

London School of Hygiene & Tropical Medicine

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Title of course for which you are registered	MSc. Global Health Policy 2017-2018
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Assignment title	Policy Brief – Tobacco Control
Software used (do not use pdf)	MS Word for Mac
Word count*	1.500
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A pilot program to turn the tide in youth smoking prevention in Austria

Executive Summary

In the context of alarmingly high smoking rates in adolescents in Austria, a complex political situation, and the lack of one magic solution for this public health issue, this policy brief puts forward a concrete proposal to establish of a pilot region for youth protection in Austria. It recommends two cornerstone interventions, the implementation of a peer-based information campaign, and an introduction of completely smoke-free areas, complemented by a set of comprehensive measures.

Introduction

24,3% of adults in Austria smoke daily (OECD: 18%). Austria is one in 3 OECD countries, where smoking prevalence could not be reduced from 2000 to 2015 (1). Particularly concerning is a rate of 28% adolescent smokers (15-16 years, last month). (2).

Austria has recently attracted international concern for the government's decision to reverse a planned total smoking ban in restaurants and bars. (3), (4), (5), (6), (7), (8)

The current partial ban, which allows a separate smoking section in hospitality venues, will largely remain in place. Freedom of choice and not compromising Austria's hospitality were communicated as rationale. The downturned total ban had been identified in a strategic tobacco industry report was rated as a major negative factor expected to lead to significant drop in tobacco sales in Austria. (9)

Meanwhile considerate civil society opposition is forming and local politicians keep expressing serious concerns. The petition “don’t smoke” has been signed by > 570.000 citizens. (10)

Overshadowed by ongoing controversies, the parliament has decided on two policy measures protecting young people from smoking: a raise of legal age to 18, and a smoking ban in cars transporting younger passengers (11).

Smoking bears severe consequences for individual lives, Austria’s economy and health budget. Tobacco-caused diseases kill more than 11.000 Austrians annually. Protecting adolescents from tobacco and preventing the recruitment of new smokers is the area, where public health needs, expert recommendations and Austrian government intentions meet.

Methods and results

Methodology

This brief is based upon a health policy analysis of tobacco control (TC) policies in Austria. To prioritize policy areas for youth smoking protection, recommendations of the World Bank (12), were mapped versus relevant parameters for Austria as detailed below. Two experts, Daniela Jahn-Kuch and Manfred Neuberger were consulted for input. After definition of two priority areas, a literature search was performed to evaluate effective policies in Europe and high-income countries. Concrete proposals were developed, based upon a synthesis of country experiences, and recommendations by WHO, World Bank and European Commission (EC).

Analysis & Results

The latest TC scale (TCS) attests Austria “a very low profile on all tobacco control policies” (13, p12). Across countries effectiveness of comparable policies varies - depending on context, actors, implementation, enforcement and comprehensiveness of approach. It is therefore essential to briefly discuss some Austrian characteristics:

- Tobacco shops are the main outlets, selling also newspapers or public transport tickets. With direct links to the ministry of finance they represent a powerful lobby. They and 6000 vending machines are excluded from advertising bans, lagging behind legislation in other European countries. (13)
- Austria is member of the EU, and signatory party to the FCTC, which includes provisions to prevent sales to minors (14).
- Previous governments have often backed away from controversial measures, introduced TC policies lacking a comprehensive approach, sustained direction and enforcement.
- The former state monopoly Austria Tabakwerke was taken over by Japan Tobacco. Strong networks with decision makers exist until today.

Strategic prioritization of policy options

Cost-effective interventions to reduce death and disease caused by tobacco (12) were qualitatively evaluated versus their relevance for adolescents, urgency and chance of realisation, expert recommendations, and impact in Austria.

Intervention	mainly affected group	Effectiveness	Potential impact	Government position	Local experts	Public opinion	TCS score
Higher taxes on tobacco	smokers, young people, prevention!	most effective	HICs: price increase by 10% results in decreases of ± 4%	excluded further increases	strongly in favour	mixed	11 / 30
Bans on smoking in public and work places	non-smokers	SHS protection, prevention	ca. 1000 fatalities due to SHS / year; substantial mid-term	withdrawal of planned law	strongly in favour	> 570.000 signatories "don't smoke" petition	8 / 22
Comprehensive bans on advertising and promotion	smokers, young people, prevention!	very effective		no changes planned	strongly in favour		7 / 10
Better consumer information, prevention programmes	protection of recruitment of new, young smokers	effective (broad range)	substantial	youth protection as stated goal, raise of legal age from 16 to 18	in favour		0 / 15
Large warning labels on boxes, plain packaging, ...	smokers	plain packaging: very effective		no futher plans	in favour	?	5 / 10
Cessation support	smokers wanting to quit	very difficult to quit		no specific plans	in favour, continue		5 / 10

Smoking protection in young people requires a comprehensive, multifaceted approach. The policy areas emerging as strategic priorities for such an approach will be discussed below.

[Effective youth tobacco protection policies](#)

Stopping the recruitment of adolescent smokers is crucial, 9 / 10 smokers (15-29 years) in Austria start before their 19th birthday (15).

