

## Tobacco Control in Australia The Next 5 Years

### International Symposium on Management of Tobacco Dependence: From East to West, North to South

Fiona Sharkie, Executive Director, Quit Victoria

February 2009



## Victoria, Australia

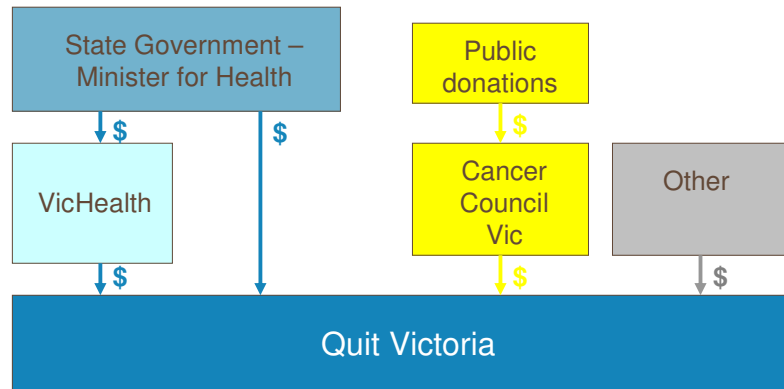


Australian Population  
21.6 million

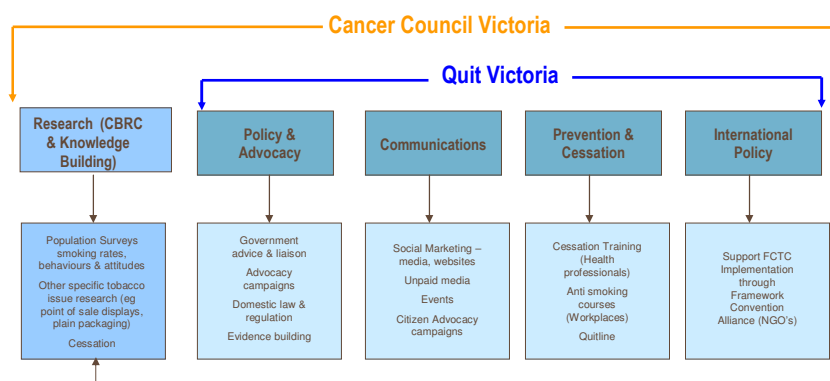
Victorian Population  
5.1 million



## About Quit Victoria



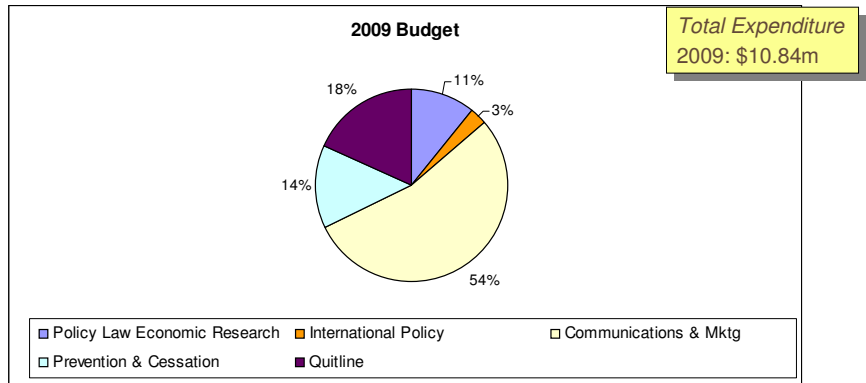
## Quit Victoria Fully integrated, full service program



Leaders: Prof Melanie Wakefield, Prof Ron Borland



## Quit Victoria 2009 Expenditure by Program Area



## Australian Tobacco Control

Among first to :

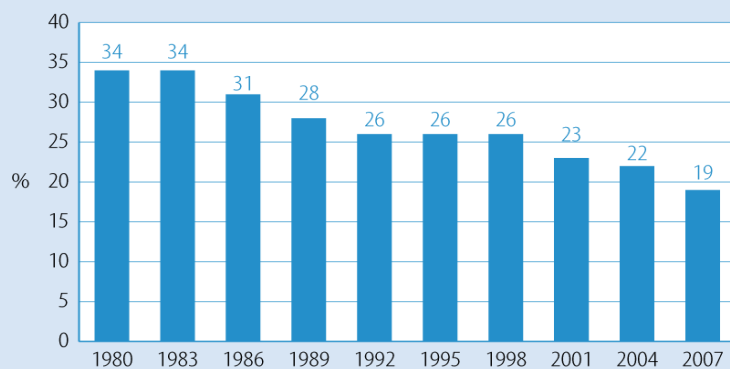
- Test **tar & nicotine** content
- Ban all forms of **tobacco advertising** and sponsorship (20 yrs)
- Introduce large, graphic **health warnings** on packs
- From late 70's – large mass **anti-smoking campaigns**
- High tobacco tax (but falling)
- Tax hypothecation for **sporting sponsorships**
- Banned **kiddy-packs** of < 20 cigarettes (South Australia)
- Bans on **point of sale displays** (most states), **smoking in cars/children** (most states).

