50 years on: Gains and opportunities in tobacco control in Australia. Marking the 50th Anniversary of the Report of the Royal College of Physicians of London

Smoking and Health

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SUMMARY
On the occasion of the 50th anniversary of the release of the report Smoking and Health by the Royal College of Physicians of London, the Australian National Preventive Health Agency (ANPHA) acknowledges the significance of this report in galvanising global action to reduce the harms caused by tobacco to individuals, families, communities and health systems around the world.

In Australia, significant gains have since been made in reducing the harms of smoking on health through concerted public health action by governments, community groups, researchers and physicians. In many cases Australia has led the way in introducing measures that have changed the environment for tobacco and smoking and led to major reductions in smoking prevalence through less uptake, particularly by young people, and increases in, and success with, ‘quitting’ by smokers of all ages.

However, while the Royal College of Physicians’ report served as a clarion call for action, and was quickly joined by other eminent voices, tobacco has continued to destroy health and lives for the past 50 years. The evidence around tobacco-related burden of disease has grown continuously over the past 50 years. With this, the burden of disease that Australians have borne, and the deaths directly associated with tobacco use, has not diminished. It is estimated that approximately one million Australians have died as a result of tobacco use since 1950. Moreover, smoking-related illness is estimated to cost up to $5.7 billion per year in lost productivity alone.

On this 50th anniversary, ANPHA notes there is sound evidence to support further, ongoing declines in tobacco use and associated harms. Public information campaigns, regulatory and price-related mechanisms have contributed to declines in smoking prevalence in Australia. But, the evidence also shows that this has occurred through consistent and sustained public health action.

Fifty years on, challenges and opportunities remain. While there is unequivocal evidence that the actions of Australia’s governments and the public health community have saved lives, the evidence also clearly supports the case for continued action.

BACKGROUND

On the 7th of March 1962 the Royal College of Physicians of London released the landmark report *Smoking and Health*. The report represented a turning point in the way cigarettes were perceived by governments and the public through its straightforward documentation of tobacco-related death and disease. This was on the basis of the evidence then available. The report received widespread publicity, alerting the public more than ever before to the threat to health posed by heavy and prolonged cigarette smoking.

Following the report’s release, it was soon endorsed by the Australian Medical Association, the Royal Australasian College of Physicians, the Royal Australasian College of Surgeons, the Royal Australian College of General Practitioners and the Anti-Cancer Council of Victoria. This was accompanied by recommended restrictions on tobacco advertising and the introduction of a public health education campaign.

The scene was set for a new era of tobacco control involving sustained, coordinated and cooperative efforts by the Australian Government, state and territory governments, public health researchers, health service providers and non-government organisations. The result has been a broad range of tobacco-related legislative and regulative reforms and other public health measures undertaken in Australia. Australia is considered a world leader in tobacco control. Current smoking rates are among the lowest in the world – contributing to one of the highest average life expectancies of any country.

Progress in Australian tobacco control

Since the release of *Smoking and Health*, smoking rates in Australia have fallen significantly with a particularly dramatic decline in the past 20 years. Comprehensive, whole-of-population tobacco control policies introduced in this more recent period have dramatically changed cultural values about smoking and led to what many believe is a contemporary denormalisation of smoking.

The efforts to reduce smoking prevalence have been combined and multi-faceted involving the work of Commonwealth and state and territory governments, non-government organisations, researchers and health professionals over many years. Key milestones in the process over the past 30 years have included:

- Taxation to increase the real prices of tobacco;
- Smoking bans on domestic airlines;
- Health warning labels on cigarette packets;
- Bans (progressive) on tobacco advertising and promotion;
- Increase in the legal age of cigarette sales from 16 years to 18 years;
- Mass media campaigns;
- Bans on point-of-sale advertising; and
- The passage of legislation to require plain-packaging on tobacco products.
Figure 1 depicts these in relation to the ongoing decline in the percentage of Australia’s population (14 years +) that smokes daily.³

**Figure 1: Milestones in reducing smoking in Australia 1980-2007**

![Milestones in reducing smoking in Australia 1980-2007](image)


