

Department of Health
GPO Box 9848
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Australia

24 March 2022

Submission on the National Tobacco Strategy 2022-2030.

Thank you for the opportunity to make a submission on the draft National Tobacco Strategy 2022-2030.

360Edge is Australia's leading alcohol and other drugs consultancy. We provide a full suite of advisory services to help health service organisations accelerate change.

We support efforts to update the National Tobacco Strategy, in particular, we support:

- Policy initiatives to reduce the number of people smoking in Australia
- Policy initiatives to reduce the advertising, labelling, of tobacco products
- Policy initiatives to reduce harm for people are not tobacco-free

However, the strategy is overly focused on abstinence and reducing population level use, and does not give sufficient focus to harm reduction.

The abstinence approach, along with its goals and principles, was highly relevant over the last several decades when a large proportion of the population smoked, but as prevalence has decreased significantly, largely driven by a reduction in uptake by young people, those who remain smokers represent more and more marginalised and disadvantaged people.

It is time to introduce a predominantly harm reduction focused strategy, keeping up with the evidence base and the approach taken more broadly in the alcohol and other drug sector and in public health generally.

We believe that measures to reduce incidence of cigarette smoking (uptake by new smokers) along with measures to reduce harms among current smokers should be the two key foci of the Strategy.

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Do you agree with the goals and smoking prevalence targets for the draft NTS 2022-2030?

We support the overarching goal of the Strategy “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.” We also believe that the national daily smoking prevalence targets of 10% by 2025 and 5% or less by 2030 in Australia are achievable through prevention of uptake of smoking.

We highlight our concerns that the Strategy does not sufficiently focus on harm reduction, and in particular reducing harms within the subgroup of current smokers (the 5% or less) who are unlikely to quit daily smoking by 2030.

360Edge supports the goals of tobacco harm reduction, as with all other drugs, including illicit drugs, alcohol and extra-medial pharmacy use. We support the explicit inclusion of “harm” in New Zealand’s *Smokefree Aotearoa 2025 Action Plan* vision statement:

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Our vision is to eliminate the harm smoked tobacco products cause our communities by transforming Aotearoa New Zealand to a smokefree nation by 2025.

A focus on harm, rather than on quantity, frequency or prevalence of use, is a well-accepted goal in public health, particularly related to alcohol and other drugs. While pursuing the long term aim to reduce tobacco use as much as possible, the reality is that a completely smoke free society in the near to mid future is unlikely. Now is the time with prevalence rates the lowest ever recorded, to focus on reducing harms among those who continue to smoke.

The underlying principles of harm reduction are: ^{1,2,3}

- Pragmatism - programs to address substance use should be evidence-based, practical, realistic, tangible and immediate;
- Humane values – policies and programs should be free of moral and value judgments, but should acknowledge the dignity of the individual;
- Focus on harms – reduction of potential harmful consequences to substance users and others is paramount without requiring any reduction in use;
- Balancing costs and benefits – evaluation of effectiveness of programs should be undertaken in order to direct resources where they are most needed;
- Priority of goals – acknowledgement of a hierarchy of goals focused on the individual; and
- Flexibility and autonomy – a range of program and policy approaches (not one-size-fits-all) allowing for an individual to make informed choices and to take responsibility for those choices.

Do you agree with the objectives for the draft NTS 2022-2030?

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We broadly support the Strategy's objectives but have identified a number of areas that we believe should be addressed to bring the Strategy more in line with the evidence and with contemporary thinking on public health issues.

Use of the term "addiction"

We caution against using the term "addiction" in public health strategies. Despite sometimes being used in the community and even by some health workers, the term "addiction" is not consistently defined and can refer to whole range of experiences and behaviours, some of which can be moralising and stigmatising to people who use alcohol, tobacco and other drugs. "Dependence" is a more widely accepted clinical term.

¹ Special Ad-Hoc Committee on Harm Reduction, 'CAMH and Harm Reduction: a background paper on its meaning and application for substance use issues' (2002), Centre for Addiction and Mental Health, www.camh.ca/en/hospital/about_camh/influencing_public_policy/public_policy_submissions/harm_reduction/Pages/harmreductionbackground.aspx

² Ritter, A. & Cameron, J. (2005). *Monograph No. 06: A systematic review of harm reduction*. DPMP Monograph Series. Fitzroy: Turning Point Alcohol and Drug Centre.

³ Beirness, D., Jesseman, R., Notarandrea, R., Perron, M., 'Harm Reduction: what's in a name?' (2008) *Canadian Centre on Substance Abuse*, Ottawa, pp. 3,4.

We also raise our concerns that the Strategy's focus on the prevention of "nicotine addiction" could be construed as a statement against nicotine replacement therapies for people who are dependent on nicotine. Although there are risks with nicotine, the larger harms from smoking are from tobacco. Nicotine alone is considered to be considerably safer than tobacco.

