National Tobacco Strategy 2012-18

The National Heart Foundation of Australia and the National Stroke Foundation welcome the opportunity to make a submission on the draft National Tobacco Strategy 2012-18.

We note the consultation period for this important consultation was very short, leaving limited time to consider the draft strategy and provide a detailed and well considered response.

The Heart Foundation is a charity dedicated to reducing death and suffering from the leading killer of Australians, cardiovascular disease (CVD). The National Stroke Foundation is a national not-for-profit organisation that works with stroke survivors, carers, health professionals, government and the public to reduce the impact of stroke on the Australian community.

Addressing tobacco smoking means addressing the single most preventable cause of ill health and death in Australia, with about 15,500 tobacco related deaths in 2003. Tobacco use and secondhand smoke exposure are major causes of cardiovascular disease, contributing 10% of all cardiovascular deaths globally.

The Heart and Stroke Foundations largely support the draft National Tobacco Strategy. However, long term scenarios that will lead to a smoke-free Australia also need to be considered. That means looking at the next generation of tobacco control measures that have the potential to take us from 15% smoking rates to 10% and then rapidly down to 5% and below.

A strong commitment to reducing smoke rates in lower socio-economic groups, including Aboriginal and Torres Strait Islander communities needs to be maintained and given priority. Current policies, including the Heart Foundation’s Position statement - Indigenous tobacco control (see attached) sets out action points to address smoking rates in these communities. We encourage support for the recommendations in the report and their inclusion in the NTS.

While we applaud the basic premise of the Strategy, we do have three additional points we would like to see included and one point elevated in the final Strategy. In broad terms, these points are:

- FCTC Article 5.3 should be given greater prominence in the NTS to protect health policies from tobacco industry interference in line with the obligations and guidelines set out in this Article;

1 Australian Institute of Health and Welfare, *Cardiovascular Disease Australian Facts 2011, 2011*
2 Australian Institute of Health and Welfare, *Australia’s Health 2012*
3 International Tobacco Control, World Health Organisation and World Heart Federation, *Cardiovascular harms from tobacco use and secondhand smoke: Global gaps in awareness and implications for action*, 2012
• a greater focus on protecting children from tobacco should be highlighted in the NTS with measures aimed at ensuring a further reduction in smoking up-take by young people;

• a greater emphasis needs to be placed on the harm of secondhand smoke. There are more than 600,000 adult deaths a year world-wide from secondhand smoke. Nearly 90% of these are cardiovascular deaths; ¹⁴

• the sale and distribution of duty free tobacco to the Armed Forces should be stopped. Nearly two-thirds (63%) of ADF personnel who were current or former smokers reported that they increased the number of cigarettes they smoked during overseas deployment for reasons that included boredom, stress, workload and the lower cost of cigarettes ⁵.

In addition, the Strategy should also seek an end to all forms of government investment in tobacco companies. In particular, and as a matter of priority, the Australian Government should amend relevant legislation to prohibit any investment in tobacco companies through the Future Fund.

We also make a number of specific comments on the Strategy. These are set out in the attachment.

Generally, we believe that the actions set out in the Strategy are appropriate and feasible. A long-term commitment by governments to tobacco control will help ensure that Australia will meet the target of a 10 per cent smoking rate by 2018.

Finally, we ask that wording throughout the NTS to be amended to stress the importance of action and urgency, rather than use of words such as ‘consider’ and ‘explore’.

We are keen to assist with any inquiries you may have and look forward to further engagement as the Strategy is developed.

Yours sincerely

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⁴ International Tobacco Control, World Health Organisation and World Heart Federation, Cardiovascular harms from tobacco use and secondhand smoke: Global gaps in awareness and implications for action, 2012

Heart Foundation and National Stroke Foundation submission on the draft National Tobacco Strategy 2012-18: Attachment

6.1 Strengthen social marketing campaigns to motivate smokers to quit; discourage uptake of smoking; and reshape social norms about smoking

Responsibility: Australian Government and state and territory governments for provision of funding; and where appropriate involvement of the non-government health organisations in the development, implementation and evaluation of social marketing campaigns.

