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Best Practices in Tobacco Control Earmarked Tobacco Taxes and the Role of the Western Australian Health Promotion Foundation (Healthway)

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# **Best Practices in Tobacco Control Earmarked Tobacco Taxes and the Role of the Western Australian Health Promotion Foundation (Healthway)**

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## Introduction

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The concept of creating health promotion foundations, funded by a portion of the tobacco excise revenue was developed in Australia. These foundations provide sponsorship to sports, arts and racing organizations and replace tobacco industry sponsorship and outdoor advertising. The Victorian Health Promotion Foundation VicHealth, founded in 1987, was the first of its kind. This report will describe the implementation and evaluation of the Western Australian Health Promotion Foundation Healthway, which was established under the Western Australian Tobacco Control Act of 1990. With a population of 1.9 million, Western Australia (WA) has about one-tenth of the total Australian population, and is the largest Australian state in geographical terms.

### Current situation and recent trends in tobacco use

The 2001 National Drug Strategy Household Survey of almost 27 000 Australians aged 14 years and above found that the proportion of respondents who smoked daily declined by just over 2% between 1998 and 2001, from 21.8% to 19.5%. Overall, the prevalence of smoking has been falling since 1945 among males and since 1976 in females, although the downward trend has slowed somewhat in recent years. Based on the survey, it is estimated that in 2001 approximately 3.6 million Australians aged 14 years and over were smokers and just under 3.1 million smoked daily (1).

While the state-specific figures for the 2001 survey were not yet available at the time of writing, some West Australian figures from the 1998 survey are notable. Among 20 to 29 year-olds, WA had the lowest regular smoking rate in Australia, with 29.1% of this group reporting daily or near-daily smoking (Australian average: 31.6%). WA also had the lowest regular smoking rate among 14 to 19 year-olds, at just 9.9% (Australian average 16.1%). Among regular West Australian smokers, the typical quantity of cigarettes consumed in 1998 was 11 to 20 cigarettes per day (2).

In 1999, a survey on drug use was conducted among 3 458 12 to 17 year-old WA school students. The results indicated that 21% of students had smoked at least once in the last four weeks, 17% had smoked at least once in the last week and 4% had smoked daily. Overall, 52% of students had smoked at least a few puffs of a cigarette in their lifetime. These figures appear to be consistent with

those described above. Compared with a similar survey undertaken in 1996, the largest reduction in smoking prevalence occurred in females aged 16 to 17 years, with the proportion smoking in the preceding week falling from 29% to 20% (3).

### Disease and death toll of tobacco

Between 1985 and 1996, about 19% of all deaths in WA were due to addictive substances and, of these, 79% were due to tobacco smoking with an average of 1 502 deaths each year (4). Nationally, there were approximately 19 000 deaths and about 140 000 episodes of hospitalization attributable to tobacco smoking in 1998. The annual cost of these hospitalizations was about \$AUD 390 million. The most frequently occurring tobacco-related conditions were cancers, ischaemic heart disease and chronic airflow limitation (5).

During the 1998–1999 financial year, the Commonwealth Government received over \$AUD 8 thousand million in revenue from the importation and sale of tobacco products in Australia. However, data from customs and excise suggest a slight fall in the demand for tobacco products over the five years up to 1999–2000 and there was a decrease in per capita consumption of cigarettes in Australia from 8th in the world in 1991 to 17th in 1996 (5).

## Description of the policy intervention

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### WA Tobacco Control Act 1990

The WA Tobacco Control Act 1990 was passed in December 1990 and came into effect in February 1991. The purposes of the Act were to actively discourage tobacco smoking and to promote good health and prevent illness by encouraging non-smokers, particularly young people, not to start smoking; by limiting the exposure of children and young people to persuasive messages about smoking; and by encouraging and assisting current smokers to quit.

### Healthway

The Act outlined the creation of the Western Australian Health Promotion Foundation (Healthway) and prohibited tobacco advertising, tobacco sponsorships, competitions run by tobacco companies and distribution of free tobacco samples, though the Minister of Health was permitted to grant exemptions under certain circumstances.



