



The Royal
Australian &
New Zealand
College of
Psychiatrists



Australian Government Department of Health
Draft National Tobacco Strategy 2022-2030
March 2022

Improve the mental health of communities

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has more than 7400 members including more than 5400 qualified psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

Introduction

The RANZCP is aware of the dangers and prevalence of tobacco use and its associated health costs. Nicotine dependence is associated with significant morbidities across both physical and mental health dimensions, and mortalities; as such Nicotine dependence is a core concern for psychiatrists.

The RANZCP welcomes the opportunity to provide feedback on the [Draft National Tobacco Strategy 2022-2030](#). Members from a range of RANZCP committees including the Faculty of Addiction Psychiatry and the Community Collaboration Committee, were given the opportunity to provide feedback. Their responses inform the submission below, to be submitted via the online survey.

Further information on the RANZCP's position on smoking and tobacco cessation can be found in our Position Statement 97: [E-cigarettes and vaperisers](#), which has also informed this submission.

1. Do you agree with the goals and smoking prevalence targets for the draft NTS 2022-2030? Please provide an explanation for your selection

The RANZCP recognises the goal of the Strategy, "to improve the health of all Australians by reducing the prevalence of tobacco use and its associated health, social, environmental and economic costs, and the inequalities it causes". Tobacco is the leading cause of cancer in Australia, accounting for 22% of the cancer burden. The draft strategy's goal to reduce these health costs is a positive development.

A target to achieve a national daily smoking prevalence of less than 10% by 2025 and 5% or less by 2030 is also a welcome addition. Performance measures such as these are an effective means to measure the success of the strategy, enhancing the ability to evaluate and inform future strategy design.

2. Do you agree with the objectives for the draft NTS 2022-2030? Please provide an explanation for your selection.

Prevent and reduce tobacco use among Aboriginal and Torres Strait Islander people

Tobacco smoking is a significant cause of ill health and early death among Aboriginal and Torres Strait Islander peoples, responsible for 23% of the gap in health burden between Indigenous and non-Indigenous Australians. The RANZCP therefore welcomes this objective, to respond to the unique needs of Aboriginal and Torres Strait Islander peoples.

Prevent and reduce tobacco use among groups at higher risk from tobacco use, and other populations with a high prevalence of tobacco use

As expressed in the RANZCP's [Position Statement](#). People living with mental illness suffer disproportionately from the harm of tobacco smoking. People living with mental illness are not only more likely to smoke but smoke more heavily than the general population and are less likely to succeed in smoking cessation attempts. Smoking is one of the leading causes of the physical health gap between people with and without mental illness. For more information, please see the RANZCP publication [Keeping](#)

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[Body and Mind Together: Improving the physical health and life expectancy of people with serious mental illness](#) and the Mitchell Institute's [Being Equally Well Roadmap](#).

The inclusion of a specific objective to respond to the unique care needs of people living with mental health is a welcome addition to the draft strategy.

Prevent and reduce harms associated with the marketing and use of novel and emerging products

The RANZCP supports the objective to reduce the marketing of novel and emerging products, supporting advertising and plain packaging restrictions for vaporisers and e-cigarettes.

Ensure that tobacco control in Australia is guided by focussed research, monitoring and evaluation

Research and evidence gathering is an essential element of strategy design to support service design, governance and accountability arrangements. The use of data will therefore foster improvements in services working towards reducing tobacco use. The RANZCP welcomes the objective to expand this research base and conduct thorough evaluation of services.

There is a particular lack of evidence on e-cigarettes and vaporisers. Future developments of the strategy should be vigilant to any emerging evidence on long-term health problems and promote long-term studies recording the magnitude of the effects of long-term vapour inhalation on people's health, and its impact on smoking cessation.

Protect tobacco control policy from all commercial and other vested interests

As noted in the draft strategy, tobacco companies employ sophisticated strategies to undermine the development and implementation of Australian tobacco control policies. The RANZCP supports this objective, [advocating](#) that the tobacco industry should not be involved in shaping regulations given the unavoidable conflict of interest, as is the case for tobacco products currently.

3. Do you agree with the guiding principles for the draft NTS 2022-2030? Please provide an explanation for your selection.

Working in Partnership

This guiding principle will strengthen the draft strategy's goal of reducing the prevalence of tobacco use and its associated health, social, environmental and economic costs. Co-design processes utilise the shared expertise and resources of governments (local, state and federal), NGOs, healthcare professionals, research groups and community groups, and build the capacity of the strategy. This position is supported by the [Select Committee on Mental Health and Suicide Prevention](#), which recommends including consumer co-design and community partnership requirements to ensure equitable access for priority populations.

The Evidence Base for Tobacco Control

The RANZCP supports this guiding principle (See the above response to objective: 'Ensure that tobacco control in Australia is guided by focussed research, monitoring and evaluation').

