

Australian Public Health Initiatives to control Tobacco Smoking

Gartoulla R P

Department of Community Medicine and Public Health, Institute of Medicine, TU, Nepal

Abstract

Introduction: Public health is a complete mental, physical, social and spiritual wellbeing of the human population. The term 'Public' denotes the meaning of both biotic and abiotic universe; 'Health' is the comprehensiveness of life; and 'Public Health' means health related to the human population. Tobacco smoking is a universal public health problem and it is first reached Australian shores when it was introduced to northern-dwelling Indigenous communities.

Methods: Literature review (documents, web pages, Google, pamphlets, posters, books, journals, legal issues, etc)

Results: In Australia and many other countries, smoking behaviour is inversely related to socioeconomic status, with disadvantaged groups in the population being more likely to take up and continue smoking. The Australian Government is committed to reducing the consumption of tobacco among all Australians. To achieve this, the Government has funded targeted public awareness campaigns, made changes to legislation, including banning smoking in enclosed public places, and provided grants for innovative approaches to help reduce tobacco consumption in communities with a high smoking prevalence. The *South Australian Tobacco Control Strategy 2005-2010* has been developed to further guide the direction of tobacco control initiatives in this state.

Conclusion: Regular surveillance and monitoring of various cancer control initiatives and strategies require tracking of different prevention, screening and treatment modalities, risk factor reduction, and premature mortality. In Australia, cancer is a notifiable disease and all States and Territories have established registries to collect data on cancer incidence and mortality. The Australian Bureau of Statistics and other national agencies through a variety of surveys generate information on some of the major risk factors such as tobacco smoking and excessive alcohol consumption. The government ventures to reduce smoking is effective, even though it has becoming a threat for aetiology of different diseases due to use of tobacco, low immunity and lowering the age of the users.

Key words: Cancer, Tobacco, media, smoking

Introduction

Public health is a complete mental, physical, social and spiritual wellbeing of the human population. The term 'Public' denotes the meaning of both biotic and abiotic universe; 'Health' is the comprehensiveness of life; and 'Public Health' means health related to the human population. Tobacco smoking is a universal public health problem and it is first reached Australian shores when it was introduced to northern-dwelling Indigenous communities by visiting Indonesian fishermen in the early 1700s. British

patterns of tobacco use were transported to Australia along with the new settlers in 1788. Among free settlers, officers and convicts, tobacco smoking was widespread and in the years following colonisation, Indigenous people rapidly adopted British smoking behaviour as well.

In the earliest days of the colony, the tobacco supply was unreliable and usage among convicts, in particular, was restricted, but by the early 1800s tobacco was an essential commodity routinely issued to servants, prisoners and

ticket-of-leave men (conditionally released convicts) as an inducement to work, or conversely, withheld as a means of punishment. Homegrown tobacco was outlawed after initial plantings, since producing food for the new colony was deemed a priority. Illegal crops continued to flourish, however, and in 1803 tobacco growing were sanctioned once more. According to a contemporary observer in 1819, 80 or 90% of male labourers were smokers.

Initiatives: Trends in the prevalence of smoking by socioeconomic status

In Australia and many other countries, smoking behaviour is inversely related to socioeconomic status, with disadvantaged groups in the population being more likely to take up and continue smoking. The authors of a seminal British report on poverty and smoking have observed that one can "almost study social disadvantage itself through variations in smoking prevalence."

Government initiatives: South Australian Tobacco Control Strategy

The South Australian Government is committed to reducing the consumption of tobacco among all South Australians. To achieve this, the Government has funded targeted public awareness campaigns, made changes to legislation, including banning smoking in enclosed public places, and provided grants for innovative approaches to help reduce tobacco consumption in communities with a high smoking prevalence. The *South Australian Tobacco Control Strategy 2005-2010* has been developed to further guide the direction of tobacco control initiatives in this state.

Goal

Improve the health of South Australians by reducing harm caused by tobacco smoking, especially among high prevalence groups.