The objectives of Healthway, as stated in the legislation, are:

- to fund activities related to the promotion of good health, with particular emphasis on young people;
- to offer an alternative source of funds for sporting and arts activities currently supported by manufacturers or wholesalers of tobacco products;
- to support sporting and arts activities that encourage healthy lifestyles and advance health promotion programmes;
- to provide funds to replace tobacco advertising with health promotion advertising;
- to provide grants to organizations engaged in health promotion programmes;
- to fund research relevant to health promotion;
- to raise funds by soliciting donations and grants to support its work; and
- to evaluate and report on the effectiveness of its performance in achieving health promotion activities.

Established on 8 February 1991, Healthway remains governed by a Board representing arts, sports, health, youth and country interests. Originally reporting to the Board were five advisory committees: arts, health, racing, sports and tobacco replacement. Currently, there are six committees: sports, arts, racing, health, research and finance. These committees, comprising members appointed for their relevant expertise, have a direct role in reviewing sponsorship and grant applications and in making funding recommendations to the Board.

### Phasing out of tobacco sponsorship and outdoor advertising

By 8 February 1992, all tobacco sponsorship in WA had been replaced, unless specifically exempted by the Minister of Health. Outdoor tobacco advertisements were removed gradually, with approximately 50% by July 1992, a further 25% by July 1993 and the remaining 25% by July 1994. Health promotion messages replaced about 25% of the total outdoor advertising space formerly held by tobacco companies and non-tobacco advertisers used the remainder. For a period of five years following the passage of the legislation, the Act required Healthway to give priority to organizations and individuals disadvantaged by the banning of tobacco sponsorship and advertising, by replacing tobacco activities with health sponsorship and advertising (6).

### Healthway funding: earmarked tobacco taxes

In the early years, Healthway received \$AUD 12.9 million each financial year for its activities. More recently, a 2.5% funding increase per annum has been granted to keep in line with inflation. Accordingly, Healthway's annual budget stands at about \$AUD 16 million. For this, Healthway must endeavour to ensure that, in each financial year, at least 30% is disbursed to sporting organizations; at least 15% is distributed to arts organizations; and not more than 50% is earmarked for any single group, be it sports, arts, health, community, youth, research or racing organizations.

Until 1997, Healthway was funded by earmarked tobacco taxes, namely, a portion of the state tobacco franchise fee. This fee was introduced under the WA Business Franchise (Tobacco) Act 1975 as a wholesale tax or licence fee, which was paid in regular instalments by wholesale tobacco merchants. The rate was based on the wholesale value of tobacco sales in the preceding period and rose incrementally from 10% in 1976 to 100% in November 1993 (Table 1) (7).

In August 1997, Healthway's source of funding changed when the High Court of Australia ruled that it was unconstitutional for states to charge state-based tobacco taxes. Since then, the Federal Government has collected state tobacco franchise fees on behalf of the states, which it then returns as part of the state's funding. As a result, health promotion foundations in Australia are now funded by direct allocation from consolidated revenue (8).

The establishment of Healthway in February 1991 was not directly linked to an increase in the state tobacco franchise fee. A rise had occurred in January 1990, when the fee was raised from 35% to 50%, and a further rise occurred in November 1993, when the fee was raised from 50% to 100% (7). This may have assisted the passage of the legislation, as opposition from the tobacco companies would likely have been greater had an attempt been made to raise the state tobacco franchise fee in conjunction with the ban on tobacco industry sponsorship and outdoor advertising.

In the 1992–1993 financial year, WA had the lowest state franchise fee (50%) in Australia and reports of an illegal cross border trade from WA to higher taxed states developed. The rise in the tobacco franchise fee to 100% in late 1993 resolved the issue and the average cost of a packet of 30 cigarettes in WA rose by \$AUD 1.76, from \$AUD 4.23 to \$AUD 5.99 (7).

