Lessons from tobacco control

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Presentation Overview

• About tobacco – a major public health epidemic and ongoing public health success story

• The public health approach taken in tobacco control

• Food for thought for dietary risk and overconsumption of sugar
TOBACCO
Tobacco

• Epidemic of the 20th Century

• Epidemiological studies found the association, then demonstrated the burden:
  – it kills 1 in 2 (then 2 in 3) long term users
  – 1 in 5 cancer deaths
  – plus heart disease, poor pregnancy outcomes…

• Nicotine is addictive - demonstrated by science but denied by industry into the 1990’s

• So… tobacco was demonstrated by science to be a deadly, addictive consumer product, it was our leading cause of preventable morbidity and mortality and it was being promoted heavily by its manufacturers, smoking was ubiquitous
Smoking in Australia

Adults

1945: 80% men, 25% women smoked
Smoking in Australia

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now: 13% smoke
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School Children
1984: 36% 16-17 year olds, 21% 12-15 year olds smoked
Smoking in Australia

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School Children
1984: 36% 16-17 year olds, 21% 12-15 year olds smoked

2014: 9% 16-17 year olds, 3% 12-15 year olds
Smoking in Aus – more to be done

• Smoking rates are higher amongst:
  – Most socioeconomically disadvantaged
  – People living with mental illness
    • General mental illness (30%)
    • Severe mental illness (50%+)
  – Aboriginal and Torres Strait Islander peoples (40%) [ABS, 2013].

• Aiming to get population smoking rates down to 5-10%, even to doctors’ smoking rates of 2%.

• Dual aim of reducing inequalities, through population strategies with some targeting e.g. Tackling Indigenous Smoking
Tobacco control

Tobacco Control’s approach

1. Interventions are population-based
   - Education is one element
   - Regulation is central to influence environments

2. Clinical and community-level interventions are reinforcing

3. Tobacco control is a legal, economic and social justice issue

4. Evidence is central

5. Scientists and public health agencies are advocates
How is Australia addressing tobacco?
Tobacco control

What has worked in Australia?

1. Taxation and pricing
2. Public education campaigns (mass media/social marketing)
3. Tobacco advertising and display bans
4. Plain packaging
5. Smoke-free areas
6. Helping people quit (Quitline, health professionals)
1. Taxation and pricing

- Increasing the rate of tax applicable to tobacco products allows governments to both reduce population consumption of tobacco and increase government revenue.
- The evidence for the effectiveness of tax and price policies is overwhelming.
2. Public education campaigns

- **Well-designed** mass media campaigns are proven to increase quitting and reduce smoking rates in adults and young people.

- They prompt quitting, reduce the social acceptability of smoking and build public support for the implementation of other policies.

- Ads that are graphic and elicit negative emotions work the best.
3. Tobacco advertising and promotion bans

1976: Television and radio advertising banned
1989: Print advertising banned
1987-1990: Advertising through sport and arts banned
1992-1995: Phased out tobacco sponsorship
2005: Advertising at point of sale (shops) banned
2006: Graphic health warnings introduced
2012: Plain packaging introduced
3. Promotion bans - Point of sale displays

- Product displays (especially near cash registers), increase unplanned purchases of consumer goods
- Used to ensure maximum exposure for brands when advertising is no longer permitted
4. Promotion bans – on the pack

Warnings and plain packaging

- Packs are kept after opening (unlike other products)
- They provide images about the type of person who might normally smoke that pack
- Pack design creates expectations about how the cigarette will taste
- Warnings designed to protect consumers
5. Smoke-free environments

- Research is unequivocal about the serious health effects of exposure to second hand smoke, history of industry denial

- Australia now has smoke-free:
  - Workplaces
  - Cafés and restaurants, pubs and clubs
  - Hospitals and health facilities
  - Alfresco dining
  - Cars when children under 16 are present
  - Most states have smoke-free outdoor public places including building entrances, transport stops, within 10m of children’s playgrounds

- Primary role is health protection, secondary outcome is supportive for ex-smokers and has changed social norms
6. Helping smoker to quit
Take out – what works in tobacco