Austria will implement a minimum age of 18 by 2019, an increase of legal age alone albeit is not effective. Best practice from Australia shows that “effective youth smoking prevention requires a [comprehensive multifaceted approach](#), involving a range of well-researched, coordinated and complementary strategies” Australia has decreased smoking prevalence in adolescents by two thirds since 1999 (16). [De-normalizing smoking](#) via a comprehensive set of policies is also core to WHO’s Tobacco-Free Generations Strategy (17). [Tax increases](#) to deter adolescents from commencing smoking are unanimously accepted as the most

effective measure (12). [Complete smoking and advertising bans in and around tobacco outlets](#) have proven to be effective additional measures (17).

[Information](#) is key in smoking prevention, the setup [of campaigns](#) varies between such targeted at the general public for an indirect, broad effect, and programs focussing on defined high-risk groups (18). The [ASSIST program](#) from the UK reports very promising results. 12-13 year olds received training to act as role models in informal peer-group interactions. The program achieved a significant reduction of smoking prevalence while also being cost-effective (19).

79% Austrian students find it easy to acquire cigarettes (20), necessitating [effective independent controls of sales outlets](#).

[Smoking-ban in hospitality venues](#)

Hospitality venues are the places where most adolescents smoke their first cigarettes. Bar and disco-pub workers, often young adults, are exposed to carcinogenic SHS, with 10 to 20 times higher lung cancer mortality risks (21), (22). Austria is among the countries with the highest exposure to SHS in bars and restaurants in Europe, correlating with a lack of policies (23). Because of tobacco's huge harm potential and the recognition that young people "do not always have the capacity [...] to make sound decisions" even when they have been given information, the principle of consumer sovereignty does not apply as with other consumer goods (12).

Evidence shows that "comprehensive smoke-free policies attract more support from smokers than partial policies [...] and have the potential to improve support once the policy is in place." (24, p10), (22) Key elements to encourage acceptance of innkeepers are positive

reinforcement, minimal cost to comply and equal opportunities versus competition (24) (25).

The current situation in Austria is the result of an unpredictable political course of the past, putting decisions and economic stress on venue owners. “Most restaurant owners show neither adherence, nor satisfaction with the partial smoking bans. [They] are an ineffective solution.” (27, p304). Ample evidence shows that smoke-free legislation positively impacts the hospitality industry (26).

Recommendations

Pilot region for comprehensive youth protection and education program

Development and implementation of a comprehensive youth protection program in a pilot region in Austria represents a powerful opportunity with limited risks and costs. It provides valuable learning, and opportunities to show government’s commitment to adolescent health protection. It has potential for scale up of the complete program or key elements after outcome evaluation.

Federal governments of Salzburg, Styria and Vienna have already voted for a smoke-free gastronomy, and would lend themselves as partners for the pilot. The concrete building blocks of the pilot shall be co-developed by a team including experts in public health, youth, education, tourism, health promotion, plus student representatives of both sexes.

A core intervention is an [information program building on ASSIST](#) to leverage experience, progress fast and reduce development costs. A [complete smoking ban](#) in all hospitality venues is a prerequisite.

[Additional comprehensive policies](#) include, but are not limited to, a fade out of vending machines, a ban of advertising around tobacco outlets, a communication campaign

specifically reaching out to educators and parents. Compliance with age requirements in tobacco shops must be evaluated via an independent party for interpretation of results.

Responsibilities and budgets should be split up between national and federal governments, with financing of the pilot via earmarked tobacco taxes. An evaluation after the pilot phase allows for sufficient time to include further roll-out in upcoming budget cycles.

Nationwide complete smoking ban in hospitality venues

A total smoking ban in public venues, effecting a social de-normalization of smoking, is an indispensable element to deter young people from smoking, and in protecting them from SHS. Austria is facing a window of opportunity, >70% of citizens are in favour (27), a growing number of hospitality venues are voluntarily going completely smoke-free. Acceptance before implementation is already higher versus other countries, which have successfully resolved issues in implementing similar policies (28), (29). The benefits of reduction of SHS induced health damages for service personnel and non-smokers, and the distinct youth protection should be in the center of public communication.

Conclusions

Protecting adolescents from tobacco represents a critically important shared goal in Austria.

As isolated measures are not effective, a regional pilot testing a comprehensive approach and information campaign is proposed. A complete tobacco-free policy in hospitality venues remains an indispensable element in youth smoking prevention.

Every step Austria takes towards a tobacco-free generation is an investment in future health and prosperity. This policy brief offers an opportunity to put the commitment for youth protection above all existing differences.

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Literature Search Strategy

PubMed: (smoking OR tobacco OR cigarette) AND (restaurant* OR bar*) AND (restriction* OR ban*) AND (implementation* OR enforcement* OR practice* OR difficult* OR obstacle* OR opposition)

Filters: Last 10 years / Types: editorial, journal article, review / Languages: English, German

Review and selection of Articles for implementation in Europe and HICs, focussing on policy implementation

Google Search: tobacco young school programs / effective tobacco prevention young

Review of relevant key websites for additional resources: WHO, WHO Europe, OECD, World Bank, FCTC implementation database, EC et.al.)

List of abbreviations used

ASSIST	A Stop Smoking In Schools Trial
CSO	Civil Society Organisation
EC	European Commission
EU	European Union
FCTC	Framework Convention on Tobacco Control
HIC	high-income country
OECD	Organization for Economic Co-operation and Development
SHS	second hand smoke
TC	tobacco control
TCS	tobacco control scale
UK	United Kingdom
WHO	World Health Organization