

2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

A. ORIGIN OF THE REPORT

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Period of reporting:

	Month	Year
Start date	April (4)	2018 (19)
End date	2011 (12)	2019 (20)

B1. TOBACCO CONSUMPTION

Prevalence of tobacco use

Smoking prevalence in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see B112)

Current smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	18.3	12.1
FEMALE	12.1	10.6
TOTAL (males and females)	15.1	11.5

Daily smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	16.5	13.0
FEMALE	11.1	11.4
TOTAL (males and females)	13.8	12.3

Occasional smokers

	Prevalence (%)
(please include all smoking tobacco products in prevalence data)	
MALE	1.8
FEMALE	1.0
TOTAL (males and females)	1.4

Former smokers

	Prevalence (%)
(please include all smoking tobacco products in prevalence data)	
MALE	33.8
FEMALE	24.7
TOTAL (males and females)	29.2

Never smokers

	Prevalence (%)
(please include all smoking tobacco products in prevalence data)	
MALE	47.9
FEMALE	63.2
TOTAL (males and females)	55.7

Please indicate the smoking tobacco products included in calculating prevalence for question B11:

Surveys tobacco products including manufactured (packet) cigarettes, roll-your-own cigarettes, cigars and pipes, but excluding chewing tobacco, electronic cigarettes (and similar) and smoking of non-tobacco products.

Please indicate the age range to which the data used to answer question B11 refer:

	From	To
Age range	18	100

Please indicate the year of the data used to answer question B11:

2018

Please indicate the source of the data used to answer question B11:

2017-18 Australian Bureau of Statistics National Health Survey

Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.

Current smoker	a respondent who reported they had smoked daily, weekly, or less than weekly
Daily smoker	a respondent who reported at the time of interview that they regularly smoked one or more cigarettes, cigars or pipes per day
Occasional smoker	a respondent who reported at the time of interview that they smoked cigarettes, cigars or pipes, less frequently than daily
Former smoker	a respondent who reported that they did not currently smoke, but had regularly smoked daily, or had smoked at least 100 cigarettes, or smoked pipes, cigars, etc at least 20 times in their lifetime
Never smoker	a respondent who reported they had never regularly smoked daily, and had smoked less than 100 cigarettes in their lifetime and had smoked pipes, cigars, etc less than 20 times

Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past two years or since submission of your last report.

The proportion of current daily smokers in this report is higher than that reported in the last WHO FCTC report. This is because the data included in the last WHO FCTC report were from a different national survey, the 2016 National Drug Strategy Household Survey (NDSHS), which consistently reports lower smoking prevalence than the National Health Survey (NHS). The long-term trend across both surveys in Australia, the NDSHS and the NHS, is a steady decline in current daily smoking prevalence among adults.

Smoking prevalence in the adult population (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

	Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALES - current smokers ¹	18	24	18
MALES - current smokers ¹	25	34	19
MALES - current smokers ¹	35	44	20
MALES - current smokers ¹	45	54	19
MALES - current smokers ¹	55	64	17
MALES - current smokers ¹	65	100	8
FEMALES - current smokers ¹	18	24	10
FEMALES - current smokers ¹	25	34	11
FEMALES - current smokers ¹	35	44	12
FEMALES - current smokers ¹	45	54	15
FEMALES - current smokers ¹	55	64	14
FEMALES - current smokers ¹	65	100	6
TOTAL (males and females) - current smokers ¹	18	24	14
TOTAL (males and females) - current smokers ¹	25	34	15
TOTAL (males and females) - current smokers ¹	35	44	16
TOTAL (males and females) - current smokers ¹	45	54	17
TOTAL (males and females) - current smokers ¹	55	64	15
TOTAL (males and females) - current smokers ¹	65	100	7

Please indicate the smoking tobacco products included in calculating prevalence for question B12:

Surveys tobacco products

including manufactured (packet) cigarettes, roll-your-own cigarettes, cigars and pipes, but excluding chewing tobacco, electronic cigarettes (and similar) and smoking of non-tobacco products

Please indicate the year of the data used to answer question B12:

2018

Please indicate the source of the data used to answer question B12:

2017-18 Australian Bureau of Statistics National Health Survey

Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available.