Protection From All Commercial and Other Vested Interests

The RANZCP agrees with this guiding principle (See the above response to objective: 'Protect tobacco control policy from all commercial and other vested interests').

Compliance and enforcement of tobacco control legislation

Enforcement of tobacco control legislation in Australia has become increasingly important as a result of strategies devised by the tobacco industry to exploit and evade these regulations. The RANZCP welcomes this guiding principle to maintain the legitimacy of such legislation.

4. Do you agree with the priority areas for the draft NTS 2022-2030? Please provide an explanation for your selection

Priority Area 4: Continue and expand efforts and partnerships to reduce tobacco use among Aboriginal and Torres Strait Islander people is of particular interest to the RANZCP

The RANZCP applauds the draft strategy for acknowledging the importance of cultural safety when devising smoking cessation services for Aboriginal and Torres Strait Islander people. There must be system-wide recognition of the role of culture and community in the healing process. Priority Area 4 takes this into account with its focus on co-design processes within the procurement and commissioning process. Community-controlled organisations will play a crucial role in the integration of services within communities

Priority Area 5: Strengthen efforts to prevent and reduce tobacco use among populations at a higher risk of harm from tobacco use and other populations with a high prevalence of tobacco use

The RANZCP appreciates the draft strategy's consideration of people living with mental illness as a population with higher prevalence of tobacco use than the general population, and the interacting psychological, social, economic and cultural barriers to such people face.

Harm reduction strategies should recognise the difficulty for those with mental illness to completely abstain from smoking. E-cigarettes and vaporisers for instance may provide a less harmful way to deliver nicotine to people who smoke, thereby minimising the harm associated with smoking tobacco and reducing some of the health disparities experienced by people living with mental illness.

Priority Area 9: Strengthen Regulations for Novel and Emerging Products

Priority Area 9 is a beneficial addition to the draft strategy. Expressed in the RANZCP's [Position Statement](#), a stronger focus on enforcing regulations pertaining to novel and emerging products such as e-cigarettes and vaporisers is required.

A legislative framework should exist where e-cigarettes and vaporisers are controlled proportionate to their risks while still allowing for individuals to have appropriate access to these products at a reasonable cost. The regulation of e-cigarettes and vaporisers should aim to reduce the incidence of new nicotine users through this route (non-smokers and youth) while still encouraging the harm reduction gains of smokers switching to these devices as a smoking cessation tool. The RANZCP welcomes similar considerations within the draft strategy, particularly on children and young people, and proposes the following objectives:

- adherence to safety and quality standards including a minimum age of sale
- evidence-based health warnings to the public
- public education of the relative harmfulness of these products compared to cigarettes
- appropriate restrictions on advertising and display
- minimal taxation to encourage uptake of these devices over smokable tobacco products.

Priority Area 11. Provide greater access to evidence-based cessation services to support people who use tobacco to quit.

Evidence-based cessation services championed in Priority Area 11 are critical to tailoring cessation services to the needs of consumers.

Person-centered Nicotine Replacement Therapy (NRT) for instance would be enhanced by this approach, putting consumers' informed decisions at the heart of the service. This includes the evidence informed choice of cessation products (Long-acting Nicotine patches/lozenges/gum/vaping/spray) and programs

(Opt-out vs opt-in strategies). In the case of people with mental illness, this would be conducive to maintaining Nicotine's calming effects, whilst removing the damaging effects of tobacco use. Abrupt cessation of these calming effects may worsen the patients' condition.

The RANZCP stresses that evidence-based cessation services should be delivered by people with lived experience of smoking cessation. This is pertinent in the case of people with mental illness. The inclusion of mental health care providers with lived experience in the draft strategy is therefore appropriate.

5. Do you agree with the actions listed under each priority area for the draft NTS 2022-2030? Please provide an explanation for your section.

The actions listed are an effective means to address the Priority Areas. It is important that there the priorities are translated into effective action and the RANZCP recommends strengthening the draft strategy with the development of clear outcomes to measure success. This enhances the ability to evaluate system change and cease ineffective actions where appropriate. The development of a specific action plan would similarly benefit governance processes, allowing services to chart the progression of actions across short, medium and long term.

6. Please provide any additional comments you have on the draft NTS 2022-2030

The RANZCP welcomes the strategy as a multi-pronged approach to reducing tobacco-related harm, encompassing a wide range of policy initiatives.

Whilst the strategy includes describes the relationship between mental health and tobacco use, the RANZCP notes the lack of reference to psychiatry within the draft strategy. Psychiatrists can play a significant role in assisting tobacco cessation, offering targeted support for individuals who have not been able to successfully quit using existing strategies, and who may not be ready to fully cease tobacco use due to social and psychiatric factors. The RANZCP recommends the strategy would be improved by the inclusion of psychiatric expertise.