A MULTI-DISCIPLINARY STUDY INTO THE DRIVERS OF SMOKING CESSATION IN AUSTRALIA
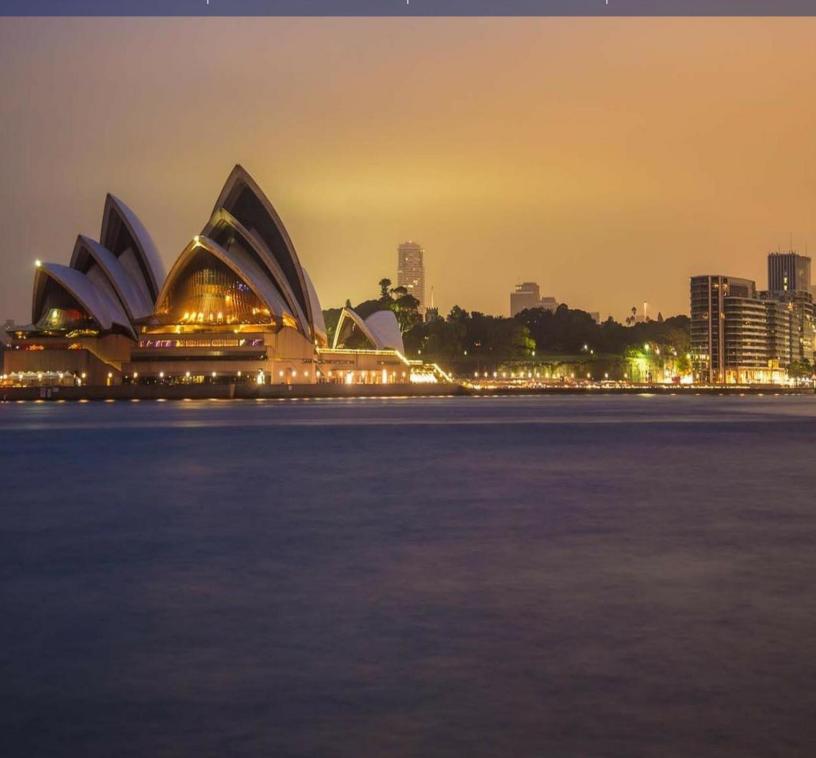
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A multi-disciplinary study into the drivers of smoking cessation in Australia

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Preface

Smoking is one of the main risk factors for health. Tobacco consumption contributes to a variety of non-communicable diseases, including cancer, heart disease, stroke, chronic respiratory diseases, and diabetes. The WHO (2019) estimates that tobacco consumption is the leading cause of death for smokers; about one in every two smokers dies from smoking-related causes every year. Approximately eight million people a year die from diseases associated with smoking. In response to this, over the past four decades, numerous countries have introduced successful tobacco control policies, which have resulted in longer and healthier lives for their population. Since 2000, Australia, United Kingdom, Sweden and Canada have reduced their smoking prevalence by more than 40%, while Colombia, Norway, and Iceland have done so by more than 50%. Despite this, smoking persists, even in those countries where policies have been implemented, and especially among more disadvantaged social groups. Moreover, smoking reduction policies in other countries have hitherto not been as successful. Indeed, smoking rates in Egypt, Oman, Morocco, and Croatia have steadily increased from 2000 onwards.

The relatively long history of smoking cessation policies allows for a better understanding of what works, what does not, why, and how. Today, policy-makers seeking to further reduce the morbidity and mortality associated with tobacco smoking can learn from the experiences of countries that have succeeded in reducing smoking. However, the social, cultural, and regulatory complexity of smoking habits prevents any straightforward replication of successful policies within a different context, a different country, and a different period. Simply put, no law exists in a vacuum; rather, manifold factors simultaneously determine the success or otherwise of any policy. Yet, sound scientific research and reasoning do allow for the construction and verification of hypotheses and theories about how to replicate cessation elsewhere. Above all, the development of this knowledge will be of particular value for those nations that do not have successful histories of tobacco control; these are very often developing nations in which the vast majority of the world's smokers currently reside (World Health Organization, 2019).

Australia constitutes an ideal case-study through which to achieve this aim. This is because Australia is recognized as a leading country in tobacco control worldwide, due to its long history of tobacco control policies having lowered smoking prevalence over the years. This success was achieved via the combination of strict anti-tobacco regulations and strong social sensitization through enduring anti-smoking campaigns. At the same time, Australia represents a paradoxical situation, insofar as people have easier access to nicotine through traditional tobacco products than they do via the use of Electronic Nicotine Delivery Systems (ENDS), despite the latter being significantly less harmful to health than the former. These features, combined with the abundance of empirical studies on the country, allow for a sound and comprehensive policy analysis.

