

**REGULATION IMPACT STATEMENT**  
**(REVISED)**

**TRADE PRACTICES (CONSUMER PRODUCT INFORMATION  
STANDARD) (TOBACCO) REGULATIONS**  
*(Trade Practices Act 1974)*

**Consumer Safety Unit**  
**Department of the Treasury**

**May 2004**

## Introduction

This Regulation Impact Statement reviews the Trade Practices Act consumer product information standard for the labelling of tobacco products.

Health warnings on tobacco products were first regulated through State and Territory legislation. A *Trade Practices Act 1974* mandatory consumer product information standard for the labelling of tobacco products came into force in 1994. The purpose of the standard was to establish requirements for warning consumers about the effect of smoking on health. It contained provisions for warnings, explanatory messages and information on the tar, nicotine and carbon monoxide content to be printed on tobacco product packaging.

The Departments of Health and Ageing and Treasury commenced a review of the standard for the labelling of tobacco products in October 2000. The review was assisted by a technical advisory group comprising representatives of these Departments, the Australian Competition and Consumer Commission and tobacco control experts from the National Expert Advisory Committee on Tobacco and the VicHealth Centre for Tobacco Control.

As the health effects of tobacco consumption are an issue of international importance, the review was conducted in the context of the increasing global trend towards strengthened health warnings for tobacco products. The Canadian Tobacco Product Information Regulations were introduced in Canada in June 2000. These require 16 graphic health warning messages covering 50% of the principal display surface of the package and an insert with 16 more detailed health information messages. Information about the toxic emissions/constituents found in tobacco smoke is required to be included on the side of the package. Similar regulations are in effect in Brazil, Thailand and Singapore. The European Union also appears to be moving towards more visible warnings with colour graphics.

The review evaluated the effectiveness of the six existing health warnings and considered a range of options for the labelling of tobacco products. Elliott and Shanahan (E & S) Research was commissioned to undertake developmental research, and to establish the likely consumer response to proposed new Australian health warnings and explanatory messages.

A public discussion paper was released in May 2001 to canvas new directions for health warnings with the community and industry. Following consideration of comments on the discussion paper, a range of new health effect topics and associated health warnings and explanatory messages were developed and market tested.

The review concluded that the existing warnings are out of date, had little impact on consumers, and that new graphic warnings, along the lines of the Canadian regulations, would be appropriate for Australia. It was considered that this would ensure that consumers are informed as fully as possible of the range of adverse effects of tobacco smoking and that the information is provided in such a way to make it personally relevant to, and easily understood by, the recipients of the information.

## Identification of the problem

Smoking is recognised as the largest single preventable cause of disease and premature death in the world. Two main factors compel governments to intervene: the level of health risk and harm associated with smoking, and the level of consumer awareness of risk.

Tobacco smoking is also the single largest preventable cause of premature death and disease in Australia. The most frequently occurring tobacco related conditions are cancers, ischaemic heart disease and chronic obstructive pulmonary disease. Tobacco is a highly addictive product and, in most cases, that addiction is formed in adolescence when health risks are not properly understood.

There is no known safe level of consumption of tobacco products. The evidence suggests that virtually every smoker who smokes regularly for an appreciable part of their life suffers lung damage from their smoking and that 25-40% of such smokers die prematurely because of their smoking.

Collins and Lapsley estimate that in 1998-99 the net cost of past and present smoking to the Australian community was \$21.1 billion. This includes lost production costs arising from mortality and morbidity, reflecting the loss of otherwise productive members of society<sup>1</sup>, health care costs (net of savings from premature death), mortality, the value of life lost to the deceased, and a deduction for the consumption benefits of tobacco use to smokers. This estimate includes the impact of administering welfare payments to people affected by tobacco use, absenteeism, property costs of accidental fire and ambulance services.<sup>2</sup>

Collins and Lapsley also estimate that in 1998-99 Australian Governments bore 11.3% of the total tangible costs of smoking, while the business sector incurred 29.8% (due to absenteeism, lower productivity and mortality), leaving individuals to bear the remaining 59%.

While smoking prevalence in Australia has declined since the 1960's, over 3 million Australians, or about a fifth of the population over the age of 14, still smoke on a regular basis. Continued effort is therefore appropriate to maintain the decline with a view to reducing the social and economic costs of tobacco use to the community.

The problem to be addressed is the means of effectively warning consumers, particularly younger consumers, about the dangers associated with tobacco use. It is considered that the existing mandatory standard for the labelling of tobacco products has been effective in warning consumers that smoking can be hazardous to health. However, the mandatory standard is now ten years old, and research conducted by Elliott and Shanahan (E&S) Research has indicated that the six existing health warnings have lost their impact on consumers.

Also, since the introduction of the mandatory standard there has been increasing medical evidence about the harmful effects of smoking. The warnings currently required by the standard are:

- Smoking causes lung cancer;
- Smoking is addictive;
- Smoking kills;

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<sup>1</sup> These calculations are of the total present day effect of past and present drug abuse (ie costs that would not be incurred if the drug abuse had not occurred). As a result, these productivity costs are not the *replacement* costs of a worker, which are sensitive to the overall unemployment rate.

<sup>2</sup> Collins, DJ and Lapsley, H (2002) *Counting the Cost: estimates of the social costs of drug abuse in Australia in 1998-9*. National Drug Strategy Monograph Series, No 49. Canberra: Department of Health and Family Services.

- Smoking causes heart disease;
- Smoking when pregnant harms your baby; and
- Your smoking can harm others.

The general public is well aware of the health effects of smoking outlined in the current warnings. However there is not general awareness of the other possible effects of smoking identified since the standard was first introduced, viz:

- Smoking causes peripheral vascular disease. It damages blood vessels, which can prevent blood circulation, particularly to legs and feet. This can result in blood clots, infection, gangrene, even amputation;
- Smoking causes emphysema, which is a disease where the air sacs in the lungs are gradually destroyed, making it hard to breathe;
- Smoking causes mouth and throat cancer. These cancers can result in extensive surgery, problems in eating and swallowing, speech problems and permanent disfigurement;
- Smoking narrows arteries causing them to become clogged and can lead to heart attack, stroke, peripheral vascular disease, gangrene of the feet and impotence;
- Children exposed to passive smoking experience more serious illnesses such as pneumonia, middle ear infections and asthma attacks, and babies exposed to passive smoking are at greater risk of SIDS (Sudden Infant Death Syndrome);
- Smoking causes more deaths than murder, illegal drugs, motor vehicle accidents and alcohol combined. Smokers not only live shorter lives, they also live more years with debilitating health problems;
- Smoking causes irreversible damage to the back of the eye. This is known as macular degeneration. Central vision is lost, blindness may follow; and
- Smoking doubles the risk of stroke. It narrows the arteries to the brain, causing them to become blocked. This causes a stroke that can result in permanent paralysis, inability to speak, disability or death.

