



Cancer Australia

Submission to the Community Affairs Legislation Committee: Inquiry into Public Health (Tobacco and Other Products) Bill 2023 September 2023

Cancer Australia welcomes the opportunity to provide a submission to Community Affairs Legislation Committee: Inquiry into Public Health (Tobacco and Other Products) Bill 2023 (the Bill).

Summary

Cancer Australia strongly supports the Bill to modernise and streamline the existing Commonwealth regulatory framework and to strengthen Australia's regulation of tobacco products in line with international best practice. Australia has made significant progress on tobacco reform in the last decade, but new measures are required to discourage smoking, encourage smoking cessation and to prevent the promotion of e-cigarettes, particularly to adolescents and young adults.

About Cancer Australia

Cancer Australia was established by the Australian Government under the Cancer Australia Act 2006 to minimise the impact of cancer, address disparities, and improve the health outcomes of people affected by cancer in Australia by providing national leadership in cancer control.

The Australian Cancer Plan

Cancer outcomes in Australia are among the best in the world, but this is not the story for all Australians. There are significant disparities in cancer outcomes among specific groups in our society, including Aboriginal and Torres Strait Islander people.

Cancer Australia has developed The Australian Cancer Plan (the Plan), as a ten-year national framework that will accelerate world-class cancer outcomes, experiences, and equity across the continuum of cancer care for all cancers from screening, diagnosis, treatment, supportive care and palliative care. The Plan is designed to improve cancer outcomes for all Australians, and particularly for Aboriginal and Torres Strait Islander people and those population groups whose health outcomes are poorer. Achieving equity in cancer outcomes will be a fundamental measure of success for the Plan.

The Public Health (Tobacco and Other Products) Bill 2023

The *Public Health (Tobacco and Other Products) Bill 2023* (the Bill) is an important extension to Australia's strong history of legislative reforms to minimise the harms from tobacco use including cancer. The Bill aligns with Australia's international obligations under the World Health Organization's (WHO) Framework Convention on Tobacco Control (the Convention) and is consistent with our global policy leadership in plain packaging. The proposed reforms are guided by the best currently available evidence and the principles of holistic cancer control, which benefit both the individual and the health system.

Cancer Australia emphasises the need for implementation to be culturally safe and accessible to Aboriginal and Torres Strait Islander people, with a focus on achieving equity of outcomes, as it is fundamental to the Plan. Cancer Australia will continue to provide trusted health promotion and communication campaigns which support consumers to minimise their risk of developing tobacco-related cancer and has a strong supporting role in delivery of Australia's first lung cancer screening program which includes smoking cessation as a core component.

Context

The International Agency for Research on Cancer (IARC) has identified tobacco consumption as the single largest cause of cancer in the world and tobacco smoking as the single largest cause of lung cancer. Tobacco is classified as a Group 1 carcinogen by IARC who identified that tobacco smoking causes cancers of the oral cavity, pharynx, nasal cavity and accessory sinuses, larynx, oesophagus, stomach, pancreas, colorectum, liver, kidney (body and pelvis), ureter, urinary bladder, uterine cervix and ovary (mucinous), and myeloid leukaemia.¹

Tobacco use is the leading cause of cancer in Australia, contributing to 44% of the cancer burden.² About 90% of lung cancer in Australian men and 65% of lung cancer in Australian women is estimated to be a result of tobacco smoking.¹ In 2021-22, 10.1% of adults were current daily smokers, with men (12.0%) more likely to be current daily smokers than women (8.2%). Males aged 55-64 had the highest rate of daily smoking (16.3%) of all groups.³ People who live in disadvantaged areas are 3 times more likely to smoke daily than those living in the most advantaged areas⁴ and 41% of Aboriginal and Torres Strait Islander people aged 15 and over are current smokers, of whom 37% smoke daily.⁵

Tobacco use is also the risk factor which contributes most to the disease burden for Aboriginal and Torres Strait Islander people, with responsibility for 12% of the total burden of disease, or 20% of the health gap between Indigenous and non-Indigenous Australians.⁶ Other priority populations including those living with a mental health condition or a disability also report higher rates of cancer risk factors and behaviours, including smoking.^{7, 8} There is also a strong association between mental illness and the use of tobacco. Although linked data are not widely available, the 2017-18 Australian National Health Survey identified a higher rate of cancer in those with mental illness (2.6%) than in those without (1.6%).⁹ For example, in 2011, lung cancer was the second leading cause of death in people who accessed mental health-related treatments.¹⁰

