2013 Cunningham Lecture:

Plain packaging of tobacco products - A case study in radical health policy adoption and the role of advocacy

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On 1 December 2012 Australia became the first country to implement plain packaging of tobacco products. The legislation was unopposed by the Opposition and supported by the Greens and all independents except Bob Katter.

No nation has ever mandated the entire appearance of packaging for any consumer product. So this historic legislation was at once exceptional and radical. It was also a massive threat to the transnational tobacco industry which quickly unleashed an unprecedented global campaign to try to defeat the Bill and deter others from following Australia.

Across a 35-year career in tobacco control, I’ve never seen anything like it. The tobacco industry spent well over $14 million on TV and other media campaigns. It was humiliating in a failed 6-1 High Court challenge. It encouraged corrupt and several puppet governments with zero tobacco trade with Australia to launch complaints in the World Trade Organisation. It funded folksy astro-turf retail groups, who dutifully screamed in high dudgeon about the catastrophic job losses that would occur when a policy that was repeatedly predicted to ‘not work’, actually would do what it was meant to do and reduce tobacco sales. And it donated to the Institute of Public Affairs where the resident errand boys dutifully telegraphed their masters’ voices about how the nanny state was now running amok.

In tobacco control we call these reactions ‘the scream test’ of policy potency. We’re amused when the industry supports anodyne, useless campaigns like these. And we know we’re on the right track when they behave as they did over plain packaging.

For over a century, this industry has packaged its carcinogenic products in highly consumer-tested boxes. These are designed to maximise their appeal and to distract from the grim consequences we know occur in a majority of smokers. We know from many internal tobacco industry documents and feature articles in almost every issue of every tobacco trade magazine that packaging is the front and centre of branding. Brand ‘personality’ is built on brand name and packaging, and all other forms of promotion hang off it.

Plain packaging makes the unavoidable statement that—of all consumer goods—tobacco is exceptionally deadly and so deserving of the exceptional status that plain packaging signifies.

While the industry repeated endlessly that plain packs ‘would not work’ and that there was no evidence it would, privately it was saying just the opposite: that it would devastate sales. To which the only reply was, of course, ‘well, that’s the whole idea’.

Perhaps most amusingly of all, it advanced the reasoning that because no nation had ever introduced plain packaging, there was therefore no evidence that it would work, and therefore it
should not proceed. In this, it drew from FN Cornford’s 1908 political science masterpiece *Microcosmographia Academica* in which we receive the sagacious advice that: ‘Every public action which is not customary either is wrong, or if it is right it is a dangerous precedent. It follows that nothing should ever be done for the first time’.

Australia, along with 177 other nations, is a signatory to the World Health Organisation’s Framework Convention on Tobacco Control. This obliges signatories to ban all tobacco advertising and promotion. After Gough Whitlam introduced the Bill to ban direct tobacco advertising on radio and TV that took effect in 1976, another 16 years passed before we nearly finished the job in 1992 with the Tobacco Advertising Prohibition Act. This ended all remaining forms except the most important of all: the pack itself. It is important to understand that plain packaging legislation is simply finishing that job.

Smoking rates have been occasionally flat but mostly falling since the early 1960s. Public awareness campaigns have conditioned community support for policies like advertising bans and plain packaging. But an individual’s decision to quit or not start can only crudely be attributed to single ingredients of policy and campaigns. Instead, all elements of comprehensive tobacco control work synergistically.

And here, it’s important to understand that the average fall in tobacco consumption (the amount of tobacco consumed) over the past 30 years has only been about half of one per cent a year. The slide in smoking prevalence moves even more slowly. So plain packaging is like adding a slow burning log to that fire. It will keep the heat under the historic de-glamourising of smoking.

Smoking used to mean images like this.

![Image of a pack with images of people and the word "Fresh is Alpine"](image1)

It now means this.

![Image of a pack with the word "CAUSES LUNG CANCER"](image2)

It has never been thought of as a policy that would wipe out smoking overnight. Nothing has ever worked like that. It is about shifting perceptions of smoking in emerging generations of young people who will now grow up never having seen a box stuffed with potent carcinogens packaged like a designer box of precious secrets. Any impacts on dedicated smokers are a bonus.

Statistics ‘to die for’

Today I want to give some insights into how this unprecedented and historic development happened. In selecting what to emphasise, I will highlight the role of research and multi-disciplinary academic expertise in informing and supporting policy change.

