

# Seven actions to achieve a Tobacco Free Western Australia by 2025

It is critical that tobacco control remains a priority for the WA State Government.



Increase funding for comprehensive public education campaigns



Invest in programs to reduce smoking among Indigenous Australians and disadvantaged groups



Introduce stronger legislation to prohibit sales to minors



Reduce the availability of tobacco and increase licence fees for tobacco sellers



Eliminate community exposure to secondhand smoke



Prohibit remaining forms of tobacco advertising and promotion



Hold tobacco industry accountable for healthcare costs



**Established in Western Australia in 1971, ACOSH is an independent, non-government, not for-profit coalition of prominent Western Australian health, education, community, social service and research bodies with a shared concern about smoking and health.**

Its purpose is to reduce the health consequences of smoking by advocating for the implementation of comprehensive and effective tobacco control strategies. ACOSH encourages and promotes action by governments and others to reduce the devastating impacts of tobacco. ACOSH works through advocacy and collaboration on comprehensive strategies to achieve a tobacco free Western Australia by 2025, seventy five years after conclusive evidence that smoking kills, and reduce the 1,500 preventable deaths caused by smoking each year in WA.

### **Our member organisations:**

Association of Independent Schools of WA	Derbarl Yerrigan Health Service	Royal Australian College of General Practitioners
Asthma Foundation of WA	Department of Health, Tobacco Control Branch	Royal Australian College of Obstetricians and Gynaecologists
Australasian Faculty of Public Health Medicine [WA]	Doctors' Reform Society of WA	Royal College of Pathologists of Australasia
Australasian Society for Emergency Medicine [WA]	Endocrine Society of Australia	Society of Hospital Pharmacists of Australia [WA]
Australian Dental Association	Environmental Health Australia [WA + NT]	SIDS and Kids WA [Red Nose]
Australian Lung Foundation	Institute for Respiratory Health	Thoracic Society of Australia and New Zealand
Australian Nursing Federation	Mental Illness Fellowship of WA	TVW Telethon Institute for Child Health Research
Australian New Zealand Society of Respiratory Scientists	Murdoch University	VisAbility
Australian + New Zealand College of Anaesthetists	National Association of General Practitioners of Australia	Westcare Inc
Australian Medical Association [WA]	National Heart Foundation of Australia [WA]	Western Australian Alcohol and Drug Authority
Australian Sports Medicine Federation	National Stroke Foundation	Western Australian Council of Social Service
Cancer Council WA	Public Health Association of Australia [WA]	Western Australian Council of State School Organisations
Centre for Behavioural Research in Cancer Control	Resident Medical Officers' Association	Western Australian Medical Students Society
Curtin University	Royal Australasian College of Physicians	
Cystic Fibrosis Association of WA	Royal Australasian College of Surgeons	

# The Challenge

## Tobacco is a health burden on the community

The use of tobacco is still the leading cause of preventable disease and premature death in Australia.<sup>1</sup> Two-thirds of Australian smokers are likely to die because they smoked, and smoking will cause the deaths of 1.8 million smokers now alive.

Tobacco smoking is known to cause 16 different types of cancers<sup>2</sup>, cardiovascular diseases, pulmonary diseases, including asthma, and contributes to complications of diabetes<sup>3</sup>, as well as many other health harms.

Smoking is responsible for nine per cent of the total burden of disease<sup>4</sup> and 20 per cent of deaths in Indigenous Australians.<sup>5</sup> In WA, over 1,500 people die from smoking-caused diseases each year.<sup>6</sup> Shockingly, with higher smoking rates than the general population, it is often those that experience social and/or financial disadvantage that are the most affected by the death, disease and financial stress caused by tobacco smoking.

## Tobacco is a financial burden on the community

The use of tobacco was estimated to cost the Australian community around \$31.5 billion in 2004–2005<sup>7</sup>; the Australian Department of Health estimates that these costs are now likely to be much higher.

In 2010, it was estimated that the social costs of smoking in WA were \$3 billion and the total direct healthcare costs were about \$202 million.<sup>8</sup>

## The burden is misplaced

The need for tobacco control is as great as ever. While there have been encouraging trends over time, there is no room for complacency. There should now be a strong focus on stepping up levels of activity so that WA can become effectively tobacco-free. Notwithstanding progress in recent years, the tobacco industry in WA and Australia as elsewhere is unrelenting in its constant efforts to recruit new smokers, and to keep existing smokers addicted.

