

# 10-point plan for a tobacco-free Western Australia by 2030

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



Set a target date of 2030 for WA to become tobacco-free



Increase funding for comprehensive public education campaigns and support for smokers to quit



Invest in major new programs for priority groups



Reduce the number of retail tobacco licences



Ban all lobbying and public relations activities by the tobacco industry



Hold tobacco industry accountable for healthcare costs



Resist tobacco industry attempts to market new addictive products



Expand smoke-free workplaces, public places and smoke-free living



Enforce current legislation on sales to minors and strengthen point-of-sale legislation



Mandate comprehensive, well-supported Health and Physical Education in all schools



**Established in Western Australia in 1971, the Australian Council on Smoking and Health Inc. (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 and a proven record of achievement in tobacco control.**

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 products. ACOSH collaborates with key organisations and tobacco control experts who share ACOSH's aim to:

1. Achieve a tobacco free Western Australia by 2030, marking eighty years since conclusive evidence that smoking causes lung cancer; and
2. Reduce the 1,500 preventable deaths caused by smoking each year in WA.

### **Our member organisations:**

Aboriginal Health Council of WA	Cystic Fibrosis Association of WA	Red Nose
Association of Independent Schools of WA	Doctors' Reform Society of WA	Royal Australasian College of Surgeons
Australasian Society for Emergency Medicine [WA]	Endocrine Society of Australia	Royal Australian College of General Practitioners
Australian Dental Association [WA]	Environmental Health Australia [WA]	Royal College of Pathologists of Australasia
Australian Nursing Federation [WA]	Institute for Respiratory Health	Society of Hospital Pharmacists of Australia [WA]
Australian New Zealand Society of Respiratory Scientists	Mental Illness Fellowship of Western Australia	Thoracic Society of Australia and New Zealand
Australian & New Zealand College of Anaesthetists	Minderoo Collaborate Against Cancer Initiative	Telethon Kids Institute
Australian Medical Association [WA]	National Association of General Practitioners of Australia	Western Australian Council of Social Service
Australian Sports Medicine Federation	National Heart Foundation [WA]	Westcare Inc
Cancer Council WA	National Stroke Foundation	
Centre for Behavioural Research in Cancer Control	Public Health Association of Australia [WA]	
Curtin University		

# The Challenge

## Smoking is still the largest 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> Up to two-thirds of Australian smokers are likely to die because they smoked,<sup>2</sup> and of the 2.6 million Australian smokers alive today, smoking will cause the death over 1.7million of them.

Tobacco smoking is known to cause 16 different types of cancers, cardiovascular diseases, and pulmonary diseases (including asthma). It also contributes to complications of diabetes and many other serious health harms.<sup>3</sup>

## The burden is misplaced

Smoking disproportionately affects Aboriginal Australians. It is responsible for nine per cent of the total burden of disease and 20% of deaths among members of this population group.<sup>4</sup>

In WA, over 1,500 people die from smoking-caused diseases each year.<sup>5</sup> 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.

## Smoking is a financial burden on society

A report published in November 2019 by the Australian Department of Health found the total social costs of smoking in Australia to be \$137 billion annually.<sup>6</sup>

## The need for tobacco control is as great as ever

While there has been an encouraging decrease in the prevalence of smoking over time, there is no room for complacency. There should now be a strong focus on stepping up levels of activity so that WA and Australia can become effectively tobacco-free by 2030.

Notwithstanding progress in recent years, the tobacco industry in WA, nationally, and internationally is unrelenting in its constant efforts to recruit new smokers, keep existing smokers addicted, and introduce new and novel nicotine delivery devices.

