

Forecasting future tobacco control policy: Where to next?

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Abstract

Objective Effective tobacco control policies are identified as: price increases through taxes, restrictions on smoking in public and work places, adequately funded mass media campaigns, bans on advertising, health warnings on packages and cessation assistance. As these policies have been largely implemented in Australia, the country is well placed to ensure that pioneering policies continue to be implemented domestically and spread internationally.

Methods 91 Australian tobacco control stakeholders were invited to take part in a web-based survey on the future of tobacco control policies.

Results The policy deemed most important in decreasing smoking was to increase excise and customs duty by 30%. Other policies receiving high support included funding mass media campaigns through tax hypothecation, introducing retail display bans, plain packaging of tobacco products, and banning smoking in outdoor dining areas. Policies reintroducing the sale of smokeless tobacco products received the least amount of support.

Conclusion Countries that have largely implemented the provisions of the Framework Convention on Tobacco Control must maintain commitments to proven tobacco control measures, but also provide global leadership through adoption of innovative policies.

Implications The release of the Australian 2009 National Preventative Health Taskforce's report presents an opportunity to translate these ideas into action.

Introduction

Countries with long standing and advanced tobacco control policies are in the enviable position of having lower population smoking rates and a public supportive of further efforts to reduce smoking. When a country has fully implemented the minimal requirements of the WHO Framework Convention on Tobacco Control [FCTC], the challenge lies in pursuing stronger provisions or novel policies not mandated in the treaty.[1] Tobacco control professionals in these countries may find themselves needing to convince governments that tobacco control hasn't "been done".[2] Australia,

a world leader in tobacco control, is well placed to ensure that pioneering policies continue to be implemented domestically and spread internationally.

While the prevalence of smoking in Australia has declined over the past few decades, in 2008, one in five Australian adults (20%) were smokers. 18% smoked daily and 2% smoked less often. More males than females smoked (22% and 18% respectively).[3] Less than one in ten teenagers (14–19-year-olds) smoked in 2007, with 7.3% of teens smoking daily, 1.3% smoking weekly and 1.2% smoking less than weekly.[4] Despite these encouraging figures, current smoking cessation rates will need to double for smoking prevalence to reach a policy target of 10% by the year 2020.[5]

In comparison to other high income countries with a history of active tobacco control, Australia is just behind Canada and the US in terms of smoking prevalence. In 2008, 17.9% of the Canadian population aged 15 years and older reported smoking, with 13.5% smoking daily and 4.4% smoking occasionally.[6] According to the 2007 National Health Interview Survey approximately 19.8% of US adults (age 18+) were current cigarette smokers with 15.4% smoking every day, and 4.4% smoking some days.[7] In Sweden, where male daily smoking prevalence is 14% and female daily smoking prevalence is 18%, snus use is also popular with 27% of males identified as snus users and 5% of females.[8]

Increasing smoking cessation will require innovative policy reform. Effective policies have been identified as: tobacco price increases, bans/restrictions on smoking in public and work places, adequately funded mass media education campaigns, comprehensive bans on advertising and promotion, health warning labels on tobacco packages and cessation assistance.[9-11] With the exception of no significant tobacco tax increase since 2001,[12] Australia has largely implemented this suite of policies. Similarly, other countries that have “ticked all the boxes” for effective tobacco control, will benefit from Australian debate and development of novel policies.

The tobacco control workforce, from within government[13] and civil society,[14] has been influential in determining the direction of policy. Therefore, we surveyed senior tobacco control personnel to assess what options they viewed as: most important and effective; and most likely to be on Australia’s future policy agenda.

Methods

We developed a ten question survey (Appendix A) that asked respondents: (1) what future tobacco control policies, from a set of 38, they believed would be most effective in reducing tobacco use; (2) which of these policies they supported, and (3) how confident they were that these policies would be implemented in the next five to ten years. We chose the 38 options through a search of the literature and through consultation with other tobacco control professionals. Additionally, respondents were asked to nominate their “top ten” policy options, with the ability to provide options not included in our list. Finally, we asked two questions on seven “futuristic” options that we considered to be speculative in nature because of a lack of research on their effectiveness and limited advocacy activity.

Small changes were made to the survey to clarify wording and improve formatting following pilot testing with a group of ten New Zealand tobacco control professionals. The survey was delivered via the internet (www.surveymonkey.com) as this is a cost effective method and the target population had quality internet access.[15]

Using an annually updated database of those active in Australian tobacco control policy and research, we invited, by email, professionals selected because of their position as a senior-level decision maker in their organisation and/or their publishing record in tobacco control policy research. We included ourselves, the study authors, in the list of invitees as we met the inclusion criteria. Two follow-up emails were sent to all non-respondents. All invitees were assigned a four digit identification code to ensure only invited respondents answered the survey. To protect respondent confidentiality, a research assistant administered the codes and did not share this information with the study investigators. Responses were collected between the 30th March and 2nd of July 2009.

Results and Discussion

Of the 91 tobacco control professionals invited to participate, 69 completed the online survey, for a response rate of 75.8%. We had anticipated a high response rate given that all survey invitees were selected because they have a special interest in the tobacco control. Those who declined participation included four public servants from one state government who explained that it would be improper for them as public servants to express their own opinions on policy, despite the anonymity offered. The majority of participants (63.8%) identified their occupation as either a non government organisation/medical college/association employee (39.1%) or as a researcher/academic (24.6%). The occupations of respondents are summarised in Table 1.