The tobacco industry has a long history of opposing and undermining the efforts of governments and health authorities to reduce smoking and has continued to aggressively market its products in Australia.

**It is critical that tobacco control remains a priority for the WA State Government. Reinstating WA's leadership in tobacco control is vital. This can be achieved by implementing the seven tobacco control priorities mentioned in this document.**

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<sup>1</sup>Australian Institute of Health and Welfare 2015. Leading cause of premature mortality in Australia fact sheet: lung cancer. Cat. no. PHE 192. Canberra: AIHW.

<sup>2</sup>International Agency for Research on Cancer. IARC monographs on the evaluation of carcinogenic risks to humans, volume 100 (E). A review of human carcinogens: Personal habits and indoor combustions. Lyon, France: IARC; 2012 Jan 1.

<sup>3</sup>US Surgeon General's report 2010: How tobacco smoke causes disease—the biology and behavioral basis for smoking attributable disease, [http://www.cdc.gov/tobacco/data\\_statistics/sgr/2010/index.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/2010/index.htm)

<sup>4</sup>Australian Burden of Disease Study: Impact and causes of illness and deaths in Australia 2011.

<sup>5</sup>Australian Institute of Health and Welfare. (2011). Impact and causes of illness and death in Aboriginal and Torres Strait Islander people. Available from <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129557109>

<sup>6</sup>Epidemiology branch (2014) Health status report on tobacco hospitalisations- drug-caused for the state. Department of Health WA in collaboration with the Cooperative Centre for Spatial Information: Perth. Accessed 25 February 2014.

<sup>7</sup>Collins, D + Lapsley, H. (2008). The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/5. P3-2625. Canberra: Department of Health and Ageing. Available from [http://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/\\$File/mono64.pdf](http://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/$File/mono64.pdf)

<sup>8</sup>Collins DJ, Lapsley HM. The social costs of smoking in Western Australia in 2009/10 and the social benefits of public policy measures to reduce smoking prevalence. Cancer Council Western Australia. Perth, Western Australia; 2014.

# Seven actions to achieve a Tobacco Free Western Australia by 2025



## 1 Increase funding for comprehensive public education campaigns



Evidence from Australia and overseas demonstrates that mass media campaigns are effective in encouraging smokers to quit. Public education impacts the broader population, is effective with Aboriginal and Torres Strait Islander communities, disadvantaged groups, and prevents young people from starting to smoke.<sup>9</sup>

Tobacco control mass media campaigns come second only to tax increases in terms of their impact on reducing smoking in adults and children. Increased funding for mass media campaigns will bring substantial reductions in smoking, and hence reduce a range of costs to the health system and the community.

### Recommended action:

- 1.1 Provide adequate funding for evidence-based, hard-hitting public education campaigns with proven effectiveness and media weights to reduce smoking.

## 2

### Invest in programs to reduce smoking among Indigenous Australians and disadvantaged groups



Adult prevalence of smoking nationally was 12.7% in 2015, and is declining to lower levels. The latest WA Health Department survey<sup>10</sup> reported that 9.3 per cent of those 16 years and older are daily smokers. The Australian Secondary Students' Alcohol and Drug (ASSAD) survey showed that smoking by teenagers in WA is now at its lowest level – only 4.8 per cent of 12 to 17-year-olds were smokers in 2014.<sup>11</sup>

Despite these developments, smoking remains the largest preventable cause of mortality and morbidity in WA. The death and disease burden resulting from smoking is not equally distributed, with Indigenous Australians (44.5%)<sup>12</sup>, people living with mental illness (32%)<sup>13</sup>, prisoners (85.4%)<sup>14</sup>, people living in regional (23%)<sup>15</sup>, rural, and remote areas (25%)<sup>16</sup>, people who identify as not heterosexual (34.2%)<sup>17</sup>, and people living in disadvantaged circumstances (22.8%<sup>18</sup>, 35.4%<sup>19</sup>) having a prevalence of smoking significantly higher than the general population.