The tobacco industry has a long history of opposing and undermining the efforts of governments and health authorities to reduce the prevalence of smoking, smoking-caused diseases and deaths. It continues 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 ACOSH 10-point-plan.**

<sup>1</sup> Australian Institute of Health and Welfare [AIHW]. Alcohol, tobacco & other drugs in Australia. 2020. Available from: <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/drug-types/tobacco>

<sup>2</sup> Banks, E., Joshy, G., Weber, M., Liu, B., Grenfell, R., Egger, S., Paige, E., Lopez, A., Sitas, F. & Beral, V. Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence. 2015. BMC Medicine. Available from <http://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-015-0281-z>

<sup>3</sup> Australian Government Department of Health. What are the effects of smoking and tobacco? 2019. Available from: <https://www.health.gov.au/health-topics/smoking-and-tobacco/about-smoking-and-tobacco/what-are-the-effects-of-smoking-and-tobacco>

<sup>4</sup> Australian Institute of Health and Welfare. Impact and causes of illness and death in Aboriginal and Torres Strait Islander people. 2011. Available from <https://www.aihw.gov.au/reports/burden-of-disease/illness-death-indigenous-australians-summary/notes>

<sup>5</sup> Department of Health Western Australia. Tobacco is dangerous. Available from: [https://ww2.health.wa.gov.au/Articles/S\\_T/Tobacco-is-dangerous](https://ww2.health.wa.gov.au/Articles/S_T/Tobacco-is-dangerous)

<sup>6</sup> National Drug Research Institute Curtin University. Identifying the social costs of tobacco use to Australia in 2015/16. 2019. Available from: <http://ndri.curtin.edu.au/NDRI/media/documents/publications/T273.pdf>

# 10 actions to achieve a Tobacco Free Western Australia by 2030



1

Set a target date of 2030 for WA to become tobacco-free



The Government should commit to WA becoming effectively tobacco-free by 2030. We define 'effectively tobacco-free' as:

- (i) Commercial sale of tobacco products no longer taking place; and
- (ii) Under 5 per cent of adults and under 2 per cent of school students considered regular smokers.

It is seventy years since smoking was confirmed as the major cause of lung cancer, and smoking causes 8 million preventable deaths worldwide each year.

Currently, the sale of cigarettes in Australia is facilitated by an exemption under the Poisons Act for tobacco products designed for smoking.

Consumer products found to be hazardous, such as toys that present a choking hazard, airbags in cars, batches of contaminated foods, and components of complex goods that work improperly are regularly removed from the market.

The bizarre exception to these health and safety standards is the cigarette, which has been shown to kill up to two-thirds of its long-time users.

Due to the political power of the tobacco industry, cigarettes continue to be sold despite extensive evidence documenting the serious harms they cause.

The mass marketing of cigarettes started in 1880, with the invention of machines capable of producing 100,000 cigarettes per day. Ending their commercial sale will not occur overnight, even though over the next decade there will be further significant declines in the number of people who smoke. It may take a decade or more and will need careful planning, including appropriate provisions for access by any remaining smokers who cannot quit.

We should also recognise that an end to what has been described as the “Golden Holocaust” will be ferociously opposed by the tobacco industry and some retailers. But why should the tobacco industry be given a free pass to continue to sell the world’s most lethal consumer product?

It is time for our governments to consider plans to phase out the sale of tobacco products in Australia.

2

Increase funding for comprehensive public education campaigns and support for smokers to quit



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 and priority groups, and prevents young people from starting to smoke.<sup>7</sup>

To complement ongoing public education campaigns, all government-funded health services, hospitals and community services should embed advice and assistance to quit smoking as part of routine care.

Action by the Federal government to reduce smoking must also be maintained, including reinstating national funding for hard-hitting TV-led public education and social media campaigns that encourage smoking cessation.

3

Invest in major new programs for priority groups



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.

Aboriginal communities, people with mental illness, and other priority groups should be supported with major prevention and smoking cessation programs. Current promising programs to address smoking among Aboriginal Australians (e.g. the Tackling Indigenous Smoking (TIS) Program) need further and on-going support.

4

Reduce the number of retail tobacco licences



WA has 3,400 tobacco sales outlets for a population of around 2.6 million. We don’t need one tobacco outlet for every 765 people. For comparison, WA has a total of 633 pharmacies.

Increasing the cost of a retail tobacco licence each year by \$200, currently \$286 in WA, will achieve a reduction in outlets and increase resources for monitoring and enforcement. (Note that a tobacco licence in Tasmania costs \$1200 each year.)

A reduction in the availability of tobacco, including the use of temporary licences to sell, will encourage smoking cessation, reduce relapse for smokers who have quit and prevent uptake of smoking by young people.