Table 1. Occupation of survey respondents (n=69)

What is your usual occupation? (choose one, best fit)	Response Percent (number)
non government organisation/medical college/association employee	39.1% (27)
researcher/academic	24.6% (17)
government health promotion/community health officer	13.0% (9)
government manager	5.8% (4)
policy analyst	5.8% (4)
senior government manager	4.3% (3)
smoking cessation specialist	1.4% (1)
other (please specify)*	5.8% (4)
*environmental medical specialist working for government manager / CEO graduate health management program trainee physician researcher	Total: 100% (69)

Effectiveness The policy that nearly 80% of respondents deemed “very effective” in decreasing smoking was to increase excise and customs duty by 30%. A further 17.4% said it would be “somewhat effective” with only 2.0% saying it would be “not at all effective”. (Supplementary Table

2 summarises how effective each of the policies were perceived to be.) A tax increase was followed by a policy to earmark (hypothecate) a portion of tobacco tax to fund a national social marketing campaign. 78.3% of respondents felt this measure would be “very effective” with an additional 18.8% indicating that it would “somewhat effective”.

Policies to further restrict advertising and promotion were also among those deemed the most effective. Mandating plain, standardised packaging of products and banning retail displays were judged to be “very or somewhat effective” by 95.7% and 94.2% respectively. Including nicotine replacement therapy (NRT) on the Pharmaceutical Benefits Schedule (PBS) for all healthcare card holders was viewed as being among the most effective with 92.8% indicating it to be very or somewhat effective. Rounding out the list of policies to be evaluated as “very or somewhat effective” by more than 90% of respondents were two policies that strengthen existing tobacco control measures. 92.8% of respondents thought that increasing the current tobacco graphic health warnings to at least 75% of the front of the package would be effective. While most states and territories currently ban smoking inside public places,[16] 91.3% of survey respondents felt extending smoking bans to outdoor dining areas would be effective in decreasing smoking.

We included five policy options that involved smokeless tobacco product sales. Australia banned the retail sale of smokeless tobacco products in 1991. Smokeless users are legally able to import products for personal use, provided they pay mandated customs duty. Respondents found these policies to be the least effective of all options, with 46.4% believing that reintroducing the legal retail sale of all smokeless tobacco products would *increase* smoking rates. 10.1% deemed it to be somewhat effective in decreasing smoking. If the reintroduction of the legal retail sale was limited to low nitrosamine (“snus” like) smokeless tobacco products only, 40.6% believed that this would result in increased smoking and only 8.7% believed to would be very or somewhat effective in decreasing smoking. If the promotion of smokeless products as a less dangerous alternative to smoking was under health service control, 30.4% still thought that this would increase smoking, but 24.6% feel this policy could be effective in decreasing smoking rates. Rather than liberalising the retail sale, the remaining two smokeless tobacco policies proposed reducing the customs duty on 1) all smokeless products or 2) only low nitrosamine (“snus” like) smokeless products imported for personal use. While fewer people feared these two policies would increase smoking rates (in comparison to retail sales), 37.7% and 26.1% respectively, only 7.2% believed that they would be effective in reducing smoking. These smokeless tobacco policies also had the highest degree of uncertainty among respondents. More than 20% of respondents were unsure how effective each of these five policies would be in decreasing smoking rates. This no doubt reflects the ongoing debate between tobacco control advocates, both domestically[17] and internationally,[18-21] about the merits of smokeless tobacco (snus) as a harm reduction tool.

Support for policy implementation More than 50%, of respondents supported or strongly supported 31 of the 38 options. Policy options that were deemed the most effective were also those that received the most support, with a 30% tobacco tax increase having 97.1% support. Of the seven policy options that did not receive majority support, five of these were the policies that involved reintroducing or promoting smokeless tobacco use. With the exception of lowering tax on low-nitrosamine (snus) products only, the smokeless options had a majority of respondents opposed or strongly opposed to implementation. The remaining two options that did not receive majority

support were: to prohibit smoking within all public housing, including indoor shared and private areas, was supported by only 49.3% and restricting movies that promoted smoking to adult audiences which was supported by only 40.6%. (Supplementary Table 3 summarises the level of support for the complete list of policy options.)

Confidence Of the 38 options discussed, survey respondents were most confident that a ban on all retail tobacco displays would be introduced in the next five to ten years, with 66.7% very confident and 27.5% somewhat confident. This was followed by a ban on smoking on the grounds of hospitals and other health care facilities, with 66.7% very confident and 26.1% somewhat confident. Fewer respondents were confident (43.5% very confident and 42.1% somewhat confident) that the most effective and most supported policy - a 30% tax increase - would be introduced. Survey respondents had lower confidence for a number of policy options they had strongly supported and judged to be very effective. Only 29.0% of respondents were very confident that plain packaging policies would be introduced. Perhaps in recognition of political realities, only 13.0% were very confident that a portion of tobacco tax would be hypothecated to fund a national social marketing campaign. Similarly, only 7.2% of survey respondents were very confident that the retail sale of smoked tobacco would be phased out over a ten year period. 71.0% had no confidence that this policy would be introduced.

