

Challenges and opportunities for tobacco control in Australia: a qualitative study

Michelle I. Jongenelis¹

Australia has long been recognised as a world leader in tobacco control, with the proportion of adult daily smokers decreasing from 28% in 1989–90 to 11% in 2020–21 and the proportion of never smokers increasing from 48% in 2001 to 61% in 2019.^{1–3} This success can be attributed to Australia's implementation of a suite of evidence-based tobacco control measures, such as ongoing increases in tobacco excise, public education mass media campaigns, the prohibition of tobacco advertising and the introduction of smoke-free laws.⁴

Despite these efforts, tobacco use in some population groups remains high. The prevalence of smoking among Aboriginal and Torres Strait Islander peoples, incarcerated persons and those with mental health conditions has been estimated at 43%, 67% and 20% respectively.⁵ In addition, tobacco use remains Australia's leading risk factor for morbidity and mortality, accounting for 9% of overall disease burden, 22% of cancer burden and 13% of all attributable deaths.⁶ The economic costs of tobacco use are significant and, at an estimated \$136.9 billion per annum,⁷ considerably dwarf tobacco excise revenue (\$13.3 billion for 2021–22).⁸

Renewed attention to tobacco control is urgently needed if Australia is to achieve its goal of ≤5% smoking prevalence by 2030⁹ and prevent up to 1.6 million smokers from dying prematurely.¹⁰ Yet, Australia's National Tobacco Strategy remains out of date¹¹ and investment in evidence-based tobacco control measures has fallen well below international benchmarks.¹² In an exploration of tobacco control in Australia, Grogan and Banks¹² observed some promising developments, describing the Minister

Abstract

Objective: A greater understanding of the challenges and opportunities for tobacco control in Australia can assist with accelerating efforts in this space. This study sought to explore these challenges and identify priorities for policy and practice.

Methods: Interviews were conducted with 31 individuals working in tobacco- and/or nicotine-related research, policy and practice in Australia. Interviewees were tobacco control and cessation advocates, researchers, public servants and health practitioners representing a range of government and non-government organisations.

Results: Commonly reported challenges included e-cigarettes distracting from evidence-based reform, lack of government investment, a misperception that tobacco control is 'done' and tobacco industry interference. Advocating for tobacco control to be high on political agendas, sustained investment in evidence-based measures, improved support for cessation and addressing industry interference were considered important means of addressing these challenges.

Conclusions: Several challenges are perceived to be hampering Australia's tobacco control efforts. The attention being devoted to e-cigarettes at the expense of effective control measures warrants immediate addressing.

Implications for public health: Increasing awareness that smoking continues to be the leading cause of preventable death, developing an evidence-based national cessation strategy and implementing measures that protect tobacco control efforts from vested interests are critical to reducing smoking prevalence rates.

Key words: tobacco control, smoking, e-cigarettes, industry interference

for Health's commitment to the National Preventive Health Strategy (of which tobacco control is a priority pillar) as 'encouraging'. Nevertheless, they called for renewed government commitment and policy reform, proposing a proportionate universalism approach to tobacco control that involves the adoption of both population-level measures and those tailored to specific priority groups. Greater investment in antismoking campaigns, price control measures, product regulation, advertising restrictions, an expansion of smoke-free areas, retail reform and improved delivery of cessation support were cited as opportunities for action.

As Australia prepares to develop its National Tobacco Strategy¹³ and works toward the goal of reducing smoking prevalence, a greater understanding of the challenges facing, and opportunities for, tobacco control can assist with accelerating efforts in this space. This qualitative study sought to explore these challenges and identify priorities for tobacco control policy and practice.

