

31 March 2022

Department of Health  
GPO Box 9848  
Canberra ACT 2601

Via email: [tobacco.control@health.gov.au](mailto:tobacco.control@health.gov.au)

Dear Department of Health,

**Re: Draft National Tobacco Strategy 2022-2030**

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide comments on the draft National Tobacco Strategy 2022-2030 (the Strategy). We strongly support the commitment of the National Tobacco Strategy to reduce the amount of tobacco use and improve the health of all Australians.

Australians visit their general practitioner (GP) more than any other health professional.<sup>1</sup> GPs work within communities, deal with all aspects of physical and mental health, provide care through all stages of life and consider patients within their social, cultural, and environmental contexts. This provides many opportunities for GPs to provide comprehensive, coordinated preventive care and tailored health advice. This has been shown to improve targeting of services<sup>2</sup> and increase patient awareness, understanding and confidence regarding their health and wellbeing. Specifically for smoking cessation, GPs can systematically identify people who smoke and offer advice and cessation treatment (or referral) at every opportunity.<sup>3</sup>

The RACGP is a strong advocate for smoking cessation and supports our members to undertake smoking cessation consultations. Our [Supporting smoking cessation: A guide for health professionals](#) guideline includes the latest recommendations and information on smoking cessation.

We provide the following comments on the framework and relevant priority areas of the Strategy.

**1. Framework of the draft strategy**

Question 1. Do you agree with the goals and smoking prevalence targets for the draft NTS 2022-2030?

- The Strategy aims to achieve a national daily smoking prevalence of less than 10% by 2025 and 5% or less by 2030 in Australia. However, the [National Preventive Health Strategy](#) has a target of eventually eliminating tobacco. Other countries have elimination as a target and the eventual elimination of tobacco use should be adopted by the Strategy.
- A target of zero uptake should be included given the uptake of smoking in children and adolescents is still an issue.
- A summary of all populations with a high smoking prevalence should be included in the introduction section. As well as Aboriginal and Torres Strait Islander populations, include other high-risk groups such as those with serious mental illness, who are five times more likely to smoke<sup>4</sup>.

Question 2. Do you agree with the objectives for the draft NTS 2022-2030?

The Strategy provides a good set of objectives. As mentioned in the Strategy, the prevalence of tobacco use in the Aboriginal and Torres Strait Islander population, as well as other high risk groups, remains high despite the decrease in prevalence in the general population. Sufficient support (e.g. through targeted resources) is needed for these populations to help achieve a decrease in smoking rates. Therefore, the RACGP recommends adding an additional objective - "target smoking cessation and prevention resources to populations who have been left behind in the general population decline in smoking prevalence".

Question 3. Do you agree with the guiding principles for the draft NTS 2022-2030?

The Strategy should:

- Have more clarity about a future target of zero tobacco use, as mentioned to our response to Question 1.
- Be clear about including nicotine containing products as well as tobacco and review the language used in all documents, particularly those relating to compliance, so it is consistent with preventing illegal non-prescribed use of e-cigarettes and other nicotine containing products.
- Include the use of tobacco in conjunction with cannabis. Smoking rates in people with other drug dependencies, such as cannabis, are two to four times those of the general population.<sup>3</sup>

**2. Priority areas and actions of the draft strategy**

Question 4. Do you agree with the priority areas for the draft NTS 2022-2030?

The RACGP is supportive of all the priority areas in the Strategy. We recommend the Strategy supports global efforts to reduce harms from tobacco and to reduce the economic value of selling tobacco-related products. Declarations related to direct or indirect investments in the tobacco industry needs to be transparent to all Australians.

It is important to ensure the government does not invest in foreign aid for agriculture or other international programs that support the tobacco industry. While there is some mention of international efforts, this needs to also be included as a priority area.

Question 5. Do you agree with the actions listed under each priority area for the draft NTS 2022-2030?

- Priority area 1  
The Strategy should more clearly document the restrictions on lobbying, which should encompass all nicotine containing products, and these measures should be supported by clear guidelines for lobbyists.
- Priority area 2  
The RACGP strongly supports campaigns by state and non-government organisations. A commitment to long term funding investment by government for these campaigns will ensure they convey the greatest health benefit. These campaigns should be carefully designed to not stigmatise smokers or people suffering from the health impacts of smoking as stigma undermines health interventions and causes direct harms.



Regulatory options around nicotine marketing needs to be strengthened (for example, marketing by 'influencers' on novel media such as YouTube, TikTok, WeChat, Instagram etc.)

- **Priority area 3**  
The RACGP supports increased taxation on tobacco.  
A stronger commitment to the enforcement of illegal tobacco sales needs to be in place.
- **Priority area 4**  
The RACGP strongly supports continued funding to programs for and by Aboriginal and Torres Strait Islander communities, noting that funding appears to have declined where it needs to be maintained and if possible increased.
- **Priority area 5**  
There needs to be continued support for those at higher risk of harm from tobacco use. The RACGP notes there is poor access to adequate primary care services in some rural and remote areas, and for low socioeconomic status populations. This remains as barrier for some vulnerable or at-risk populations to access smoking cessation support. More general measures to ensure easy access to primary care are required to ensure support for smoking cessation.
- **Priority area 6**  
The RACGP believes the Strategy should include a recommendation that all political parties be rejecting all donations from tobacco companies and refrain from meeting with any tobacco company lobbyists.
- **Priority area 8**  
The RACGP recommends an increase in age restriction for access to tobacco products. Support should be given for research around the modelling and pilot of an age-related tobacco ban.
- **Priority area 9**  
This priority area should include targeted early intervention and education for school children. The RACGP supports the development and implementation of additional measures to further restrict the marketing and availability of all e-cigarettes, regardless of their nicotine content. We agree there should be a national regulatory framework rather than different approaches taken by each state and territory. Funding should also be provided to strengthen research, monitoring and surveillance activities for the marketing and use of novel and emerging products for nicotine delivery and use. In particular, the update of prescribed nicotine containing products and monitoring of adverse events and long-term consequences of e-cigarettes should be evaluated. Campaigns around health education and regulation should address products that are consumed with tobacco, such as cannabis.
- **Priority area 10**  
The RACGP is supportive of having smoke-free outdoor environments. The Strategy should consider requiring smoke free outdoor environments for clubs and bars. Non-smokers have reduced access to outdoor smoke-free areas at these entertainment venues, as they are often designated as smoking areas.

Thank you again for the opportunity to provide feedback on the draft Strategy. For any enquiries regarding this letter, please contact Stephan Groombridge, National Manager, eHealth and Quality Care on 03 8699 0544 or [stephan.groombridge@racgp.org.au](mailto:stephan.groombridge@racgp.org.au).

Yours sincerely



Dr Karen Price  
President

## References

1. Australian Department of Health. Annual Medicare Statistics – Financial Year 1984-85 to 2019-20. Canberra: Department of Health; 2020.
2. Primary Health Care Advisory Group. Better outcomes for people with chronic and complex health conditions. Canberra: Department of Health; 2015.
3. The Royal Australian College of General Practitioners. Supporting smoking cessation: A guide for health professionals. 2nd edn. East Melbourne, Vic: RACGP, 2021.
4. Morgan, M; Peters, D; Hopwood, M; Castle, D; Moy, C; Fehily, C; Sharma, A; Rocks, T; Mc Namara K; Cobb, L; Duggan, M; Dunbar, JA; Calder, RV. Better physical health care and longer lives for people living with serious mental illness. Mitchell Institute, Victoria University, Melbourne, August 2021.