3. The case for prevention: tobacco

2020 target: reduce the prevalence of daily smoking to below 9%

Between 1950 – when clear evidence on the dangers of smoking became available(33, 34) – and 2008, more than 900,000 Australians died because they smoked.(35) This toll will exceed the million mark within a few years. With a huge body of evidence now providing clear guidance on the most effective means of reducing smoking, both at the population level and in clinical settings, there is no reason to allow the smoking epidemic to continue for another 60 years.

If the prevalence of daily smoking is reduced to 9% or less by 2020, experts believe that smoking will continue to decline quite rapidly until it is no longer one of Australia's major public health problems. This target is feasible, but achieving it will require a dramatic reduction in the number of children taking up smoking and a doubling of the percentage of smokers trying to quit.

Tobacco use is currently the single-biggest preventable cause of death and disease in Australia.(25, 36)

Smoking resulted in an estimated 15,511 deaths in 2003 and cost the Australian community around $12 billion in tangible net costs in 2004–05.(9) Tobacco use is responsible for 12% of the total burden of disease and 20% of deaths in Indigenous Australians.(22)

A report to the Department of Health and Ageing assessing the returns on investment in public health in Australia estimated that the 30% decline of smoking between 1975 and 1995 had already prevented over 400,000 premature deaths(13), and saved costs of over $8.4 billion.(12)

Modelling of the impact of reductions in smoking on healthcare expenditure indicates the potential for substantial further savings.

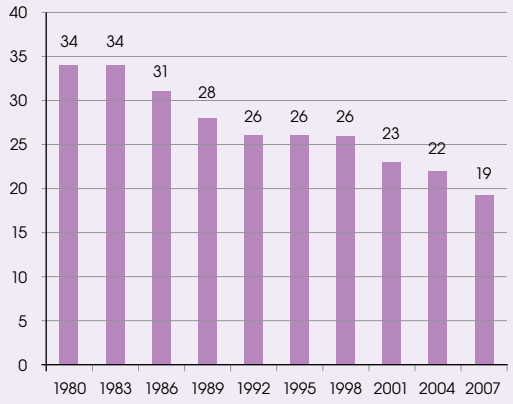
3.1 The current situation

Twenty-five years after the introduction of the first series of policies to discourage smoking, the use of tobacco products in Australia is at an historic low.

Figure 3.1 shows that the proportion of adult Australians who describe themselves as current smokers fell significantly between 1980 and 2007.(37)

Figure 3.1

Prevalence of current smokers in Australia aged 18+, 1980 to 2007

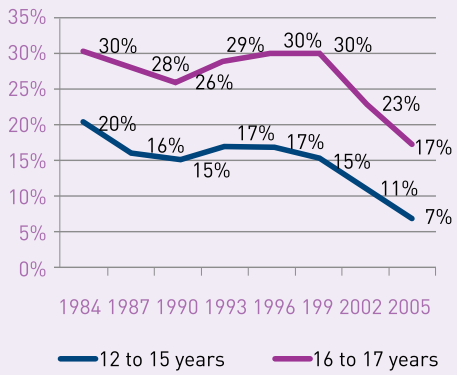


Source: Centre for Behavioural Research in Cancer analysis of data from Anti-Cancer Council of Victoria(38-44) and National Drug Strategy Household Surveys(45-47)

Figure 3.2 shows that the proportion of teenagers who smoke has fallen sharply since 1999.

Figure 3.2

Trends in current smoking (smoked in past week), Australia 1984-2005, students 12-15 years and 16-17 years



Source: ASSAD(48)

The weight of tobacco levied for excise and customs duty has fallen steadily since 1975 and is currently lower than it has been at any time since records were first collected shortly after Federation.(49)

While Australia should be proud of its record, there is no cause for complacency.

