

# **Tobacco in Australia | Facts & Issues**

A comprehensive online resource

## List of chapters available at tobaccoinaustralia.org.au

### Introduction

- Chapter 1** Trends in the prevalence of smoking
- Chapter 2** Trends in tobacco consumption
- Chapter 3** The health effects of active smoking
- Chapter 4** The health effects of secondhand smoke
- Chapter 5** Factors influencing the uptake and prevention of smoking
- Chapter 6** Addiction
- Chapter 7** Smoking cessation
- Chapter 8** Tobacco use among Aboriginal peoples and Torres Strait Islanders
- Chapter 9** Smoking and social disadvantage
- Chapter 10** The tobacco industry in Australian society
- Chapter 11** Tobacco advertising and promotion
- Chapter 12** The construction and labelling of Australian cigarettes
- Chapter 13** The pricing and taxation of tobacco products in Australia
- Chapter 14** Social marketing and public education campaigns
- Chapter 15** Smokefree environments
- Chapter 16** Tobacco litigation in Australia
- Chapter 17** The economics of tobacco control
- Chapter 18** The WHO Framework Convention on Tobacco Control
- Appendix 1** Useful weblinks to tobacco resources

*Tobacco in Australia: Facts and Issues*, Fourth Edition

A comprehensive review of the major issues in smoking and health in Australia, compiled by Cancer Council Victoria.

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*Tobacco in Australia: Facts and Issues*; 4th Edition updates earlier editions of the book published in 1995, 1989 and 2008. This edition is greatly expanded, comprising chapters written and reviewed by authors with expertise in each subject area. *Tobacco in Australia: Facts and Issues* is available online, free of charge. A hard copy version of this publication has not been produced.

This work has been produced with the objective of bringing about a reduction in death and disease caused by tobacco use. Much of it has been derived from other published sources and these should be quoted where appropriate. The text may be freely reproduced and figures and graphs (except where reproduced from other sources) may be used, giving appropriate acknowledgement to Cancer Council Victoria.

Editors and authors of this work have tried to ensure that the text is free from errors or inconsistencies. However in a resource of this size it is probable that some irregularities remain. Please notify Cancer Council Victoria if you become aware of matters in the text that require correction.

Editorial views expressed in *Tobacco in Australia: Facts and Issues*, Fourth Edition are those of the authors.

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# Introduction

# Tobacco in Australia: facts and issues—an introduction

Smoking in the mid-20th century was ubiquitous in Australia, as in other Western countries. In 1945, more than three out of every four men and one in every four women were regular smokers.<sup>1</sup> Smoking rates fell dramatically over the following two decades as many men died prematurely and others gave up smoking in response to the concerns about health that were starting to be raised by research scientists<sup>2–9</sup> and medical authorities.<sup>10–15</sup> Working against this trend, however,<sup>16</sup> were two major—arguably *the* two major—social forces of the late 20th century. First was the advent of television in the late 1950s, which brought an avalanche of advertisements for cigarettes into the lounge rooms of Australian families,<sup>17</sup> and distracted from concerns about cancer with images of European sophistication, American-style affluence and Australian sunshine and fun that resonated with the optimism and aspirations of a generation wanting to build a new life after two long decades of war and Depression. A new breed of advertising men in the United States, Britain and Australia helped tobacco companies to side-step the health issue with appeals to emotion combined with reassuring, if vague allusions to filters and reductions in ‘tar’.<sup>18</sup> Next came the social and sexual revolution of the late 1960s and early ’70s, which saw a rejection of conservative ‘older generation’ values such as worrying about financial security and future health, and many young women taking up smoking as a statement of independence and equality.<sup>19</sup>

## Anti-smoking health education

Medical authorities grew increasingly concerned throughout the 1970s about continued smoking, including by youth. They attempted with only moderate success to enlist doctors to warn people about the dangers of smoking. Health educators and psychologists stepped in to work out how best to discourage children from experimenting with cigarettes, and to try to help smokers to shake off the grip of their tobacco habits. Much was learnt about smoking as an addiction and about the process of smoking cessation. Brochures were produced<sup>20</sup> and courses were run by bodies such as the state Cancer Councils and the Seventh Day Adventist Church. However, giving up smoking during the 1970s was seen in much the same category as becoming a vegetarian or a tee-totaller, and little dent was made in smoking rates in the face of the powerful commercial forces that continued to promote cigarettes.