Adopting a rational approach to the analysis of policy experiences is critical for providing concrete guidance on how to reduce smoking. In this respect, policy-makers have to walk a delicate line that involves carrying out careful study prior to the enactment of new laws, alongside displaying evidence-based regulatory flexibility in implementing and enforcing these laws. The potential consequences from cutting funding to anti-smoking media campaigns, banning certain products, or increasing taxes, should be weighed

carefully to best serve the public interest for both current citizens and future generations. In the field of smoking policy, too often positions become polarized along ideological lines instead of being based on empirical evidence. Ordinarily, there is the argument between, on the one hand, the abstinence approach—from those who want nicotine to be completely banned because of the damage smoking poses to health—and, on the other, the harm reduction approach—from those who recognize the fact that some people still smoke despite all the adopted measures. The need to move beyond ideological positions and adopt a more pragmatic approach is particularly pertinent with respect to ENDS, which lie at the core of the present study.

VIII. Emerging policy implications

On what is relevant for the design of effective smoking cessation policies

Alberto Aziani

This chapter discusses the policy implications emerging from the study, which will be expedient for designing evidence-based smoking cessation policies.

A. Adopt integrated approaches

There is no silver bullet for smoking. Rather, a calibrated mix of approaches is needed to simultaneously induce smokers to quit and prevent younger generations from starting to smoke, while preserving other societal interests than health (e.g., equality, financial equilibrium, crime containment). In so doing, policy-makers are forced to confront the complexity of the interconnections between the manifold factors that influence smoking cessation at the macro, meso micro, and individual levels. Such complexity calls for the adoption of integrated approaches. Hence, to be effective, smoking-reduction strategies need to be multi-faceted and comprehensive.

For instance, tax increases should be combined with awareness campaigns, smoking cessation services, and increased enforcement to prevent illicit tobacco consumption. At the same time, tobacco tax regulation, as well as other tobacco control laws, should be combined with broader policies aimed at improving the living conditions and health of the most disadvantaged population strata (Guillaumier et al., 2015). This would be beneficial in terms of ensuring an adequate reduction in smoking rates, while, simultaneously, avoiding an increase in social inequality (Siahpush et al., 2009). Finally, policies capable of inducing the intention to quit (e.g., health warnings) should be combined with the provision of instruments that actually help people to quit (e.g., smoking cessation aids, e-cigarettes) (Hall et al., 2019). This would be especially beneficial for the most disadvantaged population strata. However, if it is to be effective in specific ethnic communities (e.g., the Indigenous one), then substitute products (such as NRTs and e-cigarettes) will need to overcome the challenge of a longstanding cultural attachment to tobacco.

B. Conduct regular and frequent anti-anti-smoking campaigns

The history of smoking cessation in Australia testifies to the benefits of providing smokers with continuous information about the harms of tobacco consumption, reinforcing their intention to quit, and preventing uptake among new generations. At the same time, available research suggests that poorly funded and fragmented anti-smoking campaigns do not reduce smoking prevalence, and, in fact, can even be counter-productive (Dono et al., 2019; White et al., 2015). Therefore, in terms of cost-effectiveness, more-intense and more-expensive smoking cessation campaigns are preferable to less-intense and cheaper campaigns. Highly funded and intense anti-smoking campaigns in Australia have, albeit to different extents, significantly contributed to lower smoking rates, also among disadvantaged socio-economic groups (White et al., 2008), who traditionally are more likely to smoke (Australian Institute of Health and Welfare, 2017).

Over the last ten years, the Australian government has reduced expenditure on anti-smoking campaigns. In particular, the annual federal government expenditure on anti-smoking advertising campaigns dropped from 30.76 million AUD in 2012-13 to 7.79 million AUD 2016-17 (Australian Government Department of Finance, 2012, 2013, 2016, 2017). None of the mass media campaigns launched after 2013, sponsored either by states and territories or by the national government, reached more than 70% of their target population, which is in marked contrast to those in previous years. In the same period, Australia registered only a moderate reduction in smoking prevalence; daily smokers reduced by 4.7% (from 12.8% to 12.2%). This is a notable slowdown in the smoking-reduction rate compared to the previous two decades, which recorded greater year-to-year changes (on average, a 9.1% reduction per year between 1993 and 2013) (Australian Institute of Health and Welfare, 2017). Although many other factors played a role in determining these differences, the literature is concordant in asserting that campaigns must be regular and highly intensive to achieve and sustain reductions in smoking prevalence.