Smoking rates have declined

across all age groups, with the younger age groups (18-34 year olds)

experiencing the largest declines. Note that the figures provided in the last

WHO FCTC report were from a different national survey, the 2016 National Drug

Strategy Household Survey (NDSHS).

Prevalence of smokeless tobacco use in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered in B132, e.g. 15 years old and over, 18–64 years; see B132)

Males

Prevalence (%)

(please include all smokeless tobacco products in prevalence data)

Females

Prevalence (%)

(please include all smokeless tobacco products in prevalence data)

TOTAL (males and females)

Prevalence (%)

(please include all smokeless tobacco products in prevalence data)

Please indicate the smokeless tobacco products included in calculating prevalence for question B13:

Please indicate the age range to which the data used to answer question B13 refer:

From To

Please indicate the year of the data used to answer question B13:

Please indicate the source of the data used to answer question B13:

Please provide the definitions of “current user”, “daily user”, “occasional user”, “former user” and “never user” (of smokeless tobacco products) used in this report in the space below.

Current user
Daily user
Occasional user
Former user
Never user

Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past two years or since submission of your last report.

Smokeless tobacco prevalence rates in Australia are not reported in a way that can be used to complete sections B13 and B14 of this questionnaire. For 2016 prevalence figures on Snus, Chewing Tobacco and Snuff, see table 3.13 of Chapter 3 at <https://www.aihw.gov.au/reports/illicit-use-of-drugs/2016-ndshs-detailed/data>.

Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
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Please indicate the smokeless tobacco products included in the answer to question B14:

Please indicate the year of the data used to answer question B14:
2016

Please indicate the source of the data used to answer question B14:

Australian Institute of Health and Welfare (2016). National Drug Strategy Household Survey detailed report 2016. Canberra: AIHW. Available at: <https://www.aihw.gov.au/reports/illicit-use-of-drugs/ndshs-2016-detailed/contents/table-of-contents>

Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.

Tobacco use by ethnic group(s)

(please include all smoking or smokeless tobacco products in prevalence data)

	Ethnic group(s)	MALES - Prevalence (%)	FEMALES - Prevalence (%)	TOTAL (males and females) - Prevalence (%)
Current users ³	Australia			16.0
Current users ³	New Zealand and Other Oceania			18.7
Current users ³	United Kingdom			13.1
Current users ³	Europe			12.7
Current users ³	South-East Asia			8.4

Please indicate the tobacco products included in the answer to question B15:

Manufactured cigarettes, roll-your-own cigarettes

Please indicate the age range to which the data used to answer question B15 refer:

	From	To
Age range	14	100

Please indicate the year of the data used to answer question B15:

2016

Please indicate the source of the data used to answer question B15:

Australian Institute of Health and Welfare (2016). National Drug Strategy Household Survey detailed report 2016. Canberra: AIHW. Available at: <https://www.aihw.gov.au/reports/illicit-use-of-drugs/ndshs-2016-detailed/contents/table-of-contents>

Tobacco use by young persons

(please include all smoking or smokeless tobacco products in prevalence data)

	Age range	SMOKING TOBAC- CO - Prevalence (%)	SMOKELESS TOBAC- CO - Prevalence (%)	WATER PIPE - Prevalence (%)
BOYS - Current users ⁴	12	2		
BOYS - Current users ⁴	13	2		
BOYS - Current users ⁴	14	4		
BOYS - Current users ⁴	15	6		
BOYS - Current users ⁴	16	9		
BOYS - Current users ⁴	17	12		
GIRLS - Current users ⁴	12	1		
GIRLS - Current users ⁴	13	1		
GIRLS - Current users ⁴	14	3		
GIRLS - Current users ⁴	15	5		
GIRLS - Current users ⁴	16	8		
GIRLS - Current users ⁴	17	9		
TOTAL (boys and girls) - Current us- ers ⁴	12	2		
TOTAL (boys and girls) - Current us- ers ⁴	13	2		
TOTAL (boys and girls) - Current us- ers ⁴	14	4		
TOTAL (boys and girls) - Current us- ers ⁴	15	6		
TOTAL (boys and girls) - Current us- ers ⁴	16	8		

