



SOUTH AUSTRALIA

**AUSTRALIAN MEDICAL ASSOCIATION  
(SOUTH AUSTRALIA) INC.**

ABN 91 028 693 268

10 May 2019

Kirsty Mudge  
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Dear Kirsty,

**RE: Discussion paper on strengthening tobacco control laws in South Australia**

The Australian Medical Association of South Australia, AMA (SA), as the peak professional organisation representing medical practitioners in SA, welcomes the opportunity to comment on the 'discussion paper' submitted to us, which proposes strengthening of South Australia's tobacco control laws.

The AMA(SA) actively supports legislation, regulation and policy measures aimed at reducing the rate of tobacco smoking, which is an independent and major risk factor for early death and chronic diseases, including many types of cancer, respiratory disease and heart disease. Two of every three smokers will die as a result of their smoking.<sup>1</sup> The AMA(SA) supports moves to further control tobacco use in Australia, which is already a world leader in tobacco control.<sup>2</sup>

Limiting the use of tobacco among Australians is critical for a healthy and productive nation. The AMA's Position Statement *Tobacco Smoking and E-cigarettes – 2015* highlights the need for ongoing measures around tobacco control, specifically:

- Continuing change in the social climate or trends so that smoking is increasingly regarded as unhealthy and unnecessary, rather than 'normal' behaviour;
- Changes to economic context or legislative regulation so that cigarettes are less available, advertising and media promotion of smoking prohibited and information about the hazards of smoking is readily available, supported and reinforced;
- Diverse approaches to the assessment and support of cigarette smokers to quit, including strategies targeting individual smokers', using taxation on tobacco products as well as other financial penalties and establishing smoke-free environments.

<sup>1</sup> Banks, E., Joshy G., Webber, MF. (2015). Tobacco smoking and all cause mortality in a large Australian cohort study: Findings from a mature epidemic in current low smoking prevalence. *BMC Medicine* 2015, 13:38 doi:10.1186/s12916-015-0281-z.

<sup>2</sup> World Health Organization. (2017). WHO Report on the Global Tobacco Epidemic 2017: Monitoring tobacco use and prevention policies. WHP: Geneva. Available from: <https://apps.who.int/iris/bitstream/handle/10665/255874/9789241512824-eng.pdf;jsessionid=C4FE5B6F9C02C422B9DB3400885EF8ED?sequence=1>

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your profession

Some tobacco control measures in Australia have contributed to declines in smoking. However, recently these declines have slowed.<sup>3</sup> As a nation and in South Australia we cannot be complacent, given failure to achieve goals set out in the National Tobacco Strategy 2012-2018. The AMA supports strengthening laws to further discourage smoking, an activity with substantial impact on individuals' health and wellbeing – as well as, inevitably, associated increase cost and resources allocated by our health system to treat smoking-related diseases.

At the same time, the AMA notes that tobacco smoking is not, in and of itself, an illegal activity. While we may decry its impact, we also recognize that many South Australians choose to smoke and have a right to do so without discrimination. We suggest that in planning changes designed to strengthen legislation, with the clear intention to discourage smoking, the South Australian Government ensure smokers' who choose to disregard public health warnings are permitted to smoke without inflicting additional harm either upon themselves or on others.

### **Smoking in outdoor areas**

The AMA(SA) notes the ambiguity in legislation that allows people to eat meals in outdoor areas where smoking is permitted, and vice versa. The AMA(SA) agrees with the recommendation that any area that has been set aside for outdoor dining should be automatically prevented from being one where smoking is also allowed. If a smoking area is required, the serving and consumption of meals in that area should not also be allowed.

### **Smoking when children are present**

The AMA(SA) also recognises the risk associated with exposure to second-hand smoke, particularly among infants and young children who may be unable to avoid exposure. We also note that unlike the people who choose to smoke, the children near them are exposed to the risks without having made this choice.

The AMA(SA) supports measures that aim to reduce children's exposure to second-hand smoke in confined spaces, including the home and in motor vehicles. However, we note that South Australia's penalties (e.g. fines) are below equivalent interstate penalties. AMA(SA) supports the recommendation that penalties are increased. Similarly, we support the recommendation that a 10-metre exclusion zone be introduced around child-care centres, kindergartens and schools.

### **Sale or supply of tobacco products**

The AMA(SA) strongly supports any measure that limits the sale and supply of tobacco products near schools, for the same reasons that we support advertising bans and other controls on the promotion of tobacco products, including e-cigarettes. Tobacco companies are becoming more sophisticated in their approaches to promoting their products, especially online and through product placement; young people do not need such promotion reinforced by the ready availability of the products they are being led to believe are glamorous or 'cool'.

The AMA(SA) suggests that South Australia consider implementing legislation that, like the San Francisco ordinance, prevents the sale of tobacco products within 156 metres of a school or establishing new sites in which tobacco may be sold. Such measures appear to have an impact. While this approach might appear controversial, it might demonstrate that our state is willing to take strong action to reduce tobacco use and to limit the detrimental effects on health.

### **E-cigarettes**

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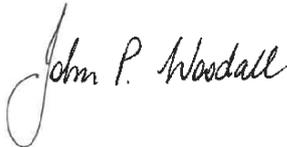
<sup>3</sup> Australian Institute of Health and Welfare 2018. Australia's health 2018. Australia's health series no. 16. AUS 221. Canberra: AIHW. Available from: <https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf.aspx?inline=true>

In the context of well-established evidence that tobacco smoking causes cancer and the resulting declines in smoking rates, it is perhaps not surprising that the tobacco industry recognises the potential in products that either maintain or establish a nicotine addiction. However, while Nicotine is extremely addictive, there may also be convincing arguments and evidence to support a “harm-minimisation” strategy that includes use of E-cigarettes to assist in the reduction or cessation of cigarette smoking.

Nevertheless, despite uncertainty, any lack of consistency between legislation applying to E-cigarettes and Tobacco products is likely risk “*dilution of the scope and nature of harm reduction as a coherent strategy*”<sup>4</sup>. The AMA(SA) strongly encourages efforts to ensure an framework of legislative regulation that includes robust exclusion of advertising and marketing of e-cigarettes. Specifically, the AMA believes that similar restrictions, as set out in the *Tobacco Advertising Prohibition Act 1992*, should also apply to e-cigarettes. The AMA would also welcome moves to address any inappropriate advertising of e-cigarettes as cessation aids. It is important that all consumers are accurately informed about the products available to them.

The AMA(SA) strongly supports measures to control the uptake and use of tobacco products as well as public health strategies that contribute to a continuing decline in smoking of cigarettes as well as the use of other addictive and harmful substances such as nicotine. We urge the SA Government to continue provide sufficient funding and the necessary resources for hospitals, clinics and community services, to support people who are addicted to, or over-use, nicotine and other addictive substances who require services to assist their cessation and manage symptoms associated with their withdrawal.

Yours sincerely

A handwritten signature in black ink that reads "John P. Woodall". The signature is written in a cursive style with a large initial 'J'.

**Dr John P Woodall**  
MAICD, PhD, MBA, MBBS, AMA(M)  
Acting Chief Executive

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<sup>4</sup> E-cigarettes and the Harm-reduction Continuum; NEJM (2018), 378:216-219.