The Heart and Stroke Foundations agree that social marketing should be a key priority area in the National Tobacco Strategy, and support all the action areas outlined.

Together with tobacco taxation and legislative reform, well researched social marketing campaigns are one of the most effective interventions to reduce population smoking rates both in Australia and internationally.

6.1.6 Complement the implementation of tobacco control policies (eg new health warnings on packs and plain packaging) with mass media campaigns to enhance cessation efforts by smokers

Responsibility: Australian Government, state and territory governments, non-government health organisations.

The Heart and Stroke Foundations agree that the implementation of tobacco control policies, including revised pictorial warnings, would benefit from supportive mass media campaigns.

6.1.7 Continue to build the evidence base on effectiveness of mass media to inform and refine future campaign development

Responsibility: Australian Government, state and territory governments, non government organisations.

We support this action point.

6.2 Continue to reduce the affordability of tobacco products

Responsibility: Australian Government

The Heart and Stroke Foundations support the phased increase in tobacco excise outlined in the joint Heart Foundation/Cancer Council submission (attached) to the Henry Tax Review in 2009. The submission called for a two-phased increase in tobacco tax to bring Australia into line with international best practice.

The Australian Government announced a significant increase in tobacco excise in April 2010. However, a second significant increase should take place in due course, in line with the proposal outlined in the Heart/Cancer submission.

The Heart and Stroke Foundations also call for the current twice-yearly CPI increases to be reviewed with the intention of replacing the indexation mechanism with one that provides above CPI increases. This was supported by the Henry Tax Review (see recommendation 74).  

6 ‘Henry Tax Review’ Australia’s future tax system, Report to the Treasurer, December 2009
The joint Heart/Cancer submission stated that evidence shows a 21% increase in price through excise would prompt 130,000 adults to quit and prevent 35,500 children from taking up smoking, while boosting federal revenue by $1.03 billion per annum. A 50% price increase would prompt 306,000 adults to quit and prevent 183,000 children from taking up smoking, while raising $1.97 billion per annum. The Henry Tax Review recommended that there was a strong case for a substantial one-off increase in tobacco excise. The increase announced in 2010 was less than the first-phase increase called for in the Heart/Cancer submission. The second phase increase should therefore be substantial.

We support the draft NTS statement that; “There is strong evidence of the influence of price on the prevalence of tobacco smoking.” Price increases encourage existing smokers to quit and raise the barrier for people considering taking up smoking, especially young people.

Increasing the price of tobacco products is the most reliable way that governments can accelerate declines in smoking; indeed based on historical trends, without a further increase in excise/customs duty of a similar magnitude to the April 2010 increase, it is unlikely that such targets can be achieved.

Consideration should also be given to the implementation of a ‘floor’ or ‘minimum’ price for tobacco products, if the market is flooded with cheaper brands, to prevent discounting campaigns from undermining the public health benefit of tax increases.

6.2.7 Support and participate in the development of guidelines for Implementation of Article 6 of the WHO FCTC

Responsibility: Australian Government

The Australian Government provided $400,000 to support the development of guidelines under Article 6 of the FCTC and we applaud this contribution. Article 6 of the draft Guidelines will be presented to the Conference of the Parties in November 2012 for adoption. The Heart and Stroke Foundations encourage the Australian Government to continue to play a leading role in the development and finalisation of the guidelines to ensure that the guidelines adopted by the COP contain recommendations for effective tobacco tax policy that are globally useful.

6.2.9 Continue to monitor the supply and use of illicit tobacco in Australia and effective approaches to reduce the illicit trade in tobacco

Responsibility: Australian Government; non government organisations.

Industry claims are grossly exaggerated with regard to illicit trade. Industry believes that nearly 16 per cent of tobacco is illegal in Australia, while reliable government reports state around 3 per cent. We can be very confident that this is a major overestimate by the tobacco industry.

