Consultation and development of the next National Tobacco Strategy – Consultation Report

SIGGINS MILLER

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Consultation Report

Introduction

A consultation plan (the Plan) was accepted by the Department of Health on 6 August 2018. As outlined in the Plan, Siggins Miller Consultants Pty Ltd (Siggins Miller) conducted consultations over a period of eight weeks from 9 July to 3 September 2018. This Consultation Report sets out the main findings and themes from the consultations.

Consultation methods

The main consultation methods were:

- Face-to-face strategy workshops;
- Roundtable discussion for government representatives;
- Roundtable discussion for non-government representatives;
- Teleconference with members of the Tackling Indigenous Smoking (TIS) Advisory Group and the National Best Practice Unit TIS Advisory Unit. These members were invited to participate in a teleconference to provide views about the issues and approach to Aboriginal and Torres Strait Islander tobacco use to inform the next National Tobacco Strategy (NTS); and
- A public call for written submissions.

Siggins Miller offered supplementary interviews for key stakeholders who were not able to attend the workshops or roundtable discussions.

Target groups

Identified stakeholders from the following groups were invited to participate in consultations:

- State and territory governments;
- Australian Government agencies; and
- Public health and tobacco control experts and organisations.

Consultation with the tobacco industry and individuals and organisations whose interests may be aligned, or may be perceived to be aligned, with the tobacco industry and/or the e-cigarette industry[1]

The consultation process was undertaken in accordance with Australia's obligations under Article 5.3 of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). Article 5.3 of the WHO FCTC obliges Australia to take steps to protect its tobacco control policy setting and implementation from interference from the tobacco industry and its interests.

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[1] For the purposes of this consultation process, organisations and individuals whose interests may be aligned, or may be perceived to be aligned, with the tobacco industry and/or the e-cigarette industry were considered to be:

- Individuals and/or organisations known at the time of the consultation to have received support (monetary or in kind) from tobacco and/or e-cigarette suppliers or manufacturers (including via third parties);
- Individuals and/or organisations that have had partnerships or other affiliations with individuals or organisations known to have received support (monetary or in kind) from tobacco and/or e-cigarette suppliers or manufacturers (including via third parties); and
- Individuals, organisations and/or organisations with members known to retail tobacco and/or e-cigarette products.

Consistent with Australia's obligations under Article 5.3 of the WHO FCTC, consultation with tobacco industry and individuals and organisations whose interests may be aligned, or may be perceived to be aligned, with the tobacco industry was undertaken to the minimum extent required. Written submissions received from individuals or organisations of this nature were deemed to have a conflict of interest (whether actual or perceived).

In view of Australia's obligations under Article 5.3, recent decisions of the WHO FCTC Conference of the Parties (COP)[2], and guiding principles[3] agreed to by Australia's Ministerial Drug and Alcohol Forum, consultation with e-cigarette industry and individuals and organisations whose interests may be aligned, or may be perceived to be aligned with the e-cigarette industry, was treated in the same manner as consultation with organisations and individuals whose interests may be aligned, or may be perceived to be aligned, with the tobacco industry.

Further information regarding submissions that were deemed to carry a conflict of interest (whether actual or perceived) is provided in Appendix 3.

Face-to-face strategy development workshops and roundtable discussions

Siggins Miller hosted workshops and roundtable discussions with government and non-government stakeholders as follows:

- 10 July 2018 Darwin
- 12 July 2018 Alice Springs
- 17 July 2018 Perth
- 25 July 2018 Sydney
- 8 August 2018 Brisbane
- 1 August 2018 Melbourne
- 3 August 2018 Hobart
- 14 August 2018 Canberra
- 16 August 2018 Adelaide

All stakeholders listed in the Plan were invited to participate in the face-to-face meetings. A list of attendees is in Appendix 1.

Public submissions

A public submission process was open for six weeks from 9 July to 17 August 2018. 41 written submissions received during this period were included in the analysis presented in this report.

[2] The COP has previously invited Parties of the WHO FCTC to '*protect tobacco-control activities from all commercial and other vested interests related to ENDS/ENNDS, including interests of the tobacco industry*'. For example, see: http://apps.who.int/gb/fctc/PDF/cop6/FCTC_COP6(9)-en.pdf.

[3] The guiding principles affirm Australia's commitment to protecting public health policy from all commercial and other vested interests related to e-cigarettes, including interests of the tobacco industry. Further information is available at: https://www.health.gov.au/resources/publications/policy-and-regulatory-approach-to-electronic-cigarettes-e-cigarettes-in-australia.

Overview of key themes from consultations

Structure of the next National Tobacco Strategy

Most stakeholders consulted believed that the 'architecture' of the current NTS is still valid even though there is evidence that suggests some different strategies or strengthening of existing actions underneath that architecture should be considered.

New, novel and/or emerging tobacco products and alternative nicotine delivery systems including e-cigarettes received significant attention in the consultation process. There were differing views about creating a specific section for this as an additional priority area under the next NTS rather than including relevant actions under each of the existing priority areas.

Goal

The consultations found that most respondents saw the goal of the current NTS as appropriate for the next NTS. However, some respondents stated that to be consistent with the WHO FCTC the term 'tobacco use' should replace 'smoking' – see Terminology section below.

Objectives

The main objective in the current NTS that prompted discussion was the objective with connotations to harm reduction. This objective currently reads 'reduce harm associated with continuing use of tobacco and nicotine products'.

The main concerns about the use of 'harm reduction' terminology in the context of tobacco control were that the meaning of the term has been coopted by the tobacco and/or e-cigarette industry. Stakeholders expressed concerns that the e-cigarette industry is using this terminology to market their products as purportedly harm reducing. This is despite WHO guidance that no specific figure about how much 'safer' the use of e-cigarettes is compared to smoking could be given any scientific credibility at present.[4] Concerns regarding the use of this terminology also acknowledged that for decades, attempts were made by the tobacco industry to develop and market cigarettes that were supposedly less harmful, such as 'light', 'low-tar' and 'low-nicotine' products. These products ultimately failed to reduce health risks due to compensatory smoking, and were used deceptively by the tobacco industry to keep smokers smoking.[5]

However, other stakeholders suggested that regardless of what the tobacco industry is doing, harm reduction is one of the pillars of harm minimisation, which underpins the National Drug Strategy 2017-2026 (NDS). Thus, these stakeholders felt that as the NTS is a sub-strategy of the NDS, harm reduction should be included in the NTS. Most of these stakeholders specifically advocated for tobacco harm reduction in the context of alternative nicotine delivery systems.

A few stakeholders suggested that referring to the harms of 'tobacco and nicotine products' together implied that nicotine has the same level of harm as tobacco products and that sending this message had the potential to lead to confusion and potentially reduce uptake of nicotine replacement therapy products.

A few stakeholders also suggested that the objective to eliminate harmful exposure to tobacco smoke should not be limited to efforts made in relation to 'non-smokers'.

