



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

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**Cancer Council Australia**

6 October 2023



Cancer Council acknowledge the traditional custodians of the lands on which we live and work. We pay respect to Aboriginal and Torres Strait Islander elders past, present and emerging and extend that respect to all other Aboriginal and Torres Strait Islander people.

Cancer Council is the peak, non-Government cancer control organisation in Australia. As the national body in a federation of eight state and territory member organisations, Cancer Council Australia works to make a lasting impact on cancer outcomes by: shaping and influencing policy and practice across the cancer control continuum; developing and disseminating evidence-based cancer information; convening and collaborating with cross sectorial stakeholders and consumers to set priorities; and speaking as a trusted voice on cancer control in Australia.

Cancer Council appreciates the opportunity to comment on **the Public Health (Tobacco and Other Products) Bill** and would be pleased to attend a Hearing to discuss our submission with the Community Affairs Legislation Committee. Please note that in addition to this document Cancer Council tables two attachments:

**Attachment 1** - Cancer Council Australia submission to consultation on the Exposure Draft (July 2023)

**Attachment 2** - Recommended amendments to the Public Health (Tobacco and Other Products) Bill as tabled in the House of Representatives (Wednesday 13th September 2023)

Submission authorised by:  
Professor Tanya Buchanan  
Chief Executive Officer, Cancer Council Australia

Submission contact:  
Megan Varlow  
Director Cancer Control Policy, Cancer Council Australia

## Public Health (Tobacco and Other Products) Bill

**Cancer Council Australia strongly supports the Public Health (Tobacco and Other Products) Bill<sup>1</sup> ('the Bill')** which consolidates, streamlines and simplifies eight disparate tobacco control laws/regulatory instruments. The Bill also modernises limits on the marketing of tobacco products, introducing several controls that have been in place in other countries for some time. **We note the imminent sunset of current regulations covering packaging and advertising and promotion. Any delay in the introduction of new regulations without doubt would be exploited by tobacco companies and would result in significant exposure of Australians, particularly young Australians, to the highly sophisticated kinds of marketing still allowed in some other countries. We urge the Community Affairs Legislation Committee and both Houses of Parliament to consider the Bill and its associated Transition Bill and Regulations without delay.**

Campaigns and laws supported by Australian Parliaments over the past ~50 years have contributed to Australia's smoking prevalence being one of the lowest in the world, with consistent declines over several decades.<sup>2</sup> However much more remains to be done. About 2 million Australians currently still smoke regularly,<sup>3</sup> and an estimated 20,500 people die each year in Australia of a smoking related illness.<sup>4</sup> Smoking is a major cause not just of cancer of the lung, but also cancer of the head and neck, the oesophagus, stomach, liver, pancreas & bowel, the kidney & bladder and the cervix, as well as of acute myeloid leukaemia.<sup>5</sup> Cigarette smoking will cause more than 250,000 cancer deaths in Australia between 2020 and 2044.<sup>6</sup> It is also a major cause of heart disease and stroke in Australia and increases the risk of almost every form of cardiovascular disease, at least doubling the risk of many including heart attack, heart failure and stroke.<sup>7</sup> It has been confirmed as a causative factor for many chronic diseases and conditions such as diabetes, rheumatoid arthritis, macular degeneration and cataracts, peptic ulcer, impotence and fertility problems—all problems which greatly affect quality of life.<sup>8</sup> Health problems caused by smoking are a major contributor to costs in and demands on over-burdened health systems in every state and territory.<sup>9</sup>

Tobacco use contributes to and compounds health and social inequalities in the community<sup>10</sup> and at every stage of life. Smoking during pregnancy reduces birthweight and causes poorer birth outcomes. Ill health

<sup>1</sup> [Public Health \(Tobacco and Other Products\) Bill 2023, in No. 2023](#), Health and Aged Care, 2023.

