18 March 2019

RE: Review of Tobacco Control Legislation

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia, and seeks to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

PHAA welcomes the present Review of tobacco control legislation, especially noting that the current legislative acts and instruments are now somewhat out of date and are no longer best practice.

PHAA works closely with allied public health NGOs. In regard to this Review, we have been consulted by the Cancer Council Australia in the preparation of their submission. We fully endorse their analysis and their recommendations.

Our own particular points of emphasis for reform in the regulation of tobacco include the following policies:

- Ban all forms of tobacco advertising and promotion, including any remaining promotions at the point of sale and elsewhere, public relations and lobbying, and political donations.
- Initiate and sustain social media campaigning to impart messages relating to tobacco use (including vaping).
- Extend coverage of the Guiding Principles for Smoke-Free Public Places and Workplaces Legislation to cover a National Code of Practice or regulatory model for use in states and territories that unequivocally prohibits all exposures to tobacco smoke in public places, workplaces and open space, especially where children may be present.
- Fully implement the World Health Organization Framework Convention on Tobacco Control, in particular article 5.3 which protects tobacco control policies from commercial and other vested interests of the tobacco industry.
- Support the precautionary approach the use, promotion and availability of e-cigarettes in Australia, with proper examination by the Therapeutic Goods Administration of all health claims made about e-cigarette products.

We note in particular the pressing need to ensure that vaping/e-cigarette products are brought effectively within the scope of the legislative framework. We have clearly seen recent incidents of tobacco corporations attempting to introduce advertising and promotion of vaping products into the Formula1 race in Melbourne.
Another key problem with the growth of vaping is the propensity of manufacturers to make health claims relating to their product. Specifically, they promote vaping as a pathway to people quitting smoking. This claim is unattested by evidence worldwide. In no other domain of commerce would a claim that relates so strongly to people’s health and wellbeing be acceptable under consumer law without supporting evidence. Manufacturers should be required to undergo TGA assessment of their health claims, or cease making them.

PHAA, together with the Heart Foundation and Cancer Council, also made a 2019-20 Budget Submission, *Resourcing the National Tobacco Strategy to reduce smoking among those who need help the most*, in calling for a sustained campaign over four years supporting smoking cessation programs. The submission called for the following initiatives:

- $25m per annum to reinstate, and maintain for the period of the NTS, a population based TV-led National Tobacco Campaign, targeting adult tobacco users in all states and territories which is evidence-based in both creative development and audience exposure, and supported with rigorous developmental research and campaign evaluation.
- $10m per annum to create and fund a dedicated National Cessation Strategy within the National Tobacco Strategy to facilitate a consistent, evidence-based national approach to smoking cessation service provision. This would include the development and dissemination of national clinical guidelines and program support to embed the treatment of tobacco dependence into health services, primary care, and community and social service organisations as part of routine care, and the provision of a national Quitline™ as a referral, training and behavioural support provider.
- $15m per annum to specific, targeted programs that will provide additional support to groups in the population experiencing the highest levels of disadvantage. This will primarily be done through partnerships with the public health and community service sectors to provide direct services to high needs populations.

Finally, we also endorse the notion of consolidating all legislation into one Tobacco Control Act. Such legislative housekeeping would enable the consolidation of existing legislative and regulatory measures, such as product regulation, national retailing standards, and control of industry interference with WHO FCTC requirements including those under Article 5.3, to be better integrated.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

Yours Sincerely,

Terry Slevin
Chief Executive Officer
Public Health Association of Australia