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[4] Electronic Nicotine Delivery Systems and Electronic Non-Nicotine Delivery Systems (ENDS/ENNDS). Report by the WHO. August 2016. Available at: http://www.who.int/fctc/cop/cop7/FCTC_COP_7_11_EN.pdf

[5] For example, see: Anderson SJ, Ling PM, and Glantz SA. Implications of the federal court order banning the terms "light" and "mild": what difference could it make? Tobacco Control, 2007; 16(4):275–9. Available from: http://tobaccocontrol.bmj.com/cgi/content/abstract/16/4/275

The need to include principles or commitments

There was a fairly consistent view that the NTS would be strengthened by the addition of a set of guiding principles or commitments. The suggestions for these included:

- Ensure a focus on those most disadvantaged to reduce inequality in health and social outcomes.
- Ensure all actions are fully evidence-based.
- Ensure smoking interventions in Aboriginal and Torres Strait Islander people are integrated into other chronic disease management programs (mental and physical health).
- Implement a holistic approach focussed on communities that recognises the broad range of socio-economic and cultural factors which influence smoking.
- Monitor for unintended consequences – ensure that policy is effective in achieving its objectives, has minimal adverse consequences and is cost effective.
- Ensure that progress made on tobacco control to date is protected.
- Make linkages across strategies to improve outcomes: make clearer links to other broader health strategies around cancer reduction and chronic disease; national mental health strategy and treatment guidelines; and alcohol and other drugs strategies and treatment guidelines.
- Ensure an intersectoral approach to capacity building i.e. linkage across and within sectors – prison/health/Aboriginal community-controlled health services (ACCHS)/mental health services.
- Ensure that how smoking negatively affects both physical and mental health is understood and factored into all work.
- Ensure a consumer focus and involvement in the design, implementation and evaluation of all actions.

Terminology

It was emphasised by stakeholders that language and terminology is important and that the next iteration of the strategy should consider rethinking the wording used in the current iteration of the NTS, including suggestions that 'tobacco use' should, where appropriate, replace the term 'smoking'. This will ensure new tobacco products promoted by the tobacco industry such as heated tobacco products are captured and is in line with terminology used in the WHO FCTC. A suggestion was also made to refer to 'people who smoke' rather than 'smokers' to ensure the language used is inclusive and non-discriminatory. In addition, some stakeholders emphasised the need to use positive framing and strength-based language throughout the strategy, particularly when discussing priority populations.

Term of next National Tobacco Strategy

There were various arguments put for and against longer versus shorter timeframes for the next NTS. However, there was agreement that there must be a specified timeframe. Stakeholders stated that timeframes are a tool to ensure work on the strategy remains focused and moving in the right direction over the life of the strategy.

Some stakeholders stated that the next tobacco strategy should align with the time horizon of the overarching NDS with regular reporting points against an agreed monitoring and evaluation framework. This timeframe with a mid-point review and regular activity reports from government and key non-government organisations was thought to allow sufficient time to analyse and respond to changing technologies and products and begin to see results of implementation, without allowing jurisdictions to become complacent in their tobacco control policies.

Summary of suggestions to strengthen tobacco control in Australia in the coming years

A number of other overarching suggestions for the next NTS were made by stakeholders, including that:

- Australia should commit to a tobacco endgame strategy with a specified year and targets, and detail what this means for populations with high smoking rates. This could involve commitment to a tobacco endgame and clearly defined end goal in a specified timeframe, such as 5% prevalence within a specified timeframe. However, some stakeholders also noted that aiming for a specific prevalence such as 5% may not be helpful as reducing prevalence from 5%-0% will be as, if not more, important and challenging.
- There needs to be a much stronger focus on prevention through both supply reduction and demand reduction measures that contribute to the prevention of uptake and continue to support the downward trend of smoking in young people:
    - On the demand side, this would include (but not be limited to) new measures to eliminate all remaining forms of tobacco advertising and promotion and comprehensive measures to regulate the contents and disclosures of tobacco products. It should also involve maintaining and/or strengthening action in areas where there has already been proven success. This includes ensuring an appropriate level of investment in effective tobacco control social marketing campaigns, additional measures to reduce the affordability of tobacco products, and additional efforts to maximise smoking cessation, particularly for disadvantaged groups.
    - On the supply side, this would include (but not be limited to) efforts to reduce the density of outlets to reduce the availability and accessibility of tobacco and associated products. Effective measures to reduce the supply of tobacco products play a key role in influencing the demand for tobacco products and are therefore essential to an effective and comprehensive approach to tobacco control.
- The protection of public health policy, including tobacco control policies, from tobacco industry interference should be strengthened. This should include further efforts to monitor and prevent tobacco industry interference in **all government policy,** not just policy developed and/or implemented by health departments and their portfolios.
- Strengthen mechanisms to support monitoring and evaluation and increase the capacity to answer questions about where improvements have been made, and where further improvement is needed. This needs a comprehensive framework that draws up from evaluations and includes annual activity reports by all levels of government and non-government sectors.
- The language used in the actions of the NTS should be strengthened overall, such as moving from language like ‘explore’ and ‘reduce’ to ‘implement’ and ‘eliminate’.

Other less mentioned high-level additions included:

- Implement reforms similar to those in Canada on litigation against tobacco companies to recover relevant costs related to tobacco use and smoking.
- Strengthen efforts to support a more collaborative, coherent and whole of government approach to the prevention and control of licit and illicit tobacco products.
- Ensure that the key policy messages about smoking and tobacco use are underpinned by a contemporary health determinants framework that does not give undue weight to the role of personal choice and individual responsibility.
- Strengthen the scope of the next NTS to further build the capacity of all health and human service organisations and workforce to act on tobacco related harm.

- Establish a tobacco control research agenda to support the implementation of the next NTS. One approach to achieve this could involve the establishment of a national centre for tobacco control research. The centre could publish regular updates to bust myths (for example that shisha poses reduced risks) and include information on best practice approaches to tobacco control.
- Establish a central source of information detailing the range of smoking cessation programs and services available nationally that are available for use by the public and health professionals.
- Develop a clearer and more comprehensive approach to enforcement that clarifies roles and responsibilities and facilitates increased collaboration and coordination among relevant government and non-government agencies.

In the following sections, we list suggested additional or revised strategies, noting that many of the existing actions are seen by stakeholders to be long-term commitments that need to remain or be strengthened in the next NTS. Not all listed strategies were equally mentioned or evidence to support them provided, but wherever possible an indication is given about the extent to which a suggestion was raised by participants in the consultations.

Details of key themes by priority area

1: Protect public health policies from tobacco industry interference

Some respondents felt that the Australian Government had taken meaningful steps to protect public health policies from tobacco industry interference and comments frequently referred to the development and implementation of tobacco plain packaging as a positive achievement in this context. However, consultations also stressed the history of multi-pronged strategies employed by the tobacco industry to undermine tobacco control and identified the need for a range of future actions. Key suggestions included:

- Banning political donations and severely restricting meetings with industry and requiring more comprehensive public reporting of meetings with the tobacco industry.
- Banning public relations and lobbying activity by tobacco companies.
- Public disclosure for all corporations who have an interest in tobacco through ownership of shares and via political donations whether from the parent company or a subsidiary company.
- Mandating reporting from tobacco companies on what they spend on lobbying activity.
- Requiring sales data from tobacco companies at the jurisdictional and regional level to be submitted to government for public release.
- Devising strategies to ensure protection of tobacco control interventions from tobacco industry “front groups”, bodies and organisations funded by the tobacco industry.
- Implementing stronger reforms to curtail cessation industry self-claim, or market claims promoting cessation devices in Australia. Any claims made about a product’s effectiveness as a smoking cessation aid should be approved through a government process such as the Therapeutic Goods Administration (TGA).
- Ensuring that public health policies are protected in all bi-lateral and multi-lateral trade agreements and such agreements should exclude investor state dispute mechanisms.
- No tobacco industry representation on Australian government stakeholder committees or advisory groups, including in non-health portfolios.
- Regulation and guidance on Article 5.3 to be implemented by all governments and monitoring and compliance arrangements put in place to ensure that all government bodies are adherent.
- Encouraging divestment from tobacco companies.