Medical groups continued to press governments to restrict the promotion of tobacco products, and to discourage their use on a wider scale. A discreet faint gold-lettered warning about smoking being a health hazard appeared on cigarette packs in 1973, and direct cigarette advertisements were banished from television in the mid-1970s. However, the cultural dominance of tobacco was barely disturbed. Budgets for TV shifted from advertising to sponsorship of sport, which continued to allow tobacco products to be promoted through television, and may have entrenched smoking even more deeply into the Australian psyche. Advertisements for cigarette products—forced to move to the print media—could then be tailored specifically to the readership of particular newspapers and magazines, including those intended for young women. Advertisements on billboards and outside shops signalled that tobacco was still a prominent part of every-day life. Smoking was allowed in all but the most fire-prone public buildings and several tobacco company executives received knighthoods for their services to the business community.<sup>21</sup>

## The birth of tobacco control

A pioneer in using behavioural science to adapt commercial marketing techniques for public education, in the late 1960s the Anti-Cancer Council in Victoria organised prominent Victorian Football League (VFL) footballers to promote the quit smoking message.<sup>i</sup> In 1971, the Victorian Anti-Cancer Council traded on its respectability to push boundaries by securing community service spots for what broadcasters no doubt expected to be advertisements

i See <http://www.cancervic.org.au/about/70-years/history-1960s>

to promote cancer screening, but instead were hilarious spoofs of cigarette advertisements.<sup>1</sup> The advertisements were quickly taken off air after complaints from tobacco companies, but prompted a flurry of news coverage that helped to build support for amendments to broadcasting legislation that would eventually see the end of TV advertising of cigarettes in Australia.

It wasn't until the early 1980s, however, that governments and cancer councils seriously began to challenge the power of the tobacco companies through the mass media and in popular culture.<sup>22</sup> Quit campaigns established in each state from 1983 used social marketing to 'sell' the message that smoking was harmful—see [Chapter 14](#).<sup>23</sup> Budgets were secured to place television advertisements during prime-time television rather than merely late at night during the 'community service' spots.<sup>24</sup> Professional public relations companies encouraged media coverage about smoking and used celebrities and high-rating television and radio programs to popularise the 'Quit' message.<sup>24</sup> The tide began to turn. Public support for the 'Quit' initiative emboldened governments to seriously consider, and to start to enact recommendations from international health agencies to ban all forms of promotion of tobacco products,<sup>25</sup> to mandate prominent health warnings,<sup>26</sup> and to raise taxes on tobacco products with the dual objectives of making smoking less affordable and generating additional funds for expanded social marketing efforts and to replace tobacco sponsorship of sport.<sup>27</sup>



Figure I.1

Fitzroy Football Club (sponsored by Quit Victoria) win Reserves Premiership in 1989

Source: Unknown

## Tobacco control hits its stride

Quit campaigns were underway in all states and territories by the late 1980s, sharing advertising materials and running a national phone line to advise and support people quitting smoking. Health education in schools remained a major theme but was complemented with more vigorous efforts to stop retailers from selling cigarettes to children—refer [Chapter 5](#).

During the late 1980s and early 1990s, concerns about the health effects of exposure to other people's smoking<sup>28</sup>—see [Chapter 4](#)—led to the progressive restriction of smoking in more and more workplaces.<sup>29,30</sup> Once people 'got a taste of' clean air they 'couldn't get enough'<sup>31</sup> and ever-expanding restrictions of smoking in hospitality venues and public places—see [Chapter 15](#)—combined with the ever-growing evidence about the health effects of smoking—see [Chapter 3](#)—all contributed to a torrent of anti-smoking sentiment worldwide which in turn is having a profound effect on the frequency<sup>32</sup> and uptake of smoking.<sup>33</sup>

## Comprehensive tobacco control in full swing

A stalling of the decline in prevalence occurred in the mid-1990s, corresponding with reduced expenditure on public campaigns,<sup>34</sup> but a major injection of funds through the National Tobacco Campaign in 1997<sup>35–37</sup> kick-started the decline in smoking<sup>38–40</sup> and campaigns over the late 2000s were funded at more commercially realistic levels in most states—see [Chapter 14](#). Smoking rates resumed their downward trend.