Chapman, S, Byrne, F, Carter, S M. *Australia is one of the darkest markets in the world : the global importance of Australian tobacco control.* Tob Control 2003 12: iii1 3



## Australian Smoking Prevalence 1980-2007

Current Smokers 18+ (Daily/At Least Weekly)



Scollo, MM and Winstanley, MH [editors]. *Tobacco in Australia: Facts and Issues*. Third Edition. Melbourne: Cancer Council Victoria; 2008. Available from: <http://www.tobaccoinaustralia.org.au>



## Government Priorities for Tobacco Control in Australia



## Tobacco Remains #1 Cause of Preventable Death in Australia

### Australian Government

- New focus on Prevention –Tobacco, Alcohol and Obesity.
- Reduce Adult Smoking Prevalence **19→<9% by 2020.**
- Reduce Aboriginal smoking rates.

### Victorian Government

- POPULATION: Reduce Adult Smoking Prevalence **17→14% by 2013.**
- HEALTH EQUALITY: Reduce Aboriginal (**50→40%**), LSES (**20→16%**) & Pregnancy (**9→4.5%**)



## Adult Smoking Prevalence Socio-Economic Quintiles

	1998	2001	2004	% Chg
1st (low)	30.0	25.8	27.3	-9%
2nd	27.0	25.1	23.6	-13%
3rd	28.4	23.7	21.7	-24%
4th	25.8	23.6	18.2	-29%
5th (high)	23.1	18.4	15.1	-35%

Scollo, MM and Winstanley, MH [editors]. *Tobacco in Australia: Facts and Issues*. Third Edition. Melbourne: Cancer Council Victoria; 2008. Available from: <http://www.tobaccoinaustralia.org.au>



## Smoking Prevalence Trends

### Aboriginal Australians

	1995	2001	2004 05
<b>Australia*</b>		<b>49%</b>	<b>50%</b>
Remote		53%	58%
Non-remote	<b>46%</b>	47%	49%

- High levels poverty, social isolation, lack of housing, income & employment security.
- Smoking highly normalised; quitting not a priority.
- Smoking identified as 12% total burden of disease, 20% of all deaths.
- Aboriginal population **2%** (420,000 people).

\* Source ABS. 4715.0 National Aboriginal and Torres Strait Islander Health Survey, 2004 05, 2001 & 1995



## What Works to Reduce Population Smoking Rates



## 3 Key Proven Interventions to Reduce Population Prevalence



## 3 Key Proven Interventions to Reduce Population Prevalence

### 1. Price

- 10% price increase = 4.5% drop in consumption - **#1 policy intervention**.
- No excise tax increase since 2001.
- Currently **A\$12** (US\$17) – should be **A\$19.30** (US\$27.58) [WHO].



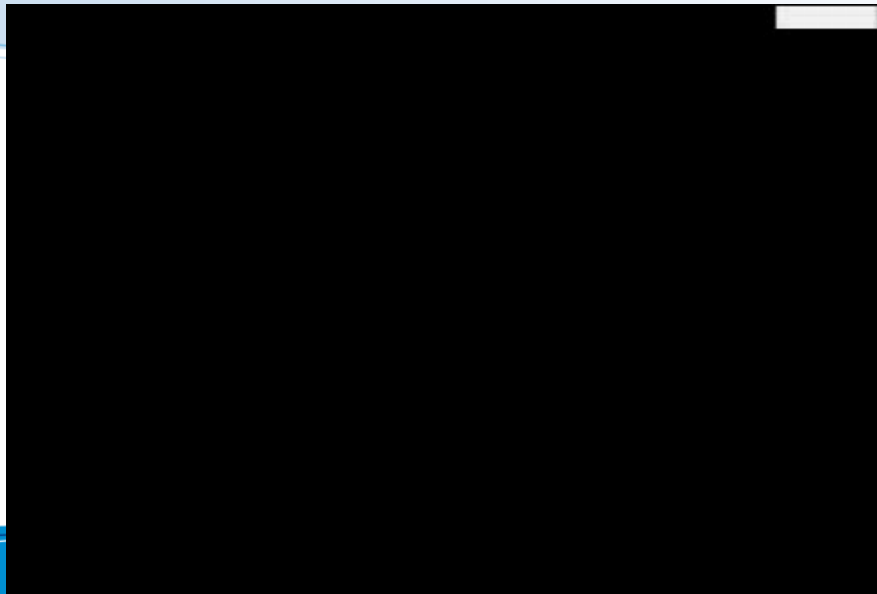
## 3 Key Proven Interventions to Reduce Population Prevalence