- Requiring non-government organisations working in tobacco control to adopt and adhere to the WHO FCTC Article 5.3 Guidelines.
- Each state and territory develop protocols to help limit interactions between government officials and the tobacco industry and ensure transparent communication.

2: Strengthen mass media campaigns to: motivate smokers to quit and recent quitters to remain quit; discourage uptake of smoking; and reshape social norms about smoking

Consultations found that since the commencement of the current NTS there has been insufficient investment, coordination, implementation and evaluation of tobacco control public education campaigns, particularly those that were focussed on the mainstream population and that were TV-led. The majority of respondents stated that this has been one of the significant failures primarily of the Australian Government and, to varying extents, of state and territory governments since 2012. Many stakeholders called for this priority area in the next NTS to be reworded from "strengthen" to "implement and fund mass media campaigns".

Research and evaluation was cited which demonstrates that campaigns are effective at:

- encouraging smokers to think more about the effects of their smoking;
- encouraging smokers to think seriously about quitting; and
- prompting quitting-related intentions and behaviours (e.g. seeking more information about quitting from their GP and cutting down on tobacco use).

Evidence from these evaluations also indicates that a majority of smokers approve or strongly approve of anti-smoking advertising campaigns and that a substantial minority felt such ads should be harder-hitting.

Many respondents referred to evidence which demonstrated that national tobacco campaigns are cost-effective and effective in reducing tobacco smoking prevalence. Some respondents noted that tobacco control campaigns also play an important role in reshaping social norms about tobacco use and building public support for new tobacco control measures.

Most responses called for reinstatement of a national tobacco campaign, which would be TV-led and implemented at evidence-based levels which are sufficient in duration and intensity to facilitate quit attempts and create appreciable change in smoking prevalence rates. As part of this, new campaign materials should be continually developed to avoid wear-out and ensure quality creative material is consistently available.

Some stakeholders expressed that there needs to be better communication about tobacco campaigns between Commonwealth and state and territory governments, and potentially non-government organisations also, to enable more effective campaign coordination.

Many responses made positive comments about campaigns targeted at Aboriginal and Torres Strait Islander populations, such as the "Don't Make Smokes Your Story" campaign, but stressed the need for sustained campaigns over time which were individualised for local communities, used local languages and were part of a comprehensive tobacco control strategy.

In relation to other populations with high smoking prevalence, some respondents raised concerns about the lack of a good evidence base to inform interventions; for example, data on how people access and interpret health information in specific groups, and who can influence these groups (e.g. people are influenced by breakfast radio, tv shows, community leaders, religious leaders).

Consultations highlighted the need for future investment and activity in this area to respond to major changes in the technology and media landscape such as: changes to media consumption habits with

more time spent online; greater flexibility and lower cost of digital platforms which also enable customised large scale dissemination of messages; and availability of tools to measure, monitor and evaluate digital media performance, link it to behaviour change and help to predict and quantify emerging trends. Some respondents also added that new efforts in this area needed to acknowledge that recent years, many of the digital media platforms had become far more targeted and individualised.

A few respondents also suggested that the governance arrangements underpinning the development and implementation of tobacco control mass media campaigns should be revisited in the context of the next NTS. For example, a few respondents suggested that the design of new campaigns should involve greater collaboration between government agencies, key experts and non-government organisations. A few respondents also suggested that the establishment of a new expert advisory group may warrant consideration, similar to the committee which oversaw some of the most effective tobacco control campaigns that were developed in the 1990s.

Other less common suggestions raised by respondents included the development of new campaigns to address myths promulgated by the tobacco industry and campaigns to raise public awareness about the environment impacts of tobacco use (e.g. in relation to cigarette butts).

3: Provide greater access to a range of evidence-based cessation services to support smokers to quit

A significant theme raised in relation to this priority area was that there had been insufficient investment in smoking cessation activities and services despite the considerable increases in the price of tobacco products. This was seen as an important equity issue, particularly for low-income populations and other disadvantaged groups who continued to smoke.

Some stakeholders suggested that the NTS 'should raise the bar' on best practice approaches to smoking cessation. This could include the development of national standards and/or guidelines to support smoking cessation, with a view to extending the reach of existing services and programs. This might also include a commitment to standardise and expand access to accredited tobacco treatment training as has been done in the United States, United Kingdom, and Canada where there is a national curriculum on tobacco prevention and cessation education in medical schools.

The consultations identified a range of future actions required that would implement capacity-building and practice change for health, community and social service professionals, including tobacco dependence treatment in the commissioning of health services, improving access to pharmacotherapies, and creating referral pathways for behavioural interventions. The approach would aim to ensure that every patient in Australia within a hospital, primary care setting, mental health or alcohol and drug treatment service or other community-based service would be:

- asked about their smoking;
- offered salient advice to quit and advice on the best approach to quitting;
- provided with pharmacotherapy as appropriate to manage nicotine withdrawal and to assist their quit attempt (both during their stay and post-discharge for those in residential facilities); and
- referred to a Quitline or accredited face-to-face clinic for evidence-based behavioural support.

Some submissions highlighted the role of community pharmacy in assisting smoking cessation by providing: timely advice, intermediate interventions and encouraging customers who indicate that they are thinking of quitting or have tried to quit to keep trying; pharmacy based quit-smoking programs to smokers ready to quit; and advice and support on NRT and other products. Dentists were also identified by some respondents as being able to play a role in smoking cessation support.

Some respondents referred to the high proportion of smokers in the probation and parole system and recommended targeted training for staff in the system to support cessation both prior to and post prisoner release.

Many respondents stated that subsidised combination NRT should be provided to all smokers who require it, not just monotherapy. Some stakeholders also submitted that further research and investigation could be done into the use of incentives in smoking cessation, including during pregnancy.

The consultations indicated that the standard of Quitline services was variable across the country and many respondents recommended that a common best practice standard was needed. Suggestions for improvements to Quitline services included:

- Minimising costs and customising offerings by resourcing Quitlines to integrate their person-to-person offerings with automated offerings;
- Implementing an assertive outreach model;
- Maximising access to cessation support by introducing a national Quitline that would standardise practice, quality and safety and could refer callers to a range of targeted programs;
- Providing Quitlines with more reliable funding and financial incentives for referral or provision of smoking cessation services. Reimbursement should be in proportion to demand; and
- Providing specialist and/or enhanced Quitline services for high prevalence and high-risk groups.

