



**Heart  
Foundation**

**Heart Foundation  
Submission on the draft  
*South Australian Tobacco  
Control Strategy 2021-  
2025***

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# **About the Heart Foundation**

For over 60 years the Heart Foundation has been the trusted peak body working towards an Australia free of heart disease.

We work to reduce heart disease and improve the heart health and quality of life of all Australians through our work in Risk Reduction, Support, Care and Research.

## **General comments**

The Heart Foundation appreciates the opportunity to comment on the ***South Australian Tobacco Control Strategy 2021-2025***. The Strategy has the opportunity to continue to drive down smoking rates, and to address the emerging issue of tobacco and nicotine delivery devices.

While smoking rates are at a historic low in South Australia, the tobacco and vaping industries continue to target children and young people in new and inventive ways, with teenagers and young adults at particular risk of addiction to e-cigarettes containing nicotine, and of progressing to smoking tobacco.<sup>1</sup>

We commend the SA Government on the strategy and the comprehensive priority areas and actions that are proven effective to address tobacco control and cessation, particularly:

- A focus on reducing the social inequalities associated with the use of tobacco products.
- Smoking cessation protocol and brief intervention.
- Working with local councils to increase the number of smoke-free areas.
- Continued investment in state-wide social marketing campaigns at evidence-based levels.

The Heart Foundation particularly supports the brief intervention for cardiac patients and for those visiting their GP for a health assessment or a heart health check.

We recommend that the Key Actions list the responsible lead and partner agencies (as per the last strategy) to ensure clear implementation roles. We would also like to understand how DASSA will be operating under Wellbeing SA, and how this will influence the Strategy.

### **Our suggestions for strengthening the strategy are as follows:**

1. Address the increasing uptake of e-cigarettes and new products such as heated tobacco products

The strategy needs to be strengthened and be consistent to address:

- The increasing use of e-cigarettes (e.g. disposable and Juul)
- The emergence of other novel nicotine delivery devices (e.g. oral tobacco, snus, heated tobacco products)

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<sup>1</sup> Wasowicz A, Feleszko W, Goniewicz ML. E-Cigarette use among children and young people: the need for regulation. Expert review of respiratory medicine. 2015;9(5):507-9.

- **Young people are targets**

Australian Government data shows that e-cigarette use among smokers is highest, by a wide margin, in 14 to 24-year-olds, with just over 69% reporting any use in their lifetime. Current use (as distinct from any lifetime use) among Australian teenagers aged 14 to 17 is 17.5%. This is the second-highest usage rate by age group, second only to 18 to 24-year-olds (18.7%).<sup>8</sup> This is similar to trends in other countries, where usage in school children and young adults is even higher, due to the widespread availability and marketing of e-cigarettes.<sup>ii, iii, iv, v</sup> More than 64% of Australian teenagers (14 to 17-year-olds) who used e-cigarettes did so before trying tobacco cigarettes. E-cigarette use in Australian teenagers aged 14 to 17 has more than tripled in the three years to 2019. The latest data shows the main reason Australian teenagers use e-cigarettes is curiosity (73.2%) followed by a preference for how e-cigarettes taste (18.3%). E-cigarette usage rates in Australian smokers in their 50s is less than half that of Australian teenage smokers aged 14 to 17. This further refutes the claim that e-cigarettes are for long-term smokers trying to quit. On this evidence, the market for e-cigarettes is young people. As noted in the ANU report, Australia has an outstanding record in recent years in protecting young people from the harms of tobacco and nicotine. The tobacco industry is also on record stating the importance to its profits in addicting new generations to its products.<sup>vi</sup>

- **We all have to be more than “vigilant”**

Under Challenges, The Strategy states “the need to remain vigilant in response to these novel and emerging products..”

Vigilant implies that now is the time to watch and wait. Yet the image here shows that we cannot be complacent. This is the astounding number and range of products confiscated (there could have been more) from 3 NSW high schools over 1 term. It includes disposable and refillable e-cigarettes both with and without nicotine (mostly 5%).

The strategy needs some clear and evidence-based approaches to reducing access. Restricting access from outlets near schools will go some way to reducing purchases. However, a quick search on Facebook Marketplace reveals e-cigs are freely available to buy online (pick up) and cheap – [Search Fruit Puffs](#) – despite being illegal there is limited control to address this gap. The disposable e-



<sup>ii</sup> National Health and Medical Research Council, CEO Position Statement on electronic cigarettes, 2017; summary updated, June 2020

<sup>iii</sup> Commonwealth Science, Industry and Research Organisation, Review of E-cigarettes, August 2018

<sup>iv</sup> Banks, E, Joshy, G, Beckwith, K, Summary report on use of e-cigarettes and relation to tobacco smoking uptake and cessation, relevant to the Australian context Australian National University, September 2020.