**Table 1****The history of smoking control in Western Australia (WA)**

<b>Year</b>	<b>Smoking control activity</b>
1911	WA statute prohibited smoking in cinemas and theatres
1917	Sale or supply of cigarettes to children under 18 years made illegal
1950	Association between smoking and lung cancer reported in <i>British Medical Journal</i> (11)
1967	Australian Council on Smoking and Health (ACOSH) established
1972	Health warnings on cigarette packets became mandatory Australia-wide
1976	Federal legislation banned direct cigarette advertising on radio and television WA Tobacco Franchise Fee introduced (10%), January
1982	WA Smoking and Tobacco Products Advertisements Bill to ban tobacco advertising defeated WA Tobacco Franchise Fee raised (12.5%), March
1983	WA Tobacco (Promotion and Sales) Bill, 2nd unsuccessful attempt to ban tobacco advertising The Smoking and Health Programme of the WA Department of Health established Federal Tobacco excise increased and linked to consumer price index (CPI), November WA Tobacco Franchise Fee raised (35%), December
1984	First Quit Campaign in WA
1987	Federal legislation banned smoking on all domestic airline flights and instituted revised health warnings on cigarette packets
1988	In the Australian state of Victoria, the first health promotion foundation VicHealth, is established under state legislation
1990	Federal ban on cigarette advertising on radio and television extended to all tobacco products WA Tobacco Franchise Fee raised (50%), January WA Tobacco Control Act passed, December
1991	Federal ban on tobacco advertisements in the print media, December
1992	Western Australian Health Promotion Foundation Healthway formally established 8 February
1993	All tobacco sponsorship in WA ended 8 February, unless specifically exempted by Health Minister Healthway's programme of replacing outdoor tobacco advertising commenced Federal Government legislates to ban tobacco sponsorship Australia-wide
1994	Federal tobacco excise increased above CPI WA Tobacco Franchise Fee raised (100%), November
1995	Federal tobacco excise increased above CPI Phasing out of all outdoor tobacco advertisements in WA completed, July WA "Smarter than Smoking" youth campaign launched, partly funded by Healthway Federal customs duty on imported tobacco and excise duty on domestic product harmonized
1999	Federal tobacco excise increased above CPI
2000	Tobacco sponsorship banned in Australia from 31 December WA Health (Smoking in Public Places) Regulations banned smoking in enclosed public places, including restaurants. (Exemptions: bars and some gaming areas) "Per stick" rather than weight-based tobacco excise system introduced by Federal Government increases cigarette prices Further price rise after Goods and Services Tax introduced in July



**Table 2**

**Key stakeholders for and against a ban on tobacco sponsorship and advertising**

<p><b>Pro-legislation</b></p> <p>Asthma Foundation of Western Australia  Australian Council on Smoking and Health  Australian Medical Association (Western Australian branch)  Cancer Foundation of Western Australia  Department of Health, Western Australia  Health Education Council of Western Australia  National Heart Foundation (Western Australian division)  Public Health Association of Australia  Royal Australasian College of General Practitioners (Western Australian faculty)  Royal Australasian College of Pathologists (Western Australian committee)  Royal Australasian College of Physicians  Royal Australasian College of Surgeons  Thoracic Society of Australia (Western Australian branch)  Tuberculosis and Chest Association of Western Australia</p>
<p><b>Anti-legislation</b></p> <p>Advertising Federation of Australia  Australian Association of National Advertisers  Australian Cinema Advertising Council  Australian Publishers Bureau  Australian Retail Tobacconist  Confederation of Australian Motor Sport (WA branch)  Ethnic Press Association of Australia  Federated Tobacco Workers' Union of Australia  Newspaper Advertising Bureau of Australia  Outdoor Advertising Association of Australia  Tobacco Institute of Australia  Tobacco companies  WA Cricket Association &amp; Indoor Cricket Super League  WA Dart Council  WA Football League, Rugby League &amp; Rugby Union  WA Golf Association  WA Greyhound Racing Association  WA Motion Pictures Exhibitors' Association  WA Sporting Car Club  WA Trotting Association</p>

Source: Musk AW, Shean R, Woodward S. Legislation for smoking control in Western Australia. *British Medical Journal*, 1985, 290:1562-1565.

Castleden VM, Nourish DJ, Woodward S. Changes in tobacco advertising in Western Australian newspapers in response to proposed government legislation. *Medical Journal Australia*, 1985,142:305-308





## Steps of implementation

The passage of the WA Tobacco Control Act 1990 was not without difficulty. Two previous attempts to ban tobacco sponsorship and advertising in WA in 1982 and 1983 had failed. The history of tobacco control in WA is one of setbacks and gains. Table 1 outlines progress to date.

Following the Federal Government's ban on cigarette advertising on television and radio in 1976, the tobacco industry sought to exploit an exemption of the legislation, which allowed cigarette advertising in the electronic media if it occurred incidentally or accidentally. As a result, sponsorship of televised sporting events carrying arena advertising for tobacco products increased. The volume of advertising matter in the print media also rose (9).