<sup>2</sup> Global Burden of Diseases Tobacco Collaborators. Spatial, temporal, and demographic patterns in prevalence of smoking tobacco use and attributable disease burden in 204 countries and territories, 1990-2019: a systematic analysis from the Global Burden of Disease Study 2019. *Lancet*, 2021; 397(10292):2337–60. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/34051883>; and Reitsma MB, Flor LS, Mullany EC, Gupta V, Hay SI, et al. [Spatial, temporal, and demographic patterns in prevalence of smoking tobacco use and initiation among young people in 204 countries and territories, 1990-2019](#). *Lancet Public Health*, 2021; 6(7):e472-e481

<sup>3</sup> Australian Bureau of Statistics (5 December 2022), [Insights into Australian smokers 2021-2022](#), ABS website

<sup>4</sup> Australian Institute of Health and Welfare, [Australian Burden of Disease Study 2018: Interactive data on risk factor burden, Tobacco use - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)

<sup>5</sup> US Department of Health and Human Services. [The health consequences of smoking: a report of the Surgeon General](#). Atlanta, Georgia: US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004. And US Department of Health and Human Services. [The health consequences of smoking - 50 years of progress](#). Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014

<sup>6</sup> Q Luo et al, '[Projections of smoking-related cancer mortality in Australia to 2044](#)', (2022) *J Epidemiol Community Health*, 792–9

<sup>7</sup> Banks E, Joshy G, Korda RJ, Stavreski B, Soga K, et al. Tobacco smoking and risk of 36 cardiovascular disease subtypes: fatal and non-fatal outcomes in a large prospective Australian study. *BMC Medicine*, 2019; 17(1):128. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/31266500>

<sup>8</sup> US Department of Health and Human Services. [The health consequences of smoking - 50 years of progress](#). Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

<sup>9</sup> Australian Institute of Health and Welfare. [Disease expenditure in Australia 2019–20](#). Canberra: AIHW, 2022

<sup>10</sup> Tobacco smoking is the biggest single contributor (23%) to the health gap between First Nations and non-First Nations peoples and causes over one-third of all deaths in First Nations populations. Australians who are unemployed, homeless, imprisoned, have a mental illness, or have an alcohol or other drug dependency also have higher smoking rates than the rest of the population.<sup>10</sup> Smoking is a major contributor to the 10–20-

caused by exposure to second-hand smoke during childhood reduces school attendance and can affect academic performance. Foetal and adolescent exposure to nicotine may have long-term and damaging consequences for brain development, potentially leading to learning and mood disorders.<sup>11</sup> Expenditure on tobacco products reduces savings ability and potential for home ownership. It reduces the capacity for financial security in retirement and contributes to the inter-generational transfer of poverty.<sup>12</sup> In 2015–16, tobacco use cost the Australian community an estimated \$136.9 billion.<sup>13</sup> Effectively reducing smoking would go a long way towards addressing a host of other social and economic problems.

The need to restrict marketing, to warn consumers about risks and to reduce the addictiveness of tobacco products is widely accepted and supported across political parties and the Australian community.<sup>14</sup> However, over the last decade, Australia has fallen behind international best practice in several respects on all three of these fronts. Unsurprisingly tobacco companies are exploiting every avenue for marketing that is currently still open to them and consequently the prevalence of smoking in Australia is now not falling as fast as it otherwise would. Without the reforms contained in the Bill, we will fail to meet targets set out in the *National Preventive Health Strategy*<sup>15</sup> and most recently in the *National Tobacco Strategy*<sup>16</sup> of smoking prevalence under 5% by the year 2030.

