

1 **BRIEF REPORT**

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3 **Banning retail tobacco sales: Time to start the discussion**

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

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

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

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

60 In the past, calling for a total retail sales ban was
61 considered 'radical' or 'extremist' and at risk of under-
62 mining the credibility of tobacco control advocates
63 occupying the reasonable 'middle ground'. But is it
64 credible not to discuss a ban when smokers are banned
65 from smoking in so many public and private places,
66 denied employment and health care, and the World
67 Health Organization is proposing 'third hand smoke'—
68 the contamination of housing contaminated with old
69 tobacco pollutants—as an important public health issue
70 [11]?

71 We cannot *assume* that a black market will flourish
72 with a retail ban and we must not let fear mongering
73 about black markets obstruct the considered examina-
74 tion of black market risk and control measures. Even at
75 the current high tobacco tax levels only tobacco funded
76 studies are able to identify a significant black market.
77 Independent studies suggest that less than 5% of
78 current smokers have ever used illegal or 'chop chop'
79 tobacco regularly [12]. Diversion of commercially
80 grown tobacco was an important source of black
81 market sales when Australia had a legal tobacco
82 growing industry and there has been smuggling of
83 illegal tobacco into Australia [13]. It is an open ques-
84 tion as to whether a ban on retail sales would encourage

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49 Received 18 December 2011; accepted for publication 23 February 2012.

1 a black market or make the current black market more
2 obvious and easier to control.

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

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

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

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

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

48 Publicly acknowledging that a total ban on the retail
49 sale of tobacco is on the table may cause Big Tobacco
50 company executives to pause before they arrogantly
51 threaten to flood our market with cheap tobacco—as
52 they did in response to the plain packaging proposal
53 [19]. They may also be reluctant to use the 'tobacco is
54 a legal product that adults choose to use' mantra once
55 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 whis-
pered 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.

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