



Submission to the Senate Standing Committee on Community Affairs Inquiry

Public Health (Tobacco and Other Products) Bill 2023, and the Public Health (Tobacco and Other Products) (Consequential Amendments and Transitional Provisions) Bill 2023

6 October 2023

For further information please contact:

Peter Thomas
National Heart Foundation of Australia
National Manager, Public and Local Affairs
Email: peter.thomas@heartfoundation.org.au
Telephone: 03 8667 5117

Support for the Public Health (Tobacco and Other Products) Bill 2023

The Heart Foundation strongly supports the Australian Government's efforts to strengthen tobacco control measures aimed to discourage smoking through the introduction of the Public Health (Tobacco and Other Products) Bill 2023 and the Public Health (Tobacco and Other Products) (Consequential Amendments and Transitional Provisions) Bill 2023.

Tobacco control measures have been successfully deployed by successive governments over the past three decades to discourage tobacco smoking and promote smoking cessation. However, there is more to be done as each year an estimated 20,500 people die in Australia from a smoking related illness¹. The opportunity to act is now as:

- various components of tobacco control regulations are set to expire on 1 April 2024
- meeting Australia's stated target of reducing the prevalence of smoking to under 5% of adults by 2030 will require additional measures
- Australia can now deploy additional effective tobacco control measures that have worked overseas but have not yet been deployed here
- tobacco control legislation needs to be updated to reflect changes in the broader marketing landscape.

The Heart Foundation urges the Committee, as well as the Parliament as a whole, to support the Bill and to continue the multi-partisan fight against tobacco smoking and the devastating health and economic burden it places on the community.

Tobacco smoking and cardiovascular health

Each day approximately 117 Australian lives are lost due to cardiovascular disease.² Around 600,000 Australians are hospitalised due to cardiovascular disease each year,³ costing the health system around \$12 billion per annum.⁴ Despite being the cause of one in four of all deaths in Australia, cardiovascular disease is largely preventable. Modifiable cardiovascular disease risk factors account for 90% of risk of heart attack⁵. Tobacco smoking is responsible for over one third of all cardiovascular disease deaths of people aged under 65.⁶

There is unequivocal evidence surrounding the impacts of tobacco smoking on cardiovascular health.⁷ Tobacco contains nicotine; a chemical known to cause increased blood pressure, heart rate, flow of blood to the heart and a narrowing of the arteries.⁸ In addition, toxic products from cigarette smoke include carbon monoxide, oxidant gases and acrolein circulate in the bloodstream.⁹ All of these interfere with the endothelium, eliciting blood fat abnormalities and impairing glucose regulation.¹⁰ Platelets (blood cells involved in the clotting process) are also affected by smoking, and this increases activation and stickiness, and in turn causes an increased risk of thrombosis or the development of blood clots.¹¹

People who smoke tobacco are two times more likely to have a heart attack, three times more likely to have a stroke, and up to four times more likely to develop peripheral arterial disease.¹² The risk of dying from heart disease or sudden cardiac death in people who smoke is 4- and 3-fold higher than non-smokers respectively.¹³

Cardiovascular disease claims the lives of more Australians than any other disease group. The Heart Foundation believes every step toward protecting the cardiovascular health of all people living in Australia is crucial.

E-cigarettes, nicotine addiction and the increase in teen smoking

E-cigarette use by young people can be a gateway to smoking and nicotine addiction.¹⁴ New data has revealed a concerning, steep increase in the number of teens aged 14 to 17 years smoking since 2018,¹⁵ in line with rising rates of e-cigarette use in this age

group.¹⁶ E-cigarettes contain a range of chemicals and toxins that have the potential to cause adverse health effects to those using them.¹⁷

To prevent e-cigarettes acting as a gateway to tobacco smoking, and to prevent e-cigarettes inflicting a range of negative health effects on their users, advertising controls similar to those in place for tobacco advertising are needed for e-cigarettes. This will play an integral role in preventing a new generation becoming addicted to nicotine, thereby decreasing susceptibility to the adverse health impacts of e-cigarette chemicals and toxins, and reducing gateway uptake of tobacco smoking.

