Marie McInerney reported on the Tobacco Free Oceania conference in Perth, from October 20-22, for the Croakey Conference News Service.

Croakey is a public health blog based in Australia.
http://croakey.org
Conference puts the spotlight on tobacco control in the Oceania region

The three-day Tobacco Free Oceania conference aimed to share the region’s “achievements and aspirations” in tobacco control.

Journalist Marie McInerney previewed some of the discussions below, in a Q and A with conference convenor Terry Slevin, the Director of Education and Research at The Cancer Council WA.

He cautions that the public health fight with the tobacco industry – “a multi-billion industry that is not ready to lie down” – is far from over.

Q: Your first keynote address is entitled ‘Setting the scene’ – what are the current issues for tobacco control in Australia and internationally? What about particularly in the Oceania region – where do issues converge and diverge with Australia?

Tobacco smoking contributes still to an enormous number of preventable disease and deaths, as we have sought to showcase in our recent ‘16 cancers’ campaign that highlights their capacity not just to cause death and illness but to take away life’s simple pleasures such as speaking and eating.

Most of that is relatively well known and we’ve put various tobacco control measures in place in Australia over the last 20-30 years that have genuinely made a difference to smoking rates (the latest figures show rates have now halved over the last 20 years or so to 13 per cent).

They’ve included increasing taxes on smoking, social marketing to reinforce quitting or not starting, restrictions on where people can and can’t smoke and, of course, plain packaging, which has garnered so much interest nationally and internationally. So we’re making good progress in Australia, but we still have an important message to send that far too many Australians, more than 2.5 million of us, continue to smoke.
There is also a bigger picture too with the conference having its focus on the Oceanic region, particularly on low and middle-income countries in our region – South Pacific island nations and near neighbours like Papua New Guinea – where the tobacco industry is very directly targeting and marketing their product. One of our keynotes, Alan Lopez – Professor of Global Health and Head of the School of Population Health at the University of Queensland and a former Senior Science Advisor to the World Health Organisation Director-General – will look at the issues across the region.

A real imperative of this conference is to ensure some transfer of knowledge and expertise so those countries have the opportunity to learn from our experience, though clearly there are challenges with that: we have offered a number of scholarships to health and government officials who are still unable to attend the conference because they lacked the higher level support of their countries or tobacco control was not seen as a priority.

Part of the reason for that is pressure from the tobacco industry. You only need to look at Jon Oliver's take on the industry to understand why it may seem entirely unsustainable for small Pacific Islander nations to consider introducing effective tobacco control measures. The industry acts like the big bullies on the block when it comes to some of those smaller nations.

So the Oceania conference is trying to provide what support, encouragement, and guidance it can for smaller countries that would really be taking on David and Goliath battles when it comes to tobacco companies.

Q: Are you satisfied that Australian tobacco control reform is not at risk from the Trans Pacific Partnership Agreement (TPPA)?

“That’s an interesting question. Some of the key players involved in those negotiations will be at the conference, so it will certainly be a topic of conversation. My understanding is that no one will know conclusively until the full details of the TPPA have been released. All I can say is that it’s something we have been watching very closely, but I can say that the Australian Government, led by both sides of politics, has been a strong supporter of plain packaging.

All these concerns, however, are an important reminder to everyone – policy-makers, politicians, and the broader Australian community – that while we have made substantial strides in tobacco control in Australia, it is a multi-billion industry that is not ready to lie down.

It’s very easy to fall into a false sense of security when it comes to tobacco because many of us in Australia now can go through a week without seeing a smoker. If you’re a middle class person working a white-collar job, it’s often quite a surprise to smell cigarette smoke because we are so used to having so many protections in place and so few people smoking. It’s very easy to forget it’s still a genuine health problem, particularly internationally.

Only this week a study published in The Lancet warned that up to two million Chinese men will be dying every year from tobacco usage. That’s an extraordinary burden of disease in just one country, particularly when you look at that in the context of tobacco being also a state-run industry.”
Q: While smoking rates are down dramatically in Australia, we still struggle to have an impact on vulnerable groups, such as those on lower incomes, Indigenous Australians, and people with mental health issues – what's the way forward?

“We know there is a higher level of smoking among people of disadvantage of one form or another, whether it is to do with mental health issues, poverty, prisoners, people from non-English speaking backgrounds, Indigenous people and others.

These are complex issues but we need to find ways to address and to challenge some of the normative thinking around that. It's very common to hear, ‘Why would you think of taking one of the few comforts from prisoners’?, by introducing prison smoking bans. But it’s hardly a comfort if you are confining those people selectively to exposure to other people’s smoking – passive smoking in very confined places. But it's also about seeing smoking bans as a positive opportunity for people in those environments to quit.

There will be a focus at the conference on reducing smoking in specific disadvantaged populations, including a keynote from Aboriginal leader Dr Tom Calma, National Coordinator of the Tackling Indigenous Smoking initiative.

We will also hear from Associate Professor David Thomas, who leads the Tobacco Control Research Program at the Menzies School of Health Research, on ‘Lessons from Talking about the Smokes’ – what is working in Aboriginal and Torres Strait Islander tobacco control’.

There are going to be a number of workshops, before, during and after the conference, focusing on specific disadvantaged populations.

Q: News of a funding arrangement of health researchers by Coca-Cola has put a new spotlight on the influence of industry on research and policy work. The tobacco industry was once master of that – is tobacco now under control? If not, where are the threats, and what can the wider public health industry learn from the tobacco experience?

“We’re pleased to have Professor Lisa Bero talking about the behaviour of the tobacco industry and how it’s been wielding influence not just in Australia but elsewhere, in her keynote on ‘Taming the Beat: conflict of interest and tobacco research’.

Many policies and practices to stem that influence have been put in place by Cancer Council organisations for decades – for example, that an organisation that gets tobacco industry funding won’t get any funding from us for cancer research, and we’ve had many conversations with university vice chancellors over that.

We have managed pretty much to identify and isolate tobacco industry funding but there are still challenges – for example, we have to look at what law firms or accounting firms support the industry and therefore what relationships we have with them.

We have faced controversy ourselves with criticism from a Newcastle doctor (Dr Craig Dalton) that the major sponsor of our annual Daffodil Day fundraiser is Coles supermarkets, a major tobacco retailer. In fact, we don’t take money from Coles, we just use their location but we need to make those sorts of judgement calls on a regular basis.”
Q: Any other keynote speakers or topics of note?

“The legal challenges to plain packaging that are underway in Geneva through World Trade Organisation processes are of course a big focus: it’s very clear to us that the tobacco industry is throwing every trick of the book to get plain packaging derailed, which only confirms more stridently for us that it is the right thing to do.

We are really proud and pleased with the commitment of the Australian Government to this ground-breaking reform that was challenged at every turn. One of our speakers, Professor Frank Chaloupka (who will speak on The Economics of Tobacco Control) will be heading to Geneva straight after the conference to contribute to Australia’s defence of the legislation.

Some of those conference sessions will be in the ‘no tweet’ zone. We have to remember that we are still fighting a very big, aggressive enemy in the tobacco industry and we don’t want to telegraph too many punches, so we are going to ask you and other delegates not to tweet or report some of them.”

Q: Who will represent the Federal Government and what will you be looking for in terms of commitments?

“Assistant Health Minister Fiona Nash will be sending a video message – she has Senate Estimates on the day so is unable to attend. The Australian Government is a conference sponsor, which has allowed us to provide sponsorships to about 25 delegates from remote Indigenous communities and Pacific Island nations who otherwise would not be able to attend.

We are not looking for any specific announcements at this stage from the Minister. The Federal Government’s policy commitments on tobacco control are very sound, including to increase the tobacco excise, so we are looking for continued support at the current level and we will be exploring options for the best possible additional efforts as a part of the conference.”
How Australia could help save millions of lives: export tobacco control

Marie McInerney reports:

The convenor of the Tobacco-Free Oceania conference, Terry Slevin, conducted an impressive roll call as its first session opened, welcoming delegates from New Zealand, Fiji, the Marshall Islands, Papua New Guinea, Samoa, Tonga, China, Japan, Korea, Singapore, Canada, Palau, and the Cook Islands.

Already staring down the barrel at the threat of climate change, many of our near neighbours are also on the frontline now of tobacco-related diseases and deaths, with a prevalence of smoking that signals grim death and illness tolls in coming decades.

Slevin said ahead of the conference that it’s easy to be a bit complacent in Australia now about smoking, particularly if you are white and middle class.

That wasn’t possible after the first day of the three-day conference, which sounded alarm bells about high rates of smoking in many countries, including the South Pacific, and outlined a worse than previously expected prognosis for Australians who continue to smoke.

One billion deaths in the 21st century?

Professor Alan Lopez said the toll of tobacco related deaths will likely rise from 100 million over the past century to a billion in the 21st century if bold global action is not taken to address peaking impacts of high smoking levels in many developing nations.

His keynote on ‘why tobacco control matters: global and regional perspectives’ opened the conference with two key messages.

One, he said, is for individuals, to say that “smoking is about the dumbest thing you can do if you want to stay alive”, with the risk of an Australian smoker dying prematurely now three times that of a non-smoker.
“You have a three times higher chance of dying at any age at any time if you are a current smoker compared with a lifelong non-smoker, in other words tobacco will kill two out of every three of its own users, either in middle age or old age.”

“The risks for individuals are extraordinary,” he said.

His other message was to governments about what tobacco does to their populations, with tobacco responsible for two out of three premature deaths.

This toll peaked in Australia and other developed nations in the 1980s, ahead of dramatic reductions in smoking. Then one in three Australian men who died in middle age was killed by tobacco, he said. That is now down to one in five.

But other regions are now heading for such high death rates, including the South Pacific, where in many countries half the male population smokes. “If they continue to smoke they will also begin to die in large numbers, like they did here,” he said.

Currently, he said, between 7 and 17 per cent of male deaths in the region are due to tobacco, and up to 10 per cent of female deaths. They contribute to an annual global tobacco related death toll that is estimated at more than 6 million a year, but expected to reach 10 million by the 2050s.

“Where’s this going? I just don’t know, but it’s not going down,” he said. “It’s expected to get much worse – there’s nothing special about hearts and lungs in this region.”

Lopez is the Director of the Global Burden of Disease Group in the Melbourne School of Population and Global Health. He worked at the World Health Organisation in Geneva for 22 years, including as chief epidemiologist in its tobacco control program.

He told the conference that overall global age-standardized prevalence of daily tobacco smoking declined between 1980 and 2012, by 25 per cent in men and 42 per cent in women. However, the number of daily smokers rose over this period due to population growth, by 41 per cent in men and 7 per cent in women.

A concern is that the pace of reduction in prevalence – greatest between 1996 and 2006 – has now slowed for men. “That ought to sound alarm bells,” he said.

Lopez warned that exact figures were not yet available for many cases and countries, but he said smoking is believed to be the leading cause of disease burden in Papua New Guinea, ahead of malnutrition, while in Samoa, an estimated one in seven male deaths are due to tobacco.