And I’ll talk particularly about the central role of news media in framing policy debates over the years about tobacco that provided foundational narratives for the plain packs debate when it recommenced in 2007. I’ll also talk about some related work I’ve done into the characteristics of Australian researchers who are regarded by their peers and policy makers as ‘influential’, because this has been a great example of the public health research community influencing something very big.

But first, for any Rip van Winkles here today who may have missed it, let me explain the basics. Tobacco produces statistics to die for. David O’Reilly, the head of science at British American Tobacco, agreed last month that there were 50 million smoking-related deaths in the 20th century and that this was expected to reach a staggering one billion this century. Most of these will occur in low-income nations where often-illiterate smokers have little idea of the risks involved.

The most recent estimates of deaths from smoking-caused diseases in the mature epidemic we now have in Australia shows that two in three long-term smokers will die, on average, 10 years earlier than normal life expectancy because they smoked. But Dr O’Reilly emphasises that ‘The world would be a poorer place without nicotine. It has helped people through world wars, the stress of everyday life, and it is helpful for people suffering from Parkinson’s and dementia. It’s a wonderful drug’.

This is a little like arguing that the Titanic was a wonderful ship because the dance band and the caviar were truly excellent.

Lung cancer was a rare disease before the 1930s. By the late 1950s it had grown to become the world’s leading form of cancer death. And in nations like Australia, which have taken tobacco control seriously, male lung cancer at least has been on the wane since 1980. Female lung cancer rates seem unlikely to ever reach even half the peak rate seen in males.

The idea of requiring tobacco packs to be ‘generic’ or plain, with brands distinguished only by their names on the box, was first suggested by a Canadian doctor in 1986. After a 1992 recommendation that it be adopted here, some early testing of its likely impact and advocacy for the concept in New Zealand, and an aborted attempt to introduce it in Canada in the 1990s, it went dormant for a decade as the tobacco industry successfully framed the proposal as a fools’ errand for any government to consider. The industry succeeded in frightening governments into believing they would face massive compensation bills when courts determined that the
companies’ intellectual property had been confiscated by laws that suppressed the use of trademarks and colours.

But in August 2012, the Australian High Court ruled 6-1 that this argument was nonsense. There is a right to register a trademark and to prevent others from using it, but there is no right to use a trademark.

In 2006, with others, I started a National Health and Medical Research Council project on ‘the future of tobacco control’. In August 2007 we published a review of the limited experimental evidence on the idea, together with insights into the importance of packaging found in internal tobacco industry documents and its retail trade press where there was no hesitation in talking about packaging as a major promotional strategy.

There we found statements like these:

- ‘Product package is the communication life-blood of the firm.’
- It’s the ‘silent salesman’ that reaches out to customers.
- Packaging ‘act[s] as a promotional tool in its own right’.
- ‘If you smoke, a cigarette pack is one of the few things you use regularly that makes a statement about you. A cigarette pack is the only thing you take out of your pocket 20 times a day and lay out for everyone to see. That’s a lot different than buying your soap powder in generic packaging.’
- ‘If your brand can no longer shout from billboards, let alone from the cinema screen or the pages of a glossy magazine…it can at least court smokers from the retailer’s shelf, or from wherever it is placed by those already wed to it.’
- ‘When we offered them Marlboros at half price—in generic brown boxes—only 21 per cent were interested, even though we assured them that each package was fresh, had been sealed at the factory and was identical (except for the different packaging) to what they normally bought at their local, tobacconist or cigarette machine. How to account for the difference? Simple. Smokers put their cigarettes in and out of their pockets 20 to 25 times a day. The package makes a statement. The consumer is expressing how he wants to be seen by others.’

In public health research, the whole idea is to produce work that is useful in informing public opinion and leveraging policy interest about control options. I’ve never seen any sense in spending four years researching and publishing work that will only be read by a few hundred colleagues closeted behind journal subscription paywalls. So I often push my research, distributing it to relevant people and writing journalistic pieces to accompany the publication of my research papers.

We circulated our paper widely among Australian colleagues and to some 5,000 members of a global internet listserv. My sense was that the main objective at the time was to first re-oxygenate the dormant concept of plain packs among the global tobacco control community to allow it to become part of the continuing narrative of ‘what was needed’ if nations were to get serious about turbo-charging the falls in smoking.
I did not, though, write newspaper or blog articles to accompany the paper. My sense was that plain packaging was an issue that would first need considerable selling within the public health community. They would need to be comfortable enough with it to become enthusiastic supporters once it got ‘out there’ as a policy being advocated for adoption. Being novel and never implemented before, it needed to be thoroughly ‘workshopped’ in preparation for the inevitable major attacks it would attract.

