

Australian Medical Association Limited
ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
 Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
 Website : <http://www.ama.com.au/>



**THE NORTHERN TERRITORY FALLS FOUL WITH TOBACCO
 CONTROL FAIL FOR FOURTH YEAR IN A ROW TO COLLECT THE
 DIRTY ASHTRAY AWARD**

***AMA/ACOSH DIRTY ASHTRAY AWARD AND
 NATIONAL TOBACCO CONTROL SCOREBOARD 2019***

The Northern Territory Government has been judged to have been the worst-performing Australian government on tobacco control measures over the last 12 months, and shamed with the Dirty Ashtray Award for 2019.

This year is the 25th anniversary of the National Tobacco Control Scoreboard – run by the AMA and the Australian Council on Smoking and Health (ACOSH) – and the Northern Territory has managed to collect the dubious Dirty Ashtray Award 13 times.

In contrast, the Queensland Government has achieved a remarkable hat trick by topping the scoring to win the coveted National Tobacco Control Scoreboard Achievement Award for leading the nation in tobacco control measures.

AMA President, Dr Tony Bartone, today released the results of the AMA/Australian Council on Smoking and Health (ACOSH) *National Tobacco Control Scoreboard 2019* at the National Press Club in Canberra.

Dr Bartone congratulated Queensland on its strong consistent record in stopping people from smoking, and urged the Northern Territory to build momentum with its efforts on tobacco control, while noting the NT Government had amended and strengthened its tobacco control legislation earlier this year.

“The Queensland Government has continued to protect its community from second-hand smoke in a range of outdoor public areas including public transport, outdoor shopping malls, and sports and recreation facilities,” Dr Bartone said.

“Queensland Health is well ahead of other health services in recording smoking status, delivering brief intervention, and referring patients to evidence-based smoking cessation support such as Quitline.

“The *Making Tracks – toward closing the gap in health outcomes for Indigenous Queenslanders by 2033 - Policy and Accountability Framework* indicates a commitment to reducing smoking among Indigenous communities.

“Funding continues for the *B.Strong Brief Intervention* training program to strengthen primary healthcare services for Indigenous smokers by increasing the brief intervention skills of health professionals, access to culturally effective resources, and referral to Quitline.

“A dedicated smoking cessation website – QuitHQ - has been developed for the Queensland community, which includes quit support, information for health professionals, and smoking laws. Promotion of QuitHQ includes on-line messages and billboards.”

Dr Bartone said that the Northern Territory is showing signs of moving ahead with stronger tobacco control programs, but we are yet to see solid action and proper funding.

“The NT Government has published a new Tobacco Action Plan 2019-2023 stressing the need for media campaigns, smoke-free spaces, sustaining quit attempts and preventing relapse, and identifying priority populations,” Dr Bartone said.

“But these good intentions are yet to be backed with the necessary funding.”

Dr Bartone said the AMA would like to see the Federal Government take on a greater leadership role to drive stronger nationally coordinated tobacco control to stop people smoking and stop people taking up the killer habit.

“The Federal Government has not run a major, national media campaign against smoking since 2012-13, when plain packaging was introduced,” Dr Bartone said.

“Nor has it implemented any further product regulation or constraints on tobacco marketing in that time.

“We would like to see the National Tobacco Campaign reinstated with additional and sustained funding.

“The \$20 million announced during the Federal election health debate is a welcome start, but falls well short of the \$40 million a year that is needed for a sustained public education program.

“That is a mere 0.24 per cent of the \$17 billion the Government expects to reap from tobacco taxes in 2019-20.

“The Government should also implement a systemic approach to providing support for all smokers to quit when they come into contact with health services.

“These key ingredients should be part of the Minister’s commitment, first announced at the AMA National Conference in May, to develop a National Preventive Health Strategy in consultation with the AMA and other health and medical bodies.

“Smoking remains the leading cause of preventable death and disease in Australia, causing 19,000 premature deaths each year.

“Two-thirds of all current Australian smokers are likely to be killed by their smoking. That is a staggering 1.8 million people.

“While Australia is a world leader in tobacco control, more needs to be done to help people quit smoking, or not take it up in the first place.

