

19 September 2018

Dr Jennifer Buckley
Secretary to the Economic Policy Scrutiny Committee
GPO Box 3721
Darwin NT 0801

Dear Dr Buckley,

Cancer Council Northern Territory (CCNT) welcomes the opportunity to provide a submission to the inquiry into the Northern Territory's (NT) *Tobacco Control Legislation Amendment Bill 2018*.

CCNT is a member organisation of Cancer Council Australia (CCA), one of the nation's largest not-for-profit health organisations established to lead in the independent development and promotion of interventions for reducing the burden of cancer. Smoking is the leading cause of preventable cancer, cardiovascular death and disease in Australia. Working to reduce the 15,000 preventable deaths caused by smoking each year in Australia is a priority for CCA and evident in the work that CCA does.

As a preventable cause of cancer, tobacco smoking is five times deadlier than any other risk factor. Two out of every three tobacco users will die prematurely because of their smoking if they don't quit.¹ Each year in Australia, for every person who dies prematurely, 30 more tobacco users will be affected by a disease caused by smoking,² causing disability, pain and suffering and considerable cost to Australia's health care system.^{3,4} In addition, the prevalence of smoking among Aboriginal people has declined in recent years, however smoking is still the major cause of preventable death and disease for Indigenous communities.⁵ While smoking prevalence in Australia has halved over the past 25 years due to multiple evidence-based interventions, it is clear there is much more to be done.

Specifically, the NT Department of Health confirmed in 2014 that smoking in the NT was responsible for 8.1% of the total NT burden of disease and injury and 4% of all hospitalisations.⁶ The Department also stated the total cost of smoking related harm in the NT was \$764 million in 2005/06, \$5,150 per person aged over 14 years.⁷

¹ Banks E, Joshy G, Weber MF, Liu B, Grenfell R, et al. Tobacco smoking and all-cause mortality in a large Australian cohort study: Findings from a mature epidemic with current low smoking prevalence. *BMC Medicine*, 2015; 13(1):38. Available from: <http://www.biomedcentral.com/1741-7015/13/38>

² US Department of Health and Human Services. The health consequences of smoking: 50 years of progress. A report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Available from: <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf>

³ Collins D and Lapsley H. The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/5. P3-2625. Canberra: Department of Health and Ageing, 2008. Available from:

[http://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/\\$File/mono64.pdf](http://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/$File/mono64.pdf)

⁴ Owen AJ, Maulida SB, Zomer E, and Liew D. Productivity burden of smoking in Australia: A life table modelling study. *Tobacco Control*, 2018. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/30012640>

⁵ Lovett R, Thurber KA, Wright A, Maddox R, Banks E. Deadly progress: changes in Australian Aboriginal and Torres Strait Islander adult daily smoking, 2004-2015. *Public Health Res Pract*. 2017;27(5) <https://doi.org/10.17061/phrp2751742>

⁶ Chondur R, Coffey P, Guthridge S. Health Gains Planning Fact Sheet. Smoking prevalence, Northern Territory – 1994 to 2013. Northern Territory Government Department of Health. 2014. Available from:

⁷ https://digitallibrary.health.nt.gov.au/prodjspu/bitstream/10137/603/1/Smoking%20prevalence%20factsheet%2021May2014_FINAL.pdf

CCNT therefore welcomes the proposed amendments to the NT's *Tobacco Control Act* and *Tobacco Control Regulations* to strengthen territory tobacco laws and work to reduce smoking-related harm in the NT.

2.0 Proposed amendments

2.1 Extension to 10m of the gate or boundary and mandatory signage

CCNT supports the extension to a 10 metre smoke-free buffer from the boundary and entry area of community events and community facilities. CCNT also supports mandatory signage to ensure compliance with smoke-free requirements.

Extending the smoke-free area to 10m from the gate or boundary of an event is a positive step to reduce exposure to second-hand smoke. Smoke-free environments de-normalise smoking, reduce the number of cigarettes consumed by those who continue to smoke, and support people who are making attempts to quit smoking.

2.2 Smoke free entry and boundary at educational facilities

CCNT supports amendments to make the entry and boundary area of an educational facility smoke-free for reasons outlined in 2.1.

However, CCNT does not support maintaining the power to exempt an educational facility from being entirely smoke free *Tobacco Control Regulations* 10(a). This is a retrograde step and all educational facilities in the NT should be entirely smoke-free.

