

# Submission to the Consultation on the Draft National Tobacco Strategy 2022-2030



## Introduction

Stroke Foundation is a national charity that partners with the community to prevent stroke, save lives and enhance recovery. We do this through raising awareness, facilitating research and supporting survivors of stroke. As the voice of stroke in Australia, Stroke Foundation welcomes the opportunity to provide comment on the Draft National Tobacco Strategy 2022-2030.

This year, 27,428 Australians will experience stroke for the first time, and there are more than 445,000 survivors of stroke living in our community.<sup>1</sup> Unless action is taken, it is estimated by 2050, Australians will experience an additional 23,000 new strokes annually, and there will be an additional 374,000 survivors of stroke living in the community.<sup>1</sup> Research indicates that 80 percent of strokes can be prevented<sup>2</sup>, and Stroke Foundation is committed to reducing the number of preventable strokes in Australia.

People who smoke are twice as likely to have a stroke compared with those who have never smoked.<sup>3-6</sup> The more an individual smokes the greater their risk of stroke.<sup>4</sup> Importantly, an individual's risk of stroke decreases after they quit smoking and stopping smoking has been shown to have both immediate and long-term health benefits. Two to five years after quitting, there is a large drop in an individual's risk of stroke<sup>7</sup>, and after 15 years their risk of stroke is similar to that of a person who has never smoked.<sup>7</sup> Therefore, Stroke Foundation is strongly supportive of measures to reduce the prevalence of smoking in the Australian community.

The Australian Government's tobacco control policy initiatives have had a significant impact on the prevalence of smoking over the last three decades, and it is likely that this fall in the prevalence of smoking in the Australian community has contributed in part to the observed reduction in the rate of stroke events.<sup>8</sup> The National Tobacco Strategy 2022-2030 should provide a comprehensive plan on how to protect, and build on, the significant gains that have been made in reducing smoking rates and exposure to tobacco smoke, as well as identify novel approaches to tobacco control for populations that continue to experience high smoking rates.

Stroke Foundation's comments on the Draft Strategy are outlined below.

## General comments

A key action of the Federal Government's National Strategic Action Plan for Heart Disease and Stroke (the Action Plan), developed by the Stroke Foundation and Heart Foundation, is to build on and strengthen existing work to reduce tobacco use and exposure to tobacco smoke in the Australian community.<sup>9</sup> To achieve this, one of the initiatives recommended in the Action Plan is the implementation of a new National Tobacco Strategy to supersede the 2012-18 strategy.<sup>9</sup> Stroke Foundation is broadly supportive of the Draft Strategy, including its goal and smoking prevalence targets, objectives, guiding principles, and specific priority areas and actions.

The Draft Strategy contains very limited information on who will oversee its delivery, including implementation, and monitoring and evaluation, and more information is needed on what this governance structure will be. The effective implementation of this Strategy will be crucial to its success, and the development of an implementation plan, providing a clear and comprehensive summary of how the Strategy's actions and associated targets will be realised over the next eight years, will be critical.

Reducing tobacco use and nicotine addiction is a key focus area in the National Preventive Health Strategy<sup>10</sup>, and while the Draft Strategy does refer to this Strategy, more information is needed on how these two strategies align. Similarly, information is needed on how the Draft Strategy intersects with the Federal Government's Primary Health Care 10 Year Plan, which is currently in development, particularly given the critical role primary care plays in smoking cessation.

Finally, the language used in many of the Draft Strategy's actions is quite passive, and could be strengthened so that it is more action-oriented, for example by using the word 'implement' rather than 'consider' or 'explore'.

## **Comments on Priority Areas and Actions**

### ***Priority Area 1: Protect public health policy, including tobacco control policies, from tobacco industry interference.***

One of the initiatives recommended in the Action Plan is strengthening Australia's implementation of the WHO Framework Convention Tobacco Control (FCTC), including by taking steps to protect the setting and implementation of its tobacco control from interference from the tobacco industry and its interests.<sup>9</sup> The Draft Strategy has acknowledged that commercial determinants of health can have a detrimental impact on public health, and that tobacco control must be protected from undue influence by any form of vested commercial interest. Stroke Foundation strongly supports the protection of public health policies and strategies, and preventive health actions, from real, perceived, or potential conflicts of interest, through a variety of measures, including transparent stakeholder engagement processes, conflict of interest registers, as well as limiting tobacco industry engagement in policy development and implementation.

Regarding Action 1.5, we recommend there should be a regulatory requirement for the tobacco industry, and those working to further its interests, to periodically submit information on tobacco sales/wholesale data, in addition to the other types of information currently listed, as this is currently required in the Northern Territory, and is being considered in other jurisdictions.

