Australian Budget 2019-20
Pre-Budget Submission

Resourcing the National Tobacco Strategy to reduce smoking among those who need help the most

Overview

The Public Health Association of Australia, the Heart Foundation and the Cancer Council jointly propose a commitment from the Commonwealth Government to provide $50 million per annum over four years for campaign and cessation programs so as to implement the next National Tobacco Strategy (NTS).

This investment will accelerate the decline in smoking prevalence in the general population. Most importantly it will specifically benefit Australians experiencing social and financial disadvantage, and therefore reduce the significant inequities caused by tobacco smoking. It will also reduce the large and increasing Australian Government health costs associated with treating preventable diseases in these groups and the broader community.

Investment should be allocated to the following initiatives:

- $25m per annum to reinstate, and maintain for the period of the NTS, a population based TV-led National Tobacco Campaign, targeting adult tobacco users in all states and territories which is evidence-based in both creative development and audience exposure, and supported with rigorous developmental research and campaign evaluation.
- $10m per annum to create and fund a dedicated National Cessation Strategy within the National Tobacco Strategy to facilitate a consistent, evidence-based national approach to smoking cessation service provision. This would include the development and dissemination of national clinical guidelines and program support to embed the treatment of tobacco dependence into health services, primary care, and community and social service organisations as part of routine care, and the provision of a national Quitline™ as a referral, training and behavioural support provider.
- $15m per annum to specific, targeted programs that will provide additional support to groups in the population experiencing the highest levels of disadvantage. This will primarily be done through partnerships with the public health and community service sectors to provide direct services to high needs populations.

These activities should be undertaken as part of a comprehensive National Tobacco Strategy that also addresses regulatory issues, including those associated with the sale, promotion and supply of tobacco.

Smoking prevalence is disproportionately high in disadvantaged groups

Policies to data have driven smoking prevalence in Australia to an all-time low, with statistics released in December 2018 showing that just under one in seven (13.8%) or 2.6 million adults were daily smokers in 2017-18[1]. However this figure remains unacceptably high and – worryingly – rates of smoking decline have slowed in the last few years. Every year, over 18,000 Australians die from their tobacco addiction[2], and thousands more suffer from associated chronic diseases.

We recognise and applaud the important commitment by the Commonwealth for the Tackling Indigenous Smoking program (existing $184m for the next 4 years until June 2022) and the 'Don't Make Smokes Your Story' Indigenous television-led campaign that targets Aboriginal and Torres Strait Islander people. These initiatives are showing an effect in Indigenous communities.

Unfortunately, there are some groups who have much higher rates of tobacco use such as people with mental illness, people with substance use disorders, the unemployed and at-risk youth[3]. These priority population groups experience health, financial and social inequities that are exacerbated by tobacco use. The initiatives proposed here will assist the entire community, but especially all groups that experience social and financial disadvantage, and extend and complement the support provided to Aboriginal and Torres Strait Islander people.

The expenditure required for this proposal is a fraction of the revenue from tobacco excise and customs duty

The funding proposed in this submission is equivalent to only a tiny fraction (less than one-third of one percent) of the **$48.6B in revenue from tobacco excise and customs duty that the Government expects to receive** over the next and following two financial years ($17.0B in 2019-20, $15.5B in 2020-21 and $16.1B in 2021-22). With two further 12.5% increases in excise/customs duty on tobacco scheduled for September 2019 and September 2020, these projections are substantially higher than the $12.5B the government estimates it will receive in the current financial year[4].

There is overwhelming evidence supporting the case for a comprehensive approach to reducing smoking. While price policy is an important part of this approach, it can also create significant short-term impacts on those already experiencing financial hardship, adding yet further impetus to the need for further cessation supports. It therefore makes moral and economic sense to direct a very small portion of the excise revenue from tobacco into evidence-based public education and cessation support programs that will assist those who carry most of the health, social and financial burdens associated with tobacco.