Smoking cessation

Evidence of the health benefits of smoking cessation has been accumulating since the 1950's, when large scale epidemiological studies identified it as a risk factor for many major chronic diseases.¹¹ The health benefits of quitting smoking start as quickly as 20 minutes after the last cigarette and that after 15 years, risk of death falls to about the same level as a non-smoker.¹² At 10 years post-cessation, the risk of lung cancer falls to about half of that of a current smoker and risk of cancer of the mouth, throat, oesophagus, bladder, cervix and pancreas also decreases.¹³ Importantly, the WHO reports that people of all ages can still benefit from quitting, including those who have already developed smoking-related health problems.¹³

Smoking cessation is a major preventive strategy for all cancers and is included in each of the Optimal Care Pathways (OCPs)ⁱ, with a focus on not smoking as part of prevention and early detection, and smoking cessation prior to receiving treatment.¹⁴ Offering support to quit tobacco use is a core feature of harm reduction strategies in Australia and internationally. International data suggests that most smokers have made at least one attempt to quit, around a third of smokers have tried to quit (without success) in the preceding 12 months, and that multiple quit attempts are usually required.¹⁵ Australian data from 2019 suggests that over 60% of adult current smokers intend to quit, with 7.5% having successfully done so.⁴ While unassisted quitting remains the most used method, there has been a decline over time as options such as nicotine replacement therapy, support via the Quitline, and prescription medication such as Bupropion and Varenicline have become available.¹⁵

Public health messaging and harm reduction strategies appear to be having a positive impact on both smoking cessation and prevention of smoking uptake. In the 2019 National Drug Strategy Household Survey, the proportion of people who had ever smoked and then quit was almost 50% higher in 2019 than it was in 1991,¹⁶ and the overall proportion of daily smokers has fallen by 6% from 2011-12 to 2021-22.³ The peak prevalence of smoking amongst all Australians was in 1990, for Aboriginal and Torres Strait Islander people, the peak prevalence rate occurrence in 2002.¹⁷

The Tackling Indigenous Smoking program (TIS) is an Indigenous-led program offering locally tailored tobacco control activities in communities, led by 37 regional teams. Local activity is supported by mass-media campaigns, individual cessation advice provided by Aboriginal and Community Controlled Health Organisations and via Quitline.¹⁸ Independent evaluation of TIS has demonstrated positive impact on attitudes towards being smoke-free, smoking less, and intention to quit in areas serviced by TIS teams.¹⁹

E-cigarettes (vaping)

National data show that in 2019, 2.5% of Australians aged 14 and over reported current e-cigarette use. Between 2016 and 2019, the rate of people aged 18-24 who reported using e-cigarettes nearly doubled, from 2.8% in 2016 to 5.3% in 2019.⁴ E-cigarette use is more common in people aged 18-24 than in any other age group, and people aged 18-44 are twice as likely as people aged 45 years and over to use e-cigarettes.²⁰

There is strong evidence that among young non-smokers, uptake of smoking is increased by an average of 3-fold in e-cigarette users versus non-users.²¹ Whilst the evidence for risk association between e-cigarettes and cancer is limited and inconclusive, common chemicals in e-cigarettes are classified as a carcinogenic.²¹⁻²³ Current evidence is limited by study design, exposure time and lack of long-term follow up, but the lack of population level evidence should not be equated to an absence of harm.

In 2022 the National Health and Medical Research Council published an evidence-based Statement on e-cigarettes.²⁴ This statement includes key messages on health effects, e-cigarette use and uptake, e-cigarette use and tobacco smoking, and advice presented separately for never smokers, former smokers, and current smokers.

Cancer Australia also supports the Statement from the Chief Medical Officer and State and Territory Chief Health Officers about e-cigarettes and an emerging link between their use

ⁱ The OCPs aim to improve patient outcomes by setting the benchmark for quality cancer care and ensuring that all people affected by cancer receive the best care, irrespective of who they are or where they live.

and lung disease September 2019 and its recommendations to individuals and health providers regarding e-cigarette use.²⁵ These recommendations include re-iteration that no e-cigarette product has been evaluated for safety and encouraging cessation of use.

The TIS has been extended by \$141 million in the 2023-24 Federal Budget to include vaping, alongside the original goal of reduction in cigarette smoking.²⁶

Health system and economic impacts

Holistic approaches to cancer control recognise the social and environmental factors which increase the risk of an individual developing cancer over time. A holistic approach to cancer prevention focuses on creating enabling environments where people are supported and empowered to make evidence-based decisions and behaviour changes that reduce their risk of cancer.