Some respondents indicated that they were unaware of the various programs, services and resources available to support smoking cessation. This suggested that there could be merit in establishing a central source of information detailing the range of smoking cessation programs, services and resources available nationally for use by the public and health professionals.

4: Bolster and build on existing programs and partnerships to reduce smoking rates among Aboriginal and Torres Strait Islander people

Many respondents commented on trends in Aboriginal and Torres Strait Islander smoking rates and what future actions are needed to reduce smoking rates among this population group.

Recent findings published by the Australian Bureau of Statistics (ABS) showed that while considerable progress has been made in reducing smoking among Indigenous Australians in recent years, progress has been variable across this population group.[6] For example, findings showed that between 1994 and 2014-15, the proportion of Indigenous Australians aged 18 years and over in non-remote areas who were smokers declined from 55% to 42%, while the proportion in remote areas remained relatively stable at between 54% and 56%. When compared to changes to smoking prevalence in the general population, these findings also highlighted the importance in monitoring both relative and absolute changes in smoking prevalence among Indigenous Australians.

Many stakeholders also acknowledged the importance of population wide tobacco control measures together with more targeted approaches to further reduce smoking prevalence among Indigenous Australians. Consistent with this approach, most respondents also supported maintaining a separate priority area focussed on reducing smoking in Aboriginal and Torres Strait Islander peoples in the next NTS. Other more specific comments and suggestions included:

[6] Australian Bureau of Statistics. (2017). 4737.0-Aboriginal and Torres Strait Islander peoples: Smoking trends, Australia, 1994 to 2014-15.

- Ensuring that investment is maintained across all jurisdictions so that the Australian Government's investment in the Tackling Indigenous Smoking program is complemented by state and territory investments. To this end, while the recent investment made by the Australian Government was a positive step, the reach of this program is currently limited.
- Developing targeted, unique interventions and approaches in conjunction with the local community with an emphasis on remote and very remote areas.
- Considering interventions to reduce supply in remote areas, where community stores are part of a regional network with social and economic aims.
- Continuing evaluation of programs on the ground in Indigenous communities and dissemination of evidence and findings about what is working and not working to inform future directions.
- Reducing the price of NRT for Indigenous people, especially those in rural, remote and very remote communities.
- Engaging Indigenous people who are already in alcohol and other drugs treatment in smoking cessation services and providing early intervention for youth to address smoking earlier in the life cycle.
- Increasing support and training to the ACCHS primary health care workforce, taking into account the role of primary health care in smoking cessation, and the status of community-controlled organisations as preferred providers of services to Aboriginal and Torres Strait Islander people.
- Recognise the significant impact of poor social determinants of health on smoking rates in the NTS with specific measures identified to address the social determinants. This should link to other national strategies focused on those populations most affected by social disadvantage including Indigenous people.
- Mainstream anti-tobacco campaigns reach Aboriginal and Torres Strait Islander people but are less effective in remote areas due to higher proportions of people in those places for whom English is a second language and the fact that mainstream campaigns may not align with local cultural contexts.
- Advertising that is specifically targeted at Aboriginal and Torres Strait Islander people themselves – including that is developed locally – leads to higher levels of motivation to quit. Whole of population mass media campaigns should be supplemented with Indigenous specific media campaigns, either mass-reach such as the recent "Don't Make Smokes Your Story" campaigns or developed locally under Aboriginal and Torres Strait Islander leadership.

Priority groups/issues

- Pregnant women: while the proportion of Aboriginal and Torres Strait Islander women who smoke during pregnancy is falling (from 50% in 2009 to 43% in 2016) but is still over three and a half times the smoking rate for non-Indigenous mothers (12% in 2016).[7]
- Young people: smoking rates for young Aboriginal and Torres Strait Islander people are significantly higher than for their non-Indigenous peers with many Aboriginal and Torres Strait Islander children experimenting early with tobacco which is often sourced from ashtrays or discarded cigarette butts. Addressing social normative beliefs around smoking (e.g. through primary health care brief interventions and the establishment of smoke-free homes and public places) is a key approach to preventing smoking uptake amongst Aboriginal and Torres Strait Islander young people.

[7] https://www.aihw.gov.au/reports-data/population-groups/mothers-babies/overview

- Remote areas: Aboriginal and Torres Strait Islander smoking rates in remote areas are not falling as they are elsewhere, and action in collaboration with Indigenous leaders and community-controlled services in remote areas should continue to be a priority.
- Prisoners: Smoking rates among people entering prison are much higher than in the general community, and especially so for Aboriginal and Torres Strait Islander people, three quarters (73%) of whom report being daily smokers. While prisons in most jurisdictions are now smoke-free, most prisoners recommence smoking on release. Accordingly, Indigenous prisoners should receive support to quit and remain quit upon release from prison, and education about the benefits of quitting so they can become an advocate for smoking cessation in their community upon release.

5: Strengthen efforts to reduce smoking among populations with a high prevalence of smoking

Consultations highlighted that there is a lack of available data about whether there has been a significant change in smoking prevalence amongst some disadvantaged population groups such as people living with a mental illness, people with a substance use disorder, people experiencing homeless, or people who identify as lesbian, gay, bisexual, transgender and intersex. The makes it difficult to know whether there have been improvements in smoking prevalence for these groups.

Respondents identified a range of actions under this priority area for consideration in the next NTS including:

- In addition to addressing populations with a high prevalence of smoking, the next NTS should also address groups for which tobacco use has a higher risk (e.g. pregnant women, people undergoing treatment for cancer, etc.).
- Fund research on the most effective ways to assist groups with high prevalence of smoking to quit, such as limiting the number of packs that can be purchased in one shop or no longer selling cartons at reduced rates.
- Include a question about smoking status in the 2021 ABS Census to improve the accuracy of smoking prevalence monitoring amongst high prevalence groups, who are currently underrepresented in surveys such as the National Drug Strategy Household Survey and National Health Survey.
- Consider the need for further investment in smoking cessation services, programs and subsidies to better support hard to reach populations to quit smoking.
- Increase community-based work with community leaders to understand and address why people smoke and continue to work with young people to keep monitoring uptake of smoking and e-cigarettes.
- Upon release, prisoners should be provided with intensive quit smoking support, including NRT and brief sessions of behavioural counselling as appropriate. Awareness campaigns to promote post-release abstinence could also be considered. Prisoners are currently excluded from the PBS and Medicare, which is violation of the United Nations' Mandela rules, which dictate equivalence of care for people in the community and in prison.
- Support AOD services to better engage in screening for and treatment of tobacco use and access to subsidised NRT. This also applies to mental health services and the mental health workforce.

The following groups were identified as having higher rates of smoking prevalence and/or at a higher risk from tobacco use and should be specifically referred to in the next NTS:

- People with low socio-economic status
- People with a mental illness
- People with alcohol and/or other drug dependence
- People who identify as lesbian, gay, bisexual, transgender and intersex
- People with a chronic illness
- Women who are pregnant or contemplating pregnancy
- Prisoners and ex-prisoners
- Culturally and linguistically diverse populations and people immigrating from countries with high tobacco use
- Occupational groups with high rates of smoking
- People who are unemployed
- People experiencing homelessness

6: Continue to reduce the affordability of tobacco products

The majority of respondents felt that Australia has made substantial progress in reducing the affordability of tobacco products and this had assisted in reducing overall tobacco consumption, reducing the amount smoked daily, and preventing the uptake of smoking. Many respondents regarded using price to impact demand at a population level as an international gold standard intervention and stated that regular price increases should continue to be used to further reduce smoking prevalence.

