

**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/>



**NORTHERN TERRITORY FAILS MISERABLY IN TOBACCO CONTROL AS ACTION ON SMOKING STALLS AROUND NATION**

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

The Northern Territory Government, a serial offender, has again received the *Dirty Ashtray Award*, for putting in the least effort to reduce smoking over the past 12 months.

Releasing the *AMA/ACOSH National Tobacco Control Scoreboard 2018* on World No Tobacco Day, AMA President, Dr Tony Bartone, said it is the third year in a row that the NT has earned the dubious honour.

“The NT scored an E this year, and continues to fail miserably when it comes to protecting Territorians from the harms from smoking,” Dr Bartone said.

“This completes a ‘dirty dozen’ for the Territory – its 12<sup>th</sup> ‘win’ since the Award was first presented in 1994.

“The Queensland Government has won the *Achievement Award* for the second year in a row, but it still only scored a C - a C for complacency.”

Queensland was narrowly the best of the C-graders, scoring highest in the provision of smoke-free environments. It was just ahead of the Australian Government for its appropriate, evidence-based decisions about liquid nicotine and e-cigarettes.

Dr Bartone said that all Australian governments must urgently step up their efforts to combat smoking, including reintroducing education campaigns, and banning shop assistants and employees under the age of 18 from selling tobacco products.

“While Australia has made remarkable progress in tackling tobacco, we are in danger of losing momentum in the face of constant efforts by the tobacco industry to promote smoking,” Dr Bartone said.

“Tobacco is unique among consumer products in that it causes disease and premature death when it is used exactly as intended. Two out of three smokers will die from their habit.

“Smoking kills. Smoking robs people, including young people, of their health.

“Governments must do more to help people to stop smoking, or to not take up the deadly habit in the first place.

“Strong government actions, including making packaging unappealing, keeping tobacco products out of view, and keeping tobacco prices high, have helped to encourage people to quit, or young people not to start.

“The Minister for Indigenous Health, Ken Wyatt, is to be commended for continuing funding of \$183.7 million over four years for the *Tackling Indigenous Smoking* program.

“We know that public education and awareness campaigns can have a powerful effect on people’s decisions, yet there has been no national media campaign on tobacco since 2012.

“It is especially disappointing that, yet again, the latest Federal Budget provides no new funding, despite expecting to raise more than \$11 billion a year from tobacco taxes.

“It is important that we stay vigilant against any attempts to normalise smoking, or make it appealing to young people.

“This includes regulating e-cigarettes in exactly the same manner as tobacco cigarettes, and not allowing them to be marketed as quit smoking aids until such time as there is scientific evidence that they work as cessation aids, and do not cause further harm.

“But no one government is excelling.

“Tobacco control is still a public health priority, here and around the world.

“Australia has to reclaim its reputation as the world leader in tobacco control.”

The AMA/ACOSH *National Tobacco Control Scoreboard* is compiled annually to mark World No Tobacco Day on 31 May.

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

The judges called on all jurisdictions to allocate consistent funding for strong media campaigns, and to ban all remaining forms of tobacco marketing and promotion.

They also called on all States and Territories to strengthen controls on the sale of tobacco by banning employees under 18 from selling tobacco products.

---

31 May 2018

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

Follow the AMA Media on Twitter: [http://twitter.com/ama\\_media](http://twitter.com/ama_media)

Follow the AMA President on Twitter: <http://twitter.com/amapresident>

Follow *Australian Medicine* on Twitter: <https://twitter.com/amaausmed>

Like the AMA on Facebook <https://www.facebook.com/AustralianMedicalAssociation>

## NATIONAL TOBACCO CONTROL SCOREBOARD 2018

### AMA/ACOSH AWARD – JUDGES' COMMENTS

World No Tobacco Day on 31 May reminds us that, despite remarkable progress, there is much work ahead to achieve a tobacco-free future for Australia.

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 2018, we acknowledge government actions that have made cigarette packages so unappealing, and kept the price of tobacco at levels that help to encourage quitting and discourage young people from taking up smoking.

The allocation of \$183.7 million over four years to continue the *Tackling Indigenous Smoking* initiative is highly commended. The Minister for Indigenous Health, Hon Ken Wyatt MHR, deserves recognition for continuing funding for this successful program, as well as Professor Tom Calma AO, National Coordinator of *Tackling Indigenous Smoking*, for his role in championing the initiative.

Disappointingly, many governments in Australia have fallen back in the crucial area of public education through media campaigns that we know are effective in increasing quit attempts by smokers. There has been no national media campaign on tobacco since 2012.

It is especially disappointing that yet again the latest Federal Budget provides no new funding, although the Government expects to raise more than \$11 billion annually from tobacco tax revenue.

This year, there was no A or B rating, consistent with the lack of progress by governments across Australia. Most jurisdictions, including the Australian government, received a C for Complacency rating.

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

- allocate adequate funding from the \$11 billion tobacco revenue 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 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 to ban tobacco industry political donations;
- implement positive retail licensing schemes for all jurisdictions;
- implement best practice cessation interventions and support in all health settings
- ensure consistent funding for programs that will decrease smoking among Aboriginal and Torres Strait Islanders and other groups with high smoking prevalence;
- ensure further protection for the community from the harms of second-hand smoke.

## Results

This year the **Northern Territory** is the winner of the **Dirty Ashtray** Award, and Victoria the runner up – both with an E grading. The Northern Territory holds onto the award from last year and has won 12 times since the Award's inception in 1994.

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.

## Grade C (60-69 points)

### Queensland

#### POSITIVES

People in Queensland are protected from second-hand smoke in a range of outdoor public areas including public transport, and 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 (eg 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 brief intervention skills of health professionals, access to culturally effective resources, and referral to Quitline.