Overarching Principles

We will have a comprehensive and integrated strategy, which will occur through:

National Tobacco Strategy: It works as Community action; encouragement to people; reducing availability tobacco; reducing promotion of tobacco; regulating tobacco sales etc

The National Tobacco Strategy 2004-2009 is a statement of our resolve as federal, state and territory governments to work *together* and *in collaboration with non-government agencies* on a *long-term, comprehensive, evidence-based* and *coordinated* national plan to reduce the often hidden but

nevertheless very real misery and wasted human potential caused by tobacco smoking in Australia.' (*National Tobacco Strategy, 2004-2009: The Strategy*).

Since 2007, the Government has

Invested \$872 million with states and territories over six years from 2009-10 under the COAG National Partnership Agreement on Preventive Health, including \$61 million for tobacco social marketing

Invested \$15 million over four years from 2008-09 to reinvigorate the National Tobacco Strategy

Invested \$14.5 million over four years from 2008-09 in the Indigenous Tobacco Control Initiative and more than \$100 million over four years from 2009-10 to tackle Indigenous smoking through the COAG

Closing the Gap Indigenous Health National Partnership

Continued to subsidise 'stop smoking' supports through the Pharmaceutical Benefits Scheme at a cost of around \$62 million annually. Also the Government will direct \$27.8 million over four years from 2010 to target and aim to reduce the high smoking rates among people in high-need and highly disadvantaged groups who are hard to reach through mainstream advertising. The Australian Government committed more than \$100 million to 'Tackling Indigenous Smoking' over 4 years. On 29th April, the Australian Government made the following announcements: A 25% increase in tobacco tax, effective immediately;

Plain packaging on tobacco products to be implemented in 2012; A ban on internet tobacco advertising; and A major increase in funding for tobacco media campaigns. Pricing of cigarettes and other tobacco products is one of the most effective ways that tobacco companies can both maintain consumer demand and protect returns to shareholders. Because taxes make up a substantial percentage of the price and because consumers are moderately (but not dramatically) responsive to price changes, increasing the rate of tax applicable to tobacco products allows governments to both reduce population consumption of tobacco and increase government revenue.

Anti-tobacco groups say campaigns have helped to reduce the number of smokers.

Funding of anti-smoking initiatives has been cut by the Government by \$12 million, with the agency that runs the successful Smoking - Not Our Future campaign bearing the brunt.

While the Budget's tobacco tax increase will boost Government revenue by \$205 million annually, the Budget

also cut \$3 million a year over the next four years from tobacco control spending, Treasury documents show.

Ian Potter, chief executive of the Health Sponsorship Council, said his tobacco control budget would fall by \$2.5 million to \$5.5 million a year because of the cuts. The agency runs the Smoking - Not Our Future and Face the Facts television campaigns. The cut follows reductions in funding the council receives for its anti-obesity campaigns which stood at \$3.7 million annually two years ago but is now \$1.1 million.

Nevertheless, Mr Potter said the council would be able to draw on cash reserves and would benefit from lower advertising rates and therefore could maintain its anti-smoking and obesity campaigns.

However, it expects to spend \$5.8 million promoting its anti-smoking message in 2012, down from \$8 million last year. "Any reduction means you're able to do less but we are still confident we can do good work with what budget we have left, we'll just have to be more innovative."

Health Minister Tony Ryall said the cuts were part of a shift from "lower-value spending" to improve frontline services. "For example, the amount spent on nicotine replacement drugs is expected to cost \$7.5 million this year, which is significantly more than the \$2 million less of advertising that the HSC will be doing." Mr. Potter believed the council was achieving "good results" in persuading people not to take up smoking and encouraging them to give up. "We think we're adding value to tobacco control in what we do but we accept that it's difficult to demonstrate that value."

Anti-smoking group Ash have released figures showing a steady decline in smoking rates for all young people and director Ben Youdan said there was "absolutely no doubt" that Not Our Future and other campaigns were helping drive that. "The role they fill is that constant noise about quitting smoking and the harm tobacco's causing and it's a really important component of the tobacco-control mix." Frontline smoking cessation services such as Quit line relied on the council's work to advertise and prompt smokers to quit, Mr Youdan said. Labour health spokeswoman Ruth Dyson said the council cuts would result in short-term savings. "Cut this much now and we know that we'll get fewer people giving up smoking, we know the costs of that long term to the individuals and the health system. This is very poor planning."