Some stakeholders highlighted the unintended consequences of price increases and felt these were not being sufficiently addressed. Although much less affordable, disadvantaged and marginalised people are still buying cigarettes. As such, increasing the cost of cigarettes was likely to impact on the disposable income of continuing smokers living in socio-economic disadvantage and their ability to afford other costs of living such as food, energy consumption and schooling. Some stakeholders also expressed concerns that higher cigarette prices may lead people to source illicit tobacco.

Consultations also identified a range of strategies used by the tobacco industry to circumvent the current tax structure and ongoing tobacco excise increases by manipulating its product range including the expansion of budget priced cigarettes, expansion of the range of roll-your-own tobacco and promotion of vaping as a cheaper alternative to conventional tobacco products. Other related strategies included the tobacco industry's marketing of cigarettes in odd pack sizes, the availability of large pack sizes (e.g. packs of 40) and the availability of very small pack sizes of roll-your-own tobacco, as well as placing cheaper products at the top of price boards to encourage people to buy cheaper products. While ending all price-based promotions should be considered to the extent possible, a number of specific actions to prevent tobacco suppliers from undermining price increases were suggested, including:

- More closely monitoring the price of tobacco products to ensure that strategies and approaches to reduce the affordability of tobacco products are effective.
- Maintaining tobacco excise increases and review excise duty on roll your own to ensure it remains at an equivalent level to manufactured cigarettes.
- Introducing a minimum price floor for tobacco products.

- Amending the *Tobacco Plain Packaging Act 2011* to require packs of cigarettes to be sold only in pack sizes of 20 cigarettes and roll your own pouches to be sold in no size other than 30g.
- Banning the display of price boards in retail outlets.

7: Eliminate remaining advertising, promotion and sponsorship of tobacco products

Future efforts should focus on elimination of all remaining tobacco-related advertising, promotion and sponsorship activities in Australia.

Some key areas commonly identified for future action included:

- Update the *Tobacco Advertising Prohibition Act 1992* and/or consider new legislation to:
  - ban payments, incentives and rebates by any tobacco manufacturer, importer or wholesaler to tobacco retailers and proprietors of hospitality venues
  - ban direct advertising/promotional material between industry/manufacturers and retailers
  - prohibit publicity about tobacco industry sponsorship or charitable activities
  - end all public relations and lobbying activities intended to promote tobacco use or purchase of tobacco products
  - prohibit tobacco price boards in retail outlets
  - require regular reporting by any company importing or commercially supplying tobacco products in Australia of expenditure and details of any promotion and marketing activities, including donations or payments to third parties such as hospitality groups.
- Update the *Tobacco Plain Packaging Act 2011* and associated regulations to eliminate remaining avenues for advertising through product names, pack/pouch size and design, variant names, filter design and other features.
- Tobacco companies should be forced to declare spending on advertising, promotions, charitable donations. There is a precedent in the USA.
- Consider new strategies to prohibit or further restrict online retail of products and strengthen enforcement using existing measures (where applicable).
- Prohibit all cigarette vending machines in all states and territories.
- Ensure that new and existing legislation in this area includes penalties that are sufficient to deter further advertising and promotion and ensure that relevant enforcement efforts are effective.
- Consider the feasibility of addressing incidental advertising in films and television. One approach could involve classifying films based on smoking depiction, monitoring online advertising, and prohibiting the implicit or explicit promotion of cigarettes on all media platforms, including talk back radio and product placement in television.
- Monitor developments in Australia and overseas to determine future potential strategies aimed at eliminating all remaining tobacco related advertising, promotion sponsorship activities in Australia. This might include examining best practice approaches overseas in relation to social media, and systematically monitoring the activities of the tobacco industry and its allies to address potential marketing tactics.

8: Further regulation of the contents and disclosures pertaining to tobacco products

Many respondents stated that the current regulatory arrangements relating to the contents and disclosures of tobacco products were inadequate, with some noting that there are other less dangerous products that are subject to much stricter controls.

A key theme in stakeholder feedback was that the lack of a comprehensive framework for regulating tobacco and nicotine product contents and emissions is a major barrier to further action in this area. One solution suggested by some stakeholders is to develop a new framework which regulates all relevant products (including alternative nicotine delivery systems) and includes standards for packaging and labelling.

Other suggested areas for future action included:

- Amending the *Tobacco Plain Packaging Act 2011* to standardise the design and appearance of cigarette filters by specifying in the regulations:
  - the prohibition of filter capsules
  - a single filter type of uniform length, weight and denier of filter fibers and maximum level of plasticiser
  - standardised permeability and a prohibition on perforation of tipping paper.
- Banning menthol and other flavourings and scents. These products are increasingly popular, particularly with young people, as they act to increase the palatability and addictiveness of cigarettes.
- Consider placing limits on the amount of nicotine in cigarettes and lowering the amount of nicotine over time.
- Extend and strengthen the Consumer Product (Tobacco) Information Standard 2011 to improve tobacco users' understanding of the risks of using tobacco products and to provide appropriate information about available cessation supports.
- Object to the registration of trademarks that include brand names for tobacco products that suggest lower levels of harm, 'natural' properties or other features likely to be misleading to consumers.
- End the voluntary agreement between the Australian Government and the tobacco industry pertaining to tobacco product disclosures and replace it with statutory regulation consistent with the WHO FCTC (particularly Article 10).

9: Further regulation to reduce the supply of tobacco products

A few respondents suggested that since the development of the NTS 2012-2018, considerable evidence had emerged to inform new strategies and approaches to reduce the supply of tobacco products. Suggestions were also made that measures in this area should be given higher priority in the next NTS and that much of the associated action in this area should be described in terms of reducing accessibility and availability to products.

The consultations identified considerable variation and gaps across jurisdictions in the licensing of tobacco suppliers as a major impediment to strengthen measures to reduce the supply of tobacco products in Australia. Some respondents added that even in jurisdictions where tobacco retail licenses were required, it was far too easy for retailers to obtain a license.

While many respondents pointed to strengthening and introducing more consistent licensing arrangements as a way to reduce the retail availability and accessibility of licit tobacco products, respondents also pointed to other potential benefits if reforms were considered in this area. For example, some respondents suggested that a comprehensive licensing scheme could be used to provide additional resources for monitoring compliance, education and training, enforcement and prosecution across the entire supply chain (e.g. sales to minors, sale of illicit tobacco, sale of non-plain packaged tobacco, etc.).

Some respondents also stated that the lack of a single regulatory body with the ability and power to regulate both therapeutic and recreational nicotine products was a significant barrier to reducing the supply of tobacco products.

