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**Submission to the Draft National Tobacco
Strategy 2022-2030**

March 2022

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 18,863 physicians and 8,830 trainee physicians, across Australia and New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.



Foreword

Effective tobacco control in Australia has resulted in a sustained decline in smoking prevalence over past decades¹. This is attributable to the success of evidence-based and population-wide tobacco control interventions, including those set out in the National Tobacco Strategy 2012–2018.

The RACP welcomes the multifaceted framework of the draft National Tobacco Strategy (NTS) 2022-2030. Building on the previous strategy, it is a comprehensive document with broad objectives and guiding principles as well as specific priority areas and actions.

We are particularly pleased to see that the draft NTS 2022-2023 places a greater emphasis on three key areas: introducing supply-side measures, regulating the tobacco contents and product disclosures, and mitigating the risks associated with the marketing and use of novel and emerging products. These new focus areas are needed to counter innovations introduced by the tobacco industry.

The changing tobacco market requires the Australian Government to regularly revisit and re-orient its policy and regulation focus. Protecting youth from the use of tobacco and related products such as e-cigarettes is key to getting Australia closer to tobacco or nicotine free future.

The RACP urges whole-of-government leadership, commitment, and investment in implementing the actions included in the Strategy in full.

Comments

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

The new smoking prevalence targets of less than 10% by 2025 and 5% or less by 2030 set out in the draft NTS 2022-2030 are ambitious and commendable. We note that this commitment is also echoed in the recently released National Preventive Strategy 2020-2030. Many OECD countries comparable to Australia, including [Canada](#), [New Zealand](#), the [United Kingdom](#) and the [United State](#) have made the pledge to reduce smoking prevalence to or less than 5%. The RACP considers it reasonable for Australia to follow suit. This target will renew and reinvigorate Australia's commitment to tobacco control.

While the RACP agrees with the overarching goal of the draft NTS 2022-2030 that focusses on the health of Australians, tobacco control is critical to achieving the [Sustainable Development Goal \(SDG\) 3: Ensure healthy lives and promote well-being for all ages](#) and to overall improvements in global health. Considering Australia's influence as a world leader in tobacco control, it has a duty to aid global tobacco control efforts through trade policy, development assistance and engagement with its near neighbours such as Papua New Guinea, Indonesia and other countries in Asia-Pacific. Australian support will help developing countries meet the global standard set by the WHO Framework Convention on Tobacco Control (WHO FCTC). The RACP recommends an additional goal be considered for inclusion:

Support the health of people worldwide, particularly our international partners, through considering tobacco in all trade and international development assistance policies.

¹ AIHW. Tobacco smoking. July 2021. Available at: <https://www.aihw.gov.au/reports/australias-health/tobacco-smoking>

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

The RACP strongly supports the objectives in the draft NTS 2022-2030, in particular the addition of the following objectives:

- Prevent and reduce nicotine addiction
- Prevent and reduce harms associated with the marketing and use of novel and emerging products
- Protect tobacco control policy from all commercial and other vested interests.

Our support for these objectives is based on the following:

- Preventing and reducing nicotine addiction would reduce the risk of both initiating smoking and progression to addiction and potentially eliminate tobacco smoking altogether. Implementing a nicotine reduction strategy has been considered by the WHO as a potential means to achieve the tobacco endgame².
- The penetration of novel and emerging nicotine and tobacco products such as e-cigarettes is evident in many jurisdictions, including in Australia. The Secretariat of the WHO FCTC has specifically called Parties to remain vigilant and introduce control measures for such products³.
- The tobacco industry has been using a range of strategies to advance its interests^{4 5}; their pervasive reach and influence on politicians⁶ remains a concern of the RACP.

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

The RACP supports the guiding principles outlined in the draft NTS 2022-2030.

Although national partnerships are essential to achieve policy coherence and effectiveness, equally essential are international partnerships to accelerate tobacco control and counteract tobacco industry interference. The Conference of the Parties (COP) adopted the [Global Strategy 2025](#) in 2018 to accelerate the implementation of the WHO FCTC. That Strategy seeks to achieve the overall health goal of SDG3 and recognises that a strong commitment to global partnerships and cooperation is necessary to realise it⁷. As such, we recommend that the focus of guiding principle 1 should be explicitly expanded to international partners in both government and non-government settings.

4. Do you agree with the priority areas and actions listed under each priority area for the draft NTS 2022-2030?

The RACP welcomes the eleven priority areas and the associated actions, which are comprehensive in scope and assign multi-sectoral accountability.

The advent of e-cigarettes is bringing significant changes to the tobacco market. Some e-cigarette products are promoted in ways that glamorise smoking; vaping-related content online and social media often targets children and adolescents⁸. The RACP is particularly concerned about the potential for youth to take up vaping. As such, we strongly endorse the Priority Area 9: strengthen regulations for novel and emerging products and the associated actions.