Taxes on large packets of cigarettes increased substantially in 1999, with further increases associated with implementation of Australia's Goods and Services Tax between June 2000 and February 2001—see [Chapter 13](#). Governments continued to chip away at remaining forms of promotion, with all states outlawing advertising of products at point of sale in the early 2000s and then, towards the end of the decade, outlawing the display of products altogether—see [Chapter 11, Section 11.9](#).

Smoking cessation aids were listed on the Pharmaceutical Benefits Scheme in 2001, 2007 and 2011 and a variety of phone, internet and SMS programs have since been put in place across the country to support and encourage

i See <http://www.cancervic.org.au/about/70-years/history-1970s>

smokers in their quit attempts—see [Chapter 7](#). These programs are soundly based on [knowledge about addiction](#), [the process of smoking cessation](#) and the predictors of success in quitting that has continued to grow since the 1970s. However, the addictive properties of nicotine and the degree to which smoking is entrenched in smokers' lives continues to result in very high rates of relapse.

## Tobacco control as a legal, economic and social justice issue

During the 1980s smoking came to be seen not just as a health issue, but also as a matter of consumer rights: that smokers have the right to be informed not just about all the diseases caused by smoking, but also about the addictive properties of nicotine and about the nature and effects of chemical residues in tobacco leaf and substances added during manufacture—see [Chapter 12](#).<sup>41</sup> The consumer rights perspective translated into a number of legal actions against tobacco companies based on the premise that tobacco products are more harmful and more addictive than they need to be, and that companies failed to adequately warn consumers about the dangers of their use. The understanding that secondhand smoke is dangerous led courts and various tribunals concerned with workers' health and safety to award compensation for sickness arising from exposure to tobacco smoke in the workplace, which sent a powerful signal to governments and the private sector about the need to protect citizens from exposure to secondhand smoke—see [Chapter 16](#). The courts also demonstrated the power of litigation by upholding laws designed to restrict the promotion of tobacco products and, potentially, of securing resources to fund tobacco control activity. The need for legal expertise in ensuring that law more generally works in the interests of public health is now well recognised.

Smoking is also now well understood in Australia as an economic issue—see [Chapter 17](#)— with the health care<sup>42</sup> and other economic costs associated with tobacco use<sup>43</sup> justifying a significant investment in the treatment of smoking and anti-smoking campaigns<sup>44,45</sup> both to reduce short-run costs<sup>46</sup> and as part of efforts to contain future costs in the public health system.<sup>47–50</sup>

But reducing smoking is not just a matter of economic *efficiency*; smoking is also central to concerns about *social equality*. For several decades, smoking rates have been substantially higher among those who are educationally and socially disadvantaged—see [Chapter 9](#). Reducing smoking and the attendant health costs, financial stress and intergenerational poverty associated with spending on tobacco products has become a major social justice issue, particularly among Australia's Indigenous population—see [Chapter 8](#)— and among those with living with mental illness or problems with drug and alcohol use. Tobacco use among the homeless, among those in correctional facilities and among others facing multiple and severe disadvantage is particularly high, and these groups have also been identified as priorities.