In Tonga one in 10 female deaths is attributable to tobacco. In Indonesia, where 60 per cent of men currently smoke daily, mortality from smoking “is about to become massive,” he said.
Such trends should, Lopez said, set a challenge for Australia’s regional aid program to go beyond traditional development support to assisting South Pacific nations to build their governance systems.

“More effective prevention is urgently needed. Bold public policy can prevent the one in three deaths in middle age that are about to occur in the region in our lifetime unless we are successful in reducing tobacco consumption.”

“We don’t need to smoke. It is the single greatest public epidemic of the 20th century and will be in the 21st century. It killed 100 million people last century, it will kill a billion people this century unless we do something about it.”
You can track Croakey's coverage of the conference here.

Make Smoking History @msh_wa - 26m
Lopez on why tobacco control matters: 'Stopping smoking works. Stopping by age 30 avoids most of the risk' #OTCC15

Summary: Why tobacco control matters for Oceania (and continues to matter for AUS/NZ)

- 7-17% of male deaths in the region due to tobacco, up to 10% of female deaths.
- Expected to get much worse; at height of the epidemic, one in three male deaths in middle age was caused by tobacco. Likely in Pacific?
- Little change in high smoking prevalence in Pacific islands; massive declines in prevalence in Australia/ NZ followed by large declines in mortality.
- Stopping smoking works; the earlier the better.
- Stopping by age 30 avoids most of risk.
- More effective prevention is urgently needed. We know what works! Bold public policy can prevent one in three deaths in middle age in the region.

The University of Melbourne
Adult per capita cigarette consumption in the US from 1960-2008: tobacco control works!!

Covering #OTCC15 @WePublicHealth - 26m
Prof Lopez: Tobacco control works! #OTCC15
Your odds of dying from smoking now? ‘House wins’

Professor Emily Banks understands the reaction from some people to news of her study into the relationship between smoking and premature death in Australia. “It says it on the packet!” is the obvious response.

But she said there was “a lot of policy need, in fact I would say policy hunger” for data specifically about the Australian experience. Previous Australian estimates had been modelled from US and UK studies.

Banks is Scientific Director of the Sax Institute’s 45 and Up Study, which conducted a four-year analysis of health outcomes from more than 200,000 people in New South Wales. She described its findings, at its February release, as “a huge wakeup call”.

The first large-scale, direct evidence on smoking and mortality in Australia, it showed that up to 1.8 million of the country’s 2.7 million smokers will die from their habit if they continue to smoke.

“Australia has been a world leader in tobacco control for decades and in many ways it’s one of our greatest exports, but we’ve not had direct evidence re effect of smoking on death rates until it was published this year,” Banks told Croakey.

The landmark study found that up to two-thirds of the deaths in current smokers were due to smoking, that smokers will die an estimated 10 years earlier than non-smokers, and that smokers are three times more likely to die prematurely than non-smokers.

It also found that smoking just 10 cigarettes a day still doubles the risk of dying prematurely. “They think of themselves as light smokers, but that risk is equivalent to being severely obese or of drinking a bottle of vodka a day…”

All up, it made for an alarming risk profile, as she illustrated with this slide:
Banks explained that when smoking was first introduced, most people started smoking later in life and didn’t smoke that heavily, so in the 1960s about one in six smokers were likely to be killed by smoking. By the mid 1980s it had risen to about half.

But now, with most smokers having started in their teens and smoking relatively heavily for a long time, we see “the true realization of the risks of smoking”.

She said: “It’s as if during the 60s, it was like throwing the dice: in the 80s it was like tossing a coin. And now, you could argue the odds are against you. ‘House wins’.”

“What this says now is you’re unlikely to get away with (smoking) but it also highlights the benefits of quitting: if one person stops smoking, you’ve basically saved a life.”

But Banks says not all the news was grim, given dramatic reductions in Australian smoking rates over recent decades were now being felt in the community.

In fact, she wants to see Australians as impressed by the health gains generated by tobacco controls as they are by our nation’s sporting achievements – to the point that they are pub discussions just as much as our Ashes cricket travails. And that’s not just because they’re substantial but also because they guard against misleading misinformation about whether health interventions work.

“We’re actually winning, we’re world champions in terms of our overall death rates but no one knows about it. They also don’t know we’ve had an 80 per cent drop in cardiovascular disease death rates since 1968,” she said.

“If you knew we’d won the Ashes every year since 1968, and someone came along and said the coach isn’t up to much, or the fielding could be better, and the batting was terrible, you wouldn’t believe that if you knew the background success.”

It’s also time to take that prowess on tour, she said, joining Lopez’s call for Australia to promote tobacco control within the region.

“Effective tobacco control should be one of our great exports,” she said.

From the Twittersphere
You can track Croakey’s coverage of the conference here.

How Australia could help save millions of lives: export tobacco control

#OTCC15

The conference hashtag trended nationally on the first day of the conference, with more than 4 million Twitter impressions over the past few days - thanks in particular to those tag-teaming during the conference week for @WePublicHealth.
Prioritise those groups who have most to gain from effective tobacco control

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TABLE 1: ESTIMATES OF SMOKING RATES IN DIFFERENT POPULATION GROUPS, AUSTRALIA

Marie McInerney reports:

Australia is expected to meet its once unthinkable target of only 10 per cent of adults smoking by 2018 – but must now prioritise highly vulnerable groups who make up so many of the remaining smokers.

Health behaviour scientist Associate Professor Billie Bonevski, who heads the Tackling Nicotine Together (TNT) program at the University of Newcastle, says a new focus on disadvantaged groups is needed in Australian tobacco control efforts.

Care must be taken to ensure tobacco control does not exacerbate disadvantage, she told the Oceania Tobacco Control Conference in Perth.

Bonevski said it was time to convert interesting pilot research studies into “large well-powered trials”. She said:

- We haven’t built the evidence base yet about what works best for priority groups.
- These people deserve our attention and our priority.
Many other conference presentations highlighted the issues for disadvantaged groups, with a particular focus on working with the community sector to reach vulnerable groups.

Others are looking at supply as well as demand, including the higher density of tobacco retail outlets in lower socioeconomic areas.

A big message was for government to be more patient while different interventions are trialed over time in very complex communities. “We’ve got to be allowed to experiment,” one advocate said.

Bonevski said Australia needs to:

• set equity goals for people from lower socio-economic groups alongside its already stated goals on overall smoking and of halving 2009 Aboriginal and Torres Strait Islanders smoking levels to 22 percent also by 2018.
• monitor effectiveness across social groups “and monitor whether there are any unintended harms as well” (particularly around tobacco taxes, but also social marketing campaigns that are not effective for all groups)

• acknowledge that what might work for most smokers might not work for those facing disadvantage. “So we need to get creative and open minded and perhaps support high risk research and intervention program development.”

• build a cross-sectoral network for Tobacco Disparities similar to that hosted by the US Society for Research in Nicotine and Tobacco that shares research, data and resources so “we’re all on the same page”.

“It was tobacco that killed him”

Bonevski began her keynote address with the complex case study of a 56-year-old man who died two months after being discharged from a psychiatric unit.

Hospitalised 15 times in 10 years, he had been diagnosed with schizoaffective disorder, major depression with or without psychotic features, posttraumatic stress disorder, and poly-substance or stimulant dependence.

However, he died from complications of pulmonary emphysema due to tobacco use.

Thinking back to his last consultation, staff at the unit recalled him mentioning that he smoked two packs a day, that 10 per cent of his income went on smokes, that he had made many quit attempts, including twice in the past 12 months.

But he had not been given any advice to quit, nor any evidence-based treatment or therapies.

Bonevski said the lessons of his case included:

• many smokers have complex, multiple co-occurring problems

• they have repeated visits with health care providers who are aware of nicotine addiction

• yet other drug use and mental health problems are prioritised

• these smokers often have numerous quit attempts, but are less often given evidence-based nicotine dependence treatments, which results in

• chronic relapse to smoking.

Many surveys and projects outlined at the conference delivered the same finding: that disadvantaged groups, whether Aboriginal and Torres Strait Islander smokers, those with mental health issues or prisoners all wanted just as much as any other smoker to quit – and for largely the same reasons.

But they are almost all more heavily nicotine dependent, smoke more per day, are less likely to believe they can quit, are less likely to plan to quit in the next six months, and less likely to get advice, intervention or treatment, Bonevski said.
So what are the barriers?

Again, many are the same that other smokers cite: stress, habit, addiction, pleasure, fear of weight gain.

But Bonevski said there were important differences too, nearly all around the community or environment in which they live. She said:

*Even if they are given all these evidence-based treatments and they are keen to quit, then they go home and are confronted with family and a whole community that smokes, where smoking is accepted and smoking is actually a part of your social life.*

Given that quitting is a highly relapsing, chronic long-term battle for many in these groups, Bonevski said “continued abstinence – the gold standard for other groups” may not be most appropriate.

It may be better to assess other indicators such as number of cigarettes smoked per day, motivation, self-efficacy, money spent on cigarettes and financial stress, quit attempts and the use of quit support.

Her only concern would be if this meant smokers became discouraged in their efforts to quit.

Bonevski said work with disadvantaged smoker groups was also hampered by the difficulty in gathering reliable surveillance data, given there are so many different sampling methods.

Costs of smoking

An important equity issue in tobacco control is the impact of taxes on low-income smokers. Rising prices play a big role in convincing many poorer smokers to quit, but can have other adverse effects if they are not able to quit.

Ashleigh Guillaumier, also from the University of Newcastle, outlined her research into how low income households (estimated in one major study to spend 18 per cent of their income on tobacco versus 3 per cent for wealthier smokers) manage tobacco price rises.

The slide below explores what they might do in the case of hypothetical increases, including trying to quit, but Guillaumier found that price minimisation strategies were “already embedded in their behaviour” and that smoking was often a “protected purchase”.

Prioritise those groups who have most to gain from effective tobacco control

#OTCC15
Those least likely to change in the face of further rises had higher nicotine dependency, spent more on tobacco per week, had made fewer quit attempts, were generally male with TAFE as the highest education level.

Like many other speakers and presenters, Guillaumier concluded:

• Socioeconomically disadvantaged smokers engage in behaviours that exacerbate deprivation to maintain smoking, despite the cost.

• Tobacco taxation policy should consider impact on the financial and material well-being of socioeconomically disadvantaged smokers who may find it difficult to quit unassisted.

• Taxation and pricing legislation should be coupled with social policy to reduce inequity.

See also the Croakey interview below with Dr Sally Dunlop from the Cancer Institute NSW, who looked at how social marketing worked best with low socio-economic smokers.

Dunlop found that TV advertisements remain the most effective, though they need to be at high levels of exposure. (Another presentation from Carolyn Modra at SA Health reported that smoking prevalence in South Australia rose in 2012-13 in the wake of a one-year pause in social marketing for budget reasons).

Dunlop also found that highly emotive, personalised stories like the acclaimed Zita’s Story were most effective. One regional participant said ‘junk mail’ had also been effective in his area, given many lower income households were more alert to discount offers by mail.