<sup>v</sup> Soneji, Barrington-Trimmis, Wills, Association Between Initial Use of e-Cigarettes and Subsequent Cigarette Smoking Among Adolescents and Young Adults – A Systematic Review and Meta-analysis, Journal of the American Medical Association (Paediatrics), August 2017.

<sup>vi</sup> Cummings KM, Morley CP, Horan JK, Steger C and Leavell NR. Marketing to America's youth: evidence from corporate documents. Tobacco Control 2002

cigarettes have nicotine equal to two or more packs of traditional cigarettes. But even e-cigarettes that claim to have no nicotine in them, when tested, do contain nicotine.<sup>vii</sup>

- **Regular data collection and a secondary target for e-cigarettes**

The **primary target** for daily smoking prevalence of 6.5% is commendable, and would have important health outcomes, particularly if achieved in the target groups. However, we call for the government to also collect state-based e-cigarette data, annually and to include the younger age groups. This would ensure that any policy interventions and actions needed can be implemented in a timely manner.

- **Reduce the number of e-cigarette retail outlets by increasing the licence fee and putting a cap on number of licences issued**

License fees and penalties should be high enough to recover the full costs of administering, educating and enforcing the laws governing retailers. A comprehensive and visible monitoring and enforcement scheme needs to accompany these penalty changes, so that there is a realistic threat of a compliance check. The World Health Organization's Framework Convention on Tobacco Control recommends robust enforcement efforts to inspect retailers at sufficient frequency to deter violations, and where appropriate cancel the right to sell tobacco and e-cigarette products.

## 2. Address the tobacco industry tactics

- **Ban political donations**

The World Health Organization's Framework Convention on Tobacco Control Article 5.3 calls for transparency in tobacco control process – which is increasingly an issue as the e-cigarette industry is bought up by the tobacco industry. We call for an action (under key priority area 7) to consider prohibiting political donations from the tobacco industry and organisations associated with the tobacco industry.

- **Stop all interaction with the tobacco industry and those promoting their products**

The World Health Organization Framework Convention on Tobacco Control, Article 5.3 (4.11) says 'Parties should, in addition, raise awareness about the tobacco industry's practice of using individuals, front groups and affiliated organisations to act, openly or covertly, on their behalf or to take action to further the interests of the tobacco industry', with a further recommendation that governments prohibit '...contributions by the tobacco industry or any entity working to further its interests to the coffers of political parties, candidates or campaigns...'.<sup>viii</sup> - Page 19 lists the key actions for limiting interactions with the tobacco industry, and this should be extended to include lobbyists and "front groups". A front group is an organisation that purports to represent one agenda while in reality it serves some other party or interest whose sponsorship is hidden or rarely mentioned. The tobacco industry has a long history of using front groups. The Alliance of Australian Retailers (AAR) is a tobacco industry front group financed by Philip Morris, Imperial Tobacco and British American Tobacco. Internal tobacco industry and AAR documents that were leaked to the media revealed 'The tobacco industry not only funded the

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<sup>vii</sup> Chivers et al. Nicotine and other potentially harmful compounds in "nicotine-free" e-cigarette liquids in Australia, MJA 2019

<sup>viii</sup> World Health Organisation. 2003, 'WHO Framework Convention on Tobacco Control', Geneva, Switzerland.

campaign being run by the AAR to stop plain packaging being introduced, it also employed the public relations firm to run the campaign, approving who did media interviews and managed the strategy for lobbying government'. The Australian Tobacco Harm Reduction Association is another front group calling themselves a "health promotion charity" run by Colin Mendelsohn and promoting e-cigarettes. In addition, there should be requirements in government contracts, grants and research awards that recipients also must not interact with the industry, lobbyists or front groups to limit their spruiking of their misinformation and promotion/marketing of their products.

I thank you for your consideration, and my Senior Policy Advisor and I would welcome a chance to meet with you and to discuss the strategy further.

The Heart Foundation would be pleased to support the strategy implementation, and to work in partnership with other leading state organisations to ensure it meets intended health outcomes.

Yours sincerely

A handwritten signature in blue ink that reads "Imelda Lynch". The signature is written in a cursive style with a small flourish at the end.

**Imelda Lynch**  
**Chief Executive Officer SA/NT**