### WA Smoking and Tobacco Products Advertisements Bill, 1982

In 1982, in an attempt to ban tobacco industry sponsorship and outdoor advertising, the Smoking and Tobacco Products Advertisements Bill was introduced into the West Australian parliament. The bill was defeated following a massive lobbying campaign by the Tobacco Institute of Australia, the Australian Publishers Bureau, by organizations with a well-defined interest in continued tobacco promotion and by sports organizations sponsored by tobacco companies. Full-page advertisements and newspaper editorials claimed that the legislation was an infringement of civil liberties and would have a detrimental effect on sport and employment (9).

### WA Tobacco (Promotion and Sales) Bill, 1983

A second attempt to introduce a ban was undertaken in 1983, with the WA Tobacco (Promotion and Sales) Bill. Again, the volume of tobacco industry advertising increased markedly (10) and the bill was defeated, despite the state government's campaign to "Give kids a chance". That year, the WA tobacco franchise fee was raised from 12.5% to 35% and \$AUD 2 million was appropriated for smoking education (9). Table 2 lists a number of the key stakeholders for and against the ban on tobacco industry sponsorship and outdoor advertising at that time.

### WA Tobacco Control Act, 1990

A third attempt was made in 1990. On this occasion, the ban was linked to the establishment of a health promo-

tion foundation, funded by the WA tobacco franchise fee, which would buy out tobacco sponsorship and replace outdoor advertising of tobacco products. With concerns about revenue loss by potential opponents of the legislation allayed and with the successful passage of an Australia-wide ban on tobacco advertising in newspapers and magazines, the WA Tobacco Control Act 1990 was passed, banning tobacco industry sponsorship and outdoor advertising in WA.

## The intervention's success

### Healthway programmes and priority areas

Healthway runs a number of programmes: a Health Promotion Projects Programme, a Health Promotion Research Programme, a Sponsorship Programme and a Tobacco Replacement Programme (6). In addition to its sponsorship and advertising activities, Healthway offers annual grants for health promotion projects and research. A number of research priority areas have been identified, with the prevention and control of tobacco smoking receiving the highest funding allocation (Table 3).

Table 3

#### Healthway's programme and research priority areas

Alcohol and other drug misuse
Asthma prevention and control
Cardiovascular disease prevention, including hypertension control
Cancer prevention, in particular, skin cancer prevention
Determinants of healthy behaviour
Diabetes prevention
Good nutrition
Healthy environments
Indigenous health
Injury prevention
Mental health promotion
Physical activity promotion
Sexual health (includes HIV/STI prevention)
Tobacco smoking prevention and control





## Health promotion in recreational settings

Healthway's health promotion objectives are based on the principles of the Ottawa Charter. In particular, Healthway seeks to create supportive environments and healthy public policy, strengthen community action and work collaboratively across sectors. Before the establishment of health promotion foundations, recreational settings had a minor role in health promotion. Yet since Healthway's inception, research has indicated that the average West Australian attends a foundation-sponsored event on four occasions per year and that Healthway is particularly effective in reaching the most disadvantaged 10% of young people. Many participants also have elevated risk factor profiles compared with the general population (12). Thus, recreational settings present an opportunity to deliver health messages to broad sections of the community, including those traditionally considered hard to reach.

## Health sponsorship in recreational settings

Health sponsorship dollars can be used to negotiate benefits such as naming rights, signage, player endorsement of a health product and structural reforms such as smoke-free areas and health catering (8). When Healthway provides sponsorship funds for larger grants, it simultaneously awards support funds to an independent health agency to promote an audience-appropriate health message at the event. For small grants, Healthway provides a health promotion support kit (6).

Examples of agencies that have received Healthway funds include the National Heart Foundation, Diabetes Association, Cancer Foundation, Asthma Foundation, Australian Sports Medicine Federation, Kidsafe, Australian Council on Smoking and Health, and the Alcohol Advisory Council. Healthway also provides support to smaller community-based organizations. This helps to achieve a more equitable distribution of health-promoting resources within the community (6).