1. Taxation (price)

2. Promotion and product
   • Bans on advertising and promotion
   • Bans on display
   • Standardised packaging with graphic warnings
   • Media campaigns encouraging quitting

3. Supportive environments
   • Smoke-free areas
   • Quitting services and encouragement
How is the international public health community addressing tobacco?
The WHO FCTC is the first treaty negotiated under the auspices of the World Health Organization. It represents a paradigm shift in developing a regulatory strategy to address addictive substances. It recognises the tobacco epidemic has spread through factors such as global marketing, transnational tobacco advertising, promotion and sponsorship, and has also contributed to the explosive increase in harm. It is an evidence-based treaty.

http://www.who.int/fctc/en/
The obligations for parties are to:

- **Protect public health policies** from the vested interests of tobacco industry
- Adopt **pricing and taxation** to reduce the demand for tobacco
- Protect people from **exposure to tobacco smoke**
- Regulate the **contents** of tobacco products
- Regulate **tobacco product disclosures**
- Regulate the **packaging and labelling** of tobacco products
- **Warn people about the dangers** of tobacco
- Ban tobacco **advertising, promotion and sponsorship**
- Offer **people help** to end their addictions to tobacco
- Control the **illicit trade** in tobacco products
- Ban sales to and by minors
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Framework Convention on Tobacco Control (FCTC)

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Framework Convention on Tobacco Control (FCTC)

- 12 years
- 180 party nations
- 168 countries ratified FCTC

- Mooted as a model for obesity & the dietary risk that drive it

http://www.who.int/fctc/en/
Tobacco in Australia

Chapter 9  Smoking and social disadvantage

9.0 Introduction
9.1 Socio-economic position and disparities in tobacco exposure and use
9.2 Socio-economic disparities in tobacco exposure and use: are the gaps widening?
9.3 Contribution of smoking to health inequality
9.4 The relationship between tobacco smoking and financial stress
9.5 Smoking, ill health, financial stress and smoking-related poverty among highly disadvantaged groups
9.6 Explanations of socio-economic disparities in smoking
9.7 Are there inequalities in access to and use of treatment for dependence on tobacco delivered nicotine?
9.8 Further initiatives to reduce tobacco-related disparities in Australia
• Tobacco control is an ongoing public health success story

• The evidence base around effective tobacco control is very robust

• We need evidence so we know what works and why…
Tobacco industry opposition

Long history of active industry opposition to most regulatory interventions

Downplay or denial of harms,
 Calls of “nanny state”
 Sometimes litigation
Public health advocacy

• Public health, especially preventive health, has to compete for resources
Public health advocates

Advocates (academics and NGOs) present the science, as medicine and public health can see it, to the community and to decision makers.

Advocates reframe the debate in terms of public health
- e.g. From “individual responsibility” to “exploiting human vulnerabilities”
- Source: Lancet series on obesity

A 20% sugary drinks tax in Australia could save 1,600+ lives
Dietary risk (including sugar-sweetened beverages) – we are doing it “wrong”

- **Politically** – we are treating them largely as issues of personal responsibility
- **Medically** – we are recognising and treating them as individual, clinical problems
- **Health promotion** – we are doing some educative, some small scale behavioural, and some small scale community level interventions

- **Policy and regulation** … *crickets*
Australia’s new public health threats

- We are yet to take a comprehensive public health approach to what are now our biggest public health problems
- addressing the individual, social and environmental drivers

TIPPING THE SCALES

8 critical actions Australia must take to tackle obesity

1. Toughen restrictions on TV junk food advertising to kids
2. Set food reformulation targets
3. Make Health Star Ratings mandatory
4. Develop an active transport strategy
5. Fund public health education campaigns
6. Add a 20% health levy to sugary drinks
7. Establish a national obesity taskforce
8. Monitor diet, physical activity, weight guidelines

opc.org.au/tippingthescales
#TippingTheScales
Policy and regulation have been a fundamental components of a comprehensive strategy to address the burden of disease from tobacco.

Social equity has been a central concern.

Tobacco control measures have always been underpinned by best evidence.

Advocates have communicated science and reframed debates for public and political audiences e.g. economics & consumer rights.

Tobacco, while not an exact parallel, provides a public health example to build upon.