Survey respondents were also not confident that policies involving the reintroduction or promotion of smokeless tobacco products would be introduced. The majority of respondents had no confidence that any of the proposed smokeless tobacco policy options would be introduced. However, the policy that participants were overall least confident would be introduced was that tobacco companies would be required to pay for cessation treatments for all smokers, with 78.3% not at all confident and no participants very confident that this would eventuate. (Supplementary Table 4 summarises level of confidence that policy options will be introduced within five to ten years.)

Most important policy options Respondents were asked to nominate the ten most important policies to implement (Table 5). Predictably, respondents chose options that they had also rated as very effective and of which they were highly supportive. Again, a 30% increase in taxation emerged as the most important policy option with 91.3% including it within their list. Seven of the top ten policies had >50% of respondents selecting them as important, indicating a high degree of agreement among participants about policy priorities. As previously noted, confidence that some of these policies would be implemented was low.

The opposite reflection was also true with some policies that were generally not seen as important being selected as likely to be implemented. For example, 59.4% of participants were very confident that a policy to ban all added flavourings not including menthol would be implemented, but only 2.9% of participants chose it in their top ten. Similarly, 49.3% respondents were very confident that an outdoor smoking ban on all playgrounds would be implemented, but only 17.4% chose it in their top ten. This could mean that the tobacco control workforce is not concerned about the implementation of policies that it feels will proceed regardless of its engagement or it could be that the policies they believe the government is most willing to enact are those that are unlikely to have strong opposition from the tobacco industry or other interested parties. Policies that are likely to be

the most effective in reducing tobacco control will face the strongest opposition from the tobacco industry and its allies.[22]

Thirteen respondents suggested alternate options that were not included in our survey, with some respondents suggesting several alternatives. The most common theme to emerge was to provide additional cessation support to smokers who are trying to quit by increasing access to or funding for cessation services. Other suggestions included increasing tobacco tax by more than the proposed 30%, implementing national-level legislation to ensure consistency across states and territories, restricting where and how tobacco can be sold, and regulating the harmful substances in tobacco products. The list of the respondent suggestions is summarised in Supplementary Table 6.

Table 5. Top ten most important tobacco control policy option (ordered from most to least popular)

Top ten policy options deemed as most important to implement in order to decrease tobacco use	Response Percent (number)
Increase excise and customs duty by 30%. This means the cost of a pack of 25 cigarettes would increase by about \$2.00.	91.3% (63)
Ban all tobacco retail displays, requiring all tobacco products to be out of sight	82.6% (57)
Mandate plain packaging of all tobacco products which includes mandating standard materials, finishes, pack size and shape	79.7% (55)
Earmark (hypothecate) a portion of tobacco tax per annum to substantially fund a national tobacco control social marketing campaign	73.9% (51)
Complete smoking ban on alfresco (outdoor) dining areas	68.1% (47)
Inclusion of nicotine replacement therapy (NRT) on the Pharmaceutical Benefits Schedule (PBS) for all health care card holders, reducing the cost to \$5.00 per package, (currently Aboriginal and Torres Strait Islander persons and Veterans receive subsidised NRT)	60.9% (42)
Phase out retail sale of smoked tobacco over a ten year period – for example moving from licensed retailers, to specialist tobacco shops only, to eventually no retail sales whatsoever	56.5% (39)
Increase tobacco graphic health warnings to at least 75% of the front of the package	47.8% (33)
Complete smoking ban on outdoor drinking areas (beer gardens etc)	46.4% (32)
Implement a national tobacco retail licensing system with enforced penalties including permanent loss of retail license for repeat violations of licensing conditions	36.2% (25)

Support and implementation of futuristic tobacco policy options The majority of respondents supported three of the seven futuristic policy options described, however there was little confidence that any of the policies would be implemented (see Supplementary Table 7). The policy option most supported, with 94.2% in support, and none opposed, was to reduce the appeal of cigarettes by outlawing the use of any additives that make smoking more palatable or influence nicotine absorption. While several international jurisdictions including the US, the Canadian province Quebec, and Australian states and territories have agreed to ban fruit or candy flavoured tobacco,[23] there has been little government action or civil society advocacy in the area of cigarette palatability. Screening the population for genetic susceptibility to nicotine addiction and tobacco-

related diseases had the least support with most respondents 56.5% opposed or strongly opposed and only 4.3% supporting such an initiative. A majority (72.5%) of participants did not think it was realistic that this genetic screening policy would be implemented.

Implications The Australian government has recognized that accelerating the decline in smoking is a key to reducing the burden of preventable illness. The National Preventative Health Taskforce's final report confirms that advances in tobacco control are vital to achieving a "vision for Australia to be the healthiest country by 2020." [24] The Taskforce has identified eleven priority areas for tobacco control action over the next three years to realize this vision. Significantly, the first recommendation in this report - to raise the price of a package of 30 cigarettes to at least \$20.00 - matches the survey respondents' choice of policy priority. Other policies identified in the report that also aligned closely with participants' responses included: plain packaging of tobacco products, banning retail tobacco displays, increasing the reach of smokefree policies, licensing retailers, regulating cigarette emissions, and making NRT more affordable. Government action on these policy recommendations will clearly be welcomed and fully supported by the tobacco control workforce. The report also helps to guide the workforce on what policies most warrant resource allocation and should form the focus of advocacy efforts.