Sessions on mental health and smoking also raised a number of issues, including whether targeted programs are currently missing the many people with mental health issues who are not receiving treatment or other service support, and if the mental health benefits of quitting smoking have been promoted enough.
Tackling tobacco as a social justice issue: stories of success from the community

Marie McInerney reports:

The small cement patch in the photo to the right may not look that impressive but it is a highly successful tobacco control intervention for a group of smokers regarded as among the most difficult to support to quit.

It’s in the backyard of Allum House, a small refuge in the Canterbury-Bankstown area of Sydney for 16-21 year olds experiencing or at risk of homelessness, which is seen as a “shining light” in efforts to reframe smoking as a social justice issue.

Groups like the Allum House residents, who face disadvantage in often multiple ways and smoke at significantly higher rates than the rest of the community, were the focus yesterday of a pre-conference workshop ahead of the 2015 Oceanic Tobacco Control Conference that begins in Perth today.

Titled ‘Health inequities are everyone’s business’, the workshop looked at a range of different smoking related issues facing disadvantaged groups of people, including: people with mental health and/or drug and alcohol issues, Aboriginal and Torres Strait Islander people, homeless people, and people in prison.

Prevalence has always been higher in these groups, but the disparity has become starker over recent decades amid successful tobacco control measures in the mainstream community – graphically shown in this slide from a presentation by the University of Newcastle researcher Ashleigh Guillaumier.

Trying to address the disparity raises a range of complex issues and arguments.

These include whether tobacco taxes are regressive or actually progressive, to the need for more accurate data (or if resources should go to health programs in target communities), and how to promote quit smoking messages to particular groups.
Cancer Council NSW senior research and evaluation analyst Rae Fry told the workshop that Allum and another community service, the Triple Care Farm, had both integrated smoking cessation support into their day-to-day service provision, and changed their organisational policies to create an environment that supports quitting or cutting down.

This had happened through **Tackling Tobacco**, a highly regarded partnership between Cancer Council NSW and not-for-profit community sector organisations.

“Tackling Tobacco sees smoking as a social justice issue, because of the huge health and economic burden of smoking for people who are already disadvantaged,” Fry said.

“Community services are well placed to do this work because they have trusting relationships with their clients, and their staff are skilled in working on difficult issues in a sensitive way.”

It’s been an area, at times, of tension between and within the two sectors, over whether it is fair to ask people who are already vulnerable, under pressure and often experiencing trauma to give up something that brings them comfort. The counter argument is that it is unfair not to try.

Fry said Allum residents had previously been able to smoke freely outside, but staff then noticed that many who arrived as non-smokers started to take up smoking, while others who were light smokers were leaving the service as heavy smokers.

A big reason was that smoking was very much a social activity at the refuge. Now it’s not at all. That patch of concrete is the designated smoking area.

“It’s not at all comfortable and only one person can use it at a time,” Fry said. “If other people are in the garden, they have to go inside while the smoker is having their cigarette.”
The service reports much lower levels of smoking. Fry told the story of Bridget (not her real name), who is 21 and lived at Allum House 18 months ago:

“When she first arrived she was smoking 50 a day, and she was worried about only being allowed to smoke outside. But she used the patches and gum, and she said “at the end I thanked them”, because it helped her to cut down drastically.

Bridget said that when she was able to go home and live with her mum again, she asked her mum to employ some of the same things that Allum did, to give her “a little bit of extra push”, and on the day we interviewed Bridget for the case study, she’d only had two cigarettes.”

The staff at the refuge believe that part of the reason young people cut down a lot when they’re there, is that the residents have self-regulated the way the smoking area is used. There’s an unwritten rule that if anyone is using the garden, they take precedence over those who want to smoke. So smokers tend to go longer between cigarettes.

As important, smoking is now part of routine case planning at the refuge. That’s also the case at Triple Care Farm, a 12 week program for young people aged 16-24 experiencing substance abuse. On arrival, 98 per cent are smokers.

Like so many services, originally staff also worried that asking residents to give up smoking while they were dealing with other drug withdrawal was “too much”, but the clincher came when the program manager saw a staff member who was pregnant surrounded by people smoking.

In 2012 it opted to go totally smoke-free. Fears that it would stop young people seeking treatment have been unrealised, and follow up data from the after care program show that 21 per cent of students described themselves as a non-smoker six months after leaving Triple Care Farm.

That’s an “amazing success rate” even for a general population of smokers, much less one that is experiencing multiple layers of disadvantage, Fry said.

She gave another case study – Nick’s story:

“When he came to Triple Care Farm he’d been a smoker for almost 10 years and was smoking 30 a day. He’d tried to quit a number of times but without success.

After 10 weeks at Triple Care Farm, Nick considered himself an ex-smoker and was down to using nicotine gum only a couple of times a week. He said it felt like an accomplishment to have “beaten that cycle of addiction” – he’d proven to himself that it was possible to quit.”

An unexpected outcome has been fewer interruptions in group programs. There are no cigarette breaks, so students are completing training courses more quickly. And they have more money to spend – one student bought a birthday present for his two-year-old for the first time ever.

Taking the lead from their NSW colleagues, the Cancer Council Victoria has also been working closely with community services to address high smoking prevalence among disadvantaged people.

Senior policy advisor Sian Lloyd said the Cancer Council was “very much seen as ‘the smoking police’” when it first started to approach the community sector.
“One of the major changes has been in how we talked,” she said. “We changed to the language of the community sector organisations, to be about justice, choice and where the client was at.”

She said the aim is to embed smoking care into the routine work of community services, including making sure their intake forms ask if someone is a smoker and providing access to pharmacotherapy like nicotine replacement therapy.

Cancer Council Victoria also recognised that it needed to better tailor its own resources, acknowledging that some of its brochures were “too white, middle class”. It worked with homeless organisations and their clients, with new resources that have proven very popular with the sector, she said.

It’s an engagement that Chris Twomey, Director of Social Policy at the Western Australian Council of Social Service (WACOSS), says should be a next step for the tobacco control health community.

Twomey was involved in a number of the discussions at the workshop, particularly around the community sector’s ongoing concern about rising tobacco taxes and their impact on people who are already severely financially stressed.

But another message that emerged for him was the need to have vulnerable groups of people more involved in the design of tobacco control programs.

“Let’s learn from their lived experience, in discussing what worked for you and what didn’t,” he told Croakey.

“One of the things you learn in community sectors where we have those peer programs or people with lived experience in programs, is sometimes they are the best people to be delivering your frontline services. They know what’s it like, can engage with people, talk about the things they actually identify with.”

It’s an issue that will also emerge at the conference about efforts to reduce smoking in Aboriginal and Torres Strait Islander communities.

And from the Twitterverse

AHCSA favorited

A-TRAC team @ATRAC_team · 5h
Kicking off the #OTCC15 pre conference workshop with an amazing welcome to country from Cheryl Kickett-Tucker. Welcome to #Noongar land.
You can track Croakey's coverage of the conference here.

Tackling tobacco as a social justice issue: stories of success from the community #OTCC15

Scott Walsberger, Cancer Council NSW, Setting the scene: reducing smoking = reducing poverty #OTCC15

Scott Walsberger: Poorest populations spending huge proportion of income on tobacco (18%), vs 3% most advantaged populations #OTCC15

‘I’ll sacrifice other stuff before I’ll sacrifice my smokes’. ‘Got no money & no milk, stressing out so I buy smokes’ #disadvantage #OTCC15

Sally Dunlop: campaigns can reduce smoking prevalence: skew media buy to lower SES #OTCC15
You can track Croakey’s coverage of the conference here.

Tackling tobacco as a social justice issue: stories of success from the community

#OTCC15

Watch this Periscope interview with Rae Fry

Talking tobacco control for disadvantaged gr...
Calling for funding and certainty for vital Indigenous tobacco control efforts

Marie McInerney reports:

Following a period of uncertainty and frustration in Indigenous tobacco control, there’s hope that recent myth-busting research and signs of some long-awaited Federal Government commitment will inject new momentum into efforts to further reduce smoking among Aboriginal and Torres Strait Islander people.

Adjunct Professor Tom Calma, head of the Tackling Indigenous Smoking initiative, says there is real room for hope of major reductions in smoking by Aboriginal and Torres Strait Islander people – though he warns it will be a challenge to meet national targets without sustained long-term funding and programs.

“That’s not going to happen if the status quo is maintained,” he told the Oceania Tobacco Control Conference in a keynote address.

The prevalence of smoking among Aboriginal and Torres Strait Islander people is around 42 per cent, compared to around 14 per cent of the total Australian population. It causes one in 5 deaths and accounts for one-sixth of the health gap between Aboriginal and Torres Strait Islander peoples and other Australians.
**Associate Professor David Thomas**, from the Menzies School of Health Research in Darwin, told Croakey that much momentum has been lost over the past two years, since the Coalition Government announced a review of Tackling Indigenous Smoking and halved its funding in the 2014 Budget with a $130 million cut. Tackling Indigenous Smoking was the flagship health program for the previous Labor Government’s plans for closing the gap.

But Thomas said the Talking About the Smokes research project, released in June, provides clear evidence that Indigenous people want just as much as non-Indigenous Australians to quit smoking, and that similar strategies work, although some will require some “respectful tweaking”.

“Our results should bust any remaining myth that nothing is working in Aboriginal tobacco control,” he told the conference.

“That pessimism that nothing is working can fuel social acceptability and inevitability of smoking within the Indigenous community, prolonging the epidemic and the suffering.

“And it can also lead to either inertia or moving away from well-tried control interventions that have worked well in other settings.”

### Calling for funding certainty

Speaking via video from New York, Calma said Indigenous smoking figures are “pretty harsh” – with real worries about young smokers (“we start young”) and people living in remote communities, away from supports.

However, he said reductions in numbers over the past decade “should give us hope”.

Calma said the Federal Government’s review of Tackling Indigenous Smoking had found:

- The program was well supported by the community.
- It lost a bit of focus on smoking and moved to a wider focus on healthy lifestyle, which needed to be narrowed again.
- It needed greater engagement by clinicians and health service providers to do their part with brief interventions and referrals to Quitline etc.
- There was insufficient data collection.

The review recommended that a best practice unit be set up to provide national support to the network of individual teams on the ground. That process was well underway, Calma said, and he expected it to be operating before the end of the year.

He concluded: “All of these programs, their success is really reliant on governments being able to invest in the community, to enable communities to take control of programs, develop solutions and…to be able to know that over next three years there is going to be some program certainty and some funding certainty.”
Lessons from Talking About The Smokes

Thomas said that, due to contested ABS figures, there was a widely held belief that Indigenous smoking prevalence was not coming down in parallel with other groups, so therefore what had worked for non-Indigenous Australians did not work for Indigenous Australians and “therefore everything had to be done differently.”

Not true, says Thomas, who is head of Tobacco Control Research Team at the Menzies School of Health Research in Darwin, and led the Talking About The Smokes national collaborative research project.