### 2. Social Marketing Campaigns

- Anti smoking advertisements **#1** aid for successful quitters.
- New research – 1997 **\$9 mill investment** in national TV campaign **reduced prevalence 1.4%** (in 6 mths), health care cost **savings \$740.6 mill**
- Quit Vic advertising **2008 Avg 416 TARPS pm/37 wks** (first continuous program)



### 'Everybody Knows'





## ‘Separation’

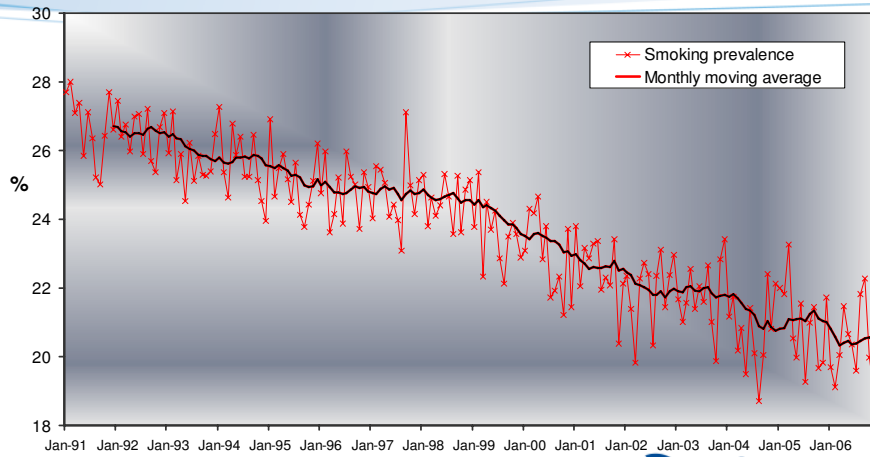


## 3 Key Proven Interventions to Reduce Population Prevalence

### 1 & 2. Price & Social Marketing

NEW 2008 study by Wakefield et al – Effects of multiple interventions (advertising, price, NRT, other policies) on prevalence over 10 years.

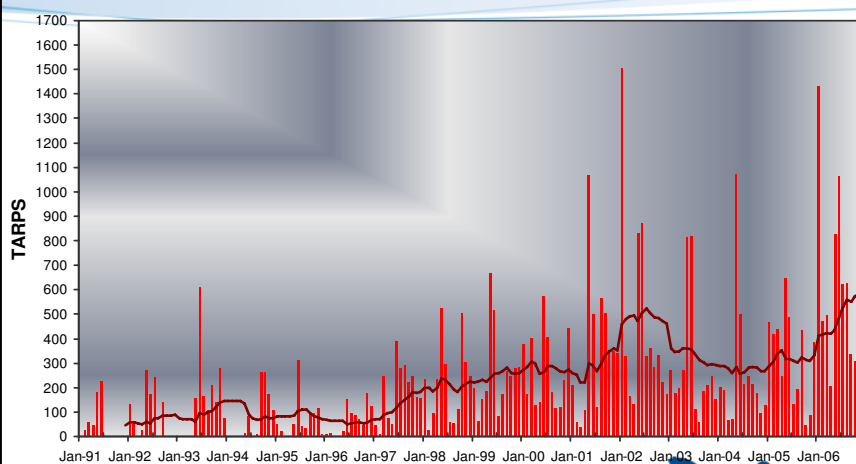
## Smoothed Austn Smoking Prevalence By Month (n=2,700/month)



Wakefield et al *Am J Pub Health* 2008



## Tobacco Control TARPs (5 states 1991-2006)



Wakefield et al *Am J Pub Health* 2008



## Media & Tax Policy Effects on Prevalence

- 0.3% point reduction in smoking prevalence from
  - Increasing costliness of a pack of cigs by 0.03% of gross av weekly earnings (approx A\$0.30-.60c/pack)
  - Exposure to antismoking ads av. 4/mth (400 TARPs)
- No effects on prevalence of
  - NRT/bupropion sales; smoke-free laws; NRT advertising



Wakefield et al *Am J Pub Health* 2008



## Price & Advertising Most Effective

- Increases in cigarette price and media campaigns accounted for *half of the decline* in adult smoking prevalence
- These two strategies increase the *population rate of quit attempts* (unlike NRT/bupropion, only improve quit rates among those who try)



Wakefield et al *Am J Pub Health* 2008



## 3 Key Proven Interventions in Tobacco Control at Population Level

### 3. Legislative Reform

#### Ban Store Displays

- Displays **encourage relapse** amongst those trying to quit  
**38%** had urge to buy\*
- **91% smokers** do not choose brand in store\*\*
- Victoria to introduce **complete ban by 2011**.

