

SUBMISSION

AMA submission to second public consultation on the Public Health (Tobacco and Other Products) Regulations 2023 and Public Health (Tobacco and Other Products) (Consequential Amendments and Transitional Provisions) Regulations 2023

To be submitted online: 8th January

Introduction

The draft Regulations contain further detail on the proposed graphic health warnings and health promotion inserts to be required for tobacco products and, in addition, have been amended in response to feedback received during the first consultation period. The AMA has already been closely involved in the development of the legislation package up to this point. [Submission](#).

This second public consultation involves the provision of feedback on the proposed graphic health warnings and health promotion inserts to be required for tobacco products.

(Question 1) Do you have any comments on the proposed images as set out in Schedules 1-9, or any feedback relating to compliance with, or implementation of graphic health warnings, health promotion inserts or requirements for warnings to appear online as defined within the regulations?

To effectively shift the Australian adult population smoking rate to 5% or less by 2030, a deep understanding of the target consumer is needed. Drivers of tobacco use have been well studied and global research has clearly demonstrated the effectiveness of health warnings and graphics on tobacco product packaging. Since their introduction in 2011 in Australia, smoking rates have steadily declined. However, smoking rates have been more stubborn to shift in Indigenous and remote/ rural communities as well as people with mental health conditions. There is also the additional provocation of vapes or e-cigarettes. With their colourful packaging and sweet flavours, vapes are targeted at children and young people who have never smoked a tobacco cigarette. Vapes are now known to contain high levels of addictive nicotine. An in-depth analysis of smoking groups and updating these regularly, based on the knowledge of a smoking population would assist in make the messaging more effective.

General comments for Schedules 1-9:

The medical language, long text sections and complex health diagrams will not resonate with the target audience. The language choice, while scientifically accurate, is not sensitive to differing levels of health literacy in Australian communities.

To highlight this point, a Flesch Reading Ease Score¹ was calculated for the written messaging for several Schedules. These scores are used to find how easily a targeted audience will be able to understand and engage with a particular text. Scores between 70-100 equates to the text being appropriate for the average adult to read and understand. The messages on the front outer surface all scored between 70-100. However, the written messaging proposed for the back outer surface and/ or the outer flap scored poorly for reading ease (1.4, 2.1.6., 2.1.7., 4.1.5, 4.2.2, 5.1.3, 4.2.1).

A picture tells a thousand words. The images depicted in all Schedules are unclear. Graphic images should not need a caption to explain what they represent. Additionally, the images primarily depict white male healthcare providers and patients.

Minor comments on the aesthetics of the campaign include discouraging the use of red. The written content is difficult to see, particularly when a black font colour is used. The use of red is also a disadvantage to people who are colour-blind. In addition, images should outweigh the amount of text used. In numerous examples within the schedules, the text dominates the packaging.

Schedule 1:

Social media channels are an important gateway to engaging youths and adolescents. It is important to tailor the messaging so that it engages people with different levels of education. Comprehension and impact of warnings is greatly increased if they are expressed in clear, simple language. Smokers bring to these warnings their own 'sender-receiver' relationship made up of preconceived knowledge and ideas, as well as self-protective and self-exempting beliefs and reactions. For example, while smokers generally know that tobacco use is harmful, they tend to underestimate the health risks to themselves and often perceive other smokers to be at greater risk for disease than themselves.

Schedules 2-7:

Schedules 2-7 include graphic images and public health messages designed specifically to curtail the use of tobacco products (cigarettes, cigars, tobacco pipes, shisha tobacco and bidis). Again, the language does not address the different levels of health literacy among Australians (as calculated using the Flesch Reading Ease Score). The simple term: "Smoking causes emphysema" scored 17.4 (equivalent to a person needing a university degree to understand this). More relatable statements including "out of breath", "suffocating", "lacking energy" would have more impact.

Graphic warnings are more effective because they lead to more frequent and deeper processing of warning information than text-only warnings. Pictorial warnings are also particularly important in communicating health information to people with impaired literacy or where English is not their first language. Numerous images shown in Schedules 2-7 needed further interpretation of what they were depicting. Correctly stated, tobacco use is strongly correlated with a higher chance of developing cancer and chronic diseases. However, the links are not clear in the images selected. Increased risks of diabetes and chronic kidney disease could be better represented through images of gangrenous limbs leading to amputation, or the complexities of dialysis. Before and after images depicting the smoking effects on individual presentation is also impactful. For example, the effects on dental health, skin discoloration and ageing, throat and mouth cancers and or even tombstones indicative of death at an early age would be impactful. The effects on lung health should always be prominent.

Messaging around a harmful product does not always have to be negative. There is an opportunity for the new campaign to showcase the long-term benefits that can be obtained when after quitting smoking, including financial savings.

Schedule 8:

¹ <https://goodcalculators.com/flesch-kincaid-calculator/>

Public health warning inserts are an excellent idea. However, the messages are pitched at people with a high level of health literacy. The messages need to be simplified. The public health insert 8.6 required an audience with a university level degree to understand (calculated using the Flesch Reading Ease Score)

Schedule 9:

Specific health warning placement on e-cigarettes and social media is a missed opportunity here. Simple messaging such as: “Do you know what you are breathing in?”, “vaping has unknown and long-term side effects”, “nicotine harms adolescent brain development”. “vaping can cause burns and injuries (including lungs)” are required. No young person would put their IQ at risk.

(Question 2) Do you have any feedback on the key changes to the Regulations following the exposure draft released on 31 May 2023, as outlined in the consultation paper?

The AMA supports the Public Health (Tobacco and Other Products) Legislation 2023, which aims to discourage people from smoking and vaping. To reduce the disease, disability and premature death caused by smoking and vaping, the AMA (and the medical profession more broadly) is committed to efforts that seek to continually reduce the number of people who smoke and vape.

The Department should be adequately resourced to ensure they can regularly monitor and report on emerging types of promotion for tobacco and e-cigarettes and that the regulations are updated accordingly to prevent them being used in future. Legislative frameworks may need to be frequently updated to ensure it aligns with the ever-changing digital landscape.

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