers and manufacturers in place must be a priority with appropriate levels of fees to cover the costs of compliance monitoring, education and training in responsible selling.

Performance indicators

We support the Taskforce's proposed performance indicators for priority interventions. We agree with other health leaders that health status and outcomes, health determinants and the performance of health and other systems must be monitored as part of a national prevention strategy. A comprehensive approach can best be achieved if clear goals and targets are set, monitored and their progress regularly evaluated for improvements.

[2] WHO report on the Global Tobacco Epidemic, 2008: The MPOWER package

Mandatory disclosure by tobacco companies

We know from years of experience that voluntary arrangements with tobacco companies do not work and we look forward to the results of the feasibility study commissioned by the Commonwealth into the regulation of tobacco contents and additives. Monitoring of tobacco use as a minimum needs to include: full disclosure by tobacco companies of their advertising expenditure on promotion of tobacco products in the community; and formal disclosure of product ingredients to enable the development of meaningful information for consumers, scientists and policy makers.

New regulatory body

We support the establishment of a Preventive Health Authority (PHA), answerable to the federal Minister for Health, with statutory powers to ban, limit or mandate tobacco product constituents, emissions, additives and/or design features. These powers should be preceded by a ban on all forms of tobacco promotion including public relations activity.

This body should also have general powers to hold enquiries on any preventive health matter – including requiring tobacco companies to give evidence about the harmfulness of their products and claims or inferences about product safety or reduced harm.

We support the view that to be effective, a national prevention agency should be established with a well funded and evidence based strategic plan for the next ten years. It should contribute to the design of a research agenda for tobacco control including exploring new options to accelerate declines in tobacco use. The agency will need powers to increase the role and commitment of all levels of government, including local councils, in improving health and creating healthy environments.

Comprehensive surveillance system

We agree that the health of the nation must be closely monitored to ensure that appropriate and timely action can be taken to address significant and preventable threats to population well-being. Reliance solely on self-reported data is not sufficient to guide the development of health policy and ensure well-informed decision-making. This information will provide a better understanding of population health; and empower policy-makers to better plan for addressing public health challenges.

Surveillance can be further improved by legislation requiring the recording of tobacco use on the Australian death notification form – as outlined in the submission from the Cancer Council NSW.

Protect people from tobacco smoke

Smoke-free environments in indoor, outdoor and semi-enclosed places

Achieving a smoke-free Australia requires 100% smoke-free legislation that is enforceable and without the loopholes that currently exist.

Whilst all jurisdictions in Australia have introduced or announced smoke-free legislation, not all jurisdictions have 100% smoke-free legislation to protect all workers equally. Loopholes still exist for “high roller” rooms and in mostly enclosed rooms in pubs and clubs based on a flawed definition of an outdoor area.

In particular, ASH and the SmokeFree Australia coalition of 11 health and employee organisations [3] recommend:

- Queensland’s best practice legislation that requires all workplaces including working vehicles to be smoke-free, with no person required to work in any area of whatever enclosure or in any vehicle where smoking is permitted or into which it drifts
- Removal of exemptions that allow smoking in “high roller” or “premium” rooms in gaming venues
- Removal of definitions from state legislation that specify allowing smoking areas in partially covered licensed venues
- All governments to make public food service areas, public entertainment including gaming areas, public children’s playgrounds, public swimming pools and other sporting facilities, and patrolled areas of beaches and waterways, smoke-free by law.

The Protecting Children from Tobacco coalition of 40 organisations[4] support:

- making cars carrying children smoke-free by law, and
- making public places highly frequented by children, such as playgrounds, public swimming pools and food service areas, smoke-free.

Offer help to quit

We agree that we are facing a major challenge if reducing the smoking rate to 9% by 2020 means that: we have to halve the rate of smoking uptake by young people; and double the percentage of adult smokers who quit each year.

As our health care system holds the primary responsibility for treating tobacco dependence, priority must be given to ensuring effective systems in all healthcare settings are in place so that every smoker or person suffering from a tobacco related disease is identified, assessed and offered treatment.

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Incentive funding for general practice

We also support recommendations by the Heart Foundation for the following:

- assisting medical practices to further establish appropriate infrastructures and implement preventive programs;
- providing incentives to encourage delivery of evidence-based tobacco-preventive care; and
- setting and encouraging achievement of preventive and quality care goals and targets in general practice.

[3] Refer www.ashaust.org.au/SF’03

[4] Refer www.ashaust.org.au/lv4/ProtectChildrenEndorsements.htm

Offer help to quit; Warn about dangers

Funding for social marketing should be increased

Current federal funding levels of tobacco control are inadequate given the size and extent of the problem, contributing to more drug-related hospitalisations and deaths than illicit drug use and alcohol combined.

Tobacco is responsible for 11.7% of all deaths and 7.8% of total disability adjusted life years. The tangible costs of tobacco use in Australia have been estimated at $12bn in 2004-05. Around $100m a year is needed to adequately fund federal tobacco control initiatives, with substantial funding directed to social marketing.