## Understanding what has 'worked'

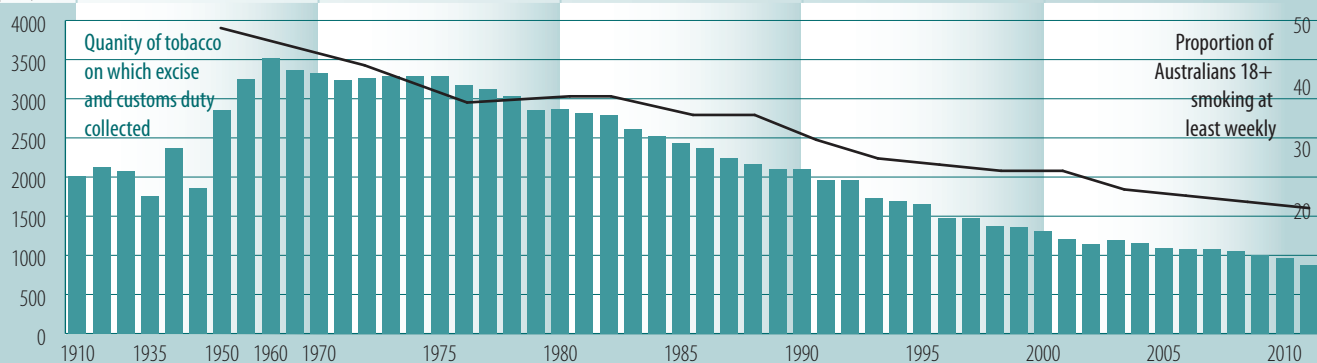
In the 50 years between 1962, when the Royal College of Physicians released its landmark report on the hazards of smoking,<sup>10</sup> and 2012 when this fourth edition of Facts and Issues is going on-line, the prevalence of smoking has more than halved—see [Chapter 1, Section 1.3](#), and per capita consumption has declined by more than 75%—see [Chapter 2, Section 2.3](#).

In line with the findings of research throughout the rest of the world,<sup>51</sup> studies measuring short-run effects have been able to attribute reductions in smoking prevalence in Australia to increasing taxes,<sup>52,53</sup> greater expenditure on social marketing campaigns<sup>54,55,53</sup> and smokefree policies.<sup>56</sup> Multivariate analysis of the effects of policy on prevalence of smoking among teenagers in various Australian states from 1990 to 2005 also indicates strong effects for increases in the price of tobacco products, expenditure on social marketing and comprehensiveness of laws mandating smokefree policies in public places.<sup>57</sup> Indeed, much of the decline in smoking in Australia since the late 1990s appears to be attributable not to more people quitting, but to fewer young people taking up smoking in the first place.<sup>58,59</sup> However, such studies tell only part of the story.

As illustrated in US Surgeon General's reports which have exhaustively reviewed the evidence about the effectiveness of tobacco control over the past five decades,<sup>60,61</sup> smoking is a multi-factorial problem—a tug-of-war between the forces which promote and facilitate the use of tobacco products and the forces which discourage and