Method

Recruitment and participants

Purposive sampling was used to recruit individuals working in tobacco- and/

1. Melbourne Centre for Behaviour Change, Melbourne School of Psychological Sciences, University of Melbourne, Victoria

Correspondence to: Michelle Jongenelis, Melbourne Centre for Behaviour Change, Melbourne School of Psychological Sciences, University of Melbourne, Parkville, Victoria, 3010; e-mail: michelle.jongenelis@unimelb.edu.au

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or nicotine-related research, policy and practice in Australia. Potential participants were identified by examining (i) authors publishing tobacco control research in the peer-reviewed literature and (ii) those involved in the development and/or implementation of tobacco control programs and policies. Snowball sampling was used to recruit additional participants. Specifically, those interviewed were asked to identify other credentialed individuals working in tobacco control, including those who could offer a variety of perspectives. To enhance the trustworthiness of the research, data triangulation was employed. This involved interviewing participants (i) from different Australian states, (ii) with differing occupations and (iii) from government and non-government agencies. Interviews were conducted until new information no longer emerged from data collection.¹⁴

The sample comprised 31 tobacco control and smoking cessation advocates ($n=12$) and researchers ($n=10$); public servants (e.g. politicians, policy-makers and advisors; $n=6$); and health practitioners (e.g. addiction specialists; $n=3$). Almost all had more than 10 years' experience working in tobacco control. A variety of health-focused government and non-government organisations was represented in the sample. Efforts were made to recruit Aboriginal and Torres Strait Islander peoples working in tobacco control; however, only one was able to participate. This study was approved by a Human Research Ethics Committee and all participants provided written informed consent.

Owing to the tobacco industry's well-documented history of influencing and misleading public health research communities,¹⁵ all participants were asked whether they or the organisation for which they work "have received any support, whether financial or non-financial, direct or indirect, from any parties involved in the production, distribution or sale of tobacco, nicotine or vaping products". No interviewees reported receiving funding from the tobacco or vaping industries.

Procedure

As part of a larger project examining tobacco control and novel tobacco/nicotine products in Australia, interviewees were asked a series of questions designed to elicit their thoughts on (i) the current challenges facing tobacco control in Australia and how these can be addressed and (ii) priorities for tobacco

control policy and practice. The questions posed that relate to this study are presented in the online Supplementary File.

Interviews were conducted by MJ using online videoconferencing facilities from March to May 2021. The interviews were semi-structured, with topics covered in the order in which they naturally arose. They ranged in duration from 25 to 77 minutes ($M=47$ minutes). Interviews were audio-recorded and transcribed verbatim, with the latter conducted by an independent and ISO-accredited transcription service.

Analysis

Transcripts were imported into NVivo for inductive coding and reflexive thematic analysis. A semantic approach to analysis was adopted, which is appropriate when the aim is to develop new insights that reflect the issues of most importance to participants.¹⁶ The analysis was thus data-driven, not theory-driven. As recommended for reflexive thematic analysis,¹⁷ one researcher (MJ) coded the transcripts, following Braun and Clarke's six phase guide.¹⁸ This involved (1) reading all transcripts in their entirety and making initial notes, with the audio-recordings revisited in cases where the meaning of any portion of a transcript was unclear; (2) generating initial codes; (3) collating codes into potential themes; (4) reviewing themes by reading all collated extracts for each theme; (5) defining and naming themes; and (6) producing this manuscript.

Consistent with the purpose of thematic analysis,¹⁷ the results section that follows presents the tobacco control issues considered of greatest importance by the interviewees, as evidenced by the number of interviewees reporting an issue and the extent of discussion relating to that issue. Quotes are provided throughout the results to highlight these issues. Each quote is followed by the interviewee's role in tobacco control (advocate, researcher, public servant, health practitioner).

Results

Tobacco control challenges

Several challenges facing tobacco control in Australia were described by interviewees. The most common challenge, reported by most interviewees, was electronic cigarettes (e-cigarettes) providing a distraction from

evidence-based reform. Other common challenges were (i) lack of investment and political will, (ii) a misperception that tobacco control is 'done', (iii) tobacco industry interference and (iv) continued high rates of smoking in priority populations. Inadequate smoking cessation policies and practices (e.g. the absence of evidence-based national standards of care for tobacco and nicotine dependence treatment; high cost of, and difficulties accessing, services) were also considered a challenge, albeit by a minority of interviewees.

E-cigarettes providing a distraction from evidence-based reform. Most interviewees expressed concerns that the attention being devoted to e-cigarettes was diverting resources away from evidence-based measures to reduce smoking and undermining decades of successful tobacco control efforts. Interviewees noted that policy reform in Australia had fallen behind best practice and they attributed this to the various distractions provided by e-cigarettes; distractions that spanned the areas of research, policy, practice and advocacy.