A high prevalence of smoking is one of the major factors driving poor health status in economically disadvantaged areas and groups. Spending on tobacco products and ill-health contribute significantly to financial stress.<sup>20</sup>

#### Recommended actions:

- 2.1 Invest in long-term programs to address smoking among Aboriginal and Torres Strait Islander peoples to close the life expectancy gap between Indigenous and non-Indigenous Australians.
- 2.2 Provide consistent and adequate funding to support other disadvantaged groups.

## 3

### Introduce stronger legislation to prohibit sales to minors



Under the Tobacco Products Control Act 2006 (WA), it is an offence to sell cigarettes to minors. Additionally, all tobacco retail licences include a condition that the holder will instruct all employees not to sell cigarettes to children, and to ask for ID. Despite these requirements, the most recent WA Health Department survey showed that 27 per cent of retailers sell cigarettes to children.<sup>21</sup>

Sales to minors can be minimised through further retailer training, continuing to conduct controlled purchase operations, and increased sanctions for non-compliant retailers. Retailers found to be knowingly selling cigarettes to children should have their licence cancelled immediately. In addition, legislation should be strengthened to make it illegal for employees under the age of 18 to sell tobacco products in retail outlets.

#### Recommended actions:

- 3.1 Strengthen enforcement of the legislation prohibiting sales to minors, including prosecutions and the loss of tobacco licences for breaches.
- 3.2 Prohibit employees under the age of 18 from selling tobacco products.

<sup>10</sup> Tomlin S, Joyce S + Radomijac A. (2016). Health and Wellbeing of Adults in Western Australia, 2015, Overview and Trends. Department of Health, Western Australia. Available from <http://ww2.health.wa.gov.au/A/media/Files/Corporate/Reports%20and%20publications/Population%20surveys/Health-and-Wellbeing-of-Adults-in-Western-Australia-2015-Overview-and-Trends.ashx>

<sup>11</sup> Department of Health, Western Australia. Australia Secondary Students' Alcohol and Drug Survey 2014: Western Australia Results: Tobacco. Available from [http://ww2.health.wa.gov.au/A/media/Files/Corporate/general%20documents/Chronic%20disease/WA\\_Tobacco\\_Results\\_Bulletin\\_2014.ashx](http://ww2.health.wa.gov.au/A/media/Files/Corporate/general%20documents/Chronic%20disease/WA_Tobacco_Results_Bulletin_2014.ashx)

<sup>12</sup> National Aboriginal and Torres Strait Islander social survey 2014-2015

<sup>13</sup> ABS 2008. National Survey of Mental Health and Wellbeing: Summary of Results, 2007. Available from: <http://www.abs.gov.au/AUSSTATS/abs@nsf/DetailsPage/4326.02007?OpenDocument>

<sup>14</sup> Davison, S, Fleming J, Butler, T, Morgan, V, Petch, E, Morgan, D, Rock, D, Jones, J, Wright, M, Mitchell, M, Janca, A. (2013) Mental health and substance use problems in Western Australian prisoners: Report from the Health and Emotional Wellbeing Survey of Western Australia Reception Prisoners, 2013.

<sup>15</sup> Australian Institute of Health and Welfare. (2014). National Drug Strategy Household Survey Detailed Report: 2013. Drug statistics series no. 28. Cat No. PHE 183. Canberra: AIHW.

<sup>16</sup> Australian Institute of Health and Welfare. (2014). National Drug Strategy Household Survey Detailed Report: 2013. Drug statistics series no. 28. Cat No. PHE 183. Canberra: AIHW.

<sup>17</sup> Drugs in Australia 2010: tobacco, alcohol and other drugs. Drug statistics series no 27. Cat No PHE 1254. Canberra: AIHW. Available from: <http://www.aihw.gov.au/>

<sup>18</sup> Australian Institute of Health and Welfare 2011. Drugs in Australia 2010: tobacco, alcohol and other drugs. Drug statistics series no 27. Cat No PHE 1254. Canberra: AIHW. Available from: <http://www.aihw.gov.au/>

<sup>19</sup> Australian Institute of Health and Welfare 2011. Drugs in Australia 2010: tobacco, alcohol and other drugs. Drug statistics series no 27. Cat No PHE 1254. Canberra: AIHW. Available from: <http://www.aihw.gov.au/>

<sup>20</sup> Tobacco in Australia. Socio-economic position and disparities in tobacco exposure and use. Available from <http://www.tobaccoinaustralia.org.au/chapter-9-disadvantage/9-1-socioeconomic-position-and-disparities-in-toba>.