Holistic cancer control also has system level benefits. A 2019 study on the social and economic costs of smoking in Australia estimated that the overall cost burden was more than \$136.9 billion per annum, with the single largest tangible cost being healthcare. Attributable to the increase in high-cost pharmaceuticals and hospital costs to treat smoking related disease.^{27, 28} Despite the annual tobacco excise revenue exceeding \$14.2 billion in 2020-21, this is outstripped by overall costs of smoking to Australia and smoking related medical costs (incurred by both current and former smokers) which are increasing more steeply than smoking prevalence is falling.^{27, 29}

Successful Australian preventive health initiatives have shown the positive influence of policy and regulation on delivering better health outcomes for consumers. The Plan recognises that policy and regulation are critical to establishing enabling environments for cancer prevention and to embed evidence-based prevention activities such as tobacco control and sun exposure reduction initiatives. The Plan's strategic objective of maximising cancer prevention and early detection is underpinned by specific 2 and 5-year actions:

5-year action

1.5.1. Strengthen the policy and regulatory environment to address known modifiable lifestyle factors and social, cultural, commercial and environmental determinants of health.

2-year actions

1.2.2. Strengthen cancer prevention in broader health strategies and public health partnerships.

1.2.3. Promote translational research on the impact of social, cultural, commercial and environmental determinants on cancer outcomes for priority populations to inform policy and practice.

Building on the 2-year actions the 5-year action expands on cancer prevention research and evidence translation to influence Commonwealth, State and Territory government policy and regulation to enable national cancer control efforts and other societal-level interventions. Cross-sector public health partnerships and strategies will be critical to drive change across policy and regulation, involving stakeholders at all levels - local, state, and national. Alignment to the [National Preventive Health Strategy 2021-2030](#) as well as broader

health strategies including the [National Tobacco Strategy 2023-2030](#) is critical to ensuring national coordination.

Lung Cancer

In 2023, it is estimated that 14,782 people will be diagnosed with lung cancer in Australia, making it the 5th most commonly diagnosed cancer.³⁰ The majority of lung cancer cases are diagnosed at a late stage.^{31, 32} Lung cancer is the leading cause of death from cancer in Australia, with 8,691 people expected to die in 2023.³⁰ Aboriginal and Torres Strait Islander people are twice as likely to be diagnosed with and die from lung cancer compared to non-Indigenous people.³⁰ Research indicates that the burden of lung cancer mortality appears at younger ages among Indigenous Australians compared with non-Indigenous Australians. The reasons for this may include tobacco uptake at earlier ages in the Indigenous population and higher smoking intensity.¹⁷

Lung Cancer Screening

As part of a package to take action on smoking and vaping and improve cancer outcomes, the Minister for Health and Aged Care, the Hon Mark Butler, announced a National Lung Cancer Screening Program (NLCSP), in which the Australian Government will invest \$263.8 million over 4 years from 2023–24. Participant screening will commence by July 2025. Individuals eligible to participate in the NLCSP include those aged 50 to 70 years who are asymptomatic, who have a history of cigarette smoking of at least 30 pack-years, and, if former smokers, had quit within the previous 10 years. Implementation activities for the NLCSP began from 1 July 2023. The Department are leading the design and implementation of the NLCSP, working closely in a tripartite Governance partnership with Cancer Australia and the National Aboriginal Community Controlled Health Organisation (NACCHO).

Smoking Cessation is a critical component of the NLCSP screening and assessment pathway, where screening for lung cancer creates a 'teachable moment' for people who smoke. Evidence from other trials has shown that trial participants have higher quit rates than normally expected in the general population. Smoking cessation advice will be embedded in the NLCSP such as through linkages to existing State and Commonwealth smoking cessation programs including Quitline and/or TIS, which are appropriate referral pathways for smokers in the NLCSP who express a desire to change their smoking patterns.³³⁻³⁵

The NLCSP is also aligned with 10-year ambitions in the Plan, and associated 2- and 5-year goals, encompassing a cancer control system that supports all Australians to access personalised, evidence-based cancer prevention and early detection strategies and modern, fit for purpose cancer control infrastructure, advanced by the innovative application of technology, research and data.