The issue with the e-cigarettes thing is largely that they're weapons of mass distraction. They've distracted a lot of good effort and government focus away from the timeless truths of the sort of things that work. [IG_41, health practitioner]

Because there is a huge amount of colour and light around the media and political focus on e-cigarettes, it means that rather than focusing on other interventions, whether they be those ones that are known to work or those innovations where there might be value in testing, it is distracting energy away from those other important areas of health policy. [IG_9, advocate]

Every resource is finite. That resource, in terms of tobacco control, includes the attention span of politicians, the availability of public officials, the availability of researchers, the columns based in media, the public discourse. All of these things are kind of resources if you want to put it that way... They're all finite things. For the past eight or so years, there's just been an awful, disproportionate diversion of all those things into a circular, never-ending, often evidence-free discussion, you name it, around e-cigarettes. [IG_15, researcher]

Lack of investment and political will.

Insufficient funding and a lack of political will to make further investments in the measures needed to see significant reductions in smoking rates was raised as a challenge by

most interviewees. The lack of investment in public education via national mass media campaigns and the absence of a coherent national framework for tobacco control policy and practice were considered particularly concerning.

In terms of those big-ticket items that we know reduce smoking rates, there isn't so much the appetite and political will to want to see further investment in those areas. Like public education, mass media campaigns. Probably chomping around the edges around expanding smoke free environments out a little bit ... it feels like at the moment we're pushing a boulder up a hill as far as tobacco control policy is concerned. [IG_6, advocate]

Misperception that tobacco control is 'done'.

A misperception among policy-makers, government and the community that tobacco control is 'done' was described as a challenge by around half of those interviewed. Tobacco control efforts in Australia were considered a victim of their own success, with interviewees reporting that reductions in smoking rates made tobacco use less visible to policy-makers, promoting complacency and a lack of investment. It was noted that the last major reform measure was plain packaging legislation nearly a decade ago and that little had been done since. Interviewees were concerned that tobacco control no longer being at the top of policy agendas could undermine success given continued high rates of smoking in many population segments and an active tobacco industry.

I think there's a feeling that tobacco control has been solved because actually it's increasingly concentrated in specific populations, which means that it's less and less visible to policy-makers and it's less and less visible to the mainstream. [IG_19, researcher]

Kind of this - the thought that, or the perception that tobacco control is done. Oh, look at us, we were great, we did plain packaging first in the world. It's like, yeah, well, that was 11 years ago now and we've done nothing since in terms of regulatory reform. [IG_23, advocate]

Complacency is a big problem... we're talking about a deadly product used daily by 11% of people aged 14 and above, which leads to around one fifth of all cancer deaths in the country. So, you know, I certainly bristle every time I get any sense of, oh well, you know, we don't need to do anymore now... [IG_15, researcher]

Tobacco industry interference. Around half of those interviewed expressed concerns that a "powerful", "well-resourced", "resurgent" and

"determined" tobacco industry continues to interfere with tobacco control policy by opposing strengthened regulatory measures and undermining existing laws. Interviewees described the innovative means by which industry exploits loopholes in current legislation as being a considerable challenge, with the efforts needed to close these loopholes in an under-resourced public health system enacted at the expense of evidence-based policy adoption. Interviewees also expressed concerns about the various ways in which the industry is attempting to legitimise its agenda; for example, by forming foundations that claim to desire a smoke-free world and lobbying policy-makers either directly or indirectly via third-parties. In terms of the former, interviewees noted that legitimising industry rhetoric about being part of the solution to reducing tobacco use represents a threat to evidence-based policy implementation. In terms of the latter, the tobacco industry was considered to be actively and aggressively influencing public health policy, with Australian political parties continuing to accept industry donations and thus breaching Australia's obligations under Article 5.3 of the World Health Organization's Framework Convention on Tobacco Control (WHO FCTC).