Action to address smoking among high prevalence groups by supporting intensive quit smoking programs for blue collar workers, pregnant women and their partners, and people experiencing mental health issues, homelessness and unemployment.

QIC is tobacco free, and Qsuper no longer owns shares in companies involved in manufacturing tobacco products.

#### TOP THREE 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. Ban the exemption for high roller rooms at casinos.

## **Australian Government**

### **POSITIVES**

Continuing commitment to *Tackling Indigenous Smoking* with \$183.7 million funding implemented for a four-year period from July 2018.

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.

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 FOUR ACTIONS NEEDED**

1. Funding should be reintroduced for sustained national media 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 of a clear and accountable procedures outlined in a Guidance Note.

## **Australian Capital Territory**

### **POSITIVES**

Leadership by the ACT Government in protecting the community from exposure to second-hand smoke continues, with an expansion of smoke-free policies to include public transport waiting areas as well as outdoor dining and drinking areas, gaming rooms, and high-roller rooms in casinos.

Strong restrictions on tobacco sales and marketing, including 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 consistent 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 smoking prevalence, 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 (eg. Quitline).
4. Strengthen controls on the sale of tobacco by banning employees under 18 from selling tobacco products.

#### **Western Australia**

##### **POSITIVES**

Consistent funding for media campaigns at evidence-based levels continues to be a strength of tobacco control for the Western Australian Government.

Strong stance on electronic nicotine and non-nicotine delivery systems, with sales of devices not permitted under existing legislation.

Good progress in the implementation of programs to reduce smoking among Indigenous communities and people experiencing mental health issues and disadvantage.

##### **TOP FOUR ACTIONS NEEDED**

1. Ensure further protection for Western Australians from the harms of secondhand smoke by removing the exemptions in beer gardens in 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 entrances and exits to buildings.
2. Strengthen controls on the sale of tobacco by:
  - ending the exemption for product display by specialist tobacconists;
  - banning price boards and vending machines; and
  - banning employees under 18 from selling tobacco products.
3. Implement a comprehensive smoking ban at correctional facilities and implement a simple process to adopt smoke-free by-laws at multi-unit strata housing.

4. 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 (eg. Quitline).

## **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 Smoke-Free Environment Act (April 2018) largely prohibited the use of e-cigarettes in areas where tobacco smoking is prohibited, although it is disappointing to note some loopholes in this legislation.

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

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

### **TOP FIVE ACTIONS NEEDED**

1. Increase and provide consistent funding at evidence-based levels for strong media campaigns to produce declines in smoking.
2. Release the NSW Tobacco Strategy with commitments, and a framework for action, to reduce smoking among Indigenous communities and among groups with high prevalence, such as people with mental health issues, and cultural and linguistically diverse (CALD) groups.
3. Include in the Smoking Cessation Framework for NSW Health Services an incentive program with KPIs for smoking cessation support delivery by health services.
4. 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.
5. 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.

## **Grade D (50 – 59 points)**

### **South Australia**

### **POSITIVES**

Media campaigns funded at evidence-based levels.

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.

The South Australian Government does not directly invest taxpayers' money in tobacco companies, and Funds SA is currently tobacco-free.

### **TOP SIX ACTIONS NEEDED**

1. 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 (eg. Quitline).
2. Increase commitment to ongoing programs to reach groups with high smoking prevalence such as people with mental health issues, low SES 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.
5. Prohibit the use of e-cigarettes in areas where tobacco smoking is prohibited.
6. Implement a commitment to prohibit smoking in all South Australian prisons by the end of 2019, in line with the South Australian Tobacco Control Strategy 2017–2020.

### **Tasmania**

#### **POSITIVES**

Good progress in protecting the community from exposure to second-hand smoke with smoke free outdoor dining, pedestrian and bus malls, and no exemptions for licensed premises, gaming rooms, and high roller rooms in casinos.

Legislation regulates e-cigarettes in the same way as tobacco products in regard to sales to children, smoke-free areas and display, advertising, and packaging.

#### **TOP SIX 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. Federal government funding has provided in the short term to ensure campaigns at evidence-based levels.

2. Implement consistent funding to address smoking among Indigenous communities and people experiencing mental health issues, and maintain funding at evidence-based levels to support pregnant women and prisoners to quit smoking.
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 (eg. Quitline).
4. Update the 2015 Tasmania Tobacco Action Plan.
5. 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.
6. Eliminate smoking designated zones in outdoor drinking areas.

## **Grade E (<50 points)**

### **Victoria**

#### **POSITIVES**

Good progress in implementing comprehensive smoke free legislation at correctional facilities.

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. 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 (eg. 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.

## **Northern Territory**

### **POSITIVES**

The Northern Territory was the first State in Australia to implement a comprehensive smoking ban at correctional facilities.

Cessation support through brief intervention programs and referral services are implemented through Aboriginal Medical Services the Department of Health and Northern Territory Government services.

### **TOP SIX ACTIONS NEEDED**

1. 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.
  2. Develop and implement a Tobacco Control Action Plan.
  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 (eg. Quitline).
  4. Strengthen controls on the sale of tobacco by:
    - implementing appropriate licence fees;
    - implement a retailer training scheme;
    - allocate adequate resources for monitoring and enforcement;
    - banning retailer incentives and promotional schemes for consumers;
    - banning sales from vending machines and mobile outlets; and
    - banning employees under 18 from selling tobacco products.
  5. Divest taxpayers' resources from tobacco companies.
  6. Eliminate smoking-designated areas at schools, government-sponsored events and music festivals, drinking areas, and the exemption at the high rollers area at the casino.
-