C.   Evaluate the short-term and long-term effects of policies

Not all smoking reduction policies are equally effective and efficient; indeed, some are not very effective (e.g., smoking cessation services). Moreover, the effectiveness of most tobacco control policies is time-sensitive, insofar as their effects tend to diminish over time. Hence, policies that have been effective in the past may no longer work today, with the reverse also being the case. This is due to the complex interrelation between different policies and the ongoing evolution of Australian society more broadly, which, in turn, impacts upon smoking attitudes and habits. Indeed, while some policies have actually reduced smoking rates over time (e.g., tobacco taxation policy), others have been found to not have a distinct impact on cessation, but nevertheless have contributed to shaping smoking attitudes, by, for example, de-normalizing smoking (e.g., smoke-free environments). Finally, different policies tend to have different lifespans, and thus policy-specific scrutiny must be conducted. In this respect, from the Australian case-study it emerges that tobacco control policies that reduce opportunities to smoke (e.g., smoke-free law) tend to have effects that last longer than those geared towards arousing immediate negative emotions towards smoking (e.g., introduction of health warnings). The former force a permanent change in behavior (e.g., abstaining from smoking at restaurants) and make it difficult to preserve previous smoking habits (e.g., smoke for the entire duration of dinner at a restaurant), while the latter are more likely to induce temporal changes in behavior.

Constant policy evaluation is the policy recommendation stemming from these considerations. More specifically, for policy-makers, it is important to evaluate policies considering short and long effects. The effectiveness of policies should be evaluated over time because evaluations made immediately after the adoption of a specific regulation may lead to biased results. For instance, tax increases might have a medium or long-term impact on smoking prevalence, but their immediate effect might by observable only on volumes of purchased tobacco products, but not on smoking cessation. Similarly, a too long lag in time might impede to observe the possibly significant effects that a police had after its introduction. Australia is already quite advanced in this respect, as multiple public institutions as the National Health and Medical Research Council and VicHealth fund scientific research on smoking cessation. Still, in Australia as in any other country, it is fundamental to overpass any form of ideology in conducting and in interpreting policy evaluations concerning public health. Policy evaluations should allow regulators to take pragmatic decision based on robust scientific evidences rather than wrongful prejudices.

D. Renew policies that are losing their effectiveness

Policies should be monitored and renovated as and when their effects lose their potency. This especially applies to those policies whose effects are primarily short-term. Consequently, policymakers should constantly seek to introduce novelties in emotion-based policies (e.g., health warnings, mass media campaigns) in order for them to be effective, sustain quit attempts, and challenge the self-exempting beliefs that typically characterize hard smokers. For instance, there is evidence that health warnings on cigarette packaging can prevent people from starting to smoke (Drovandi et al., 2019), reduce the allure of tobacco smoking by inducing anxiety in the smoker (Drovandi et al., 2019; Kees et al., 2006), and stimulate the intention to quit (Bekalu et al., 2019; Cho et al., 2018). Nonetheless, over time, warnings tend to lose their disturbing and shocking effect; on the contrary, they might even push current smokers to endorse self-exempting beliefs, thus reinforcing smoking (Drovandi et al., 2019). This is because smokers simply get used to health warnings and their negative emotional responses dissipate. The effectiveness of policies should therefore be evaluated over time to better discriminate between proximate and ultimate effects, insofar as evaluations made immediately after the adoption of a law can be biased. Hence, it is important to constantly renew them. For example, scholars such as Drovandi et al. (2019) purport that warnings on cigarettes related to mortality statistics and the social and financial consequences of smoking are more likely to drive smokers to quit than the current warnings on cigarette packs.

E. Design anti-smoking campaigns to better target the most vulnerable populations

In Australia, tobacco control policies have not been equally successful across different populations and geographical areas, and, consequently, social inequities in tobacco smoking persist. More specifically, smoking rates remain considerably higher among certain population strata (Indigenous, low-income individuals) and state and territories (Tasmania and Northern Territory) than among the rest of the population and in the rest of the country (Australian Bureau of Statistics, 2017b; Australian Institute of Health and Welfare, 2017). Anti-smoking campaigns were only marginally effective in terms of reducing tobacco consumption among certain marginalized communities. The lack of effectiveness of some of these targeted policies explains, in part, the high smoking rates among these populations (Boyle et al., 2010; Dawson et al., 2012; Havard et al., 2018; V. Johnston & Thomas, 2008a). This primarily stems from a lack of understanding of these communities' needs, as well as the inadequacy of the channels used to reach them. At the same time, some specific policies (e.g., health warnings) have also been found to be ineffective with respect to critical categories, such as pregnant women (Kollath-Cattano et al., 2017).