Inclusion of harm reduction objectives

There is, again, too much focus on reduction of smoking prevalence and use and not enough focus on tobacco harm reduction in the objectives. The goal of harm reduction should include people who smoke tobacco as well as those who are exposed to tobacco smoke.

The stated objectives would have been very appropriate over the past several decades, but we are now in a situation in which relatively few people smoke, and among those that do are the most marginalised in the community who, for many complex reasons, may find it very difficult to quit smoking altogether. The National Tobacco Strategy must begin to move from an abstinence approach to a harm reduction approach in line with the rest of the alcohol and other drug sector.

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Both in its objectives and priority areas, the Strategy excludes the appropriate allowance for nicotine-containing vaping products in Australia as a harm reduction measure.

Again, our neighbours in New Zealand provide a helpful perspective in this regard within their *Smokefree Aotearoa 2025 Action Plan*:

We will not achieve our goal of Smokefree 2025, however, until our current regulatory settings reflect a more risk-proportionate framework. We can ensure this by making smoked tobacco products more regulated and less available than vaping products, given their greater health impact.

Accepting nicotine containing vaping products as a harm reduction measure has allowed New Zealand to set a more ambitious target for the reduction of daily smoking in the country of 5% by 2025.

Do you agree with the guiding principles for the draft NTS 2022-2030?

We strongly agree with the Strategy's guiding principles that:

- The Government will work in partnership with a variety of organisations to achieve its goals.
- Tobacco control in Australia should be underpinned by a commitment to evidence-based policy.
- The strategy should operate protected from all commercial and other vested interests.
- A strong focus should be on compliance and enforcement of tobacco control legislation and regulations.

The organisations that the Government partners with should only be those with values and objectives that align with the National Tobacco Strategy.

Harm reduction should be included as a guiding principle. Point 2 could read: *Tobacco control in Australia should be underpinned by a commitment to harm reduction and evidence-based policy.*

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Do you agree with the priority areas and actions for the draft NTS 2022-2030?

We are supportive of the following priority areas and attached actions found in the Strategy:

- Priority Area 1: Protect public health policy, including tobacco control policies, from tobacco industry interference.
- Priority Area 2: Develop, implement and fund mass media campaigns and other communication tools.
- Priority Area 4: Continue and expand efforts and partnerships to reduce tobacco use among Aboriginal and Torres Strait Islander people.
- Priority Area 5: Strengthen efforts to prevent and reduce tobacco use among populations at a higher risk of harm from tobacco use and populations with a high prevalence of tobacco use
- Priority Area 6: Eliminate remaining tobacco-related advertising, promotion and sponsorship.
- Priority Area 7: Further regulate the contents and product disclosures pertaining to tobacco products.
- Priority Area 8: Strengthen regulation to reduce the supply, availability and accessibility of tobacco products

- Priority Area 10: Eliminate exceptions to smoke-free workplaces, public places and other settings
- Priority Area 11: Provide greater access to evidence-based cessation services to support people who use tobacco to quit

We have concerns regarding the following priority areas:

- Priority Area 3: Continue to reduce the affordability of tobacco products.
- Priority Area 9: Strengthen regulations for novel and emerging products

Tobacco product affordability

Priority Area 3 of the Strategy focuses on reducing the affordability of tobacco products, primarily through continued increases of the tobacco excise.

Increasing taxation on tobacco products is a proven measure to reduce the prevalence of smoking within the community.⁴ ⁵ However, concerns have been raised that, as time goes on and now smoking is no longer prevalent, this measure has become regressive, increasing unacceptable hardship on the most vulnerable and dependent of smokers.⁶

Hirono and Smith (2018) note many potential unintentional consequences of continued tax increases on tobacco products, including:⁷

- Increased financial hardship on low-income smokers.
- The growth of the illicit tobacco market.
- Increased stigmatisation of people who smoke tobacco.
- Potential opportunities for tobacco industry lobbying, as a result of negative experiences by people who smoke tobacco.

Whilst concerns regarding inequitable impacts of taxation are commonly justified by earmarking revenue for the support of low-income individuals who are trying to quit smoking (as in Action 3.5 of the Strategy), there is no clear remedy for individuals who wish to continue to smoke.

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⁴ Wilson N, Thomson G. Tobacco taxation and public health: ethical problems, policy responses. *Social Science & Medicine*. 2005;61(3):649-659.

⁵ Hill S, Amos A, Clifford D, Platt S. Impact of tobacco control interventions on socioeconomic inequalities in smoking: review of the evidence. *Tobacco Control*. 2014;23(e2):e89-e97.

⁶ Hoek J, Smith K. A qualitative analysis of low income smokers' responses to tobacco excise tax increases *International Journal of Drug Policy*. 2016;37(Nov.):82-89.

