Public Health Association of Australia: 
Policy-at-a-glance – Tobacco Control Policy

Key message:  
1. Although Australia has been a world leader in reducing smoking, 12.2% of Australians aged over 14 smoke daily, and smoking continues to decline among children and adolescents.
2. Smoking rates remain high among Aboriginal and Torres Strait Islanders, people with mental health conditions and other disadvantaged groups. Reducing smoking rates in these population groups should be a priority.
3. In Australia smoking is responsible for approximately 15,000 premature deaths each year and is likely to cause the deaths of two in three regular smokers in Australia.
4. The most recent AIHW surveys classify 98% of 12-17 year olds as “never smokers”.
5. A comprehensive approach to tobacco control is required.
6. There has been substantial progress in action to reduce smoking nationally and in all jurisdictions, with encouraging trends, but the case for action remains urgent.

Summary:  
PHAA will continue to advocate for all levels of government to maintain and build on comprehensive approaches to tobacco control, and work collaboratively with partner organisations to advocate for action that will help to achieve the lowest possible smoking rates in Australia and internationally.

Audience:  
Federal, State and Territory Governments, policy makers and program managers.

Responsibility:  
PHAA’s Alcohol, Tobacco and Other Drugs Special Interest Group (SIG).

Date policy adopted:  
October 2017

Contacts:  
Mike Daube & Julia Stafford, Co-Convenors, Alcohol, Tobacco and Other Drugs SIG
Tobacco Control Policy Statement

Refer also to the PHAA Trade Agreements and Health Policy

The Public Health Association of Australia notes that:

1. Tobacco remains one of Australia’s largest preventable causes of death and disease. The World Health Organization (WHO) estimates that tobacco kills more than 7 million people each year. Increasingly, the burden of mortality and morbidity is moving to low and middle income countries, which are being targeted by multinational tobacco companies.

2. Australia has been a world leader in reducing smoking, and smoking continues to decline in adults, children and adolescents. Nonetheless, in 2016, 12.2% of Australians aged over 14 years continued to smoke daily. Smoking is responsible for approximately 15,000 deaths each year and 9.0% of the total burden of disease in Australia. The total social cost of smoking in Australia was estimated in 2008 at $31 billion a year and is now likely to be substantially higher. Authoritative recent research has concluded that smoking is likely to cause the deaths of two thirds of current Australian smokers – or some 1.8 million Australians now alive.

3. 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 25-30% and lung cancer by 20-30%.

4. The WHO Framework Convention on Tobacco Control (FCTC) was adopted on 21 May 2003 and formally came into force on 27 February 2005. 181 countries (including Australia, in October 2004) have now ratified the Convention and are Parties to the FCTC. Article 5.3 of the Convention states that “In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law.”

5. A comprehensive approach to tobacco control is required. Authoritative research has confirmed beyond doubt the importance of measures such as taxation; sustained, adequately funded media campaigns; curbs on tobacco promotion; and smoke-free measures as crucial components of a broader tobacco control program.

6. Australia’s tobacco plain packaging legislation (fully implemented from December 2012) has been hailed internationally as a momentous win for public health despite ferocious opposition from the global tobacco industry. The primary aim of the legislation, as part of a comprehensive approach, was to influence children and young people: post-implementation research studies provide early evidence that plain packaging is achieving its objectives, including by lowering pack appeal, reducing satisfaction.
of cigarettes and contributing to declines in smoking prevalence.\textsuperscript{13,14} Several other countries have followed, and others have announced their intention to do so.\textsuperscript{15} The tobacco industry has been active in seeking to undermine plain packaging,\textsuperscript{16} but all tobacco industry legal actions opposing plain packaging thus far have failed in national and international courts and tribunals.

7. Despite the measures introduced by Australian and state governments in recent years, there is clear evidence that tobacco companies are continuing to promote their products through retail outlets and elsewhere\textsuperscript{17} and to lobby against any action that might reduce their sales.\textsuperscript{16}

8. The National Drug Strategy 2017 – 2026 sets out a comprehensive approach to tobacco control.\textsuperscript{18} This is consistent with the approach recommended by the National Preventative Health Taskforce\textsuperscript{19} and the WHO.\textsuperscript{20} It will be important to ensure that Australian and State/Territory governments maintain a strong focus on tobacco control, implement approaches consistent with the Strategy, and provide adequate funding for components such as national media campaigns, cessation supports, and special programs for Aboriginal and Torres Strait Islanders and other priority populations.

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 and Torres Strait Islander deaths.\textsuperscript{21} In 2014-15, 39% of the Aboriginal and Torres Strait Islander population aged 15 and over were daily smokers.\textsuperscript{22} Patterns of smoking are not uniform throughout Aboriginal and Torres Strait Islander communities; there is considerable variation in tobacco use rates by location, age group, and gender. For example, people in remote areas are more likely than those in non-remote areas to smoke on a daily basis.\textsuperscript{22} There have been encouraging declines in smoking rates among Aboriginal and Torres Strait Islander populations, but the gap between the daily smoking rate in the Indigenous and non-Indigenous population remains steady.\textsuperscript{23}

10. Individuals with mental health conditions have a higher prevalence of smoking, and those who smoke tend to smoke more heavily than the general population.\textsuperscript{24} Illnesses caused by smoking such as cardiovascular disease, respiratory disease and cancer, account for a significant proportion of the life expectancy gap between people with and without a mental illness.\textsuperscript{25} Smoking prevalence is also significantly higher among LGBTI people.\textsuperscript{26}

The Public Health Association of Australia believes that the following steps should be undertaken:

11. Ensure a strong and continuing focus on tobacco control, with comprehensive approaches, including:
   a. Regular increases in tobacco excise and customs duty on tobacco.
   b. Evidence-based funding for the national tobacco campaign, supported by complementary components at state/territory levels.
c. Continue to develop the National Tackling Indigenous Smoking Initiative and other programs to reduce smoking in Aboriginal and Torres Strait Islander communities.

d. Ensure further development of plain packaging legislation.

e. Ban all forms of tobacco advertising and promotion, including any remaining promotions at point of sale and elsewhere, public relations and lobbying, and political donations.

f. Require tobacco manufacturers to report on any remaining promotional activities, expenditure and on sales volumes.

g. Legislate to enable regulation of the product itself, to require comprehensive and easily understood warnings about the product to consumers and to outlaw all features, names and implicit claims likely to falsely reassure smokers or make products more attractive to children.

h. Implement all possible measures to protect non-smokers, especially children, from the dangers of passive smoking.

i. Ensure strong support and substantially increased funding to encourage and assist in reducing smoking among people with mental health problems.

j. Ensure that smoking cessation supports are widely available and accessible, particularly for disadvantaged groups.

k. Phase out smoking from all health care facilities, including psychiatric and drug and alcohol treatment services.

l. Ensure that all inmates and staff in adult and juvenile correctional facilities have smoke-free environments.

m. Ensure that all sectors of government are aware of and comply with Article 5.3 of the FCTC.

The Public Health Association of Australia resolves to undertake the following actions:

12. PHAA will work collaboratively with other health organisations to advocate for prevention and related programs that will help to achieve the lowest possible smoking rates in Australia and internationally.


First adopted at the 2008 Annual General Meeting of the Public Health Association of Australia. The latest revision has been undertaken as part of the 2017 policy review process.
References

17. Bayley M, Scollo M, Wakefield MA. The proliferation of 'We Sell Tobacco Here' signs at the point-of-sale tobacco retailers in Melbourne, Australia. TOBACCO CONTROL. 2017;19 May(DOI:10.1136/tobaccocontrol-2017-053713).