Australia's world-leading policy measures have reduced tobacco smoking - but we need to do more

Over the last 50 years, Australia has led the way with respect to policy making and legislation on tobacco control. As a direct result of this, we have seen a significant reduction in tobacco smoking in people over 18 over the last four decades. In 1983 around 35% of the adult population were regular smokers; by 2004 this had declined to 20%, and by 2019 this had declined further to 13%.¹⁸ However, tobacco use remains the leading cause of preventable death and disability in Australia and is estimated to kill over 20,000 Australians each year.¹⁹

Heart Foundation position on the key Bill objectives

1. Consolidate eight different pieces of legislation and regulations

The Public Health (Tobacco and Other Products) Bill 2023 (the Bill) consolidates the existing Commonwealth tobacco framework into one Bill streamlining the operation of the legal framework.

The Heart Foundation agrees that there is a need to consolidate existing pieces of legislation governing tobacco control in Australia to increase the strength and clarity of tobacco laws and to streamline regulation.

2. Update and improve graphic health warnings on packaging

The health warnings on tobacco products were last updated in 2012. Since that time new evidence has emerged on the effects of tobacco use on health. It is appropriate to update the warnings to best reflect the latest evidence about what we know about the health impacts of tobacco smoking. This will ensure that Australians are adequately informed on the health consequences of smoking.

The Heart Foundation supports updating and improving graphic health warnings on packaging.

3. Require health promotion inserts in tobacco product packaging

Health promotion inserts are small information cards that will be included in tobacco products. They will contain messages about the benefits of quitting smoking and promote smoking cessation strategies and resources. As the explanatory memorandum to the Bill details, graphic health warnings are more effective when combined with information on how to quit smoking.

The Heart Foundation supports the requirement to include health promotion inserts in tobacco product packaging.

4. Capture e-cigarettes in advertising restrictions

Australia's tobacco control legislation needs to keep up with and respond to the introduction of new products such as e-cigarettes. As detailed above, e-cigarettes are a documented gateway to tobacco use, especially among young people, and they also expose users to a range of chemicals and toxins that have the potential to cause adverse health effects.²⁰ The

Bill outlines new additional regulations that will help limit the public's exposure to the advertising and promotion of e-cigarettes.

The evidence is clear that the introduction of tobacco advertising bans in a number of countries has led to a reduction in smoking initiation and smoking prevalence.²¹ Tightening Australia's legislation to adequately capture e-cigarettes is one important step in preventing a whole new generation becoming addicted to nicotine and suffering the negative health impacts that e-cigarettes inflict.

The Heart Foundation supports capturing e-cigarettes in advertising restrictions.

5. Standardise the size of tobacco packets and products

The current availability of different cigarette and roll your own pack sizes allows for tobacco product differentiation based on size and price. Smaller products allow for a lower price entry price point for young people, while larger pack sizes can make it harder for people to quit smoking.

The Heart Foundation supports the standardisation of tobacco packets and product sizes.

6. Prevent the use of specified ingredients (including menthol) in tobacco products

Tobacco manufacturers use various ingredients to make their products more addictive and appealing to a range of different markets, such as the addition of menthol in cigarette products. Menthol is added to cigarettes to stimulate a 'cooling' sensation in the mouth and throat, and to help reduce the harsh feeling of smoke²², thereby making it more appealing to users.

Indeed, research has found that Australian menthol-smokers were more likely to perceive that menthol cigarettes were less damaging and more enjoyable than non-menthol cigarettes.²³ However, this perception is incorrect. Studies have shown that those who smoke menthol cigarettes tend to have similar mortality rates to smokers of non-menthol cigarettes,²⁴ but that the menthol in cigarettes makes them more addictive and makes it harder to cease smoking.²⁵

Menthol bans have been put in place in a number of places including Canada, the United Kingdom, the European Union, Turkey, Moldova, as well as other nations.²⁶ Evidence has shown that there are positive health impacts of banning menthol from cigarettes including increased quitting attempts and quit success among menthol smokers.^{27 28 29} Australia needs to needs to catch-up with other nations and prohibit menthol from being added to cigarettes to help reduce addiction and increase smoking cessation success.