“Big Tobacco is attempting to distract attention from evidence-based measures that will reduce smoking, while promoting itself as being concerned about health.

“This is particularly outrageous from an industry whose products kill more than seven million people each year.

“It is crucial that Australia maintains its strong evidence-based policies and avoids being diverted by Big Tobacco’s new distraction strategies, particularly following disturbing evidence from the US and Canada about the epidemic of youth e-cigarette use.

“We must remain vigilant against any attempts to normalise smoking, or make it appealing to young people.

“This includes following the advice of the National Health and Medical Research Council and the Therapeutic Goods Administration in regulating e-cigarettes, and not allowing them to be marketed as quit smoking aids until such time as there is scientific evidence that they are safe and effective.”

The *AMA/ACOSH National Tobacco Control Scoreboard* is compiled annually to measure performance in combating smoking.

Judges from the Australian Council on Smoking and Health (ACOSH), the Cancer Councils, and the National Heart Foundation allocate points to the State, Territory, and Australian Governments in various categories, including legislation, to track how effective each has been at combating smoking in the previous 12 months.

No jurisdiction received an A or B rating this year or last year.

24 July 2019

CONTACT: John Flannery 02 6270 5477 / 0419 494 761
 Maria Hawthorne 02 6270 5478 / 0427 209 753

NATIONAL TOBACCO CONTROL SCOREBOARD 2019 AMA/ACOSH Award – Judges’ Comments

This year is the Silver Anniversary of the AMA/ACOSH *National Tobacco Control Scoreboard*.

Since the introduction of the Award in 1994, daily smoking in Australia has halved from 26.1% in 1993 to 12.8% in 2016.

Importantly, the proportion of 12 to 17-year-old school students who have never smoked in their life has increased significantly from 33% in 1984 to 82% in 2017.

Australia has led the world in its implementation of a comprehensive approach to reduce smoking.

Since the early 1990s, Australia has implemented the following strategies to reduce smoking, many of which have been duplicated in other countries around the globe:

Year	Daily smoking prevalence (%)	Tobacco Control measures
1990		Bans on advertising of tobacco products in newspapers and magazines published in Australia.
1993	26.1	State based Quit Public Education campaigns expanded Increase in tobacco excise
1994		Bans on smoking in restaurants begin
1994		Dirty Ashtray Award commences
1995	25	Strengthened nationally consistent text-only health warnings required.
1997		National Tobacco Campaign begins
1998	22.7	Bans on point-of-sale tobacco advertising across Australia (1998-2006)
2001	20	
2004	18.2	
2006		Graphic health warnings required on packaging of most tobacco products
2007	17.5	
2007		25% increase in the tobacco excise.
2008		Tackling Indigenous Smoking Initiative Commences
2010	15.9	
2011		Bans on point-of-sale tobacco product displays begin Plain Packaging legislation passed
2012		Introduction of Plain Packaging of tobacco products.

		Offence for any person to publish tobacco advertising on the internet or other electronic media
2013	13.3	
2014		12.5% tobacco excise increase
2014		Change from bi-annual indexation based on the Consumer Price Index (CPI) to bi-annual indexation based on average weekly ordinary time earnings (AWOTE).
2015		12.5% tobacco excise increase
2016	12.8	12.5% tobacco excise increase
2017		12.5% tobacco excise increase
2017		Reduction in duty free tobacco allowance to 25 cigarettes.
2017		Harmonisation of tax on roll-your-own tobacco
2018		12.5% excise increase

¹ Figures for 1991, 1993, and 1995 are from AIHW unpublished data. 1998 to 2010 data is from the 2010 NDSHS report, Supplementary table, released on the AIHW website, 5 November 2010. 2013 data available on the [AIHW website](http://www.aihw.gov.au/) :www.aihw.gov.au/.

² AIHW NDSHS data between 1991 to 2013. Data available on the [AIHW website](http://www.aihw.gov.au/) :www.aihw.gov.au/.

Despite significant progress in reducing smoking over the last 30 years, there is much work ahead to achieve a tobacco-free future for Australia.

Smoking remains the leading cause of preventable death and disease in Australia, causing around 19,000 deaths each year.