These ideas that they are part of the solution to reducing tobacco use, I think that's a real big threat to evidence-based tobacco control policy implementation... from our legislation, there's been a lot of loopholes that industry has exploited and this is an issue in itself, that in tobacco control quite often we're advocating for some of these loopholes to be closed and we're spending all our effort trying to fix our current legislation rather than focusing on those big tobacco control policy innovations. [IG_5, researcher]

A special problem with tobacco, probably more than any other harmful industry, is an extraordinarily powerful and determined industry that uses every possible weapon and ally ... to oppose, delay, undermine any kind of action, to attack people who are pressing for action and simply to outlive its opposition while promoting, constantly promoting, its product ... But in my view too, in recent years, we've seen the industry as, if anything, resurgent. They were on the backfoot in many ways. Now what we're seeing is the industry running globally, company by company and jointly, the biggest counterattack that I've ever seen. [IG_11, researcher]

High rates of smoking in priority populations. A substantial minority of interviewees cited continued high rates of smoking among

Aboriginal and Torres Strait Islander peoples, incarcerated persons, those experiencing mental health challenges and those who are socioeconomically disadvantaged as a tobacco control challenge, noting that there was a significant amount of work to be done to address smoking prevalence in these population segments. Some interviewees acknowledged that broad, population-based tobacco control measures were less effective among members of these groups and there was a need to adopt other approaches.

We've got some pockets of really high prevalence that still exist. So, I think, smoking in those priority populations is really important. So, whether that's low SES, Aboriginal groups of people... we've got really high rates in mental health that smoke as well. So, there's still pockets where we've got a lot of work to still be done. [IG_4, advocate]

I think one of the key issues now is that tobacco use ... has become a real equity issue in that we know the groups which have persisted with relatively high rates of tobacco use are some of the most vulnerable low socioeconomic groups. [IG_20, researcher]

I think that these population groups and the smoking rates in these population groups is not something that we have really nailed yet, so it's a real challenge. It's a desperate challenge, actually and terribly harmful to people and their lives. I think that this is something that we need to focus our attention on, because we've done so well in other areas of tobacco control that this area really needs a focus. [IG_22, researcher]

Addressing tobacco control challenges

Advocating for tobacco control to be high on political agendas and sustained investment in evidence-based tobacco control measures were considered by a substantial minority of interviewees to be critical to addressing the aforementioned challenges. Ensuring policy-makers and the public were reminded that smoking continues to be the leading cause of preventable death in Australia, translating evidence in a way that is compelling for policy-makers and practitioners and increased investment that is commensurate with harm were deemed important approaches.

I think a key element here is to - we can't stop giving the message about the health impacts of tobacco. So we have to find new ways of repeating old messages about the impact of tobacco so it remains front and centre. [IG_20, researcher]

I do think a renewed focus on some of the measures that we know work, but in particular a renewed focus on tobacco control more generally, I think, will be critical. With that comes - with an approach to ensure that it - that tobacco control is sort of at the front and centre of the agenda and is accompanied by commensurate level of investment. [IG_29, public servant]

Investigating the effectiveness of innovative tobacco control measures while continuing to adopt evidence-based approaches, improving support for cessation, reducing tobacco industry influence and implementing effective approaches to reduce smoking prevalence in priority groups were also considered important to tobacco control efforts by a substantial minority of interviewees. In terms of cessation support, interviewees considered implementation of Article 14 of the FCTC critical, noting that the development and implementation of evidence-based national guidelines for tobacco and nicotine dependence would ensure smoking cessation is embedded in routine care. Training those in the health sector to deliver optimal smoking cessation support, ensuring services and nicotine replacement therapies were easier and cheaper to access, ensuring approved nicotine replacement therapies were able to be prescribed in a manner consistent with the evidence and consistency across Quitline services were presented as possible approaches to addressing high rates of smoking in priority populations and the inadequacy of current smoking cessation policies and practices.

I think we need to find some new and shiny things within the tobacco control field. My new and shiny thing is embedding smoking cessation in routine care. There's a whole article of the Framework Convention that we've never done and Australia has never done and a really progressive health minister could really stand up there with a national thing. [IG_10, advocate]

In terms of tobacco industry interference, interviewees considered the implementation of Article 5.3 of the FCTC and other measures that will reduce industry influence critical. These measures including prohibiting donations to political parties, holding industry accountable for the harms they have caused, holding Government accountable to their obligations under the FCTC and exposing industry tactics such as their heavy lobbying of Members of Parliament.