Assistance should be provided for disadvantaged groups

We support the focus on actions to reduce tobacco use amongst groups that are disadvantaged and suffer health inequalities. Health and economic harm from smoking and from second-hand smoke impacts disproportionately on the most disadvantaged including people with mental health problems, the homeless, low income smokers and pregnant disadvantaged women. Smoking has a compounding effect in other high risk groups where obesity and lack of exercise co-exist as risk factors.

We support evidence-based best practice pharmacotherapies, including free or reduced cost NRT, for disadvantaged people who want to quit.

Indigenous tobacco control campaign

Reducing smoking prevalence among Indigenous Australians must be a high priority if the life expectancy gap is to be successfully closed. We acknowledge the Commonwealth's announcement on national action to reduce Indigenous smoking rates as substantial funds need to be dedicated to an Indigenous tobacco control campaign as well as Indigenous specific programs to assist health professionals/health workers in helping their communities to become smoke-free.

Greater effort is needed to ensure compliance with tobacco control legislation, particularly relating to advertising and promotion, in rural and remote areas.

Warn about dangers of smoking

We support a comprehensive approach to halving the uptake of smoking and doubling the quit rate. The conduct of the tobacco industry needs to be countered as for decades the industry has engaged in misleading and deceptive conduct to create doubt over the harm and to delay quitting. Only this month, Imperial Tobacco was exposed for setting up tobacco outlets in fashion shops in capital cities to promote their leading brand with young women. Current mechanisms to deter misleading conduct are both too slow and not enough. For example, the Australian Competition

and Consumer Commission was finally able to act on complaints from health groups over the misuse of deceptive descriptors “light” and “mild”, but other similar devices quickly replaced those terms to maintain the consumer fraud over lower yields.

Coordinated social marketing campaigns

Current funding levels of social marketing campaigns, including those tailored to Aboriginal and Torres Strait Islander populations, to address disease prevention – including tobacco control – are inadequate. Funding requirements should be determined by evidence-based research and then funded accordingly on a long-term, sustainable basis.

Graphic health warnings and plain packaging

The tobacco pack is an important marketing device as evidenced by the popularity of duty free cigarettes featuring koalas and other Australian icons. Health experts for years have sought support from the Australian Government to mandate: plain packaging of tobacco, with no branding other than a generic typeface used for the brand name; and larger graphic health warnings (90% of the front and 100% of the back) with a new system that enables the warnings to be updated regularly as new evidence of the harmful effects of smoking is confirmed.

Large rotated pictorial health warnings on plain tobacco packages cost government nothing, are supported by the public and help to reinforce quit smoking messages and other tobacco control measures, such as smoke-free environments

Enforce advertising, promotion and sponsorship bans

An end to all forms of tobacco advertising, promotion and sponsorship

Whilst enforcement is an important part of a comprehensive ban on tobacco advertising, the Tobacco Advertising Prohibition Act (TAP Act) is out of date and needs to be urgently amended to close loopholes that are being exploited by tobacco marketing experts. The definition of a tobacco advertisement needs to be broadened to eliminate all forms of advertising and promotion, including internet, cable television promotions and below the line marketing. Recommendations to the previous review of the TAP Act were rejected by the Howard Government but are in urgent need of action by the Rudd Government.

Without further action, tobacco remains widely promoted, distributed and sold by tobacco groups engaging in aggressive tactics and below the line marketing strategies including to children. Enforcement of the Act also needs a stronger commitment to ensure a high level of compliance with the Act.

An end to unhealthy promotion of tobacco to children

Children should be protected from exposure to tobacco and from the marketing and promotion of tobacco products.

Public display of tobacco is a powerful form of advertising. This is acknowledged by the advertising and tobacco industries – a BAT document describes the aim of such display as being “to encourage trial purchase and re-purchase.” Strong evidence in

Australia and overseas has established that retail display encourages children to smoke, and also undermines smokers' attempts to quit.

Three out of eight jurisdictions have introduced legislation for out of sight tobacco displays and deadlines vary from 2009 to 2011. We recommend that the Australian government coordinate a nationwide deadline to uniformly end tobacco retail displays before 2012 in line with FCTC obligations.

Recommendations from our Protecting Children from Tobacco coalition of 40 organisations support:

- removing tobacco products from view in all retail outlets
- ensuring that only adults are permitted to sell tobacco
- implementing a comprehensive licensing scheme for tobacco sellers
- banning the sale of tobacco products targeted at youth
- banning the sale of tobacco from temporary outlets and vending machines
- strengthening laws against sale of tobacco to children and increasing penalties for breaches.

Smoking in films

We support measures to counter the pro-smoking influences of tobacco depiction in films including counter advertising and designation of tobacco use as a classifiable element. Although this is a hotly debate issue, the Cancer Council NSW has developed the case for appropriate interventions.