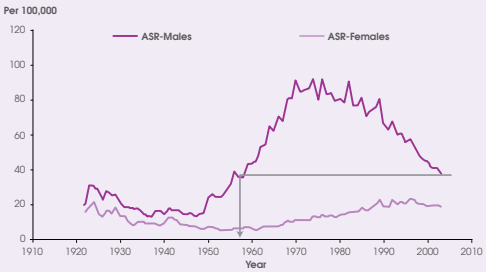
Over three million people (around 18% of Australians aged 14 years and over) still smoke, with almost 2.9 million smoking on a daily basis. About half of these smokers who continue to smoke for prolonged periods will die early, half of them in middle age when children and grandchildren depend on them and while they are in the most productive years of their working lives.(50)

3.2 Historical trends in mortality

Figures 3.3 and 3.4 show the downward trends of death from two tobacco-related diseases (lung cancer and chronic obstructive pulmonary disease) since comprehensive tobacco control policies were put in place in Australia, showing their success and the importance of maintaining strong tobacco control into the future. The landmark reports of the Royal College of Physicians of London and the US Surgeon General were released in 1962 and 1964. These are dramatic illustrations of the impact of preventative programs, albeit over a much longer period than should have been the case.

Figure 3.3

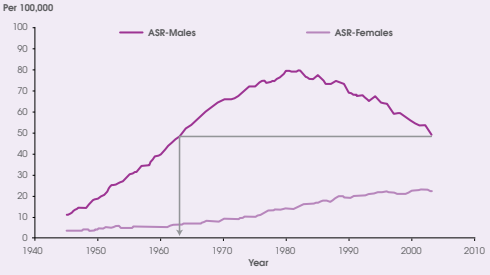
Male lung cancer rates per 100,000 today are as low as they were in 1963



Source: AIHW National Mortality Database (51)
*Age - standardised rate

Figure 3.4

Trends in death rates for COPD in Australia, 1922 to 2003: male rates per 100,000 today are as low as they were in the late 1950s



Source: AIHW National Mortality Database (51)
* Chronic Obstructive Pulmonary Disease

3.3 High-risk groups

Rates of smoking in high-risk groups differ from the general population.

Smoking rates are rapidly declining among the affluent, but continue to be substantially higher among those with lower levels of education and those living in more disadvantaged areas.

- The decline in smoking rates among adults living in the most disadvantaged areas appears to have levelled off.(52)
- Smoking rates among Indigenous Australians are more than double those in the rest of the community.(53)
- Among children living in households where at least one person smokes, those who live in disadvantaged areas are almost four times more likely to be exposed to second-hand tobacco smoke indoors than children living in more affluent areas of Australia.(54)
- Almost one in five pregnant women report smoking during pregnancy,(55) including 42% of teenagers and 52% of Indigenous women,(56) posing serious risks to the mothers, and long-lasting and far-reaching effects on their offspring.(57)

3.4 Benefits from reducing smoking levels

For every 1000 smokers who quit, at least 40 will be spared a diagnosis of chronic illness.

Most of the benefits from reducing the prevalence of smoking over the next decade will be realised in the 2030s and 2040s. However, even by 2020 we can expect to see savings in excess of our investments at both national and state levels. Modelling the impact on deaths and costs over just the next 10 years predicts that for every 1000 smokers who quit, at least 40 will be spared a diagnosis of chronic lung disease, lung cancer, heart attack or stroke, with significant healthcare savings.(58)

Benefits from reduced tobacco use go well beyond savings to the healthcare system.

Work for the Victorian Treasury indicates that if impacts on costs currently borne by the business sector were taken into account, the returns on investment in tobacco control would be even higher than current estimates. Accelerating the decline of smoking would bring benefits not only in public health but also in keeping people in the workforce longer, reducing absenteeism and increasing productivity.

Quitting smoking provides other benefits

Quitting smoking provides extra funds in individual and family budgets that could be directed towards other household expenditure.

The levels of improved fitness that results from giving up smoking can help people to make other lifestyle changes.

Given that spending on tobacco products can increase financial stress, prevent the accumulation of wealth and contribute to the perpetuation of intergenerational poverty, tobacco control should be regarded not just as a health policy but also as a key strategy for the prevention of social disadvantage.

3.5 Challenges

A number of challenges still remain for tobacco control.

LOSS OF MOMENTUM IN NATIONAL AND STATE EFFORTS

Despite progress in tobacco control over the past 30 years, there is no guarantee that the decline will continue. Prominent public education campaigns in some of the larger states have helped to drive a reduction of around 30% in total prevalence of smoking in Australia over the last 12 years.

However, there has been a 'flattening out' in the reduction in the prevalence of smoking rates in Australia, as the latest results of the National Drug Strategy Household Survey indicate.