Customized anti-smoking campaigns should be better designed and implemented with the express intent of reaching Indigenous and low-income populations. Of course, marginalization and other structural factors besides health concerns play a role in determining the high smoking prevalence among these groups. Therefore, the Australian government should implement integrated approaches to improving the health, wealth, and living conditions of vulnerable populations (e.g., combine tobacco control with broader policies). Alongside this, it is vital to de-normalize smoking within those communities and raise awareness of quit-smoking services among more disadvantaged sections of the population, by developing communication strategies specifically designed to reach them.

Finally, the persistently high prevalence of smoking within certain subpopulations and areas also necessitates conducting targeted research on the smoking habits of these groups. Specifically, more research is needed to better understand the determinants of smoking cessation in these contexts, but also to design innovative anti-smoking strategies. While data on the use of e-cigarettes—and eventually of other ANDS— are particularly scant with respect to high-smoking groups, understanding the context for their e-cigarette-use would be of especial relevance for this group. To assess whether ANDS should be used as cessation devices, it is crucial to investigate the different modalities and rates of use among different social groups, especially those with the highest level of health risks.

F.   Relax regulation of ANDS

Further research and data collection are required on e-cigarettes and other ANDS and smoking cessation tools in Australia. Despite this urgent need for more work, what the available evidence is that a relatively high percentage of the Australian population currently use nicotine e-liquids, despite its illegal status in the country. At the same time, in Australia, the primary reason for using e-cigarettes is to quit smoking (Australian Institute of Health and Welfare, 2017). Recent research has also shown that those who use e-cigarettes daily are more likely to quit than those who do not (Chan et al., 2019). This is important because it suggests that people who are unable to quit, and who perhaps failed in prior attempts, might find these products useful. Indeed, the factors that are associated with the intention to quit do not necessarily facilitate smoking cessation. Rather, being confident in one's own capacity to quit, being aware of the health-related effects of smoking, or, more generally, having negative opinions about smoking are usually associated with the intention to quit (Hyland et al., 2006; V. Johnston & Thomas, 2008b). However, holding such anti-smoking beliefs is often not enough in itself to successfully stop smoking, in the absence of effective smoking cessation aids. This may be due to the lack of a strong intention to quit, the presence of contradictory feelings (e.g., being aware of the health-related risks of smoking, but engaging in techniques that minimize this knowledge), other contextual factors that hinder quitting (e.g., stress, loss of parents, poor knowledge about smoking cessation services), or even genetic determinants. From this perspective, legalizing the use of e-cigarettes that contain nicotine could help to reduce smoking prevalence in Australia.

Legalizing ANDS would also be helpful in light of the relative efficacy of the officially recognized smoking cessation aids that are currently available in Australia. Studies conducted in other countries have shown that the probability of quitting is higher if the smoker uses ANDS instead of NRT products (Brown et al., 2014). Thus, an extended set of ANDS officially approved by TGA would better address the needs of different types of hard smokers, who previously unsuccessfully tried to stop smoking, which undermined their confidence in being able to quit.

The legalization of e-cigarettes containing nicotine would most probably help hard smokers to quit, without prompting youths to start smoking. Indeed, 98% of smokers aged 12 years or older smoked combustible cigarettes prior to ever using e-cigarettes (Australian Institute of Health and Welfare, 2017). A similar rationale could also be applied for other ANDS. Indeed, there is little direct evidence of an increased risk of serious illnesses being associated with consuming certain forms of smokeless tobacco (e.g., snus), as they only contain low levels of tobacco carcinogens (West & Shiffman, 2016). To protect young individuals from starting to use ANDS prior to ever having smoked, the government should apply a similar legislative framework to the one that they currently have for tobacco products. A further strategy would be to apply methods that have already been proven to be effective in reducing smoking rates among

youths to ANDS. This could include, among other things, banning advertisements of e-cigarettes and other ANDS, as well as ensuring that they are neither sold to minors nor exhibited at POS. At the same time, however, the government should seek to increase its supervision over the potential advertisement of these products on the Internet, which young people are disproportionately exposed to (Choi et al., 2012).

Finally, if fully legalized, ANDS should be adequately taxed in order to: a) discourage young non-smokers from using the product, b) help smokers to quit; c) avoid smokers looking for illegal products instead of switching to ANDS (Prieger et al., 2019). Although research on this topic is still exploratory, some studies have established that ANDS are less risky than conventional cigarettes and other tobacco products (e.g., pipes, cigars) (e.g., McNeill et al., 2015). Prices of ANDS should also be kept lower than traditional tobacco products so that they serve as cost-effective substitutes. Products that are riskier for the public's health should be more expensive to induce consumers to buy less risky products. Such a taxation system would, on the one hand, make it easier for smokers—especially for the hardest ones—to have access to ANDS to stop smoking; on the other hand, this would lead to a decrease in the demand for tobacco products (Chaloupka et al., 2015).

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