\* Wakefield et al, *Addiction* 2008

\*\* CBRC Victorian Population Survey 2007.



## National Australian Supermarket Chain



## 3 Key Proven Interventions in Tobacco Control at Population Level

### 3. Legislative Reform



#### Plain Packaging

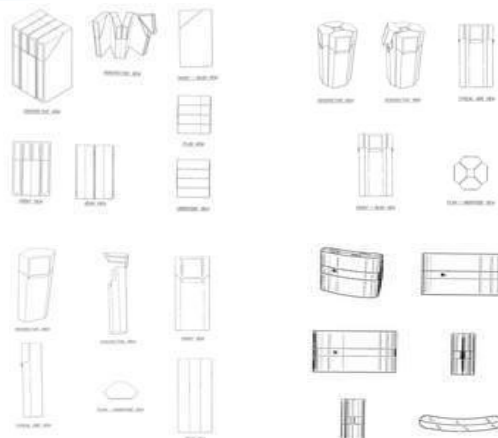
- Packaging denotes style, sophistication, image, desirability.
- Branded packs can undermine health warnings.
- 50%+ Victorians support plain packaging\*.
- 2007 Study\*\*: Smokers perceived as less trendy and stylish, less masculine, less sociable and less satisfying.

\* CBRC Population Survey 2007

\*\* Wakefield et al, Tobacco Control 2008



## Philip Morris Registered Pack Designs (Australia)



Courtesy Professor Simon Chapman



## Cessation Support & Treatment Increasing Quit Attempts

Quit attempts in life: 81% (Vic) smokers 1 attempt; 43% multiple (2005)



## Quit Rates Quitline Call Back Service

Call Back Cessation Rates (6 calls)      1996      2002-04  
% quit 12mths      22%      34%

GP Referral Study*	GP Care	Quitline Vic
3 months* <small>Point Prevalence (p&lt;.05)</small>	9.8%	16.2%
12 months** <small>Point Prevalence (p.06)</small>	14.4%	22.6%

Depression Study **	No Depression	Past Depression	Current Depression
2 months <small>Point Prevalence (p&lt;..001)</small>	56%	40%	34%

\* Borland, et al, GP Study, 2008

\*\* Segan, C. Quitline Depression Study, PRELIMINARY Findings unpublished, 2008



## NRT

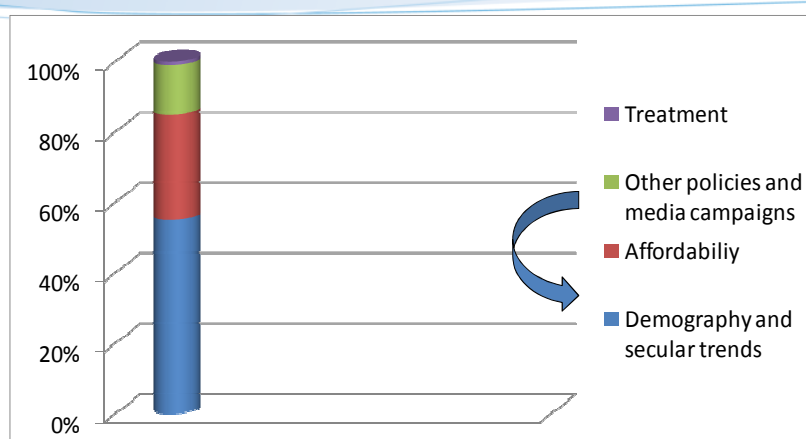
- Limited NRT subsidy (Aboriginal & war veterans).
- NRT not a substitute for motivation (social mktg / price).
- Main function: *aid to manage cravings whilst learning to be a non-smoker.*
- Best used in targetted, smaller population groups.
- Risk of diminishing self efficacy?



"I tried, believe me, but the nicotine patch was never enough for me. I had to get the nicotine patchwork quilt."



## Relative Contributions of Inputs to Reduce Smoking Prevalence



Source: Michelle Scollo, Cancer Council Victoria



## Quit Victoria – Next 5 Years

### Population Strategies

#### Price Increase

Two steps: i) A\$15 (US\$23), ii) A\$20 (\$US31)

#### Social Marketing

min. 400 TARPS/mth/yr

#### Legislation.

Display bans (2011), Plain packaging.

### Priority Group Strategies

#### Partnerships

- Aboriginal Community Health Organisations
- Social Services (disadvantaged)
- Ante/Post Natal Hospital & Health services (pregnant women)

#### Subsidised NRT