	1960s	1970s	1980s	1990s	2000s
Smoking prevention education & restrictions on sales to minors (see Chapter 5)		Inclusion of smoking in drug education in schools <sup>65–67</sup>	Increased penalties for sales to minors	From early 1990s, increase to 18 for minimum age of purchase	Greater intensity of enforcement efforts in WA & NSW from mid-1990s then, increasingly, elsewhere
Advice & treatment (see Chapter 7)	1962 RCOP report; 1964 USSG report on health effects (see Chapter 3)	Posters, brochures & group courses for smokers <sup>68</sup> Advice from doctors <sup>69</sup>	1984 NRT gum approved for sale, 1988 2mg available over the counter	1993 NRT patches approved for sale S4; 1997 NRT went to S3 so advertising allowed	2001 Zyban, 2007 Champix onto PBS 2003 S2; 2006 General sale of NRT 2011 NRT patches onto PBS
Resistance by tobacco industry to restrictions on marketing (see Chapter 10)	Attempts to reduce product harmfulness <sup>70</sup> (see Chapter 12)	Denial of harm caused by smoking <sup>71</sup> Fear-mongering about effects of advertising bans Assertion of right to promote a 'legal' product	Denial of harm caused by secondhand smoke <sup>72</sup> Fear mongering about effects of tax increase Cooperation with governments on measures intended to reduce uptake	Fear mongering about effects of smokefree policies in restaurants	Concessions about health risks of smoking Substantial attention to packaging & pricing
Restrictions on advertising (see Chapter 11)	Large scale investment in advertising in the broadcast media	1973 to 1976 Phase out TV advertising Large-scale investment in sponsorship of sport & outdoor advertising	1987 Vic Tobacco Act then other states ban outdoor advertising & replace tobacco sponsorships Increased industry investment in advertising at point of sale.	1991 end print advertising 1994 TAP Act ends remaining promotion except displays & packs	2010 ACT & NSW then others ban retail displays 2011 tightening of restrictions on internet advertising 2012 Implementation of plain packaging (see Chapter 11, Section 11.10)
Consumer information (see Chapter 12A)		1973 1st pack warning	1987 to 1995 4 rotating health warnings	1996 to 2005 large text warnings	2006 graphic health warnings 2011–12 updated & expanded graphic health warnings
Public education & social marketing (see Chapter 14)		NHMRC education campaign (posters, leaflets)	1983 to 1985 Quit campaigns start in WA, NSW then Vic then all other states	1997 to 2001 National Tobacco Campaign increases social marketing	NSW Cancer Institute & Vic Gov provide increased funding Commonwealth provided \$61m over four years from 2009–10 for the National Tobacco Campaign & \$27.8m over four years from 2010–11 for the More Targeted Approach
Tax increases (see Chapter 13)			1983 Indexation of duties; frequent increases in state franchise fees, from 10 to 50%	1992 1993, 1994 & 1995 excise duty increases; state fees rise from 30 to 100%	1999 to 2001 change to a per stick excise system & introduction of GST April 2010 25% excise increase
Smokefree policies (see Chapter 15)			Growing concerns re ETS (see Chapter 4) 1986 public service & large companies	Widespread in indoor workplaces; from 1994 in ACT in public places	From 2000 in NSW in restaurants, from 2005 in Qld in pubs & outdoors & from 2008 in Tas in cars. 2011 in cars in ACT
Litigation (see Chapter 16)			AFCO v TIA on TIA advertisement downplaying the health risks of passive smoking—major ruling in 1991. Numerous compensation claims & out-of-court settlements for exposure to tobacco smoke		McCabe v BAT 2011 Plain Packaging litigation commenced
% change per capita consumption for decade (see Chapter 2)	-5%	-11%	-25%	-33%	-21% to June 2010
& change in prevalence for decade (see Chapter 1)	Not known	Not known	20% between 1980 & 1989	7% between 1989 & 1998	13% between 2001 & 2010



**Figure I.2**  
Major tobacco promotion & tobacco control policies vs regular smoking & per capita consumption of tobacco products, Australia 1910 to 1960 (5-yrly), 1960 to 2010

Sources:

**Prices:**  
NSW Retail Tobacco Traders Association. Cigarette price lists. *The Australian Retail Tobacconist*<sup>73</sup>

**Quantities of tobacco products subject to excise or customs duty:**

Commonwealth Bureau of Census and Statistics data on excise clearances

- Excise reports: comparative statement of quantity of spirits, beer and tobacco on which excise duty was paid in the Commonwealth during the years 1907–1912 (calendar years),<sup>74</sup> 1911 to 1918–19,<sup>75</sup> 1919–20 to 1928–29,<sup>76</sup> 1929–30 to 1938–39,<sup>77</sup>
- Excise reports: Quantity of spirits, beer, tobacco etc on which duty was paid in the years 1939–40 to 1948–49,<sup>78</sup> 1949–50 to 1953–54,<sup>79</sup> 1954–55 to 1958–59,<sup>80</sup> 1958–59 to 1962–63,<sup>81</sup>
- Overseas trade bulletins: quantity of goods on which excise duty was paid, 1963–64 to 1967–68,<sup>82</sup> 1968–69 to 1972–73,<sup>84</sup> and 1972–73 to 1976–77<sup>83</sup>