Two thirds of long-term smokers will be killed by tobacco. This means 1.7 million of Australia's current 2.7 million daily smokers will die prematurely if they continue to smoke.

Learning from the past, we know how important it is to maintain and strengthen action and investment in tobacco control. Complacent attitudes can result in governments losing the momentum in the face of constant efforts by the tobacco industry to promote smoking.

In 2019, we acknowledge continued government actions that have made cigarette packages unappealing, kept the price of tobacco at levels that help to encourage quitting and discourage young people from taking up smoking, and resisted a range of pressures from the tobacco industry and its allies.

Disappointingly, many governments in Australia have fallen back in the crucial area of public education through tv-led public education campaigns that we know are effective in increasing quit attempts by smokers and reducing the prevalence of smoking.

The Federal Government has not provided funding for tv-led public education campaigns since 2012/2013, despite raising more than \$12 billion from tobacco tax revenue in the 2018/2019 financial year.

Consistent with 2018, this year there are no A or B ratings, because no Australian government has implemented a comprehensive suite of strategies to put significant downward pressure on

the prevalence of smoking.

Western Australia, South Australia and the Northern Territory played catch-up by updating their tobacco control legislation, bringing them into line with changes already made by the Queensland Government.

As a consequence, most jurisdictions received a C for Complacency.

We call on the Australian, State and Territory Governments to implement the following recommendations:

- allocate adequate funding from tobacco revenue (predicted to be \$17 billion in 2019/2020) to ensure strong media campaigns at evidence-based levels;
- ban all remaining forms of tobacco marketing and promotion and legislate to keep up with innovative tobacco industry strategies;
- implement tobacco product regulation to decrease the palatability and appeal of tobacco products;
- implement comprehensive action, including legislation, in line with Article 5.3 of the Framework Convention on Tobacco Control (FCTC) to protect public health policy from direct and indirect tobacco industry interference, and ban tobacco industry political donations;
- implement positive retail licensing schemes for all jurisdictions;
- implement best practice support for smoking cessation across all health care settings;
- ensure consistent funding for programs that will decrease smoking among Aboriginal and Torres Strait Islanders and other groups with a high prevalence of smoking; and
- ensure further protection for the community from the harms of second-hand smoke.

Results

This year the **Northern Territory Government** is again the winner of the **Dirty Ashtray Award**.

The Northern Territory Government was acknowledged for amending and strengthening its tobacco control legislation in early 2019. However, with the highest prevalence, the Northern Territory still has room for much improvement in their efforts to reduce smoking.

They have also published a new Tobacco Action Plan 2019 – 2023 in which they stress the importance of four areas for action: media campaigns, smoke-free spaces, sustaining quit attempts and preventing relapse, and priority populations.

Despite a focus on these evidence-based strategies for reducing smoking, no funding has been dedicated by the Northern Territory Government for implementation of these strategies.

Among the jurisdictions with a C rating, the **Queensland Government** wins the Achievement Award in recognition of action in the majority of National Tobacco Scoreboard categories and scoring highest in provision of smoke-free environments to finish just ahead of others rated C.

Results for Individual Jurisdictions

Grade C (60 – 69 points)

Queensland

POSITIVES

The Queensland government has continued to protect its community from second-hand smoke in a range of outdoor public areas including public transport, outdoor shopping malls, sports and recreation facilities.

Queensland Health is well ahead of other health services in recording smoking status, delivering brief intervention, and referring patients to evidence-based smoking cessation support (e.g. Quitline). The program has strong components for training, education, and practice guidelines, that are being evaluated to assess effectiveness.

‘Making Tracks’ – toward closing the gap in health outcomes for Indigenous Queenslanders by 2033 - Policy and Accountability Framework indicates a commitment to reducing smoking among Indigenous communities. Funding continues for the B.Strong Brief Intervention training program to strengthen primary healthcare services for Indigenous smokers by increasing the brief intervention skills of health professionals, access to culturally effective resources, and referral to Quitline.

A dedicated smoking cessation website (QuitHQ) has been developed for the Queensland community including quit support, information for health professionals and smoking laws. Promotion of QuitHQ includes on-line messages and billboards.

