



2 April 2015

TOBACCO PLAIN PACKAGING – ATTACHMENT TO SUBMISSION

We write on behalf of the Australian Council on Smoking and Health (ACOSH) and the Public Health Association of Australia (PHAA) in response to the request for responses to the Post Implementation Review (PIR) following the introduction of tobacco plain packaging. The PHAA is the leading nation organisation representing public health professionals. ACOSH represents a further 42 member organisations from health and related areas.

We appreciate the extension enabling us to respond following publication of important research outcomes in the BMJ Tobacco Control journal and elsewhere, and further papers delivered at the World Conference on Tobacco or Health.

We have noted the submission provided by the Cancer Council Australia and the National Heart Foundation. This is an excellent and comprehensive submission that takes account of the key research and addresses the main issues relevant to the Review. We believe that there is little purpose to be served in replicating this submission, so we wish to support and endorse its conclusions.

Our support for the CCA/NHF submission should be seen in the following contexts:

1. The recommendation for tobacco plain packaging was made on the basis of strong evidence already available at the time from both compelling research and tobacco and marketing industry documents and reports.
2. It is vital that plain packaging be seen as part of a comprehensive approach, rather than as a single measure in isolation.
3. While any short-term impacts are a bonus, plain packaging was always seen and always should be seen as a measure designed to achieve impacts over the longer term.
4. As Minister Roxon made very clear at the initial announcement of the Government's intention to introduce plain packaging, the key target for this measure is reducing smoking in children; this is clearly also a long-term aim.
5. The introduction of plain packaging has been heavily undermined by tobacco companies and related interests which have done their best to reduce its impact.

6. As the CCA/NHF submission notes, arguments and “evidence” adduced by tobacco companies and related interests purporting to cast doubt on the impact of plain packaging generally have no credibility. These almost invariably rely on misleading information, misleading interpretations of data, omission of crucial information, selective quotations, industry-commissioned and non-peer reviewed reports and grossly misleading commentaries on official and other data. It is worth noting that as well as a range of comprehensive analyses of and responses to the various industry claims, their positions have been rejected by health authorities such as the World Health Organization and governments such as those of Ireland and the United Kingdom (where the Chantler Review, along with its support documentation, provides further reason to discount industry arguments).
7. Even after a short period, plain packaging is clearly meeting the objectives set out for this measure
8. Further, as the CCV/NHF submission notes, none of the adverse impacts predicted by the tobacco industry and related interests ahead of the introduction of plain packaging have eventuated.
9. One area where we would wish to expand on comments in the CCA/NHF submission relates to the importance of complementing plain packaging with other measures in the recommended comprehensive approach. As noted above, plain packaging was always seen as a measure to be introduced as part of a comprehensive approach. While its introduction was exceptionally well handled by the Federal government, in retrospect and having learned from this innovation,
 - i) There are some additional facets that we would now see as being appropriate to include in such legislation to maximise its impact – for example relating to pack design, inside-pack design and information, etc.
 - ii) In the period leading up to the introduction of plain packaging and since there has been a substantial focus by the tobacco industry and related groups on promotion through public relations activities, much of this aimed at undermining plain packaging.
 - iii) There is overwhelming evidence on the importance of public education in reducing smoking in the community at large and in important sub-groups, and in complementing other components of the comprehensive approach. A key assumption around the introduction of plain packaging was that this would be complemented by continuing and increased public education and further tobacco control programs. Other than the Cancer Council WA’s excellent press advertisements, there has been no advertising drawing attention to and capitalising on the introduction of plain packaging – clearly a lost opportunity. Further and unfortunately, during the period since the introduction of plain packaging we have seen a significant fall in the quantum of public education on smoking and health in Australia. At the national level, there has effectively been no mass media activity around smoking and health since mid-2012; there has overall been a reduction in overall state and territory mass media activity; programs directed towards important

sub-groups (such as the Tackling Indigenous Smoking Program) have been cut; and there has been no increase in the already minimal activity directed towards other important sub-groups such as people with mental health problems. There has also been no evident increase and possibly a decline in education on smoking at the school level. We believe that this issue is of particular importance and should be noted in the context that strong public education is necessary to achieve the best outcomes over time from tobacco plain packaging.

As will be clear from our comments and support for the CCA/Heart Foundation submission, we believe that plain packaging is meeting the objectives of the legislation, is making an important contribution to tobacco control in Australia that will become even more apparent in the years ahead, and will have its impact further enhanced with more complete implementation of the comprehensive approach recommended by the National Preventative Health Taskforce and a wide range of authoritative reports.

We hope that this information will be of assistance.

With best wishes,



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