Australian Bureau of Statistics (ABS) data on excise clearances

- Excisable tobacco products: quantity cleared and revenue collected by state 1973–74 to 1986–87<sup>85–94</sup>
- Excise data for Australian tobacco products supplied to author by John Browneleit, ABS, for July 1977 to June 1981, 1981 to 1988 and 1988 to 1993 on 2 February 1995 and for July 1993 to June 1994 on 2 December 1994
- Excise data (month-by-month) for Australian tobacco products since 1994, supplied to author by International Trade Section, ABS, 14 August 1997, 13 March 1998 and monthly by electronic subscription between 1998 and 2003<sup>95</sup>

Australian Institute of Health and Welfare

- Excise receipts supplied by Australian Taxation Office to AIHW for Drug use in Australia 2006<sup>96</sup> and 2010<sup>97</sup>

Commonwealth Bureau of Census and Statistics data on customs clearances

- Annual statement of the trade of the Commonwealth of Australia, general imports—Australia, 1903,<sup>98</sup> 1904<sup>99</sup> and 1905<sup>100</sup>
- Trade and customs and excise revenue of the Commonwealth of Australia, Imports—Australia, 1906<sup>101</sup> to 1913<sup>102–107</sup> and 1914–15 to 1920–21<sup>108–114</sup>
- Overseas Trade Bulletin: Australian statistics of overseas imports and exports and customs and excise revenue, Imports—Australia, 1920–21 and 1921–22<sup>115</sup> through 1922–23 and 1923–24 to 1936–37 to 1937–38<sup>116–131</sup>
- Overseas trade and customs and excise revenue, Imports—Australia, 1937–38 and 1938–39 to 1948–49 and 1949–50<sup>132–144</sup>
- Overseas Trade Statistics: imports Cleared for Home Consumption—Australia 1950–51 to 1958–59<sup>145–152</sup>
- Imports cleared for home consumption bulletins, 1959–60 to 1972–73<sup>153–166</sup>

Australian Bureau of Statistics data on customs duty

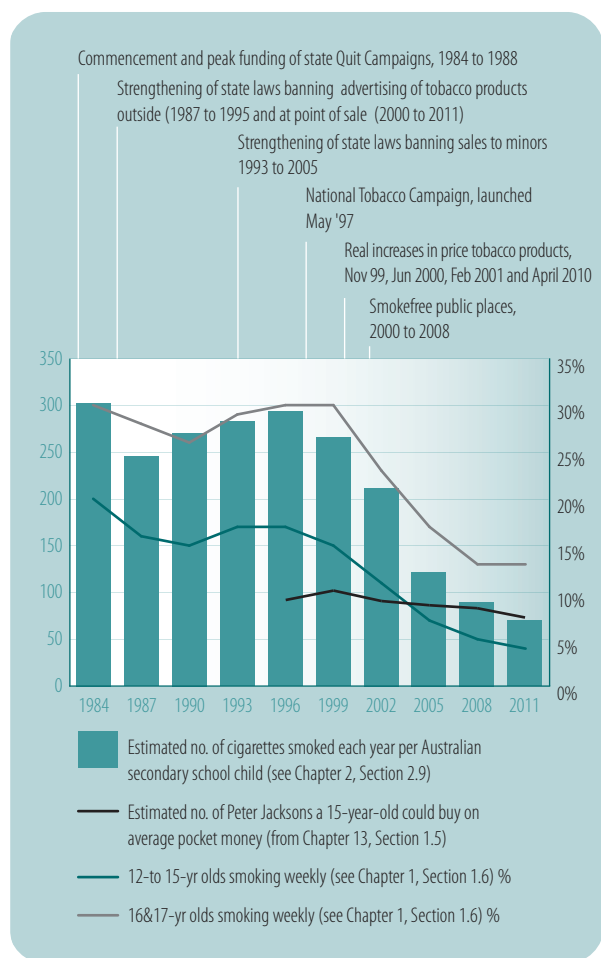
- Imports cleared for home consumption, 1973–74 to 1977–78<sup>167–171</sup>
- Imports cleared for home consumption —Australia 1978–79 to 1980–81<sup>172–174</sup>
- International Trade Branch, Import clearance data for Australian tobacco products, 1981–82 to 1987–88, and 1988–89 to 1993–94 supplied to author by John Browneleit, ABS, 2 December 1994 and 2 February 1995
- Annual customs data from 1995 supplied on request to author by ABS Information service on 1st August 2007