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7 Heat Foundation and Cancer Council join submission the Australian Government review of Australia's tax system, November 2009
11 Scollo, M, Standing Committee on Health and Ageing Inquiry into Tobacco Plain Packaging, Transcript, August 4, 2011
The Heart and Stroke Foundations support the Australian Government’s work to date to monitor illicit trade in tobacco in Australia and implement prevention and law enforcement measures. It is important this work continues. We do not support funding for tobacco control measures being diverted to illicit trade monitoring and enforcement. These activities should be supported from other sources.

In addition, we are concerned by claims from the tobacco industry that the Australian Government should be doing more to detect counterfeit tobacco products.

Government tobacco control resources should not be used to protect the tobacco industry’s intellectual property. Specifically we do not support health funding for tobacco control measures being diverted to increase funding for illicit trade monitoring and enforcement.

6.2.10 Keep under review the possibility of reducing duty-free sales of tobacco, subject to consideration of international obligations


We support this measure and encourage the Australian Government to remove the duty free allowance for tobacco products purchased on entry to Australia and for travellers leaving Australia. Three countries already have no duty free allowance for tobacco products: Singapore, Barbados and Sri Lanka.

Removing any provisions in international agreements that may be barriers for removing duty-free allowances for tobacco products would be beneficial for all countries wanting to implement comprehensive tobacco control programs and assist parties to the FCTC in compliance with obligations under Article 6. The Australian Government should peruse this internationally.

6.5 Eliminate remaining advertising, promotion and sponsorship of tobacco products

6.5.2 Fully implement updated and larger health warnings on tobacco packaging by December 1, 2012 and monitor the need for further updating of health warnings

Responsibility: Australian Government

The Heart and Stroke Foundations strongly support the updated and larger health warnings provided in the Competition and Consumer (Tobacco) Information Standard 2011 and await their full implementation on December 1, 2012. We strongly support the increased size of the health warning on the front surface of packs to 75%.

To ensure that the health warnings have maximum impact, we recommend the establishment of a designated authority (such as the Chief Medical Officer) to:

- implement a new system for providing consumer product information to smokers which ensures that package health warnings are reviewed more regularly and amended where necessary to maintain their effectiveness; and
- prepare a bulletin that provides more frequent and rapid warnings to consumers through news media and at point-of-sale.

In addition, the Heart and Stroke Foundations support the full enforcement of the plain packaging laws and the new graphic health warnings from December 1, 2012. As part of the government’s enforcement measures, we also recommend that an online system be established where breaches can be reported and investigated.
In relation to 6.5.4 concerning the requirement of tobacco companies to report regularly on expenditure on any form of tobacco promotion and marketing activity, we would like to see continued compliance with the FCTC and recommend the immediate implementation of regulations to monitor tobacco industry expenditure on marketing and advertising.

To ensure that smoking continues to decline in Australia, all remaining forms of tobacco advertising, promotion and sponsorship need to be removed.

We recommend that – as a priority - the Australian Government:

- Amend the *Tobacco Advertising Prohibition Act 1992* to compel the tobacco companies to report regularly on expenditure on all the forms of advertising, promotion and sponsorship as defined in the Appendix to the FCTC Guidelines for implementation for Article 13.12

In relation to 6.5.6, we recommend legislative action be taken as soon as possible to ban all point-of-sale tobacco displays.

To satisfy its obligations as a party to the FCTC, we recommend that the Australian Government provide the states and territories with a deadline of July 1, 2014 to remove all point-of-sale tobacco displays, including those of ‘specialist tobacconists’. If the deadline is not met, the Commonwealth should revoke section 16 of the TAP Act and replace it with a requirement that tobacco products be stored out of sight of members of the public at any place where tobacco products are offered for sale to the public. The ban should apply to all retailers, specialist tobacconists and duty free outlets.