TOP FOUR ACTIONS NEEDED

1. Allocate consistent funding at evidence-based levels for strong media campaigns to produce declines in smoking.
2. Strengthen controls on the sale of tobacco by:
 - implementing a positive licence scheme with appropriate licence fees;
 - banning retailer incentives for promoting new products; and
 - banning employees under 18 from selling tobacco products.
3. Remove the exemption for high roller rooms at casinos.
4. Reform of property laws and government policy to achieve smoke-free strata housing and social housing.

Western Australia

POSITIVES

Consistent funding for media campaigns continues to be a strength of tobacco control for the Western Australian Government.

The Tobacco Products Control Amendment Bill (2017), effective from 18 March 2019, strengthened control on the sale, display of tobacco products and expanded smoke-free areas.

The main amendments include:

- Tobacco licences will not be issued for the sale of tobacco products at sporting, cultural or other events, such as music festivals or market stalls.
- Updated health warnings must be displayed next to where tobacco information or price signage is publicly displayed, and price boards reduced to no larger than A4.
- Specialist tobacco retailers are no longer allowed to display tobacco products or smoking implements where they can be seen from a public place outside the premises.
- Smoking is not allowed within five metres of a public entrance to an enclosed public place, and within 10 metres of air conditioning intakes.
- From 18 September 2020 employees under the age of 18 years will be prohibited from selling tobacco products.

TOP FOUR ACTIONS NEEDED

1. Ensure further protection for Western Australians from the harms of second-hand smoke by removing the exemption in beer gardens of licensed premises and the high roller international room at the Crown Casino. Smoke-free legislation should be extended to protection in public transport waiting areas, outdoor shopping malls and other crowded outdoor public places.
2. Ensure the provision of brief advice is embedded as part of routine care in health services and hospitals (smoking status is recorded, advice delivered, and referral to an evidence-based behavioural intervention for smoking cessation support e.g. Quitline).
3. Implement a comprehensive smoking policy in correctional facilities.
4. Implement comprehensive smoke-free policies in government provided housing and a simple process for adoption of smoke-free by-laws in multi-unit strata housing.

Australian Capital Territory

POSITIVES

The ACT Government has continued its leadership in protecting the community from exposure to second-hand smoke, with an expansion of smoke-free policies to include public transport waiting areas as well as outdoor dining and drinking areas, gaming rooms, and the high-roller room in the ACT casino.

Strong restrictions have been maintained on tobacco sales and marketing, including a positive licence scheme and bans on point-of-sale display of tobacco products, price boards, and retailer incentives. The ACT remains the only jurisdiction to have a complete ban on sales of tobacco through vending machines.

The ACT was the first Government to divest from the tobacco industry, and to implement a responsible investment policy.

TOP FOUR ACTIONS NEEDED

1. Provide funding at evidence-based levels for strong media campaigns to produce declines in smoking.
2. Provide additional funds to support quitting in groups with high prevalence of smoking, such as people experiencing mental health issues and disadvantaged communities. While detainees and staff are only permitted to smoke in designated outdoor areas, a comprehensive smoke-free policy at correctional facilities should be implemented.
3. Develop a system-wide program (hospitals, mental health services, GPs, primary care, etc) to ensure patients have their smoking status recorded, brief intervention delivered, and referral to evidence-based smoking cessation support (e.g. Quitline).
4. Strengthen controls on the sale of tobacco by banning employees under 18 from selling tobacco products.

New South Wales

POSITIVES

Development of the NSW Smoking Cessation Framework for NSW local health districts (LHDs) to support health professionals to integrate quit support into routine care is a step toward a systematic approach to cessation by health services.

The Government has implemented a comprehensive smoke-free policy for corrective services.

As confirmed by regulation, smoke drift is regarded as a cause of nuisance or hazard and there are smoke-free model by-laws that can be implemented in multi-unit strata housing.

The Government has recently released the NSW Health Tobacco Strategy Work Plan 2019-2021.

