

**QoN 015-01 As you note, this inquiry is making the issue of ‘tobacco harm reduction’ all about e-cigarettes and vaping but it is much broader than that.**

**a) What harm reduction strategies have been proven to work against tobacco uptake/use?**

**b) In your view, what does Australia need to do, or continue to do, to reduce the harm from tobacco?**

A)

As noted in our evidence, – it is wrong and misleading to define “tobacco harm reduction” as only applying to novel tobacco products. There is good evidence on the tobacco industry’s use and promotion of the term “harm reduction” to promote its interests, rebuild its reputation, and gain access to policy-makers. Even now, beyond their e-cigarettes, tobacco companies are also heavily promoting further novel products wherever they can – while fiercely opposing evidence-based measures that will reduce smoking. Hence a description used occasionally of e-cigarettes as “a weapon of mass distraction”.

There is nothing new about fervent claims for assorted cessation approaches, or about new, supposedly “safer” products. There has been a stream of these products for decades, usually distracting attention from policies tobacco companies oppose. The “low tar”, “light” and “mild” frauds are just one set of examples. We have seen many such promotions, designed to persuade the public that they could continue smoking – even including some from the UK decades ago that generated a string of headlines such as “Go-ahead for safe cigarettes”.

A 2016 paper in the European Journal of Health Policy by Moore, McKee and Daube entitled “Harm reduction and e-cigarettes: Distorting the approach” noted that the argument for e-cigarettes to “be considered a form of harm reduction, analogous to that which has been successful with narcotics.....is based on highly selective use of the evidence, coupled with a fundamental misunderstanding of a comprehensive harm minimisation strategy (which) includes....also reduction in demand and supply”, and misrepresents policies that have been used with narcotics. Further, “some of those who have advocated electronic cigarettes as a means of harm reduction have promoted policies that have the opposite effect”.

It is indeed a nonsense to refer to “harm reduction” only in this context, when there is so much evidence that strategies recommended and implemented by health authorities have dramatically reduced both smoking and its harms.

The harm reduction measures proven to work against tobacco use as part of a comprehensive approach are as outlined in the WHO Framework Convention on Tobacco (FCTC) to which Australia is a Party and in many reports including that of the National Preventative Health Taskforce. In summary, the comprehensive approach recommended entails the measures below – see following each brief commentary on further action needed in Australia at this stage:

\* health-based taxation policy. i) Ensure at a minimum regular increases at least in line with changes in average weekly earnings, ii) Ensure that Roll Your Own (RYO) products are subject to similar tax levels and increases.

\* Strong, adequately funded, sustained media campaigns. The current allocation is \$20 million for the next three years, which is 0.04% of the government's tobacco tax revenue over that period. This should be raised to \$40 million p.a.

\* End all forms of tobacco industry and tobacco product advertising and promotion, with full implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control. This should be extended to include indirect forms of tobacco promotion, including political donations and public relations activities

\* Eliminate exposure to second hand smoke in public places and wherever else possible. Further action by appropriate Federal and state/territory government agencies

\* Regulate manufacturing and further regulate packaging and supply of tobacco products. This should include issues such as updated health warnings, pack size, product modifications (e.g. filter capsules), flavours and infusions, and misleading product names

\* Ensure best practise, evidence-based tobacco dependence treatment as part of the health system. Work at all levels to embed smoking cessation in routine care, particularly for people in frequent contact with the health and social sectors.

\* Work in partnership with Indigenous groups to boost efforts to reduce smoking and exposure to tobacco among Indigenous Australians. Continue and expand support for the Tackling Indigenous Smoking Initiative, and related activities

\* Boost efforts to discourage smoking in other highly disadvantaged groups, with a special focus on people with mental health problems. Major programs to encourage, support and assist people with mental health problems to quit.

\* Comprehensive monitoring, with a focus on ensuring implementation of all measures, from sales to minors to direct and indirect marketing by tobacco companies and related entities.

There is evidence to support all of the above measures as part of a comprehensive approach. There should also be consideration of further measures that are being considered or implemented elsewhere, such as gradual reduction of sales outlets permitted to sell tobacco products.