The definition of 'educational facility' in the Act is limited to schools, childcare and any other facility used for educating or caring for children. There is no rational argument for exempting an educational facility from being entirely smoke free under this definition.

2.3 Vending machines to be located in child free area of liquor licensed premises

The amendments propose restricting cigarette vending machines to child-free areas of liquor licensed premises.

However, CCNT supports prohibiting vending machines that sell tobacco in the NT altogether. Cigarette vending machines are an anachronism that should not be present in modern and progressive tobacco control programs and policies. Evidence shows that the presentation of tobacco products at point-of-sale and for sale in vending machines can prompt unplanned purchases and, undermine attempts to quit smoking.⁸ There is also Australian precedent for prohibiting vending machines that sell tobacco products without any exemptions, with ACT introducing legislation to have this effect.

⁸ Paul CL, Mee KJ, Judd TM, Walsh RA, Tang A, Penman A, et al. Anywhere, anytime: retail access to tobacco in New South Wales and its potential impact on consumption and quitting. *Social science & medicine*. 2010;71(4):799-806.

2.4 Regulation of e-cigarettes

CCNT supports regulation of e-cigarettes in NT. This regulation should include conditions on sale, supply and use of e-cigarettes as applied to traditional tobacco products, as well as a complete prohibition on the advertising and marketing of e-cigarettes, as proposed in the Amendments.

However, it is important to note that recent reviews of the evidence by Australia's National Health and Medical Research Council,⁹ the US National Academy of Sciences, Engineering and Medicine¹⁰ and Australia's CSIRO¹¹ have produced no conclusive evidence of e-cigarette use for smoking cessation and have also highlighted the use of e-cigarettes as a potential precursor to children taking up smoking. The recent reviews provide strong evidence for regulation as proposed, but even more so, it provides strong evidence for prohibiting the sale of e-cigarettes (and similar products) altogether, unless otherwise approved by the Therapeutic Goods Administration, (as recommended by Cancer Australia, and supported by leading health authorities).¹² The prohibition of sale should be further supported by banning use of e-cigarettes in existing and new public smoke-free areas.

2.5 Child employees prohibited from selling tobacco products

CCNT strongly supports children not being able to sell tobacco products as proposed in the Amendments.

There is Australian precedent for prohibiting those less than 18 years from selling tobacco products, with Western Australia (WA) only recently passing legislation to have this effect.

It is likely that an amendment of this nature would have strong support from the NT public. Surveys from Western Australia (WA) conducted by the Cancer Council WA have shown 90% support for measures to prohibit child employees from selling tobacco products. In addition, a measure of this kind is likely to impact of the number of sales to minors in the NT. Surveys conducted by the Health Department of WA in 2017 confirmed that sales staff estimated to be younger than 20 years of age were twice as likely to sell to children.¹³

3.0 Other opportunities to further strengthen the NT's *Tobacco Control Act*

The inquiry into the Northern Territory's (NT) *Tobacco Control Legislation Amendment Bill 2018* is a significant opportunity for the NT Parliament to improve and strengthen its territory tobacco laws and bring the NT into line with other tobacco legislation in Australia.

While the proposed amendments are steps in the right direction, CCNT would urge the NT Parliament to consider further strengthening its tobacco laws, to lead the way and have the most comprehensive tobacco legislation in Australia.

⁹ National Health and Medical Research Council. NHMRC CEO Statement: Electronic Cigarettes (e-cigarettes). 2017. Available from: <https://www.nhmrc.gov.au/guidelines-publications/ds13a-ds13>

¹⁰ National Academy of Sciences, Engineering and Medicine. Public Health Consequences of E-Cigarettes. 2018. Available from: http://www.nationalacademies.org/eCigHealthEffects?_ga=2.226465049.2014493948.1535440466-1839716395.1535440466

¹¹ Byrne S, Brindal E, Williams G, Anastasiou KM, Tonkin A, Battams S, Riley MD. E-cigarettes, smoking and health: A Literature Review Update. CSIRO, Australia. 2018. Available from: <https://www.csiro.au/en/Research/BF/Areas/Nutrition-and-health/E-cigarettes-report>

¹² https://canceraustralia.gov.au/sites/default/files/statement_on_e-cigarettes_february_2018_0.pdf

¹³ Government of Western Australia Department of Health. Tobacco Compliance Survey Results 2017. Available from: <https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Tobacco/PDF/Tobacco-2017-Retailer-Compliance-Survey.pdf>

3.1 Strengthen compliance and enforcement of all existing and new smoke-free regulations.

Additional resources should be made available by the NT Parliament to ensure appropriate enforcement and compliance with all existing and new smoke-free regulations. CCNT understands that there is only one compliance officer in the NT for the enforcement of smoke-free regulations. This is an inadequate allocation of resources for this important public health activity, and additional resource should be provided. Resources should also be increased to build greater public awareness of smoke-free environments to enhance compliance and further reinforce de-normalisation of smoking.