⁷ Hirono KT, Smith KE Australia's \$40 per pack cigarette tax plans: the need to consider equity *Tobacco Control* 2018;27:229-233.

A supply reduction measure that should be considered as an alternative is that of a generational phase out of smoking availability.

'Tobacco free generation' proposals advocate banning the supply of tobacco to those born in or after a specified year.⁸ New Zealand has recently announced that it will explore a ban on the sale of tobacco to anyone born after 2008, whilst allowing access to nicotine replacement therapies and nicotine containing vaping products.⁹

This age-based phasing out of tobacco availability is a more equitable measure than the use of economic disincentives for people who are dependent on nicotine.

Novel and emerging products

Priority Area 9 focuses on strengthening regulations for novel and emerging products, with a particular focus on increasing regulation and restrictions on vaping or "e-cigarettes".

Australia has taken a "precautionary approach" to nicotine-vaping products, being more restrictive on their import and sale than for tobacco products.

This can be contrasted with the harm reduction approach taken in New Zealand which aims to provide appropriate regulation for vaping products, without treating them as equivalent to tobacco.

The allowance of vaping is noted explicitly in the *Smokefree Aotearoa 2025 Action Plan* as a means to "reduce the addictiveness and appeal of smoked tobacco products" (Focus area 4) and to "reduce the availability of smoked tobacco products" (Focus area 5).

Although evidence is still emerging, Goniewicz et al (2020) found that former smokers who transitioned to e-cigarettes showed around 40% lower odds of respiratory outcomes compared to current exclusive smokers.¹⁰ However, switching from smoking to e-cigarette does not appear to significantly lower

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⁸ Berrick AJ. The tobacco-free generation proposal. *Tobacco Control*, 2013; 22(suppl 1):i22–i6. Available from: http://tobaccocontrol.bmj.com/content/tobaccocontrol/22/suppl_1/i22.full.pdf

⁹ Dyer O. New Zealand plans to outlaw tobacco sales to citizens born after 2008 *BMJ* 2021; 375 :n3057 doi:10.1136/bmj.n3057

¹⁰ Goniewicz ML, Miller CR, Sutanto E, Li D. How effective are electronic cigarettes for reducing respiratory and cardiovascular risk in smokers? A systematic review. *Harm Reduct J*. 2020 Nov 23;17(1):91. doi: 10.1186/s12954-020-00440-w. PMID: 33228671; PMCID: PMC7684732.

odds of cardiovascular outcomes. Similar findings were made by Chang et al (2020).¹¹

In the United Kingdom, increasing use of nicotine containing vaping products has been associated with a decrease in use of combustible tobacco.¹² Population studies in the United Kingdom and United States suggest a higher uptake of nicotine-containing vaping products by those who smoke and are motivated to quit.¹³

The combined approach of a “tobacco free generation” policy and a regulated market for nicotine containing vaping products provides the best set of policy levers to reduce the harms of tobacco.

Separating the impacts and harms of nicotine from those of tobacco is an important distinction that has been somewhat lost in the current draft Strategy. The harms from nicotine alone, including in nicotine replacement products such as nicotine-containing e-cigarettes, gum and patches, are significantly less than harms from tobacco. The strategy should focus on reducing the harms from tobacco for broader public health benefit.

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Thank you for the opportunity to provide feedback on this important Strategy.

360Edge are specialists in evaluating alcohol and other drug service outcomes and can be called upon to provide further advice if required.

Yours sincerely,



Professor Nicole Lee
Founder and CEO

¹¹ Chang JT, Anic GM, Rostron BL, Tanwar M, Chang CM. Cigarette Smoking Reduction and Health Risks: A Systematic Review and Meta-analysis. *Nicotine Tob Res.* 2021 Mar 19;23(4):635-642. doi: 10.1093/ntr/ntaa156. PMID: 32803250.

¹² McNeill A, Brose LS, Calder R, Bauld L, Robson D. Evidence review of e-cigarettes and heated tobacco products 2018. A report commissioned by Public Health England. London: Public Health England, 2018.

¹³ Zhu SH, Zhuang YL, Wong S, Cummins SE, Tedeschi GJ. E-cigarette use and associated changes in population smoking cessation: Evidence from US current population surveys. *BMJ* 2017;358:j3262.



Professor Nicole Lee

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Nicole is an international leader in alcohol and other drug responses, with 30 years' experience in policy and practice implementation.

She is Adjunct Professor at the National Drug Research Institute Curtin University, board member of Hello Sunday Morning and of The Loop Australia, and a member of the Australian National Council on Alcohol and other Drugs (ANACAD) - Australia's key expert advisory council to the Australian Government on drugs.

She has provided advice to Australian, State and Territory governments as well as International governments across South East Asia, New Zealand and the Pacific Islands. She has worked on alcohol and other drug policy with major international organisations such as the World Health Organization and the United Nations Office on Drugs and Crime.

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