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AMA submission to the Department of Health – Consultation on the Draft National Tobacco Strategy 2022-2030

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Introduction

The Australian Medical Association (AMA) recognises that tobacco is unique among consumer products in that it causes disease and premature death when used exactly as intended. There is no safe level of tobacco smoking.

Australia is rightly praised internationally for our successes in tobacco control, but we must not become complacent in this area. Tobacco companies have a vested interest in keeping consumers addicted to nicotine products and have invested considerable resources in undermining clear evidence and health advice. The AMA is extremely concerned that tobacco companies are using e-cigarettes as a way back into the Australian market, and that their increasing uptake among young Australians will reverse the hard-won public health gains of recent decades. The Strategy does not go far enough to highlight the risks of e-cigarettes and requires further commitment to eliminate this public health threat. Each priority area in the Strategy should address e-cigarettes as well as tobacco.

Strategy goals and targets

There are fundamental aspects of a strategic plan that are missing from this draft. The Strategy requires timeframes for when each priority area (including each action) should be started and completed. While the AMA supports the Strategy listing who is responsible for each action, there also needs to be a clear leader who is accountable and responsible for initiating and coordinating the action. Actions and intended outcomes need to be more specific. Instead of using language such as 'consider' and 'review', the plan needs to be more proactive based on existing knowledge of what needs to be done to reduce smoking prevalence. The Strategy also requires clear commitments to funding for each priority area and action. The Strategy should also include specifics on how to measure, monitor, and evaluate each priority area and action to ensure each is achieving its outcomes.

The AMA supports the Strategy's goal: "to improve the health of all Australians by reducing the prevalence of tobacco use and its associated health, social, environmental and economic costs,

and the inequalities it causes." However, the goal should also incorporate products that are of increasing concern, such as e-cigarettes.

The AMA supports the target of a national daily smoking prevalence of less than 10% by 2025 and 5% or less by 2030. There should also be a target to reduce e-cigarette prevalence (see priority area 9).

Priority areas

Priority area 1: Protect public health policy, including tobacco policies, from tobacco industry interference

The AMA supports tightening regulation to ensure that the tobacco industry cannot interfere with public health policy.

The AMA does not support political parties accepting sponsorship from tobacco or e-cigarette companies and calls upon all parties to refuse to enter arrangements that clearly compromise government health policy. There is no doubt that, like most other industry groups, the tobacco and e-cigarette industry lobbies and advocates for conditions that foster and support business growth. Legal and political efforts by the tobacco industry have hampered tobacco control efforts.[1] Given that the cost of using tobacco and e-cigarette products is largely carried by smokers, their families and the Government via the health system, it is not appropriate for political parties and other key decision-making bodies to accept financial donations from tobacco or e-cigarette companies. While the major political parties have announced they will not accept donations, there are still some parties that do.[2]

Governments and research bodies should also be attuned to attempts by the tobacco and e-cigarette industry to gain access to sensitive data, particularly information around the preferences and desires of children and young people.

Priority area 2: Develop, implement and fund mass media campaigns and other communication tools to: motivate people who use tobacco to quit and recent quitters to continue smoking abstinence; discourage uptake of tobacco use; and reshape social norms about the tobacco industry and tobacco use

The AMA supports this priority area. Mass media campaigns and other communication tools should be disseminated for e-cigarettes as well as traditional smoking methods. E-cigarettes are common and are increasingly normalised in society to the detriment of people's health. The AMA calls for a specific mass media campaign targeted at children on the risks of vaping.

[1] Greenhalgh et al (2022) *Tobacco in Australia: Facts and issues: 10A.7: Mechanisms of influence – political lobbying*. Cancer Council Victoria.
[2] Greenhalgh et al (2022) *Tobacco in Australia: Facts and issues: 10A.7: Mechanisms of influence – political lobbying*. Cancer Council Victoria.

As the consultation paper highlights, mass media campaigns are effective at increases in quitting and smoking reduction. With this comes an increased demand for smoking cessation services. All governments must ensure that appropriate funding is provided to these services to cater for increased demand.

Priority area 3: Continue to reduce the affordability of tobacco products

The AMA supports tobacco taxation as the single most effective method to reduce smoking rates.[3] The AMA calls on all governments to continue to make repeated real increases in the rate of tobacco taxation. These taxes should also apply to e-cigarettes and other novel and emerging products.

It is important to note concerns from some stakeholders that taxation for smokers with low socio-economic backgrounds has the potential to cause financial hardship if they do not quit.[4] This is why in addition to taxation, a multi-faceted approach that enables affordable smoking cessation services and treatment is essential. The revenue from tobacco taxation should be earmarked for spending on services, treatments, and health promotion activities that are tailored to high-risk populations.