Of particular international significance is the support for a policy to adopt plain packaging of tobacco products. Despite the longstanding history of tobacco control workforce activity for such a policy and a recent revival of international research and advocacy momentum, no country has yet to implement this legislative reform. [25] The tobacco industry itself recognises the significant impact this policy would have on its ability to attract consumers through brand preferences and target marketing. Like most effective tobacco control policies, once one country adopts such a measure it is likely to be quickly spread across many nations. Australia appears to be well placed to lead the world in plain packaging reforms.

Those policies that were deemed to be very effective, but seen as unlikely to be implemented, such as a phasing out the retail sale of tobacco products and hypothecating tobacco taxes to fund social marketing campaigns, may require a strategic research and communication plan to increase public support and the likelihood of government action.

Limitations Of the small number of invitees who declined to participate, a number stated their reason was because someone else from their organisation had already responded. While we had stated in our invitation that responses were to be the participant's personal opinion, it appears some answered on behalf of their organisation. Another limitation is that politicians were not included in the final analysis. We initially planned to include these important stakeholders, but removed the few who responded because of an extremely low response rate. Interviewing politicians would have been an ideal complement to this study, [26] but funding constraints did not permit us to carry this out.

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Supplementary Table 2. Effectiveness of tobacco policy options to decrease smoking
 How effective do you think the following policy options would be in DECREASING smoking across the population? (ordered by sum of very and somewhat effective, greatest to least)
 Response percent (number)*

	very effective	somewhat effective	Not at all effective	Could INCREASE smoking	Unsure
Increase excise and customs duty by 30%. This means the cost of a pack of 25 cigarettes would increase by about \$2.00.	79.7% (55)	17.4% (12)	2.9% (2)	0% (0)	0.0% (0)
Earmark (hypothesize) a portion of tobacco tax per annum to substantially fund a national tobacco control social marketing campaign	78.3% (54)	18.8% (13)	1.4% (1)	0% (0)	1.4% (1)
Mandate plain packaging of all tobacco products which includes mandating standard materials, finishes, pack size and shape	60.9% (42)	34.8% (24)	2.9% (2)	0% (0)	1.4% (1)
Ban all tobacco retail displays, requiring all tobacco products to be out of sight	68.1% (47)	26.1% (18)	5.8% (4)	0% (0)	0.0% (0)
Inclusion of nicotine replacement therapy (NRT) on the Pharmaceutical Benefits Schedule (PBS) for all health care card holders, reducing the cost to \$5.00 per package, (currently Aboriginal and Torres Strait Islander persons and Veterans receive subsidised NRT)	52.2% (36)	40.6% (28)	4.3% (3)	0% (0)	2.9% (2)
Increase tobacco graphic health warnings to at least 75% of the front of the package	37.7% (26)	55.1% (38)	7.2% (5)	0% (0)	0.0% (0)
Ban smoking on alfresco (outdoor) dining areas	53.6% (37)	37.7% (26)	7.2% (5)	0% (0)	1.4% (1)
Phase out retail sale of smoked tobacco over a ten year period – for example moving from licensed retailers, to specialist tobacco shops only, to eventually no retail sales whatsoever	69.6% (48)	18.8% (13)	4.3% (3)	0% (0)	5.8% (4)

Implement a national tobacco retail licensing system with enforced penalties including permanent loss of retail license for repeat violations of licensing conditions	34.8% (24)	53.6% (37)	7.2% (5)	0% (0)	4.3% (3)
Ban smoking on outdoor drinking areas (beer gardens etc)	49.3% (34)	37.7% (26)	7.2% (5)	0% (0)	5.8% (4)
Limits on the number of tobacco licenses granted	40.6% (28)	46.4% (32)	7.2% (5)	1.4% (1)	4.3% (3)
Ban smoking on grounds of hospitals and other health care facilities	33.3% (23)	53.6% (37)	10.1% (7)	0.0% (0)	2.9% (2)
At events where youth are the audience and/or ticket holders	34.8% (24)	50.7% (35)	10.1% (7)	0.0% (0)	2.9% (2)
Ban smoking on parks, sporting grounds, outdoor swimming pools	30.4% (21)	53.6% (37)	11.6% (8)	0.0% (0)	4.3% (3)
Ban smoking on grounds of government funded residential complexes such as aged care facilities, residential psychiatric facilities and correctional facilities	27.5% (19)	55.1% (38)	11.6% (8)	1.4% (1)	4.3% (3)
Ban smoking on outdoor playgrounds	27.5% (19)	53.6% (37)	13.0% (9)	0.0% (0)	4.3% (3)
National ban on all added flavourings including menthol	36.2% (25)	43.5% (30)	14.5% (10)	0.0% (0)	5.8% (4)
Ban smoking on grounds of government-funded non-residential facilities (e.g. gardens around departmental and municipal offices)	27.5% (19)	52.2% (36)	13.0% (9)	1.4% (1)	4.3% (3)
National ban on overt fruit/confectionery flavoured tobacco products	15.9% (11)	63.8% (44)	13.0% (9)	0.0% (0)	7.2% (5)
Smoking prohibition within all public housing, including indoor shared and private areas (ie government owned housing)	21.7% (15)	55.1% (38)	15.9% (11)	1.4% (1)	5.8% (4)
Include an assessment of smoking depictions as one of the elements taken into account when classifying movies in terms of their appropriateness for children and youth	7.2% (5)	68.1% (47)	21.7% (15)	2.9% (2)	0.0% (0)
Ban smoking on grounds of Houses of Parliament	29.0% (20)	44.9% (31)	17.4% (12)	2.9% (2)	5.8% (4)

