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International Tobacco Use: A comparison between cigarette prevention and health promotion in Australiain comparison to China

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I. Introduction

Tobacco useis an international health concern and is linked to premature death through smoking related illnesses, including cancer, pulmonary andcardiovascular disease, mental illness and infant mortality, to name a few (Yerushalmy, 2014; Zorlu et al., 2017; Dusingize et al., 2016; Dietz, Douglas & Brownson, 2016). However, despite beinga leading preventable illness, and subsequent burden on an already stretched health care system, tobacco use within Australia remains prevalent (Gartner, Barendregt & Hall, 2009). Yet on international level Australia has considerably reduced its tobacco use since 1960s, which is argued to be attributable tothe 1997 National Tobacco Campaign resulting in increased health advertising, prohibition of smoking in public places, banning of tobacco advertising, introduction of plain packaging and warnings, as well as increasedcigarette tax (Gartner, Barendregt & Hall, 2009).In comparison, the amount of deaths related to tobacco use in China has increased by 16.5% from 1990 to 2010 (Yan et al., 2015). Whilst the prevalence of tobacco use among Chinese males is one of the highest in the world (Yan et al., 2015). Whilst China has seen notable increased public awareness of tobacco health hazards, resulting in changes to social customs and habits over the past decade, interference by the tobacco industries has prevented implementation of Chinese tobacco health promotion and preventionstrategies (Yang et al., 2015). This essay will discuss the impacts of implemented tobacco regulations in Australia and compare and contrast such strategies to those implemented inChina, as well as discussing the conflict between tobacco industry marketingand government regulation(Yan et al., 2015). It will be argued that whilst both countries different in tobacco regulation prevention strategies, more work must be done to ensure that government bodies protect itsdisadvantagedcitizens against the devastating and debilitating effects of tobacco use and second-hand smoking to ensure cigarette related illness is eradicated internationally.

II. Tobacco use in Australia

Cigarettes were a novelty inspiredby Turkey that were modified for mass production in Australia by the end of the nineteenth century (ABS, 2000).The use of cigarettes was permitted and channelled to troops fighting both world wars. As a result of this, the Australian soldiers have shown an increased consumption of tobacco. In addition, tobacco and smoking have become a more accepted social phenomenon. About 37% of the adult population were smokers by 1977. However, according to the Australian Bureau of Statistics smoking was still not considered socially acceptable for women, despite the fact that women made up a substantial minority of Australian smokers (40% by 1977) (ABS, 2000). Whilst smoking had become less prevalent in 1995 than in 1977 (24% compared to 37% respectively), there had only been a small decline in the younger population in smoking use.

Whilst there was a steady decline in smoking rates from the 1980s to the early 1990s, this came to a stall in the mid 1990s resulting in the call for new incentives and measures to reduce tobacco use (Hill & Carroll, 2003). In 1996 Dr Wooldridge (Federal Minister for Health) identified the benefits that could be gained from a collaborative national anti-tobacco campaign (NTC), resulting in 7million dollars of funding and the establishment of the Ministerial Tobacco Advisory Group (MTAG) (Hill & Allcock, 1997). This is thought to have reduced smoking significantly, and by 2004 to 2005, 23% of adults were smokers, about 3.5 million persons (ABS, 2006). Of these 23%, 21 reported to be daily smokers, with only 2% reporting to be 'social smokers'. Interestingly 30% of adults reported being ex-smokers (ABS, 2006). However, in 2004-2005 half of the Indigenous population (50%) were daily smokers (49% females and 51% males). After adjusting for age difference, Indigenous adults were twice as likely to participate in tobacco use than non-Indigenous adults. Whilst in recent years, current rates of smoking have decreased, in 2016 The Australian National Institute of Health and Welfare (AIHW) reported that Indigenous people are currently 2.6 times more likely to smoke than non-indigenous. This may be because there has been a significant decrease in smoking within the non-indigenous populations, rather than a rise in indigenous population. In 2013 the only 14% of the population aged over 14 years old were smoking (nearly half of that in 1991- 24%) (AIHW, 2016). Moreover, dependent children were found to be less likely to be exposed to tobacco smoke (3.7% compared to 31% in 1995), regular smokers actually smoked less cigarettes per week (96 in 2013 compared to 113 in 2001) and there has been a decline in pregnant women smoking (12% in 2013 compared to 15% in 2009) (AIHW, 2016). However, considering the high smoking prevalence in Indigenous Australian population suggests that substantial inequities persist.

III. Australia's health promotion initiatives to reduce tobacco smoking

As previously mentioned the government has made significant effortssince the 1960's to reduce tobacco use in the last decade, which has positively reduced Australiancigarette smoking trends. The increase in tobacco use following both world wars lead to increased lung cancers, and such relationship was noted by government bodies in 1964 resulting in mandatory warnings and advertising restrictions from 1972 (ABS, 2000). Whilst in the 1980s the notion of second hand smoking became a primary health focus and an anti-smoking lobby banned smoking in workplaces, aircrafts and several other public places. However, despite such efforts a national survey in 1985 identified that 31% of the population were not aware of the significant health risks associated with cigarette smoking (ABS, 2000). The NTC was launched in 1997 and is currently still running, making it the most powerful and lengthiest anti-tobacco campaign ever seen in Australia (Hill & Carroll, 2003). Hill and Carroll (2003) argue that the collaborative partnership between Federal and State/Territory jurisdictions and non-government organisations in supporting and funding quit campaigns has made the NTC an outstanding health initiative. 'Powerful' advertising regarding the negative health consequences of smoking were introduced in 1997 and were designed to have four distinct components, 1) empathetic portrayal of the smoker, 2) visual sequences linking cigarette inhalation to harm the moment it enters the body, 3) 'new news' regarding the smoking health damage, 4) the slogan 'every cigarette is doing you damage (Hill & Carroll, 2003). The

audience targeted by the campaign was an age group of 18-40 years old. As a result, television was as the main medium via which the selected audience/population was targeted. However, graphic campaign advertising was continued on radio and print to outdoors and supermarket trolleys, as well as cigarette packets. In an attempt to augment behavioural response, the national 'Telephone Quitline' was developed to provide additional support and is considered an integral component of the NTC (Hill & Carroll, 2003). Evidence has identified that individuals who contact Quitline were more successful in quitting long term than those who did not. Part of the success of the NTC is argued to be a result of the substantial amount of funding by the government, (8 million in the first six months, and 2.2 million in subsequent years per annum) (Hill & Carroll, 2003).