TOTAL (boys and girls) - Current users ⁴	17	11
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Please indicate the tobacco products included in calculating prevalence for question B16:
Cigarettes

Please indicate the year of the data used to answer question B16:
2017

Please indicate the source of the data used to answer question B16:
2017 Australian Secondary Students Alcohol and other Drug survey

Please provide the definition of "current smoking/tobacco use" used to answer question B16 in the space below.

Students who had smoked cigarettes on at least one of the seven days preceding the day of the survey (past week).

Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report.

Results from the Australian Secondary Students Alcohol and other Drug (ASSAD) survey show a long-term decline in the proportion of secondary school-aged students who smoked tobacco in the past 7 seven days of being surveyed. Further, the most recent survey results show that in 2017, rates of current smoking among secondary school students were the lowest ever observed. The proportion of secondary school students reporting never smoking has also increased significantly since monitoring began.

Please attach the relevant documentation.

Use of novel and emerging tobacco and nicotine products

	Age range	Heated tobacco products (HTPs) - Prevalence (%)	Electronic Nicotine Delivery Systems (ENDS) - Prevalence (%)	Electronic Non-Nicotine Delivery Systems (ENNDS) - Prevalence (%)	Other products - Prevalence (%)
ADULT POPULATION - Total (males and females)	14+ lifetime use	Australian Institute of Health and Welfare (2016). National Drug Strategy Household Survey detailed report 2016. Canberra: AIHW. Available at: https://www.aihw.gov.au/reports/illicit-use-of-drugs/ndshs-2016-detailed/contents/table-of-contents			8.8
YOUNG PERSONS - Boys	12-17 lifetime use	2017 Australian Secondary Students Alcohol and other Drug survey			17.0
YOUNG PERSONS - Girls	12-17 - lifetime use	2017 Australian Secondary Students Alcohol and other Drug survey			10.0
YOUNG PERSONS - Total (boys and girls)	12-17 -lifetime use	2017 Australian Secondary Students Alcohol and other Drug survey			13.0

B2-B9. HEALTH, SOCIAL AND ECONOMIC INDICATORS

Exposure to tobacco smoke

Do you have any data on exposure to tobacco smoke in your population?

Yes ✓

Please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).

Exposure Males Females Total Someone
smokes inside the home 3.4 2.5 2.9 Someone only smokes
outside the home 14.2 16.1 15.2 No one at home regularly
smokes 82.4 81.5 81.9

Please indicate the year of the data used to answer question B21:

2016

Please indicate the source of the data used to answer question B21:

Australian Institute of Health and Welfare 2017. National Drug Strategy Household Survey 2016: detailed findings. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW. Available at: <https://www.aihw.gov.au/reports/illicit-use-of-drugs/2016-ndshs-detailed/contents/table-of-contents>

Please attach the relevant documentation.

No comment

File type "doc"

Tobacco-related mortality

Do you have information on tobacco-related mortality in your population?

Yes ✓

What is the estimated total number of deaths attributable to tobacco use in your population?

20933

If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.

Please indicate the year of the data used to answer question B32 and 33:

2015

Please indicate the source of the data used to answer questions B32 and B33:

015 Australian Institute of Health and Welfare Australian Burden of Disease - <https://www.aihw.gov.au/reports/burden-of-disease/burden-disease-study-illness-death-2015/contents/table-of-contents>

Please submit a copy of the study you refer to:

Tobacco-related costs

Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society?