Ban smoking on pavements (footpaths)	27.5% (19)	46.4% (32)	18.8% (13)	1.4% (1)	5.8% (4)
Ban smoking on beaches – patrolled areas only	21.7% (15)	52.2% (36)	21.7% (15)	0.0% (0)	2.9% (2)
Ban duty-free tobacco sales to Australian citizens, residents and all visitors to Australia	7.2% (5)	66.7% (46)	23.2% (16)	0.0% (0)	2.9% (2)
Screen health warnings before all movies showing any smoking	7.2% (5)	66.7% (46)	23.2% (16)	1.4% (1)	1.4% (1)
Legislation to require tobacco companies to pay for cessation treatments (including services and medicines) for all smokers	29.0% (20)	42.0% (29)	10.1% (7)	4.3% (3)	14.5% (10)
Smoking prohibition in all strata titled blocks (apartment buildings), including private units not just shared areas	21.7% (15)	49.3% (34)	20.3% (14)	1.4% (1)	7.2% (5)
Ban duty-free tobacco sales to Australian citizens and residents	5.8% (4)	63.8% (44)	24.6% (17)	0.0% (0)	4.3% (3)
National ban on all added flavourings not including menthol	15.9% (11)	52.23% (36)	18.8% (13)	0.0% (0)	10.1% (7)
Ban smoking on beaches – all areas	14.5% (10)	50.7% (35)	20.3% (14)	0.0% (0)	14.5% (10)
Restrict movies that promote smoking to adult audiences only	4.3% (3)	46.4% (32)	31.9% (22)	7.2% (5)	10.1% (7)
Prohibition of cigarette ventilation filter holes	11.6% (8)	37.7% (26)	26.1% (18)	0.0% (0)	24.6% (17)
Health service controlled promotion of smokeless tobacco use as a less dangerous alternative to smoking	1.4% (1)	23.2% (16)	21.7% (15)	30.4% (21)	21.7% (15)
Reintroduce the legal retail sale of ALL smokeless tobacco products	0.0% (0)	10.1% (7)	20.3% (14)	46.4% (32)	23.2% (16)
Reintroduce the legal retail sale of low nitrosamine (“snus” like) smokeless tobacco products	1.4% (1)	7.2% (5)	26.1% (18)	40.6% (28)	24.6% (17)
Reduction in customs duty on low nitrosamine (“snus” like) smokeless tobacco products that are imported solely for personal use	2.9% (2)	4.3% (3)	34.8% (24)	26.1% (18)	29.0% (20)
Reduction in customs duty on ALL smokeless tobacco products that are imported solely for personal use	1.4% (1)	5.8% (4)	31.9% (22)	37.7% (26)	23.2% (16)

*rows may not add up to 100% (69) as not all participants gave a response for each policy

Supplementary Table 3. Level of support for tobacco policy options

Do you support the implementation of the following policy options? Choose "neutral" if you neither support nor oppose the policy option and choose "unsure" if you do not know enough about the policy option to form an opinion.

Response percent (number)*

	Support /Strongly Support	Neutral	Oppose /Strongly Oppose	Unsure
Increase excise and customs duty by 30%. This means the cost of a pack of 25 cigarettes would increase by about \$2.00.	97.1% (67)	2.9% (2)	0.0% (0)	0.0% (0)
Mandate plain packaging of all tobacco products (see figure below for illustration) which includes mandating a standard materials, finishes, pack size and shape	95.7% (66)	4.3% (3)	0.0% (0)	0.0% (0)
Ban smoking on alfresco (outdoor) dining areas	95.7% (66)	2.9% (2)	1.4% (1)	0.0% (0)
Ban all tobacco retail displays, requiring all tobacco products to be out of sight	94.2% (65)	2.9% (2)	0.0% (0)	1.4% (1)
Increase tobacco graphic health warnings to at least 75% of the front of the package	92.8% (64)	5.8% (4)	0.0% (0)	1.4% (1)
Implement a national tobacco retail licensing system with enforced penalties including permanent loss of retail license for repeat violations of licensing conditions	91.3% (63)	7.2% (5)	0.0% (0)	1.4% (1)
National ban on overt fruit/confectionery flavoured tobacco products	91.3% (63)	7.2% (5)	0.0% (0)	1.4% (1)
Earmark (hypothesize) a portion of tobacco tax per annum to substantially fund a national tobacco control social marketing campaign	89.9% (62)	7.2% (5)	2.9% (2)	0.0% (0)
Limits on the number of tobacco licenses granted	89.9% (62)	2.9% (2)	2.9% (2)	2.9% (2)
Ban smoking at outdoor events where youth are the audience and/or ticket holders	89.9% (62)	8.7% (6)	0.0% (0)	1.4% (1)
Ban smoking on grounds of hospitals and other health care facilities	88.4% (61)	7.2% (5)	4.3% (3)	0.0% (0)