Because tobacco is a highly addictive product many people experiencing financial disadvantage will put tobacco purchases before food and other essentials. In the lowest-income households, expenditure on tobacco products as a proportion of total household weekly expenditure is over double that in the highest income households[5]. Data show that too few people use available and proven interventions to help them quit. In addition there are multiple studies that show that many people are not being provided with best practice quitting advice by health or community and social service sector professionals.

Despite the increasing revenue collected from tobacco, and the strong evidence for the impact of public education (especially with disadvantaged groups), funding for television-led public education campaigns is currently at its lowest point in 20 years. This underinvestment is reflected in Australian Institute of Health and Welfare data, which show a concerning absence of significant decline in smoking prevalence between 2013 and 2016[3].

Priority Areas that require investment

We urge the Government to allocate funding to two main priority areas to be implemented as part of a comprehensive new National Tobacco Strategy.

Priority Area 1

Investment in TV-led public education tobacco control campaigns to drive down smoking prevalence

A national public education campaign should be reinstated immediately, and securely financed as part of the next NTS.

The evidence is unequivocal that implementation of mainstream TV-led public education campaigns at sufficient 'dose' levels motivates smokers to quit and recent quitters to remain quit discourages uptake of tobacco use amongst young people, and reshapes social norms about tobacco use, particularly among lower socioeconomic groups[6-9].

The Australian Government has made significant progress over time by introducing strong tobacco control measures such as plain packaging of tobacco products and ongoing and consistent tobacco excise increases. However the use of mainstream TV-led public education campaigns has been an integral missing piece of a national comprehensive approach to tobacco control. This is contrary to Priority 2 of the NTS 2012-2018, which committed Australian Governments to strengthening anti-smoking education campaigns in Australia.

Under-investment in TV-led public education campaigns has contributed to a slowing in the decline of smoking prevalence at a population level. Case studies have shown an increase in prevalence amongst some sub groups during periods when campaigns are off air.

This was highlighted by the changes in smoking prevalence in South Australia that were observed over a period of several years in which funding for the Quit campaign was terminated and then reinstated[10]. During an initial period of substantial investment (700 Target Audience Ratings Points – TARPS /month), smoking prevalence declined from 20.5% to 16.5%, but when campaigns were abruptly terminated, prevalence rose to 19.4%. After the Quit campaigns were reinstated at 400 TARPS/month, smoking prevalence then began to fall again. The findings from this natural experiment in South Australia demonstrate the necessity of consistent and substantial investment in ongoing TV-led public education campaigns to ensure that smoking prevalence in Australia continues to decline.

Population targeted public education campaigns, when delivered as part of a comprehensive approach and at a high intensity and frequency, have been shown to be effective at motivating quitting behaviours from all sociodemographic groups, including young people. They have even more of an impact on low socioeconomic groups when delivered at higher, evidence-based doses.[6-9, 11]

Hard hitting, highly emotive advertisements appear to be the most effective at eliciting quitting behaviours and intentions among disadvantaged populations, provided that they are combined with sufficient media support.

TV is still the most effective way to reach the most disadvantaged Australians. It will, however, also be important to ensure that such campaigns are complemented by additional investment in social media to reach younger people in the population.

TV-led National Tobacco Campaign

Expense ($m)

	2018-19	2019-20	2020-21	2021-22	2022-23
Department of Health	-	25.0	25.0	25.0	25.0

Priority Area 2

Practical help to assist smokers to quit

There is strong evidence to show that people experiencing social and financial disadvantage can and will quit, particularly when motivated and given help to do so. Implementing this priority area will address a huge gap in Australia's current approach to cessation, and will make quitting more equitable for all subgroups of the population.

Support for smoking cessation in Australia is fragmented and inadequate. Australia does not have integrated treatment guidelines, nor does it take a comprehensive approach to promoting smoking cessation. In Australia there is currently:

- no endorsed training for the required knowledge, skills and competencies for health professionals to provide cessation advice
- no minimum standards for training or practice for health professionals
- no centralised (or routine) monitoring or evaluation of services.

Fragmentation causes inefficiencies, redundancies and wastage in the health system. Professional training, resources and advice are provided at state/territory level, and vary between jurisdictions. This leads to inconsistencies in service delivery, unrealised economies of scale, and under-performance, each of which can and should be addressed. Importantly, it also leads to inequity in access to smoking cessation support for those groups who need help the most.

