

17 September 2018

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

Dear Dr Buckley

1.0 Introduction

The Australian Council on Smoking and Health (ACOSH) welcomes the opportunity to provide a submission to the inquiry into the Northern Territory's (NT) *Tobacco Control Legislation Amendment Bill 2018*.

ACOSH is an independent, non-government, not for profit coalition of prominent West Australian health, education, community, social service and research bodies with a shared concern about smoking and health. ACOSH works through advocacy and collaboration on comprehensive strategies to achieve a smoke free Australia by 2025, and reduce the more than 15,000 preventable deaths caused by smoking each year in Australia.

Smoking prevalence in Australia has halved over the past 25 years, as a result of multiple evidence-based interventions. Yet tobacco use remains the leading cause of preventable death in Australia. 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}

While the prevalence of smoking among Aboriginal people has declined in recent years, smoking is still the major cause of preventable death and disease for Indigenous communities.⁵ To further reduce smoking in these communities both population-wide measures and complementary dedicated programs tailored to their specific needs are required.

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

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:

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.

Despite these compelling and awful statistics, a lack of political will and previous successes have led to a pervasive complacency in tobacco control in Australia.

ACOSH therefore welcomes the proposed amendments to the NT's *Tobacco Control Act* and *Tobacco Control Regulations*.

2.0 Proposed amendments

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

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.

Extending the smoke free area to 10m from the gate or boundary of an event that is also smoke free is a positive step to reduce exposure to secondhand smoke. However, a more effective public health strategy to reduce exposure to secondhand smoke would be to increase the number and size of smoke free areas throughout the NT, including crowded outdoor areas. Mandatory signage is crucial together with enforcement to ensure compliance with smoke-free requirements.

Our understanding is 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.

2.2 Smoke free entry and boundary area at community events or community facilities

Increasing the number of community events and community facilities that are entirely smoke-free, and including a 10m smoke free entry and boundary area will increase smoke-free environments in the NT and put further downward pressure on the prevalence of smoking.

2.3 Smoke free entry and boundary at educational facilities

Making the entry and boundary area of an educational facility smoke-free is appropriate. However, maintaining the power to exempt an educational facility from being entirely smoke free (*Tobacco Control Regulations* 10(a)) is a retrograde step. All educational facilities in the NT should be entirely smoke-free. There is no rational argument for maintaining the power to create designated smoking areas in educational facilities given teachers are important role models of appropriate health behaviour for students.

Additional resources should be made available by the NT Government to ensure appropriate enforcement and compliance with all existing and new smoke-free regulations. Resources should also be increased to build greater public awareness of smoke-free environments to enhance compliance and further reinforce the de-normalisation of smoking.

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

There is good evidence that the presentation of tobacco products at point-of-sale and for sale in vending machines prompt unplanned purchases and, undermine attempts to quit

smoking.⁷ Vending machines should be prohibited. Given the harm caused by tobacco, it is inappropriate for tobacco products to be more available than bread or milk.⁸

2.5 Regulation of e-cigarettes as if they were tobacco products

Health authorities, such as Australia's National Health and Medical Research Council has recommended policy-makers should act to minimise harm to users and bystanders, and to protect vulnerable groups such as young people, until evidence of safety, quality and efficacy can be produced.⁹ It is therefore important that e-cigarettes are not used in places where smoking tobacco is prohibited.

In 2014, the NT Parliament prohibited the use of cigarettes in cars when children are passengers. It would be appropriate in 2018 for the Parliament to consider extending this prohibition to the use of e-cigarettes in vehicles.

ACOSH strongly recommends the sale of e-cigarettes and similar products be prohibited unless otherwise approved by the Therapeutic Goods Administration. The committee will be aware that recent reviews of the evidence by Australia's National Health and Medical Research Council,¹⁰ the US National Academy of Sciences, Engineering and Medicine¹¹ and Australia's CSIRO¹² have cast doubt on the effectiveness of e-cigarettes for smoking cessation and highlighted the use of e-cigarettes as a likely precursor to children taking up smoking.