## Achieving structural reforms: Smoke-free policies

Structural reforms to create healthier environments have been introduced into sports, art and racing venues by Healthway. These reforms include smoke-free areas, healthy catering, sun protection measures, safe alcohol practices, safe exercise practices and improved access for disadvantaged groups (6).

The introduction of smoke-free policy was an incremental process. Initially, as part of the sponsorship agreement, Healthway requested the creation of smoke-free areas. Later, as contracts were renegotiated, Healthway required venues and events to become entirely smoke-free (8).

Prior to the implementation of smoke-free policies, a survey was conducted at major sporting venues to assess public support for this activity and the majority favoured at least some restrictions (13). After introduction, the support among spectators actually increased further, particularly among non-smokers (14). Furthermore, Pikora et al. (15) found that the level of compliance with the policy at two major sporting venues in WA was high, indicating that the measure was effective in protecting non-smokers from environmental tobacco smoke. The successful introduction of smoke-free sports venues helps to create social norms that strengthen support for smoke-free areas in public places.

## Healthway evaluation

The Health Promotion and Evaluation Unit of the School of Population Health at The University of Western Australia evaluates Healthway programmes. In the early years, the University's Graduate School of Management was also involved. Evaluation is necessary to ensure that Healthway is meeting its health objectives. For projects attracting funds valued at over \$AUD 25,000, post-event surveys are undertaken to assess cognitive and attitudinal measures such as awareness, comprehension and acceptance of the event's health message, using a standardized questionnaire. Encouragingly, past surveys (n=5 710) have indicated that 67% of respondents could recall the health message; of those, 82% had understood it; of those, 88% had accepted it; and of those, 9% (or 4% of the total number of respondents) intended to act on it (6). Evaluation data from 2001 report a further improvement with 9% of the total sample intending to act on the health message (16).

## Tobacco replacement

Tobacco replacement venues refer to those settings previously sponsored by the tobacco industry. Such venues offer opportunities for structural reforms, promotion of anti-smoking messages and targeting of at-risk groups. On evaluation of Healthway's tobacco replacement programme, replacement projects achieved a level of direct population reach for a given amount of funding that was four times higher than other sponsorship projects.

**Table 4****Achievements of the 1990 legislation**

<p><b>Achievements of the WA Tobacco Control Act 1990</b></p> <ol style="list-style-type: none"> <li>1) The WA Health Promotion Foundation (Healthway) established</li> <li>2) Tobacco sponsorship prohibited and replaced with Healthway sponsorship</li> <li>3) Tobacco advertising restricted to point of sale only from July 1994</li> <li>4) Distribution of free tobacco samples and competitions involving tobacco products banned</li> <li>5) Penalties for the sale of tobacco to minors raised</li> <li>6) Facilitated the passage of a national ban on tobacco advertising, effective as of end of 1995</li> </ol> <p><b>Achievements of the WA Health Promotion Foundation (Healthway)</b></p> <ol style="list-style-type: none"> <li>1) Promotion of health messages at sports, arts and racing venues</li> <li>2) Replacement sponsorship to organizations previously sponsored by tobacco industry by 8 February 1992</li> <li>3) Sponsorship for other sports and arts organizations</li> <li>4) Replacement of all outdoor tobacco advertising by 1 July 1994, 25% replaced directly by health promotion messages</li> <li>5) Implementation of structural changes at venues e.g. smoke-free areas, healthy catering</li> <li>6) Collaboration with sectors outside of health including recreational and cultural sectors</li> <li>7) New source of Government funding for health promotion research and community projects</li> <li>8) Facilitated the introduction of the WA Health (Smoking in Public Places) Regulations, which banned smoking in enclosed places, including restaurants in 1999</li> </ol>
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Source: Holman CD, Donovan RJ, Corti B. Report of the evaluation of the Western Australian Health Promotion Foundation. Health Promotion Development and Evaluation Programme, The University of Western Australia, 1994.

Musk AW, et al. Progress on smoking control in Western Australia. *British Medical Journal*, 1994, 308:395-398.

Structural change towards a smoke-free environment was also obtained more often. However, surveys have revealed a higher resistance to health messages at these sites (17).

**Effects of programme on smoking prevalence**

The overall trend in the prevalence of smoking in WA has been downward. While there are numerous reasons behind reductions, which cannot be attributed to any single tobacco control measure, it is likely that the ban on tobacco sponsorship and outdoor advertising and the work of Healthway have contributed to the fall in prevalence.

