

## Oceania Tobacco Control Conference, Darwin 2009

### Key Themes

1. **Taxation is the single, most effective way to get smokers to quit and governments need to act on this much more than they have been over the last ten years.**
2. **Inequalities, disparities and disadvantage for indigenous people in regards to smoking and health still exist at unacceptable levels.**

### Sub-themes

1. **De-normalising tobacco: Plain packaging, display bans, restriction of sales.**
2. **Re-framing tobacco. Tobacco contains very harmful toxicants and the public should be made aware that the risk is about that of high-level exposure to asbestos.**
3. **Social networking and 'contagion'. [NB This is about open source marketing e.g. the internet and 'tipping points', and it needs to be noted that this is fairly new stuff and there isn't much evidence for it yet]**

### Tom Kalma, Social Justice Commissioner, Race Discrimination Commissioner

#### Keynote

- 'Closing the Gaps' a health equity partnership between government and indigenous peoples that expects, among other things, to see health equalities reached by 2030.

#### Impacts of Smoking on Indigenous (Australians)

- 1-5 times more likely to die from lung cancer
- 4 times higher rates of respiratory disease
- 3 times higher rates of heart disease
- Take up smoking earlier
- 50-80% prevalence in some groups –
  - Compared to 18% for others
  - Dramatic reduction is required

#### How did we Get Here?

- Colonial legacy
- Failure and reach of health promotion and education
- Symptomatic of social-cultural problems
- Failure of indigenous people to act

#### Challenging the Norms of Smoking

- Awareness raising
- Norm-changing indigenous leadership
  - Community leaders, health workers and parents
  - Are all vital and must set examples (i.e. not smoke)
- 2004-5, 66% of indigenous kids lived with a smoker, 4 times that of non- indigenous

#### Role of Government

- Health promotion and education
- Limiting advertising
- Restricting smoking in pubs and clubs
- Supporting communities to limit sales

#### Health Services

- “No smoking” messages from health professionals [to their patients] across primary and secondary sector
- Focus on pregnancy and new mothers
- Staff leadership –quitting
- Quitlines

#### Calls

- National strategy in partnership with indigenous peoples
- A commitment from indigenous leaders to set an example
- Indigenous people must own the problem and work towards reducing the harm from tobacco.

N.B. We appear to be ahead of Australia in putting some of these actions in place, but our indigenous smoking rate is still high. One variable may be that over the last ten years more people are likely to identify themselves as Maori.

#### **Tony Blakely**

Plenary: Tobacco in relation to other determinants of disadvantage

- Tobacco is one variable in a myriad of relative interactions
  - [N.B. I think what he means is, on the one hand tobacco is hard to eliminate from society –for a number of reasons- and even if you can reduce the consumption of tobacco by quite a significant amount, you will still see health differences/inequalities due to a number of other factors]
- Life expectancy for both groups, Maori and European is increasing and the gap is closing
- CVD; greater gains were made by non-Maori, partly due to health services

#### Non-tobacco explanations

- SES; 50-70% attributable
- Un-employment in the 80's had a greater impact on Maori (25% un-employed) and thus on Maori health

- Inequality in health services, i.e. angioplasty in the 90's (interpersonal racism)
- Recent small reductions in Maori smoking
- 10-20% of deaths [Maori] are due to smoking
- Mortality rates for Maori are higher but there are so many other variables

## **Michael Murphy**

Plenary: "I can quit if I want to...I've done it before"

The unintended consequences of Quit Advertising

- Changing social norms
- Changing beliefs and attitudes to quitting
  - Quitting no longer means staying stopped
  - Smokers may have less belief in their ability to quit by themselves
- Quitting is a process of periodic abstinence rather than stopping for good
- Willpower is seen to exist independently of effort [i.e. it's something you have or don't have]
- Smokers are increasingly doubting their ability to stop
- The message should be about staying stopped
- Quitting now means smoking-stopping-smoking
- Ostracising smokers might normalise smokers in a reference group
  - Does it enhance the norm
- Quitting; Should it mean staying stopped?
- Staying stopped needs more than a quit attempt
  - Need to guide smokers to a belief in their own efficacy - willpower

## **Melanie Wakefield**

Plain Packaging (PP)

- Package is now [often] the sole communicator of brand.
- Colour denotes taste & lightness
  - Consumer assumes lighter is healthier
  - Lighter is lower strength=reduced harm
- Alternative terms such as 'smooth' still denotes a 'lighter' cigarette.
- Health Warnings on a plain package are more noticeable
  - Produce more thoughts about quitting
- PP distracts from branding
- PP less attractive and less positive features, including lights or smoothies
- PP with large health warning even less attractive.