The numbers:

- * \$12m cut in funding for anti-smoking initiatives
- * \$205m increase in revenue a year from tobacco tax rise

The cost-effectiveness of population-wide policies to reduce tobacco use

Taxation

There is strong evidence linking increases in price to decreases in demand for tobacco products, the consensus being that price elasticity is inversely related to age. Increases in tobacco tax while some commentators have expressed concern about economic hardship among smokers, there is also evidence that poorer smokers reduce their consumption more in response to price increases. Thus, the overall effects of tax increases may in fact be progressive. In a careful analysis of the distributional effects of reduced smoking prevalence in NSW, an average weekly spending on tobacco products would fall in all income groups. Because tobacco spending represents a much higher percentage of total household income in lower income groups, the benefits of such reduced expenditure would be greatest among lower income groups.

Australian Council on Smoking and Health: Legal practice

Tobacco kills around 15,511 Australians a year. The health warning, "Smoking is a Health Hazard" became compulsory on cigarette packets in Australia in 1974. Metropolitan trains, buses and ferries in Perth became smoke-free 1975. Federal legislation banning cigarette advertising on television and radio 1978.

Western Australian Health Act 1911–1979 aimed to provide workers with a safe environment (elimination of any nuisance-causing agents in the air). Hospitals Act 1927–1976, Regulation 10 22(1) a person shall not smoke in any area of the hospital. 1982

Metropolitan (Perth) Passenger Transport Trust Act 1957–1980 prohibits smoking in any vehicle or Transperth premises. Private members bill (Smoking and Tobacco Products Advertisement Bill) to ban advertising introduced into WA parliament by Dr Tom Dadour, passed through the Legislative Assembly. In WA an increase in cigarette tax was imposed and an allocation of \$2 million per year was made for community smoking education. Government bill to ban advertising introduced into WA parliament by Minister for Health (Barry Hodge). The Bill passed through the Legislative Assembly but was defeated by a margin of two votes in Legislative Council. National Heart Foundation starts first major public education program on smoking in 1983.

In 1984, Occupational Health, Safety and Welfare Act 1984 aimed to provide employees with a safe and healthy work environment. Government starts Smoking and Health Project (later to become QUIT campaign)

In 1985, Health Act 1911 Food Hygiene Amendment Regulations 1985 prohibits persons handling food from smoking National 'Drug Summit' emphasises importance of tobacco (WA initiative). In 1986, The Federal government prohibited smoking on all domestic aircraft flights. Health Ministers agree to introduce stronger Health Warnings (WA initiative). In 1987, stronger health warnings were introduced on cigarette packets under the tobacco (Warning labels) regulations 1987: "Smoking Causes Lung Cancer, Smoking Causes Heart Disease, Smoking Damages Your Lungs, and Smoking Reduces Your Fitness".

In 1989, The Western Australian Public Service became a smoke-free workplace. In 1990, The Tobacco Control Act was passed in WA Parliament, which increased the fine for sales of cigarettes to under 18-year-olds to \$5000, ended free samples of cigarettes and competitions involving cigarettes, increased tobacco tax and banned tobacco advertising from media, ended billboard advertising of tobacco products (phase-out completed in 1994). Likewise in 2009, successful passage of the TOBACCO PRODUCTS CONTROL AMENDMENT BILL (2008) in the WA Parliament; the new provisions under the Act come into effect from September 22nd 2010 and lastly, the Perth Zoo went 100% smoke free.

Expected outcomes

The expected outcome is that the tobacco use practice will be reduced and cancer could be controlled. For this, planning and evaluating a mass media campaign can be a tricky process. The steps to a successful implementation of a campaign have been identified below.



The use of mass media for tobacco control increased in developed countries in the 1990s, particularly in the United States, Canada, Australia, and the United Kingdom. The

emergence of significant funding sources, particularly legal statements with tobacco companies and earmarked tobacco taxes, has allowed the implementation of sustained, mass media campaigns with sufficient audience reach to be effective. Media have been used to promote smoking cessation and smoke-free spaces, to raise awareness of health effects and of unethical tobacco industry behaviour, and to create support for various policy measures.

Public service announcements (PSAs; advertisements for an issue aired free as a public service) have long been a staple of tobacco control and other health promotion strategies. However, there is very little evidence to support the efficacy of PSAs in reducing tobacco use. The airing of PSAs on a voluntary basis does not guarantee exposure to the public at a level sufficient to change attitudes and behaviour on a broad scale.