There is therefore a need to expand the current warnings to convey this new information to consumers.

Accordingly, there is a case for considering the adoption of new, more prominent warnings in line with global trends as part of an effective smoking control strategy.

## **Why Government action is needed to correct the problem**

Health warnings on tobacco products have become recognised as an integral element in tobacco control. As a signatory to the World Health Organisation's Framework Convention on Tobacco Control, Australia has made an international commitment to provide health warnings on tobacco products. In addition, Government action is needed to address

the lack of consumer awareness of the health effects of smoking and the lack of market incentives for industry to provide information. Government action is also needed to encourage good health in order to avoid future Government health care costs.

Health warnings effectively increase knowledge about the health effects of smoking, raise smokers' concerns about their smoking, and provide impetus for behaviour change such as giving up smoking or smoking less. The need to continue action which will contribute to the ongoing decline in smoking prevalence, and the nature of the tobacco product and market, also justify regulation of the labelling of tobacco products.

### ***Lack of consumer awareness***

There is evidence that existing smokers and potential smoking starters do not fully understand either the nature of the risks or the magnitude of the dangers of tobacco products. Current warnings have contributed to a general understanding that "smoking is bad for you", but beyond this superficial level of awareness, public knowledge of the health risks of smoking is inadequate<sup>3 4</sup>.

The present lack of consumer understanding and knowledge of the full range of the health effects of smoking points to a need to change the presentation of tobacco health warnings.

### ***Lack of market incentives for industry to provide information***

One of the main issues for consumers of tobacco products is the disparity between the information available to the industry on the health effects of its products and the ability of the consumer to access the information. Poorly informed smokers often underestimate the risks of their action.<sup>5</sup> There are two principal reasons why smokers tend to be inadequately informed. The first is that the market has not provided private incentives for consumers to be informed of the risks. The second is the long delay between starting to smoke and the onset of obvious disease, which has obscured the link between the two. The tobacco industry does not have a strong financial incentive to provide health information that would reduce consumption of its products and associated revenues and profits.

### ***Need for Government to encourage good health***

Tobacco smoking is an habitual and addictive behaviour. Expecting health warnings or contents information on tobacco products to have an effect on smokers who have no intention to give up is optimistic. However, provided they are highly visible and provide specific rather than general information, warnings can have a positive impact on consumers. This is the case especially for those contemplating quitting smoking and those who are tempted to try smoking, are experimenting with it or are contemplating taking it up (in particular adolescents).

Health warnings are an important vehicle for communicating, on a regular basis, about the risk factors of smoking to the general public and form part of a comprehensive tobacco control program. Information access by the consumer at the point of consumption has a

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<sup>3</sup> US Department of Health and Human Services (1989) *Reducing the health consequences of smoking: 25 years of progress. A report of the Surgeon-General*. Rockville, Maryland: Public Health Service, Centers for Disease Control, Office on Smoking and Health.

<sup>4</sup> Borland R & Naccarella L (1991) Reactions to the 1989 Quit campaign: results from two telephone surveys. Victorian Smoking and Health Program Evaluation Studies No 5, Melbourne, Victorian Smoking and Health Program.

<sup>5</sup> Weinstein, N.D. (1998). *Accuracy of smokers risk perceptions*. *Annals of Behavioural Medicine*. 20(2).

powerful immediate effect that adds value to other tobacco control measures. The immediacy and widespread availability of the message has an impact on non-smokers by preventing the uptake of smoking and in reducing relapse by recent quitters.

Multiple, strong and direct messages that are prominently displayed have been found to be effective and lead to significant reductions in cigarette smoking<sup>6</sup>.

Research into the effectiveness of new warnings introduced in Canada in 2000 found that for a significant proportion of smokers, the warnings increased motivation to quit, increased concern about health effects of smoking, and increased awareness of the health effects of smoking<sup>7</sup>.

## Objectives

### What are the objectives of Government action?

The Government's consumer protection policy includes the objective of ensuring that consumers are appropriately informed about the product they are purchasing and using, so that they can make rational, informed decisions. The *Trade Practices Act 1974* includes provisions to support this objective through the establishment of mandatory consumer product safety and information standards, product bans, recall of unsafe products and the issuing of product safety warning notices.

Health warnings do not exist in isolation, but are one component of a comprehensive strategy to reduce tobacco consumption in Australia. The objectives of this strategy are to:

- prevent the uptake of tobacco use by non-smokers, especially children and young people;
- reduce the number of users of tobacco products;
- reduce the exposure of users to the harmful health consequences of tobacco products; and
- reduce exposure to tobacco smoke.

Health warnings contribute to the above strategy by informing consumers of the health risks of tobacco consumption thus increasing public awareness of the harm associated with any tobacco use.

Government has an obligation to ensure that consumers are in possession of appropriate information to make an informed decision as to whether to start smoking or to quit smoking. Health warnings on tobacco products provide an effective and immediate means of communicating information to consumers at the point where a decision is made to purchase the product.

Health warnings on tobacco products have the following functions:

- to provide information about health risks of smoking;

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<sup>6</sup> Chaloupka F J and Warner K E (1999) *The Economics of Smoking*, National Bureau of Economic Research, Cambridge MA. P 36.

<sup>7</sup> Environics Research Group (2001) *Evaluation of New Warnings on Cigarette Packages*

- to provide information on the benefits of quitting;
- to motivate people to quit;
- to deter people from starting to smoke or from becoming habitual users; and
- to help those who have decided to quit to do so.

### **Is there a regulation currently in place? Who administers it?**

The Trade Practices (Consumer Product Information Standard) (Tobacco) Regulations are prescribed under section 65D of the *Trade Practices Act 1974*. Section 65D(2) of the Act provides that a regulation may, in respect of goods of a particular kind, prescribe a consumer product information standard consisting of such requirements as to:

- a) the disclosure of information relating to the performance, composition, contents, methods of manufacture or processing, design, construction, finish or packaging of the goods; and
- b) the form and manner in which that information is to be disclosed on or with the goods;

as are reasonably necessary to give persons using the goods information as to the quantity, quality, nature or value of the goods.

The current Regulations require retail packages of tobacco (including cigarettes, cigars, pipe tobacco and cut tobacco for rolling cigarettes) to contain certain health warnings in relation to the effects of tobacco smoking as well as explanatory statements relating to those health effects. The Regulations also specify the format, positioning, size and orientation of the warning messages on tobacco packaging. The text of a warning message must be printed on a white background within a black rectangular or square border.

The Regulations also provide for messages containing information on the average contents of tar, nicotine and carbon monoxide in tobacco smoke to be printed on the side of cigarette packages. The text, position and format of these messages are also specified in the Regulations. Testing methods to be used when determining the average amount of tar, nicotine and carbon monoxide produced by a cigarette are also set out in the Regulations.