Yes ✓

Please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).

Tangible Costs
Tangible Costs of Premature Mortality \$4,045,343,309
Avoided Healthcare Costs -\$2,275,922,187 Healthcare \$6,787,191,187 Other
Workplace Costs \$4,985,357,708 Other Tangible Costs \$5,701,263,430 Total
Tangible Costs \$19,243,233,973 Intangible Costs
Intangible costs of premature mortality \$92,108,544,749 Intangible costs of smoking attributable
ill-health \$25,562,393,635 Total Intangible Costs \$117,670,938,384 TOTAL
COSTS \$136,914,172,357

Please indicate the year of the data used to answer question B42:

2016

Please indicate the source of the data used to answer question B42:

Identifying the Social Costs of Tobacco Use to Australia in 2015/16 - <http://ndri.curtin.edu.au/NDRI/media/documents/publications/T273.pdf>

Please submit a copy of the study you refer to:

Supply of tobacco and tobacco products

(with reference to Articles 6.2(b), 20.4(c), and 15.5)

Licit supply of tobacco products

	Product	Unit (e.g. pieces, tonnes)	Domestic production	Retail sales	Exports	Imports
Smoking tobacco products	Cigars, cheroots and cigarillos (not exceeding 0.8 grams of tobacco per stick.	Number			193	49,438,830
Smoking tobacco products	Cigars, cheroots and cigarillos (other)	Kilogram			6,847	24,549
Smoking tobacco products	Cigarettes (not exceeding 0.8 grams of tobacco per stick)	Number			2,921,968,943	12,299,191,748
Smoking tobacco products	Cigarettes (Other)	Kilogram			23,685	1,169
Other tobacco products	Other manufactured tobacco and manufactured tobacco substitutes	Kilogram			85,521	2,314,086
Other tobacco products	Other Manufactured Tobacco (stick form)	Kilogram			494	
Other tobacco products	Other Manufactured Tobacco (stick form)	Number				2,700
Other tobacco products	Unmanufactured tobacco and tobacco refuse	Kilogram			20	7

Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.

Please indicate the year of the data used to answer question B51 and 52:

2019

Please indicate the source of the data used to answer questions B51 and B52:

Department of Home Affairs

Please attach the relevant documentation.

Seizures of illicit tobacco products

(with reference to Article 15.5)

Seizures of illicit tobacco

	Year	Product	Unit (e.g. pieces, tonnes)	Quantity seized
Smoking tobacco products	2018-2019 (border)	Tobacco	Tonnes	311.99
Smoking tobacco products	2018-2019 (border)	Cigarettes sticks	Millions	426.27
Other tobacco products	2018-2019 (border)	Equivalent Weight*	Tonnes	633.18

Do you have any information on the percentage of illicit tobacco products on the national tobacco market?

Yes ✓

What percentage of the national tobacco market do illicit tobacco products constitute? (%)

5

What is the trend over the past two years or since submission of your last report in the percentage of illicit tobacco products in relation to the national tobacco market?

The Australian Taxation

Office's tax gap analysis shows that the relative size of the illicit tobacco market compared to the licit market declined from 5.5 per cent in 2015-16 to 5.0 per cent in 2017-18 in net terms. The tobacco tax gap analysis is used to estimate the size of the illicit tobacco market in Australia. The tobacco tax gap analysis provides an estimated difference between the value of excise on what would be payable, according to the law, from tobacco and the value actually raised for a financial year. See

<https://www.ato.gov.au/About-ATO/Research-and-statistics/In-detail/Tax-gap/Tobacco-tax-gap/>

Please provide any further information on illicit tobacco products.

*Equivalent weight represents

the total weight of loose leaf tobacco detections together with the total weight of cigarette sticks (calculated using an average weight per stick).

Please indicate the source of the data used to answer questions in section B6:
Department of Home Affairs and Australian Taxation Office

Please attach the relevant documentation.