An end to political 'sponsorships', donations and inducements

We recommend that the Australian government, as part of their current electoral reform consultation process[5] to end the acceptance by political parties or candidates of tobacco industry donations, inducements and gifts. It is an anomaly that government action to ban tobacco sponsorship of sporting and arts bodies, retained the right for their parties and candidates to accept large amounts of cash – similar to sponsorship - from tobacco interest groups. As tobacco interest groups also use third parties to conceal their donations, ASH supports the following ten points of reform to our current system of political party funding:

1. Measures to increase transparency in the source of donations, including:
    - prompt and transparent reports at least quarterly and in the month before an election, to a public website maintained by election funding authorities;
    - requirements for party committees or other fundraising bodies to state the sources of their donations; and
    - requirements that all funding disclosures must be accompanied by a report from an accredited auditor.
2. A limit on donations – no more than $1,000 per year per donor.
3. A total ban on political donations from organisations, including private and publicly traded corporations and trade unions.
4. A total ban on donations from foreign or trans-national entities.
5. Caps on total electoral spending by all political parties and all candidates; and tighter controls over "independent" spending by supporters of parties and candidates.

[5] Refer http://www.dpmc.gov.au/consultation/elect_reform/index.cfm

6. An independent committee to monitor all government advertising campaigns and ensure that public funds be spent for a reasonable purpose.
7. Monitoring of public information campaigns from parties and members to ensure that allocated funds are disbursed throughout the electoral cycle rather than in the pre-election period.
8. In local government, introduction of public funding, conditional on compliance with caps on private funding and transparent disclosure prior to elections.
9. All initiatives in relation to public funding matched by audit, so that funding is spent for electoral purposes – to prevent the emergence of “for profit” candidates for office.
10. Electoral reform to be added to the national agenda for action, including at meetings of the Council of Australian Governments.

Raise tobacco taxes

We support a substantial increase in tobacco tax which, apart from CPI, has not increased since 1999. Whilst tax increases in general are seen as a last resort, a recent survey commissioned by the Heart Foundation, Cancer Council, Public Health Association and ASH in September confirmed that 84% of 1,200 respondents support a tax increase on pre-mixed spirits and 88% support a tax increase when most of the funding is used to help prevent diseases such as heart disease and cancer.

As recommended in recent submissions to the Australian Government Tax System Review, raising taxes and therefore prices, is the most effective way to reduce tobacco use, and especially to discourage young people from using tobacco. Real price increases through increased taxation also help convince tobacco users to quit.

Australian research has confirmed that 'affordability' is one of the factors in influencing children's decisions to smoke. Tobacco taxation increases must be part of a comprehensive control program and are critical if we are to meet the target of reducing smoking prevalence to 9% or less by 2020.

Leading health groups are united in recommending:

- Tobacco tax to be increased in two phases. Phase one would raise price by 21% (7.5 cents a stick), producing additional revenue of $1.03 billion a year. A second phase should raise price by 50% on current price, to bring Australia into line with international best practice.
- The sale of duty-free tobacco products to be prohibited at Australian airports.
- Funding for the national tobacco control campaign to be increased to $100m a year, with the majority of funds used to support social marketing.

The World Health Organisation and World Bank recommend that the price of all tobacco products be increased by at least 5% per year in real terms.

Increasing excise duty by 7.5 cents per stick in the 2009-10 Budget would restore cigarettes to the price they would have been had this policy been followed from 1999, the year when the last, real price increase occurred. A 21% increase would increase the cost of smoking to an average smoker by about $9 a week.

The measure is projected to provide $1.03 billion in additional annual revenue, see

35,500 fewer children taking up smoking and prompt smoking cessation in around 130,000 adults. Models shows that the tax increase will offset reduced tobacco excise revenues that occur due to the decline in the number of smokers.

This additional tax revenue should be used to offset an additional $100m a year boost to the National Tobacco Campaign, including a substantial increase in social marketing campaigns.

Summary

The challenges are great but we can transform our future - if leaders recognise the urgency and take action now to establish a well funded national preventative health strategy guided by a dedicated agency and a ten year plan of action.

We know we can reduce smoking rates in incremental steps to help achieve a healthier nation by 2020. The size of the steps, however, depends upon the size of government investment and commitment to a comprehensive strategy based on evidence.

The cost for funding the strategy may be high but should not be a barrier as preventing diseases is cost effective and costs can be offset by increases in tobacco and alcohol tax.

Tobacco control policies that we know work are the foundation for this strategy as smoking is the single largest risk factor for disease.

We commend these recommendations to reduce tobacco use to 9% or less before 2020 as they are common sense, backed by evidence and supported by health leaders and community opinion. The economic crisis adds further urgency to the call for leadership without delay to guide the agenda for the next ten years.

Most importantly, this action plan is within the grasp of a government with a strong mandate and a commitment to lead the way.