International engagement

Australia has been a party to the WHO Convention since 2003. Signature on the Convention is legally binding and obligates Australia to carry out measures such as: banning tobacco advertising and promotion, enacting laws on packaging and labelling, ensuring health policies are not influenced by the tobacco industry and running education and awareness campaigns.³⁶

With some of the best cancer outcomes in the world, Australia also has much to offer our international colleagues in terms of policy leadership, and Cancer Australia takes a leading role in supporting bilateral expertise and information flows. Australia has demonstrated influence via global 'firsts' such as the introduction of tobacco plain packaging, which led 17 other countries to follow suit with matching legislation in the subsequent decade.³⁷

Health Promotion and Communication

Cancer Australia works closely with key stakeholders including the Department of Health and Aged Care to cross promote initiatives and drive cancer awareness through various digital platforms and communication methods such as animated videos and infographics.

Lifestyle risk factors and the primary prevention of cancer

Cancer Australia's [Lifestyle risk factors and the primary prevention of cancer](#) position statement (2015) lists seven recommendations for Australian adults to reduce their risk of cancer. In the Position Statement, Cancer Australia recommends not smoking and avoiding exposure to second-hand smoke to reduce cancer risk.

Check your cancer risk

[Check your cancer risk](#) online tool (2016) is a web based interactive quiz designed to communicate healthy lifestyle messages to the community about reducing individual cancer risk. Content within the tool in relation to modifiable lifestyle factors and reduction of cancer risk (smoking, sun exposure, alcohol, diet, weight, and exercise) has been sourced from this position statement. Animated videos and GIFS representing each modifiable lifestyle factor were developed to support the launch of the online tool on social media and to increase awareness to the wider Australian community.

The dedicated lifestyle page for [smoking](#) provides users with answers to five common myths related to tobacco use; Cancer Australia's recommendation for not smoking tobacco and avoiding exposure to second-hand smoke to reduce your risk of cancer, a downloadable PDF of information, and useful links (e.g. the Australian Government's [How to Stop Smoking](#)).

Cancer Awareness

Cancer Australia is proactive in taking the opportunity presented by cancer awareness calendar dates such as Lung Cancer Awareness Month in November, to promote healthy lifestyle risk reduction messages related to risk reduction for that tumour type.

References

1. Cancer Australia. Lifestyle risk factors and the primary prevention of cancer. Cancer Australia, Canberra, 2015
2. Australian Institute of Health and Welfare. Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2018. Australian Institute of Health and Welfare, Canberra, 2021
3. Australian Bureau of Statistics. Insights into Australian smokers, 2021-22. <https://www.abs.gov.au/articles/insights-australian-smokers-2021-22>. Accessed: 3 October 2023
4. Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2019. Australian Institute of Health and Welfare, Canberra, 2020
5. Australian Bureau of Statistics. National Aboriginal and Torres Strait Islander Health Survey. <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/latest-release>. Accessed: 4 October 2023
6. Australian Institute of Health and Welfare. Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2018. Australian Institute of Health and Welfare, Canberra, 2022
7. Australian Bureau of Statistics. Disability, Ageing and Carers, Australia: Summary of Findings. <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release>. Accessed: 3 October 2023
8. Greenhalgh E, Scollo M and Winstanley M. 2022. Tobacco in Australia: Facts and Issues, Smoking and social disadvantage, 9A.3 People with substance use and mental disorders. Cancer Council Victoria, Victoria, <https://www.tobaccoinaustralia.org.au/chapter-9-disadvantage/in-depth/9a-3-people-with-substance-use-and-mental-disorders>
9. Australian Institute of Health and Welfare. Physical health of people with mental illness. Australian Institute of Health and Welfare, Canberra, 2023
10. Australian Bureau of Statistics. Mortality of People Using Mental Health Services and Prescription Medications, Analysis of 2011 data. <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4329.0.00.006~Analysis%20of%202011%20data~Main%20Features~Introduction%20and%20key%20findings~1>. Accessed: 3 October 2023
11. United States Public Health Service Office of the Surgeon General and National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. 2020. Publications and Reports of the Surgeon General, Smoking Cessation: A Report of the Surgeon General, US Department of Health and Human Services, Washington (DC), <https://pubmed.ncbi.nlm.nih.gov/32255575/>
12. Cancer Council NSW. The impacts of smoking and the benefits of quitting. Cancer Council NSW, 2016
13. World Health Organization. Tobacco: Health benefits of smoking cessation. <https://www.who.int/news-room/questions-and-answers/item/tobacco-health-benefits-of-smoking-cessation>. Accessed: 3 October 2023
14. Cancer Council Australia. Optimal Care Pathways. <https://www.cancer.org.au/health-professionals/optimal-cancer-care-pathways>. Accessed: 17 July 2023
15. Dono J, Martin K, Bowden J and Miller C. A population-level analysis of changes in Australian smokers' preferences for smoking cessation support over two decades - from 1998 to 2017. The Lancet Regional Health – Western Pacific. 2022;19
16. Greenhalgh E, Scollo M and Winstanley M. 2022. Tobacco in Australia: Facts and Issues, Smoking cessation, 7.2 Quitting activity. Cancer Council Victoria, Victoria, <https://www.tobaccoinaustralia.org.au/chapter-7-cessation/7-2-quitting-activity>
17. Lovett R, Thurber K and Maddox R. The Aboriginal and Torres Strait Islander smoking epidemic: what stage are we at, and what does it mean? Public Health Research & Practice. 2017;27(4):e2741733
18. Thomas DP and Calma T. Tackling Indigenous smoking: a good news story in Australian tobacco control. Public Health Research & Practice. 2020;30(3):e3032019