### ***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.***

Investment in new mass media education campaigns to further reduce tobacco smoking prevalence, as outlined in Action 2.1 of the Draft Strategy, was one of the initiatives recommended in the Action

Plan.<sup>9</sup> Stroke Foundation strongly supports urgent Federal Government investment in hard-hitting mass media campaigns, which in addition to tobacco excise, are the most effective policy interventions to reduce smoking-caused healthcare costs and preventable death.<sup>11</sup> This is particularly important given population awareness of tobacco-related harms in Australia has declined in recent years.<sup>12</sup> It is also critical that the development of these mass media campaigns is informed by research focused on what the optimal mix of traditional, digital and social media is in order to achieve behaviour change, particularly in high prevalence populations, as well as how to measure total campaign reach and frequency across a wide variety of media platforms and channels.<sup>13</sup> This is captured in Actions 2.3 and 2.4 of the Draft Strategy.

One initiative the Federal Government could introduce in support of Action 2.8, is to require cigarette manufacturers to enclose package inserts with smoking cessation tips and information, to supplement the exterior graphic health warnings on tobacco products. In 2012, Canada was the first country to mandate this, and research has shown these package inserts increase quit attempts made by smokers.<sup>14</sup>

Under 'Other forms of public education' on page 14, we suggest adding the following statement as an example of a health risk of smoking that many consumers may be unaware of: 'There is mounting evidence that passive smoke exposure in children is linked to long-term effects on cardiovascular health that increase the risk of stroke.'<sup>15-17</sup>

***Priority Area 3: Continue to reduce the affordability of tobacco products.***

The WHO has described tobacco taxation as 'the single most effective way to encourage tobacco users to quit and prevent children from starting to smoke'<sup>18</sup>, and unlike many other types of taxation, tobacco taxes tend to have widespread public support.<sup>19</sup> Importantly however, and as discussed in the Draft Strategy, opportunities exist to further reduce the affordability of tobacco products in Australia. For example, roll-your-own tobacco, the use of which is increasing in Australia, is typically cheaper than manufactured cigarettes.<sup>20</sup> In addition, with roll-your-own tobacco, smokers are able to further lower the cost by reducing the amount of tobacco in each cigarette, although the level of risk of these products compared with manufactured cigarettes is similar and does not significantly change with cigarette weight.<sup>20</sup> Therefore, it is important that roll-your-own tobacco products are taxed at the same rate as manufactured cigarettes to reduce their appeal. This has been captured broadly in the Draft Strategy, and while some movement has been made on this issue by the Australian Taxation Office, more needs to be done to reduce this as an avenue to minimise the impact of tobacco taxation.

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

Between 2002 and 2018–19, there was no improvement in the gap between Indigenous and non-Indigenous Australian with regard to smoking rates (from 24 percentage points in 2002 to 27 percentage points in 2018–19), and Indigenous Australians are 2.9 times as likely to be a current smoker as non-Indigenous Australians.<sup>21</sup> Where reductions in Indigenous Australian smoking rates have been achieved, this has been due in large part to the Tackling Indigenous Smoking (TIS) program, and Stroke Foundation welcomed the Federal Government's announcement in December 2021 of a further four years of funding for this important program.

The provision of training on effective tobacco control interventions for Aboriginal and Torres Strait health workers, and others working with Indigenous communities, is of critical importance, as captured in Action 4.6 of the Draft Strategy. One example is the nationally recognised smoking cessation training program Quitskills, delivered as part of the TIS program, which provides participants with the knowledge, skills, and confidence to help Aboriginal and Torres Strait Islander people to think about their smoking and support them to quit. Importantly, we note that no funding has been announced for Quitskills or any similar program, as part of the 2021-25 funding for the TIS program, which is of concern.

Action 4.10 of the Draft Strategy specifies the importance of mass media campaigns for Aboriginal and Torres Strait Islander people, complemented by local community-specific campaigns. We note that while local campaigns will be funded through regional TIS teams, no funding has been announced for national or jurisdictional mass media campaigns targeting Aboriginal and Torres Strait Islander people, as part of the 2021-25 funding for the TIS program, which is of concern and should be reconsidered.

***Priority Area 7: Further regulate the contents and product disclosures pertaining to tobacco products.***

The development of novel features of tobacco products by companies, designed to make these products more appealing to current or potential smokers, remains a concern. This includes the presence of filters, which make smoking more palatable, as well as convey the impression of filtering out harmful ingredients, which can provide false reassurance to smokers. It also includes the use of additives for improving flavour and aroma, controlling burn rates, nicotine delivery and harshness, and increasing shelf life. Therefore, Stroke Foundation would strongly support the introduction of regulations focused on making tobacco products less appealing and less addictive, including prohibiting features such as filters and additives, and reducing nicotine content, which are broadly covered by Actions 7.3, 7.5 and 8.10 in the Draft Strategy, respectively. This would help ensure fewer young Australians take up smoking, and those that do are less likely to become addicted.

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

As mentioned in the Draft Strategy, the implementation of strong surveillance and tracking and tracing systems across supply chains is important for combatting the illicit tobacco trade, which in turn increases the effectiveness of other tobacco control policies. Regarding Action 8.7, we recommend that tobacco wholesalers are required to report on the quantity of all tobacco products sold, not just their characteristics and prices.