**Enter minister Nicola Roxon**

Instead, a large window of opportunity opened in the form of a committee. In 2008, I was appointed to the Tobacco Committee of the Preventative Health Task Force. This had been established as a direct response to the newly elected Rudd Government’s explicit emphasis on the importance of prevention in health policy reform. With 50 or so others, I was invited to a briefing by the new Health Minister Nicola Roxon. Her presentation started with and dwelt on prevention, not in its normal role as a policy confection to be sprinkled on the ‘real’ meat and potatoes of health policy like hospital crises and expensive drug subsidies, but as a primary consideration. Here was a rare government sending direct and forceful signals that chronic disease prevention was to be taken seriously. Roxon at once seemed ‘one of us’, inhabited by the same big picture, population-focused values as the public health community.

On the first day the Task Force met, the chair, Mike Daube from Curtin University, emphasised to us that his brief had been to convene a committee who should be in no doubt that the government wanted recommendations that would really make a difference. We took turns to propose sometimes bold but always evidence-based strategies. A substantial increased tobacco tax—25 per cent—was unanimously supported. In April 2010 it was adopted and a Treasury paper from early this year shows that it reduced consumption by 11 per cent, nearly twice the predicted six per cent.

I predictably recommended plain packaging, which was again unanimously accepted. I recall remarks about ‘we can be bold here ... it’s important that we get it out there on the agenda, even though it may take years to get up’. That was the spirit of our recommendation: I doubt there was anyone in the room who expected that the proposal would have any life other than as an historic but merely ‘noted’ recommendation in a report.

The proposed legislation was first announced on 29 April 2010, at a press conference held by Prime Minister Kevin Rudd and Nicola Roxon, although late night television broke the news the night before. I and others had been called by Roxon’s office about 6pm on the 28th because a television station had got wind of the announcement. For those involved, it was one of those occasions like always remembering where you were when John Kennedy or John Lennon were shot, or when the moonwalk happened. I picked up the phone at home and Angela Pratt, Roxon’s chief of staff said deadpan: ‘I thought you might like to know that we’ll be announcing in the morning that we’ll be introducing plain packaging’.
From that moment, everyone working in population-focused tobacco control in Australia did little else for the next two years than concentrate our efforts to ensure the announced bill would pass.

The confluence of a newly elected government with a prevention reformist agenda; the presence in that government of a passionate, whip smart and articulate Minister with great and accessible staff; the opening of a window of opportunity in the form of a Task Force charged with maximising policy impact; and a small, closely networked and highly experienced circle of policy entrepreneurs advocating for change, exemplify several key ingredients of John Kingdon’s analysis of policy reform. But these features were all proximal factors that leave unexplained how a radical idea like plain packaging, when landed on the desk of a new government, found such favour.

Proximal factors like those I’ve mentioned are always necessary to such policies gaining traction, but they are hardly sufficient, as the long trail of excellent, evidence-based proposals that went nowhere makes obvious.

‘Just finishing the job’

It’s long been banal to note that policy adoption is not simply a matter of presenting the best facts and evidence to policy makers and then sitting back to watch quality evidence triumph over all other considerations. With rare exceptions, policy entrepreneurs and advocates need to engage in extended and highly strategic efforts to ensure that evidence is communicated in ways that make it publicly and politically compelling so that inaction is not an option. Policy solutions need to be framed in ways that make their rejection problematic. ‘Killer facts’ need to be mined from eye-glazing data; memorable sound bites constructed and rehearsed; analogies forged with other issues known to have widespread support; and an instinctive understanding honed of the importance of subtext and the underlining of values in potent and effective communication about proposed policies.

While plain packaging represented a novel proposal that had never before been implemented, the case for it rested on the same long-running, distal narratives that had seen governments of all persuasions incrementally ban all forms of advertising and promotion, commencing with the TV and radio direct advertising in 1976. It was the ‘you can’t be half pregnant’ sub-text which allowed Roxon and public health advocates to argue that with plain packaging that we were simply ‘finishing the job’ of banning tobacco advertising.

We’d banned all other forms of tobacco advertising. There was no disputing that packaging was a form of advertising. So the cancer emperor’s fancy clothes had to be removed.