**Michell Scollo, Cancer Council Victoria** (and speaking for Fiona Sharkie)

Taxation and Increased Mass Media (3 sessions combined here)

- There is a need to maximise the rate of change in disadvantage groups
  - There will always be difference, so don't focus too much on that
- Lack of consistent tax increases might be contributing to low SES up-take [by making it affordable]
- Tax increase reduces smoking across all income levels
  - But, more importantly it reduces smoking more in low SES than in medium and high SES
- Smokers and non-smokers support tax increase
- There is clear and compelling evidence to support tax increase
- A large tax increase supported by a mass media campaign for quitting would increase quitting.

Would Tax increase be Regressive? [Hurt the Low SES]

- Price [increase] is the only measure for which there is strong evidence
- 3.2% decrease [in smoking] for low SES when price has increased in the past
  - Costs
    - Increased expense
    - Burden on food supply
  - Benefits
    - Decline in adult smoking
    - Greater number of low SES quit
      - 1 in 20 high SES quit
      - 1 in 10 medium SES quit
      - 1 in 5 low SES quit
    - Better health
    - Less financial stress
    - Fewer children smoking –up to 50%
    - Tax revenue isn't lost

**Janet Hoek** (Presented By Richard Evans)

[Banning Tobacco Displays] 'No Proper Evidence'

The Importance of Retail Space & Visibility

- Visibility; brands cannot be purchased if they cannot be seen
  - And manufacturers will pay for pos position
- The 'best position' is eye level where the consumer has to spend time
- Current position has high levels of [visible] reach for adults, children and non-smokers
- No proper evidence arguments are flimsy [but not often challenged]
  - Causal evidence suggests displays expose children to cigarettes
- POS urges the quit smoker to relapse

- Govt asks for details of how banning displays would influence smoking
  - Difficult to demonstrate and we don't wait for lung cancer to kill everyone before we warn about the harm of smoking
- Reframe the debate to one of credibility
  - Voice of reason, not self-interest
- Communicate the credibility of the evidence.

## **Becky Freeman**

Turning off the TAPS (Tobacco Advertising, Promotion and Sponsorship) in a Digital World

- Facebook now has brands that you can be 'friends' with, including Coca-Cola and Starbucks. As you as you join up as a friend, this information is broadcast to your existing friends
- Cigarette brands now have Facebook identities
- Are the cigarette companies violating advertising bans?
- Are the product reviews honest [or are they provided by company insiders?]
- YouTube has celebrities smoking
- Blogs – there are pro tobacco blogs
- Camel asked the public, through the internet, to design it's Signature Blend package (The packs were banned for being too cartoon like)
- This requires disclosure
  - Monitoring
  - Re-defining advertising
  - Adoption of plain packages
- Experiment with open-source marketing ourselves

## **Owen Carter**

NRT Beyond the Clinical Trial

In a nutshell, it's has been shown the NRT is only slightly more effective than 'cold turkey' at six months, but no more effective at 12 months. There were two things to note; this was survey data and:

- Most people had bought there NRT over the counter and therefore used it intuitively
  - Mostly they used patches, took them off at two weeks and instantly relapsed [due to overconfidence and withdrawal]
- The survey also included Champix, which was still efficacious at 12 months.

## **Richard Edwards**

Policy options to end tobacco

- Slow declines and increased disparities are the issue

- Asbestos analogy [this was mentioned a couple of times at the conference]
  - Frame tobacco as a poison.

## **Murray Laugesen**

### E-cigarettes

- Tobacco appears to be more addictive than nicotine
- Smoke does the damage not nicotine
- Smokers are the rate limiters [Nigel Gray also suggested cigarettes should be sold in 8mg, 12mg, and 16mg doses]

### Is the E-cigarette safe?

- Some are not child safe, because a bottle of nicotine is supplied
- 11 measurable toxicants across all e-cigarettes
  - Some nitrosamines, but at a level comparable to NRT
- Great disparity between cigarettes and e-cigarettes
- Absorbed mostly in the upper respiratory tract and not the lung
- E-cigarettes provide better craving relief than the inhaler
- Level of Nic deliver is similar to that of the inhaler

## **Coral Gartner**

### Oral Snus

- Smokers who switch to oral snus would gain about the same health benefits as quitting
- If you could buy oral snus as a cheaper alternative to cigarettes 18% of smokers said they would

[N.B. this 18% is quite good but could probably be improved if the product were to be widely promoted]

## **Maurice Swanson**

### Advocacy (The Seven Principles)

1. Present strong evidence
2. Be there (i.e. provide submissions)
3. Develop public awareness (media)
4. Public Health needs advocates for the long term
5. Partnerships with other organisation [temporary alliances can be very useful]
6. Understand the opponent
7. Law and regulation are critical [and must be understood]