We absolutely need a strong focus on the role of the tobacco industry and on any measures that will reduce their impact and influence... globally and nationally, whether it be legal litigation, whether it be holding individual tobacco industry leaders accountable for the harms they cause, whether it be exposés, whether it be a proper implementation of Article 5.3... [IG_11, researcher]

I think really key at government level would be to stamp out donations from tobacco interested organisations to politicians. Because I think we still see some laws in Australia that have been created, or exemptions that have been created, because of the interest of Big Tobacco. [IG_17, advocate]

Finally, with regards to reducing smoking prevalence in priority groups, interviewees commented on the importance of working with group members to develop appropriate and effective interventions. Community-driven, targeted approaches that addressed the challenges specific to priority groups were considered important.

People are wringing their hands going, what do we do about Aboriginal health? Well, there's a very, very obvious thing and communities have the solutions about how to reduce smoking, they just need the resources really and the support. [IG_19, researcher]

I would like tobacco control and nicotine dependence to be specifically incorporated into Aboriginal health goals as well. That's one of the groups that disproportionately still smokes, particularly in regional and remote areas... so I'd love to be able to provide education around smoking care to communities and then get their feedback about what tobacco control would look like for them specifically. Because the broad-based public health approach hasn't worked for those communities and it would be good to know why. [IG_21, health practitioner]

I think the Framework Convention on Tobacco Control describes nicely the importance of engaging with Indigenous people in development, implementation, maintenance, evaluation of... tobacco control programs and policies, as well as monitoring those for improvement. [IG_42, researcher]

Priorities for tobacco control policy and practice

Almost all interviewees called for strengthened tobacco control measures that are consistent with Australia's obligations under the WHO's FCTC. Efforts considered critical to reducing the prevalence of smoking included (i) the implementation

of demand- and supply-side interventions (reported by most), (ii) greater resourcing and efforts directed at priority populations (reported by a substantial minority) and (iii) the implementation of measures that protect tobacco control efforts from vested interests (reported by a substantial minority).

Implementation of demand- and supply-side interventions. Increased education and communication of the harms associated with smoking and improved smoking cessation support were the most commonly reported demand-side interventions. In terms of the former, interviewees called for increased and sustained investment in 'hard-hitting' mass media campaigns and updated health warnings on tobacco packaging. In terms of the latter, interviewees called for the development and implementation of an evidence-based national cessation strategy featuring robust and accessible clinical guidelines that promote consistency in treatment of tobacco dependence across all areas of Australia's healthcare system and ensure all smokers are offered evidence-based support to quit. Other demand-side interventions reported by interviewees included strengthening smoke-free policies and continued taxation of tobacco products. Expanding smoke-free areas to include prisons, high-density housing and casino high-roller rooms was cited as a specific measure of the former.

In terms of supply, the priorities of interviewees were numerous and varied. The most common were (i) regulating the design, contents and labelling of tobacco products to minimise their appeal and (ii) the introduction of positive licensing schemes across Australia to facilitate monitoring of tobacco retailer compliance and optimise enforcement of existing laws. In terms of the former, specific measures cited included prohibiting menthol, additives and filters that make cigarettes more palatable and standardising pack sizes and design to prevent industry innovations that undermine existing tobacco control policies.

Greater resourcing and efforts directed at priority populations. Interviewees called for greater investment into efforts aimed at reducing smoking in the following priority populations: Aboriginal and Torres Strait Islander peoples, peoples from culturally and linguistically diverse backgrounds and those experiencing mental health challenges. Increased and sustained funding of the Tackling Indigenous Smoking program

across Australia was cited by some as being particularly important.

