

ACOSH

Australian Council on Smoking and Health

30 December 2008

Submission to the National Preventative Health Taskforce

1. The Australian Council on Smoking and Health (ACOSH) is pleased to respond to the Taskforce's Discussion Paper. This response will focus specifically on tobacco.
2. The membership of ACOSH comprises almost 40 medical, health, community and educational organisations concerned to reduce the harmful consequences of smoking.
3. ACOSH welcomes the emphasis placed by the Government on prevention through the establishment of the Taskforce and strongly supports the overall approach taken by the Discussion Paper and its approach to tobacco.
4. As the Discussion Paper and Technical Report note, while the decline in smoking during recent years and decades is encouraging, smoking remains Australia's largest preventable cause of death and disease. There can be no room for complacency or even satisfaction while some 15,000 Australians die each year because they smoked.
5. It is a matter of great concern that tobacco has consistently attracted far less action and funding than are merited by the magnitude of the problem. Even in comparison with other drugs, the level of governmental interest, action, legislation and financial investment in tobacco are not compatible with the reality that smoking is responsible for more than 80% of Australia's drug deaths.
6. ACOSH urges that tobacco control be a high national priority not only in the context of preventive programs but much more broadly. There is still no single identifiable course of action that will do more to improve the health of the community – and specifically also to improve the health of disadvantaged communities and reduce disparities – than reducing smoking.
7. The Taskforce's proposed agenda provides a good framework for reducing prevalence in adults and children. ACOSH supports the target that prevalence of adult smoking should be reduced to 9% or less by 2020. It is, however, important that the 9% target is seen as both achievable and a starting point. There is overwhelming evidence that smoking prevalence – and the resultant mortality and morbidity – are contingent on the levels of action and commitment by governments. 9% is clearly an achievable target if Australian governments commit adequate resources and action (such as tax increases). Indeed, ACOSH believes that Australian governments should set themselves more ambitious targets.

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8. ACOSH supports the broad thrust of the Discussion Paper, including a comprehensive approach to tobacco control as outlined in the Technical Report. It is vital that tobacco control is well resourced to ensure that these targets are attained, that funding is allocated and spent in appropriate areas, that further complementary action is taken, and that there is a special focus on key target groups.
9. As the Taskforce papers make clear, we know the action needed to reduce smoking. We should focus on those measures and programs known to work (set out well in both the Taskforce papers and the WHO MPOWER report); by contrast, action should not be supported in areas where it is known to be ineffective.
10. Australia has had a strong record in tobacco control over the years, but other countries are now ahead of us in various aspects of stemming the tobacco epidemic. Australian tobacco control policy should aim to represent international best practise and to achieve clear international leadership in tobacco control.
11. ACOSH is concerned that reductions in smoking may have led to a sense of complacency. There is a pressing need to ensure an appropriate sense of urgency in action on tobacco. Action currently under way does not adequately reflect the magnitude of the problem. There is indeed a need for a greater sense of urgency.
12. The role of the tobacco industry merits special consideration. This industry continues to promote its lethal products through a variety of means, despite having known for decades that cigarettes kill one in two of their regular users when used precisely as intended.
13. A major aim of any national tobacco control program should be to bring about the end of the commercial tobacco industry. The tobacco industry should have no role in discussions relating to public policy on tobacco or on health matters. The industry should further receive no subsidies or support of any kind from governments, and should not attract any tax deductions for any form of advertising and promotion. Governments should also investigate any prospects of litigation against tobacco companies to recover the costs of damage caused by smoking and to compensate those who have suffered as a consequence of smoking.
14. The main thrust of the Taskforce's recommendations focus on action at the national level. We strongly support the case for increased national action. It will, however, be important to ensure that any action nationally does not lead to a lessening of effort by State and Territory governments. The level of action at the jurisdictional level should also be increased.
15. We welcome the emphasis placed by the Taskforce on smoking in Indigenous communities. Smoking is responsible for at least 20 per cent of all Indigenous adult deaths and makes a significant contribution to the Indigenous life expectancy gap. We particularly note the potential synergies between the Taskforce's work and the COAG commitment to 'Close the Gap' in relation to Indigenous life expectancy. ACOSH notes that In March 2008 the Prime Minister, Kevin Rudd, said in the Great Hall of Parliament House Canberra:

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“Tackling the gap in life expectancy will require a serious effort directed towards addressing the drivers of chronic disease in the Indigenous population – that along with investment in the early years, tackling the chronic disease burden in the Indigenous population is where we can make the greatest health gains. We also know that Indigenous people have much higher rates of the key risk factors for chronic diseases: they are more likely to drink at risky levels; they have higher levels of sedentary lifestyles and poor nutrition – no doubt tied to the poverty experienced by many Indigenous communities; and, of course, very high rates of smoking.”

16. In tackling Indigenous health, along with other high risk population groups, it will be important to identify the most effective interventions, campaigns and policy changes. We wish to stress the need for urgent action as well as research. ACOSH has a special commitment to working in this area, and would be keen to cooperate with any programs being developed.

17. ACOSH supports the establishment of a National Prevention Agency as outlined by the Taskforce, with the caveat that this should be complemented by increased levels of activity at the State and Territory levels.

18. Brief responses are provided below to the questions on tobacco posed by the Taskforce.

QUESTIONS

There is clear and unequivocal evidence that two actions by government will decrease the number of Australians who die early because they smoke: in increasing the price of tobacco products and sustained, well-funded, hard-hitting public education campaigns.

Do you support our government taking the following actions, which in combination could halve smoking rates?

Progressively increasing the tax on tobacco products to the levels in places such as Ireland, Scandinavia and the UK, and reaching \$20 for a packet of 30?

Investing \$40–50m a year in public education – less than 1% of revenue from tobacco tax.

Supported. We believe \$40 – 50m p.a. to be a minimum figure, and that the true level of investment required may well be higher. We also urge that funding for such activities be through hypothecated taxation, for which there are ample and successful precedents in Australia. As noted above, however, this funding at the national level should be complemented by maintenance and strengthening of State/Territory public education and other programs.

Should we prohibit all remaining forms of promotion of tobacco products and mandate plain packaging?

Supported. There is no case for any form of direct or indirect tobacco promotion. All forms of tobacco promotion should be prohibited, without any exceptions or exemptions. This should

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include bans on promotion at point-of-sale, public relations and corporate promotions and political donations. Plain or generic packaging should be mandatory, with no involvement by tobacco companies or their representatives in discussions on pack design.

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Should we move by 2020 to a system where cigarettes are sold only through a limited number of specially licensed outlets?

Supported. This is an appropriate development for Australia's leading preventable cause of death and disease and leading cause of drug deaths.

What more can we do to protect children and adults from exposure to second-hand smoke?

There should be national legislation to protect children from any exposure to smoking in cars and to ensure that, at a minimum, all jurisdictions provide the same levels of protection from passive smoking as current best practise in Australia, Canada and the US.

Yours sincerely



Stephen Hall

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