Tobacco-growing

Is there any tobacco-growing in your jurisdiction?
No ☒

Please indicate the year of the data used to answer questions in section B7:
2019

Please indicate the source of the data used to answer questions in section B7:
<https://www.ato.gov.au/General/The-fight-against-tax-crime/Our-focus/Illicit-Tobacco/>

Please attach the relevant documentation.

Taxation of tobacco products

(with reference to Articles 6.2(a) and 6.3)

What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))?
93.653

How are the excise taxes levied (what types of taxes are levied)?

Specific tax only	Yes
Ad valorem tax only	No
Combination of specific and ad valorem taxes	No
More complex structure (please explain below)	No

If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)

Product		Type of tax	Rate or amount	Base of tax ⁵
Smoking tobacco products	In stick form not exceeding in weight 0.8 grams per stick actual tobacco content.	Excise duty	0.93653	\$ per stick
Smoking tobacco products	Either not in stick form or in stick form exceeding 0.8 grams per stick actual tobacco amount.	Excise duty	1291.77	\$ per kg of tobacco content

Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.

The Australian Government began implementing staged annual 12.5% tobacco excise increases and excise-equivalent customs duty on tobacco and tobacco-related products on 1 December 2013, followed by additional 12.5% increases on 1 September 2014, 2015, 2016, 2017, 2018 and 2019. These annual excise increases will continue in 2020. Smokeless tobacco products, including oral snuff, paste, powders and chewing tobacco are banned from commercial supply in Australia: <https://www.productsafety.gov.au/bans/smokeless-tobacco-products> Excise rates on roll-your-own tobacco and other tobacco products will be adjusted annually for four years to align with the excise rates for manufactured cigarettes, from 1 September 2017.

Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?

No ✕

Please indicate the year of the data used to answer questions B81 to B86:

2019

Please indicate the source of the data used to answer questions B81 to B86:

<https://www.ato.gov.au/Business/Excise-and-excise-equivalent-goods/Tobacco-excise/>

Please attach the relevant documentation.

Price of tobacco products

(with reference to Articles 6.2(a))

Domestic

Please provide the retail prices of the three most widely sold brands of domestic tobacco products at the most widely used point of sale in your capital city.

Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency

Imported

Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city.

	Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
Smoking tobacco products	Winfield	25	37.00	AUD
Smoking tobacco products	Benson & Hedges	25	39.05	AUD
Smoking tobacco products	JPS	26	34.25	AUD

Please indicate the year of the data used to answer question B91:
2019

Please indicate the source of the data used to answer question B91:
see B93

Please briefly describe the trend in the prices of tobacco products in the past two years or since submission of your last report in your jurisdiction.

Overall, there has been a rise in the prices of tobacco products in Australia. Between 2017 and 2019, a pack of Winfield 25s has increased by \$4.25 or 12.98%; a pack of Benson & Hedges 25s has increased by \$7.55 or 23.97%; and a pack of JPS 26s has increased by \$4.30 or 14.36%. Please note that these figures are based on estimated recommended retail prices and may vary between retailers. There are no domestically produced tobacco products sold in Australia. Sources: NSW Retail Traders' Association. Price lists - Cigarettes. The Retail Tobacconist of NSW - March 2019. <http://wholesale.pattersonroad.com.au> As reported in Scollo, M, Bayly, M. 13.3 The price of tobacco products in Australia. In Scollo, MM and Winstanley, MH [editors]. Tobacco in Australia: Facts and issues. Melbourne: Cancer Council Victoria; 2019. <https://www.tobaccoinaustralia.org.au/chapter-13-taxation/13-3-the-price-of-tobacco-products-in-australia>

Please attach the relevant documentation.

C1. GENERAL OBLIGATIONS

With reference to Article 5

Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?

Yes ✓

Have you established or reinforced and financed:

a focal point for tobacco control?	Yes
a tobacco control unit?	Yes
a national coordinating mechanism for tobacco control?	Yes

Please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).