The Regulations are enforced by the Australian Competition and Consumer Commission (ACCC).

### **Options**

Australia, as a signatory to the Framework Convention on Tobacco Control (FCTC), has indicated its intention to ratify the Convention which requires parties to have in place effective measures to ensure that tobacco products carry health warnings describing the harmful effects of tobacco use. The FCTC requires health warnings to be a rotating series of large, clear, visible and legible messages ideally covering 50% or more, but in any case no less than 30%, of the principal display area of each unit packet or package.

Minimal intervention strategies such as revoking the mandatory standard and relying on industry self-regulation or relying solely on consumer awareness campaigns are not considered viable. Given Government commitment to the FCTC, self-regulation would not be consistent with existing policy. Mandatory health warnings on tobacco products were

introduced specifically to ensure that consumers were given adequate information on the dangers of smoking.

The most viable options for tobacco health warnings are considered to be:

Option 1: Maintain Government regulation by leaving the current mandatory standard in place; or

Option 2: Update Government regulation to include new (text only) health warnings; or

Option 3: Upgrade Government regulation to include new health warnings, including graphic warnings.

## Impact Analysis

Some of the major parties likely to be affected by changes to the regulations on health warnings on tobacco products are:

- Governments – Australian, State and Territory
- Consumers
- Health Professionals
- Tobacco manufacturers
- Tobacco retailers
- Tobacco growers
- Tobacco importers
- Printers of tobacco packaging

### Option 1: Retain the existing regulation

The original mandatory standard was developed in 1992/93 and pre-dated the general requirement for a regulation impact process. While regulators of the time clearly concluded that there were net economic and social benefits arising from the introduction of the current labelling regime (and stakeholders agreed), a formal cost-benefit analysis was not prepared at that stage. Such an analysis would be difficult to undertake in retrospect and would be, arguably, unproductive and costly.

However, it is useful to comment briefly on the identified costs and benefits of retaining the existing standard.

#### Costs and Benefits to Consumers

Retaining the existing mandatory standard would continue to provide the same level of consumer product information that has been in place since 1994 for tobacco products. This is no longer considered adequate as the information is out of date and does not reflect current evidence about the health effects of smoking.

The existing health warnings have also lost effectiveness over time. An evaluation of the current six health warnings and explanatory messages, conducted in 2000 by Elliott and Shanahan Research<sup>8</sup>, affirmed that after six years of exposure the messages had become less noticeable and had lost some of their potency. The evaluation found that there is a

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<sup>8</sup> Elliott & Shanahan Research (2000) *Evaluation of the Health Warnings and Explanatory Messages on Tobacco Products*. Department of Health and Aged Care: Canberra, Australia.

need to update the current health warnings to include new information on the health effects of tobacco. The report concluded that new health warnings would renew interest, increase readership levels and optimise quitting attempts.

The only identifiable economic benefit to consumers from retaining the existing warnings could be relatively lower cigarette prices as the extra printing costs from replacing them with new warnings would be avoided. However, since this could result in less motivation for consumers to quit or not take up the habit, it also represents a declining health benefit.

### **Costs and Benefits to Industry**

This option would have no further cost impact on industry since there would be no need to change the tobacco packaging design. Costs of introducing the current warnings have already been absorbed in pricing and marketing arrangements. Suppliers may benefit from possible increased sales as the impact of current warnings continues to wane.

### **Costs and Benefits to Government**

Government could expect higher than otherwise health care costs flowing from the fact that progress on reduction in tobacco consumption is likely to be slower.

The benefit to Government could be avoidance of the potential negative revenue impacts of the new graphic warnings (Option 3), i.e., continuance of the existing health warnings would help maintain tobacco sales and the associated Government revenue collections.

## **Option 2: Update the regulation to include new (text only) health warnings**

The existing mandatory standard is no longer considered adequate as the information is out of date and does not reflect current evidence about the health effects of smoking. Surveys have also established that the existing health warnings have lost some of their impact since they were introduced in 1994.

Accordingly, to maintain the impact of the warnings on tobacco products and to provide the latest information to consumers, there is a need to update the mandatory standard with a new set of warnings. These warnings would be of a similar format to the current standard, but covering additional health issues that have been identified since the original mandatory standard was developed in 1992/93.

Because it is considered that the existing provision of information on tar and nicotine content may be misleading to consumers, this requirement would be replaced by new, more useful information about the harmful effects of tobacco smoke.

### **Costs and Benefits to Consumers**

The updated mandatory standard would provide a similar level of consumer product information to that in place since 1994, and new warnings have the potential to attract greater attention.

However, Department of Health and Ageing research has shown that the existing health warnings have lost effectiveness over time, and it is considered that any updated health warnings of the same format would be regarded as 'more of the same', and be largely ignored. While the new warnings might attract some attention, it is expected that the

impact of these on smokers or potential new smokers would be little different to the existing warnings.

The cost to consumers of the proposed updated warnings could be continuation of the present level of health problems and a slight increase in cigarette prices resulting from the additional costs to industry of changing package printing.

### **Costs and Benefits to Industry**

It is envisaged that the existing tobacco packaging design format would accommodate the new health warnings without the need for substantial changes.

However, this option would have an impact on industry because of the need to print different health warnings on tobacco packaging. Manufacturers and importers may incur some additional costs, and these may be passed on to retailers, and ultimately the consumer.

### **Costs and Benefits to Government**

Government could expect higher than otherwise health care costs flowing from the fact that progress on reduction in tobacco consumption is likely to be slower.

As for Option 1, the benefit to Government would be avoidance of the potential negative revenue impacts of the new graphic warnings (Option 3), i.e., continuance of the present health warnings format would help maintain tobacco sales and the associated level of government revenue. The Budget revenue impact of the new graphic warnings would be dependent on their success in reducing smoking levels in Australia. Although significant changes to revenue are not anticipated, any decline in tobacco consumption over time would have an impact on revenue, but would also be expected to lead to a decrease in health care costs.

### **Option 3: Upgrade Government regulation to include new graphic health warnings**

The detail of Option 3 is at pages 19-20 and additional information is at Attachments 1-4.

Briefly, this option provides for the repeal of the existing regulations (after an appropriate lead time) and the introduction of new health warnings requirements including larger-sized, graphic health warnings, new rotation arrangements and a new information message on the health effects of the chemicals in tobacco smoke. New warnings specifically for cigars are also proposed.

The proposed new warnings are based on current scientific evidence on the health effects of tobacco and results of evaluations of various health warning options. Larger-sized health warnings which include a graphic are proposed as there is evidence that larger health warnings (up to 60% of the pack) are more legible<sup>9</sup> and more effective in encouraging people to stop/not start smoking<sup>10</sup> than health warnings on a smaller area. Recent market testing of health warnings in two formats (text only and text combined with

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<sup>9</sup> Nilsson T. Legibility and Visual Effectiveness of Some Proposed and Current Health Warnings on Cigarette Packages. University of Prince Edward Island, 1999, Prepared for Health Canada.