² WHO Study Group on Tobacco Product Regulation. Advisory Note: Global Nicotine Reduction Strategy. 2015

<https://www.who.int/publications/i/item/advisory-note-global-nicotine-reduction-strategy-who-study-group-on-tobacco-product-regulation>

³ The Convention Secretariat calls Parties to remain vigilant towards novel and emerging nicotine and tobacco products 2019

<https://www.who.int/fctc/mediacentre/news/2019/remain-vigilant-towards-novel-new-nicotine-tobacco-products/en/>

⁴ Dewhirst T. Co-optation of harm reduction by Big Tobacco. Available at:

<https://tobaccocontrol.bmj.com/content/early/2020/08/11/tobaccocontrol-2020-056059>

⁵ Hoe C, Weiger C, Minosa MK, Alonso F, Koon AD, Cohen JE. Strategies to expand corporate autonomy by the tobacco, alcohol and sugar-sweetened beverage industry: a scoping review of reviews. *Globalization and health*. 2022 Dec;18(1):1-3.

⁶ Australian Financial Review: the secret money trail behind vaping. Feb 2021. Available at:

<https://www.afr.com/policy/health-and-education/the-secret-money-trail-behind-vaping-20210217-p573bi>

⁷ WHO FCTC. Global Strategy to Accelerate Tobacco Control. Available at:

<https://www.who.int/fctc/implementation/global-strategy-to-accelerate-tobacco-control/en/>

⁸ Vogel EA, Ramo DE, Rubinstein ML, Delucchi KL, Darrow S, et al. Effects of social media on adolescents' willingness and intention to use e-cigarettes: An experimental investigation. *Nicotine & Tobacco Research*, 2020. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/31912147>

The RACP [supports](#) a precautionary approach to e-cigarette regulation by the Australian Government and the Therapeutic Goods Administration. To protect youth, never smokers and former smokers, access to nicotine e-cigarettes must be confined to smokers who are unable to quit smoking as the treatment option of last resort. We advocate that not smoking tobacco or using e-cigarettes remain the safest options for the community, as the long-term implications of using vaping devices are not yet known.

We recommend that all actions under Priority Area 9, be it regulation, research, active surveillance or monitoring, have a strong focus on preventing youth uptake of vaping or smoking. Further, non-nicotine containing e-cigarettes should be included in and subject to state tobacco control legislation to tighten their sale and promotion.

Our additional recommendations include:

- The action under Priority Area 1 should extend to Australia's impact on international public health policy and its opportunities to strengthen global tobacco control.
- The public education component in the Priority Area 2 needs to explicitly include public awareness of the fact that tobacco remains the greatest modifiable cause of disease in Australia, despite our enormous success in reducing its use.

Other comments

The concept of corporate capture is a critical new consideration requiring the Government's attention. In the context of tobacco control, it refers to the process by which corporations present a case for purported harm reduction with the aim to influence decision making through dominating the information environment⁹. Casting doubt on evidence from trusted sources is a key strategy to achieve this goal. Other tactics involve misrepresenting unfavourable strong evidence and promoting favourable weak evidence¹⁰. The Australian Government needs to be alert to and resist the tobacco and vaping industry's attempts to misrepresent the scientific evidence base¹¹ as part of its effort to influence opinions and decision-making.

In finalising the Strategy, the drafters might consider the New Zealand's [Smokefree Aotearoa 2025 Action Plan](#), released in December 2021 to accelerate progress towards the Smokefree New Zealand 2025 goal. The Action Plan clearly sets out specific actions and policies that the Government will take to tackle the harm of smoked tobacco products and outlines clear measures for its success. Key proposed actions to achieve tobacco endgame include:

- the introduction of a smokefree generation policy
- the significant reduction in availability of tobacco products, including a 'sinking lid' policy
- the reduction of nicotine in smoked tobacco products to very low levels.

Finally, Australia's previous national strategies have rarely been properly costed and funded. The priority initiatives that are included in this Strategy need to be backed by adequate funding embedded through ongoing and secure commitments from all Australian governments who participated in the development of the Strategy and will be responsible for its implementation. We welcome the commitment to evaluate the Strategy at its mid- and endpoints and ask that the forthcoming Federal Budget 2022-2023 clearly commit to a funding plan to support the delivery of the Strategy.

⁹ McCambridge J, Kypri K, Drummond C, Strang J. Alcohol harm reduction: corporate capture of a key concept. *PLoS Med.* 2014 Dec 9;11(12):e1001767.

¹⁰ McCambridge J, Kypri K, Drummond C, Strang J. Alcohol harm reduction: corporate capture of a key concept. *PLoS Med.* 2014 Dec 9;11(12):e1001767.

¹¹ Miller D, Harkins C. Corporate strategy, corporate capture: food and alcohol industry lobbying and public health. *Critical social policy.* 2010 Nov;30(4):564-89.