<sup>21</sup> 2015 Tobacco Retailer Compliance Survey, Department of Health, Government of Western Australia

## 4 Reduce the availability of tobacco and increase licence fees for tobacco sellers



In WA, there are approximately 3,800 tobacco retail licences. The Department of Health administers the Tobacco Selling Licensing scheme, requiring sellers to pay a low annual licensing fee of \$255. Tobacco remains one of the most readily available consumer products, with few restrictions on who can sell it and where.

WA has made significant progress in reducing the prevalence of smoking. However, in contrast, little has been done to reduce tobacco availability. WA's existing licensing scheme should be reviewed and strengthened with the objective of reducing the number of tobacco sellers. A reduction in the availability of tobacco will contribute to efforts to encourage smoking cessation, reduce relapse for smokers who have quit and prevent uptake.

### Recommended action:

- 4.1 Set a target to initially cap and then reduce the total number of tobacco licence holders over the next four years, and increase the annual licence fee for those who sell tobacco.

## 5 Eliminate community exposure to secondhand smoke



Secondhand tobacco smoke is a preventable cause of death and disease, and there is no safe level of exposure.<sup>22</sup> Among adults it is a known cause of cancer, respiratory and cardiovascular diseases, and among children contributes to sudden infant death syndrome, low birth weight, lower respiratory tract illness, middle ear disease and asthma.<sup>23,24</sup>

Smoke free measures are supported by a significant majority of West Australians. A community survey conducted in 2016 showed that 72 per cent<sup>25</sup> of respondents supported the creation of more smoke free places in WA, including expanding smoke free areas such as childcare centre entrances (92%), outdoor markets (83%), footpaths around hospitals (82%), outdoor malls (82%), entrances of shopping centres (80%), outdoor eating areas of hotels/pubs (80%), outdoor ticketed events (79%), bus stops and taxi ranks (75%), as well as common areas of private flats (67%) and Government housing (59%).

Expanding and enforcing smoke free policies is an effective way to protect non-smokers from harmful exposure to secondhand smoke and de-normalise smoking.<sup>26</sup>

The State Government should eliminate community exposure to secondhand smoke. This should include stronger enforcement of current restrictions; extending smoke free areas in public places like shopping malls; ending anomalies such as smoking in beer gardens and the International Room at Crown Casino Perth (which puts both staff and patrons at risk); implementing substantial buffer zones around areas where smoking is prohibited; and protecting non-smokers in common areas of strata-titled properties and boarding houses.

The aggressive marketing and promotion of electronic cigarettes in other countries, with little or no regulation, shows a rapid and concerning growth in the use of electronic cigarettes by young people.<sup>27</sup> Higher rates of the early use of electronic cigarettes by adolescents have been shown to be associated with a higher incidence of cigarette smoking.<sup>28</sup>

Unsurprisingly, the evidence suggests that electronic cigarettes undermine the intent of smoke free laws, as many smokers currently use non-nicotine electronic cigarettes in legislated smoke free areas to maintain their smoking behaviour. By simulating the act of smoking, electronic cigarette use in smoke free areas risks giving the impression to young people that the act of smoking is aspirational.<sup>29</sup> Moreover, the use of electronic cigarettes in smoke free places could confuse people into believing that smoking is permitted and make enforcement of smoke free policies more difficult.<sup>30</sup>

<sup>22</sup> US Department of Health and Human Services. The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General. US Department of Health and Human Services, Centres for Disease Control and prevention, Coordinating Centre for Health Promotion, National Centre for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006. <http://www.surgeongeneral.gov/library/reports/secondhandsmoke/fullreport.pdf>

<sup>23</sup> Scientific Committee on Tobacco and Health. Report of the Scientific Committee on Tobacco and Health. The Stationery Office, 1998. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/259796/report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/259796/report.pdf)

<sup>24</sup> US Department of Health and Human Services. The health consequences of smoking - 50 years of progress. A Report of the Surgeon General. US Department of Health and Human Services, Centres for Disease Control and Prevention, National Centre for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. <http://ash.org/wp-content/uploads/2014/01/full-report.pdf>

<sup>25</sup> Allom, V, + Pettigrew, S. Tobacco Control Issues in Western Australia, Community Survey 2016: Preliminary Results. WA Cancer Prevention Research Unit (WACPRU), Curtin University, Perth, 2016.