Discussion

An acceleration of tobacco control efforts is urgently needed if Australia is to achieve its goal of <5% smoking prevalence by 2030 and ease the considerable burden that tobacco use places on the healthcare system; a system currently under strain by the COVID-19 pandemic. The interviews with tobacco control experts conducted for the present study suggest these efforts may be hampered by numerous challenges, most notably the distraction provided by e-cigarettes, lack of investment and political will, a misperception that tobacco control is no longer needed, tobacco industry interference and continued high rates of smoking in priority populations. Interviewees provided numerous suggestions for how these challenges could be addressed and recommended several measures that should be prioritised, with most calling for strengthened tobacco control measures that are consistent with Australia's obligations under the FCTC.

Perceived challenges to tobacco control and approaches to addressing these challenges

Most interviewees expressed concerns that the policy, practice and advocacy efforts being directed at e-cigarettes were diverting resources away from evidence-based tobacco control measures, impacting Australia's performance in this space. In the decade since e-cigarettes were first introduced in Australia, numerous government inquiries in relation to the devices have been conducted. The Terms of Reference of the most recent of these inquiries, the Select Committee on Tobacco Harm Reduction, focused solely on e-cigarettes as a tobacco reduction strategy, to the exclusion of evidence-based measures. Given evidence relating to the efficacy of e-cigarettes as a smoking cessation aid is limited¹⁹ and there are considerable harms associated with their use,²⁰ the attention being devoted to these products at the expense of effective tobacco control measures – both in Australia and internationally – warrants immediate addressing.

Insufficient funding and a lack of political will to invest in tobacco control was raised as a challenge by most interviewees, as was the misperception that tobacco control is 'done'. Interviewees considered the latter to be a contributor to the former and were

concerned this misperception was promoting complacency. The absence of a national framework for tobacco control policy and practice was considered a particularly concerning example of government inertia. With continued high rates of smoking in many population segments and a resurgent tobacco industry, ensuring tobacco control is at the top of political agendas and advocating for sustained investment in evidence-based tobacco control measures, such as the Tackling Indigenous Smoking program, were considered critical by a substantial minority of interviewees. As smoking becomes increasingly concentrated in priority population groups and less visible in the general population, increasing awareness among policy-makers and the public that smoking continues to be the leading cause of preventable death in Australia was deemed important. Awareness can potentially be increased via political lobbying and mass media campaigns.

A well-resourced tobacco industry that continues to interfere with tobacco control efforts was another challenge noted by more than half of interviewees. Given finite public health resources, interviewees reported that attempts to tackle industry tactics came at the expense of evidence-based policy approaches. Of further concern was industry rhetoric about desiring a smoke-free world; a narrative that interviewees perceived as an attempt to legitimise the activities of an industry that continues to spend billions promoting its core product of tobacco cigarettes.²¹

Industry's aggressive lobbying of policy-makers was also considered problematic. Interviewees noted that Australian political parties continued to accept donations from the tobacco industry, breaching Australia's obligations under Article 5.3 of the FCTC. The focus of the aforementioned Tobacco Harm Reduction inquiry on e-cigarettes to the exclusion of evidence-based tobacco control measures is likely to be at least partially due to industry lobbying, with an investigative piece published since the inquiry exposing industry interference and confirming continued donations from Philip Morris International to the political parties spearheading the inquiry; donations that peaked during the consultation.²² Given industry interference with policy making threatens evidence-based policy implementation, many interviewees called for measures that protect tobacco control

efforts from vested interests, including (i) prohibiting donations to political parties and holding Government accountable to their obligations under Article 5.3, (ii) taking legal action against the tobacco industry and (iii) continued exposure of industry tactics.

Finally, a substantial minority of interviewees noted that more effective tobacco control approaches were required to reduce high rates of smoking among priority groups, especially Aboriginal and Torres Strait Islander peoples. Supporting group members to develop and implement appropriate and effective tobacco control measures that address the specific challenges they face was deemed particularly important. Such an approach is consistent with the WHO's FCTC, which states that Indigenous individuals and communities should be involved in the development, implementation and evaluation of tobacco control measures that are "socially and culturally appropriate to their needs and perspectives".²³