Priority area 4: Continue and expand efforts and partnerships to reduce tobacco use among Aboriginal and Torres Strait Islander people

The AMA supports tailored strategies to reduce tobacco use in Aboriginal and Torres Strait Islander populations. Pursuing measures that seek to prevent and/or reduce smoking in key groups, including pregnant women, families and among health workers, is likely to accelerate efforts to reduce smoking rates. [5]

The Strategy should consider the National Agreement on Closing the Gap, its goals and targets, and its four priority reforms. These priorities outline what needs to change for governments to work more collaboratively with Aboriginal and Torres Strait Island people.[6] Consideration of the National Agreement should occur in all Strategy priorities, not just Priority area 4.

Smoking cessation programs with a wide target audience are typically not successful in Aboriginal and Torres Strait Islander populations due to the absence of community engagement during research, design, and implementation, and not ensuring programs are culturally appropriate.[7] The Strategy should ensure Aboriginal and Torres Strait Islander-led research informs relevant policy and program development as this Strategy is implemented, including how to target communities and different populations on a needs basis.

[3] Greenhalgh et al (2020) *Tobacco in Australia facts and issues: Economic evaluations of tobacco control interventions.* Cancer Council Victoria.
[4] Hirono and Smith (2018) *Australia's $40 per pack cigarette tax plans: the need to consider equity.* Tobacco control.
[5] Van der Sterren et al (2016) *Tobacco in Australia facts and issues: Aboriginal and Torres Strait Islander peoples: social disadvantage, health and smoking – an overview.* Cancer Council Victoria.
[6] Australian Government (2020) *National Agreement on Closing the Gap*.

Many smoking cessation services for Aboriginal and Torres Strait Islander populations only have short-term funding (less than 12 months) and limited resources for adequate evaluation.[8] Funding for the Tackling Indigenous Smoking (TIS) program is due to cease in June this year.[9] While the priority actions allude to continuing multi-faceted and culturally safe programs, the Strategy should include a commitment to funding. Funding must be implemented quickly to ensure important services can continue to run. Commitments to the TIS should include long-term services, adequate evaluation of effectiveness, and ensuring Aboriginal and Torres Strait Islander people have a leading role in program and policy development and implementation.

The Strategy should recognise and address underlying social issues in Aboriginal and Torres Strait Islander populations such as education, health literacy, the impacts of colonisation, incarceration, racism, discrimination, and intergenerational trauma that influence tobacco smoking.[10]

Priority area 5: Strengthen efforts to prevent and reduce tobacco use among populations at a higher risk of harm from tobacco use and other populations with a high prevalence of tobacco use

The AMA supports this priority area.

The AMA is committed to precluding minors from obtaining cigarettes and e-cigarettes. Any initiative that helps to increase the age at which people first experiment with tobacco and nicotine products is likely to have an effect on the overall burden of smoking-related diseases in our community.

Priority area 6: Eliminate remaining tobacco related advertising, promotion and sponsorship

The AMA believes that all forms of public promotion and marketing of tobacco products should be banned. Tobacco products should not be promoted at the point of sale. Internal promotion by those in the tobacco trade should be strictly proscribed. Where it is required, it should be limited to the provision of information about price, availability and characteristics.

The AMA believes that product placement in television programs and movies should be acknowledged at the beginning of the program through a dedicated classification symbol that alerts viewers to the depiction of smoking during the broadcast. A warning message should also be aired to alert viewers to depictions of smoking, in the same way as viewers are alerted to other sensitive content such as drug use, violence and coarse language. The AMA also supports counter advertising to reduce the impact of smoking portrayals, particularly among young people.

[8] Colonna et al (2020) *Review of tobacco use among Aboriginal and Torres Strait Islander peoples.* Australian Indigenous Health Bulletin.
[9] Department of Health (2022) *Tackling Indigenous Smoking*.
[10] Colonna et al (2020) *Review of tobacco use among Aboriginal and Torres Strait Islander peoples.* Australian Indigenous Health Bulletin.

A major driver of the increase in usage of e-cigarettes is the sophisticated and targeted marketing that largely occurs via social media.[11] This emphasis on online marketing can make monitoring and policing the claims made by online e-cigarette retailers difficult. The AMA believes that the marketing and advertising of e-cigarettes should be subject to the same restrictions as tobacco products.

