

Committee Secretary  
Senate Standing Committees on Economics  
PO Box 6100  
Parliament House  
Canberra ACT 2600

16 August 2015

## RE: INQUIRY INTO PERSONAL CHOICE AND COMMUNITY IMPACTS

### ***The Australian Health Promotion Association***

AHPA is the peak body for health promotion in Australia and the only dedicated professional association specifically for people interested or involved in the practice, research and study of health promotion. Our mission is to demonstrate leadership in health promotion, advocate for the health promotion workforce & support evidenced informed health promotion so that everyone can enjoy good health.

The Association supports more than 1000 members and subscribers, from government departments and agencies, universities, non-government organisations, community-based organisations and groups, private companies and industries, and students. Membership of the AHPA is diverse, and includes designated health promotion practitioners, researchers and students, as well as others involved in promoting physical, mental, social, cultural and environmental health, whose primary profession or area of study may be something different, but whose responsibilities include promoting health.

The Association is governed by a Board at the national level with operational branches in most states and territories. At the national level activities include: the National Health Promotion Conference usually held annually and hosted by Branches on rotation; a tri-yearly Population Health Congress with partners: Public Health Association of Australia, the Australasian Epidemiological Association and the Australasian Faculty of Public Health Medicine; a website providing professional and membership information; a national listserv providing members with employment, advocacy and events information; the Australian Health Promotion Update and the Health Promotion Journal of Australia. At the branch level activities include: professional development, such as seminars, workshops and training on a wide range of topics; employment scholarships for health promotion students or graduates; mentoring programs; conference scholarships; jobs and events e- lists; and newsletters outlining current activities and local issues; and advocacy activities.

### ***Background***

The Australian Health Promotion Association (AHPA) is committed to improving the health and wellbeing of all people. AHPA advocates for the development of healthy living, working and recreational environments for all people. It also supports the participation of communities in decisions that affect their health. Australia is one of the healthiest countries in the world largely because of effective health promotion practice - creating social and environmental conditions that enable Australians to enjoy a healthy and happy life.

***“Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health”***

(from the World Health Organisation Ottawa Charter 1986).

Health promotion not only embraces actions directed at strengthening the skills and capabilities of individuals but also actions directed towards changing social, environmental, political and economic conditions to alleviate their impact on populations and individual health.

To maintain and improve our quality of life, Australia must continue to address the greatest overall threats to our health. The contribution of tobacco smoking and alcohol misuse to Australia’s total disease burden is greater than all other behavioural risk factors combined.

As such, this submission relates mostly to the first two items listed in this Inquiry: tobacco and alcohol.

## **Tobacco**

There is no safe level of exposure to tobacco smoke. Nicotine is highly addictive and kills two out of three regular smokers. Smoking kills those who are vulnerable (eg disadvantaged and those with mental illness) at vastly higher rates than the rest of the population.

While tobacco remains Australia's biggest killer, we can now boast the lowest smoking rates in the world (at less than 13%) thanks to decades of health promotion action including Quitline, plain cigarette packaging, tobacco taxation and smoke-free environment legislation.

A superficial complaint against these effective health promotion measures is that they restrict personal freedom and risk turning our country into a "nanny state". AHPA recognises that some of these measures are indeed 'tough' and designed to marginalise the act of smoking. Crucially, however, these measures demonstrate a consistent, evidence-based, fair and 'across the board' approach to public health recognising that all people (especially the most vulnerable) have an equal right to an environment that is free of tobacco smoke and does not facilitate nicotine addiction.

The tobacco industry usually supports the self-interested "nanny-state" argument with an economic argument: that tobacco is a legal product and restricting its use will reduce industry profits, resulting in workers losing their jobs. AHPA's position is that any industry relying on a business model that is known to kill thousands of people every year is inherently unsustainable. Any concession provided to the tobacco industry is poor economic management and would merely perpetuate the already poor job-security suffered by existing tobacco workers.