The coinciding sunset in 2021–22 of regulations supporting the two major pillars of Australia’s tobacco control legislation—the *Tobacco Advertising Prohibition Act 1992* and the *Tobacco Plain Packaging Act 2011*—gave the previous Government the opportunity to comprehensively review the complex web of Australia’s tobacco control laws which has developed in pieces over the past three decades to address different components of the problem—advertising and promotion, misleading labelling, consumer information and fire risk. This review identified several problematic gaps in controls that are currently awkwardly spread between two different Acts and six different regulatory instruments.<sup>17</sup> The current

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year difference in life expectancy between those with mental health conditions and those without. Compared to the rest of the population, smoking rates are about nine percentage points higher among lesbian, gay and bisexual people.

<sup>10</sup> Australian Institute of Health and Welfare. [Australian Burden of Disease Study 2018: Interactive data on risk factor burden](#). Canberra, Australian Government 2021. Last update: Viewed 25/11/2021.

<sup>10</sup> K Thurber et al, ‘[Tobacco Smoking and Mortality Among Aboriginal and Torres Strait Islander Adults In Australia](#)’ (2021) *International Journal of Epidemiology* 50(3): 942-954.

<sup>10</sup> Australian Institute of Health and Welfare, ‘[Alcohol, tobacco & other drugs in Australia](#)’ (2023)

<sup>10</sup> Chesney E, Robson D, Patel R, Shetty H, Richardson S, et al. The impact of cigarette smoking on life expectancy in schizophrenia, schizoaffective disorder and bipolar affective disorder: An electronic case register cohort study. *Schizophr Res*, 2021; 238:29–35. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/34563995>; Productivity Commission, ‘Mental Health Productivity Commission Inquiry Report’ (2020) Report no. 95, Australian Government. Available at: [Volume 1 - Inquiry report - Mental Health \(pc.gov.au\)](#).

<sup>10</sup> Jenkins S, Greenhalgh EM and Scollo MM. ‘9.A.6 Lesbian, gay, bisexual, trans, queer and intersex (LGBTQ+) people.’ In Greenhalgh EM, Scollo MM and Winstanley MH (eds). *Tobacco in Australia: facts and issues*. Melbourne: Cancer Council Victoria; 2022. Available at: [https://www.tobaccoinaustralia.org.au/chapter-9-disadvantage/in-depth/9a6\\_lesbian-gay-bisexual-trans-queer-and-intersexLGBTQI-people](https://www.tobaccoinaustralia.org.au/chapter-9-disadvantage/in-depth/9a6_lesbian-gay-bisexual-trans-queer-and-intersexLGBTQI-people)

<sup>11</sup> National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. ‘E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General’ (2016, Centers for Disease Control and Prevention US). Available at: <https://www.ncbi.nlm.nih.gov/books/NBK538688/>.

<sup>12</sup> Greenhalgh E, Scollo M, and Pearce M. [9.5 Smoking and intergenerational poverty](#), Chapter 9: Smoking and social disadvantage in Tobacco in Australia: Facts & issues. Greenhalgh E, Scollo M, and Winstanley M, Editors. Melbourne: Cancer Council Victoria; 2022

<sup>13</sup> Whetton S, Tait RJ, Scollo M, Banks E, Chapman J, et al. [Identifying the Social Costs of Tobacco Use to Australia in 2015/16](#). Perth, Western Australia: The National Drug Research Institute at Curtin University, 2019.

<sup>14</sup> See <https://www.tobaccoinaustralia.org.au/appendix-1/a1-16-public-perceptions-of-tobacco-as-a-drug-and-public-opinion>

<sup>15</sup> Australian Government Department of Health. *National Preventive Health Strategy*, 2021. Available from: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/national-preventive-health-strategy>.

<sup>16</sup> Government of Australia. *National Tobacco Strategy 2023-2030*. Canberra: Department of Health and Aged Care, 2023. Available from: <https://www.health.gov.au/resources/publications/national-tobacco-strategy-2023-2030>

<sup>17</sup> The *Legislation Act 2003 specifies that* all legislative instruments are subject to sunset. This ensures that legislative instruments are reviewed by the responsible agency at least every 10 years. The following tobacco related legislative instruments, after two previous extensions, will sunset on 1 April 2024:<sup>17</sup>

- *Tobacco Advertising Prohibition Regulation 1993 (TAP Regulation)*
- *Tobacco Plain Packaging Regulations 2011 (TPP Regulations)*.

