25 June 2012

ATTENTION: DRAFT NTS 2012 submission
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Comments from the Australian Council on Smoking and Health (ACOSH)

The Australian Council on Smoking and Health (ACOSH) welcomes the opportunity to provide feedback to the National Tobacco Strategy 2012-2018 (the Strategy).

We note that the consultation period for this Strategy was short, and would also express our concern that Western Australia was not included as a consultation venue.

We wish to acknowledge the outstanding leadership shown by the Australian Government and the Department of Health and Ageing, with implementation of a comprehensive program of action that has been recognised internationally, and the work of State and Territory Governments, as well as a strong and active non-government sector.

We are, however, concerned that there should be no sense of complacency, or any suggestion that action currently in train is sufficient. Now is the time to step up the pace of action nationally and across all jurisdictions, with a recognition of the benefits this will bring both to the entire community, and disadvantaged groups such as Aboriginal people and people with mental health problems.

While much progress has been made in tobacco control, as is clear from the Draft Strategy, much further action is required. The Strategy should provide a basis for a determined and ambitious national program with the clear and articulated aim that Australia should be smoke-free (defined for this purpose as prevalence lower than 5% in adults and 3% in 12 – 17 year-olds) by a specified year, which we propose as 2020.

The report and recommendations of the National Preventative Health Taskforce form an excellent and appropriate basis for further action.

Priority areas

The eight priority areas are a good reflection of the comprehensive approach to tobacco control that has been recommended by experts over the years.
As a general statement, we would wish to see stronger and more definitive commitments to action throughout the Strategy: where words such as “consider” and “explore” are used, we recommend a specific commitment to action.

This applies specifically to priority area 6, which should be clear and definitive. It also applies to:

6.5 Eliminate remaining advertising, promotion and sponsorship of tobacco products

6.5.4
6.5.5
6.5.6
6.5.8
6.5.9
6.5.10

In each case the commitment should be to action, not consideration or investigation.

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

As noted above, “Consider further regulation” should read “regulate”.

This approach applies to

6.6.3
6.6.7
6.6.8

6.7 Reduce exceptions to smoke free workplaces, public places and other settings (especially 6.7.4 and 6.7.7)

We recognise the commitment to compliance with the Framework Convention on Tobacco Control (FCTC).

In this context we would therefore wish to see Article 5.3 identified as a specific priority area. While there is reference to this, for example in Section 5.7 of the Strategy, we believe that this section should be expanded and prioritised with a specific commitment to:

- Prohibiting any political donations by the tobacco industry;
- Prohibiting of all tobacco company public relations activities
• Prohibition of all tobacco company lobbying activities; and
• Divestment of any government funds tobacco companies.

We note that these issues are partially considered in 6.5.10, but without clear commitments to action or specific courses of action.

We support the concern shown in the Draft Strategy for both a comprehensive approach and where appropriate complementary approaches to address important groups where smoking prevalence remains high, including Aboriginal people, people with mental health problems, the GLBT population and the armed services, as well as ensuring an appropriate focus on those immigrant and refugee population with a high prevalence of smoking.

From this context, we will comment briefly on components of the Strategy.

**Priority area 6.1: social marketing**

ACOSH strongly supports continued substantial commitment to funding for hard-hitting and sustained mass media programs as a crucial component of the comprehensive approach required to reduce smoking. We note with alarm the reduction in funding for such programs in some jurisdictions, and urge continuing and consistent investment at the levels recommended by experts as cited in the Strategy.

**Priority area 6.2: Continue to reduce the affordability of tobacco products**

ACOSH strongly supports continuing action on the basis of expert advice to ensure regular, staged increases in tobacco excise.

This should be complemented by monitoring to ensure that tobacco companies do not find means of reducing the price of their products, and that if this occurs appropriate remedial action is taken.

It will also be important to ensure that disadvantaged groups are provided with appropriate supports both to assist them in quitting (for example with subsidies) and in ensuring that they are not further disadvantaged.

**Priority area 6.3: Bolster and build on existing programs and partnerships to reduce smoking rates among Aboriginal and Torres Strait Islander people**

ACOSH strongly supports the commitment to reducing smoking in Aboriginal and Torres Strait Islander people. This is a crucial component of the “Close the Gap” strategy, and must remain one of the nation’s highest priorities. This should also include a special focus on supporting Aboriginal and Torres Strait Islander organisations to move towards smoke free homes, workplaces, and events.
Priority area 6.4 Strengthen efforts to reduce smoking among people in disadvantaged populations with high smoking prevalence

ACOSH notes that nicotine replacement therapy (NRT) is not available to people in correctional facilities in Western Australia, and supports making NRT and other quit modalities available to people in correctional facilities across Australia.