He told delegates he was not going to slay them with data from the project, as all its details had been published in full in June under open access at the Medical Journal of Australia, and launched by Assistant Health Minister Fiona Nash.

Its key messages were that, in similar numbers to non-Indigenous Australians, Indigenous Australians want to quit smoking, know about its harmful effects (via social marketing, graphic pack warnings, health advice etc), and most wish they had never started.

Also similar to other Australians, about 50 per cent live in a smoke free home, and about 48 per cent of Indigenous daily smokers had made a quit attempt in the past year. Where they differed was that fewer had managed to stay non-smoking for at least a month – 47 per cent versus 60 per cent of Australians overall. As well, fewer thought that Australian society was disapproving of smoking.

Another difference was that Indigenous smokers are more likely than other Australian smokers to remember being advised to quit by a health professional.

Thomas said the lower quit rates had much to do with social norms around smoking in many Aboriginal communities: “When nearly half the population around you smoke, it is harder to stay quit; everyone’s smoking, everyone is offering cigarettes around, it’s difficult.”

Other social determinants that cause stress and trauma are also involved, as the conference has heard they are for other high prevalence groups like people with mental health issues.

And, Thomas said, Talking About the Smokes also learnt that fewer Aboriginal people may be offered medical interventions, such as NRT or patches or gum.

Thomas said the project looked at the big picture interventions around tobacco control, including advertising, advice, and warning labels. “They all seemed to work similarly in Aboriginal and Torres Strait Islander people as with the rest, which suggests that tackling Aboriginal smoking is quite achievable and the tools we have are likely to be very useful.”

The results supported continued investment in the evolution of the Tackling Indigenous Smoking strategy, together with mainstream control activities: advertising, pack warnings, smoke free regulation, and routine health intervention.
But it will have to work hard to pick up momentum, though Minister Nash’s recent announcement of a $10 million anti-smoking advertising campaign targeting Aboriginal and Torres Strait Islander people has been seen as a good sign.

Thomas said the Federal Government decision to slash funding and conduct the review into Tackling Indigenous Smoking had robbed the program of much energy, expertise and momentum.

“It’s incredibly difficult to make work plans when you don’t know how many staff you’re going to have, whether the program will exist beyond the next couple of months…that (uncertainty) has been going on for a couple of years.”

“We seem to be moving on from that, which is a great relief,” he said.

Leadership from the community sector

Asked about best practice in tobacco control in community services, Chris Twomey, Director of Social Policy at the Western Australian Council of Social Service, nominated some of the work in Aboriginal community controlled health organisations.

There had been a lot of leadership, and a commitment to “practise what you preach”, realising that they could not have health workers talking to clients about giving up smoking if they would then be seen outside, in their uniforms, having a cigarette. (Read this story about Victorian Aboriginal Community Controlled Health Organisation CEO Jill Gallagher decision to quit smoking).

At a pre-conference workshop that focused on smoking rates in disadvantaged communities, Caroline Anderson from the Cancer Institute NSW outlined research looking at what messages resonated for Indigenous people.

It found that the barriers to quitting included stress and other mental health issues, social norms (the ‘culture’ of social smoking), the need for time out (having a smoke) from family stressors, and the very addictive nature of tobacco.

One focal group participant said: “I don’t want to do any more harm to myself but…I don’t even know how to stop”.

Reasons given for quitting revealed that family was a strong motivator, as well as pregnancy and financial issues. “Your kids saying ‘give up smoking mum and dad’ is the most effective.”

Anderson said two key messages resonated: the impact of smoking-related illnesses on family members, especially showing trans-generational and community effects; and graphically confronting advertisements.

The focus groups in the study said they wanted stories from and about Aboriginal people, that were respective of customs and culture, used language that was not over-medicalised, and talked about the benefits of quitting before the damage was done.
Calling for funding and certainty for vital Indigenous tobacco control efforts

Watch this Aboriginal Quit Smoking mini series, that follows the quitting journeys of two Aboriginal professional rugby league players, Owen Craigie and Timana Tahu. The Cancer Institute NSW partnered with The National Indigenous Television (NITV) channel to create this 8-part series to encourage Aboriginal smokers to quit.

And from the Twitterverse

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Croakey team @CroakayNews • 7m
Great: Raglan Maddox says need to focus on SDOH, like keeping people out of justice system w tobacco control #OTCC15

Social determinants and social systems

- 2-Spirit LGBTQ
- Homelessness
- Mental health
- Alcohol and other drugs
- Social services and social systems...beyond health?
- Reduce everyday stressors: racism, discrimination, inequity and inequality...
- Justice reinvestment
- Education
- Opportunities

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You can track Croakey's coverage of the conference here.
You can track Croakey's coverage of the conference here.

Calling for funding and certainty for vital Indigenous tobacco control efforts

#OTCC15

Rewrite Your Story

South Australian Social Marketing Campaign

Campaign Background

The campaign has been developed by the Tobacco team at North West Yarn in partnership with Tier 7 and service for good, Drug & Alcohol Service S.A., Aboriginal Health Council of SA, Port Lincoln Aboriginal Health Service and Cancer Council SA.

A key strategy was to engage local community members as “ambassadors” to gather and then promote important messages within the Adelaide region. This was a lead sector role between a number of sectors who have tobacco programs within S.A.

If you feel that due to the need to hand local communities in Adelaide, each sector could create their own campaign to ensure it was localized to the region where it would be promoted.

Campaign Objectives

To gather grassroots stories from the local Adelaide Aboriginal community that demonstrate:
- The negative and harmful impacts that smoking has on people and their families;
- Successful quit attempts by Indigenous role models who also encourage others;
- To create and maintain awareness among Aboriginal adults and children who are interviewed;
- To encourage behaviour change among Aboriginal people within the Adelaide region around the harms of smoking.

Thank you

Melissa Stoneham @DrMelStoneham · 40m

Loving the energy of Puyu Blaster- autographs being given now! #OTCC15

@NACCHOAustralia
Calling for funding and certainty for vital Indigenous tobacco control efforts

#OTCC15
Related stories previously at Croakey

Celebrating some success in tackling Indigenous smoking

We can cut Indigenous smoking and save lives

A plea to maintain the momentum in tackling Indigenous smoking rates
Behind the headlines: a progress report on smoke-free prisons and prisoners

Marie McInerney reports:

There were two moments where I slunk down a little in my seat at the Oceania Tobacco Control Conference workshop on ‘Smoke Free Prisons: successes, challenges and supporting former offenders to remain smoke free’.

The first was when one of the speakers said “I hope there are no tabloid journalists here today” – just as I was delightedly tweeting the comment that tuna has replaced tobacco for ‘currency’ in Tasmania’s prisons (it’s related to protein for prisoners who are into weight-lifting, apparently).

The second was the genuine consternation in the room about how the media is “so negative” about prison smoking bans. As one speaker said, the mainstream media usually bangs on about the “soft life” of prisoners if they have TVs in their cells – “but take away tobacco and you get ‘why are you being so hard on prisoners?’”

As my story at the time sought to convey, certainly that tension erupted in Victoria in July when prisoners rioted at the time smoking was banned. While the connection hasn’t been proven, the resulting headlines were the stuff of government nightmares and confirmed Western Australia’s reluctance to join the “domino effect” of bans across Australian prisons.
One of the narratives in this debate is around the view that smoking is the only “freedom” left to prisoners and that bans are punitive. Public health advocates counter this view by asking where in an addiction is there freedom and choice, and of course point to the desperate health and financial impacts of smoking. They also ask how much prison addiction has been driven by the use of tobacco in behaviour management and as part of prison culture.

Another narrative in this debate is the rationale that prisons were one of the few remaining workplaces where smoking was permitted, which wasn’t fair to non-smokers (prisoners and staff). Others counter that people are still allowed to smoke in their homes, and that prison is home for prisoners (who should therefore be given the choice, despite concerns that partial bans are so much harder to implement in the prison context).

The workshop was a great opportunity to hear from people involved in smoking bans at various stages of implementation and in various roles to discuss different approaches and common problems or solutions. (For my initial ‘riot story’, I could only get very basic insights into Tasmania’s experience via a formal email query).

In summary, the workshop participants agreed that prison bans are good public health policy and are mostly working – the first port in a ‘smoke free Australia’.

But it highlighted too the likely benefit from extensive research and more input from prisoners. Much media scepticism about the bans is that journalists can’t test assurances that smoking has actually stopped and that prisoners get enough quit support.

Below is a summary of the workshop discussions.

**State of play in Australia**

About 84 per cent of Australian prisoners smoke versus around 15 per cent of the overall population, and they intersect with a range of other disadvantaged groups with high prevalence, including Aboriginal and Torres Strait Islander people, and those with low education levels, mental health issues, trauma, unsafe and insecure housing, etc.

New Zealand led the move to smoke-free prisons, followed since in Australia by the Northern Territory, Queensland, Tasmania, Victoria and now New South Wales, though controversially some prison officers are exempt in the latter.

**Prisoners and smoking**

The workshop heard that about 46 per cent of smoking prisoners want to quit – around the same level as the general population of smokers. Here are some of their views on smoking gathered ahead of Tasmania’s ban:

- ‘It makes me feel like shit.’
- ‘It stops me being fit.’
- ‘It’s like money in here, it’s amazing what smokes can buy.’
- ‘Quitting is something I’d find really hard to do on the outside – everybody I know smokes. This is a real opportunity for me to get my shit together before I get out of here. I’m sick of being a prisoner to the smokes.’
One group of prisoners at a Western Australian minimum security prison who were trying to quit before being released all nominated family as their reason to stop.

Asked why they smoked, they said: company of fellow inmates, to fit in, relieve boredom, and in response to situations outside the walls. “They’d talk about how they’d just be getting somewhere with quitting, when they’d get a call about something that had happened outside, over which they had no control,” a quit program worker said.

Another regional prison program found that boredom was the biggest problem, particularly with the axing of a number of art programs. “We notice a lot of prisoners take up smoking in prison, they don’t know what (else) to do.”

Many prisoners welcomed the opportunity to stop, but others resented it being forced upon them. A follow-up survey six months after a ban was introduced at one prison generated negative comments to begin with, including that they would start again if they could. But they became more positive.

“You don’t crave what you don’t see.”

“I still think it’s good to quit the smokes. It’s just the way it’s done….like a gun to your head.”

Case study: Tasmania

A Tasmanian corrections supervisor told the workshop that tobacco plays a huge role in prisons, “an ingrown culture we were up against with the smoke-free project”. Cigarettes were used to buy drugs or mobile phones; by staff as a way to diffuse aggression (offering prisoners a smoke to calm them down); and to open up communications. Many staff also felt they should be able to smoke.

Tasmania’s Justice Department did a staged implementation of the bans, starting with the smaller facilities first. Champions were found among inmates and staff, access to tobacco and lighters was reduced weeks out from the ban to stop “stockpiling”, and distractions were organised – from yoga to movie nights and barbecues.

Prisoners were offered free nicotine replacement therapy for eight weeks, and could get them for half price for a further four weeks. A centralised NRT register showed that initial take-up was 68 per cent and was down to 15 per cent four months on.