TOP THREE ACTIONS NEEDED

1. Increase and provide consistent funding at evidence-based levels for strong media campaigns to produce declines in smoking.
2. Strengthen controls on the sale of tobacco by:
 - implementing a positive licence scheme with appropriate licence fees;
 - banning price boards and retailer incentives; and
 - banning employees under 18 from selling tobacco products.
3. Legislate to end smoking in all outdoor dining and drinking areas. Address loopholes in legislation in licensed venues and eliminate exemptions for high roller rooms in casinos.

South Australia

POSITIVES

All South Australian prisons and prison grounds will be smoke free by the end of 2019.

The requirement for the high roller room at the Adelaide casino to be smoke-free has been maintained.

Commitment to address smoking among Indigenous communities through implementation of a comprehensive framework for action for Aboriginal and Torres Strait Islander peoples, targeted social marketing programs, tailored communication strategies, and culturally secure Quitline services.

Use of e-cigarettes is banned in smoke-free areas in South Australia.

TOP FOUR ACTIONS NEEDED

1. Ensure the provision of brief advice is embedded as part of routine care in health services and hospitals (smoking status is recorded, advice delivered, and referral to an evidence-based behavioural intervention for smoking cessation support e.g. Quitline).
2. Increase commitment to ongoing programs to reach groups with high smoking prevalence such as people with mental health issues, low socioeconomic groups, LGBTI individuals, and people who are homeless.
3. Strengthen controls on the sale of tobacco by:
 - banning sales from vending machines;
 - banning retailer incentives and price boards; and
 - banning employees under 18 from selling tobacco products.
4. Increase protection from second-hand smoke by banning smoking in outdoor drinking areas, entrances and exits to public buildings and areas adjacent to ventilation ducts.

Victoria

POSITIVES

The Government, through its funding of Quit, is piloting the Tackling Tobacco Framework – an organisational change model for embedding smoking cessation into usual care in mental health services.

Use of e-cigarettes is banned in smoke-free areas in Victoria.

TOP SIX ACTIONS NEEDED

1. Develop and implement a Tobacco Control Action Plan.
2. Increase the funding to consistent and evidence-based levels for strong media campaigns to produce declines in smoking and address smoking among Indigenous communities and other high priority groups. Investment by the Victorian Government in media campaigns is now well below recommended levels.
3. Strengthen controls on the sale of tobacco by:
 - implementing a positive licence scheme with appropriate licence fees;
 - banning retailer incentives and promotional schemes for consumers including multi- pack discounts and specials;
 - eliminate the exemption of specialist tobacconists and e-cigarette specialist retailers from point of sale display bans;
 - banning sales from vending machines; and
 - banning employees under 18 from selling tobacco products.
4. Ensure the provision of brief advice is embedded as part of routine care in health services and hospitals (smoking status is recorded, advice delivered, and referral to an evidence-based behavioural intervention for smoking cessation support e.g. Quitline).
5. Funding for the Quitline should be allocated for long-term periods rather than short-term contracts.
6. End the smoking exemption at outdoor drinking areas and the smoking-designated areas in high roller rooms at the casino. Smoke-free legislation should be extended to protection in public transport waiting areas, sporting and other crowded outdoor events, outdoor shopping malls, and entrances / exits to buildings.

Grade D (50 - 59 points)

Australian Government

POSITIVES

Continuing commitment to *Tackling Indigenous Smoking* program, albeit at a lower level than in previous years.

Strong fiscal policies, with an annual 12.5 per cent increase in tobacco excise and the alignment of tax increases for roll-your-own tobacco.

Strong and continuing bipartisan commitment to tobacco control, with support for plain packaging legislation, and provision of exemplar role and guidance to other countries.

Nicotine Replacement Lozenges have been listed on the PBS.

Appropriate evidence-based decision by the Therapeutic Goods Administration (TGA) in relation to scheduling liquid nicotine. Clear, evidence-based position statement from the National Health and Medical Research Council (NHMRC) reflecting a commitment to reducing the potential risks of electronic nicotine and non-nicotine delivery systems.

Statement by the Department of Health that claims made for e-cigarettes as effective quit smoking aids, or safe alternatives to conventional tobacco products, should be rejected by health authorities as there is currently no scientific evidence to support these claims.