<sup>10</sup> Liefeld JP. The Relative Importance of the Size, content and Pictures on cigarette Package Warnings Messages, Department of Consumer Studies, University of Guelph, 1999, Prepared for Health Canada

a graphic to illustrate the text warning) indicated that the warnings which included both text and graphic more effectively conveyed the potential harmful health effects of smoking<sup>11</sup>.

A new Canadian study, "Impact of the graphic Canadian warning labels on adult smoking behaviour" published in the journal *Tobacco Control 2003:12* has found that graphic images on cigarette packets not only grab smokers' attention, they make them more likely to quit the habit. Researchers from the University of Waterloo and the Ontario Tobacco Research Unit interviewed 616 adult smokers in south western Ontario in October and November 2001 and discovered that 91% of them had read the warning labels and demonstrated a thorough knowledge of their content. The group was surveyed again three months later. Researchers discovered that the more the smokers were aware of the warning labels, thought about or discussed them, the more likely they were to have tried to quit, to reduce how much they smoked, or to have given up cigarettes altogether.

The study also found that twelve months after the new warning labels had been introduced by Health Canada, they were still having an impact, despite previous suspicions that smokers might grow to simply ignore the graphic images. Their continued effectiveness might be the result, in part, of having several different labels, according to the study. Researchers concluded that the warnings appear to be a low-cost anti-smoking measure that the desired audience cannot help but constantly notice. For example, a pack a day smokers are potentially exposed to graphic warnings 7000 times a year.

New rotation arrangements are proposed in which 7 messages are rotated in the first year, then rested and another 7 messages rotated in the second year. This measure is intended to optimise consumer learning and awareness of the health effects of smoking and to provide optimal exposure without over-familiarity (loss of interest). If all 14 messages were introduced at one time, the frequency that smokers would see each warning would be lower, causing consumer learning to lag.

A new information message is proposed to replace the current listings of tar, nicotine and carbon monoxide on the side of cigarette packs. The rationale for this change is:

- Research has indicated that machine testing methods used to determine the average levels of tar, nicotine and carbon monoxide as listed on the side of the packs of cigarettes do not provide an accurate reflection of actual smoking and how much tar and nicotine is actually absorbed by the smoker<sup>12</sup>. Cigarettes can yield very low tar and nicotine values when machine smoked, but yield much higher levels when smoked by a human smoker<sup>13</sup>;
- There is evidence that listing of yield measurements can be misleading to consumers and imply that a lower tar or nicotine level has a reduced health risk. It is now

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<sup>11</sup> Elliott and Shanahan Research, Developmental Research for New Australian Health Warnings on Tobacco Products Stage 2, 2003, Prepared for Department of Health and Ageing.

<sup>12</sup> US Department of Health and Human Services. The FTC Cigarette Test Method for Determining Tar, Nicotine, and Carbon Monoxide Yields of U.S. Cigarettes: report of the NCI Expert Committee. Bethesda, Maryland: National Institutes of Health, 1996, (NCI Publication No 96-4028).

<sup>13</sup> Jarvis, M.J, Boreham R, Primatesta, P, Feyerabend C and Bryant A. Nicotine Yield From Machine-Smoked Cigarettes and Nicotine Intakes in Smokers: Evidence From a Representative Population Survey. *Journal of the National Cancer Institute* 2001;Vol 93 No2: 134-138.

established that there are no health benefits associated with low yield cigarettes<sup>14</sup>;

- Removing current listing of yield measurements allows room on the pack for clear, meaningful information on the chemicals in tobacco smoke; and
- The proposed consumer product information statement is consistent with the requirement of the FCTC for tobacco package labelling to include information on relevant constituents of tobacco products and their emissions.

A set of new health warnings specifically applicable to cigars is also proposed to ensure that consumers are fully informed of the health effects of cigar smoking. The labelling of humidors and display cases which contain single cigars has been raised as an issue during the review of health warnings. This issue will be addressed through a separate review of the *Tobacco Advertising Prohibition Act 1992*, which is currently being undertaken by the Department of Health and Ageing.

### **Cost-benefit analysis**

A comprehensive cost-benefit analysis of the proposal prepared by Applied Economics is available on the Treasury website at [www.treasury.gov.au](http://www.treasury.gov.au). The cost-benefit analysis assumes graphic and text messages covering 50% of the front and 50% of the back of the pack.

The analysis concludes that, under likely assumptions, there is a substantial net benefit (net present value) of over \$2 billion from the new health warnings and a benefit-cost ratio greater than 2:1. Under two conservative sensitivity scenarios, which allow both for lower health outcomes and for a lower value of a healthy life year, the net benefit would be reduced but would remain significantly positive.

The study does not allow for any loss of consumer surplus for smokers who switch to other products while it has allowed for the net benefits in terms of improved health. This may cause the net benefits to consumers who quit to be overestimated. On the other hand, the study has not attempted to account for the reductions in the social costs of smoking, including the costs to victims of burns and other morbidities from smoking-related fires, perinatal care for low birth-weight babies, and complications with illnesses such as diabetes that are not directly associated with smoking.

Accordingly, the report concludes that, on balance, the economic and social benefits of the proposed health warnings more than offset the costs. Most of these costs will be borne by Government and some by shareholders of the tobacco companies.

In addition to the costs outlined in the cost-benefit analysis report, cost to the Government in relation to the provision of guidance to suppliers, compliance monitoring and enforcement by the Australian Competition and Consumer Commission could range from \$30,000 to \$40,000 per annum.

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<sup>14</sup> National Cancer Institute. *Risks Associated with Smoking Low Machine-measured Yields of Tar and Nicotine*. Smoking and Tobacco Control Monograph no.13 Bethesda, MD: US Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No.02-5074, October 2001. Chapter 6.

## **Consultation**

### **Initial consultation**

Consultation on the development of new health warnings began with the release of a public discussion paper in May 2001 which canvassed views on possible new directions for new health warnings. Forty-five submissions on the discussion paper were received from a range of stakeholders including public health organisations, law enforcement agencies, government, the tobacco industry and the general public. Organisations that provided submissions are listed in Attachment 5.

There was generally strong community support for change. Inclusion of a range of messages which meet the needs of different target groups, use of graphics, and changes in format to increase noticeability and impact of warnings were particularly supported.

Submissions from some members of the tobacco industry opposed changes to existing warnings, including larger or graphic warnings. It was argued that larger and pictorial warnings would be an infringement of trademarks, an expropriation of property, cause economic losses, and encourage consumption of illicit tobacco.