Notes on excise and customs duty

Figures before 1966 were recorded in imperial weights but have been converted to kilograms in this table. It should be noted that excise data on roll-your-own (RYO) tobacco products was for many years compiled from at least two different product codes. Pipe tobacco and chewing tobacco appear to have been coded together with RYO over some periods of time and separately in others. In many years, some pipe tobacco, chewing tobacco and even possibly RYO tobacco may have been incorrectly coded to one or more 'other' (miscellaneous) codes (letter to author from P Holt, Australian Customs Service, clarifying coding of RYO tobacco products, 11 October 1996). It is therefore not possible to be confident about historical data for individual product types.

Suggested citation for this graph

Scollo, M. Figure I.1. Major tobacco promotion & tobacco control policies versus regular smoking & per capita consumption of tobacco products, Australia 1910 to 1960 (5-yrly), 1960 to 2010 in Introduction. M. Scollo and Winstanley, M Eds, Tobacco in Australia: Facts and Issues 2012 using material from Chapters 1–5, 7, 11, 12A, 13–15 and 16



**Figure I.3**  
Reported prevalence of smoking at least weekly & number of cigarettes smoked per day per secondary school student 12 to 17 years vs. major tobacco control initiatives—1984 to 2008

Sources: I. Stinson personal communication<sup>175</sup> using data published in ABS 4221.0 Schools Australia, 1984, 1987, 1990, 1993<sup>176</sup>; ABS 4221.0 Schools 1996<sup>177</sup>, 1999<sup>178</sup>, 2002<sup>179</sup>, 2005<sup>180</sup> and 2008<sup>181</sup>; V White, personal communication, using data from Hill, Wilcox, Gardner and Houston 1987<sup>182</sup>, Hill, White, Pain and Gardner 1990<sup>183</sup>, Hill, White, Williams and Gardner 1993<sup>184</sup>, Hill White and Segan 1995<sup>185</sup>, Hill, White and Letcher 1999<sup>186</sup>, Hill, White and Effendi 2002<sup>187</sup>, White and Hayman 2004<sup>188</sup> and 2006,<sup>189</sup> White and Smith 2009<sup>190</sup> and White and Bariola 2012<sup>191</sup>

Suggested citation for this graph. Figure I.2 Reported prevalence of smoking at least weekly & number of cigarettes smoked per day per secondary school student 12 to 17 years vs. major tobacco control initiatives—1984 to 2011 In Introduction. M. Scollo and Winstanley, M Eds, Tobacco in Australia: Facts and Issues 2012 using material from Chapters 1, 2 3,4, 5, 7, 11, 12A, 13, 14, 15 and 16

inhibit its use; a tug-of-war played out at the individual, household and community levels as well as in the wider culture. Each of the regulatory, educational and clinical factors highlighted in Figures I.2 and I.3 vary widely in their techniques and effects, some of which are contributory rather than independent,<sup>60</sup> and too complex to capture through standard statistical analysis.<sup>62–64</sup> However, each measure must have contributed in some way—either directly or indirectly, in the longer if not the short term—by having:

- reduced the glamour and appeal of tobacco products
- increased knowledge about health effects
- reduced cues or opportunities to smoke
- reduced the social acceptability of smoking
- reduced withdrawal symptoms during quitting
- increased smokers' knowledge about how to manage the quitting process.

Continuing progress requires a comprehensive approach to maintain momentum and ensure that government efforts on one front are not undermined by more vigorous efforts and greater investment by tobacco companies on other fronts.

## Tobacco in Australia: facts and issues, edition 4

This is the fourth edition of *Tobacco in Australia: facts and issues*, a project originally conceptualised by Paul Magnus, a founding director of Action on Smoking and Health Australia (ASH). The first edition (1989),<sup>191</sup> compiled by Margaret Winstanley and ASH Director Stephen Woodward, and the second edition (1995), by Winstanley, Woodward and Noni Walker<sup>192</sup> rapidly became the standard compendia of tobacco control related information for Australia. The third, on-line edition edited by Winstanley and Michelle Scollo (2008)<sup>193</sup> greatly expanded the earlier editions and became one of the largest and most comprehensive repositories of information and analysis about tobacco control in the world.