Australia is falling well short of implementing the guidelines for Article 14 of the Framework Convention on Tobacco Control (FCTC), which sets out demand reduction measures concerning tobacco dependence and cessation. Implementing Article 14 of the WHO FCTC to promote evidence-based cessation of tobacco use and adequate treatment for tobacco dependence requires systemic changes at the federal level.

The required changes encompass, amongst other things, capacity-building and practice change for health, community and social service professionals, including tobacco-dependence treatment in the commissioning of health services, improving access to pharmacotherapies, and creating referral pathways for behavioural interventions. In practice, this would mean that every patient or client in Australia within a hospital, primary care setting, social and community service, mental health or alcohol and drug treatment service would be:

- asked about their smoking
- offered salient brief advice to quit
- be provided with pharmacotherapy to manage nicotine withdrawal during their engagement with the service, and/or to assist their quit attempt
- be referred to a service such as the existing Quitline™, or accredited face-to-face clinic for evidence-based behavioural support.

To enable this comprehensive, coordinated evidence-based treatment of tobacco dependence to occur, funding is required for program and system support to embed evidence-based practice into existing services.

This would include:

- The development and dissemination of national clinical guidelines and program support to embed a tobacco dependency treatment approach into health services, primary care, and community and social service organisations as part of routine care;
- A national Quitline™ service, with counsellors trained to provide support to a wide range of priority groups including those experiencing mental health, alcohol and drug dependence,

social and financial disadvantage and who identify as Aboriginal or Torres Strait Islander or LGBTI. This service would also be responsible for:

  - provision of free NRT for clients experiencing the greatest levels of disadvantage
  - research and development
  - data collection and referral reporting
  - accrediting smoking cessation training
  - a secondary consultation service for health and other professionals working with clients who smoke.

- The creation and resourcing of additional, targeted programs that will provide additional support to groups in the population experiencing the highest levels of disadvantage.

National Smoking Cessation Strategy

Expense ($m)

	2018-19	2019-20	2020-21	2021-22	2022-23
Department of Health	-	10.0	10.0	10.0	10.0

Targeted smoking reduction programs for groups experiencing the highest levels of disadvantage

Expense ($m)

	2018-19	2019-20	2020-21	2021-22	2022-23
Department of Health	-	15.0	15.0	15.0	15.0

Impact: We can get smoking prevalence below 5%

Investing in a comprehensive National Tobacco Strategy over the next 10 years with funding allocated for the specific areas outlined in this submission could be expected to:

1. reduce the prevalence of adult daily smoking to below 5%[a]
2. reduce the prevalence of 'at-least-weekly' smoking among teenagers aged 12-17 to <1%[b], and the prevalence of 'at-least weekly' smoking among young adults 18-25 to < 3%[c]
3. reduce the prevalence of adult daily smoking among Aboriginal and Torres Straight Islanders to <30%[d].

If the targets for reduced adult daily smoking in 2026-27 were achieved, this would equate to approximately one million fewer Australians smoking than would be the case if smoking continues to reduce only at the recent rate of decline.

Crucially for the Australian Budget, an investment in accordance with this submission could also be expected to significantly reduce future health expenditure and economic impacts associated with treating preventable diseases (including cardiovascular diseases, respiratory diseases and cancers) in target groups and in the broader community.

[a] As measured in the ABS National Health Survey, expected survey date 2026-27, first results of which likely to be published in 2028, from % of adults 18 and over currently smoking in 2014-15 (14.5%daily, 1.5% less than daily).

[b] As measured by the Australian Secondary Schools Alcohol and Drug Survey in 2026, to be available in 2028, from 3% in 2014 (White and Williams, ASSAD, DOH 2016).

[c] As measured by the Australian Bureau of Statistics National Health Survey in 2026-27, from 16.7% in 2014/15 (ABS 2015).

[d] As measured by the National Aboriginal and Torres Strait Islander Social Survey, from 41.4% in 2014-15 (ABS, 2016).

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