### 6.5.9 Consider and develop regulatory options to remove tobacco from retailer shopper and reward schemes

**Responsibility: Australian Government, state and territory governments**

Many retailers currently include tobacco as a product that can be purchased to amass points as part of “Fly Buys”, “Everyday Rewards” and other similar schemes.

The guidelines on the implementation of Article 13 recommend that the following be prohibited: “incentive promotions or loyalty schemes, e.g. redeemable coupons provided with purchase of tobacco products.”13

We recommend that the TAP Act be amended without delay to prohibit tobacco from being included in manufacturers’ and/or retailers’ use of consumer reward schemes which are used to induce consumers into purchasing products for the purposes of accruing points that can be offset against future purchases or other rewards.

### 6.6 Consider further regulation of the contents, product disclosure and supply of tobacco products and non-therapeutic nicotine delivery systems

**Responsibility: Australian Government**

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12 *Guidelines for implementation of Article 13 (Tobacco advertising, promotion and sponsorship) of the WHO FCTC*, adopted by the third session of the FCTC Conference of the Parties, Durban, South Africa, 17-22 November 2008, Appendix.

13 *Guidelines for implementation of Article 13 (Tobacco advertising, promotion and sponsorship) of the WHO FCTC*, adopted by the third session of the FCTC Conference of the Parties, Durban, South Africa, 17-22 November 2008, Appendix.
The Heart and Stroke Foundations strongly support the Therapeutic Good Administration not approving “e-cigarettes” for use in Australia in line with the reasons set out in 6.6.

We agree with Quit Victoria and Cancer Council Victoria that research needs to be commissioned to assess the toxicity levels and ingredients used in e-cigarettes. This research should then be assessed by a relevant government authority in the same way that other substances and prospective medications are assessed. Until this research is commissioned, the dangers of inhaling vapour from e-cigarettes remains. As such, Quit recommends that the existing prohibition be retained.

6.7 Reduce exceptions to smokefree workplaces, public places and other settings

Responsibility: state and territory governments

The Heart and Stroke Foundations support the actions set out in 6.7 and believe that these actions will, as part of a comprehensive strategy, contribute to achieving the aims of the NTS. However, adequate funding and resources need to be continued and, where needed, applied, to ensure monitoring and enforcement is effective. We also recommend the following points:

- We call for the end of smoking in ‘high roller’ rooms at casinos to protect casino workers from secondhand tobacco smoke.
- We recommended, under Action 6.7.5, the development and adoption of smokefree policy, as a matter of priority, for workplace vehicles, as an extension of existing smokefree workplace laws.
- A deadline of December 31, 2014’ should be set by which Australian states and territories should implement smokefree outdoor areas in restaurants and hotels. To date, Victoria remains the only jurisdiction not yet to either legislate or announce an intention to legislate smokefree outdoor areas in all dining and drinking premises.

6.7.8 Consider and develop options to reduce exposure of residents to smoke drift in multi-unit developments

Responsibility: state and territory governments

The Heart and Stroke Foundations support the proposed Action point 6.7.8 and the need to develop specific legislation protecting residents in multi-unit developments from exposure to smoke drift. We note that the NSW Consumer, Trader and Tenancy Tribunal held that owners’ corporations can establish by-laws prohibiting smoking.14 We recommend action from state and territory governments to:

a) increase community awareness about the options available to residents in multi-unit developments that are owners’ corporations to prohibit smoking within the complex; and

b) provide prospective owners of lots in planned multi dwelling developments with information about achieving a smokefree development.

The information would detail how an owners’ corporation committee could incorporate a by-law prohibiting smoking within the private and common areas of a complex. This information would include:

c) template by-laws with information about the procedures for incorporating new by-laws;

14 Owners Corporation SP 49822 v May & Ors (Strata & Community Schemes) [2006] NSW Consumer, Trader and Tenancy Tribunal 739
d) the processes for managing non-compliance; and

e) in the event of continued non-compliance, enforcing the by-law through the legal system.

Owners’ corporations are regulated by state and territory government laws. Accordingly, state and territory governments would be responsible for preparing and disseminating this information.