Smoking and tobacco control must surely be the most exhaustively researched and thoroughly documented of any public health problem and any public policy initiative in history. This fourth and once again vastly expanded edition of *Tobacco in Australia* consists of 20 chapters summarising the health effects of smoking, documenting the history of tobacco control in Australia, describing past and current trends and explaining major policy topics from an Australian perspective. It contains 308 sections and 899 subsections, 10% more than in the previous edition and indicating a considerable widening in breadth. Even more significantly the word count has increased by 60% to more than half a million words, and the number of references by 120% to almost 8000. This expansion of content reflects both the increasing depth of understanding of tobacco control in Australia and internationally, and the increasing sophistication required to develop, argue the case for and defend policy in the political and legal realms both locally and internationally. The fourth edition



also differs from the previous three in that it is only produced on-line.

Australia became a Signatory to the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) on 5 December 2003, soon after the Convention opened for signature. Australia was one of the first 40 countries to ratify the FCTC, and so became a full Party on 27 February 2005, the date on which the FCTC came into force. Australia is thus legally bound to perform, in good faith, the full range of obligations set out in the Convention.<sup>i</sup> Just prior to the release of this 4th edition of *Tobacco in Australia: facts and issues*, the High Court of Australia handed down its decision upholding world-first, groundbreaking laws mandating plain packaging of tobacco products.<sup>195</sup> Cigarettes and other tobacco products in plain packaging with unmissable health warnings started appearing in shops throughout the country in September 2012—see [Section 11.10](#) for detailed discussion.

In 2008, all governments in Australia signed the National Healthcare Agreement<sup>196</sup> with the ambitious goal of reducing adult daily smoking prevalence to 10% and halving the adult daily smoking rate among Aboriginal and Torres Strait Islanders by 2018. As the 4th edition of the compendium was going on-line, the Commonwealth and state and territory governments had just approved a new National Tobacco Strategy 2012–2018<sup>ii</sup> which is much more far-reaching than its predecessor<sup>197–199</sup> and aims to strengthen and extend activities in all the major streams of tobacco control over the six years to 2018. Advancing all these initiatives will require major political will, a great deal of effort from many, many people and, no doubt, an awful lot of writing! With each section of *Facts and Issues* produced by people who are highly knowledgeable in their fields, and thoroughly referenced with urls wherever available, it is to this last task in particular that we hope this publication makes a major contribution.

**Michelle Scollo and Margaret Winstanley, editors, updated November 2012**

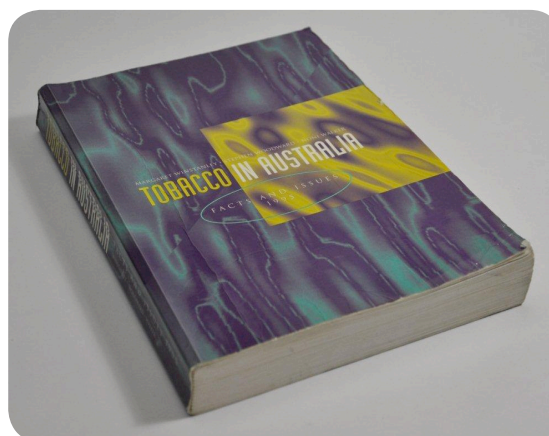


Figure I.4

*Tobacco in Australia: facts and issues, edition 2*

Source: Quit Victoria collection

i Australia submitted its first report to the Conference of Parties (COP) on its implementation of the FCTC in February 2007, and its second report in November 2010—see [Chapter 18, Section 18.9](#) for further details.

ii See <http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/draft-nts-12-18-callsubs/> and Communique from 9 November 2012 at <http://www.ahmac.gov.au/site/home.aspx>

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