Government picked up this work and brought it forward into a single comprehensive, streamlined and modernised piece of legislation.

The Explanatory Memorandum for this Bill<sup>18</sup> clearly sets out its rationale and its scope. Cancer Council Australia congratulates the Department of Health and Aged Care and the current and previous Governments for their extensive work on this Bill and we agree that, as currently drafted, it will

1. Consolidate existing legislation to reduce red tape and duplication of portfolio responsibility for policy and enforcement.
2. Update and improve health warnings on tobacco products to better inform consumers about the effects of tobacco use, the breadth and magnitude of which are still greatly underestimated.<sup>19</sup>
3. Improve coverage, enforcement, and compliance with restrictions on marketing by updating advertising restrictions and definitions, and by moving to a civil penalties regime.
4. Expand prohibitions to reduce the public's exposure to the advertising and promotion of e-cigarettes and other novel and emerging products.

It will also

5. Standardise tobacco product size (pack, pouch, and cigarette stick sizes) to reduce the differentiation and obscurity that are currently seriously undermining the effectiveness of tobacco tax increases in reducing tobacco consumption and making products more attractive and affordable to young people.<sup>20</sup>
6. Restrict the use of additives that promote uptake by enhancing the attractiveness and palatability of tobacco products.<sup>21</sup>
7. Eliminate gimmicks including crush balls and novel filters that distract consumers from the reality of harms.<sup>22</sup>
8. Prohibit the use of brand and variant names that distract consumers with connotations of exciting lifestyle advantages and falsely imply reduced harm.
9. Require inclusion in packs of Health Promotion Inserts to encourage and empower people who smoke to make use of techniques and services that support quitting.

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The Department undertook a Thematic Review to simultaneously assess these two instruments to determine whether they remain fit-for-purpose, necessary and relevant, and whether they can be simplified and streamlined such that they are clearer and do not impose unnecessary regulatory burden.<sup>17</sup> The Review needed to also include a review of:

- *Tobacco Plain Packaging Act 2011 (TPP Act)*
- *Tobacco Advertising Prohibition Act 1992 (TAP Act)*
- *Court Enforceable undertakings with tobacco companies (Philip Morris, British American Tobacco Australia and Imperial Tobacco Limited) issued in 2005 (2005 Undertakings)*
- *Trade Practices (Consumer Product Safety Standard) (Reduced Fire Risk Cigarettes) Regulations 2008 (Fire Risk Regulations)*
- *Trade Practices Act 1974 – Consumer Protection Notice No. 10 of 1991 – Permanent Ban on Goods (Oral Tobacco Ban)*
- *Competition and Consumer (Tobacco) Information Standard 2011 (Information Standard)*.<sup>17</sup>

<sup>18</sup> [Public Health \(Tobacco and Other Products\) Bill 2023 and](#) Public Health (Tobacco and Other Products) (Consequential Amendments and Transitional Provisions) Bill 2023 Explanatory Memorandum, Health and Aged Care, Editor 2023.

<sup>19</sup> See **Supplementary Attachment (SA)**

<sup>20</sup> See **SA**

<sup>21</sup> See **SA**

<sup>22</sup> See **SA**

10. Allow the government to effectively design and much more precisely evaluate the effectiveness tobacco control policies by requiring mandatory disclosure of
  - sales volumes and pricing and
  - tobacco advertising and, promotion expenditure.
11. Require dissuasive features on factory-made-cigarettes to reduce appeal of smoking, after the product has been removed from the pack and while it is being used by peers (a crucial time in the modelling of smoking behaviour for young people).
12. Protect the Government’s work in tobacco control from interference by commercial and other vested interests.