ACOSH is concerned that there has been inadequate action by mental health services to address smoking as a high priority for their client groups. This area requires strong leadership and action as a very high priority, and should be strongly emphasised.

Action on smoking in people with mental health problems and in correctional services should be seen as very high priorities. The Strategy should develop clear targets and set action in train that will require action by the appropriate authorities.

Priority area 6.5: Eliminate remaining advertising, promotion and sponsorship of tobacco products

Exemptions for specialist tobacco retailers or tobacconists to display tobacco and smoking implements should be eliminated. There should be no capacity to promote a shop as selling tobacco or being a ‘tobacconist’.

ACOSH welcomes and supports the action being taken to introduce plain packaging for tobacco products in Australia.

As noted above, we believe that this should be complemented by legislation that entails:

• Prohibiting any political donations by the tobacco industry;
• Prohibiting of all tobacco company public relations activities
• Prohibition of all tobacco company lobbying activities; and
• Divestment of any government funds in tobacco companies.

Also as noted above, we recommend that the Strategy remove words such as “consider” and “investigate” in relation to 6.5.4, 6, 8, 9 and 10 and replace them with a commitment to action.

Priority area 6.6: Consider further regulation of the contents, product disclosure and supply of tobacco products and non therapeutic nicotine delivery systems

ACOSH is concerned about the unregulated nature of e-cigarettes and their possible promotion as a means of distraction from reducing smoking. We support strong action to ensure that e-cigarettes are neither sold nor promoted.

Sale of tobacco products should be limited to those aged 18 or older.
Regulation and disclosure of the flavourings, masking agents, ingredients, emissions and product disclosure should be mandatory for the tobacco industry as for other products, and also in conformance with FCTC Articles 9 and 10.

As noted above, we recommend that the Strategy remove words such as “consider” and “investigate” in relation to 6.6.3, 7 and 8 and replace them with a commitment to acting. We further recommend that action be set in train towards progressive reduction of tobacco sales outlets.

**Priority area 6.7: Reduce exceptions to smoke free workplaces, public places and other settings**

6.7.4 and 6.7.7 should similarly be re-phrased with a commitment to action.

We note and support 6.7.3, but recommend: i) an addition requiring effective implementation and monitoring, ii) that this be extended to all government and government-funded agencies.

We also note as a matter of concern that Australian airports appear to have differing policies on smoking policies for airport grounds and surrounds. The Perth Airport, for example, has built a retrograde and ineffective ‘smokers’ shelter’, and there is good evidence of significant exposure for both passengers (including children) and staff. ACOSH recommends that the Australian Government mandates that Australian airports, including their immediate surrounds, such as entrances, or other locations where there is significant passenger or staff exposure become smoke-free.

We are concerned that any exemptions to smokefree policies (such as in casinos) put the health of staff and patrons at risk. We recommend that the Strategy require that there can be no such exemptions.

A further area of increasing concern is smoke drift in multi-family housing complexes. ACOSH receives nearly weekly inquiries from concerned people who feel disempowered to address smoke drift in their homes. ACOSH welcomes action 6.7.8.

**Priority area 6.8: Provide access to a range of evidence based cessation services to support smokers to quit**

In addition to the various actions noted, ACOSH recommends broadening the spectre of available services.

Use of current technology, for example, would allow for downloaded applications to assist with quitting and staying quit, allowing chat rooms, support groups, suggestions, information, support and encouragement to be accessed immediately.

Specific consideration should also be given to needs of remote areas or areas of significant disadvantage.
Monitoring progress

ACOSH strongly supports processes to ensure maximum availability of information on tobacco control services and activities.

Thank you for the opportunity to provide this feedback. As will be clear from these comments, we strongly support the overall direction of the Strategy; we would be deeply concerned if there were any sense of complacency in relation to the nation’s largest single preventable cause of death and disease – and the largest single potential contributor to Closing the Gap; we believe that a further and increased sense of urgency is required; and we recommend specific commitments and action that will lead to Australia becoming a smoke-free society.

Yours sincerely,

[Signature]

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President, ACOSH