Several stakeholders advocated for further research be conducted to better understand how various supply side measures (such as new licensing arrangements) would impact on the tobacco industry and tobacco suppliers in Australia. For instance, although large supermarket chains such as Coles and Woolworths were estimated to account for a significant proportion of the overall retail market for tobacco products, the relative importance of tobacco products to their market share warrants further examination. Other related suggestions for future research included identifying new strategies and approaches to encourage retailers to transition away from selling tobacco products.

Related suggestions for future action to further regulate the supply of tobacco products included:

- Implementing strategies to restrict wholesalers and retailers through regulation which covers areas including the number and density of outlets, scale and type of outlets (e.g. restrictions on those selling alcohol, shisha bars), location (e.g. not near schools and other identified areas), wholesaler operations (e.g. restricting wholesale incentive programs) and availability of vending machines.
- Prohibiting the supply of tobacco products to government funded Outback stores.[8]
- Eliminating and/or further restricting the online sale of tobacco products and/or establish procedures for checking proof of age of recipients on ordering and delivery of online or mail-ordered tobacco.
- Prohibiting sales of tobacco products in vending machines.
- Introducing compulsory licensing of tobacco retailers and set license fees high enough to fully cover the cost of administration of applications (to ensure that all retailers are fit and proper persons), training and education of retailers, and enforcement (to ensure that all requirements of licensing are being adhered to and all tobacco control legislation is complied with). Revenue from license fees should also be used for monitoring and enforcement to prevent sale of illicit tobacco and sale of any tobacco by unlicensed persons or corporations.
- Providing public access to the list of licensees and the status of any fines or prosecutions, updated in real time.
- Monitoring and enforcing all tobacco control legislation applicable at the retail level.
- Requiring detailed reporting by every wholesaler and retailer to the regulator on characteristics (tobacco product type, brand, variant names, pack size) and prices of all tobacco products purchased and sold, and measures undertaken to prevent illegal sales.
- Reporting annually on sales of tobacco products on a state, regional, electoral and Local Government Area (LGA) basis.
- Raising the minimum age of purchasers and smoking to 21 years.
- Reviewing duty-free allowance for travellers and consider eliminate the duty-free allowance for those arriving in Australia and the sale of tobacco to outgoing international travellers.
    - Considering the feasibility of moving the cigarette counter from the front of supermarkets like Coles and Woolworths to the back of the stores to minimise prominence and accessibility.

[8] See: https://outbackstores.com.au/about/how-we-operate/

Many respondents also commented on the importance of taking further steps to prevent and minimise the illicit tobacco trade in Australia. This is both a public health issue and an enforcement issue. Future strategies and approaches in this area should consider:

- Analysing the end-to-end supply chain and have a strategy around illicit tobacco that is not just focused on importation. Assessing supply chain vulnerability and targeting those areas is an important part of the approach.
- Increasing funding for surveillance and enforcement of measures to prevent illicit tobacco supply and the technology required to prevent the trade. This might also include additional funding for resources 'on the ground' to detect and respond to businesses selling illegal cigarettes and illegal tobacco products (e.g. chop chop).
    - Ensuring that where retailers are caught selling illicit tobacco, they forfeit the right to sell for a fixed period of time in addition to a fine.
    - Consider adopting the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products.[9]

Some respondents also stressed that the penalties for involvement in the illicit tobacco trade are insufficient for a crime that generates such disproportionate profits (amounting to tens of millions of dollars per year) and is viewed by perpetrators as akin to a parking or speeding ticket (with penalties only amounting to hundreds or thousands). In this context, it was noted that work was being undertaken by the Australian Government to strengthen some of these offences, but measures generally do not extend to the retail level.

10: Reduce exceptions to smoke-free workplaces, public places and other settings

Consultations acknowledged that Australia had made progress in achieving this objective but also noted that there were a very low number of prosecutions for people and venues breaking existing regulations. A key theme emerging from consultation was the need to eliminate all remaining exceptions to smoke-free environments. Settings identified for inclusion in the next NTS included:

- Outdoor dining/drinking areas
- Licensed pubs and clubs
- Casinos and gaming areas (including high roller rooms in casinos)
- Public transport waiting areas, stops and platforms
- Health services grounds (hospitals, community & mental health services, primary health services)
- Prisons and remand centres
- Workplaces with outdoor areas where tobacco use is permitted
- Public events, outdoor sports, recreation and entertainment areas
- Pedestrian malls, walkways and town squares
- Building entrances and ventilation areas
- Children's playgrounds
- All educational facilities including university campuses
- Multi-unit housing including common areas in apartments and balconies (including strata managed complexes) and all public housing.

[9] Further information is available at: http://www.who.int/fctc/protocol/Protocol_summary_en.pdf

Many respondents proposed that all places required to be smoke free should also be 'vape free' and that employers should provide cessation support as part of workplace wellness.

The necessity of sufficiently resourcing compliance with smoke-free policies was a consistent theme. Some referred to the lack of prosecutions to enforce regulations about smoking in food venues and especially outdoor eating areas as hampering achievement of this objective.

A few respondents suggested that all government funded contracts could include requirements that the business or organisation implement additional tobacco control policies.

11: New, novel and/or emerging tobacco products and alternative nicotine delivery systems

There were very mixed views about how alternative nicotine delivery systems including e-cigarettes (ANDS) should be treated in the next NTS. However, overall respondents generally advocated for one of two positions.

The first position, broadly supported by a majority of respondents, supported maintaining the precautionary approach to e-cigarettes currently being taken in Australia. Generally, this approach advocated for maintaining and, where appropriate, strengthening the controls applied to these products, particularly in the context of existing tobacco control laws and those governing therapeutic goods. However, participants who supported this stance suggested a diverse range of strategies to minimise the harms associated with the marketing and use of these products:

- Various stakeholders who supported this approach argued that Australia should adhere to the guiding principles for e-cigarettes that were agreed by Commonwealth, state and territory Ministers through the Ministerial Drug and Alcohol Forum, which support the precautionary approach.
- This viewpoint emphasised that ANDS have been linked with a variety of individual and population-level harms, that the use of e-cigarettes has been found to be associated with substantial health risks, and that dual use with conventional tobacco products is common.
- Stakeholders expressed concern that at the population level, the introduction of ANDS may renormalise smoking-related behaviours and undermine decades of successful tobacco control efforts, and may provide a new avenue for the tobacco industry to attempt to influence public health policy.
- A related argument was that the use of ANDS may also serve as a gateway to conventional cigarette use. Various stakeholders referred to evidence that use of e-cigarettes among children and youth increases the likelihood of them taking up conventional tobacco products.
- These stakeholders commonly mentioned that there was an absence of evidence showing that these products were an effective aid to smoking cessation.
- Various stakeholders who expressed support for Australia's current policy settings for e-cigarettes suggested that increasing the accessibility of nicotine-containing e-liquids may result in more widespread use of e-cigarettes in Australia, similar to that observed in the United States where there are fewer restrictions on the marketing and sale of these products (including nicotine liquids). To avoid this situation, various stakeholders suggested that efforts should be made to strengthen existing tobacco control laws to capture e-cigarettes and/or prohibit the sale of all e-cigarettes (independent of nicotine content) unless suppliers are able to demonstrate the safety, quality and efficacy of these products via the TGA.
- In other instances, stakeholders suggested that further efforts could be made to:
    - better enforce existing restrictions on the supply of liquid nicotine in Australia and on its importation from overseas for personal use;

- restrict/prohibit the availability of flavourings;
- inform the public of the harms associated with e-cigarette use; and
- ban the use of these products in all smoke-free areas.