Over the past four years, the Department of Health and Aged Care has painstakingly assessed legislation in place in other countries, reviewed the evidence for the effectiveness of these 12 measures from the international public health literature, documented activity by international tobacco companies operating in Australia and examined obligations under international treaties. This work is reflected in its Impact Assessment<sup>23</sup> which the Office of Impact Assessment has rated “Exemplary”. Rather than repeat the extensive materials included in this document we would encourage Members to read that Assessment and the Explanatory Memorandum. We can assure the Committee that the Bill is firmly justified by public health evidence both from Australia and internationally and we would be happy to provide committee members with any explanations or clarification of that evidence which they may require.

We note that all the measures listed in the Bill are in place in at least one other jurisdiction internationally.<sup>24</sup> Cancer Council Australia’s submission (appended in **Attachment 1**) to the consultation on the Exposure Draft of the Public Health (Tobacco and Other Products) Bill provided many suggestions for strengthening the provisions of the Bill and the Regulations, some of which have been incorporated in the Bill as tabled. Naturally we would have liked the Government to have gone further with additional measures not yet adopted, but under consideration internationally, including ending the practice of filter ventilation which is well-accepted by the scientific community to be a consumer fraud that is contributing to the perpetuation of the global smoking epidemic.<sup>25</sup> However, we note a few issues which we think **do** still need to be addressed in the legislation and which can be effected through a couple of simple but crucial amendments. These are outlined in **Attachment 2. We urge this Committee to consider these suggestions.**

Tobacco companies will no doubt try to persuade this Committee that many of the measures in this Bill will be ineffective and will have unintended consequences such as increase in use of illicit tobacco. These are the arguments prepared by head offices of international companies and put by industry players whenever Governments in any country attempt to legislate to reduce harms caused by tobacco products. Predictions of doom did not eventuate following the introduction of plain packaging in Australia and they will not eventuate after these measures are introduced either.

Restrictions on the adding of menthol to tobacco products will no doubt be strongly opposed by tobacco companies which are currently benefitting from a resurgence of interest in menthol products among young

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<sup>23</sup> [Review of Tobacco Control Legislative Framework \(Thematic Review\)](#) 2023. Canberra: The Office of Impact Analysis, Department of the Prime Minister and Cabinet, 2023.

<sup>24</sup> See **SA**

<sup>25</sup> Song MA, Benowitz NL, Berman M, Brasky TM, Cummings KM, et al. [Cigarette Filter Ventilation and its Relationship to Increasing Rates of Lung Adenocarcinoma](#). Journal of the National Cancer Institute, 2017; 109(12):dix075

Australians. Monitoring of product use in a three-yearly survey in Victoria shows a large increase in use of menthol among young adults 18–29, with almost 30% of people in that age group reporting use of menthol crush-balls in 2022, a 50% increase since 2019 and about four times the proportion that use them among adults 50 years and over.

Menthol creates a cooling sensation which masks what would otherwise be the harsh effects of cigarette smoke on the throat. The US Food and Drug Administration<sup>26</sup> and the World Health Organization's expert committee on tobacco product regulation<sup>27</sup> have concluded after extensive investigation that there is compelling evidence that menthol increases addiction, making cessation more difficult.<sup>28</sup> By increasing the palatability of smoking, menthol promotes the uptake of smoking in young people.<sup>29</sup> Guidelines developed by Parties to the Framework Convention on Tobacco Control based on this evidence recommend a total ban on menthol.<sup>30</sup> Menthol bans have been adopted now in numerous international jurisdictions including Canada (2017), the United Kingdom (2020) and the European Union (2020) as well as Turkey, Moldova, Ethiopia, Uganda, Senegal, Congo and most recently the Ukraine.<sup>31</sup> The US States of Massachusetts and California and more than 180 localities within California, Colorado, Illinois, Maine, Massachusetts, Minnesota, New York State, Ohio and Oregon has also introduced bans. These have been followed by increased quit attempts, increased cessation, reductions in smoking prevalence as well as reductions in sales.<sup>32</sup> In the US there is evidence for an overall reduction in cigarette consumption in areas where menthol has been banned, including Massachusetts and San Francisco.<sup>33</sup> Prohibiting companies from adding substances that reduce the harshness of tobacco smoke is a highly cost-effective way of discouraging uptake and increasing cessation success across the whole population, and the absence of this measure in Australia is a serious policy deficiency.