Responsibility for tobacco control in Australia is shared between the Commonwealth Government and state and territory governments. The main focal point for tobacco control is the Alcohol, Tobacco and Other Drugs Branch in the Australian Government Department of Health. Each state and territory government health department also has a tobacco control unit. Australia takes a whole of government approach to tobacco control, and the Department of Health regularly collaborates with other Australian Government agencies, state and territory government departments, and non-government organisations (e.g. national, state and territory Cancer Councils).

Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (*General obligations*) in the past two years or since submission of your last report.

The

Australian Government announced it would set a new target of reducing smoking rates below 10 per cent by 2025. The new target reflects the Government's ongoing commitment to reducing tobacco use in Australia. The next iteration of the National Tobacco Strategy is expected to commence in 2020. The new strategy will complement the development of a new 10-year National Preventive Health Strategy, which will address a range of topics including tobacco control. The new strategy also will provide a national framework to work towards the Government's target to reduce smoking rates to below 10 per cent by 2025. Currently the National Tobacco Strategy (NTS) 2012-2018 sets out a national policy framework for the Australian Government and state and territory governments to work together and in collaboration with non-government organisations (NGOs) to improve the health of all Australians by reducing the prevalence of smoking and its associated health, social and economic costs, and the inequalities it causes.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

A number of sub national governments also have their own tobacco control strategies and plans in place to complement the NTS:

<https://www.tobaccoinaustralia.org.au/appendix-1/a1-4-australian-tobacco-control-strategies-and-doc>

Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?

Yes ✓

ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository?

Yes ✓

If you answered “Yes” to any of the questions under C121 or C122, please provide details in the space below (specifically, please refer, if relevant, to whether your government or any of its departments 1) have raised awareness on tobacco industry tactics and the need to prevent interference by the tobacco industry with decision making; 2) have avoided entering into any partnerships or voluntary agreements with the tobacco industry; 3) have established any measures to limit interaction of public officials with the tobacco industry, including in the form of a code of conduct; 4) have not granted any incentives, privileges, benefits or preferential tax exemptions to the tobacco industry to establish or run their business; etc.).

Multiple Australian governments provide funding to Cancer Council Victoria to maintain ‘Tobacco in Australia’, a comprehensive online resource for issues related to tobacco control in Australia. This resource is publicly available and free of charge and includes comprehensive information on tobacco industry activities that are relevant to the WHO FCTC, including Articles 5.3 and 12 (c): <https://www.tobaccoinaustralia.org.au/chapter-10-tobacco-industry> The Code of Conduct contained in the Public Service Act 1999 includes, inter alia, requirements to behave honestly and with integrity; to disclose, and take reasonable steps to avoid, any conflict of interest (real or apparent); and not to make improper use of duties, status, power or authority, or any inside information, to gain or seek to gain a benefit or advantage for any person. For further information, see: <https://www.apsc.gov.au/conflicts-interest>. It is a legal requirement in Australia that any donation to a registered political party to the value of or greater than AUD \$10,000 must be declared to the Australian Electoral Commission. Donor annual returns are posted online at <http://fadar.aec.gov.au/>. Further to this, the governments of Australian Capital Territory, New South Wales and South Australia have begun divesting their public investment in the tobacco industry. The Australian Capital Territory Government has completed its divestment of funds from tobacco industries. The Australian Government’s Future Fund likewise divested all its funds from the tobacco industry, along with a number of major superannuation funds.

Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.