Between 2004 and 2007 prevalence of weekly rates fell by only 1.1 percentage points (6%), compared to a drop of 2.1 percentage points (9%) over the previous three years.

Evidence from Australia and overseas shows that when tobacco control efforts stall, so does the decline in smoking. There is a danger of complacency, which we can ill afford in facing up to our largest preventable cause of death and disease.

FURTHER REDUCTION IN SMOKING PREVALENCE

Reducing smoking further requires a dramatic reduction in both the number of children taking up smoking and an increase in the number of people trying to quit. In Australia, the challenge is to halve the rate of smoking uptake and double the percentage of adult smokers who quit each year. If this could be achieved, smoking prevalence would reduce to 9% by 2020 and then continue to decline quite rapidly.

CLARIFYING ROLES OF COMMONWEALTH AND STATE GOVERNMENTS

In the early years, tobacco control in Australia was largely seen as the responsibility of state and territory governments. Differences in legislation and programs have resulted in children and adults in some jurisdictions being exposed to forms of tobacco marketing to which they are not exposed in others. In addition, smokers in some jurisdictions do not have access to services that are free in others. The Australian Government has been more directly involved in some policy initiatives and, briefly, the National Tobacco Campaign, as well as ratifying the International Framework Convention on Tobacco Control in December 2003. It will be important that all jurisdictions recognise their responsibility and respond effectively.

SOCIO-ECONOMIC DISPARITIES IN TOBACCO USE

Complex, interacting factors drive disparities in the uptake and continuation of smoking, with people in highly disadvantaged groups suffering a disproportionate level of tobacco-related harm. We need to better understand the combination of reinforcing factors that perpetuate high smoking rates in disadvantaged groups and respond with suitable interventions based on appropriate consultation.

3.6 Future outlook

AUSTRALIA HAS THE CAPACITY TO:

- Substantially reduce the affordability of tobacco products
- Eliminate all remaining forms of promotion of tobacco, including marketing at the retail level
- Establish a mechanism for the regulation of tobacco products
- Licence all retailers and limit the number and type of retail outlets
- Ensure no tobacco products are sold to children
- Improve consumer information
- Revitalise the National Tobacco Campaign
- Protect the public (especially children) from exposure to second-hand tobacco smoke
- Ensure appropriate programs and services for disadvantaged groups
- Improve supports to quit smoking

These actions would halve the rate of smoking uptake, double the percentage of adult smokers who quit each year, and reduce the prevalence of daily smoking to 9% or less by 2020.

3.7 Priorities for action

If the prevalence of daily smoking is reduced to 9% or less by 2020, there are good grounds to believe that smoking will continue to decline quite rapidly until it is no longer one of Australia's leading public health problems.

Achieving the 2020 target will require a dramatic reduction in the number of children taking up smoking and a doubling of the percentage of smokers trying to quit. To reach the target, it is vital to establish and maintain systems with enough capacity to sustain our good record in the reduction of smoking and exposure to second-hand smoke.

Extensive evidence internationally shows that the following five measures significantly reduce smoking:

- raising tobacco taxes and prices
- enforcing bans on tobacco advertising, promotions and sponsorship
- warning people about the dangers of tobacco
- protecting people from tobacco smoke
- helping people to quit(5)

TO ACHIEVE THE 9% TARGET, AUSTRALIA

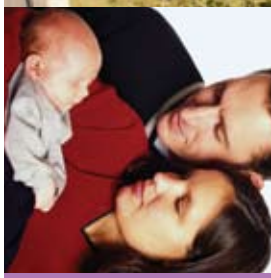
Needs to address the following imperatives:

- Ensure that cigarettes become significantly more expensive, and that efforts to achieve this through increases in excise and customs duty are not undermined by the increasing availability of products on which these duties have been evaded
- Further regulate the tobacco industry with measures such as ending all forms of promotion including point-of-sale displays and mandating plain packaging of tobacco products
- Increase the frequency, reach and intensity of education campaigns that personalise the health risks of tobacco and increase a sense of urgency about quitting among people in all social groups
- Ensure that all smokers in contact with the Australian healthcare system are identified and given the strongest and most effective available encouragement and support to quit
- Ensure access to information, treatment and services for people in highly disadvantaged groups who suffer a disproportionate level of tobacco-related harm
- Increase the understanding about processes of social diffusion against smoking – how being a non-smoker and smoking cessation become more `contagious' – so that these processes can be accelerated among less well-educated groups and disadvantaged communities

Table 2 below sets out some of the ways in which individuals and families, communities, health services, industry and governments can work together on these priorities to achieve change in tobacco control.