If you Google ‘just like the tobacco industry’ your screen will flood with examples of the ethical bottom feeder status of the industry. Big Tobacco has long been routinely referenced as the index case for a wide range of dodgy attributes. Dominant public discourse sees the tobacco industry as nefarious, duplicitous, venal, as corporate Pied Pipers and purveyors of a deadly product and as being indifferent to the health of Australians. A survey from 14 years ago found tobacco industry executives ranked with the standard low water mark—used car salesmen—in trustworthiness.
These narratives have been current for at least 30 years and have grown ever more virulent as smoking prevalence continues in free fall.

Because of six decades of epidemiology, three decades of intense advocacy and incremental government action, and the inexorable denormalisation of smoking, smoking is now an issue with few champions. Any political party seen to be going out of its way to support the tobacco industry’s interests risks sending a message that would resonate with a very small proportion of the community. You just don’t stand next to the tobacco industry in a photo opportunity.

With only 15.7 per cent of Australians smoking each day, and 90 per cent regretting they ever started, only 1.5 per cent of Australian adults today are smokers who are happy about being smokers. And only a small fraction of these are smokers who care enough to speak out against effective tobacco control measures. Many smokers in fact support tobacco control because they believe it might help them to stop.

During the campaign to defend the bill, Roxon said repeatedly that she’d never met a smoker who hoped their own children would grow up to become smokers. This was a masterly sound bite, as was another she used often when she said ‘we are killing people by not acting’.

When I interviewed Nicola Roxon for my book she emphasised several explanations of why she had taken up the recommendation on plain packs:

- First, ‘the importance of there being a coordinated, informed and strategically sophisticated research and advocacy community supporting the proposal. Well-respected people coordinated. So not 10 different people all asking for 20 different things’. She said ‘That happens much more rarely than you would imagine in politics. I think the value of the cut-through of a message like that and how easy it then is for governments to pick it up shouldn’t be underestimated’.

Australia has an extraordinarily well networked, multi-disciplinary and cooperative tobacco control community and a highly professional health bureaucracy. National and international experts in policy evaluation, consumer testing, illicit trade, international trade, copyright and constitutional law, all had a reputation of working seamlessly together to ensure high quality, rapid advice to government.

This gave her confidence that the decades of earlier advocacy and achievement in tobacco control provided ‘big shoulders to stand on’ when it came to announcing the next steps, both in the sense of there being community expectations that tobacco control is what governments should do, and in the sense that the government would be supported by a formidable group of experts.

- Next, she emphasised the contempt in which the tobacco industry was held across the community. She told me: ‘this was a no-brainer, being really bold, taking on big tobacco. How do you lose, even if you lose? Big tobacco … everyone hates them … so really, having a fight with them can’t hurt’.
The metamorphosis of the tobacco industry from being just another industry in the 1950s, with its CEOs getting knighthoods, to its ethical pariah status today, did not happen either overnight or by accident. If you work in malaria control, you must study mosquitoes to know how to destroy them. If you work in lung cancer control, you must study the tobacco industry as a disease vector, to learn how to weaken it. We did that for many years, and drove the industry out of the media spotlight for over a decade when it obviously took a decision that media appearances kicked own goals.

A US colleague says that the tobacco industry is like a cockroach: it spreads disease and hates sunlight. So our job became to throw as much light on the industry as possible. Early last decade, I had a four-year National Cancer Institute grant to look through millions of formerly internal industry documents; it produced over 30 papers that helped shatter for ever the routine public lies the industry told about disease, addiction and its designs on young smokers.

From the moment the government’s intentions were announced, a series of major enabling goals became evident. These included ensuring that the research informing the design of the new packs would maximise the main goals of the policy: to make cigarette packs look as unappealing as possible, and to maximise the impact of the graphic health warnings. Legal expertise was also vital in preparing for the anticipated challenges in both Australian courts and internationally, in forums such as the World Trade Organization, and in drafting the legislation itself. The Health Department needed to steel itself for an obstructionist campaign involving massive requests from the industry under Freedom of Information, fishing for any document they fantasised might assist their efforts to derail the policy.

‘Dallying’ with the media

To understand why a proposal as radical as plain packaging was picked up politically and eventually supported by all political parties, it is also necessary to understand the central place that media advocacy has in the DNA of Australian tobacco control leadership. Every major policy battle that has been won since the 1970s (and they were all won) has been bitterly contested in the news media by those who stood to lose. We have had a lot of practice across three decades.

I tell my students each year that if you can get your story on breakfast or drive time radio, or get covered across the early evening TV news bulletins, more people will hear your message than will have heard all the concerts combined of the Rolling Stones, Bruce Springsteen and U2 on their last tours of Australia. But importantly, among that audience, are a small number of highly influential people with power to legislate and to allocate resources to your issue.