The Heart Foundation supports the prevention of the use of specified ingredients (including menthol) in tobacco products.

7. Standardise the design and look of filters in cigarettes

Tobacco product manufacturers are circumventing gaps in the current legislation to modify tobacco products to make them more attractive to new and existing users. This includes adding crush balls/capsules which add a flavour or substance to a tobacco product when crushed, as well as through introducing novel cigarette filters. There is strong evidence that flavoured capsule cigarettes appeal to young people as they reduce the initial harshness of smoking,³⁰ and that these products are being positioned as a method to recruit new younger people to smoking.³¹ This existing gap in the legislative framework needs to be addressed to make smoking less appealing to new and existing users.

The Heart Foundation supports action to standardise the design and look of filters in cigarettes, including banning the use of crush balls/capsules in cigarette filters.

8. Limit the use of appealing brand and variant names that imply reduced harm

There is a long history of tobacco product manufacturers using brand and variant names to imply that some tobacco products have reduced harm over others. The scientific evidence has shown that implied benefits of certain types of tobacco products (such as those described as low-tar or light) offer no reduced disease risk among smokers.³² The Bill closes a number of loopholes that currently allow the tobacco industry to imply that some of their products have positive health effects or are less harmful through the use of certain brand names and colours.

The Heart Foundation supports limiting the use of appealing brand and variant names that imply reduced harm.

9. Introduce reporting requirements for the tobacco industry to disclose tobacco product ingredients, tobacco product sales volumes and promotional activities

Currently, there is an absence of accurate information on:

- the ingredients used in manufacturing of tobacco products
- the volume of tobacco products imported into, sold or supplied in Australia
- the amount of tobacco marketing and promotional expenditure that takes place.

This information is critical for policy development to help reduce future tobacco smoking. Furthermore, insights into tobacco industry promotional activities will help identify emerging trends on new and novel tobacco advertising, promotion and sponsorship activities that are undermining existing legislative frameworks.

The Heart Foundation supports the introduction of requirements for the tobacco industry to disclose product ingredients, tobacco product sales volumes and promotional activities.

A note of caution when listening to detractors of the Bill

The Committee will likely receive direct and indirect representation from the tobacco industry. They will put forward arguments that the proposed measures are unworkable or will have ill-intended consequences.

There is only one reason that tobacco companies oppose tobacco control legislation – it is because they know it works and they know it is effective.

The Heart Foundation encourages the Committee to look back at the decades of tobacco control measures introduced both in Australia and overseas to see that such measures work: they reduce both the number of new and existing smokers.

Each time tobacco control measures have been deployed, Australia has benefitted from improved health and wellbeing, and reduced healthcare expenditure costs.

This proposed legislation will ensure that Australia continues to be a world-leader in reducing the harm caused by smoking.

Attachment 1

The Department of Health previously undertook an exposure draft consultation on this Bill, to which the Heart Foundation put forward a submission. A copy of the Heart Foundation's submission can be found at Attachment 1.