In 1964, 58 percent of male and 28 percent of female Australian adults smoked.⁴ The most recent national figures on smoking prevalence show that in 2010, 15.1 percent of people in Australia aged 14 years or older were daily smokers – declining from 16.6 percent in 2007.⁵ This decline is mainly due to a decrease in smoking by young people (24-44 years) – a trend that is associated with population-focused policies such as clean indoor air and increased cigarette prices.⁶

With the decline in smoking, Australia has also experienced a fall in the overall burden of disease and death attributable to smoking – from approximately 19,400

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deaths in 1998/99 to 14,900 deaths in 2004/05. 7 However, smoking is still Australia’s single most preventable cause of ill health and death – responsible for 7.8 percent of Australia’s burden of disease in 2003 (the last year in which burden of disease analysis was done).8

With illness directly linked to smoking estimated to cost up to $5.7 billion per year in lost productivity alone, the more comprehensive estimate of cost to the Australian economy associated with smoking is $31.5 billion.9 This estimate is based on tangible and intangible social costs such as productivity losses for the ill and those caring for them, productivity losses from premature death and medical costs.

Challenges for further reductions to daily smoking rates in Australia

Smoking rates continue to vary according to social characteristics such as socio-economic status, geography and Indigenous status. Smoking prevalence rates remain higher among those from lower socio-economic communities and a significant proportion of Aboriginal and Torres Strait Islanders continue to smoke, with 50 percent still reporting to smoke daily in 2007.10 In 2003, smoking was responsible for 20 percent of all Aboriginal deaths.11 In 2010 Aboriginal Australians were still 2.2 times as likely as non-Aboriginal Australians to smoke. In the same year, 24.6 percent of people in areas with the lowest SES smoked compared with 12.5 percent in areas with the highest SES, and 28.9 percent of people living in remote or very remote areas were smokers compared with 20.7 percent in outer regional areas, 19.9 percent in inner regional areas and 16.8 percent of people in major cities.12

Australian Government mass media campaigns have been planned to enable targeted, effective messages to reach and influence people in lower socio-economic and Indigenous communities, including the recently announced ‘Break the Chain’ campaign launched in March 2011.

In 2011, all Australian Governments, through the Council of Australian Governments’ (COAG) National Healthcare Agreement 2011, agreed to work towards reducing the national smoking rate to 10 percent, and to halve the Indigenous smoking rate from the 2009 baseline.13 This presents a real, and measurable, challenge for governments and the broader public health community in pursuing a comprehensive and coordinated ongoing effort.

Conclusion

With tremendous gains in tobacco control since the release of *Smoking and Health*, the evidence and learnings from the past 50 years indicate there is no room for complacency. Australia has led the way with legislative measures (e.g. advertising bans and plain packaging) and innovative mass media campaigns, and is well placed to continue in this vein with the knowledge and expertise gained. Comprehensive efforts must continue if smoking rates are to decline further, particularly for Aboriginal and Torres Strait Islander Australians and socio-economically disadvantaged groups in the community. Australia’s achievements are to be lauded but the tragedy of tobacco’s toll in the past 50 years, through the death and poor health of so many Australians cannot be ignored. Continued commitment from Australia’s governments, non-government organisations, researchers and physicians, is essential if we are to continue to act on the evidence set out 50 years ago today.
About ANPHA

The Australian National Preventive Health Agency (ANPHA) was established on 1 January 2011 to strengthen Australia’s investment in preventive health, following the commencement of the Australian National Preventive Health Agency Act 2010 on the same day.

The Council of Australian Governments (COAG) agreed to establish ANPHA in November 2008, as part of the National Partnership Agreement on Preventive Health. The creation of a national preventive health agency was also recommended in the National Health and Hospitals Reform Commission’s Report (released in July 2009) and in the final report of the National Preventative Health Taskforce (released in September 2009).

ANPHA will contribute to improving health outcomes for Australians by helping to turn the tide on the rising prevalence of preventable chronic diseases. ANPHA will support all Australian Health Ministers in managing the complex challenges of preventable chronic diseases. ANPHA supports the development and implementation of evidence-based approaches to preventive health initiatives targeting obesity, alcohol, tobacco and other substance abuse.