3.2 Removing the public areas exempt from being smoke-free

CCNT strongly supports removing the public areas exempt from being smoke-free as specified in the Tobacco Control Regulations, particularly:

- Declared high-roller rooms in the casino;
- Designated smoking areas within educational facilities (as highlighted in 2,2);
- Designated smoking areas in outdoor public venues that do not have an on-site food service;
- Personal living areas in shared accommodation;
- Top deck of public transport vessels,
- Oil and gas platforms;
- Outdoor smoking areas of liquor licensed premises.

Specifically, the removal of the exemption to allow outdoor smoking areas within liquor licensed premises will:

- Protect staff and patrons who are exposed to second-hand smoke if sitting or working in a designated smoking zone or where smoke can drift from the designated smoking zone;
- Contribute to a significant cultural shift, given smoking and drinking go hand-in-hand for many smokers;
- Provide a supportive environment for smokers who are trying to quit;
- Reduce ambiguity and confusion for owners of liquor licensed premises, who currently have to provide a clear demarcation of smoking areas;
- Position NT as a national leader in the provision of healthy environments for hospitality workers

3.3 Prohibit smoking at the entrances and exits to public buildings, and adjacent to ventilation ducts for public buildings

CCNT strongly recommends that the NT Parliament consider additional 10m smoke-free buffer zones at the entrances and exits of all public buildings. In addition, the areas adjacent to ventilation ducts for public buildings should also contain a 10m smoke-free buffer zone. Such requirements are now considered best practice and are required in several other states.

3.4 Further restrict tobacco sales and marketing, and reduce the supply of tobacco

CCNT also strongly supports the following to further restrict tobacco sales and marketing in the NT:

- Incentives from the tobacco industry for retailers to promote the purchase of tobacco products should be prohibited. It is well evident that the tobacco industry engages with retailers as one of the few remaining marketing strategies available to promote smoking given current restrictions on advertising and the plain packaging of tobacco products. Incentives from the tobacco industry for

retailers to promote the purchase of tobacco products should be prohibited immediately to prevent this type of product promotion.

- Price boards used by retailers should be prohibited. It is well documented that they are an effective form of advertising and marketing of tobacco products¹⁴, and should be prohibited to restrict tobacco promotion.
- Tobacco sales from mobile and temporary outlets should be prohibited. CCNT strongly supports a prohibition on tobacco retailer licences for temporary premises, and submits that licences for temporary and mobile premises should also be prohibited. Widespread availability of tobacco products for sale, including mobile and temporary outlets, undermine tobacco control initiatives.¹⁵ There is Australian precedent for banning the sale of tobacco products from temporary premises, with Victoria and Queensland amending their legislation to have this effect.
- Misleading statements about the health effects of smoking by the tobacco industry should be prohibited. The tobacco industry has for more than sixty-five years misled the community and decision makers about the health effects of smoking. In response, three Australian states have included in their tobacco control legislation a prohibition on misleading statements about the health effects of smoking by the tobacco industry, and CCNT urges the NT Parliament to do the same.

As above, CCNT welcomes the opportunity to provide a submission to the inquiry into the Northern Territory's (NT) *Tobacco Control Legislation Amendment Bill 2018*. Please do not hesitate to contact me if you require any further information in regard to this submission.

Yours sincerely

A handwritten signature in black ink, appearing to read "P. Grogan", with a long horizontal line extending to the right.

Paul Grogan
Chair, Tobacco Issues Committee
Cancer Council Australia

On behalf of
Cancer Council Northern Territory

¹⁴ Bayly M, Scollo M, White S, Lindorff K, and Wakefield M. Tobacco price boards as a promotional strategy-a longitudinal observational study in Australian retailers. *Tobacco Control*, 2017. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/28735275>

¹⁵ Wood LJ, Pereira G, Middleton N, Foster S. Socioeconomic area disparities in tobacco retail outlet density: A Western Australian analysis. *The Medical journal of Australia*. 2013;198(9):489-91.