TOP FIVE ACTIONS NEEDED

1. Funding should be reintroduced for sustained TV-advertising led public education campaigns at evidence-based levels for the current year and across the forward estimates. The Commonwealth is raising significant revenue by its robust approach to tobacco excise, and some of this revenue should be used to ensure growth in tobacco control measures, in particular media campaigns, to produce declines in smoking.
2. Ban all remaining forms of tobacco marketing and promotion and legislate to keep up with innovative tobacco industry strategies. Reviews of legislation could include administrative penalties such as infringement notices and fines in order to ensure enforcement is more efficient and effective.
3. Implement tobacco product regulation to decrease the palatability of tobacco products.
4. Limit interactions with the tobacco industry and front groups in line with FCTC Article 5.3 through the adoption and publication of clear and accountable procedures outlined in a Guidance Note for all government instrumentalities.
5. Implement a systemic approach to providing support for all smokers to quit when they come in contact with health services.

Tasmania

POSITIVES

The Tasmanian Tobacco Control Plan 2017-2021 has now been finalised.

Good progress in protecting the community from exposure to second-hand smoke with smoke free outdoor dining, pedestrian and bus malls, gaming rooms, and high roller rooms in casinos.

Effective partnerships have been established to deliver smoking cessation support to high-risk populations.

TOP FIVE ACTIONS NEEDED

1. Provide consistent funding at evidence-based levels for strong media campaigns to produce declines in smoking. While Tasmania has the second highest prevalence of smoking in Australia, funds provided by the Tasmanian Government for tobacco control media campaigns have not been adequate or sustained. Federal government funding was provided in the short term to ensure campaigns at evidence-based levels until 30 June 2019.
2. Implement and maintain consistent funding at evidence-based levels to address smoking among Indigenous and high priority communities.
3. Ensure the provision of brief advice is embedded as part of routine care in health services and hospitals (smoking status is recorded, advice delivered, and referral to an evidence-based behavioural intervention for smoking cessation support e.g. Quitline).
4. Strengthen controls on the sale of tobacco by:
 - banning retailer incentives and price boards for promoting new products;
 - banning sales from vending machines; and
 - banning employees under 18 from selling tobacco products.
5. Eliminate smoking designated zones in outdoor drinking areas.

Grade E (<50 points)

Northern Territory

POSITIVES

In February, the Northern Territory Government amended its Tobacco Control Act (2002). The major changes to the Act include:

- Use of e-cigarettes and similar devices in smoke-free areas is prohibited and carries the same penalty as tobacco products.
- The use of electronic cigarettes (e-cigarettes) and similar devices such as vaping is not permitted in a private motor vehicle when carrying a passenger under 16 years of age.
- All retail staff who sell tobacco products (including e-cigarettes and similar) must be a minimum of 18 years of age.
- Tobacco vending machines will no longer be allowed in areas of a liquor licensed premises where a child (someone under the age of 18 years old) or children supervised by a parent, guardian or spouse can enter or spend time there.
- A 10-metre smoke-free buffer area from all boundaries, entry points and exits around public events and community facilities with correct indicative signage.

In addition, the Northern Territory has now released a Tobacco Control Action Plan 2019 - 2023.

TOP SIX ACTIONS NEEDED

1. Allocate dedicated resources to the implementation of the Northern Territory Tobacco Action Plan 2019-2023.
2. Implement strong media campaigns to produce declines in smoking funded at evidence-based levels. The NT does not provide any funding for media campaigns despite having the highest prevalence of smoking in Australia.
3. Ensure the provision of brief advice is embedded as part of routine care in health services and hospitals (smoking status is recorded, advice delivered, and referral to an evidence-based behavioural intervention for smoking cessation support e.g. Quitline).
4. Strengthen controls on the sale of tobacco by:
 - implementing appropriate licence fees;
 - implementing a retailer training scheme;
 - allocating adequate resources and staff for monitoring and enforcement;
 - banning retailer incentives and promotional schemes for consumers;
 - banning sales from vending machines and mobile outlets.
5. Eliminate smoking-designated areas at education institutions (especially in schools), government-sponsored events and music festivals, drinking areas, and the exemption in the high rollers area at the casino.
6. Both major parties should reject political donations from industries allied with tobacco companies.