Inclusion of nicotine replacement therapy (NRT) on the Pharmaceutical Benefits Schedule (PBS) for all health care card holders, reducing the cost to \$5.00 per package, (currently Aboriginal and Torres Strait Islander persons and Veterans receive subsidised NRT)	87.0% (60)	10.1% (7)	1.4% (1)	1.4% (1)
Ban smoking on outdoor drinking areas (beer gardens etc)	87.0% (60)	10.1% (7)	2.9% (2)	0.0% (0)
Ban duty-free tobacco sales to Australian citizens, residents and all visitors to Australia	85.5% (59)	13.0% (9)	1.4% (1)	0.0% (0)
Ban smoking on playgrounds	85.5% (59)	5.8% (4)	7.2% (5)	0.0% (0)
Ban smoking in parks, sporting grounds, outdoor swimming pools	85.5% (59)	11.6% (8)	2.9% (2)	0.0% (0)
Ban duty-free tobacco sales to Australian citizens and residents	84.1% (58)	13.0% (9)	1.4% (1)	1.4% (1)
Ban smoking on grounds of Houses of Parliament	84.1% (58)	13.0% (9)	1.4% (1)	1.4% (1)
Ban smoking on beaches – patrolled areas only	84.1% (58)	11.6% (8)	2.9% (2)	1.4% (1)
Phase out retail sale of smoked tobacco over a ten year period – for example moving from licensed retailers, to specialist tobacco shops only, to eventually no retail sales whatsoever	81.2% (56)	7.2% (5)	7.2% (5)	4.3% (3)
National ban on all added flavourings including menthol	78.3% (54)	14.5% (10)	1.4% (1)	5.8% (4)
Ban smoking on grounds of government-funded non-residential facilities (e.g. gardens around departmental and municipal offices)	78.3% (54)	17.4% (12)	4.3% (3)	0.0% (0)
National ban on all added flavourings not including menthol	75.4% (52)	17.4% (12)	1.4% (1)	5.8% (4)
Screen health warnings before all movies showing any smoking	72.4% (50)	14.5% (10)	13.0% (9)	0.0% (0)
Ban smoking on grounds of government funded residential complexes such as aged care facilities, residential psychiatric facilities and correctional facilities	71.0% (49)	11.6% (8)	11.6% (8)	2.9% (2)

Include an assessment of smoking depictions as one of the elements taken into account when classifying movies in terms of their appropriateness for children and youth	71.0% (49)	17.4% (12)	10.1% (7)	1.4%
Legislation to require tobacco companies to pay for cessation treatments (including services and medicines) for all smokers	65.2% (45)	23.2% (16)	5.8% (4)	5.8% (4)
Prohibition of cigarette ventilation filter holes	56.5% (39)	17.4% (12)	1.4% (1)	23.2% (16)
Ban smoking on beaches – all areas	55.1% (38)	24.6% (17)	14.5% (10)	5.8% (4)
Ban smoking on pavements (footpaths)	53.6% (37)	20.3% (14)	21.7% (15)	4.3% (3)
Smoking prohibition in all strata titled blocks (apartment buildings), including private units not just shared areas	52.2% (36)	24.6% (17)	17.4% (12)	4.3% (3)
Smoking prohibition within all public housing, including indoor shared and private areas (ie government owned housing)	49.3% (34)	27.5% (19)	18.8% (13)	4.3% (3)
Restrict movies that promote smoking to adult audiences only	40.6% (28)	29.0% (20)	26.1% (18)	4.3% (3)
Health service controlled promotion of smokeless tobacco use as a less dangerous alternative to smoking	15.9% (11)	14.5% (10)	52.2% (36)	17.4% (12)
Reduction in customs duty on low nitrosamine (“snus” like) smokeless tobacco products that are imported solely for personal use	14.5% (10)	15.9% (11)	47.8% (33)	21.7% (15)
Reduction in customs duty on ALL smokeless tobacco products that are imported solely for personal use	10.1% (7)	14.5% (10)	56.5% (39)	18.8% (13)
Reintroduce the legal retail sale of low nitrosamine (“snus” like) smokeless tobacco products	8.7% (6)	15.9% (11)	53.6% (37)	21.7% (15)
Reintroduce the legal retail sale of ALL smokeless tobacco products	5.8% (4)	17.4% (12)	59.4% (41)	15.9% (11)

*rows may not add up to 100% (69) as not all participants gave a response for each policy

Supplementary Table 4. Level of confidence that policy options will be introduced within five to ten years

How confident are you that the following policy options will be introduced in the next FIVE to TEN years? Choose "unsure" if you are unable to assess or don't know.

Response percent (number)*

	Very confident	Somewhat confident	Not at all confident	Unsure
Ban all tobacco retail displays, requiring all tobacco products to be out of sight	66.7% (46)	27.5% (19)	2.9% (2)	2.9% (2)
Ban smoking on grounds of hospitals and other health care facilities	66.7% (46)	26.1% (18)	5.8% (4)	1.4% (1)
National ban on overt fruit/confectionery flavoured tobacco products	59.4% (41)	26.1% (18)	11.6% (8)	2.9% (2)
Ban smoking on alfresco (outdoor) dining areas	55.1% (38)	34.8% (24)	7.2% (5)	2.9% (2)
Ban smoking on playgrounds	49.3% (34)	34.8% (24)	14.5% (10)	1.4% (1)
Ban outdoor smoking at events where youth are the audience and/or ticket holders	43.5% (30)	43.5% (30)	11.6% (8)	1.4% (1)
Increase excise and customs duty by 30%. This means the cost of a pack of 25 cigarettes would increase by about \$2.00.	43.5% (30)	42.1% (29)	11.6% (8)	1.4% (1)
Ban smoking on grounds of government-funded non-residential facilities (e.g. gardens around departmental and municipal offices)	39.1% (27)	42.0% (29)	17.4% (12)	1.4% (1)
Ban smoking on grounds of Houses of Parliament	39.1% (27)	36.2% (25)	21.7% (15)	2.9% (2)
Ban smoking on grounds of government funded residential complexes such as aged care facilities, residential psychiatric facilities and correctional facilities	34.8% (24)	39.1% (27)	23.2% (16)	2.9% (2)
Increase tobacco graphic health warnings to at least 75% of the front of the package	33.3% (23)	56.5% (39)	7.2% (5)	2.9% (2)
Ban smoking on outdoor drinking areas (beer gardens etc)	33.3% (23)	42.0% (29)	18.8% (13)	5.8% (4)