PRIORITIES	ACTIONS	BENEFITS	Individuals and families	Communities schools & workplaces	Health services	Industry	Cwlth, States & Local Government
Ensure that cigarettes become significantly more expensive	Increase duty and prevent evasion of duty in order to increase the cost of tobacco products	A crucial component of the tobacco control program. As price increases, individuals buy fewer tobacco products, are more likely to quit smoking and save money. Fewer children take up smoking	■				■
Further regulate supply of tobacco products and exposure to tobacco smoke	Eliminate all remaining forms of promotion of tobacco including by banning displays at point of sale and ensuring plain packaging	"Out of sight -out of mind" approach supports individuals, especially young people and people who want to quit, in avoiding purchase					■
		Packaging is an important promotional mechanism. All smokers and potential smokers are protected	■	■			
	States and territories tighten and enforce legislation to protect against exposure to second-hand smoking (particularly in workplaces, youth events, cars, and outdoor areas where movement is restricted)	Families are better able to protect their children from second hand smoke	■				
		Employers/workplaces, event managers, sports clubs (supported by local government) can protect staff and patrons from exposure to second-hand smoke	■	■			■
	States and territories tighten and enforce legislation to eliminate sales to minors.	People who own or work in milk bars, corner stores, convenience stores, service stations, supermarkets and tobacconists never sell cigarettes to anyone under 18 years		■			■
		Families are supported in preventing young people from taking up smoking	■				■
	States and territories licence retailers, with no license available for sales through vending machines, internet, at hospitality and other social venues;	Local Government concentrates effort on educating retailers and ensuring compliance with legislation		■			■
		Young people realise that tobacco is not an ordinary consumer item					

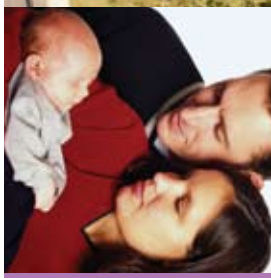




PRIORITIES	ACTIONS	BENEFITS	Individuals and families	Communities schools & workplaces	Health services	Industry	Cwlth, States & Local Government
	Tobacco use becomes a 'classifiable element' in movies and video games	Films where smoking is portrayed in a seductive manner reclassified to M or MA ratings. Young 0people have less frequently exposed to images of role models smoking in films and video games	■				■
	Improve consumer information through larger warnings, prohibition of misleading labelling, brand names and product characteristics; establish a national system to more regularly warn smokers	Public develop a greater appreciation of the range and consequences caused by smoking. Smokers are better informed about the contents of tobacco products and their effects	■				■
		Clear information about hazards of smoking, supports parents discourage heir children from taking up smoking	■				■
	Legislate to ensure full reporting and governmental controls over all tobacco product constituents, additives, emissions, and other aspects of manufacture and design	Information collected would contribute to better understanding of health effects and assist in developing and implementing appropriate policies on tobacco products. A regulatory body could serve this purpose	■				■
Increase the frequency, reach and intensity of public education campaigns	Develop and fund effective media advertising and public education campaigns at levels of reach needed to reduce smoking	Extensive evidence on the impact of such campaigns when adequately funded, hard-hitting and sustained	■	■			■
		Communities reinforce campaign messages through funded innovative local activities	■	■			
		Smokers better appreciate the impact on their lives and others around them of the diseases caused by smoking	■	■			
		Parents' efforts to discourage children from smoking are reinforced and children from backgrounds where smoking is common are discouraged from taking up smoking	■	■			