2.6 Child employees prohibited from selling tobacco products

ACOSH strongly supports children not being able to sell tobacco products; tobacco products should only be sold by adults and it is likely this measure would have strong support from people living in the NT. In Western Australia (WA) surveys conducted by the Cancer Council WA have shown 90% support for strong measures of this nature. 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 The WA Parliament has passed legislation¹⁴ to amend the *Tobacco Products Control Act 2006 (WA)*¹⁵ to make it illegal for children sell tobacco in retail outlets. This change will take effect in 24 months from assent.

⁷ 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.

⁸ 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.

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 Ibid

¹¹ 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

¹² 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>

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>

¹⁴ *Tobacco Products Control Amendment Bill 2017*. Western Australia. Available from: <http://www.parliament.wa.gov.au/parliament/bills.nsf/BillProgressPopup?openForm&ParentUNID=2EEB77C3F643F3A948258193000AF165>

¹⁵ *Tobacco Products Control Act 2006*. Western Australia. Available from: https://www.legislation.wa.gov.au/legislation/statutes.nsf/main_mrtitle_983_homepage.html

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

As you will be aware, the NT was awarded the Australian Medical Association (AMA) Dirty Ashtray Award in 2018 for putting in the least effort to reduce smoking in the last 12 months. The NT held onto the award from the previous year and has unfortunately won this award 12 times since the award was first presented in 1994.

ACOSH provides the following suggestions on how the NT's current legislation and policies on tobacco control fall short of best practice when compared to other Australian states.

3.1 Invest in TV-led mass media campaigns to encourage and support smoking cessation

There is strong evidence that well-funded and sustained mass media campaigns increase quitting and reduce smoking prevalence when implemented within the context of a comprehensive tobacco control program.¹⁶ Adult-targeted mass media campaigns can influence uptake of smoking by young people, change young people's attitudes about tobacco use and curb smoking initiation.¹⁷ Evidence also confirms the importance of mass media campaigns in preventing relapse among smokers who have recently quit.¹⁸

3.2 Smoking restrictions in outdoor/partly enclosed public places

Exposure to secondhand smoke causes lung cancer, serious lung diseases, and increases the risk of heart attack by twenty-five per cent. Expansion of smoke free environments further de-normalises smoking, decreases cigarette consumption and supports quit attempts by smokers.

ACOSH would like to encourage the NT Parliament to remove the current exemption that permits smoking in crowded outdoor areas such as beer gardens. The only effective way to prevent smoke drift to an outdoor eating area is to prohibit smoking in the immediately adjacent outdoor drinking area.

ACOSH would also encourage the NT Parliament to consider expanding the number of smoke-free outdoor pedestrian shopping malls.

3.3 Smoking restrictions at the entrances and exits to public buildings, and adjacent to ventilation ducts for public buildings

The health effects of secondhand smoke have been comprehensively documented.¹⁹ ACOSH 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 Restrictions on Tobacco Sales and Marketing

¹⁶ Durkin S and Wakefield M. Commentary on Sims et al. (2014) and Langley et al. (2014): Mass media campaigns require adequate and sustained funding to change population health behaviours. *Addiction*, 2014; 109(6):1003-4. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/24796401>

¹⁷ Bala MM, Strzeszynski L, and Topor-Madry R. Mass media interventions for smoking cessation in adults. *Cochrane Database of Systematic Reviews*, 2017; (11). Available from: <http://dx.doi.org/10.1002/14651858.CD004704.pub4>

¹⁸ Durkin S, Brennan E, and Wakefield M. Mass media campaigns to promote smoking cessation among adults: An integrative review. *Tobacco Control*, 2012; 21(2):127-38. Available from: <https://tobaccocontrol.bmj.com/content/21/2/127>

¹⁹ U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smokes: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

Retailers communicate directly with customers about the tobacco products they sell. 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.

Price boards used by retailers are an effective form of advertising and marketing of tobacco products.²⁰ They should be prohibited.

As noted earlier, the widespread availability of tobacco products for sale, including mobile and temporary outlets, undermine tobacco control initiatives.²¹ Tobacco sales from mobile and temporary outlets 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. ACOSH strongly recommends that the *Tobacco Control Legislation Amendment Bill 2018* should include a similar prohibition.

Please do not hesitate to contact me if you require any further information.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Maurice Swanson', written in a cursive style.

Maurice G Swanson
Executive Director
Australian Council of Smoking and Health

²⁰ 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>

²¹ 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.