In 1998, the prevalence of smoking among young West Australians was the lowest in the country. This may in part be due to the Smarter Than Smoking campaign, which began in 1995, with the aim of discouraging smoking among young people. This initiative receives funding from Healthway.

**Achievements**

The achievements of the WA Tobacco Control Act 1990 and Healthway are summarized in table 4.

**Other impacts of the intervention****Effect on government finances and tobacco company revenue**

The establishment of Healthway was not directly linked to an increase in the state franchise fee. However, by 1995, almost two-thirds of the retail price of a packet of cigarettes in WA was accounted for by the federal excise duty and state franchise fee (7). With respect to the tobacco companies, during the early 1990s, increased taxation, limitations on advertising opportunities, negative publicity about tobacco products and an economic recession affected industry profitability. Locally, the WA Tobacco Control



Act 1990 contributed to this. Competitive price discounting ensued and by August 1994, these subsidies were costing the tobacco companies some \$AUD 8 million per week. The companies recognize that the Australian market is declining and are turning to more profitable ventures in the Asia-Pacific region (19).

**Banning tobacco-funded research**

Healthway has successfully banned tobacco-funded research at WA's four major universities by making it a condition of funding that organizations do not accept financial support from the tobacco industry. At the time, these universities were among only 13 of the 45 universities across Australia reported to have even discussed the issue (8).

**Paving the way for further anti-tobacco legislation**

By creating smoke-free venues with community support, Healthway paved the way for further tobacco control measures. In 1999, the WA Health (Smoking in Public Places) Regulations banned smoking in enclosed public

places, including restaurants, with a limited number of exemptions for bars and some gaming areas. WA was the first state in Australia to implement such legislation.

**Conclusion**

The health promotion foundation model was developed primarily to replace tobacco sponsorship and outdoor advertising, using a portion of the revenue raised from government tobacco taxes, with health-promoting alternatives including anti-smoking messages and structural reforms. Secondary benefits include the creation of new opportunities for health sponsorship and the availability of an additional funding source for health promotion programmes and research. Healthway, a model that has been used in a number of Australian states and in California is one example of what a health promotion foundation can achieve.

It is this author's opinion that health promotion foundations are an effective tobacco control measure and could be used more widely, in both developed and developing countries. However, strong leadership, a stable govern-

**Table 5**

**Achieving change: lessons for tobacco control advocates and policy-makers**

- |   |
|---|
| <ol style="list-style-type: none"> <li>1) Identify realistic objectives and priorities</li> <li>2) Adopt an incremental approach to change</li> <li>3) Coordinate professional networks</li> <li>4) Develop a strategic plan</li> <li>5) Educate decision-makers</li> <li>6) Secure an ongoing funding arrangement, preferably using tobacco taxes</li> <li>7) Collaborate with a variety of sectors and organizations</li> <li>8) Foster cooperative relationships with sponsored organizations</li> <li>9) Recruit community support and involvement</li> <li>10) Select audience-appropriate health messages</li> <li>11) Develop opportunities for structural reforms</li> <li>12) Renegotiate contracts on a regular basis</li> <li>13) Evaluate programmes, including reach, impact and outcomes</li> <li>14) Communicate progress to stakeholders and the community</li> </ol> |
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Source: Musk AW et al. Progress on smoking control in Western Australia. *British Medical Journal* 1994;308:395-398.

Corti B et al. Warning attending a sport, racing or arts venue may be beneficial for your health. *Australian and New Zealand Journal of*



ment and a commitment to health are required to achieve this type of change and some important lessons are listed in Table 5. Undoubtedly, there will be strong opposition from the tobacco companies and extensive consultation with current recipients of tobacco company largesse will be required to allay fears of revenue loss as a result of the proposed changes. Several iterations may be required before legislation is passed. On the other hand, since this measure is not reliant on an increase in tobacco taxes *per se*, it may be easier to introduce this strategy in between tobacco tax increases, as occurred in Western Australia.

Finally, any comprehensive national or state-based tobacco control programme relies on a number of strategies, including legislation, taxation, education, and environmental and organizational change. Establishing a health-promotion foundation using earmarked tobacco taxes to replace tobacco advertising and sponsorship is one innovative and effective component that can be added to the armamentarium.

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