The big issues were NRT misuse, negativity from some staff and inmates and a media focus on rising tensions “that had the potential to encourage inmates” to act up.

“Prisons are complicated and high risk environments,” the supervisor said. “At any day, things can go awry. It was buy-in from staff and prisoners that made it work.”

Challenges: patches, riots and assaults

Apart from media criticism, the biggest challenge across the jurisdictions was the misuse of free nicotine replacement therapy (NRT). The Tasmanian supervisor confirmed reports that inmates boiled nicotine patches with tea-leaves that were then dried, rolled and smoked. “Our chaplain had more orders for the Bible than in five years!”
NRT was a key implementation strategy everywhere, although the jurisdictions differed on what levels of support to provide both inmates and staff (in Victoria staff could access 2x12 weeks NRT over a two year period, while in Queensland staff support extended to 16 weeks of NRT including for household members who also smoked.) But now all eyes are on the Northern Territory where NRT was phased out a year after the ban started.

There were widespread reports that Victoria’s prison riot in July was directly connected to the smoking ban, although others have blamed overcrowding and a bikie war. One participant pointed out there are now 55 prisons in 5 states and territories that are smoke free and only one had a riot.

“It kind of dented the confidence of the government but their resolve hardened again, so that’s good,” said one Victorian participant.

The workshop also heard that Queensland media reports that attacks on guards had doubled after the ban involved “mischievous cherry picking” of results. It was told:

- the prison population is increasing, so even though the number of assaults may have increased, it doesn’t necessarily mean the rate has increased.
- The overall number of assaults on officers, while terrible for those involved, is small so “you only need a couple of extra incidents in one month to get the bump”.

Other challenges for various prisons have included:
- hostility towards the ban from prison staff, particularly those who smoked
- lack of collaboration between health and corrections staff
- lack of access to Quitline for many inmates who often cannot stay on hold long enough to connect to support.

Case study: Northern Territory

The workshop heard about a study of 11 prisoners, mostly Aboriginal and Torres Strait Islander people, who were all on remand for between 7-14 days.

Asked about their coping strategies for having to quit on entry to prison, many could not “intellectualise” them as such, but talked about how it helped to be surrounded by other non-smokers rather than in communities where smoking was “everywhere” (in some remote Aboriginal communities in the Top End prevalence is estimated at 80 per cent). Four reported enjoying “less humbug” – that is, being hassled for cigarettes by others.

Asked what would make them relapse on release, they nominated: family or partners smoking around them, identifying themselves as smokers, smoking linked to alcohol and drug use, managing stress and managing weight.

In talking motivating factors to quit, many nominated health and fitness (including wanting to play sport), their children or partners, and others wanted to avoid the “cultural obligations” around sharing cigarettes.

The study reported that 9 of the 11 returned to smoking immediately on relapse, though one woman confided she had had to smoke four in 10 minutes “to get over the fact that they tasted so bad”.

You can track Croakey’s coverage of the conference [here](#OTCC15).
Release and relapse

As this small study hints, the workshop confirmed that ongoing failures to address recidivism in criminal justice by not properly supporting prisoners on their release (and of course before they offend) extend also to failure to prevent relapses in smoking.

This month the Medical Journal of Australia reported that (mostly US) follow-up studies of prisoners after their release have found that 56 per cent reported resuming smoking within 24 hours and 84 per cent within 3 weeks.

The workshop heard that support in Australia for staying smoke-free post-release has “fallen outside of the scope of implementing prison smoking bans”.

“What we really want to talk about now is smoke-free support on release,” said one speaker.

One post-release service provider told Croakey in response: “It’s true that we don’t think about smoking in the same way that we think about other issues like finding ex-prisoners somewhere safe to live, managing mental health issues, drug and alcohol support, and access to jobs or training or education. ”

The strong message of the conference is they should, given the evidence of a landmark study published earlier this year that showed that up to 1.8 million of the country’s 2.7 million smokers will die from their habit if they continue to smoke and that the burden lies disproportionately on those experiencing disadvantage.
Tobacco control is smart economics (amongst other things)

Marie McInerney reports:

After delivering multiple presentations at the Oceania Tobacco Control Conference and elsewhere in Perth, US economist Professor Frank Chaloupka heads next to Geneva to work on Australia’s ongoing defence of its tobacco plain packaging laws.

Three years after introducing the laws, Australia is fighting to protect them on two fronts: complex legal proceedings in the World Trade Organization (WTO) and under a 1993 bilateral investment treaty between Australia and Hong Kong.

Delegates at the conference were asked not to tweet a number of sessions at the conference relating to litigation over the laws so as not to telegraph any punches to the tobacco industry. Croakey also agreed not to report on these sessions.

Chaloupka is instrumental in the Tobacconomics initiative based at the University of Illinois Chicago Health Policy Center, which generates and gathers growing evidence of the economic benefits of tobacco control versus the costs of continued smoking at an individual and global level. (Watch a video interview with him at the bottom of this article).

He told the conference that tobacco companies have shifted the focus of their argument away from health (having lost that convincingly) to an economic one, including seeking to be seen as champions of the poor.

He intends that they will lose that one too, saying governments should not be persuaded that tobacco controls will impose economic costs such as unemployment for tobacco farmers, lost revenue for bars and restaurants, or rising illicit trade.

These are “myths” that have slowed tobacco control in developed nations, including currently in some Australian states on smoke-free dining. But they are particularly an issue for developing nations that fear they can’t afford to pursue tobacco control.
Chaloupka argues that countries can’t afford not to take action, with tobacco driving excessive spending on healthcare, lost productivity of people getting sick and dying younger, and with its contribution to poverty.

“Tobacco control makes good economic sense,” he told the conference.

**Impact on employment/economy**

Chaloupka says the industry insists that it contributes significantly to economics, and a lot of jobs are dependent on tobacco.

But he says that when tobacco use goes down, ex-smokers shift their money to other goods and services to produce a net jobs gain. That often applies also, he said, to jobs in the hospitality sector, with smoke free areas encouraging non-smokers to go out more and spend more: “so bars and restaurants do better”.

Turkey had shown how to help tobacco farmers move into other production areas, with support from revenues from tobacco taxes.

**Impact of tax/excises on poor people**

Chaloupka quoted a tobacco executive as saying “no other tax hurts the poor more than the cigarette tax”. He told the conference rising tobacco prices clearly have a disproportionate and often crippling effect on low-income people who find it too hard, often for complex personal and structural reasons, to quit smoking even when it’s unaffordable.
But he said it was disingenuous of the tobacco industry to act as if it was opposing tobacco taxes out of concern for the poor when tobacco was “key determinate of poverty”. Research shows that tobacco “crowds out” spending in low income households on essential items like food, education and healthcare. He showed this slide:

The industry’s argument also overlooked the significant health and financial benefits for many low-income households in giving up smoking, not to mention health gains.

Chaloupka said low income smokers were very responsive to prices: that is many give up when the price rises. They also bear a disproportionately heavy tobacco death and disease burden, with Tobacconomics research finding about half of health inequality in most countries could be explained by tobacco use. “So we end up with a progressive effect,” he said.

But he said it is incumbent on governments to ameliorate the impact on people on low incomes who continue to smoke by dedicating revenue raised from tobacco taxes to help them give up and to address the social determinants related to high smoking levels.

He said the Philippines had directed the revenue from new major tax imposts on tobacco to finance a universal healthcare program that provided health care benefits to low-income populations.

In the US, the last major tobacco tax increased was directed to support the expansion of health insurance for low-income children.

He said there’s a need to consider fairness of the overall fiscal system:

- Key issue with tobacco taxes is what’s done with the revenues generated by the tax.
- Greater public support for tobacco tax increases when revenues are used for tobacco control and/or other health programs.
- Net financial impact on low income households can be positive when taxes are used to support programs targeting the poor.
- Concerns about regressivity offset by use of revenues for programs directed to poor.

**Tobacco Taxes & Equity**

- Distribution of health consequences from tobacco:
  - Generally “regressive” with greater share of burden of tobacco caused disease falling on lower income populations
    - Greater use of tobacco in many countries
    - Less access to health care to treat diseases caused by tobacco use
  - Tobacco use accounts for much of the health gap between the rich and the poor
Impact on illicit trade

The tobacco industry has issued many dire warnings in Australia that plain packaging will lead to greater illicit trade (and a loss of official tax revenue).

However, Chapoutka says the more important factors are the strength of a country’s governance, how effectively its borders are controlled and the strength of its tax administration.

For example, 25 years ago Spain had had some of Europe’s lowest prices and taxes but some of the biggest problems with smuggling.

A crackdown has seen the illicit trade “almost eliminated at the same time they raised taxes and prices,” he said. There had been similar experiences in Canada, Brazil and the UK.

“Countries with strong governance have relatively little illicit trade,” he said.

The impact of regular incremental tax rises Vs shock irregular hits?

Australia will next year get its last of four 12.5 per cent tax increases introduced in 2013 by the Rudd Government and described by public health advocates as “a gold star public health policy”. The evidence shows that consumption of tobacco drops by about 4 per cent for every 10 per cent in price, and double that in an already high price environment.

Chapoutka said he is constantly asked whether excises will eventually stop having an effect. “One thing we know is that price increases work,” he said (see the slide on New Zealand below).

However, he said the way they are phased in also has an impact, with bigger increases that happen less frequently having a bigger impact.
Countries like Australia should consider big shock one-off excise increases (of up to 50 per cent), rather than regular incremental rises, which both the tobacco industry and many smokers try to absorb, he said.

He showed a slide showing the breakdown in promotional spending for the tobacco industry, with a huge part going towards discounting. In US, he said, every $5 of every $6 spent on tobacco marketing is to reduce the price.

“(A big one-off increase) is harder for the industry to swallow, more shock for smokers, and all the extra debate also tends to have a big impact on prevalence.”

**Impacts of tobacco industry market power**

Chapoutka said tobacco companies now provide every type of tobacco product, including their own smoking cessation products, “which they market as ways to get around controls” and e-cigarettes as “a way to maintain your addiction” or “smoke’ in smoke-free places.

Tobacco companies are also using their market power to challenge tobacco control, as they have been doing unrelentingly with Australia’s plain packaging laws.

Three years after introducing the laws, Australia continues to face complex **legal proceedings in the World Trade Organization** (WTO) and under a 1993 **bilateral investment treaty** between Australia and Hong Kong.

That’s a major issue for low and middle-income countries, where smoking rates are in some cases still on the rise. He said many hear and accept tobacco industry arguments about “all the bad things that are going to happen” if they do.

“Australia has the resources to fight those sorts of fights, but many low income countries don’t.”

Acknowledging that risk, philanthropists Michael Bloomberg and Bill Gates earlier this year launched the **Anti-Tobacco Trade Litigation Fund** to “combat the tobacco industry’s use of international trade agreements to threaten and prevent countries from passing strong tobacco-control laws.”

Much of its work, and many tobacco control initiatives in the Oceania region, will likely depend on what is determined in Geneva.