References

- ¹ Australian Institute of Health and Welfare, Australian Burden of Disease Study 2018: Interactive data on risk factor burden, Tobacco use - Australian Institute of Health and Welfare (aihw.gov.au)
- ² Australian Bureau of Statistics. Causes of Death, Australia. 2021. (Accessed 12 July 2023). Available from www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release.
- ³ Australian Bureau of Statistics. Causes of Death, Australia. 2021. (Accessed 12 July 2023). Available from www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release.
- ⁴ Australian Institute of Health and Welfare. Heart, stroke and vascular disease: Australian facts. 2023. (Accessed 12 July 2023). Available from: <https://www.aihw.gov.au/reports/heart-stroke-vascular-diseases/hsvd-facts/contents/impacts/expenditure-cvd>
- ⁵ Yusuf S, Hawken S, Ounpuu S, et al. Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): case-control study. *Lancet*. 2004;364(9438):937–952. doi:10.1016/S0140-6736(04)17018-9.
- ⁶ AIHW. Heart, stroke and vascular disease: Australian facts. 2023. Heart, stroke and vascular disease: Australian facts. Available from: <https://www.aihw.gov.au/reports/heart-stroke-vascular-diseases/hsvd-facts/contents/risk-factors/smoking>
- ⁷ Smoking and your heart, Heart Foundation. (Accessed 12 July 2023). Available from: www.heartfoundation.org.au/bundles/your-heart/smoking-and-your-heart.
- ⁸ Centers for Disease Control and Prevention (US). Department of Health and Human Services, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health US Department of Health. How tobacco smoke causes disease: the biology and behavioral basis for smoking-attributable disease. A report of the US Surgeon General, Atlanta, Georgia. 2010. Accessed 12 July 2023. Available from: www.ncbi.nlm.nih.gov/books/NBK53017/
- ⁹ Briffa, T, Winnall, WR, Greenhalgh, EM, & Winstanley, MH. 3.1 Smoking and cardiovascular disease. In Greenhalgh, EM, Scollo, MM and Winstanley, MH (editors). *Tobacco in Australia: Facts and issues*. Melbourne: Cancer Council Victoria; 2021. Available from <https://www.tobaccoinaustralia.org.au/chapter-3-health-effects/3-1-smoking-and-cardiovascular-disease>
- ¹⁰ Briffa, T, Winnall, WR, Greenhalgh, EM, & Winstanley, MH. 3.1 Smoking and cardiovascular disease. In Greenhalgh, EM, Scollo, MM and Winstanley, MH (editors). *Tobacco in Australia: Facts and issues*. Melbourne: Cancer Council Victoria; 2021. Available from <https://www.tobaccoinaustralia.org.au/chapter-3-health-effects/3-1-smoking-and-cardiovascular-disease>
- ¹¹ Briffa, T, Winnall, WR, Greenhalgh, EM, & Winstanley, MH. 3.1 Smoking and cardiovascular disease. In Greenhalgh, EM, Scollo, MM and Winstanley, MH (editors). *Tobacco in Australia: Facts and issues*. Melbourne: Cancer Council Victoria; 2021. Available from <https://www.tobaccoinaustralia.org.au/chapter-3-health-effects/3-1-smoking-and-cardiovascular-disease>
- ¹² L Behrooz, A Abumoawad, S Rizvi. A modern day perspective on smoking in peripheral artery disease. *Front Cardiac Med*. 2023; 10: 1154708. Accessed 13 July 2023. Available from: www.ncbi.nlm.nih.gov/pmc/articles/PMC10175606/
- ¹³ Smoking and your heart, Heart Foundation. (Accessed 12 July 2023). Available from: www.heartfoundation.org.au/bundles/your-heart/smoking-and-your-heart.
- ¹⁴ Banks E, Yazidjoglou A, Brown S, et al. Electronic cigarettes and health outcomes: systematic review of global evidence. Report for the Australian Department of Health. National Centre for Epidemiology and Population Health, Canberra: April 2022.
- ¹⁵ Current vaping and smoking in the Australian population aged 14 years or older – February 2018 to March 2023. 2023. (Accessed 12 July 2023). Available from: www.health.gov.au/resources/publications/current-vaping-and-smoking-in-the-australian-population-aged-14-years-or-older-february-2018-to-march-2023?language=en.
- ¹⁶ Cancer Council Victoria. Media release. 2023. New data shows Australian teen smoking increasing for the first time in 25 years, against a backdrop of rising e-cigarette use. (Accessed on 12 July 2023). Available from: www.cancervic.org.au/about/media-releases/2023/june/data-shows-teen-smoking-increasing-backdrop-e-cigarette-use.html.