The alternate position advocated by a minority of stakeholders was that Australia's current policy settings for ANDS should be substantively changed. Generally, this viewpoint supported more relaxed controls on the marketing and use of ANDS, at least when compared to conventional tobacco products:

- Some stakeholders who supported this position argued that Australia should follow recent international policy directions taken or planned by other countries to make ANDS more widely accessible (e.g. England, New Zealand and Canada).
- Some stakeholders who supported this view advocated for more relaxed controls for ANDS on the basis of harm reduction arguments, suggesting that Australia's regulatory framework should encourage the replacement of dangerous products with less dangerous products where suitable alternatives are available.
- Some stakeholders who supported this view conceded that e-cigarette use might cause youth to transition to conventional tobacco products but suggested that e-cigarettes might also increase smoking cessation among adults.
- Some stakeholders suggested that ANDS could be made safer by setting standards for quality in manufacturing, accurate labelling, child-resistant packaging and restrictions on advertising to reduce the risk that non-smokers are encouraged to use these products. This viewpoint stressed that regulation should be proportionate to harms posed to the individual user, with the aim to disadvantage more harmful nicotine delivery systems such as conventional tobacco products.
- Some stakeholders also suggested that relaxing the policy settings applicable to ANDS could be used to phase out all conventional tobacco products on the Australian market.

Aside from these two predominant positions, some stakeholders expressed uncertainty regarding the evidence relating to ANDS and as such called for greater research into these products, including into their effectiveness as smoking cessation tools and their potential role in tobacco harm reduction.

A range of actions on ANDS for the next NTS were proposed including:

- Develop a national ANDS policy framework which will set clear objectives and support consistency and coherence in implementing effective policy measures across Australia.
- Implement appropriate regulatory controls on the sale, supply, use and promotion of devices, with a focus on preventing youth use. Additionally:
  - All states and territories that have not introduced laws specifically governing e-cigarettes should be encouraged to impose regulations to control their sale, display, advertising and promotion.
  - E-cigarettes should not be allowed to be promoted in a way that encourages their use. Their sale and supply to minors must be prohibited in all Australian states and territories.
  - E-cigarette product packaging and labelling requirements should be implemented, including:
    - Disclosure of all ingredients (in particular nicotine or non-nicotine containing) and their concentrations in e-liquids;
    - Child-proof packaging standards to deter children's use and prevent accidental poisonings;
    - Plain (standardised) packaging rules to reduce the appeal of e-cigarettes to youth; and
    - Health warning labels.

- The use of e-cigarettes with or without nicotine should be banned in all areas that are designated to be smoke-free, to protect non-users from potential harms due to exposure to second-hand e-cigarette aerosol.
- E-cigarettes with or without nicotine should be subject to excise taxes. Some stakeholders suggested excise rates should be set at a lower rate than that of tobacco cigarettes to discourage any e-cigarettes users switching to tobacco cigarettes.
- Effective regulation is needed on the quality control and labelling requirements for ANDS and associated products to ensure consumers are appropriately protected.

Monitoring and evaluation

There was general agreement that much of the current NTS monitoring and evaluating framework should be maintained with the continued use of targets and outcome indicators, with additional monitoring and reporting activities to be considered where appropriate.

Suggestions for additional monitoring and reporting activities were made to promote transparency, accountability and a perceived lack of progress made against several priority areas under the current NTS. For example, regular and comprehensive reporting mechanisms (e.g. via annual reports) which outlined outputs, outcomes and resourcing/investment levels by key areas across government and non-government sectors were identified as useful additions. It was also proposed that an independent expert advisory group be established to provide a more active and responsive role in the implementation and monitoring of the NTS. Progress should be reported annually to ensure any issues with implementation of various actions are acted upon rapidly. Similarly, a mid-term review of the next NTS should be conducted to allow relevant adjustments to be made in the remaining years of the Strategy.

Feedback also suggested that additional data be collected and targets set for smoking rates for vulnerable and high prevalence groups identified in the next NTS. Consistent with this view, there was strong support for the inclusion of a smoking related question in the ABS Census. While ongoing monitoring and evaluation is best achieved through the ABS National Health Survey and the Australian Secondary Schools Alcohol and Drug Survey, five-yearly census data would provide a more robust measure of smoking prevalence in the general population and among groups that are underrepresented in the National Health Survey and Australian Secondary Schools Alcohol and Drug Survey (e.g. Aboriginal and Torres Strait Islander groups, LGBTI groups, immigrants from particular countries, and residents of particularly disadvantaged areas of the country).

Other general suggestions included:

- Monitoring and collecting information relating to the tobacco industry (including its various products and marketing strategies) and tobacco suppliers (particularly retailers).
- Monitoring Australia's progress in protecting public policy with respect to tobacco control from the commercial and other vested interests of the tobacco industry in line with WHO FCTC Article 5.3.
- Aligning indicators across state/territory tobacco strategies and the Tackling Indigenous Smoking program once implemented.
- More closely monitoring cessation relapse.
- Monitoring smoking prevalence as part of Centrelink screening activities.
- Monitoring tobacco control related activity in specific settings. For example, this might include monitoring the number of workplaces that introduce policy that encourages staff to quit and the number of councils that introduce smoke-free events.

Suggestions specific to the Aboriginal and Torres Strait Islander population

- Including a question on tobacco use among Australians aged 15 years and older in the 2021 Census to ensure we have reliable data on national trends in the Aboriginal and Torres Strait Islander population.
- Including tobacco use reduction goals in the Closing the Gap refresh.
- Ensuring that the new NTS uses the same nationally agreed outcome indicators and Aboriginal and Torres Strait Islander targets as the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023, with the following targets to be achieved by 2023:
    - reduce the rate of Aboriginal and Torres Strait Islander youth aged 15–17 years who smoke from 19% to 9%
    - increase the rate of Aboriginal and Torres Strait Islander youth aged 15– 17 years who have never smoked from 77% to 91%
    - increase the rate of Aboriginal and Torres Strait Islander youth aged 18– 24 years who have never smoked from 42% to 52% and
    - reduce the smoking rate among Aboriginal and Torres Strait Islander peoples aged 18 plus from 44% to 40%.