**Watch the interview below:**
On the tobacco industry, the need for “eternal vigilance”, and a call to “name and shame”

Marie McInerney reports:

A “tortuously worded disclaimer” from KPMG on its industry-funded report about the risks of illicit tobacco consumption in Australia (see below) was a reminder to the Oceania Tobacco Control Conference that the tobacco industry continues to fight on many fronts. Two keynote addresses at the conference in Perth last week warned that a critical frontline in the battle is the industry's bid to influence or sway research and public understanding, through reports like the KPMG one, which warns that any party relying on it other than the commissioning tobacco companies should “do so at their own risk”.

![Image of a slide from the Oceania Tobacco Control Conference](http://bit.ly/1NGzXla)
The trouble is, said senior Health Department executive Dr Lisa Studdert, that this non-standard disclosure from KPMG is still just in the small print, on the inside front page, which won’t necessarily stop it being cited or reported in the media in the same way that peer-reviewed independent research might be.

Seeking to influence research reporting or to tie up independent researchers or government policy staffers in attempts to access their raw information are just a few of the tactics the tobacco industry has used to great effect, the conference heard both from Studdert and from Professor Lisa Bero, an international authority on research integrity.

As outlined in the article below, Bero suggests a number of strategies to manage the risk of conflict of interest. But given the ongoing harm of tobacco, increasingly in developing nations, veteran tobacco control warrior Mike Daube said in the conference closing keynote that perhaps it is time to get personal with the industry.

See his call below for advocates to “name and shame” tobacco company directors, starting with those operating in Australia.

He also said it’s time for a similar focus on politicians who take tobacco funding: a point that some on Twitter made when a video address to the conference was played from Assistant Health Minister Fiona Nash, whose National Party still permits donations from tobacco companies.

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### Strive to be ahead of the game

Dr Lisa Studdert, First Assistant Secretary of the Population Health Division at the Federal Department of Health, said Australia’s experience is that a multi-pronged approach to tobacco control is most effective.

It needs to combine a range of strategies, which build on and reinforce one another, that look to the long-term, cover all tobacco products and address all aspects of supply and demand.

But in addition, she said, “we need to strive to be ahead of the game, to anticipate tactics, to identify and understand any loopholes or gaps the industry may exploit.”

“Perhaps most importantly we need to generously share our own experiences in order to learn from our collective history in fighting the global tobacco industry.”

Studdert said tobacco control requires a long-term incremental approach, as well as good data, analytical skills, flexibility to respond to emerging issues, “and vigilance”.

“Who would have thought 15 years ago that we would be faced with the wicked challenge of e-cigarettes at this point in this journey,” she said.

Australia has been in an intense battle with the tobacco industry, which is still being played out in two international jurisdictions, three years after world first legislation to introduce plain packaging was introduced.

Studdert said the tobacco industry had fought a very public campaign against the measures ahead of its implementation. It also submitted large numbers of freedom of information requests to “tie up resources” in government departments.
“The industry is continuing to use these tactics to delay the implementation of tobacco control measures in other countries,” she warned.

(Cancer Council Victorian CEO Todd Harper complained recently about such a tactic in a tobacco industry bid to access survey information about the smoking habits of young Victorian people).

Studdert said another strategy the industry will employ is to commission their own research and reports. She warned:

> In our experience, these reports should be approached with caution and are often flawed in that they are commissioned for specific undisclosed parameters and purposes, based on small sample sizes (that are unrepresentative of the population), based on online surveys with inherent self-selection bias, and based on the false premise that a substantial drop in smoking prevalence is immediately achievable. We have to be alive to these situations and call them out whenever we can.

## Managing conflicts of interest

Professor Lisa Bero is a pharmacologist and researcher in evidence-based health care and leads the Bias and Research Integrity Node at the Charles Perkins Centre at the University of Sydney.

She opened her keynote – ‘Taming the Beast – Conflict of Interest and Tobacco Research – with a declaration of her interests and a reminder that a conflict of interest does not necessarily mean someone is biased, but that there is a risk.

Yet she said the suggestion of a conflict got people up in arms and were leading many journals to seek to use different terms to “soften” it, such as ‘competing interests’, ‘vested interests’ etc. This gets very complicated when work is being translated into other languages so there’s a need to “nail down the terminology”, she added.

In 1998, Bero led one of the first studies to quantify the effects of conflict of interest in tobacco, looking at reviews on the health effects of second hand smoke.

“At the time there were actually more reviews on second hand smoke than original research, so think about that!” she said.

The work found that tobacco funded reviews were 90 times more likely to prove passive smoking was not harmful. With pharmaceutical industry funding, studies are four times more likely to conclude an intervention is effective or safer than the comparator if they are funded by a drug company. She is currently updating this review.
Bero says tracking the many ways that studies can reflect bias is increasingly complex, as companies diversify product lines and have interests in other corporations and industries.

She reported in 2002 on how Philip Morris exerted financial leverage over the pharmaceutical divisions of giant chemical companies by threatening to cut off purchases over nicotine replacement promotions.

Bero said the tobacco industry had opened another recent front in research to influence the analysis of epidemiological data, via three strategies: collaboration, litigation, and legislating policies for data access and quality.

“That doesn’t sound bad, right?” she said of the third strategy. But she said the industries that co-sponsored the move – including tobacco, fishing, forestry and foods, wanted to influence both access and standards.

“Long story short: laws were passed that any private company could access the data (behind independent and government research) and then reanalyse that data based on their own quality standards.”

So what can be done about industry influence on research? Bero outlined four approaches:

1. **Disclose**: what is the conflict, how much, who with. Unsurprisingly, she said, research shows that more complete disclosure is achieved by giving people a checklist to fill out rather than just asking if they have a conflict. She warned though that disclosure, while necessary, is not sufficient amid economic studies that show, but not explain, that when people disclose their financial interest it leads them to “give more biased financial advice”.

2. **Review**: though common responses by people with conflicts who say “I recognize I’m in conflict, I can handle it’ are why it needs to be independent.

3. **Manage**: either limit or eliminate. Many organisations limit the number of researchers who can have a conflict, or don’t have people with conflicts involved in decisions like study design or publication. Some have banned funding by industry for research in certain areas.

4. **Monitor or enforce**: this is where many of these policies fall down, she said, when there is no follow through.

“We seriously have to think about how to remove their influence from research.”
Time to “name and shame” tobacco company directors

Professor Mike Daube has long been a campaigner for tobacco control, well before he was told that bans on smoking in planes were “technically impossible”.

In the closing keynote, he said there has been much progress but that the tobacco industry’s response to plain packaging signals that it is growing even more hardline.

He said this meant there would be more of the following:

- focus on developing markets, and vulnerable groups and communities
- use of litigation nationally and internationally
- use of legislation such as FOI to obstruct and distract
- working through related industries, consulting groups, “think tanks” and front groups PR and lobbying
- distraction activity that, among other things, seeks to circumvent Article 5.3 of the FCTC
- seeking to attack or intimidate – whether governments or individuals.

Despite being responsible for 6 million deaths annually around the world and rated by the McKinsey’s Global Institute as the top global social burden generated by human beings – above even armed violence, war and terrorism, “the vector, the tobacco industry still flourishes”.

You can track Croakey’s coverage of the conference here.

Becky Freeman @DrBFreeman · 1h
What to do about researcher conflict of interests: Disclose, review, manage, monitor/enforce #OTCC15

Marita Hefer @m_hef · 1h
Lisa Bero @SydneySPH on conflict of interest - industry funded secondhand smoke studies far more likely to push industry line #OTCC15

Becky Freeman @DrBFreeman · 1h
Secondhand smoke effect studies funded by the tobacco industry were 90x more likely to say it’s harmless #otcc15
He said:

“They have been able to absorb criticisms, criminal convictions, billion dollar payouts and continue doing what they do best. They have also been able to buy the support or involvement of far too many people who should know so much better.”

The time may have come, Daube said, to get more personal and to directly target Board Directors, who are ultimately fully accountable for tobacco company activities.

“Without exception, they have come into the industry in full awareness of the massive harm caused by their product…

While the companies themselves are reviled, found guilty in courts, have to make massive payouts following litigation, and publicly pilloried and some executives and PR people take any public heat, those individuals who are responsible for all their activities remain largely unscathed.

They are treated as respectable figures in the business community. They participate in charitable and other boards and activities. And eventually they move into respectable retirement.”

Others, he said, have considered the possibility of action against tobacco companies for their potential criminal liability, but concluded that given the complexities and costs of litigation, this is not likely to be easy or speedy.

Daube referred to work being planned on a model that attributes mortality and morbidity to directors of tobacco companies on the basis of market share and their periods of tenure in their roles.

But in the meantime, he said, accountability could be sought “through the court of public opinion.”

He said:

“It is time for a national and international program to “name and shame” any and all members of tobacco company Boards of Directors so that they are publicly held accountable for their companies’ activities and the consequences. It is also time to put a similar public focus on those who support them, from consulting groups to front organisations and politicians who take tobacco funding, and to flush out those who are reluctant to declare their interests.”

It would not solve the problem of tobacco, he said, but it might make responsible people “think about the consequences of their action in ways they have not done before…and might even change some of their approaches”.

On the tobacco industry, the need for “eternal vigilance”, and a call to “name and shame”

#OTCC15
You can track Croakey's coverage of the conference here.

Marita Heﬂer @m_hef · 16h
Tobacco industry key players - we know who the guilty parties are, they should be personally held accountable. Prof Mike Daube #otcc15

Covering #OTCC15 @WePublicHealth · 16h
Daube: tobacco directors should b accountable 4 countless lives lost. Attribute mortality and morbidity to their actions. Genius. #OTCC15

Croakey team @CroakeyNews · 16h
Daube asks if time to 'name & shame' key individuals who have not yet borne responsibility for tobacco toll: industry board directors #OTCC15

Kelly Blackburn @kelblacki · 16h
Need to concentrate on individuals responsible for these Companies & their activities. Publicly held accountable for their actions #OTCC15

On the tobacco industry, the need for "eternal vigilance", and a call to "name and shame" #OTCC15
Reflections on the life and times of Dr Nigel Gray in tobacco control

Marie McInerney reports:

It’s hard to pick just a few highlights from the tributes to the remarkable life of pioneering tobacco control advocate and expert Dr Nigel Gray that were presented at the 2015 Oceania Tobacco Control Conference.

The eulogies, by his long-standing colleagues Professors David Hill and Mike Daube, provided fascinating historical insights into the practice and the politics of research and advocacy.

Below are some of the stories told at the conference about a long and momentous life, starting first with the irresistible quote via Daube from the tobacco industry itself about Gray’s role and influence, according to an internal Phillip Morris company document:

“*It is the Australian, Dr Gray, who appears to have done more than any other individual to bring the anti-tobacco movement together in an international sense, to exert pressure on governments and other influential bodies.*”

Daube added:

“*Nigel deserves to be remembered and revered as the father of tobacco control globally as well as in Australia. He developed the policies that are still today the core for all tobacco control, and for decades was the single most important figure in developing action internationally.*”

Please also read this [earlier tribute](#) from Rob Moodie and [these collated](#) at Cancer Council Victoria following Gray’s death last December.
“All public health is politics”

Professor David Hill, Professorial Fellow at the University of Melbourne in both the School of Population and Global Health and the School of Psychological Sciences, said it was his good fortune to work with Gray for 27 years.