It is difficult to separate out the effects of mass media relative to other components of these programs, or to broader environmental factors such as the level of spending on tobacco promotion. However, the media campaigns have served to tie together other program components, to raise public awareness of tobacco issues, and to build public support for other tobacco-control measures. Cancer has a major impact on the Australian community, in terms of morbidity, mortality and costs. Excluding the two main types of non-melanoma skin cancers (basal and squamous cell carcinomas), 104,592 new cases of cancer (59,058 males and 45,534 females) were diagnosed in Australia in 2006. (*Australia's health 2010*, June 2010)

In 2007 there were 39,884 deaths from cancer. Of these, 22,562 were of males (32% of all male deaths) and 17,322 were of females (26% of all female deaths). The average age at death was 72 years for both males and females. It is projected that there may be around 43,700 deaths from cancer in 2010. (*Australia's health 2010*, June 2010).

Primary prevention includes public health programs to reduce the major risk factors; tobacco consumption, poor diet, insufficient physical activity, being overweight or obese, unsafe alcohol use, infectious diseases and exposure to ultraviolet radiation. The treatment of cancer is undertaken in various settings, including general practitioner surgeries (for skin cancers in particular) and through hospital inpatient and outpatient services. Treatments include surgery, radiotherapy, chemotherapy and counselling support services. Advances in each one of these areas are improving cancer outcomes. There are also many subsidies available for treatment services; the Pharmaceutical Benefits Scheme and Medicare Benefits Schedule cover all Australians for costs associated with services and medications.

Conclusion

Regular surveillance and monitoring of various cancer control initiatives and strategies require tracking of different prevention, screening and treatment modalities, risk factor reduction, and premature mortality. In Australia, cancer is a notifiable disease and all States and Territories have established registries to collect data on cancer incidence and mortality. The Australian Bureau of Statistics and other national agencies through a variety of surveys generate information on some of the major risk factors such as tobacco smoking and excessive alcohol consumption. The government ventures to reduce smoking is effective, even though it has becoming a threat for aetiology of different diseases due to use of tobacco, low immunity and lowering the age of the users. This is a private and individual perception related issues. For this government of Australia has adopted different issues for the prevention and control of smoking. Mass education, use of medias, counselling on the cause and consequences from the smoking and providing costs for treatment is ideal of the government.

A number of groups in Australia have needs that are unlikely to be adequately met by mainstream initiatives to encourage and support smokers to quit. Several major initiatives targeting highly disadvantaged groups are in place in various jurisdictions and sectors in Australia, but these are not uniform across the country. Extending all services nationwide could further assist in the reduction of smoking in among Indigenous people, those who do not speak English, people living with mental illness and people living in institutions.

Nepal can learn from the Australian Government to reduce smoking and the health problems associated with smoking.

References

(The cited references are done without taking consent from writers due to inaccessibility to contact, thus, I am obliged with the ethics, if reported).

1. Balbach, E., and Glantz, S. "Tobacco Control Advocates Must Demand High-Quality Media Campaigns: The California Experience." *Tobacco Control* 1998; 7:397–408.
2. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs*. Atlanta, GA: CDC, National Center for Chronic Disease Prevention and Health Promotion, 1998; Office on Smoking and Health.
3. Commonwealth of Australia. *Australia's National Tobacco Campaign. Evaluation Report*, 1999; Vol. 1. Canberra, Australia.
4. Australia's National Tobacco Campaign. *Evaluation Report*, 2000; Vol. 2. Canberra, Australia.
5. Ms Jane Halton, Secretary of the Department of Health and Ageing, presents a speech about Health Promotion in Australia and Professor John Horvath AO, Chief Medical Officer, presents a speech about Australian Preventative Successes at Health 2004, 27 April 2004.)
6. Teenage Research Unlimited. *Counter-Tobacco Advertising Exploratory; Summary Report*. Northbrook, IL: Author 1999.
7. U.S. Department of Health and Human Services. *Reducing the Health Consequences of Smoking: 25 Years of Progress. A Report of the Surgeon General*. Atlanta, GA: USDHHS, Centres for Disease Control and Prevention, Centre for Health Promotion and Education, Office on Smoking and Health 1989.