The reporting measures included in the Bill will also be vigorously opposed by tobacco companies with arguments about commercial confidentiality. The information from the Victorian Smoking and Health Survey cited above (collected at considerable cost for Victorian taxpayers and available only once every three years in one state) is the only information available on the types and quantities of tobacco products used in

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<sup>26</sup> U.S. Food and Drug Administration. [Preliminary scientific evaluation of the possible public health effects of menthol versus nonmenthol cigarettes](#). Silver Spring, MD: Center for Tobacco Products, Food and Drug Administration, 2013.

<sup>27</sup> World Health Organization. [Report on the scientific basis of tobacco product regulation: Seventh report of a WHO study group](#). Geneva: WHO, 2019.

<sup>28</sup> Smith PH, Assefa B, Kainth S, Salas-Ramirez KY, McKee SA, et al. [Use of mentholated cigarettes and likelihood of smoking cessation in the United States: A meta-analysis](#). *Nicotine & Tobacco Research*, 2020; 22(3):307-16; Villanti AC, Collins LK, Niaura RS, Gagosian SY, and Abrams DB. [Menthol cigarettes and the public health standard: a systematic review](#). *BMC Public Health*, 2017; 17(1):983

<sup>29</sup> Giovino GA, Villanti AC, Mowery PD, Sevilimedu V, Niaura RS, et al. [Differential trends in cigarette smoking in the USA: is menthol slowing progress?](#) *Tobacco Control*, 2015; 24(1):28-37; Hersey JC, Ng SW, Nonnemaker JM, Mowery P, Thomas KY, et al. [Are menthol cigarettes a starter product for youth?](#) *Nicotine & Tobacco Research*, 2006; 8(3):403-13

<sup>30</sup> Secretariat of the World Health Organization. [Partial guidelines for implementation of articles 9 and 10 of the WHO Framework Convention on Tobacco Control](#), 2017 WHO, Geneva

<sup>31</sup> See SA

<sup>32</sup> Chaiton M, Schwartz R, Cohen JE, Soule E, Zhang B, et al. [Prior daily menthol smokers more likely to quit 2 years after a menthol ban than non-menthol smokers: A population cohort study](#). *Nicotine & Tobacco Research*, 2021; 23(9):1584-9. Available from: Chaiton MO, Cunningham R, Hagen L, Dubray J, and Borland T. [Taking global leadership in banning menthol and other flavours in tobacco: Canada's experience](#). *Tobacco Control*, 2022; 31(2):202-11; Chaiton MO, Nicolau I, Schwartz R, Cohen JE, Soule E, et al. [Ban on menthol-flavoured tobacco products predicts cigarette cessation at 1 year: a population cohort study](#). *Tobacco Control*, 2019; Chung-Hall J, Fong GT, Meng G, Cummings KM, Hyland A, et al. [Evaluating the impact of menthol cigarette bans on cessation and smoking behaviours in Canada: longitudinal findings from the Canadian arm of the 2016-2018 ITC Four Country Smoking and Vaping Surveys](#). *Tobacco Control*, 2021; Fong GT, Chung-Hall J, Meng G, Craig LV, Thompson ME, et al. [Impact of Canada's menthol cigarette ban on quitting among menthol smokers: pooled analysis of pre-post evaluation from the ITC Project and the Ontario Menthol Ban Study and projections of impact in the USA](#). *Tobacco Control*, 2022