I speak with many researchers who express frustration at the rare opportunities they get to meet with politicians and senior policy makers. I meet with such people only a few times each year myself, if that. But I tell colleagues and students that I ‘meet’ these people many times each month, and often at times when they are most relaxed and receptive.

I had never met Nicola Roxon before she became Health Minister. When we first met at a conference, I noted this and she said ‘I feel I have known you most of my life’. This could have only been referring to my long involvement in news media. So while never having previously had
the opportunity to put perspectives and proposals to her directly, it was clear that I had done so on uncounted occasions as she awoke to early morning radio news and commentary, in her car as she drove to work, via her newspapers, through television news in hotel rooms and via any online social media feeds she may have followed. Her cabinet colleagues would also need to be voracious news consumers, so when health portfolio items arose, they too would be acquainted with the public narratives about these issues that have been circulating in news media.

Many researchers today remain highly ambivalent about media engagement and some are deeply distrustful. The values implicit in Sir William Osler’s 1905 advice that doctors should not ‘dally with the Delilah of the press’ remain alive today in some academic research circles. Concerns are sometimes muttered about the impropriety of researchers actively engaging with the media to publicise their research and, particularly, to advocate for policy—an activity said by some to ‘politicise’ science.

Wilkes and Kravitz’ study\(^2\) of first authors whose research had received press coverage found that, while most authors were satisfied with the coverage, a substantial minority thought that media attention ‘gives the impression that the researcher is seeking publicity’ and ‘creates jealousy among colleagues’. Such concerns were echoed in a major study undertaken for the English Royal Society in which 20 per cent of British scientists believed colleagues who appeared in the media were ‘less well regarded’ by their peers: they were seen as a ‘selling out’ and seeking ‘self-publicity’. To this substantial minority, public engagement was something ‘light’ or ‘fluffy’ and ‘done by those who were “not good enough” for an academic career’.

The Royal Society report found that 60 per cent of British researchers want to engage with politicians about their research, but far fewer—31 per cent—want to talk to journalists, despite politicians being voracious consumers of news where they daily encounter expert and public opinion directly relevant to their portfolios.

But many researchers engage often and effectively with the media, believing media coverage of their work has significant benefits. Independent health experts are the sources most trusted by journalists covering health issues: ‘experts’ are the second most frequent category of news actor in Australian television health news stories, after those experiencing health problems.

In 2009, I worked on a project looking at the characteristics of influential Australian public health researchers. We interviewed 36 researchers who had been voted as the six most influential researchers in six fields of public health (alcohol, illicit drugs, injury prevention, obesity, skin cancer prevention and tobacco control). In lengthy interviews, we asked them to try and reflect on why they believed they had been highly ranked as influential by their peers. We also interviewed senior policy makers (politicians, their staff, and senior bureaucrats) and asked them to reflect on how they came to learn about public health expertise, to use and trust such experts and to regard them as influential.

Three quarters of Australian politicians we interviewed placed great importance on media profile, with media presence sometimes disturbingly considered as commensurate with expertise. For one political advisor, it was the only means of identifying experts. He said: ‘I have absolutely no idea how I would go about identifying someone if there wasn’t an obvious expert prominent in the media’.

The ability of the media to affect policy agendas was of paramount interest to most researchers. Media coverage of health issues had ‘brought the community along’ with new ways of thinking about public health: ‘without...the softening up that the media did, it [tobacco control legislation] would not have been as acceptable as it ultimately was to the community’.

Significantly, 86 per cent of the researchers we interviewed agreed that ‘Public health researchers have a duty to increase public awareness of their work’ and the same percentage agreed that public health researchers had a ‘duty to influence policy and practice’.

All but one of our 36 influential informants regularly engaged with the media because of the ‘huge advantage’ it provides in ‘getting your research out there’. In many cases, this had led to a media profile that, once established, became almost self-perpetuating with the media returning regularly and the researcher gaining further opportunities to promote their research and expertise: ‘They see that you can articulate an issue and so you tend to get called and that kind of snowballs into becoming the “go to” person’.

Establishing this relationship was seen to be dependent on several attributes which included:

- an ability to manage simplification
- an instinct for framing—being able to use metaphor, analogy etc.
- having an opinion.

Some interviewees had encountered colleagues who believed researchers should just ‘stick to the facts’ in interviews. But only two of our 36 researchers agreed that ‘It is not appropriate for me to express my opinions about public health policy’. However, the overwhelming majority disagreed, arguing that the public expects experts to go beyond reciting and clarifying facts to provide commentary, to ‘translate’ data and explain its meaning for policy: ‘They want to see what professor so and so says about it’ because ‘people always want to know what the policy implications are’.