Priority area 7: Further regulate the contents and product disclosures pertaining to tobacco products

The AMA supports this priority area, however believe that the same content and product disclosure regulation should apply to e-cigarettes. The AMA was alarmed by a recent testing report from the Therapeutic Goods Administration (TGA) that found 31% of e-cigarettes registered in Australia contained prohibited ingredients in chemical concentrations that exceeded the legal limit.[12] These prohibited chemicals include vitamin E acetate and diacetyl, which is linked to the condition called bronchiolitis obliterans which can cause significant damage to the lungs.

Priority area 8: Strengthen regulation to reduce the supply, availability and accessibility of tobacco products

The AMA supports this priority area. Currently, tobacco use is normalised and difficult to give up because tobacco is available in a wide range of settings such as supermarkets, tobacconists, alcohol-licensed venues and other retail settings.[13,14] The AMA supports consideration of prohibiting the sale of tobacco and other nicotine products in certain settings. For example, alcohol consumption influences the tobacco use[15] and so consideration should be given to prohibiting supply in places that supply alcohol. The AMA would also support a ban on selling tobacco and e-cigarettes in supermarkets.

The requirements of tobacco licences vary across the jurisdictions and if improved could provide an avenue for monitoring tobacco sales and marketing, and promote public health outcomes.[16,17] Retailers who are selling cigarettes to children should be prosecuted and should also lose their licence to sell tobacco products.

See also priority area 9 for changes to the supply, availability and accessibility of vaping products/e-cigarettes.

[11] Jancey (2021) *Vaping is glamourised on social media, putting youth in harm's way.* The Conversation.
[12] Therapeutic Goods Administration (2022) *Testing of nicotine vaping products - TGA Laboratories testing report*
[13] Freeman and Burton (2018) *Tobacco retail density: still the new frontier in tobacco control.* The Medical Journal of Australia.
[14] Freeman (2017) *Challenging how tobacco is sold in Australia.* The Medical Journal of Australia.
[15] Watts et al (2021) *Tobacco purchasing motivations and behaviours in alcohol-licensed venues: a cross sectional survey of Australian young adults.* Health Promotion Journal of Australia.
[16] Gartner et al (2010) *Why we need tobacco sales data for good tobacco control.* The Medical Journal of Australia
[17] Freeman (2017) *Challenging how tobacco is sold in Australia.* The Medical Journal of Australia.

Priority area 9: Strengthen regulations for novel and emerging products

The AMA is increasingly concerned with the uptake of products such as e-cigarettes in Australia, particularly amongst children and young people – and believe reducing their use through regulation and awareness-raising of harms should be a clear priority of the Strategy. The Strategy should ensure terminology for these products are clearer and more specific than 'novel and emerging products'. E-cigarettes are no longer novel or emerging and therefore, technically, this priority area would no longer apply to them.

AMA concerns around e-cigarettes in general

There are substantial issues with e-cigarette liquids containing products that are dangerous or are not correctly identified on the label (for example, non-nicotine e-cigarettes containing nicotine).[18] There are increasing reports and established evidence of the harmful effects of e-cigarettes, particularly in children, such as nicotine poisoning, "popcorn lung"[19] and E-cigarette Associated Lung Injury (EVALI).[20,21] The Strategy should also highlight that e-cigarette use acts as a gateway to smoking.[22]

While the Strategy's introduction highlights that there has been a decrease in smoking over time, it ignores e-cigarette uptake in place of, or in addition to, traditional smoking methods. The proportion of people who have 'ever' used e-cigarettes increased from 8.8% to 11.3% from 2016-2019. The use of e-cigarettes in young adults (18-24) is particularly concerning;21.7% tried an e-cigarette device in 2020-21. Conversely, 83.3% have never tried tobacco.[23] Further, confectionary and dessert flavours are attractive to younger people[24,25,26] and puts them at risk of nicotine dependence.

Children have reported using e-cigarettes and vendors are still bypassing laws to sell these products to minors.[27] E-cigarette legislation throughout Australia's States and Territories is currently inconsistent.[28] Australia needs a unified strategy when it comes to protecting minors from purchasing e-cigarettes. While the TGA have increased their efforts to fine retailers who are illegally selling nicotine vaping products (NVPs)[29], both non-nicotine and NVPs appear to remain easily accessible to children. Governments and police forces have a responsibility to enforce the