Ban smoking in parks, sporting grounds, outdoor swimming pools	33.3% (23)	40.6% (28)	24.6% (17)	1.4% (1)
Ban smoking on beaches – patrolled areas only	30.4% (21)	46.4% (32)	18.8% (13)	4.3% (3)
Mandate plain packaging of all tobacco products (see figure below for illustration) which includes mandating a standard materials, finishes, pack size and shape	29.0% (20)	40.6% (28)	27.5% (19)	2.9% (2)
National ban on all added flavourings not including menthol	26.1% (18)	24.6% (17)	39.1% (27)	8.7% (6)
Inclusion of nicotine replacement therapy (NRT) on the Pharmaceutical Benefits Schedule (PBS) for all health care card holders, reducing the cost to \$5.00 per package, (currently Aboriginal and Torres Strait Islander persons and Veterans receive subsidised NRT)	23.2% (16)	52.2% (36)	18.8% (13)	5.8% (4)
Implement a national tobacco retail licensing system with enforced penalties including permanent loss of retail license for repeat violations of licensing conditions	23.2% (16)	46.4% (32)	24.6% (17)	5.8% (4)
Screen health warnings before all movies showing any smoking	21.7% (15)	46.4% (32)	26.1% (18)	5.8% (4)
Ban duty-free tobacco sales to Australian citizens, residents and all visitors to Australia	15.9% (11)	44.9% (31)	33.3% (23)	5.8% (4)
Ban duty-free tobacco sales to Australian citizens and residents	14.5% (10)	49.3% (34)	29.0% (20)	5.8% (4)
Earmark (hypothecate) a portion of tobacco tax per annum to substantially fund a national tobacco control social marketing campaign	13.0% (9)	34.8% (24)	44.9% (31)	7.2% (5)
Limits on the number of tobacco licenses granted	11.6% (8)	46.4% (32)	36.2% (25)	5.8% (4)
Include an assessment of smoking depictions as one of the elements taken into account when classifying movies in terms of their appropriateness for children and youth	11.6% (8)	46.4% (32)	31.9% (22)	10.1% (7)

Smoking prohibition within all public housing, including indoor shared and private areas (ie government owned housing)	7.2% (5)	30.4% (21)	56.5% (39)	5.8% (4)
National ban on all added flavourings including menthol	7.2% (5)	24.6% (17)	59.4% (41)	8.7% (6)
Phase out retail sale of smoked tobacco over a ten year period – for example moving from licensed retailers, to specialist tobacco shops only, to eventually no retail sales whatsoever	7.2% (5)	17.4% (12)	71.0% (49)	4.3% (3)
Prohibition of cigarette ventilation filter holes	5.8% (4)	24.6% (17)	46.4% (32)	23.2% (16)
Smoking prohibition in all strata titled blocks (apartment buildings), including private units not just shared areas	5.8% (4)	24.6% (17)	62.3% (43)	7.2% (5)
Ban smoking on beaches – all areas	4.3% (3)	33.3% (23)	55.1% (38)	7.2% (5)
Ban smoking on pavements (footpaths)	2.9% (2)	27.5% (19)	58.0% (40)	10.1% (7)
Restrict movies that promote smoking to adult audiences only	0.0% (0)	18.8% (13)	69.6% (48)	11.6% (8)
Legislation to require tobacco companies to pay for cessation treatments (including services and medicines) for all smokers	0.0% (0)	13.0% (9)	78.3% (54)	7.2% (5)
Reduction in customs duty on low nitrosamine (“snus” like) smokeless tobacco products that are imported solely for personal use	0.0% (0)	8.7% (6)	59.4% (41)	31.9% (22)
Health service controlled promotion of smokeless tobacco use as a less dangerous alternative to smoking	0.0% (0)	7.24% (5)	69.6% (48)	23.2% (16)
Reduction in customs duty on ALL smokeless tobacco products that are imported solely for personal use	0.0% (0)	5.8% (4)	63.8% (44)	30.4% (21)
Reintroduce the legal retail sale of low nitrosamine (“snus” like) smokeless tobacco products	0.0% (0)	5.8% (4)	65.2% (45)	29.0% (20)
Reintroduce the legal retail sale of ALL smokeless tobacco products	0.0% (0)	4.3% (3)	68.1% (47)	27.5% (19)

*rows may not add up to 100% (69) as not all participants gave a response for each policy

Supplementary Table 6. Alternate tobacco control policies proposed among the top ten most important to implement*

*statements are copied exactly as participants entered into the survey

Cessation

1. Increase utilisation of effective forms of cessation support (phone, self help, counselling, pharmacotherapy)
2. Provide free evidence-based smoking cessation services in all hospitals, staffed with qualified clinicians (as, for example dietitian services).
3. NRT on PBS available available to all smokers.
4. Government funded cessation programs.
5. Medicare item number for GPs and Practice Nurses to provide smoking cessation support.
6. Better support for those wanting to quit and/or substitute less harmful forms of tobacco (medicinal grade nicotine products should be seen as an alternative to smokeless tobacco as possible substitutes. This is likely to also include things like e-cigarettes.

