BRIEF REPORT

Banning retail tobacco sales: Time to start the discussion

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Smoking is being increasingly banned where there is power and the will to enact bans—cars transporting children, hospital grounds, public buildings, public transport, parks and private apartment blocks [1–4]. Internationally, smokers are being excluded from opportunities, such as employment with the World Health Organization and free health insurance in Jakarta [5,6]. Here in Australia we only enact these partial or settings-based tobacco bans but have not yet progressed to discussion of a total ban on the sale of tobacco. To date, only one country, Bhutan, has actually legislated a total ban of retail tobacco sales [7].

The rationales for partial bans in Australia are that they limit non-smokers’ exposure to second-hand smoke and assist smokers to quit smoking by creating obstacles to smoking. There is no doubt, the bans—intended to be cruel to be kind on smokers—achieve these objectives. We justify the bans through the benefit to society in health-care dollars saved and the gift of health to ex-smokers. However, while there is a kindness, there is also an undertone of cruelty behind these policies.

Eighty-one per cent of regular smokers have made an attempt to quit [8]. Until they overcome their addiction or die, they are subject to society’s tobacco bans. The flip side of making smoking a non-normative behaviour is to make smokers themselves non-normative. As the bans become more and more intrusive, smokers have become a stigmatised underclass subject to discrimination and exclusion [9,10]. In addition to the suffering of actual ill health, smokers may suffer anxiety about developing tobacco-related illness, a negative self-image as an ‘addicted person’, the frustration of multiple cycles of quit attempts and failure, and the ever increasing financial burden of tobacco taxation.

The time has come to discuss how we transition to a more lasting kindness to smokers—a total ban on retail tobacco sales. I believe this will have a lower ‘cruelty to kindness ratio’ than the current partial bans. Yes there will be suffering, but it will be a compression of the suffering of withdrawal into a matter of months instead of continuing the cycle of smoking, quitting, and smoking. It will end the stigmatisation and financial stress; smoking-related cancers could end in the 21st rather than the 22nd century.

In the past, calling for a total retail sales ban was considered ‘radical’ or ‘extremist’ and at risk of under-mining the credibility of tobacco control advocates occupying the reasonable ‘middle ground’. But is it credible not to discuss a ban when smokers are banned from smoking in so many public and private places, denied employment and health care, and the World Health Organization is proposing ‘third hand smoke’—the contamination of housing contaminated with old tobacco pollutants—as an important public health issue [11]?

We cannot assume that a black market will flourish with a retail ban and we must not let fear mongering about black markets obstruct the considered examination of black market risk and control measures. Even at the current high tobacco tax levels only tobacco funded studies are able to identify a significant black market. Independent studies suggest that less than 5% of current smokers have ever used illegal or ‘chop chop’ tobacco regularly [12]. Diversion of commercially grown tobacco was an important source of black market sales when Australia had a legal tobacco growing industry and there has been smuggling of illegal tobacco into Australia [13]. It is an open question as to whether a ban on retail sales would encourage...
a black market or make the current black market more obvious and easier to control.

There is no doubt that the ‘war on drugs’ has failed and I do not propose a similar war on tobacco. But no opponent of the war on drugs is arguing we should legalise a retail industry that would sell heroin and cocaine at the front door of supermarkets and service station counters.

A comparison to the days of alcohol prohibition are not entirely relevant as this is not a ban on the substance desired by smokers—nicotine, which will still be available—but a ban on its most deadly form of delivery—retail tobacco sales. It is important to remember that modern nicotine replacement therapies can markedly ease the withdrawal process [14].

The main point is that it is time to seriously discuss how and when we transition to the retail tobacco ban, the risks associated with this transition and how they might be controlled. We need to discuss whether we will compensate any industry sectors for financial loss, how we can provide free nicotine withdrawal therapies to all smokers who require them, how we will criminalise the sale of tobacco, how we will accelerate excise tax to minimise hoarding, whether home-grown tobacco (for those who can be bothered) will be allowed and what sort of penalties will be appropriate for breaching the sales ban.

Australia is replete with the key prerequisites for success in a total tobacco ban including geographical isolation, strong border controls, no commercial tobacco growing and limited tobacco manufacturing and low government corruption [15].

While proposals to licence smokers, make tobacco less addictive, restructure tobacco taxation and supply models, divert smokers to smokeless tobacco and treat nicotine addiction and other controls are important they should all be aligned within a concrete strategy and timeline to end tobacco sales [16–18]. How far is the politico-policy mindset from really considering eradication of the sale of tobacco? Consider this—how is that more than 50 years after the link between tobacco and cancer has been proven we lack a target year for the cessation of the sale of tobacco in Australia. Major public health achievements, like the eradication of smallpox, are underpinned by a sense of urgency. How different would our policy approach be if we had a target of ending retail tobacco sales on 1 January 2020 for example?

Publicly acknowledging that a total ban on the retail sale of tobacco is on the table may cause Big Tobacco company executives to pause before they arrogantly threaten to flood our market with cheap tobacco—as they did in response to the plain packaging proposal [19]. They may also be reluctant to use the ‘tobacco is a legal product that adults choose to use’ mantra once its legality is a matter of public debate.

The times are changing and the public is ready for a total retail tobacco ban. A 2005 survey in New South Wales found that 56% supported a move towards a total ban on the sale of tobacco within 10 years—that’s almost double the support for the ban on smoking in hotels (28.3%) and licensed clubs (30%) in 2000 [20,21].

For decades, public health practitioners have whispered of the need to appear moderate, responsible and reasonable and pretend that a total ban is not in our sights. But in settings where we have the power to enact bans we have done so. I believe it is cowardly and dishonest to claim we do not aim for a total ban on the sale of tobacco. Let’s start the discussion.

References
[6] * •••. Smokers to be excluded from Jakarta’s free healthcare schemes. BMJ 2010;340:c1152. doi:10.1136/bmj.c1152 (Published 25 February 2010). Available at: http://www.bmj.com/content/340/bmj.c1152.full (accessed •••).


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