While nearly everyone would consider it appropriate for experts to appear in news media to explain ‘the facts’, journalists and the public expect that experts should also have views worth hearing about ‘what should be done’. This is particularly so in public health, where much news is problem-focused. As Shanto Iyangar’s work on news has shown, news coverage about problems invariably moves across a 90-second item from descriptions of the problem, to a focus on those responsible for the problem and then to its preferred solutions. Any public health expert who tries to avoid discussion on such solutions will rapidly find themselves marginalised as an authority. The public would reason ‘what sort of an expert is this, who knows so much about the problem but doesn’t seem to have any views about what should be done to fix it?’
Everyone also stressed the importance of being available to journalists and appreciating news media routines and of having institutional support to deal with media.

Many researchers pointed to the lack of encouragement inherent in traditional academia which focuses on ‘teaching and research rather than service to the community or being a public intellectual’.

But others remarked that this neglect was fading fast, with universities rewarding their media-active staff and urging researchers to keep records of media appearances for institutional profiles.

While almost all of the peer-rated influential researchers we interviewed recognised the importance of media engagement, they were also sensitive to concerns about its inherent constraints, the dilemmas posed by differences between journalistic and academic cultures and the reputational risks from an injudicious embrace of media celebrity.

The major concerns were the news media’s insistence on brevity and simplification, and the resultant ‘dumbing down’ of complexity, and intolerance of inconclusiveness in encapsulating commentary within sound bites. This group of researchers had developed strategies to overcome these constraints, such as interacting more with media workers whom they knew and trusted. Their concerns were offset by the judgement that to absent oneself from the media was to almost guarantee the irrelevance of one’s research to public and political debates about health policy.

In summary, the opportunity that media engagement provided for researchers to contribute to research-informed public awareness and debate was regarded not only as appropriate by most of our influential interviewees, but as a critical aspect of their professional duty to advance public health.

**Campaign honour board**

I want to end with a roll call of colleagues who played important roles in this historic episode in public health.

- ‘Midnight’ Mike Daube, professor of health at Curtin University, who chaired the Task Force Committee, did countless media interviews often at ungodly early west coast times, and was the main go-to person when any sticky problem needed solving.
- The brilliant and unsung Michelle Scollo, who wrote the Task Force report.
- The academic lawyers Andrew Mitchell, Tania Voon, Jonathan Liberman, Mark Davison and Matthew Rimmer, and those in the Crown Solicitor’s office. Their combined expert firepower and Niagara of writings on the arguments was simply formidable.
- Melanie Wakefield from the Cancer Council Victoria, and her team: Australia’s most outstanding researcher in tobacco control who is the master of strategic research.
- An outstanding team of public servants in the Commonwealth Department of Health and Ageing, led and supported by Jane Halton and Nathan Smythe. They must remain unnamed but know who they are, and they deservedly won the prestigious global Luther Terry Medal for the outstanding organisation involved in tobacco control in 2010.
Paul Grogan, head of advocacy at the Cancer Council Australia (and lead guitarist in my band), Rowan Greenland from the Heart Foundation and Michael Moore of the Public Health Association who each wore out several pair of shoes walking the corridors of Parliament House lobbying MPs.

High-energy tobacco control colleagues like Anne Jones and Becky Freeman who provided brilliant public commentary.

Dr Mal Washer, the former Liberal backbencher, who memorably told the Melbourne Age: ‘The tobacco industry is jumping up and down because they’re worried about their businesses. I support these reforms unequivocally and whatever my party decides to do, I don’t give a shit’. He threatened to cross the floor if his party opposed the Bill, and was probably key to it being unopposed.

But of course the real super hero in all this is Nicola Roxon (and her wonderful staff), who as both Health Minister and Attorney General had the courage to make tobacco history.

In 1985 the CEO of Philip Morris in the US said ‘As one of our Australian colleagues puts it, “a sneeze in one country today causes international pneumonia tomorrow!”’ Already, Ireland, New Zealand, and Scotland have indicated they intend following Australia. Canada was the first nation to introduce graphic pack warnings in 2000. Today, the tumbling dominoes on that policy have seen 64 nations with those graphic warnings.

When the history of public health in the first half of this century is written, Nicola Roxon’s name will be there in neon lights as an Australian political champion of lung cancer reduction. Future generations will have much to thank her for.

Thank you.

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