<sup>26</sup> The World Health Organisation. (2009). WHO Report on the Global Tobacco Epidemic. Available from [http://www.who.int/tobacco/mpower/2009/c\\_gtr\\_protect\\_people\\_tobacco\\_smoke.pdf](http://www.who.int/tobacco/mpower/2009/c_gtr_protect_people_tobacco_smoke.pdf)

<sup>27</sup> Dutra LM, Glantz SA. E-cigarettes and conventional cigarette use among US adolescents: A cross-sectional study. *JAMA pediatrics*. 2014;168(7):610-617. doi:10.1001/jamapediatrics.2013.5488.

<sup>28</sup> Leventhal AM, Strong DR, Kirkpatrick MG, Unger JB, Sussman S, Riggs NR, Stone MD, Khoddam R, Samet JM, Audrain-McGovern J. Association of Electronic Cigarette Use With Initiation of Combustible Tobacco Product Smoking in Early Adolescence. *JAMA*. 2015;314(7):700-707. doi:10.1001/jama.2015.8950

<sup>29,30</sup> McKee M. E-cigarettes and the marketing push that surprised everyone. *BMJ* 2013 Sep 26;347:f5780 [Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/24070876>]

The precautionary principle should be applied in the regulation of electronic cigarettes in the same way as combustible tobacco products – until scientific evidence regarding their safety and efficacy as a tobacco cessation therapy is available.

### Recommended actions:

- 5.1 Strengthen enforcement of current smoke free areas.
- 5.2 Extend smoke free areas to outdoor public venues including ticketed events, public transport waiting areas, taxi ranks, outdoor childcare facilities, beer gardens and the Crown Casino Perth's International Room.
- 5.3 Introduce a simple process to implement smoke free by-laws in strata housing.
- 5.4 Consider implementing smoke free policies in Government housing.
- 5.5 Limit the use of electronic cigarettes in public places where smoking is prohibited.

## 6 Prohibit remaining forms of tobacco advertising, marketing and promotion



Tobacco advertising was banned 26 years ago, but tobacco companies still aggressively promote their interests and oppose public health measures. The bans on tobacco advertising should be strengthened to encompass all forms of promotion, including public relations, lobbying and political donations.

Furthermore, tobacco companies should be prohibited from marketing and promotional activities that involve offering incentives to retailers encouraging them to sell their brands. This activity is focused on selling more cigarettes and getting more people addicted to smoking, particularly young people.

Retailers can still publicise cigarette brands through price boards which also enable them to promote new and carefully researched brand names. There should be no brand information at 'point of sale', only a small notice that tobacco is available for sale, alongside a government-mandated health warning.

The current legislation should be amended so that price boards are not visible to the public, as this is a form of tobacco marketing. Price boards for tobacco products should be prohibited.

### Recommended actions:

- 6.1 Introduce legislation and policies to protect public health by banning remaining forms of tobacco advertising, marketing and promotion, including public relations, lobbying and political donations.
- 6.2 Replace cigarette brand information on price boards with a small notice that tobacco is available alongside a government-mandated health warning.

## 7 Hold the tobacco industry accountable for the healthcare costs associated with the use of tobacco



Despite the preventable disease and premature death caused by tobacco products, the tobacco industry has not been held accountable for the healthcare costs associated with consumption of its lethal products. In 2015, 83,941 hospital bed-days and 19,150 hospitalisations were registered in WA due to tobacco use and exposure to second-hand smoke.<sup>31</sup> The State Government should take legal action against the tobacco industry to recover the costs of treating diseases caused by smoking.

### Recommended action:

- 7.1 Take legal action against tobacco companies to recover costs of treating diseases caused by smoking.

<sup>31</sup> Epidemiology Branch, Public Health Division, Western Australia Department of Health. Western Australia tobacco and passive smoking related hospitalisation in 2015 and deaths in 2013. Department of Health, Perth, Western Australia; 2016.



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