### **Subsequent consultation**

A meeting was held between the Department of Health and Ageing (DOHA), tobacco manufacturers, cigar importers and retailers in August 2003 at which DOHA presented the results of previous consumer research and provided information on possible directions for new health warnings. DOHA has also since met with the two major cigar importers and has held further meetings with the three major tobacco suppliers on a one-to-one basis.

The industry and relevant non-government organisations have been provided with copies of the market research which underpins the proposed new health warnings. The reports from this research are available at [www.health.gov.au/tobacco](http://www.health.gov.au/tobacco).

Applied Economics has consulted with representative parties involved in the growing, manufacturing, and retailing of tobacco products, as well as the printing of tobacco packaging.

State and Territory Health Departments have been kept informed of the progress of the review and the proposal for new health warnings.

### **Public release of the (first draft) Regulation Impact Statement**

The Regulation Impact Statement was prepared on the basis of collected information and earlier consultations and released for public comment on 2 February 2004. Eighty seven submissions were received from individuals and the organisations listed at Attachment 6.

## **Responses to the Regulation Impact Statement**

### ***Consultation***

Some stakeholders expressed concern about a possible lack of consultation in the development of the tobacco warning proposals.

The review has been in the public arena since it was originally announced by the former Health Minister, Dr Wooldridge, in February 2000. This was followed by a public discussion paper in May 2001, which canvassed the possibility of graphic warnings. An initial proposal was presented at an industry meeting in August 2003, following which a number of discussions occurred with manufacturers and DOHA staff visited printing sites.

### ***Insufficient options canvassed***

Industry pointed out that the specification in the original Regulation Impact Statement of only 2 options, i.e. for either the continuation of the current regulation or the introduction of graphic warnings, was too narrow.

On review of the options, it is clear that a third option to update the health warnings to provide new information in the present format needed to be considered. This option appears to be more viable than continuing the existing regulation unchanged (Option 1).

Accordingly, consideration of this new option has been included in the revised Regulation Impact Statement (new Option 2). Analysis of this option indicates that while it is a relatively low cost option, it would not have a significant impact on consumers when compared to the recommended option (Option 3). The original recommendation therefore remains unchanged.

### ***Warnings coverage on packaging***

Initially, two alternatives were proposed for the coverage of the product warnings on packaging:

- 50% of the front of the pack to be covered by graphic and text warning and 50% of the back to be covered by a text warning and the Quitline information; **or**
- 30% of the front and 90% of the back to be covered by graphic and text warnings.

Various recommendations were received on these proposals. There was some industry support for the 30% front, 90% back option, and an alternative format of 25% of the front and 75% of the back was suggested as preferred. Other submissions included alternative recommendations for 50% of the front together with 90% or 100% of the back.

There was strong support from State and Territory health authorities, the various non-government organisations and the medical, optometry and dental professions for the 50%/50% option. It was considered that the 50%/50% mix would be more effective in conveying the health message. Several organisations assessed that health warnings need to cover 50% of the front to be effective as this is the side mostly viewed by consumers and the warnings need to be as clear as possible.

However, there was also strong support from some respondents for the 30%/90% option. Respondents considered that the graphic warning on the front would be large enough to be effective, and the larger graphic on the back was an excellent way of conveying the health message.

There is no currently available research evidence on the relative merits of the two coverage options, particularly on the differing combinations of graphic and text messages that these options provide for. Both options have therefore again been included in this revised RIS.

### ***Lead time for implementation***

The tobacco industry has argued that the proposed twelve months transition period was not sufficient for the introduction of graphic health warnings due to the need to upgrade package printing facilities. Current large-scale cigarette package printing equipment does not allow full colour printing and new equipment will need to be purchased overseas and accommodated with existing plant.

Some manufacturers and printers have advised that 18 months is a minimum timeframe to convert to new warnings as the following actions are required:

- redesign of pack and re-engraving of print cylinders to incorporate the graphic warnings;
- manufacture, shipping and installation of new print units;
- structural alterations on-site at the printing manufacturers to accommodate the new print units; and
- requirement by the printers to continue to service other customers whilst these changes are made.

An opposing view has been put that industry currently has the capacity to change their packaging for promotional reasons very quickly. Industry has pointed out that these changes are within their timing control and do not involve re-packaging of all products at once. In addition, the proposed full colour graphics for all tobacco product packaging requires a new process, with a need for new equipment, structural changes to printing works and additional print stations. This results in the need for a longer lead time.

Having regard to the above concerns, the proposal is to allow the printing of the old warnings for a period of 18 months from gazettal of the regulations (July 2004 is the anticipated gazettal date), following which the new warnings would be mandatory on tobacco packaging by January 2006. This accommodates industry concerns by providing a longer timeframe for the manufacturers/ importers than was originally proposed. The new requirement would apply to relevant tobacco products manufactured in, or imported into Australia on or after the specified date, and also means retailers would not be required to destroy or return older stock, thus avoiding an adverse impact on small businesses.

### ***Infringement of trademarks***

Industry representatives expressed concern that the requirement for larger/graphic health warnings on both the back and front of the pack would interfere with tobacco product manufacturers' ability to communicate their trademarks and differentiate their products. They consider that the proposed increased size of health warnings would devalue their brands, which are their most valuable business assets and the primary means by which they compete with other manufacturers.

While the proposed health warnings might be expected to have some effect on brand identification, being a universal requirement for all manufacturers it should not create market inequities.

The revised proposal would require either:

- a combination of colour graphics and text warnings on the top 50% of the front of the pack and text only explanatory messages on the top 50% of the back of retail packages of cigarettes and loose tobacco and pipe tobacco; or
- a combination of colour graphics and text warnings on the top 30% of the front of the pack and graphics and text explanatory messages on 90% of the back of the pack.

### ***Migration to illicit tobacco market***

Industry has expressed concern that the introduction of new larger-sized health warnings (and a resultant diminution of tobacco trademarks) may lead to increases in illegal tobacco trade.

The Australian Taxation Office (ATO) has an Illicit Tobacco Strategy in place to deal with 'chop chop' (loose illicitly manufactured) tobacco generally sold in non-commercial packaging on which excise duty is evaded. This is currently the main illicit tobacco activity in Australia. ATO has advised that there is no evidence that the introduction of stronger health warnings would lead to any change in domestic illicit activity. The ATO will maintain its compliance approach to significant revenue risk activities in relation to domestic tobacco, as well as administering the existing legislation regarding the movement of domestically produced and manufactured tobacco within Australia.

The roles of the ATO in respect of illicit tobacco and the ACCC in seeking compliance with the new labelling regulations would be expected to be complementary.

### ***Differential impact on manufacturers***

One major supplier expressed the view that different suppliers may be disproportionately affected by the proposal depending on market share and the extent to which products are imported. Arguably, the proposed changes will have a greater impact on such a manufacturer due to the complexities of co-ordinating printing outside of Australia and having to rely on external rather than in-house printers.

