Response to Discussion Paper: Options for Restricting Access to Tobacco

The Public Health Association of Australia (PHAA) welcomes the opportunity to provide input on the discussion paper exploring options for restricting access to tobacco in the ACT.

PHAA is committed to the speediest possible reduction of smoking and its harms in Australia. The harms of smoking and passive smoking have been well documented. There has been compelling evidence on the dangers of smoking since 1950, and of passive smoking since the early 1980s. Smoking is Australia’s leading cause of preventable death and disease, responsible for c.15,000 deaths annually. Cigarettes are a lethal product, causing the deaths of one in two regular smokers, as well as much unnecessary ill health and suffering. Non-smokers are also harmed by tobacco smoke, through both passive smoking and harms to the unborn child.

PHAA is committed to a comprehensive approach to reducing smoking. This entails a combination of taxation, regulation, public education, community action, protection of non-smokers from the harms of passive smoking and support for smokers who wish to quit. In Australia’s Federal system, some responsibilities for governmental action rest with the Federal government, some at the jurisdictional level.

While trends over time have been encouraging, and Australia is a world leader in reducing smoking, the distressing reality is that, as indicated above, smoking remains the largest preventable cause of death and disease. Given that we have known about the lethal nature of smoking since 1950, and also that there is clear evidence as to the measures that will reduce smoking, action has been far too slow.

The ACT Government has been a leader among jurisdictions concerned to reduce smoking, and successive administrations deserve credit for this.

It should be noted that Australia is a signatory to the Framework Convention for Tobacco Control (FCTC). In this context (and particularly Article 5.3), the tobacco industry and associated groups should have no role in influencing policies that relate to tobacco control.

The current ACT proposals should be seen in the context of a comprehensive approach to reducing smoking. The following comments do not address other aspects of a broad approach beyond those identified in the discussion paper other than as related to either the proposals in the discussion paper or issues that arise from these.
There is limited evidence on the possible impacts of a reduction in tobacco licenses, primarily for the reason that this approach has not previously been adopted as a policy in any jurisdiction. The argument that innovation should not be attempted because of no prior evidence is, however, flawed: on this basis, no public health (or other) measures would ever have been introduced.

The current substantial number of tobacco sales outlets is a relic of an era in which tobacco use was much more common. There is strong evidence from areas such as alcohol that access to and the number of sales outlets are worth serious consideration as a means of reducing use and consequent harms. There is also evidence from the literature on tobacco and other products that sales outlets are disproportionately located in disadvantaged areas.

We are advised that the ACT currently has 361 tobacco sales outlets. This means approximately one tobacco sales outlet for every 1000 ACT residents. There is no apparent rationale for such ready access to the most lethal product currently on the market.

While it would clearly be impractical to introduce a dramatic reduction to the number of sales outlets, there would seem to be a strong justification for a gradual reduction in the number of tobacco sales outlets – particularly in a jurisdiction such as the ACT where there are no remote communities, with only one or two outlets.

In 2014, 64 years after clear evidence on the lethal nature of smoking, there can and should be no sympathy for the financial or other concerns of tobacco retailers. Anybody engaged in tobacco retailing now has commenced this activity in full knowledge that they are selling and profiting from a lethal product. Whether supermarket chains or corner retailers, they are all fully aware that their product will kill one in two of their regular users. There should be no consideration of or sympathy for their interests.

On this basis, it is proposed that:

i) The ACT Government support a policy aimed at progressively reducing the number of tobacco sales outlets. This could, with appropriate advance warning, aim to reduce the number of sales outlets by 10% every two or three years. Such a move would play a valuable role in complementing other aspects of the tobacco control program by reducing access, particularly to children and young people. Details of the appropriate approach for such a reduction should be developed by the Government to ensure appropriate equity in relation to suburbs and type of sales outlet.

ii) It would be appropriate to increase the fee for tobacco licenses. The approaches proposed (increments of c.$200 or c.$500) are reasonable: both can be justified on the basis that tobacco is both a lethal and a profitable product.

A prerequisite for supporting any such increase is that funds raised from the tobacco license fees should be allocated to activity aimed at reducing smoking, with a primary focus on whole-of-population mass media programs.

A number of other options are proposed (limiting time when tobacco may be sold; limiting tobacco sales to age-restricted premises; limiting the amount of tobacco that can be sold in a transaction; adding a “fit and proper person” test to the process). These would appear to be cumbersome, especially if there is appropriate monitoring on key issues such as sales to minors.

PHAA supports a limitation on sales by those under the age of 18.
PHAA also supports a strong focus on implementation of legislation prohibiting sales to minors, with regular monitoring and penalties including immediate loss of license for any retailer found guilty of selling cigarettes to children.

In providing these comments, PHAA wishes to note its strong commitment to a comprehensive approach to tobacco control. The ACT Government is urged to take all possible action recommended by health authorities that will enable it to lead Australia and the world in reducing smoking.

Yours sincerely

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Public Health Association of Australia