Several countries, including the US and Singapore, have raised the minimum age of purchase for tobacco products to 21, in order to reduce their supply, availability and accessibility to younger people. Recently, the T21 bill was introduced in Tasmania, which sought to increase the legal purchase age of cigarettes in the state from 18 to 21 years but was defeated in parliament. Importantly however, there is strong community support for this policy in Australia, with 63 percent of adults in favour of the change<sup>19</sup>. Stroke Foundation strongly supports raising the minimum age of purchase for tobacco products in Australia, as covered in Action 8.11 in the Draft Strategy.

The tobacco-free generation ‘end game’ policy refers to the implementation of legislation mandating that no one born after a certain date will ever be allowed to purchase tobacco products. Last year, New Zealand announced that it would become the first country in the world to implement a tobacco-free generation policy, by banning all sales of tobacco to anyone born after 2008.<sup>22</sup> As part of this Strategy, it will be important for the Australian Government to monitor the progress of this, and other ‘end game’ policies being implemented in other jurisdictions.

***Priority Area 9: Strengthen regulations for novel and emerging products.***

One of the initiatives recommended in the Action Plan is consideration of the need for further regulation of alternative nicotine delivery systems (such as e-cigarettes), and continued monitoring of the evidence regarding their safety, impact on smoking initiation and cessation, and uptake among youth<sup>9</sup>, which are broadly covered by the Actions for Priority Area 9 in the Draft Strategy.

Stroke Foundation does not support the use of e-cigarettes, nor does it condone their use in public spaces. Stroke Foundation endorses the position of the NHMRC; namely other methods of smoking cessation have better evidence of safety and efficacy, and health authorities and policy makers should regulate e-cigarettes in such a way that potential harm to users and bystanders is minimised, and vulnerable groups (particularly young non-smokers) are protected. While Australians are no longer able to buy nicotine vaping products (e-cigarettes, pods, or liquid nicotine), or import them from overseas, without a valid doctor's prescription, concerns remain about the ease with which people, particularly younger Australians, can access these products illegally. Therefore, Stroke Foundation strongly supports Federal Government investment in greater enforcement of the current e-cigarette regulations. Stroke Foundation also supports Federal Government investment in policies focused on making e-cigarettes less appealing to younger Australians. This could include a ban on flavoured e-cigarettes, as well as a mass media campaign targeted at this population, explaining the potential harms of these products, using a mix of traditional, digital and social media channels.

The Draft Strategy touches briefly on other forms of novel products, including Shisha, acknowledging their potential to disrupt the significant gains that have been made in reducing smoking rates in Australia, and supporting the strengthening of regulations to limit their use. In the case of Shisha, it is important to note the powerful social and cultural dimensions associated with its use in Australia, the considerable scepticism regarding potential health risks, and a belief that it is less harmful than cigarette smoking<sup>23</sup>, and the increasing ‘backyard’ preparation and processing of tobacco for Shisha use.

***Priority Area 10: Eliminate exceptions to smoke-free workplaces, public places, and other settings.***

In Australia, smoke-free policies and legislation have contributed significantly to the reduction in smoking rates over the last two decades, increasing cessation and reducing smoking initiation. These policies have also played a critical role in protecting non-smokers from second-hand smoke and have contributed to the denormalisation of smoking in the Australian community. Stroke Foundation strongly supports the Actions outlined in the Draft Strategy that are focused on eliminating exceptions to smoke-free workplaces and public places and encourages the Australian Government to move beyond the ‘enclosed public space’ approach and extend smoke-free policies to more outdoor settings. The City of Melbourne’s recently released ‘Smoke-Free Melbourne’ policy is an example of this.<sup>24</sup> This policy will guide the creation of more smoke-free areas and events in the central City of

Melbourne, help to reduce and de-normalise smoking, as well as supporting people to quit. Their goal is to increase the number of smoke-free areas in the central city where there is high pedestrian activity, such as entry points to major transport hubs, high density retail or tourist areas, and public thoroughfares and pedestrianised spaces.<sup>24</sup>

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

One of the initiatives recommended in the Action Plan is investment in an evidence-based national approach to smoking cessation service provision.<sup>9</sup> This includes the development and dissemination of national clinical guidelines to embed the treatment of tobacco dependency in the health system as part of routine care, as well as funding of a national Quitline as a referral, training, and behavioural support service provider<sup>9</sup>, which are broadly covered by the Actions for Priority Area 11 in the Draft Strategy.

In Australia, each state and territory funds the Quitline service within its own jurisdiction, and the level of funding, and administrative arrangements for the service, varies from state to state. A national approach to the delivery of Quitline services is needed to ensure an evidenced based, equitable and accessible service is delivered to every Australian attempting to quit. Action 11.5 of the Draft Strategy is focused on improving referral pathways to the Quitline, including from relevant services and NGOs which focus on populations with a high prevalence of tobacco use. Currently, the Aboriginal Quitline service provides Aboriginal and Torres Strait Islander people who would like to quit smoking with smoking cessation support in a culturally appropriate way. Importantly, we note that the Federal Government will no longer fund the Quitline enhancement for Aboriginal and Torres Strait Islander people after June 2022, under new arrangements for the TIS program, which is a decision that we believe should be reconsidered given the prevalence of smoking in this population.

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