<sup>7</sup> Bayly, M Cotter, T and Carroll, T. 14.4 Examining the effectiveness of public education campaigns. In Scollo, MM and Winstanley, MH [editors]. Tobacco in Australia: Facts and issues. Melbourne: Cancer Council Victoria; 2019. Available from <https://www.tobaccoinaustralia.org.au/chapter-14-social-marketing/14-4-examining-effectiveness-of-public-education-c>

**5**

## Ban all lobbying and public relations activities by the tobacco industry and manufacturers of new nicotine delivery devices



Tobacco advertising was banned 30 years ago but international tobacco companies are still actively and ruthlessly promoting their interests and opposing public health measures under the guise of 'corporate social responsibility'. The only purpose of tobacco lobbying and PR is to maximise sales of lethal and addictive products. This lobbying should be prohibited, along with political donations from the tobacco industry and tobacco-industry affiliates.

**6**

## Hold the tobacco industry accountable for healthcare costs



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.

The State Government should take legal action against the tobacco industry to recover the costs of treating diseases caused by smoking. American States did this in the 1990s and won vast payouts (US\$246 billion over 25 years) through the Master Settlement agreement.<sup>8</sup>

**7**

## Resist tobacco industry attempts to market and sell new addictive products



Why allow the commercial sale of a new range of addictive and harmful products?

Novel nicotine delivery devices should only be made available if they are approved as safe and effective for smoking cessation. All such products should also be the subject of on-going comprehensive and independent reviews of the published evidence.

Relentless lobbying by the tobacco and related industries to make these products more freely available has been a massive distraction from implementing effective tobacco control strategies.

**8**

## Expand smoke-free workplaces, public places and smoke-free living



Secondhand tobacco smoke is a preventable cause of death and disease, and there is no safe level of exposure.<sup>9</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>10,11</sup>

The Government should

- (i) ensure enforcement of current restrictions;
- (ii) extend non-smoking areas in crowded public places like shopping malls;
- (iii) end exemptions such as smoking in beer gardens and the 'high-roller' areas of the Crown Perth casino, which put both staff and patrons at risk;
- (iv) introduce a smoke-free policy for WA prisons;
- (v) ensure substantial buffer zones around areas where smoking is banned; and
- (vi) protect non-smokers in higher density residential buildings.

<sup>8</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.

<sup>9</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. <https://www.ncbi.nlm.nih.gov/books/NBK44324/>

<sup>10</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>11</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>

## 9

### Enforce current legislation so that no retailers sell cigarettes to children, and strengthen point-of-sale legislation



The latest WA Health Department survey showed that 10 per cent of retailers sell cigarettes to children.<sup>12</sup> There is no excuse for this. Any retailer knowingly selling cigarettes to children should lose their licence. Further resources allocated to compliance monitoring would allow for increased enforcement so that no retailers sell cigarettes to children.

Despite the best intentions of WA's Tobacco Control Act, retailers can still publicise cigarette brands through A4 price signs or price boards. There should be no brand or price information visible at the sales counter – simply a small notice that tobacco is available, alongside a government-mandated health warning. Supermarkets should make the location of their tobacco point-of-sale counters much less prominent.

## 10

### Mandate comprehensive, well-supported Health and Physical Education in all schools



Health and Physical Education is a compulsory part of the WA curriculum for pre-primary to year 10. However, the year 6 syllabus is the only year that specifically mentions tobacco in the 'being healthy, safe and active' curriculum content.

It is incomprehensible that WA parents cannot be sure that their children are provided with comprehensive, well-supported education on tobacco – or indeed, alcohol, drugs or sex education.

There is considerable scope to improve the content, design and delivery of behaviourally based interventions in schools to enhance their relevance, appeal and effectiveness with young people. Greater priority for health education is needed to ensure quality of anti-smoking education and resources, teacher training and frequency of lessons.

<sup>12</sup> WA Department of Health. Tobacco Compliance Survey Results 2017. 2018. Available from <https://ww2.health.wa.gov.au/-/media/Files/Corporate/general-documents/Tobacco/PDF/Tobacco-2017-Retailer-Compliance-Surveyashx>



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