Gray arrived in 1968 at the then Anti-Cancer Council of Victoria (ACCV) from his previous job as Assistant Medical Director of the Royal Children’s Hospital. Hill said:

“I recall how rapidly his thoughtful analysis of the cancer scene identified tobacco as the pre-eminent target, and how he saw that public information alone would never solve the problem.

I don’t recall him actually using infectious disease terms such as ‘vector’ at that time but his way of thinking showed that he knew the tobacco industry was the dangerous vector that had to be dealt with.

So, the story of Nigel Gray versus Big Tobacco began.”

It’s remarkable to consider how far we have come from then, when an ACCV study found that evening TV viewers in Melbourne in the late 1960s saw a cigarette ad every 12 minutes.

Gray persuaded an “understandably nervous” ACCV Executive Committee to commit $50,000 (that’s $550,000 in today’s dollars) to make and broadcast anti-smoking ads. Hill said:

“Instead of tedious formalities such as working through actors’ agents, I remember sitting in his office when he picked up the phone; dialled the hotel where Warren Mitchell (the British actor also known as Alf Garnett) was known to be staying; was miraculously put through to his room, where Warren miraculously picked up. “Hello, I’m Nigel Gray. You don’t know me. I’m ringing because…(then followed a potent Gravian charm offensive).”

See two of the highlights of the campaign here: “Alf’s cough” and “Cancer Country”.

Interestingly, Hill says the ads were not intended to make smokers quit: the target audience was the 120 or so members of the House of Representations with the aim to get federal parliament to legislate against TV and radio advertising of tobacco.

Among the satirical array of anti-ads there was “a serious hand grenade”: Gray’s idea to have a straight-faced appeal by Nobel Laureate in medicine Sir Macfarlane Burnet calling for cigarette advertising to be banned because it recruited teenagers into a deadly addiction. Hill said:

“When Melbourne TV stations declined to accept bookings of the anti-ads on the grounds they ‘knocked copy’, that is to say denigrated another client’s product, the stations in effect banned a Nobel Laureate from speaking out in the interests of our children’s health.

This outrage then became the story. It ran for days until the stations capitulated and our campaign went to air.”

The campaign kick-started public and parliamentary debate, which within three years saw the Whitlam Government legislate to phase out TV and radio advertising of tobacco in stages over three years.
Research the ‘potent tool of the trade’

Hill said the commitment of the tobacco control sector to the collection over time of sound data on smoking prevalence has been “a potent tool of the trade”. Other speakers at the conference agreed, urging “vigilance” to protect it.

Gray was the lead author of the first scientific paper on Australian smoking prevalence reported in the Medical Journal of Australia from a national sample survey done in 1974.

That and subsequent surveys were commissioned from the same market research company that sold its services to the tobacco industry, “a fact which could be turned to strategic advantage in neutralising industry criticism of the accuracy of the prevalence estimates”.

Hill said the other great big-data resource has been the tobacco consumption records arising from the collection of federal excise duty.

He said excellent use has been made of these data by very able Australian researchers, who have quantified the relationships between price and consumption in the context of other interventions that also put downward pressure on smoking rates.

“This has enabled arguments in favour of tobacco control measures to be (almost literally) sugar-coated with revenue raising prospects for governments.”

Regrets and missteps

Hill said not all potential benefits of research were taken up, and he regretted examples where “simple, cheap, and effective interventions are not implemented because to do so disturbs spurious bureaucratic or system obstacles”, such as this research into changes to hospital forms used to collect data before admission.

There were also things “we did, but shouldn’t have”, he said, highlighting “a very early mistake” by Gray, himself and others to “pursue that illusory safe (or at least less dangerous) cigarette” – not knowing that smokers can get just as much nicotine and tar from a low tar cigarette by sucking harder or more frequently.

Hill said:

- “We had naively gifted to the tobacco industry a new market segment, which it disdainfully referred to as the ‘hypochondriac’ market.

- There are moments in public health when the precautionary principle – acting judiciously in the absence of all the evidence you might like to have – should be applied.

- But mostly it is dangerous to hasten before evidence exploring all the possibilities has been collected. We should have paused to do naturalistic studies of how smokers actually used these low tar variants. We would have discovered, as the industry already had, the flawed logic in promoting low tar cigarettes.

- That parable may have present-day relevance, as we consider the advent of the e-cigarette.”
Reflections on the life and times of Dr Nigel Gray in tobacco control

Many have written and spoken of Gray’s pivotal role in the pace-setting Victorian Tobacco Act 1986, which Hill said was “arguably the most significant piece of state tobacco control legislation ever enacted in Australia”.

The Act levied a state licence fee on tobacco retailers, some of which went to fund the new Victorian Health Promotion Foundation (VicHealth) to spend on health promotion, particularly but not exclusively on tobacco control. It also provided funds to sport and the arts to effectively buy out the tobacco companies that had been so heavily funding them.

Hill provided insights into the process, saying the planning and passing of the Bill is “a wonderful tale not only of clear-sighted strategising but also of luck, opportunism, inventiveness, intrigue, surprise – even religion!”

Perhaps most intriguingly it includes how the Shadow Health Minister not only backed the plans, but kept them confidential. See an edited run down from Hill below:

1. **Luck helps.** Nigel Gray was urging the then Health Minister, David White, to pitch for funding of screening mammography when, just as Nigel was about to leave the room, the Minister unexpectedly asked what the government could do about tobacco. It soon became apparent that Minister White was driven to make an impact on tobacco because his father had been killed by a tobacco-related disease.

2. **Be ready when opportunity knocks.** Nigel, though not expecting this opportunity, was ready for it. He didn’t miss a beat presenting a few options to entice an interested Minister. But Nigel was far from prescriptive – rather he sensed that David White’s appetite was for something innovative and bold, and so was begun a collaboration… or, as the tobacco industry would have said, a collusion.

3. **Inventiveness.** David White had in his office several extremely talented advisers who, with input from the Cancer Council, developed a proposal that was both technically and, more importantly, politically The Tobacco Bill would raise revenue under powers then available to the state (i.e., licence fees); it would spend money on programs to reduce the risk smoking (particularly it was cleverly emphasised, the risk of your kids smoking); whilst it did not promise motherhood, it did promise to fund the next best thing – medical research and health promotion more broadly; whilst it would not (and probably could not) attempt to ban tobacco advertising and promotion outright, it would provide the funds to outbid the tobacco industry in its support of sport and the arts. In a stroke, this converted nearly every community sports and arts organization in the State from being opponents into allies of tobacco control.
4. **Intrigue.** The Premier of the day, John Cain, was not at first keen on the idea, so the early intrigue required winning over Premier and Cabinet. I am not privy to much of that but I did get a glimpse of the politics during an interview with Bob Hogg who was the government’s most senior adviser. The Cancer Council had done a public opinion survey to test public response to the kinds of measures being contemplated, which was generally quite favourable. I was called to Bob Hogg’s office to explain and elaborate. I remember being both stunned and impressed by Mr Hogg’s knowledge of survey methodology, his attention to detail, his nose for bias, and his challenging stance. There was no way he was going to rely on flawed survey data to support this legislation and expose his boss to political risk. Fortunately, our survey (a legitimate example of advocacy-driven research) passed his test. The next level of intrigue involved getting the Liberal opposition on side. We had a foothold in that Mark Birrell was the Shadow Minister of Health. Mr Birrell, had, as a Monash University student member of the Young Liberals proposed to State conference a policy to ban cigarette advertising (of course it had not succeeded). Nigel acted as the trusted go-between, apprising Mark Birrell of the proposal for a Bill, relying on him to keep confidences, and to start to prepare the ground among his Parliamentary colleagues. Liberal party support was essential since the Coalition controlled the Upper House. This was how bi-partisan support for the Bill was built, and bi-partisanship has carried on into the life of VicHealth to this day, with MPs from both sides sitting together on its Board. I am sure that the fact that VicHealth can be seen as a creature of Parliament accounts for much of its stability and durability.

5. **Religion came into it too.** Just to make sure all the bases were covered, Nigel, who was not religiously aligned himself, used his network of influential people to ensure that both the Catholic and Anglican Archbishops were briefed, were onside, and most importantly communicated their view to the political leaders. For example, he spoke to a palliative care colleague, who spoke to her husband (who was the head of major corporation and was a leading lay Anglican), and he spoke to his Archbishop.
On the international stage

Nigel Gray retired as Director of the Anti-Cancer Council in 1996, after having led the organisation for 24 years. He took up part-year positions in Italy and France, which allowed him to write and speak extensively at international conferences for a decade. He served on the WHO Committee on tobacco regulation.

Mike Daube worked closely with him in those early years, when he was Director of Action on Smoking and Health in the UK.

Daube’s tribute provided good context:

“It is hard to appreciate now how difficult tobacco control work was then at the national level, let alone internationally, how minute the resources were, how little support there was, how powerful (and respectable) the industry was, quite simply how few people there were working in the area – with even fewer actually wanting to DO anything at the policy level, and how tough things could be personally for those of us working on tobacco control as a public health issue.

In retrospect, what we did was done with amazing nerve. We would waltz into countries, demand ahead of time that Cancer Councils and other groups provided support – which amazingly they did, bring people together, arrange site visits, organise regional workshops, demand – and get – plenary sessions on tobacco at cancer and other conferences where prevention had never previously been on the agenda, meet with Ministers, recruit new people, write further reports....just make things happen.... and happen they did.

There are many countries where the first action on tobacco or the first inspiration of activists on tobacco occurred because of Nigel’s program.”

And finally, another reminder of the importance of networks:

“In Egypt, the Cancer Society’s Patron was the President’s wife, Madame Sadat. She met with us, heard Nigel speak and took the message home: the next morning President Sadat issued a decree banning TV cigarette advertising.”
You can track Croakey's coverage of the conference here.

Reflections on the life and times of Dr Nigel Gray in tobacco control

#OTCC15

Marie McInerney @marie.mcinerney · 7m

Nigel Gray oration: Prof David Hill poses the ‘what if’: #OTCC15 @croakeyblog
#smokeprevention

End Game – what if every player played their part every time?

Every...

Hospital gives every smoker cessation advice
Parent quits to prevent uptake in their kids
Parent who doesn’t quit is clearly ‘anti-smoking’
Doctor, every time, asks, advises, refers, and prescribes as appropriate
Shopkeeper checks & enforces proof of age
Treasurer, every budget increase taxes
E-cigarettes: “Don’t let the genie out of the bottle”

From the California Department of Public Health: http://stillblowingsmoke.org/#health

Marie McInerney reports:

It was no surprise that e-cigarettes were high on the agenda at the recent Oceania Tobacco Control Conference in Perth – nor for those in this research space that #OTCC15 Twitter action generated significant and often aggressive interest from ‘pro-vapers’.