The extension of the implementation timeframe should help alleviate these concerns. As to barriers to entry into the industry, if the requirements apply to all suppliers and are consistent across similar products, it is not obvious how this could be anti-competitive.

### ***Side of pack***

Some suppliers have expressed concern about the replacement of the quantitative measures on the side of the pack for tar, nicotine and carbon monoxide as consumers tend to use this information to choose their cigarettes. They expressed concern that the lack of such information would be likely to cause consumer confusion.

The removal of the requirement for quantitative data has been prompted by increasing health evidence about the potentially misleading nature of the information currently specified. The Department of Health and Ageing will implement a communication strategy to explain the reasons for change to consumers and to overcome any initial consumer confusion.

### ***Cigar manufacturers***

Cigars represent a very small market (less than 2% of all tobacco consumption), but there is a wide variety of brands, with slow turnover and almost total reliance on the import market. The cigar importers' concern was that the new warnings would require the overseas manufacturers to change their processes to such an extent that some of them would no longer be prepared to supply the Australian market.

While retaining the proposal for new colour graphic warnings to appear on or with cigars, it is proposed to retain the existing size of cigar warnings. This should reduce compliance costs for suppliers. There should be very few small businesses that are totally reliant on the sale of particular cigar brands as cigars are largely a luxury or occasional purchase item.

### ***Retailers' concerns***

Retailers have been consulted on the new health warnings proposal through the relevant retailers' association and on an individual basis. Individual retailers have raised a number of concerns about the proposed new health warnings including the need to inform retailers of details of new proposals, the effectiveness of graphics on underage smoking, the size of graphics, the offensiveness of the proposed graphics, and the difficulties with the proposed requirement for yearly rotation of warnings.

The principal issues above have been addressed during consultations with stakeholders. Some concerns have been raised about the proposed graphics being offensive to children and the general public. However it is considered that the proposed form of the health warnings and confronting images are necessary to convey the information effectively.

The new requirement would apply only to tobacco products manufactured in or imported into Australia after a specified date, which would allow retailers to sell existing stock having the current health warnings and so avoid stock losses.

### ***The effectiveness of graphic warnings***

Elements of the tobacco industry have argued that graphic warnings are not effective, quoting as evidence a study of the Canadian experience released by Nikolay Gospodinov and Ian Irvine of the Department of Economics, Concordia University, Montreal, Quebec, Canada. The study concludes that there is no evidence that smokers exhibited a reduction in either their prevalence or the quantity smoked as a result of the introduction of graphic health warnings.

However, the conclusions of this study are contradicted by other studies. A recent study undertaken as part of the International Tobacco Control Policy Evaluation Survey was conducted by the University of Strathclyde Centre for Tobacco Control Research. The study compared the impact of warnings in Canada (where graphic warnings cover 50% of the front and back of packs) the UK (text-only warnings upgraded from low contrast warnings covering 15% of the front to bold warnings covering a third of both the front and back), Australia (text only covering 25% of the front and one third of the back) and the US (text only covering part of one side of the pack).

The study found that the Canadian labels were most effective in making smokers think about health risks (47% of Canadian respondents compared with 33% of Australians) and making smokers more likely to quit (29% of Canadian respondents compared with 18% of Australians).

Dr Ron Borland of the VicHealth Centre for Tobacco Control, who is one of the international study's authors, has stated "There is strong evidence that health warnings encourage quitting and the stronger the warnings, the bigger the effect. The most important features appear to be size, being on the front of the pack, being credible, and use of pictures".

Research undertaken by the Canadian Cancer Society and released in 2002 also demonstrates that the graphic warnings highlighting smoking hazards have the potential to reduce the number of people who smoke and discourage young people from taking up smoking. The study found that for a significant proportion of smokers, the warnings increased the motivation to quit, increased the concern about the health effects of smoking and made the package look less attractive. The study found that 90% of smokers had noticed the new warnings. Among those who noticed the warnings, specific results include:

- 43% of smokers are more concerned about the health effects of smoking because of the new warnings;
- 44% of smokers said the new warnings increased their motivation to quit smoking, and of those who attempted to quit 38% said the warnings were a factor in motivating them in their quit attempt;
- on one or more occasions 21% of smokers have been tempted to have a cigarette but decided not to because of the new warnings;
- when buying cigarettes 17% of smokers have on at least one occasion asked for a different package of cigarettes because they did not like the warning on the package first offered; and
- 83% of smokers have had people they know mention or discuss the new warnings in conversations.

Health Canada has advised that their research into the effectiveness of the new graphic warnings shows that their current health warnings are working well. It has stated that "Research and evaluation results clearly and strongly support the overall direction of tobacco labelling in Canada. In particular, results show that both smokers and non-smokers of all ages strongly support the graphic health warnings found on the principal display of tobacco product packages. The warnings are considered noticeable, serve as a major (in some cases, the major) source of information on the health effects of tobacco use, and are seen as both creditable and informative".

Health Canada also advised that they have been quite successful in reducing smoking prevalence in the last few years, going from 25% of the population (15 years and older) being current smokers in 1999 to 20% of the population in the first part of 2003. Results from the first half of 2003 also indicate that the prevalence rate of smoking among youth 15-19 years has dropped below 20% for the first time (See [www,hc-sc.gc.ca/hecs-sesc/tobacco/research/ctums/index.html](http://www,hc-sc.gc.ca/hecs-sesc/tobacco/research/ctums/index.html)).

The Canadian study (referred to earlier on page 6 of the RIS) has also found that graphic images on cigarette packets not only grab smokers' attention, they make them more likely to quit the habit.

## Conclusion and recommended option

On balance, the arguments for introducing a new mandatory standard for tobacco labelling (Option 3) outweigh the arguments for retaining the current standard (Option 1) or for updating the warnings in the current format (Option 2).

The current standard has lost its impact in the market and needs revitalisation. The current health warnings have been in existence for ten years and since their introduction there is more evidence on a larger range of harmful health effects of tobacco smoking and on the harmful effects of chemicals in tobacco smoke. Given the magnitude of harm from tobacco consumption, the Government has a clear role in ensuring that the market is effectively regulated, including the continued review of strategies to ensure that consumers are informed of the full range of harmful health effects from tobacco.

While it is acknowledged that the proposed changes will have a financial impact on the tobacco industry in terms of packaging and associated costs, it is important that consumers are provided with the latest information on the health effects of smoking in a format which challenges them to consider their actions. It is expected that updated warnings in the current format would have little impact.

The recommended option for new graphic warnings has the potential to better inform smokers and potential smokers of the serious health hazards of smoking. In view of the major community health costs associated with tobacco smoking, even a modest reduction in smoking-related illness can have substantial national/community benefits.