PRIORITIES	ACTIONS	BENEFITS	Individuals and families	Communities schools & workplaces	Health services	Industry	Cwlth, States & Local Government
Ensure all smokers in contact with health services are given encouragement and support to quit	Develop and disseminate information and implement sustainable training programs for health workers for both pre-service training and continuing professional development	All health services and funded agencies are smoke-free and all patients are routinely asked about smoking status and supported to quit					
		Health workforce have skills to provide brief advice and appropriate referral and support for patients about quitting			■		
		Smokers are encouraged to quit when they consult any health professional or use a health service			■		
	Increase availability of Quitline service for pregnant women, for those who need interpreters and those living in remote areas of Australia	Pregnant women, smokers who do not speak English and those in remote areas can receive coaching from a Quitline counsellor, regardless of the state or territory tin which they live	■		■		
	Subsidises nicotine replacement therapy through Quitline or PBS	Patients have ready access to nicotine replacement therapy through hospital pharmacies	■		■		■
		People on limited incomes are better able to afford replacement therapies					

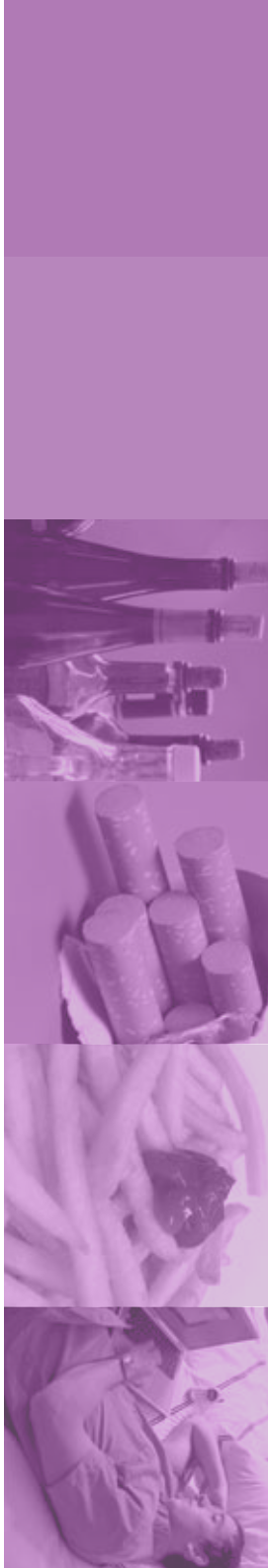




PRIORITIES	ACTIONS	BENEFITS	Individuals and families	Communities schools & workplaces	Health services	Industry	Cwlth, States & Local Government
Ensure access to information, treatment and services for people in highly disadvantaged groups	Fund media advertising and other programs and services tailored for Indigenous people	Indigenous people relate to and pass on messages that support quitting and smoke-free places in their communities					
	Ensure availability and accessibility of nicotine replacement therapy for Indigenous people	Indigenous people are encouraged to quit smoking and are able to access NRT to support quitting attempts		■			■
	Fund Indigenous health organisations and workers to raise awareness of smoking and promote smokefree policies in local communities and services	Indigenous health groups disseminate findings from evaluations and programs and provide information, resources and support to local workers	■	■	■		■
		Indigenous leaders and health services (together with state and territory governments) tailor approaches and service to reach Indigenous people		■			
	Fund research to evaluate innovative strategies to reduce smoking in Indigenous communities	Indigenous communities and health services better informed about effective ways to reduce smoking prevalence and exposure to tobacco smoke	■		■		■
	Ensure all state-funded human services agencies, and correctional facilities are smoke-free, identify smoking status of clients and refer to cessation supports	Clients of state-funded human services who smoke and are in immediate financial stress and people in correctional facilities have access to NRT free	■		■		■

For more detail on tobacco see *Technical Paper 2: Making Smoking History*: www.preventativehealth.org.au

Table 3 below sets out some of the ways in which individuals and families, communities, health services, industry and governments can work together on these priorities to achieve change in alcohol-related harm.





QUESTIONS

There is clear and unequivocal evidence that two actions by government will decrease the number of Australians who die early because they smoke:

- increasing the price of tobacco products
- 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

If you do not support these actions and investment, or have other suggestions, what would you propose we do as a nation to halt the toll of early deaths and disease caused by smoking?

- Should we prohibit all remaining forms of promotion of tobacco products and mandate plain packaging?
- Should we move by 2020 to a system where cigarettes are sold only through a limited number of specially licensed outlets?
- What more can we do to protect children and adults from exposure to second-hand smoke?