In 2000 tobacco advertising was prohibited in all venues except point of sale and on packs (Cowie., Swift, Borland, Chaloupka & Fong, 2014). However, between 2009 and 2011, states within Australia began to ban displays of cigarettes at point of sale, as well as advertising and restrictions on display size. Currently all cigarette advertising is to be concealed at point of sale locations throughout Australia (Cowie et al., 2014). In 2006, use of the words such as 'light' and 'mild' were banned, as not to mislead consumers regarding health effects of cigarettes, whilst in 2010 there was a 25% tax increase on cigarettes, on top of the regular consumer price (Cowie et al., 2014). Following the World Health Organisation Framework Convention on Tobacco Control (FCTC), in 2012 Australia brought the Tobacco Plain Packaging Act, resulting in 'drab dark brown' coloured packaging on cigarette boxes (White, Williams & Wakefield, 2015). Brand names were required to be in a 'standard font' and positioned on the back of the packet. Whilst graphic health warnings on the front of cigarette packs were increased from 30% to 75% and were 90% of the back(White, Williams & Wakefield, 2015). The aim of the Plain Packaging act was to prevent advertising from misleading consumers from the devastating health consequences of cigarette smoking. White, Williams & Wakefield (2015) identified that such act has resulted in a decrease in cigarette appeal, particularly within the adolescent population.

IV. Comparison between Australia's health promotion initiatives to China

Despite being a signatory of the FCTC treaty in 2005, China has not met FCTC requirements, resulting in major gaps in tobacco control (Yang, Wang, Wu, Yang & Wan, 2015). It is argued that this is a result of a lack of funding, as well conflict between the tobacco industries and tobacco control policies. Unlike Australia, China has a much larger population resulting in increased second hand smoking (Yang, Wang, Wu, Yang & Wan, 2015). In 2010 it is estimated that 740 million non-smokers were exposed to tobacco smoke in public places, including restaurants, schools and public transport. This resulted in the state council seeking advice in how to ban smoking in all indoor and some outdoor spaces. However, the government has not yet implemented such national regulation unlike Australia. Similar to Australia large scale smoke free campaigns have been implemented, which highlight the health consequences of cigarette smoking.The Bloomberg initiative has strongly supported the program "towards a smoke-free China". A wide group of supporters has been formed and the total number of people showing support exceeded 64 million. Health education campaigns to alter social behaviours related to smoking have also been implemented. The Chinese Central Tobacco Control Program Office produced over 2000 posters that highlighted the provide cigarettes as gifts was the same as causing serious harm. Whilst Australia also incorporated large scale anti-smoking advertising, the main focus of these adverts was on individual smoking behaviours, rather than providing harm to others by giving individuals cigarettes. Local tobacco control groups in China have also organised smoke-free wedding ceremony venues and wedding anniversaries. In 2009 the Chinese Ministry of Health prohibited smoking within medical facilities, which had also been implemented in Australia. Similar to Australia Chinese cigarette packs have health warnings. However, it is argued that such warningsare not large, visible or legible and are not pictorial (Yang, Wang, Wu, Yang & Wan, 2015). Evidence suggests these text-only health warnings do very little in preventing tobacco use, unlike in Australia where warnings have been shown to prevent cigarette use. Furthermore, in China there has been no limit on the use of words such as 'light' or 'mild' which may serve in misguide consumers on the negative health effects of smoking. Such a lack of government control measures has resulted in negative health consequences in China. In the 1990s 12% of fatalities in China were attributed

cigarette smoking, whilst in 2010 this has increased to 16.5% (Yang, Wang, Wu, Yang & Wan, 2015).There is a clear prediction that the death toll resulting from tobacco consumption will be 3 million by the year of 2050 in china, if the Chinese government does not resort to changing the current applicable regulatory smoking controls measures and smoking patterns.Thus, through comparing both Australia and China, it is evident that government tobacco control enforcements can significantly alter health behaviours within communities, and consequently reduce health related illnesses.

V. Conclusion

In conclusion, it is evident that through the implementation of tobacco control strategies Australia has successfully reduced its tobacco use. Implementation of the NTC with successful government funding has seen the implementation of widespread tobacco risk advertising, as well as the formation of supportive telephone Quitlines, which have been successful in supporting long-term quitting. Moreover, through preventing tobacco advertising at point of sale points, increasing cigarette tax as well as using brown packaging with increased pictorial health warnings, Australia has successfully reduced its tobacco use since the 1960s. However, it is evident that more is needed to be done to target disadvantaged groups, including Indigenous Australians. Through comparing and contrasting such strategies implemented in Australia to China, in which there has been limited government control strategies as a result of conflict between tobacco industries and government bodies, it is evident that tobacco prevention and promotion strategies are successful. Thus, considering the success that has been achieved in Australia on an international scale, it is important that Australian government bodies continue to support tobacco control strategies and work to target disadvantages groups within Australia to continue to prevent the devastating effects of tobacco related illness.

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