### Proposed new mandatory standard

The key features of the proposed new mandatory standard are:

- From a nominated date, tobacco products manufactured in, or imported into Australia must be printed with new health warnings;
- A new set of 14 health warnings comprising graphic images and explanatory messages will provide information on an expanded range of health effects of smoking;
- The health warnings are to cover **either:**

50% of the front and back of the tobacco product's retail packaging. Packaging will carry a **full colour graphic image and associated text on the front of the packaging** and an **explanatory message on the back (without graphic)**. The warnings are to be positioned parallel to, and as close as possible to the top edge of the package so that none of the image or words of the health warning will be severed when the package is open. **or**

30% of the front and 90% of the back of the tobacco products retail packaging. Packaging will carry a **full colour graphic image and associated text on the front of the packaging** and a **full colour graphic and an explanatory message on the back**. The warnings are to be positioned parallel to, and as close as possible to the top edge of the package so that none of the image or words of the health warning will be severed when the package is open.

The warnings can be viewed at the Department of Health and Ageing's website at

[www.health.gov.au/tobacco](http://www.health.gov.au/tobacco) and on the Treasury website at [www.treasury.gov.au](http://www.treasury.gov.au);

[Note 1: Only one of these two coverage options would be selected prior to finalising the new regulations, so that there would be a uniform approach in the market.]

[Note 2: The health warnings described above would apply to flip top and soft pack cigarettes and cartons, loose tobacco and pipe tobacco in pouches. Specifications on position/coverage of warnings for other cigarette or tobacco packages would be detailed in the Regulations.]

- Manufacturers and importers will be required to comply with a new rotation system for health warnings to optimise consumer learning and awareness of the harmful health effects of smoking. This involves the use of 7 messages in the first year of the new warnings, then the resting of these messages and use of another 7 messages in the second year. This system will continue for the life of the regulations. Messages are also to be equally rotated within brands over a 12 month period;
- A new information message will be required on the side of cigarette and tobacco packs. This will replace the current Government mandated listings of tar, nicotine and carbon monoxide levels on cigarette packs and provide consumers with qualitative information on the health effects of the chemicals in tobacco smoke. The message is to cover the whole of one side of the package, except the area that forms part of the flip-top, and should read in dot point form:
  - **Smoking exposes you to more than 40 harmful chemicals.**
  - **These chemicals damage blood vessels, body cells and the immune system.**
  - **QUIT NOW to reduce your risk of chronic illness or premature death;**
- The inclusion of the national Quitline number and website on the back of the pack;
- A set of new health warnings (including graphic warnings) specifically for cigars intended to increase the awareness of consumers of the health risks of smoking cigars (see Attachment 4);
- Cigars sold singly will be exempt;
- Extension of the coverage of tobacco products to include all products which contain tobacco and are manufactured in Australia or imported into Australia. This will ensure that all products containing tobacco such as bidis and nasal snuff are labelled with appropriate health warnings;
- Tobacco products for export will be exempt; and
- Timeframe: Manufacturers and importers will be required to meet either the current or the new requirements for 18 months from the date of gazettal, thereafter only the new requirements. On this basis, the new graphic warnings will commence appearing at the retail level around the same time as, or shortly after, the expiry of the 18 months.

## Implementation and review

A new mandatory standard “The Trade Practices (Consumer Product Information Standard) (Tobacco) Regulations” will be gazetted as soon as practicable (July 2004 is proposed) and take effect on gazettal. Manufacturers, importers will have 18 months to change to the new standard.

The Regulations will be enforced by the Australian Competition and Consumer Commission (ACCC). To minimise paper burden, required graphic warnings are available on the Department of Health and Ageing’s website at [www.health.gov.au/tobacco](http://www.health.gov.au/tobacco) and on the Treasury website at [www.treasury.gov.au](http://www.treasury.gov.au) under Published Information/Reviews Enquiries and Consultations.

Quantitative surveys will be carried out by DOHA to measure the effectiveness of the new Regulations. These will include a baseline survey prior to the introduction of the Regulations and surveys at 6 and 12 month intervals of exposure.

DOHA will also implement a communications strategy to explain the reasons for the change to the regulation to consumers and to overcome any initial consumer confusion.

The new Regulations are expected to be reviewed after five years exposure to the new warnings.

## HEALTH WARNINGS ON TOBACCO PRODUCTS

### Format, position and area to be covered

The format, position and area to be covered by each health warning will be finalised when a size option is selected and will be detailed in the regulations.

The health warnings and explanatory messages are to be displayed in a manner that ensures that the information is clear, legible and highly visible.

The health warnings and explanatory messages are to be reproduced in a colour that is as close as possible to the colour in which they are provided in electronic format.

The format for text only health warnings for bidis is set out in [Attachment 2](#).

The health warnings and explanatory messages must be placed in the same direction as the other information that is on that face of the package.

### Adhesive labels

Adhesive labels will be permissible for some tobacco products (eg cigars, pouch tobacco, pipe tobacco, bidis, nasal snuff). If an adhesive label is used it must be fastened firmly to the package so as not to be easily removable and be positioned in accordance with the position/coverage requirements for that product.

**Rotation of messages** – Cigarettes (flip top packages, soft packages, cartons, rectangular square shaped packages, hexagonal or octagonal prisms-shaped packages, cylindrical shaped packages, small packages, irregular shaped packages) and loose tobacco/pipe tobacco pouches, cylindrical shaped packages, rectangular or square-shaped tins or packages, irregular shaped packages.

In order to optimise consumer learning and awareness of the range of harmful health effects of smoking, the 14 health warnings and explanatory messages will be rotated as follows:

#### Transition Phase:

Following gazettal of the new regulation, both the current regulations and the new regulations (Set A health warnings) would apply concurrently as alternative regulations for 18 months.

#### Rotation-Sets A & B Health Warnings:

On completion of the Transition Phase, packages to be printed with only Set A health warnings and explanatory messages for a period of 8 months.

A changeover period then applies for the next 4 months, during which packages may be printed with either Set A or Set B health warnings

On completion of the changeover period, all packages to be printed with only Set B health warnings until the next rotation.

Thereafter, Set A and Set B health warnings to be rotated annually, such that a Set is printed on each brand for a period of 12 months.

The 7 health warnings and explanatory messages from each set to be rotated so they appear as nearly as possible on an equal number of packs over the 12 month period.

### **Rotation of messages – Other tobacco products**

Rotation requirements for products other than cigarettes and loose tobacco/pipe tobacco are: Commencing within 18 months from the date of gazettal, each health warning and explanatory message must be printed in rotation so that during each twelve month period each message appears as nearly as possible on an equal number of each brand of tobacco.