19. Department of Health and Aged Care. Tackling Indigenous Smoking. <https://www.health.gov.au/our-work/tackling-indigenous-smoking>. Accessed: 3 October 2023
20. Australian Bureau of Statistics. Smoking. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/smoking/latest-release>. Accessed: 3 October 2023
21. Baenziger ON, Ford L, Yazidjoglou A, et al. E-cigarette use and combustible tobacco cigarette smoking uptake among non-smokers, including relapse in former smokers: umbrella review, systematic review and meta-analysis. *BMJ Open*. 2021;11(3):e045603
22. International Agency for Research on Cancer 2021. IARC Monographs on the Identification of Carcinogenic Hazards to Humans, Acrolein, Crotonaldehyde, and Arecoline. 128. World Health Organisation, <https://publications.iarc.fr/602>
23. International Agency for Research on Cancer and Carreron-Valencia T 1999. IARC Monographs on the Identification of Carcinogenic Hazards to Humans, Acetaldehyde. 71. World Health Organisation, Lyon, France,
24. National Health and Medical Research Council. 2022 CEO Statement on Electronic Cigarettes. National Health and Medical Research Council, 2022
25. Chief Medical Officer and State and Territory Chief Health Officers. E-cigarettes linked to severe lung illness. Australian Government, Canberra, 2019
26. Department of Health and Aged Care. Budget 2023-2024: Tackling smoking and vaping, and improving cancer outcomes. Canberra, 2023
27. Grogan P and Banks E. Far from 'mission accomplished': time to re-energise tobacco control in Australia. *Public Health Research & Practice*. 2020;30(3):e3032016
28. Whetton S, Tait R, Scollo M, et al. Identifying the social costs of tobacco use to Australia in 2015/16. National Drug Research Institute, 2019
29. Australian Taxation Office. Tobacco tax gap: Latest estimates and findings. [https://www.ato.gov.au/About-ATO/Research-and-statistics/In-detail/Tax-gap/Tobacco-tax-gap/?page=2#Latest estimate and findings](https://www.ato.gov.au/About-ATO/Research-and-statistics/In-detail/Tax-gap/Tobacco-tax-gap/?page=2#Latest%20estimate%20and%20findings). Accessed: 3 October 2023
30. Australian Institute of Health and Welfare. Cancer data in Australia. Australian Institute of Health and Welfare, Canberra, 2022
31. Australian Institute of Health and Welfare. Cancer in Australia 2021. Australian Institute of Health and Welfare, Canberra, 2021
32. Cancer Institute NSW. Cancer incidence and mortality. <https://www.cancer.nsw.gov.au/research-and-data/cancer-data-and-statistics/data-available-now/cancer-statistics-nsw/cancer-incidence-and-mortality>. Accessed: 3 October 2023
33. Ashraf H, Saghir Z, Dirksen A, et al. Smoking habits in the randomised Danish Lung Cancer Screening Trial with low-dose CT: final results after a 5-year screening programme. *Thorax*. 2014;69(6):574-9
34. Brain K, Carter B, Lifford KJ, et al. Impact of low-dose CT screening on smoking cessation among high-risk participants in the UK Lung Cancer Screening Trial. *Thorax*. 2017;72(10):912-918
35. Rankin N, McGregor D, Donnelly C, et al. Evidence review and synthesis for the prospects of a targeted national lung cancer screening program in Australia. 2020
36. Department of Health and Aged Care. WHO Framework Convention on Tobacco Control. <https://www.health.gov.au/topics/smoking-and-tobacco/tobacco-control/who-framework>. Accessed: 3 October 2023
37. Hefler M, Bianco E, Bradbrook S, et al. What facilitates policy audacity in tobacco control? An analysis of approaches and supportive factors for innovation in seven countries. *Tobacco Control*. 2022;31(2):328-334