Sydney University Public Health Professor Simon Chapman delivered a keynote address on the evidence so far, titled: Spotless leopards? Decoding hype on e-cigarettes. It’s been published in full here by The Conversation.

Chapman warned Australia should “think very carefully” before allowing the sale of e-cigarettes containing nicotine while debate continues over whether they represent a breakthrough in cutting back cigarette smoking or a new vehicle to addict consumers to nicotine.
“That genie is well out of the bottle in England and the United States, and other countries need to watch what is happening there very closely,” he said.

As this backgrounder from the Royal Australian College of GPs (RACGP) outlines, Australian laws covering electronic cigarettes (e-cigarettes) are complex and varied, but essentially:

**The supply of nicotine-containing e-cigarettes in Australia is illegal. Possession or use of nicotine in e-cigarettes without approval is also illegal and the sale of non-nicotine e-cigarettes is illegal in some states. Despite the current legal barriers, the use of e-cigarettes by Australian smokers has increased over recent years.**

Chapman’s warning was echoed by others.

In paying tribute to the late Dr Nigel Gray, one of the leaders of tobacco control globally as well as in Australia, Professor David Hill warned that e-cigarettes may be the next flawed pursuit of “that illusory safe (or at least less dangerous) cigarette” as had been the development of low tar cigarettes in decades past.

Lisa Studdert, First Assistant Secretary of the Population Health Division at the Federal Department of Health, also urged caution.

“Who would have thought 15 years ago that we would be faced with the wicked challenge of e-cigarettes at this point in this journey,” she said in her keynote address.

US economist Professor Frank Chaloupka, an international expert on the economics of tobacco control, is less concerned, saying while there is much debate over just how much less risky, he had no doubt that e-cigs are less harmful than combustible products.

But he said Australia should only consider a highly regulated market, unlike the US where they are “virtually unregulated at this point”, which has left policy-makers trying to catch up, particularly around high numbers of young people who have taken them up. He said:

**That’s a consequence of the fact that there haven’t been many restrictions in past on how old you have to be to buy them, no restrictions on marketing at this point, they’re not being taxed almost anywhere, they’re widely available, aggressively marketed, kids are starting to take them up….That’s a problem, you wouldn’t want to do that in Australia.**

Australian regulators may have to move very quickly, judging from a presentation by Quit Victoria’s Jacqui Bell at the conference.

She looked at two e-cigarette advertisements, which aired on prime-time TV and raised concerns about the extent to which current advertising laws and standards are preventing promotions that “potentially renormalise and glamorise smoking behaviour.”

See what you think in this Croakey interview.

And, as shown by the many vapers who joined the Twitter conversation at #OTCC15, it’s not just mainstream media that is a platform for the promotion of e-cigarettes.
Frank Chaloupka pointed to research being done by his colleagues from the University of Illinois in Chicago that is looking at the promotion of e-cigs on Twitter in particular, and what regulations do (or don’t) apply.

Their studies, published in a special supplement in the July 2014 issue of *Tobacco Control* explored, among other questions, whether *e-cig friendly tweets* are coming from spammers, marketers, bots or enthusiastic users.

Among 70,000 e-cig related tweets tracked over two months, they found nearly 90 percent were commercial tweets and only 10 percent were ‘organic,’ or individual consumer opinions. A significant portion referred to smoking cessation and price promotions.

One study said:

> These results have direct and important implications for future (Food & Drug Administration) FDA regulations on e-cigarettes and related products, particularly with respect to marketing restrictions on social media. To the extent that e-cigarette safety and efficacy have not yet been fully studied, extensive marketing of the products on social media may carry public health risks.
Watch the latest news in tobacco control

As well as tweeting and reporting from the conference, Marie McInerney conducted several interviews via the Periscope app.

They are all available at Croakey TV – or watch them below.

On the tobacco epidemic across the globe & region

Professor Alan Lopez talks about the ongoing tobacco burden: individual, regional and global.

How medicos can start the quit smoking conversation

Kirsten Corban talks about the Starting the Conversation program on smoking cessation at Melbourne’s Alfred Health.
Talking about a landmark study on tobacco health impacts

Professor Emily Banks is Scientific Director of the Sax Institute’s 45 and Up Study, which conducted a four-year analysis of tobacco-related health outcomes from more than 200,000 people.

Talking About The Smokes

David Thomas led the Talking About The Smokes national collaborative research project. He told the Oceanic Tobacco Control Conference in Perth that it had busted important myths about Indigenous smoking.
**Tobacco control for disadvantaged groups**

Cancer Council NSW senior research and evaluation analyst Rae Fry talks about smart smoking cessation support in two services working with highly vulnerable young people.

**Are Australian smoking laws and standards ready for e-cigarettes?**

At the 2015 Oceania Tobacco Control Conference, Jacqui Bell from Quit Victoria shows two e-cigarette advertisements and talks about the issues they raise for regulators.
Will New Zealand be smoke-free by 2025?


A tobacco-free generation?
You can track Croakey's coverage of the conference [here](#).

Watch the latest news in tobacco control #OTCC15

**Sally Dunlop on social marketing for smoking cessation**

[Video: Sally Dunlop talks social marketing for smoking cessation](#)

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**The economics of tobacco control**

US economist Frank Chaloupka told the Oceania Tobacco Control Conference in Perth that “tobacco control makes good economic sense”.

[Video: Talking about the economics of tobacco control](#)
Marie McInerney reports:

Do you think plain packaging of cigarettes with graphic photos showing tongue cancer or gangrene is enough to deter smokers?

What about filter tips that look like vomit, slime, scum or poo? Or a cigarette stick that marks the minutes of life lost as you suck on it?

And what about the images above? These were tested on young people as part of ASPIRE 2025, a research consortium comprising New Zealand’s leading tobacco control researchers working towards a smoke-free New Zealand by 2025.

ASPIRE 2025 co-director Professor Janet Hoek told the 2015 Oceania Tobacco Control Conference that Australia had given tobacco control the recipe for success with plain packaging.

“But we should always be looking to go beyond what has already been done,” she said.

In her keynote address titled ‘Plain packaging 2.0’, Hoek outlined early research into four options:

• Impose a moratorium on so-called variant names that tobacco companies have been using increasingly on plain packs “to recreate branding connotations”, like ‘legendary’ or ‘classic’ or ‘optimum crush sky’.

• Reduce the appeal not just of the packs but of the ‘sticks’ themselves. One tester responded to an unattractive green filter: “well the colours kind of remind me of death or sickness...kind of looks like a spew [vomit] or something …”
• Make pack warnings more salient and effective: health warnings don’t resonate for everyone, particularly for young people, so introduce messages on packs like: ‘Open this to look older, sooner’.

• Turning packs into quit portals by putting quit information as prominent as warnings.

Smoke-free Pacific

Pacific Island tobacco control experts made a range of interesting presentations, including about a Cook Islands smoke-free household initiative that offered free immunisation and rat poison treatment for those who persisted.

It would have been good to have a big picture plenary session looking at prevalence rates in each represented nation, and successes and challenges in their tobacco control efforts – particularly given the terrible overall prognosis outlined by Professor Alan Lopez and the reminder that developing nations are being targeted now by tobacco companies.

For many countries, there’s a bit of ‘watch and see’ what happens to the tobacco industry’s challenges to Australia’s plain packaging laws, as this Croakey interview with New Zealand Public Health Professor Richard Edwards canvases.
Choking the supply

The conference heard that some Sydney households have as many as 181 different tobacco retail outlets within under two kilometres, and that it’s as easy to buy cigarettes as bread, milk or postage stamps.

Kylie Kindoorff from Cancer Council Victoria asked what if we focused attention on supply as much as we have demand, and learned some lessons from France’s highly regulated (though also very anti tobacco control) tobacco retailers.

Les buralistes (tobacconists) must undergo mandatory training, can operate only one outlet, have to publicly report monthly sales figures and nominate minimum prices each month, she said.

In Australia, 5 out of 8 states have some form of retailer licensing but none with the explicit aim of reducing the number of retailers or controlling who can sell tobacco and where or when.

Conceding any action would not come overnight, she said it was time to start a dialogue with government and the community on the issue of supply, with suggestions like:

• Strategic licensing – reducing retailer numbers and hours of sale, restricting locations such as near schools, concentrations in high smoking areas, and types of premises.

• Providing incentives to retailers to stop selling tobacco products, such as reduced council rates and business registration fees.

• Making tobacco retail a controlled state monopoly.

“We cannot reach ‘end game’ with tobacco without addressing supply,” Kindoorff said.
Other tobacco tidbits

Move over James Bond, there’s a new product placement in town.

Last year, the Cancer Institute New South Wales partnered with two Australian TV networks to embed anti-tobacco messages into two shows: and Channel 10’s drama ‘Wonderland’.

The move, researcher Katarzyna Bochynksa explained, was in response to changing media consumption, where many viewers now avoid the ad breaks in TV shows.

Viewers found the tobacco control storylines introduced to both programs quite engaging, she said, with high rates of viewers reporting that they had made them stop and think, felt motivated to quit smoking, and had taken quit related action as a consequence.

But she said there were challenges too, including limited control of the message and content, particularly as shows were produced by contracted production houses. The early sense was that “health lifestyle reality shows might be more effective sites for embedded content than drama”.

Stay tuned.

The conference also heard that a very effective Break the Chain anti-smoking advertisement aimed at Aboriginal and Torres Strait Islander smokers also resonated well with people more generally from disadvantaged and culturally and linguistically diverse communities.
The advertisement talks about the long-term impact on family due to smoking related illness. See the full evaluation of the campaign.

- Thanks very much to the #OTCC15 organisers, particularly Lorena Chapman from Cancer Council Western Australia, and to the many presenters and speakers who helped with stories and interviews, particularly Marita Hefler from the Menzies School of Health Research.

Thanks also to those who contributed to the Twitter coverage.
You can track Croakey's coverage of the conference here.

Investigating the new frontiers for tobacco control #OTCC15

@Melinda_Edmunds - 12h
#otcc15 Conference dinner starts with a safari tour @DrMelStoneham @ChapmanLorena

@LTcherie - 13h
A big congrats to the Tobacco team @libbyk_4 and @ChapmanLorena for their hard work for the Perth Oceania too deadly! #OTCC15

@Becky Freeman - 16h
Pleased that the conference organisers @CancerCouncilWA included many great women as keynote speakers #genderequity #OTCC15
You can track Croakey's coverage of the conference here.

Investigating the new frontiers for tobacco control

Covering #OTCC15 @WePublicHealth • 4m
Final words from Raglan Maddox and our hope for the future 'here's to not having the need for #OTCC' #OTCC15 @msh_wa

Croakey News Service
The Twitter transcript for #OTCC15 is here, and the analytics from 12 Oct to 4 Nov are below, showing more than 11 million Twitter impressions and 578 participants.

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**Croakey Conference News Service**

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