Priorities for policy and practice

Interviewees recommended several measures that should be prioritised to bolster the adequacy of Australia's tobacco control efforts. Demand-side interventions were the most commonly mentioned, with interviewees proposing measures such as (i) increased education and communication of the harms associated with smoking via mass media campaigns and graphic health warnings on tobacco products and (ii) improved support for smoking cessation. Despite considerable evidence that mass media campaigns communicating the harms associated with tobacco use are integral to reducing smoking prevalence,⁴ Australia's investment in such campaigns is below standard and has decreased significantly over time (\$36 million in 2010–11 to \$7 million in 2017–18).^{12,24} This considerable reduction in investment – which has continued to the present day – has likely contributed to a lessening of the steady decline in smoking prevalence that has been observed in recent years.²⁵ Given mass media campaigns are a cost-effective means of reducing smoking prevalence,²⁶ an increase in government investment in this tobacco control measure after years of underinvestment is urgently needed. Updated graphic warning labels on tobacco products are also needed given those that currently appear on such products have been in circulation since 2012.²⁷ Graphic health warnings are a critical and highly

effective component of comprehensive tobacco control efforts,²⁸ yet they should be updated regularly to ensure they remain salient and their effectiveness is maintained.²⁹

With respect to improved smoking cessation support, an immediate priority of many interviewees was the development and implementation of an evidence-based national cessation strategy that is consistent with Australia's obligations under Article 14 of the FCTC. Australia is currently lacking best-practice standards of care for tobacco and nicotine dependence, resulting in fragmented and inadequate treatment practices and resourcing.^{30,31} A comprehensive national treatment strategy that (i) features clear, robust and mandated smoking cessation guidelines; (ii) trains those in the health sector to deliver optimal cessation support; (iii) ensures pharmacotherapies are subsidised (or complimentary) and made available in line with evidence-based recommendations for use; and (iv) provides funds for specialised behavioural support will provide Australia with the systematic approach needed to reduce smoking prevalence.³⁰ The implementation of a strategy that embeds smoking cessation across the health system also has the potential to optimise cessation treatment among priority population groups, effectively reducing tobacco-related inequality.³⁰ Engaging appropriately with Aboriginal and Torres Strait Islander peoples in the development, implementation and evaluation of such a strategy will be critical to optimising outcomes.

In terms of supply-side interventions, minimising the appeal of tobacco products was considered important by a substantial minority of interviewees, with the prohibition of menthol and filters some of the more common measures cited. Given international evidence indicates menthol bans increase smoking cessation³² and filtering increases tobacco-related harm,³³ enacting a ban on these "disingenuous" campaigns by the tobacco industry to make their deadly products more palatable has the potential to greatly benefit public health.³⁴ Also considered important was the implementation of a nationally consistent, positive licensing scheme for tobacco retailers.

Limitations and future directions

The present study had several limitations. First, although interviewees represented a number of organisations and occupational

backgrounds, the sample cannot be considered representative of all tobacco control experts in Australia. Second, owing to the small number of health practitioners and public servants recruited relative to researchers and advocates, results could not be examined by occupation type. Third, as is recommended in reflexive thematic analysis,¹⁷ only one researcher coded the transcripts. It is acknowledged that analysis thus reflected the researcher's engagement with the data.

Finally, only one Aboriginal and Torres Strait Islander person was able to be recruited for this study, which may explain why considerations for tobacco control that are specific to Aboriginal and Torres Strait Islander peoples did not feature prominently. Given there is generally limited evidence for the effectiveness of most tobacco control interventions in this population group,³⁵ research that (i) explores the challenges and opportunities for tobacco control as they relate to Aboriginal and Torres Strait Islander peoples and (ii) applies an equity lens when evaluating the impact of tobacco control measures is urgently needed to minimise widening smoking inequities.

Conclusions

This study identified several challenges perceived by researchers, advocates, public servants and health practitioners to be hampering Australia's tobacco control efforts. Addressing these challenges and prioritising the implementation of evidence-based measures will be critical to ensuring Australia remains a world leader in tobacco control, with urgent efforts required if Australia is to achieve its goal of reducing smoking prevalence to <5% by 2030.

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Supporting Information

Additional supporting information may be found in the online version of this article:

Supplementary File 1: Semi-structured interview protocol.