## **Anne Jones**

### De-normalising Tobacco in a Dark Market

- Tobacco industry aggressive [and wealthy] marketers
- Federal governments are banning smoking and closing loopholes
- Civil Society
  - We are strong, but could be more focused

- John Luik attacks de-normalisation, calling it 'nanny state' and 'dehumanising'
- Themes [for tobacco]
  - Satisfaction, pleasure, desirable outcomes
- Example [areas]
  - Motor sport, entertainment i.e. music events
- Targeting
  - Youth
  - Sports fans
  - Disadvantaged people
- Recent Wins
  - Casey Stoner [Trial biker] had Malboro logos removed from his website
  - Qantas stopped selling cigarettes on planes
  - Tobacco Free Universities
    - Getting BAT to stop promoting on campus
    - Developed a guide to tobacco free universities
- Next Step: Plain Packaging

### **Stafford Sanders**

#### Power to the Peloton

- Form coalitions
  - We are small and we are fighting a big adversary
- Protecting children from Tobacco
  - Displays, cars etc
- Aim laws to protect children from tobacco exposure
- Tobacco to be out of sight in shops in most states between 2009 and 2011
- Smokefree cars, some states have passed this into law already
- Try to get politicians to quote you by pointing out something important and useful
- Smokefree Australia (11 organisations)
  - Aim: all workplaces 100% smokefree

### **Ben Youdan**

- Need for more policy action to keep shifting the smoking trend downward
- Set ambitious goals

#### The Vision

- Exposure: children protected from the marketing and promotion of tobacco
- Supply and demand restrictions
- Addiction management
  - A serious alternative to cigarettes needed [didn't say what and implied that NRT was weak]

#### Next Steps

- Tax and equalisation [tax on RYO]
- Removing displays
- Curbing the industry
- Coordinated mass media
- National research strategy, including 'end game' scenarios

## **Dorothy Morrison**

### Indigenous Smoking

- In 2004/5 fifty percent of adult indigenous people smoked
  - Between 1994 and 2004/5 there was an increase in smoking in the NT to 55%
  - In 2008 the remote indigenous population rate could be as high as 73%
- Obviously there is a need to target these populations, but what works for them?

- Education – literacy in English and health appear to go hand-in-hand
- High prevalence can inhibit individual efforts to quit, i.e. so many smoke it seems impossible not to smoke.
- Strategies
  - (Indigenous) social marketing
  - (Indigenous) workforce on the ground
  - (Indigenous) community based tobacco control projects
- Other
  - Increase price [tax]
  - Legislation, including restricting sales e.g. vending machines
  - Media campaigns

## **Shane Bradbrook**

- It's not normal to kill or injure people for profit

### Tobacco Resistance Movement

- Challenge the current leadership mindset
- Place tobacco on the agenda for everyone
- Serve and protect the well-being of the people (duty of care)

### The Benefits

- Health inequalities [reduced]
- Economics – indigenous people spend millions (\$300 NZ) on tobacco [which could be better spent, including on their own families]
- Cultural – living longer allows the transfer of knowledge to next generations

### Indigenous Development

- Change the message or shoot the messenger
- Tobacco is an impediment to the development of indigenous communities
- Align tobacco [issues] with sovereignty, self determination and social justice

### Maori Affairs Select Committee Enquiry

- BAT have agreed to engage in the process

- Possible outcomes
  - Royal Commission of Enquiry
  - More funding for Maori services
  - More media campaigns
  - Support for bans and tax increases
  - Maori prioritised
  - Big tobacco held accountable
  - Regulate the industry with a view to ending it, a 'sunset industry'
- Submissions by 29 Jan 2009
- Letters of support
- Email Tau Henare
- Email Hone Hawera

## **Nigel Gray**

The implications for us of the US regulating tobacco

- It's time to grapple with the emissions of cigarettes
- There is now a mandate in the US and Australia to do this
  - Cigarettes are now under the FDA
- Nitrosamines and toxicants vary in a single cigarette [depending on country of purchase] by as much as 900%
- The levels of toxicants need to be set and reduced
- Tobacco companies are marketing smokeless tobacco as a bridging product for when you can't smoke (i.e. at work)
- Cigarettes should be sold by dose, 8mg, 12mg, 16mg so that smokers get the dose they need, and only necessary additives allowed
- The industry would need to justify putting in any other additives
- The industry can currently produce low nitrosamine snus/snuff but not cigarettes [why?]
- It's time to regulate them so that they can't do that.