

Election Priorities 2007

Tobacco control



The Cancer Council Australia calls on the next Australian Federal Government to:

- update/re-initiate the National Tobacco Campaign
- lead the implementation of the National Tobacco Strategy

Why Australia needs to do more to reduce smoking prevalence

Population ageing is set to place unprecedented pressures on Australia's economy over coming years – to an extent that makes Australia's current smoking prevalence of 17.4% unaffordable.

As government think tanks grapple with ways of ensuring Australia's future prosperity in an environment of relatively fewer taxpayers and an overstretched health workforce, Australia's one in five adults who smoke remain at extremely high risk of prematurely developing chronic diseases – diseases that will impose an enormous, yet preventable, burden on our health system.

Each year more Australians are killed by tobacco than by breast cancer, AIDS, traffic and other accidents, murders and suicides combined. Smoking is responsible for 15,500 deaths each year and 7.8% of the total burden of disease in Australia.¹ The total social cost of smoking in Australia has been estimated at \$21 billion a year.² In 2001–02, smoking accounted for more than 291,000 hospital episodes per year, at a cost of \$682 million (Hurley 2006).³ Smoking is the leading cause of cancer in Australia.⁴

With almost one in five Australians smoking every day, tobacco use will continue to impose a huge yet potentially avoidable burden on Australia's economy. This burden will be compounded by:

- the pressures of population ageing, which will see a continuation of the projected 30% increase in cancer incidence over the next five to 10 years;⁵
- a shortfall of cancer clinicians. A study by the Australian Workforce Advisory Committee showed oncologist to patient numbers in Australia are already well below the ratio recommended by the American Society of Clinical Oncology;⁶
- expected increases in obesity-related chronic disease incidence, including cancer, which will further add to health system pressures; and
- patient expectations of health system capacity, particularly in light of new, expensive technologies.

Australia has never before faced combined demographic challenges of this magnitude. A number of these challenges are complex and will require great innovation. Tobacco control, however, is a comparatively simple and proven way to improve community health and reduce healthcare costs – government-led tobacco control measures over the past 30 years have saved 17,000 premature Australian deaths,⁷ and the \$176 million spent on anti-smoking campaigns has delivered \$8.6 billion in benefits.⁸

There are opportunities to build on these successes to help guarantee Australia's future health and prosperity – two outcomes that are inextricably linked.

Tobacco control priorities: building on demonstrated success

Why the next Federal Government should update/re-initiate the National Tobacco Campaign

The National Tobacco Campaign of the late 1990s ('Every Cigarette Is Doing You Damage') was the first coordinated, multimedia anti-smoking campaign that was run on a national basis and supported by related activities in jurisdictions (e.g. state Quit programs etc.).

Independent economic evaluation showed that the campaign:

- paid for itself three times over; and
- yielded direct cost benefits to the Federal Government alone of \$10.9 million within the first year of its implementation.⁹

Over the past three years the Federal Government has focused its tobacco control effort on specific population groups, such as pregnant women and young people – measures that The Cancer Council Australia publicly applauded.

These investments, which provide important immediate benefits for specific groups, would deliver far greater and more enduring returns if the National Tobacco Campaign is re-run as the centrepiece of a re-invigorated National Tobacco Strategy.

Why the next Australian Government should re-invigorate the National Tobacco Strategy

The intergovernmental National Tobacco Strategy (2004-09) is a rigorous, robust and evidence-based policy document that lists key intervention points for federal, state and territory governments to work co-operatively to reduce smoking in Australia.

Progress reporting on the National Tobacco Strategy shows that significant work remains to be done if the policy priorities are to meet their potential to reduce the impact of smoking, the leading preventable cause of disease burden in Australia.¹⁰

At this halfway point in the current policy's lifecycle, a timely opportunity exists for the next Federal Government to take a leadership role in developing an implementation plan for the remainder of the strategy, and committing funds and improved policy to interventions that are in its national jurisdiction, such as:

- regulation (of promotion, packaging and price);
- community information;
- reducing social inequity; and
- health workforce reform.

As Australia prepares for the pressures of demographic change, the greatest social and economic gains in healthcare will be made through interventions aimed at chronic disease prevention.

References

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- ⁵ AIHW, AACR & NCSG: Ian McDermid 2005. Cancer incidence projections, Australia 2002 to 2011. Canberra: Australian Institute of Health and Welfare (AIHW), Australasian Association of Cancer Registries (AACR) and the National Cancer Strategies Group (NCSG).
- ⁶ Australian Medical Workforce Advisory Committee, The Specialist medical and haematological oncology workforce in Australia, Supply requirements and projections 2001-2011, April 2001.
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- ⁸ Abelson, P, *Returns on Investment in Public Health: An epidemiological and economic analysis*, Applied Economics, the Commonwealth Department of Health and Ageing, 2003.
- ⁹ Commonwealth Department of Health and Aged Care (CDHAC) 2004. Australia's National Tobacco Campaign evaluation report: volume three. <http://www.quitnow.info.au/internet/quitnow/publishing.nsf/content/evaluation-reports>. Accessed 31 August 2006.
- ¹⁰ <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/phd-pub-tobacco-tobccstrat2-cnt.htm#progrep>