-
- ¹⁷ National health and Medical Research Council. CEO Statement: Electronic Cigarettes. 2022. <https://www.nhmrc.gov.au/health-advice/all-topics/electronic-cigarettes/ceo-statement>
- ¹⁸ Prevalence of smoking—adults, Tobacco in Australia. 2023. (Accessed 12 July 2023). Available from: www.tobaccoinaustralia.org.au/chapter-1-prevalence/1-3-prevalence-of-smoking-adults.
- ¹⁹ Australian Bureau of Statistics. Pandemic insights into Australian smokers 2020-21. 2022. (Accessed 12 July 2023). Available from: www.abs.gov.au/articles/pandemic-insights-australian-smokers-2020-21.
- ²⁰ National health and Medical Research Council. CEO Statement: Electronic Cigarettes. 2022. <https://www.nhmrc.gov.au/health-advice/all-topics/electronic-cigarettes/ceo-statement>
- ²¹ Levy DT, Chaloupka F and Gitchell J. The effects of tobacco control policies on smoking rates: a tobacco control scorecard. *Journal of Public Health Management & Practice* 2004;10(4):338–53. Available from: <http://www.lphi.org/LPHIadmin/uploads/TobaccoControlPolicies-56291.pdf>
- ²² Garten S and Falkner RV. Role of mentholated cigarettes in increased nicotine dependence and greater risk of tobacco-attributable disease. *Preventive Medicine*, 2004; 38(6):793-8. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/15193900>
- ²³ Mancuso S, Brennan E, Dunstone K, Vittiglia A, Durkin S, et al. Australian smokers' sensory experiences and beliefs associated with menthol and non-menthol cigarettes. *Int J Environ Res Public Health*, 2021; 18(11). Available from: <https://www.ncbi.nlm.nih.gov/pubmed/34063735>
- ²⁴ Wagener TL. Addiction and behavior related to menthol cigarette substitutes. 2018. Available from: <https://reporter.nih.gov/search/GTOSOJZaMUaff3XiEeXCUG/project-details/9991276>.
- ²⁵ Smith PH, Assefa B, Kainth S, Salas-Ramirez KY, McKee SA, et al. Use of mentholated cigarettes and likelihood of smoking cessation in the United States: A meta-analysis. *Nicotine & Tobacco Research*, 2020; 22(3):307-16; Villanti AC, Collins LK, Niaura RS, Gagosian SY, and Abrams DB. Menthol cigarettes and the public health standard: a systematic review. *BMC Public Health*, 2017; 17(1):983
- ²⁶ See Tobacco Control Laws. Compare Countries. 2023. Available from: <https://www.tobaccocontrolaws.org/legislation/compare-countries?policy=cigarette-contents&countries=uganda>
- ²⁷ Chaiton MO, Cunningham R, Hagen L, Dubray J, and Borland T. Taking global leadership in banning menthol and other flavours in tobacco: Canada's experience. *Tobacco Control*, 2022; 31(2):202-11. Available from: <https://pubmed.ncbi.nlm.nih.gov/35241589/>
- ²⁸ Chaiton MO, Nicolau I, Schwartz R, Cohen JE, Soule E, et al. Ban on menthol flavoured tobacco products predicts cigarette cessation at 1 year: a population cohort study. *Tobacco Control*, 2019. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/31147474>
- ²⁹ Chung-Hall J, Fong GT, Meng G, Cummings KM, Hyland A, et al. Evaluating the impact of menthol cigarette bans on cessation and smoking behaviours in Canada: longitudinal findings from the Canadian arm of the 2016-2018 ITC Four Country Smoking and Vaping Surveys. *Tobacco Control*, 2021. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/33820856>
- ³⁰ Emond JA, Soneji S, Brunette MF, and Sargent JD. Flavour capsule cigarette use among US adult cigarette smokers. *Tobacco Control*, 2018; 27(6):650-5. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/29363609>
- ³¹ Hoek J, Gendall P, Eckert C, Louviere J, Blank ML, et al. Young adult susceptible non-smokers' and smokers' responses to capsule cigarettes. *Tobacco Control*, 2019; 28(5):498-505. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/30282774>
- ³² US Department of Health and Human Services. How tobacco smoke causes disease: The biology and behavioral basis for smoking-attributable disease. A report of the US Surgeon General, Atlanta, Georgia: US 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, 2010. Available from: <http://www.surgeongeneral.gov/library/tobaccosmoke/report/index.html>