

## THE CANCER COUNCIL NSW

### RESPONSE TO QUESTIONS PREVIOUSLY ADVISED

#### **Question 8 - What do you consider to be the key barriers to further progress in relation to tobacco control?**

The key strategic barrier to further progress in tobacco control is complacency. This has resulted in a lack of preparedness for the major emerging challenges in tobacco control, and a failure to instil power into tobacco control that matches the power and influence of the tobacco industry. In some respects, these problems are underlined by a set of attitudes and mindsets about tobacco control that are exploited by industry interests to reinforce a sense of complacency about the need for tobacco control, or to actively oppose tobacco control measures. We have outlined for you some of the most common framing arguments about tobacco control, and our alternative position.

*"We have done everything possible to control tobacco, apart from banning tobacco altogether"* - this is an oft quoted mindset, including by our Prime Minister, John Howard in a radio interview in 1999. This is an inaccurate portrayal of the situation - the State and Commonwealth governments could do much more in tobacco control. The evidence suggests that with comprehensive policy commitment and sustained campaign funding, it would be possible to reduce smoking rates in Australia to less than 5%. None of these measures would involve banning tobacco products.

*"Australia is doing OK already", or "Australia doing better than anyone else"* - adopting a yardstick that compares NSW or Australia with other jurisdictions provides an excuse for complacency and feeds an attitude that enough has been done already. But the more appropriate measure is whether we have applied all measures that we know would reduce smoking rates. By that measure, NSW and Australia are not doing OK, and much more needs to be done.

It is not possible to accept that we are 'doing OK' when we still have 19,000 deaths every year nationally from tobacco-related illnesses (6,600 of these in NSW), and when lung cancer rates in women are still rising.

*"It's a legal product"* - this mindset attempts to equate legality with an open market and the total absence of any consumer protection. But there are many legal products available to consumers where the community and the government recognises the need for certain restrictions and controls to protect the public. Examples include over-the-counter drugs, prescription medicines, pesticides, and alcohol. For all these products, there are government-imposed restrictions on production, conditions of sale and availability - restrictions that are justified by their potential for harm. Tobacco products are an anomaly in comparison to government treatment of other environmental carcinogens and hazardous consumer products. Other dangerous products - such as cyanide - are legally available,

but with no other product is legality argued to equate to an open licence to production, sale or use.

"*Smoking provides economic benefits to government and society in general*" - this often appears in the letters pages of newspapers in response to discussions about introducing new tobacco control measures. Proponents of this argument often refer to the tax generated by smokers, the value to various industries involved in the production and selling of tobacco products, and the savings to society from the premature death of smokers. However, independent economic analyses demonstrate that not only does smoking have a high social and economic cost to society, but also conclude that a reduction in smoking rates will not harm the economy. A recent quantitative analysis simulating the economic impacts of reduced smoking prevalence found that the "effects upon aggregate NSW output and employment would clearly be minor" and that normal economic growth would easily absorb any minor negative impacts of reduced smoking rates. Importantly, this same study found that the poorest households would have the most to gain from reduced smoking rates, highlighting the potential for tobacco control to play a role in alleviating the impact of poverty.<sup>1</sup>

Furthermore, all the evidence points to the high level of cost-effectiveness of reducing smoking. The most recent Department of Health and Ageing analysis on this issue found that every \$1 spent on tobacco control yields \$2 in savings, and the consultancy firm Applied Economics concludes that tobacco control yields better gains than any other public health program expenditure, with a benefit to cost ratio of 50:1.<sup>2</sup>

"*Smoking is an adult choice*" - this belief fails to acknowledge that smoking is an addiction and that most smokers begin smoking well before the age of 18 years. Data on smoking initiation shows that experimentation with smoking tends to occur during secondary school age, with most researchers agreeing that the major risk period for people to take up smoking is in mid to late adolescence.<sup>3 4</sup>

This attitude also blithely (or conveniently) ignores that fact that people almost never make an informed decision to take-up smoking, and that most smokers have a very low level of awareness of the range of tobacco-related harms to which they are exposing themselves. For example, a recent survey found that while two thirds of smokers identified lung cancer as smoking-related, only one-quarter knew smoking was a cause of heart disease. Many did not know that smoking causes a range of other illnesses - fewer than 10% named emphysema, or stroke and vascular problems.<sup>5</sup>

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<sup>1</sup> Junor, Collins and Lapsley, *The macroeconomic and distributional effects of reduced smoking prevalence in NSW* The Cancer Council NSW, 2004

<sup>2</sup> NSW Health, *NSW Tobacco Action Plan 2005-2009 - Background Paper*, p34

<sup>3</sup> Schofield PE, Borland R, Hill DJ, Pattison PE, Hibbert ME. Instability in smoking patterns among school leavers in Victoria, Australia. *Tob Control* 1998;**7**:149-155 (Summer)

<sup>4</sup> Winstanley M, Woodward S, Walker N. *Tobacco in Australia: Facts and issues*. Quit Victoria, Melbourne 1995.

<sup>5</sup> Quit Victoria <http://www.quit.org.au/media.asp?ContentID=7944>

This mindset is also challenged by the extensive data showing a severe gradient in the relationship between smoking rates and SES, with the most disadvantaged groups in the community most likely to smoke. This means that there is disproportionately high smoking prevalence in those populations least able to fight the effects of addiction and who have the least control over many aspects of their lives.

A corollary of the belief that smoking is an adult choice is the view that the focus of anti-smoking campaigns should be on children and teenagers, particularly through school-based interventions. This is a view espoused by the tobacco industry that has developed its own set of anti-smoking ads for children. However, school-based educational programs on their own have generally proved to be ineffective and in fact can backfire if the message children hear is that they shouldn't smoke, but it's OK for adults. Additionally, the evaluation of the National Drug Strategy "Every cigarette is doing you damage" campaign showed that children/young people also benefit from campaigns and strategies aimed at the whole community. The message we need to deliver is that smoking is undesirable and harmful to everyone, irrespective of age.

*Tobacco control is part of a nanny state and therefore undesirable - framing tobacco control initiatives as 'nanny state' is particularly favoured by the tobacco industry, as it suggests an inappropriate and unwarranted intrusion into personal choice and freedom by governments. We argue that this is an inaccurate portrayal of the role and value of social marketing and policy interventions designed to reduce smoking rates. These interventions are not about the State telling people what to do, but are designed to support decisions that people are already making. Every year around 30-40% of smokers attempt to quit, but only 1 in 10 quit attempts are successful. Tobacco control measures help reduce relapse rates. They help smokers who want to quit, do so successfully.*

To suggest that public policy responses to tobacco are unwarranted ignores the fact that tobacco use is a clear case of market failure:

- Most smokers are not making free and informed choices to smoke
- Smoking poses significant costs not just on the individual smoker, but also the health care system, businesses, smokers' families, and the community as a whole
- Large parts of the population are involuntarily exposed to the carcinogenic and toxic by-products of tobacco smoking, and generally without full knowledge of the risks
- It is impractical and unfair to expect individual victims of tobacco related illness to seek recourse or redress through the legal system.<sup>6</sup>

The presence of these factors would normally impel a Parliament to intervene.

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<sup>6</sup> VicHealth Centre for Tobacco Control *Tobacco Control: a blue chip investment in public health* The Cancer Council Victoria, Melbourne 2001



**Question 9 - Looking to the future, what other strategies might the Government consider in relation to tobacco control?**

There are 7 challenges and opportunities in tobacco control:

- a. Reducing relapse rates amongst those smokers trying to quit
- b. Restricting retail availability and access to tobacco
- c. Addressing high smoking rates amongst the socially disadvantaged
- d. Addressing remaining avenues of tobacco promotion and glamorisation, particularly in movies.
- e. Increasing infrastructure for tobacco control research
- f. Direct data to better understand smoking-related deaths, including collecting information on smoking status as part of death notification and certification process
- g. Stronger enforcement of existing laws controlling tobacco sale and use.

**Reducing relapse rates amongst those smokers trying to quit**

Reducing the proportion of unsuccessful attempts to quit smoking is one of the most substantial under-tapped opportunities to influence smoking rates. All surveys show that that vast majority of smokers (around 80%) have tried unsuccessfully to quit smoking, and more than half of smokers report that they intend to quit smoking (over 53%). This high level of 'intention to quit' provides an important window of opportunity for the State to help people achieve their own goals - to quit smoking.

The most effective ways for the State to assist in reducing relapse rates and capitalise on the high levels of intention to quit is through policy and environmental interventions that reduce or eliminate the cues to smoking. It is important that government maintain a broad public health approach to reducing smoking with the bulk of investment committed to environmental intervention (physical, social and cultural) which support the decision to be a non-smoker, de-normalise smoking as a social behaviour, and increase the effective cost and inconvenience of smoking. There is strong evidence that the following policy measures would be effective:

- Removing tobacco from sight in retail outlets
- Legislating for smoke-free public areas
- Restricting retail access to tobacco

It can be tempting to invest the bulk of tobacco control funding into clinically-based smoking cessation services, designed to provide individuals with assistance in quitting smoking. While these services may have value to the individuals that attend, and for those population groups that require intensive cessation support (such as people with multiple or aggravated disadvantage), such services are unlikely to ever make a significant contribution to reducing overall population smoking rates. In part this is because, relapse will remain high if environmental triggers are not addressed, and partly because such services will probably never have sufficient reach into the community.

At a jurisdictional level, the most effective options for action by the NSW Parliament to assist in reducing relapse rates would be to:

- Introduce a requirement that all retailers place tobacco out of sight at point of sale
- Close the remaining loopholes in the Smoke-Free Environment Act to ensure that pubs and clubs, like all other indoor public places are truly smoke-free
- Introduce a licensing or registration requirement for all retailers wishing to sell tobacco in NSW

### **Restricting retail availability and access to tobacco**

While much work in tobacco control has focused on reducing demand for tobacco, little has been done to manage the supply of tobacco in the community. While there are some measures in place to restrict sales of tobacco to minors, there has been only a piecemeal approach at best to addressing the retail availability and access to tobacco.

As noted in our comments above relating to the need for Parliament to intervene in the tobacco market and our rebuttal of the 'tobacco is a legal product argument', there are strong grounds for Parliament to impose restrictions on the retailing of tobacco in line with its harm to the community. At the very least, tobacco should be treated in the same way as other harmful consumer products, which are subject to much tighter controls over where, when and how they can be sold (examples include medication, petrol, pesticides). There is no rational reason why tobacco should be an exception to the more general approach adopted in protecting the public from harmful products.

The Cancer Council NSW and its behavioural researchers, in collaboration with Macquarie Graduate School of Management, have been studying where and how different types of smokers purchase their cigarettes. Research completed to date suggests that:

- The current way retailing operates sustains the epidemic by influencing the behaviour of people in vulnerable stages of change - experimenting starters, intending quitters, and recent quitters
- Convenience retailing is a major hazard for people in these vulnerable stages.
- There are various attributes to convenience retailing that can be identified and controlled
- A scheme of licensing which incorporates a set of retail standards would provide the resources and the regulatory framework to progressively reduce the hazard that retail poses.

People who purchase cigarettes on impulse are of particular interest because:

- People in vulnerable stages of change (particularly recent quitters) are over-represented among impulse purchasers
- Convenience outlets (petrol stations; corner stores; vending machines) are much more likely to feature in impulse purchase than would be likely from market share alone
- Regular committed smokers are much less likely to purchase at convenience outlets (probably a price effect)

Our work suggests that impulse-triggered retailing could be reduced without inconvenience to the committed smoker. This is an area predominantly under state government control. Selective interventions could be directed at venues that account for a small and declining part of the overall trade, but which feature much more prominently in impulse buying. For example:

- Ban vending machines
- Ban use of tobacco retail credits for petrol discount
- Ban sale of tobacco in pubs, liquor stores and video outlets
- Ban sale of tobacco in newsagents

Other, more universal, measures for all retail outlets could include:

- Retailer licensing and meaningful license fees -The absence of a retail license scheme for tobacco in NSW means that there is no accurate record of where tobacco is retailed and by whom. A licensing system would produce much needed information about levels of tobacco sale and allow more accurate monitoring and enforcement of existing laws. Imposing procedural, monetary and non-monetary costs through a licensing system should improve practice in the sector, encouraging those outlets to exit the trade where tobacco is peripheral in their business, and allows the withdrawal of licence where outlets breach access controls. Most importantly, licensing provides a mechanism for Parliament to control various aspects of retail availability by limiting the number of licenses issued, providing for natural attrition. Such a scheme can also generate a stream of revenue that can be directed to a closer understanding of the tobacco retail sector.
- Impose conditions on those selling tobacco products - for example, seller training such as that undertaken by the liquor industry.
- Restrict hours of sale - likely to have impact on convenience outlets such as pubs and petrol stations that are over-represented in impulse purchasing
- Reporting on sales figures - will allow policy makers to better understand the retail dynamics, target future retail research and reform, and measure consumption patterns.

TCCNSW tabled, in evidence, a paper and accompanying slides that was presented at the 3<sup>rd</sup> Australian Tobacco Control Conference in November 2005.

The Minister for Health recently announced that the changes to the Public Health Act 1991 would include 'a new system requiring tobacco vendors to notify authorities about where their products are sold' (Minister for Health media release 4/04/06). While the focus of the media statement relates to the problem of tobacco industry marketing and promotions, the changes to the Public Health Act provides an opportunity for Parliament to introduce a licensing scheme for tobacco retailers that will assist in addressing the supply side of the tobacco control equation.

#### **Addressing high smoking rates amongst the socially disadvantaged**

While smoking rates have reduced over the past 30 years, people with multiple and aggravated forms of social disadvantage continue to smoke at very high rates. Smoking rates in some groups are as high as 80% (for example, people with mental illness and Aboriginal communities).

It is now low-income and socially disadvantaged groups who bear the greatest burden of tobacco related illness Australia. There is substantial evidence about the relationship between social disadvantage and smoking, and increasing evidence that tobacco use contributes to, and exacerbates, social disadvantage. For example, non-smokers are 80% more likely to be home owners than smokers, 11% of smoking households experience financial stress, poorest households spend 18% of income on cigarettes and would gain the most from overall reduction in smoking prevalence.

More needs to be done to recognise the social justice issues inherent in tobacco control, and TCCNSW is working with the social services sector to develop a strategy for this. However, there is an opportunity for the State to contribute significantly to this area - by investing in action research and piloting smoking cessation programs tailored to specific disadvantaged groups, and by enabling subsidised or free access to NRT for disadvantaged groups.

#### **Addressing remaining avenues of tobacco promotion and glamorisation, particularly movies.**

We know that high exposure to smoking images in movies increases the risk of 10-14year olds taking up smoking by almost 3 times, and that smoking images in movies influence teenagers' attitudes towards smoking. There has been much policy debate and some research to establish the most effective public policy response to this problem. Policy options include seeking to classify, or ban, such images, using counter-advertising in association with movies with smoking images, and persuading the film industry to stop using smoking images in movies. Of all these options, there is evidence to show that placing an anti-tobacco advertisement immediately prior to the movies in question is effective in counteracting the impact of the smoking in the movies.

TCCNSW has developed and tested an advertisement for this specific purpose. Our test screening found high recall of ad, and changes in attitude towards the smoking images in the movie. This builds on the existing Australian and international research, and reinforces the value of counter-advertising to address the portrayal of smoking in movies.

An effective State response to this issue would be to mandate the screening of an anti-smoking advertisement directly before movies that have inappropriate portrayals of smoking. State legislation such as the Public Health Act would provide an appropriate vehicle for this public policy.

#### **Increasing infrastructure for tobacco control research**



NSW needs a comprehensive strategy and infrastructure for research in order to fully capitalise on new opportunities, and address barriers for tobacco control. The investment in this infrastructure would underwrite an evidence-base to assist in the development of tobacco control policies, systematically evaluate the impact of policy and campaign interventions, and identify new opportunities for addressing smoking in the community.

NSW already has a range of models for issues-focused research infrastructure, including the Bureau of Crime Statistics and Research, situated within the NSW Attorney General's Department.

Any similar research body focussing on tobacco control would need a broad purview and objectives, be able to release its findings and reports to the public, and have considerable latitude in its ability to establish research projects. It would be most appropriate for such a research body to be auspiced either by NSW Health, or by a university.

A decision by State Parliament to appropriate funds for the establishment of a dedicated research body would help ensure that any current or future investment in tobacco control policies or campaigns are well-directed and based on evidence.

**Direct data to better understand smoking-related deaths, including collecting information on smoking status as part of death notification and certification process**

Under current arrangements, the number of tobacco-attributed deaths in Australia is estimated (i.e. not measured directly) using studies conducted among European populations and published in the English literature. While these measures have served us well, it would be a major development if there were more reliable measures of tobacco-attributable mortality and how it is changing, to guide public health policy and programmes.

TCCNSW proposes that one effective way of collecting direct data about smoking status and to better measure its contribution to mortality, would be by collecting information about an individual's smoking status as part of death notification processes. This would provide a more direct source of accurate and timely information to monitor the evolution of the tobacco epidemic in a region, and a more accurate measure of the gains in life expectancy once smoking stops. This proposal is based on a similar approach successfully introduced in South Africa.

We understand that there are currently moves to standardise the collection of death information across all States and Territories. In light of this, we have recently written to the Births, Deaths and Marriages Registrar to raise the issue. The AMA NSW supports this proposal.

We suggest that the Committee consider a recommendation to the relevant authorities in support of collecting information about smoking status as part of the death notification process, to provide direct measures of tobacco use and its contribution to mortality.

**Stronger enforcement of existing laws controlling tobacco sale and use.**

While the introduction of legislation to regulate tobacco retail and advertising is vital to good tobacco control, there is also a need to ensure that adequate resources are made available to the health authorities charged with the responsibility to monitor and enforce those laws. The tobacco control measures under the Public Health Act are currently enforced by Environmental Health Officers employed by Area Health Services. There is an urgent need for an increase in the numbers of EHOs and an upgrade in training to allow them to effectively enforce the new Smoke Free Environment Act amendments. Changes to retailer licensing or notification will also require enforcement by EHOs and additional workforce support will be required to ensure effective implementation.