[18] Therapeutic Goods Administration (2022) *Nicotine vaping products: news and updates.*
[19] Bosma and Landman (2019) *Popcorn lung: teen first case of life-threatening injury.*
[20] Centers for Disease Control and Prevention (2020) *Outbreak of lung injury associated with the use of e-cigarette, or vaping, products.*
[21] Department of Health (2021) *About e-cigarettes.*
[22] Banks et al (2020) *Summary report on use of e-cigarettes and relation to tobacco smoking uptake and cessation, relevant to the Australian context.* Australian National University.
[23] Australian Bureau of Statistics (2022) *Smoking*.
[24] Leventhal, A et al (2019) *Flavored e-cigarette use and progression of vaping in adolescents.* Pediatrics
[25] Harrel, M et al (2017) *Flavored e-cigarette use: characterizing youth, young adult, and adult users*. Preventive medicine reports.
[26] Pepper, J et al (2016) *Adolescents' interest in trying flavoured e-cigarettes.*
[27] Alcohol and Drug Foundation (2020) *Vaping in Australia.*
[28] Department of Health (2021) *Smoking and tobacco laws in Australia.*
[29] Therapeutic Goods Administration (2022) *Nicotine vaping products: news and updates.*

law regarding the sale of tobacco and other nicotine products to children. The Strategy should outline an action to determine the barriers behind enforcing tobacco and e-cigarette laws in each jurisdiction and address them.

AMA concerns around NVPs as smoking-cessation aid

There is limited evidence for the use of NVPs as an effective nicotine cessation aid.[30] The safety and efficacy of these products has not been adequately proven, and therefore they should remain strictly regulated and access to them controlled. Indeed, based on the available evidence of harm to human health, it is strongly arguable that NVPs should be banned altogether. These products promote smoking to children and young people, and they deserve to be protected from this.

The AMA worked closely with the TGA and other stakeholders in the lead up to the implementation of the scheduling decision to make NVPs prescription only. The AMA supported this decision on the basis that it would make access to NVPs more restricted and in line with the stated aim of protecting non-smokers, especially younger people, and children.[31] The AMA also provided input into the Therapeutic Goods Order 110 – the product standards for NVPs.[32]

The AMA remains concerned about a key number of policy gaps for NVPs. Specifically:

- Therapeutic Goods Order 110 allows for a dangerously high nicotine concentration limit (100mg/ml), increasing the risk of poisoning and dependence, and does not place restrictions on flavours (except for those outlined in the prohibited ingredients).
- Risks posed by this are compounded by the fact that people can still import NVPs via the Personal Importation Scheme, bypassing many of the product standards outlined in Therapeutic Goods Order 110, such as labelling, packaging, and record-keeping requirements. For example, there are no warning statements or child-resistant packaging requirements.
- The vaping devices themselves are not regulated, resulting in safety concerns. Vapes can influence how much nicotine is delivered in one draw, making them an unreliable therapeutic tool.
- TGA advertising, while obviously seeking to inform the community of the changes that take effect on 1 October, does nothing to educate consumers of the risks of vaping nor emphasise the evidence-based alternatives that are readily available.
- The TGA has allowed restricted advertising of NVPs by pharmacies, inconsistent with the rules for Schedule 4 medicines.
- The proliferation of "pop up" websites that masquerade as smoking cessation services when in reality they do nothing more than provide easy access to NVPs (See Priority area 11).

[30] Royal Australian College of General Practitioners (2021) *Supporting smoking cessation: a guide for health professionals.*
[31] Australian Medical Association (2020) *AMA submission to the Therapeutic Goods Administration – interim decision on amendments to the Poisons Standard – nicotine.*
[32] Australian Medical Association (2021) *AMA submission to the Therapeutic Goods Administration – Standard for vaporiser nicotine.*

This priority area should include the above specific actions to further regulate and restrict access to NVPs.

Priority area 10: Eliminate remaining exceptions to smoke-free workplaces, public places and other settings

The AMA asserts that passive or environmental tobacco smoke is harmful to health. Smoking and vaping should be prohibited in all public areas without exception, including all workplaces, restaurants, gambling venues and public transport. All workers are entitled to a smoke-free workplace.

The AMA recognises the risk associated with exposure to second-hand smoke, particularly among infants and young children who may be unable to avoid exposure. For this reason the AMA is supportive of measures that seek to reduce children's exposure to second-hand smoke in confined spaces, including the home and in motor vehicles.

The AMA believes that smoking by teachers, staff, pupils and visitors on, or in the immediate vicinity of, school premises should be banned because of the influence of such behaviour on the early development of smoking habits in children as well as the risk of second-hand smoke exposure.

The AMA believes that medical practitioners and other health professionals should not smoke in public when they are identifiable in their occupational role.

Health institutions should aim to offer programs to support smoking cessation among their patients, as well as among staff. Medical and hospital institutions must enforce smoking bans on their grounds.

Priority area 11: Provide greater access to evidence-based cessation services to support people who use tobacco to quit

Patients who are smokers or who rely on vaping will often have other conditions that require treatment and ongoing monitoring. General practitioners (GPs) provide smoking cessation services that is holistic – it not only encompasses smoking cessation, but also addresses associated health issues that prevent smoking cessation or are caused by smoking. GPs are also able to prescribe effective pharmacotherapies for nicotine cessation.