Appendix 1 – Workshop and roundtable participants

Government Departments and Agencies

Organisation
Australia Competition and Consumer Commission
Australian Criminal Intelligence Commission
Australian Federal Police
Australian Government Department of Health
Department for Health and Wellbeing, South Australia
Department of Health & Human Services, Tasmania
Department of Health and Human Services Victoria
Department of Health, Australian Capital Territory
Department of Health, New South Wales
Department of Health, Northern Territory
Department of Health, Western Australia
Department of Home Affairs
Department of Prime Minister & Cabinet
National Mental Health Commission
Queensland Health

Other Organisations

Organisation	Attendees
Aboriginal Health and Medical Research Council	Pauline Weldon, Sophie Scobie
Aboriginal Health Council of South Australia	Grant Day, Ngara Keeler, Trevor Wingard
Aboriginal Health Council of Western Australian	Patricia Pearce
Alcohol Tobacco and Other Drugs Association ACT	Anke van der Sterren
Alfred Health	Emma Dean
Alice Springs Hospital - Paediatrics	Sukoluhle Moyo
Austin Health	Christine McDonald
Australian Medical Association	Jamie Snashall, Josie Hill
Australian Medical Association Queensland	Leif Bremermann
Australian Medical Association Western Australia	Katharine Noonan

Brisbane North Primary Health Network	Gai Lemon
Cancer Council Australian Capital Territory	Sandra Turner
Cancer Council New South Wales	Paul Grogan
Cancer Council Queensland	Rachael Bagnall
Cancer Council South Australia	Bronte McQueen
Cancer Council Tasmania	Abby Smith
Cancer Council Victoria	Clare Slattery, David Hill, Kylie Lindorff, Sarah White
Cancer Council Western Australia	Fiona Phillips, Kelly Kellington
Cancer Council, Northern Territory	Kathleen Cole
Cancer Institute, New South Wales	Kate Reakes, Sandra Rickards
Capital Health Network	Megan Crombie
Central Australian Aboriginal Congress	Anne Mooney, Jenna Pauli
Central QLD, Wide Bay, Sunshine Coast Primary Health Network	Juanita O'Rourke, Mustafa Elkhishin
Curtin University	Mike Daube, Simone Pettigrew
Drug Education Network	Shirleyann Varney
Eliminate Cancer Initiative	Lara Moltoni, Peter Murdoch, Tess Howard
Health Promotion Foundation of Western Australia (Healthway)	Jo Clarkson
Heart Foundation	Wendy Oakes, Rachel McKay
Macquarie University	Ross MacKenzie
Menzies Research Council	David Thomas
Miwatj Health Aboriginal Corporation	Eddie Mulholland, Melanie Herdman
Newcastle University	Amanda Baker, Billie Bonevski
Nganampa Health Council	Cyndi Cole
No Smokers Movement Australia	Denise Mountford, Margaret Hogge
Nunkuwarrin Yunti	Andrew Schultz, Dean Hodgson
Pharmaceutical Society of Australia	Christina Adamopoulos
Port Lincoln Aboriginal Health Service	Tara Buckskin, Warren Clements
Public Health Association of Australia	Malcolm Baalman, Terry Slevin
Purcell Consulting	Kate Purcell

Queensland Network of Alcohol and Other Drug Agencies	Sue Pope
Royal Perth Hospital	Nedra VandenDriesen
South Australian Health and Medical Research Institute (SAHMRI)	Jacqueline Bowden, Kim Martin
South Australian Network of Drug and Alcohol Services	Sam Raven
Tasmanian Health Service	Adrian Reynolds
Telethon Kids Institute	Alexander Larcombe
The Australian Dental Association	Eithne Irving
The Heart Foundation	Sarah George, Alexander Clark, Rebecca Smith, Rohan Greenland
The National Asthma Council	Anthony Flynn
The Royal Australian and New Zealand College of Psychiatrists	Shalini Arunogiri
The Thoracic Society of Australia and New Zealand	Tanya Buchanan
The University of Queensland	Coral Gartner
The University of Sydney	Matthew Peters, Renee Bittoun, Simon Chapman
The University of Tasmania	Seana Gall
University of Western Australia	Lisa Wood
WA Primary Health Alliance	Annie Young

Appendix 2 – Written submissions

Written submissions from Organisations

Organisation
Aboriginal Medical Services Association Northern Territory (AMSANT)
Adelaide Primary Health Network
Alcohol, Tobacco and Other Drugs Council Tasmania
Australasian Professional Society on Alcohol and Other Drugs (APSAD)
Australian Medical Association Western Australia
Canberra Action on Smoking and Health (ASH)
Cancer Council Australia and National Heart Foundation of Australia
Central Aboriginal Australian Congress
Department of Education, Western Australia
Drug Education Network (DEN)
Eliminate Cancer Initiative
Google Australia
Maari Ma Health Aboriginal Corporation
Network of Alcohol and other Drug Agencies (NADA)
Non-Smokers' Movement of Australia
Port Lincoln Aboriginal Health Service
Public Health Association Australia
Royal Australian and New Zealand College of Psychiatrists
South Australian Network of Drug and Alcohol Services (SANDAS)
School Drug Education and Road Aware
Smokenders Australia
The Pharmacy Guild of Australia
Western Australian Network of Alcohol and other Drug Agencies (WANADA)
Thorne Harbour Health
VicHealth, The Victorian Health Promotion Foundation
WA Cancer Prevention Research Unit, Curtin University

Written submissions from individuals

Name	Name	Name
Carly Benfell	Felicity Latchford	Dr Cheneal Puljevic
Prof Ron Borland	Dr Ross MacKenzie	Dr John Reilly
Dr Malcolm Brinn	Kimberley Martin	Adrian Reynolds
Dr Mathew Coleman	Isabella Mason	Robyn Richmond
Amy Faden	Manohar Mungekar	Mick Woodhead

Appendix 3 – Submissions deemed to carry a conflict of interest (whether actual or perceived)

Organisation	Conflict of interest
Australasian Association of Convenience Stores (AACS)	AACS represents businesses that are involved in the retail of tobacco and/or e-cigarette products.
Australian Retail Association and Australian Lottery and Newsagents Association	Australian Retail Association and Australian Lottery and Newsagents Association represents businesses that are involved in the retail of tobacco and/or e-cigarette products.
Australian Tobacco Harm Reduction Association	ATHRA has received support from the e-cigarette industry and from Knowledge·Action·Change (K·A·C), an organisation which has accepted funding Foundation for a Smoke-Free World, which is solely funded by Philip Morris. ATHRA also collaborated with K·A·C in early 2019 to support the Australian launch of the K·A·C '*No Fire, No Smoke; the Global State of Tobacco Harm Reduction*' report, which was funded solely a grant from the Foundation for a Smoke-Free World.
APCO Service Stations	APCO Service Stations represents businesses that are involved in the retail of tobacco and/or e-cigarette products.
British American Tobacco Australia	The Guidelines for implementation of Australia's obligations under Article 5.3 of the WHO FCTC state that there is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests.
Legalise Vaping Australia	Legalise Vaping Australia has been associated or affiliated with the e-cigarette industry. Legalise Vaping Australia lists a number of e-cigarette companies and retailers as 'partners' on their website.
Master Grocers Australia	Master Grocers Australia represents businesses that are involved in the retail of tobacco and/or e-cigarette products.
New Nicotine Alliance	In 2019, New Nicotine Alliance Australia supported the Australian launch of the Knowledge·Action·Change (K·A·C) report '*No Fire, No Smoke; the Global State of Tobacco Harm Reduction*', which was funded solely a grant from the Foundation for a Smoke-Free World, which is solely funded by Philip Morris. Professor Gerry Stimson, Director of K·A·C, is also a board member of New Nicotine Alliance UK.
Philip Morris Ltd	The Guidelines for implementation of Australia's obligations under Article 5.3 of the WHO FCTC state that there is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests.