

AUSTRALIAN HEALTH MINISTERS' CONFERENCE

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POLICY ON SMOKING CONTROL

PREPARED BY:

STANDING COMMITTEE OF THE HEALTH MINISTERS' CONFERENCE

TOBACCO PRODUCTS SUBCOMMITTEE

AUSTRALIAN HEALTH MINISTERS' CONFERENCE

NATIONAL POLICY ON SMOKING CONTROL

Background

In 1980, the World Health Organization declared smoking a "man-made epidemic", following an earlier declaration that smoking represented the single largest cause of early death in the developed world. All United Nations member states were urged to implement smoking control policies, following guidelines set down by the WHO. The health consequences of smoking have been repeatedly documented in over 30 000 articles published since 1962, four major reports by the United States Surgeon General, three by the Royal College of Physicians and in policy statements by most major health and medical bodies throughout the world.

Smoking in Australia is a mass social phenomenon, with 40% of men and 31% of women currently smoking. While 23% of men and 14% of women are ex-smokers, and over 60% of smokers report wanting to stop smoking, the process of quitting smoking is for most very difficult, with a high relapse rate. Preventive strategies therefore assume particular importance in any smoking control policy.

Health and Economic Costs of Smoking in Australia

The Commonwealth Department of Health has estimated the number of smoking related deaths in Australia each year to be currently in the order of 16 000, over four times the national road toll. A more conservative estimate puts the figure for smoking caused deaths in 1978 at 10 434 which represents a loss of approximately 156 730 person years of life.

There is wide variation in estimates of the total economic costs of smoking. While in 1981/82, \$732.4 million was collected in tobacco excise, the massive health and human costs must be offset against this amount. Health costs and productivity losses attributed to smoking related morbidity and mortality were estimated in the only paper to be published by a researcher not funded by the tobacco industry, to exceed \$650 million per annum. The same source calculated that a 4% reduction in smoking prevalence would produce a net gain of \$60 million after health and other costs were balanced against reduced economic benefits.

In considering economic arguments about potential costs involved in introducing smoking control policies, it is emphasized :

- that realistic annual target reductions in smoking prevalence of even 1-2% would not reduce government income from tobacco excise, if such reductions were partially achieved by the dissuasive effect caused by annual real increases in tobacco excise. A balance can be achieved such that total excise income is maintained despite falls in smoking prevalence. Such a tax would be acceptable to the majority of the population, as shown in the poll commissioned by the Tobacco Products Subcommittee. Such a tax has precedent in the petrol tax for road programs;
- that these realistic annual target reductions of 1-2% in smoking prevalence would not cause dramatic loss of jobs in the tobacco industry, with the concomitant lower production requirements being absorbed by natural labour wastage in the industry;
- that a down-turn in smoking will not somehow mean that the economy as a whole will suffer through removing a present multiplier effect. Ex-smokers spend their former tobacco expenditure in other sections of the economy.

Tobacco Advertising and Promotion

Calls for the removal of tobacco advertising have attracted much critical attention as an important goal in smoking control policies, including that of the WHO. Its pervasiveness (currently estimated at \$60 million annually in Australia) and its role in enhancing other influences like peer and social pressure make it an obvious factor in the pro-smoking environment.

By definition, advertising seeks to increase sales for a product. This may be achieved by attracting market share from competitors, by persuading smokers to smoke more and by inducing new consumers to start to smoke. It is noteworthy that the tobacco industry is unique in claiming that it does not actively seek new consumers (young smokers). Its rhetoric in this regard must be viewed as an expedient attempt to allay public criticism, rather than as any true account of its marketing practices. Kenya and Austria both have tobacco monopolies which advertise extensively, indicating how advertising attempts to increase overall consumption, not just market share.

Tobacco Advertising, in Promoting Smoking, is Incompatible with any Government Policy to Reduce Smoking in the Community

Controlling advertising and promotion is an essential component in a smoking control policy. It is generally agreed that Australia is conspicuously behind the United Kingdom and many other western nations in its smoking control policies relating to advertising. The 1976 ban on cigarette advertising on the broadcast media is being widely circumvented through the prevalence of so-called "indirect" advertising as in sporting and cultural sponsorship. It has been estimated that the Benson and Hedges brand name appeared on the 9 television network during the 1981/82 cricket season over 40 000 times.

LIST OF AGREED RECOMMENDATIONS

1. The Goal of Smoking Control in Australia

We declare our commitment to reducing the prevalence of tobacco use in Australia, leading to the establishment of a non-smoking generation by the year 2000.

2. Tobacco Advertising and Promotion

- 2.1 We require that tobacco manufacturers abide by a Voluntary Advertising Code in Australia which is equivalent in stringency to the Code they would have to abide by in countries in which the headquarters of their multinational bases are situated.
- 2.2 We present a revised Voluntary Advertising Code for Cigarettes in Australia for adoption within six months of the conclusion of this meeting of the Australian Health Ministers' Conference.
- 2.3 We give notice that tobacco advertising policies will be reviewed each year by the Tobacco Products Subcommittee of the Standing Committee of the Health Ministers' Conference who will report annually on any developments in the implementation and conduct of these policies.
- 2.4 We delegate power to the Tobacco Products Subcommittee to negotiate with the tobacco industry on any aspects concerning the operation of future changes to the Code.

3. Sports Sponsorship by Tobacco Companies

- 3.1 We consider sports sponsorship by tobacco companies to be a definite form of tobacco advertising and promotion. We consider the association of smoking with sport through such sponsorship to be unacceptable and contrary to a national smoking control policy.
- 3.2 We shall be calling on our colleagues, the Ministers of Sport and Recreation, to establish pilot schemes to assist sporting bodies in obtaining alternative sponsorship.
- 3.3 That the Federal Government examine amendments to the Broadcasting and Television Act to eliminate indirect advertising of tobacco products which contradict the National Parliament's ban on the advertising of tobacco products on the electronic media.

4. Tobacco Excise

4.1 We support Government attempts to take health considerations into account in setting the level of taxation on tobacco products. We consider that taxation on tobacco products should be increased annually to at least maintain their real price in the consumer market.

4.2 We call upon the Federal Government to consider an increase in total tobacco excise and that some proportion of that increase be devoted to smoking control programs.

5. Health Promotion

We consider that smoking is the major preventable health problem in Australia and as such should be given top priority in health promotion planning. We will be encouraging collaboration between all States and Territories on the development of mass-reach, co-ordinated smoking control campaigns.

6. Smoke free Public Areas

We recommend that Government at all levels review existing legislation to ensure the rights of non-smokers to breathe air unpolluted by tobacco smoke. In this regard we specify public and privately operated public transport, passenger aircraft, restaurants and establishments selling food and drink, elevators (lifts), public buildings, hospitals and health care facilities.

7. Sales to Minors

We will be reviewing the operation of State laws relating to the prohibition on sales of tobacco products to minors with a view to raising the penalties to levels that are more likely to deter for example loss of Tobacco Retail Licence for second offence.

The SCOHM (Tobacco Products Subcommittee) will report annually about progress in implementing the above recommendations.