<sup>33</sup> Asare S, Majmundar A, Westmaas JL, Bandi P, Xue Z, et al. [Association of cigarette sales with comprehensive menthol flavor ban in Massachusetts](#). *JAMA Internal Medicine*, 2022; Gammon DG, Rogers T, Gaber J, Nonnemaker JM, Feld AL, et al. [Implementation of a comprehensive flavoured tobacco product sales restriction and retail tobacco sales](#). *Tobacco Control*, 2021; Kingsley M, McGinnes H, Song G, Doane J, and Henley P. [Impact of Massachusetts' statewide sales restriction on flavored and menthol tobacco products on tobacco sales in Massachusetts and surrounding states, June 2020](#). *American Journal of Public Health*, 2022; 112(8):1147-50.

Australia. No information is available to the Government from any other source. Reporting regimes are in place in other countries and should be in place in Australia too. Information on product quantities and sales over time will enable Departmental staff to accurately assess the effectiveness of Government policies and are particularly important in an environment of increasing cost and decreasing participation in monitoring surveys. These measures are essential for this purpose, even if confidentiality requirements prevent much of the information being released to researchers or to the public.

In contrast to arguments from the tobacco industry, there will also be people who advise Members of Parliament that these measures do not go far enough.

Some may call for greater action on e-cigarettes; this will include calls by *proponents* to make these more available, as well as calls from *opponents* concerned about nicotine addiction among young people. Measures to address e-cigarettes are being considered by the Therapeutic Goods Administration<sup>34</sup> and additional legislative proposals will come to Parliament in due course. This is a different issue. Whatever is done about e-cigarettes, we need to make sure that as much as possible is being done to discourage tobacco smoking. Parliament should not allow upcoming vaping reforms to distract Members from consideration of this crucial tobacco control Bill which needs their urgent attention.

Others presenting to the Committee may point to initiatives in New Zealand and the United Kingdom which are proposing to end sale of tobacco products to people born after a certain year—a very gradually implemented prohibition. Such measures sound attractive and may be worth considering in the future. But they could only be done in Australia with extensive consultation and in collaboration with States and Territories which are responsible for much of the regulation pertaining to retailers and supply to minors.

Tobacco products are the cause of two in every three deaths among long-term consumers<sup>35</sup> when used exactly as tobacco companies intend their customers to use them. Were cigarettes to be invented today, no regulator would ever let them onto the market. There likely will come a day when it is no longer considered acceptable for commercial entities to profit from selling these lethal and addictive products in Australia to *anyone* regardless of the year in which they were born. That day is not yet here but it will come, and the Bill currently being considered by Parliament will accelerate the declines in smoking necessary to facilitate—at an appropriate time and after careful consideration of how best to achieve it—an orderly end to profit-driven sale of tobacco products in this country.

Properly funded campaigns and improved services for people who smoke who are trying to quit are described in full in Australia's comprehensive *National Tobacco Strategy*.<sup>36</sup> In combination with these policies, the Bill will greatly accelerate reduction in smoking over the next seven years. While each of the measures above is modest in scope, in totality this package of reforms can be expected to exert a major effect. The Bill currently being considered by this Committee is a once-in-a decade chance to dramatically reduce the extent to which the tobacco industry can get around current restrictions and continue to promote a product which is responsible for harm that is unique in both its nature and magnitude.

We urge the Community Affairs Legislation Committee to support the four years of work that has gone into the development of this Bill, and to help the Australian Parliament to bring Australia's tobacco control legislation into the 21<sup>st</sup> Century.

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<sup>34</sup> Cancer Council Australia's position on these proposals is set out in its submission to the TGA consultation.

<sup>35</sup> B Banks E, Joshy G, Weber MF, Liu B, Grenfell R, et al. Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence. *BMC Med*, 2015; 13:38. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/25857449>

<sup>36</sup> National Tobacco Strategy, *op cit*.