The AMA believes that medical practitioners have a responsibility to encourage all smokers to quit smoking. Medical practitioners share a responsibility to advise their patients on the well-established risks associated with smoking, to assist patients in their attempts to quit smoking, and to co-operate with community education programs that aim to discourage smoking.

However, general practice is chronically underfunded and funding models must change to meet the needs of a growing, ageing population with more complex health needs as chronic disease and mental ill-health continue to increase. The Strategy should recognise that general practice

provides high-quality and cost-effective health interventions for patients addicted to nicotine and that additional reform and support is required to continue these services, particularly in rural, regional, and remote areas.[33]

AMA members have reported barriers to having conversations with their patients about their smoking status. Hospitals have a focus on acute health management and there is an inadequate amount of investment or resourcing to carry out health promotion activities. Advice and resources are not front of mind for most doctors who are primarily managing an acute condition, which may or may not be linked to smoking. Hospitalised patients in the busy Intensive Care Unit or Emergency Department usually have a more pressing condition to prioritise over preventive care. Junior doctors may feel uncomfortable asking about smoking status for fear of coming off as judgemental or causing the patient to leave if they do not want to answer. This however can be resolved with more experience and practice.

Communication between different health providers across a patient's health journey is important to understand their smoking history and barriers to cessation. Interoperability between IT health systems is integral to improving communication, health outcomes for patients, and clinical workflow[34]. The Strategy should include working with the Australian Digital Health Agency to improve information sharing on patient smoking habits. In doing so, patient privacy and consent must be respected.

The AMA believes that medical colleges should be included as important stakeholders in the development of further best practice approaches to, and accreditation systems for, smoking cessation. Consideration of different medical specialties and health settings should be given when developing a nationally consistent clinical guideline and policy strategies for smoking cessation (action 11.12).

Combination nicotine replacement therapy (NRT) and behavioural support is beneficial for long-term smoking cessation.[35] However, while some pharmacotherapies have been on the Pharmaceutical Benefits Scheme since the early 2000s, cost is still a barrier to access.[36,37] Findings from the Department of Health's Post-Market Review of medicines for smoking cessation[38] should be considered in this Strategy.

Online "smoking cessation" services

The AMA is particularly concerned about the proliferation of "pop up" websites that masquerade as smoking cessation services when in reality they do nothing more than provide easy access to

[33] Australian Medical Association (2020) *Delivering better care for patients: the AMA 10-year framework for primary care reform.*
[34] Australian Medical Association (2021) *AMA submission to the national healthcare interoperability plan.*
[35] Zwar (2020) *Smoking cessation.* Australian Journal of General Practice.
[36] Colonna et al (2020) *Review of tobacco use among Aboriginal and Torres Strait Islander peoples.* Australian Indigenous Health Bulletin.
[37] Swanson et al (2020) *Submission to the public consultation on the post-market review of medicines for smoking cessation.* ACOSH, Cancer Council Australia, Lung Foundation Australia, Quit, VicHealth.
[38] Department of Health (2021) *Post-market review of medicines for smoking cessation.*

NVPs. The Strategy must ensure that lower-quality cessation services are not supported by government policies or funding. Instead, telehealth services should only be used by patients who have an existing relationship with the consulting GP.

The AMA is deeply concerned that in publishing a list of authorised prescribers of NVPs, the TGA has included pop-up online services. Of particular concern, several of the pop-up online services published on the TGA page appear to not be following the TGA Advertising Code, the requirements of MBS smoking cessation items, or the RACGP clinical guidelines on smoking cessation. More must be done to ensure NVPs are only used as a last resort.

This is contrary to the stated aims of the Government's vaping reforms. It is poor quality practice that will create a population of long-term users of NVPs. While the TGA's list is not intended to suggest endorsement, the mere inclusion of these online services gives them a much higher status than they deserve and means that the TGA is directing patients to websites that provide misleading information around the quality, safety, and efficacy of NVPs.

Conclusion

The AMA supports in-principle the draft National Tobacco Strategy 2022-2030. However, there are key improvements required to make the Strategy more effective in achieving its goals. Priority areas and actions need to be more specific, proactive, measurable, and include timelines for implementation. The Strategy should ensure a commitment to funding the activities under each priority area. Further, e-cigarettes and other novel and emerging products need to be given more weight in the Strategy to ensure Australia's success so far in reducing the use of tobacco/nicotine and improving Australia's health is not threatened.

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