



## TOBACCO CONTROL POLICY

### ***The Public Health Association of Australia notes that:***

1. In May 1996, the World Health Assembly adopted a resolution calling on the Director-General of the World Health Organisation (WHO) to develop a treaty on tobacco. The Framework Convention on Tobacco Control (FCTC) was formally adopted on 21 May 2003. The FCTC is the world's first international public health treaty; it was ratified by Australia in October 2004, and formally came into force on 27 February 2005.
2. Tobacco use remains Australia's largest preventable cause of death and disease, and is a major global health problem. The WHO estimates that tobacco use causes 1 in 10 deaths among adults worldwide – more than five million people a year<sup>i</sup>. Increasingly, the burden of mortality and morbidity is moving to the developing world, where many countries have higher rates of smoking and less advanced tobacco control educational and regulatory measures, and where multinational tobacco companies are seeking to capitalise on weaker or lack of tobacco control policies and programs. Tobacco will kill over 175 million people worldwide between now and the year 2030<sup>ii</sup>.
3. Australia has been a world leader in reducing tobacco-related mortality and morbidity. Nevertheless 16.6% of Australians aged over 14 years continue to smoke daily<sup>iii</sup>. Tobacco smoking is the single largest cause of preventable death and disease in Australia, responsible for 15,500 deaths each year and 7.8% of the total burden of disease in Australia<sup>iv</sup>. The total social cost of smoking in Australia has been estimated at \$31 billion a year.
4. There is no risk-free level of exposure to second-hand smoke. Non-smokers exposed to second-hand smoke at home or work increase their risk of developing heart disease by 25 to 30 percent and lung cancer by 20 to 30 percent<sup>v</sup>.
5. A comprehensive approach to tobacco control is required. No single measure will be effective in reducing the health consequences of smoking internationally or nationally. Tobacco control is a proven way to improve community health and reduce healthcare costs: government-led tobacco control measures over the past 30 years have saved 17,000 premature Australian deaths,<sup>vi</sup> and the \$176 million spent on anti-smoking campaigns has delivered at least \$8.6 billion in benefits<sup>vii</sup>.
6. Recent authoritative Australian research has confirmed beyond doubt the importance of taxation and sustained, adequately funded media campaigns as crucial components of a broader tobacco control program<sup>viii</sup>.

7. Pack design and colour remain as a promotional tool for tobacco products. (In Australia, there are 35,000 tobacco retail outlets, including tobacconists, supermarkets, petrol stations, newsagents, bottle shops, convenience and corner stores<sup>ix</sup>.) Recent research has focused media and community attention on the possibility of plain packaging for tobacco products.<sup>x</sup> Investment advisors Morgan Stanley have noted that "In our opinion, [after taxation] the other two regulatory environment changes that concern the industry the most are homogenous packaging and below-the-counter sales. Both would significantly restrict the industry's ability to promote their products."<sup>xi</sup>
8. Point of sale displays of tobacco products:
  - encourage children and young people seeking to experiment with cigarettes;
  - create a perception of easy access to cigarettes and social acceptability of smoking among children and young people;
  - give quitters a visual cue to smoke and purchase cigarettes;
  - encourage former smokers to relapse;
  - normalise smoking in the community and undermine key health messages; and
  - are among the last remaining advertising avenues for tobacco companies.
9. Smoking among Aboriginal and Torres Strait Islander populations is one of the major contributing factors to poor Indigenous health and the cause of 20% of Aboriginal deaths. Smoking prevalence of more than 50% and up to 80% has been consistently reported among Indigenous populations. Reducing smoking among Indigenous people is an important component of an integrated approach to closing the life expectancy gap.

***The Public Health Association of Australia recommends that the Federal and State Governments should:***

- Initiate a new, well-funded, sustained National Tobacco Campaign.
- Progressively increase tobacco excise and customs duty on tobacco.
- Implement and further develop the National Tobacco Strategy, including a focus on evidence-based measures.
- Legislate to address newly emerging methods of advertising of tobacco products, including a requirement for smoking in films to be considered as part of the rating process; introduce bans on internet sales and advertising; prohibit all remaining forms of tobacco advertising and promotion, including advertising and display at the point of sale, public relations activities and political donations; require that all tobacco products be sold only in prescribed generic packaging with best-practise health warnings; prohibit false and misleading statements by manufacturers about the addictiveness or health effects of smoking or exposure to tobacco; require tobacco manufacturers to report on any remaining promotional activities and expenditure and on sales volume; establish mechanisms to monitor and control all tobacco product constituents and emissions.
- Implement all possible measures to protect non-smokers, especially children, against the dangers of passive smoking.
- Develop and fund major programs to assist in reducing smoking in Indigenous communities.
- Support action to make smoking cessation supports more widely available, particularly for disadvantaged groups.

***The Public Health Association of Australia resolves that:*** it will work collaboratively with other tobacco control organisations to advocate for prevention and early intervention programs that will help to achieve lower smoking rates in Australia and internationally.

**Adopted 2008**

***Adopted at the 2008 Annual General Meeting of the Public Health Association of Australia.***

**References:**

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- <sup>ii</sup> Mathers CD, Loncar D. Projections of global mortality and burden of disease from 2002 to 2030. PLoS Medicine, 2006, 3(11):e442.
- <sup>iii</sup> (page 13) Australian Institute of Health and Welfare 2008. 2007 National Drug Strategy Household Survey: first results. Drug Statistics Series number 20.Cat. no. PHE 98. Canberra: AIHW.
- <sup>iv</sup> Begg S, Vos T, Goss J, Barker B, Stevenson C, Stanley L & Lopez AD. The burden of disease and injury in Australia 2003(2007).
- <sup>v</sup> The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General, June, 2006
- <sup>vi</sup> VicHealth Centre for Tobacco Control 2003, *Tobacco Control: A Blue Chip Investment in Public Health*.
- <sup>vii</sup> Abelson, P, *Returns on Investment in Public Health: An epidemiological and economic analysis*, Applied Economics, the Commonwealth Department of Health and Ageing, 2003
- <sup>viii</sup> Wakefield et al.Impact of Tobacco Control Policies and Mass Media Campaigns on Monthly Adult Smoking Prevalence August 2008, Vol 98, No. 8 | American Journal of Public Health
- <sup>ix</sup> <sup>ix</sup> Pricewaterhouse report May 2005, "Sales of Cigarettes and Tobacco Products by Type of Retail Business"
- <sup>x</sup> Freeman, B, Chapman, S & Rimmer, M, 2007. The case for the plain packaging of tobacco products. School of Public Health University of Sydney
- <sup>xi</sup> <http://www.news-medical.net/?id=36253>