Consistent, robust, evidence-based health promotion focusing on this single risk-factor (smoking) currently saves thousands of lives in Australia every year. If replicated internationally, our approach will save hundreds of millions of lives this century. Despite this record of success, the tobacco industry continues to resist these life-saving measures.

## **Electronic Cigarettes**

E-cigarettes are relatively new products which enjoy strong tobacco industry support on the premise that they are an effective 'quitting' aid. The tobacco industry is encouraging governments to regulate E-cigarettes rather than banning them. Their obvious vested interest is that E-cigarettes offer a new revenue-base to replace diminishing tobacco profits.

While the evidence is rapidly building, there are still many unknowns about E-cigarettes. Based on current evidence, it appears as though E-cigarettes are harmful (though not as harmful as tobacco cigarettes), are attractive to younger people, and have more of a 'gateway' effect (introducing young people to tobacco smoking) than a quitting effect. There is also the likely 'normalising' effect of people 'vaping' E-cigarettes (which looks/feels just like smoking) in areas where smoking is banned, thus indirectly encouraging more tobacco smoking overall.

Again, despite the vested "nanny-state" criticism, long-term evidence is crucial in formulating health promotion responses that protect everyone's right to enjoy a healthy and happy existence. As such, the overall long-term impact of E-cigarettes must be known before they are considered for legalisation (let alone regulation).

Given the evidence we do have, the tobacco/E-cigarette industry would need to be able to provide scientifically valid, reliable, long-term and independent proof to governments that E-Cigarettes present no risk to users and bystanders, including unintended harm such as poisoning, re-normalising smoking and the gateway-effect as well as a purported 'quitting' effect.



It is now widely recognised that information and education play a relatively small role in preventing harmful behaviour, and that laws, regulations and policies (eg around pricing and supply) are often necessary to create safer and healthier places, products and situations.

There are hundreds of examples where population-wide regulations are the fairest, most effective and economically viable approach. Prevention of cardiovascular disease through regulations banning trans-fats, limiting dietary salt in margarine and smoke-free public places are far cheaper and more effective than cardiovascular screening and treatment. Likewise, road safety measures such as mandatory seatbelts and random breath testing involve a relatively small curtailment of individual choice for the greater good – safer roads and fewer deaths-saving lives and saving money.

Even the most conservative and socially acceptable regulations will inevitably be criticised by vested interests, who claim that their personal freedoms (to make profits or engage in harmful behaviour) are being restricted by the "nanny state". This "nanny-state" argument ignores the pragmatic fact that careful regulation is often the most simple, effective, fair and transparent way to ensure everyone has the freedom to enjoy a healthy and happy life. Australia must maintain this balanced approach in order to remain an advanced and compassionate society.

For a practical guide on undertaking a measured, evidence informed health promotion approach, we encourage the senate committee to refer to "Public Health: Ethical Issues" by the Nuffield Council on Bioethics. We trust that this inquiry will recognise that sensible regulation results in better, fairer, more cost-effective and long term health outcomes for everyone, whilst ensuring individuals are involved in decisions about their health.

We appreciate the opportunity to make this submission and present our ideas to you. Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

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President

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Director | Advocacy Projects

#### **Additional notes:**

Investment in health promotion and public health has considerable return on investment. See for example:

- Canadian Public Health Association: [http://www.youtube.com/watch?v=TVZxtuZhN\\_M](http://www.youtube.com/watch?v=TVZxtuZhN_M)
- American Public Health Association: <http://www.publichealthnewswire.org/?p=7079>

See key papers from public health experts:

Moore M, et al., Which nanny-the state or industry? Wowzers, teetotallers and the fun police in public health advocacy, Public Health (2015), <http://dx.doi.org/10.1016/j.puhe.2015.01.031>

Harvey KJ. "I want to consume this product; should public health experts stop me?"-Yes-Opposing views. Med J Aust. 2011 Oct 3; 195(7):378. PubMed PMID: 21978333.