## **ATTACHMENT 2**

### **TEXT OF HEALTH WARNINGS (BIDIS)**

SMOKING CAUSES LUNG CANCER

SMOKING CAUSES EMPHYSEMA

SMOKING INCREASES YOUR RISK OF HEART ATTACK

SMOKING DOUBLES YOUR RISK OF STROKE

SMOKING CAUSES PERIPHERAL VASCULAR DISEASE

SMOKING CLOGS YOUR ARTERIES

SMOKING CAUSES BLINDNESS

SMOKING CAUSES MOUTH AND THROAT CANCER

SMOKING HARMS UNBORN BABIES

PROTECT CHILDREN: DON'T LET THEM BREATHE YOUR SMOKE

SMOKING IS ADDICTIVE

QUITTING WILL IMPROVE YOUR HEALTH

SMOKING – A LEADING CAUSE OF DEATH

TOBACCO SMOKE IS TOXIC

**ATTACHMENT 3****QUITLINE MESSAGE FOR BACK OF PACK UNDERNEATH  
GRAPHIC/TEXT OR TEXT ONLY**

You CAN quit smoking. Call Quitline  
131 848, talk to your doctor or pharmacist,  
or visit [www.quitnow.info.au](http://www.quitnow.info.au)

**ATTACHMENT 4****HEALTH WARNINGS AND EXPLANATORY MESSAGES FOR CIGARS**

One of five graphic warnings and explanatory text to cover 25% of the total area of the front of the pack and 33% of the back of the pack (text only)

Front of Pack: CIGARS ARE NOT A SAFE ALTERNATIVE TO CIGARETTES

Back of Pack: CIGARS ARE NOT A SAFE ALTERNATIVE TO CIGARETTES  
Cigar smoking, particularly if you inhale, increases your risk of mouth and throat cancer, heart disease and lung cancer.

You CAN quit smoking. Call Quitline 131 848, talk to your doctor or pharmacist, or visit [www.quitnow.info.au](http://www.quitnow.info.au)

Front of Pack: CIGAR SMOKING CAUSES MOUTH AND THROAT CANCER.

Back of Pack: Cigar smoking increases your risk of developing cancer of the lip, mouth, throat and voicebox.

You CAN quit smoking. Call Quitline 131 848, talk to your doctor or pharmacist, or visit [www.quitnow.info.au](http://www.quitnow.info.au)

Front of Pack: CIGAR SMOKING CAUSES LUNG CANCER

Back of Pack: Cigar smoking increases your risk of lung cancer, even if you do not inhale. Your lung cancer risk increases greatly if you inhale the smoke.

You CAN quit smoking. Call Quitline 131 848, talk to your doctor or pharmacist, or visit [www.quitnow.info.au](http://www.quitnow.info.au)

Front of Pack: DON'T LET CHILDREN BREATHE YOUR SMOKE

Back of Pack: Children exposed to passive smoking experience more serious illnesses such as pneumonia, middle ear infections and asthma attacks.

Babies exposed to passive smoking are at a greater risk of SIDS (Sudden Infant Death Syndrome).

You CAN quit smoking. Call Quitline 131 848, talk to your doctor or pharmacist, or visit [www.quitnow.info.au](http://www.quitnow.info.au)

Front of Pack: CIGAR SMOKE IS TOXIC

Back of Pack: Cigar smoke contains high concentrations of toxins and irritants. Taking in this toxic mix can damage the body's cells, resulting in many diseases including cancer, heart disease and respiratory disease.

You CAN quit smoking. Call Quitline 131 848, talk to your doctor or pharmacist, or visit [www.quitnow.info.au](http://www.quitnow.info.au)

The required graphics can be viewed at [www.treasury.gov.au](http://www.treasury.gov.au) or [www.health.gov.au](http://www.health.gov.au)

**ATTACHMENT 5****ORGANISATIONS PROVIDING SUBMISSIONS IN 2001**

The Australian Federal Police  
Canberra ASH  
The Royal Australian and New Zealand College of Obstetricians and Gynaecologists  
The Department of Education, Training and Youth Affairs  
Victoria Police  
Centre for Eye Research Australia, University of Melbourne  
Thoracic Society of Australia and New Zealand/Discipline of Medicine, University of Tasmania  
The Cancer Council New South Wales  
Alcohol and Drug Service, Department of Health and Human Services  
South Australia Police  
Quit SA  
Cancer Council of NSW  
Illawarra Tobacco Control Coalition  
National Stroke Foundation  
Victorian Health Promotion Foundation  
British American Tobacco  
Action on Smoking and Health  
Imperial Tobacco Australia Limited  
Hunter Centre for Health Advancement  
ACT Government  
Tobacco Policy Unit, NSW Health Department  
Cancer Council Australia/National Heart Foundation/Centre of Behavioural Research in Cancer Control  
Evaluation & Research Unit, Population Health Division, Department of Health & Aged Care  
Law Enforcement Branch, Attorney-General's Department  
Australian Medical Association  
Quit Victorian Smoking and Health Program  
Swedish Match Australia/New Zealand  
Philip Morris Limited  
Department of Police and Public Safety  
Queensland Health  
Victorian Department of Human Services  
Health Promotion SA  
Pharmaceutical Society of Australia  
Territory Health Services NT  
UK Department of Health  
National Health and Medical Research Council  
Alcohol and Other Drugs Council of Australia (ADCA)

## ATTACHMENT 6

**ORGANISATIONS THAT PROVIDED SUBMISSIONS ON THE FIRST DRAFT RIS**

Philip Morris Limited  
British American Tobacco Australia  
Imperial Tobacco Australia Limited  
Australian Dental Association Inc  
Department of Foreign Affairs and Trade  
Tasmanian Department of Health and Human Services  
Centre for Eye Research Australia, University of Melbourne  
NSW Health  
Vision 20/20: The Right to Sight Australia  
Queensland Health  
The Royal Australian College of General Practitioners  
The Victorian Newsagents Association (VANA) Ltd  
Department of Human Services, Victoria  
Queensland Cancer Fund  
Collective submission: The Cancer Council Australia, VicHealth, VicHealth  
Centre for Tobacco Control, The Thoracic Society of Australia and New  
Zealand (TSANZ), Heart Foundation, Quit Victoria, Action on Smoking and  
Health (ASH) Australia, Australian Council on Smoking and Health (ACOSH)  
Quit SA, Clinical Oncological Society of Australia  
The Retail Confectionery and Mixed Business Association Inc  
Queensland Retail Traders and Shopkeepers Association  
Tobacco Cooperative of Victoria Limited  
Independent Retailers Association, WA  
The Retail, Confectionery and Mixed Business Association Inc, Victoria  
The Australian Workers' Union—Tobacco Workers' Branch and the Federated  
Tobacco and Cigarette Workers' Union of Australia NSW  
Council of Small Business Organisations of Australia (COSBOA)  
Various independent tobacco retailers