Tax

1. Substantially increase excise and customs duty on smoked tobacco (greater than 30%)
2. I would argue that a one off increase in excise and/or duty, or the addition of any other tax (which could be earmarked for use in providing cessation activities), greater than that specified would be advantageous - the greater the increase the greater the effect so lets seek a minimum increase of 50% on the cost of cigarettes.
3. There also need to be marked price differences between smoked products and less harmful substitutes, with the differential among the smokeless perhaps proportional to harmfulness
4. I strongly endorse well-funded media campaigns as a key component of a comprehensive tobacco control policy, but I don't think that hypothecation is necessary. I don't think that hypothecation is good practice in any area of public administration.

Regulation of tobacco sales, profits and companies

1. Ban sale of tobacco products in high use indigenous communities (as per alcohol).
2. remove all vending machines from licenced premises - to do so would weaken tobacco companies interest in licenced venues. (While they remain they are an advertisement for tobacco products in a place where relations not to smoke weaken.
3. Prohibition on all tobacco company/tobacco wholesaler benefit schemes and any involvement at retail level.
4. Eliminate profit-making companies from the tobacco market.
5. Totally control the marketing of tobacco. Remove all branding (not plainish packs, they are not plain while the brand name is allowed on them. The Brand is the most powerful piece of imagery on which the industry build value (read suck in smokers).
6. Prohibit superannuation funds and life insurance companies from investing in the tobacco industry.

Structural changes to tobacco control

1. Have an integrated attack on the problem

2. National core consistent legislative provisions dealing with "major" tobacco control issues e.g. display bans, packaging, point of sale, advertising and promotion, internet selling such as Internet.

3. In short we need to start from a policy position that smoking would be banned immediately if it could be and that all levers should be used to reduce it as fast as possible. Less harmful alternatives can then be managed proportional to their harms.

Product regulation

1. Something that mandates the progressive removal of the most harmful substances.

2. enforceable maxima for harmful ingredients in tobacco/nicotine products, and perhaps limits on total nicotine delivery.

3. Smoked tobacco needs to be more highly regulated and more needs to be banned than just flavourings

Miscellaneous

1. ensure definitions of enclosed and unenclosed public spaces are clear and resolute. The nsw current interpretation is nonsensical

2. Extend movie rating scheme to television drama.

**Supplementary Table 7. Support and belief in implementation of seven exploratory tobacco control measures. (ordered by sum of support and strongly support, greatest to least)
Response percent (number)**

Policy Option	Do you support the implementation of the following intervention or policy options? Choose "neutral" if you neither support nor oppose the option and choose "unsure" if you do not know enough about the option to form an opinion.				Do you think these interventions or policies will join other tobacco control initiatives (ie smoking bans and taxation) as key components of a comprehensive approach to tobacco use reduction?			
	Strongly support /support	Neutral	Strongly opposed /opposed	Unsure	Yes, I think this will be implemented	I'm undecided – there seems to be some support but I'm not sure if it will be implemented	No, I don't think this is at all realistic	I don't know enough about this to answer
Reduce the appeal of cigarettes (particularly to new smokers) by outlawing the use of any additive known to make smoking more palatable and those influencing nicotine absorption	94.2% (65)	4.3% (3)	0.0% (0)	1.4% (1)	47.8% (33)	37.7% (26)	7.2% (5)	7.2% (5)
Regulating the harmful emissions produced by cigarettes with the goal of reducing the health effects of smoking, as recommended by WHO's TobReg committee	68.1% (47)	13.0% (9)	8.7% (6)	10.1% (7)	29.0% (20)	44.9% (31)	14.5% (10)	11.6% (8)
Progressive reduction, over ten years, of nicotine content in cigarettes to zero	60.9% (42)	13.0% (9)	13.0% (9)	13.0% (9)	10.1% (7)	37.7% (26)	34.8% (24)	17.4% (12)
Requiring smokers to be licensed in order to legally purchase tobacco products	44.9% (31)	24.6% (17)	24.6% (17)	5.8% (4)	13.0% (9)	37.7% (26)	43.5% (30)	5.8% (4)
Vaccinating smokers against the effects of nicotine as a cessation method	37.7% (26)	26.1% (18)	17.4% (12)	18.8% (13)	8.7% (6)	30.4% (21)	34.8% (24)	26.1% (18)
Vaccinating children and/or adolescents against the effects of nicotine to prevent the uptake of tobacco use	21.7% (15)	29.0% (20)	30.4% (21)	18.8% (13)	2.9% (2)	24.6% (17)	44.9% (31)	27.5% (19)
Screening the population for genetic susceptibility to nicotine addiction and tobacco related diseases	4.3% (3)	23.2% (16)	56.5% (39)	15.9% (11)	0.0% (0)	10.1% (7)	72.5% (50)	17.4% (12)