The Department of Health, with assistance from various other Australian Government agencies, has developed “Guidance for Public Officials on Interacting with the Tobacco Industry” (the Guide). The Guidance outlines the obligations placed on public agencies and officials (including elected representatives) under Article 5.3. The guidance has been shared with all Australian Members of Parliament and Senators, as well as with those based at Australia’s High Commissions and Embassies <https://www.health.gov.au/resources/publications/guidance-for-public-officials-on-interacting-with-the-tobacco-industry>

Have you utilized the “Guidelines for implementation of Article 5.3 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section I of the additional questionnaire. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=iff4nxwath6dzjg&lang=en> (<https://extranet.who.int/dataform/655321?token=iff4nxwath6dzjg&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Consistent with the objectives of the FCTC and the relevant decisions of the COP, the Australian Government's Guidance for Public Officials on Interacting with the Tobacco Industry' also extends to the e-cigarette industry.

Please attach the relevant documentation.

C2. MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO

With reference to Articles 6–14

Price and tax measures to reduce the demand for tobacco

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?

Yes ✓

prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?

Yes ✓

prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?

Yes ✓

Please provide a brief description of the progress made in implementing Article 6 (*Price and tax measures to reduce the demand for tobacco*) in the past two years or since submission of your last report.

The Australian Government began implementing staged annual 12.5% tobacco excise increases and excise-equivalent customs duty on tobacco and tobacco-related products on 1 December 2013, followed by additional 12.5% increases on 1 September 2014, 2015, 2016, 2017, 2018 and 2019. These annual excise increases will continue in 2020. In addition, Australia is the only country in the world to index tobacco excise to wage inflation average weekly ordinary time earnings (AWOTE) to ensure that tobacco products do not become relatively more affordable over time. These increases are expected to bring the percentage of tobacco excise tax in the retail price of cigarettes in Australia much closer to the World Health Organization (WHO) recommended minimum recommended level of 70%. Whilst the Government has been active in raising the excise on tobacco products, the tobacco industry routinely increases its prices, which affects the Government's ability to maintain this ratio. Excise rates on roll-your-own tobacco and other tobacco products will be adjusted annually for four years to align with the excise rates for manufactured cigarettes, from 1 September 2017. This measure is expected to take the price of a cigarette.

Have you utilized the "Guidelines for implementation of Article 6 of the WHO FCTC" when developing or implementing policies in this area?

Yes ✓

If you answered "Yes" to question C215 please provide details in the space below or refer to section H of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=iff4nxwath6dzjg&lang=en> (<https://extranet.who.int/dataform/655321?token=iff4nxwath6dzjg&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Protection from exposure to tobacco smoke

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?

Yes ✓

What is the type/nature of the measure providing for the ban?

national law	Yes
subnational law(s)	Yes
administrative and executive orders	Yes
voluntary agreements	No
other measures (please specify in C223 below)	No

Please provide a brief explanation of the type/nature and content of the measures providing for the ban.

While smoke free environments fall primarily under the remit of state and territory governments, the Australian Government has acted where it has the power to do so. For example, smoking is prohibited in Commonwealth workplaces, aircraft, airports, interstate trains and federally registered motor coaches.

Do any of these measures provide for a mechanism/ infrastructure for enforcement?

Yes ✓

Please provide details of this system.

In

Australia, control of environmental tobacco smoke and the issue of smoking in public places is one that generally falls within the jurisdiction of the state and territory governments. All state and territory governments have laws prohibiting smoking in cinemas and theatres, most forms of public transport and in food preparation areas. All sub-national jurisdictions have introduced broader bans on smoking in enclosed public places such as restaurants and shopping centres, pubs and nightclubs and in cars with children. All sub-national jurisdictions have also introduced bans or restrictions on smoking in certain outdoor areas such as outdoor eating and drinking places, building entrances, sporting facilities and public beaches. Each state and territory also has occupational health and safety legislation, which imposes a duty on all employers to provide, within reason, a workplace that is free of hazards to health for employees and those entering the premises. This includes smoke-free work environments. Most states and territories provide for enforcement and inspection mechanisms in addition to the statutory penalty provisions. All sub national jurisdictions except Western Australia have banned the use of e-cigarettes in legislated smoke-free areas. The Victorian Government provides funding to local councils to undertake education and enforcement activity in relation to the Victorian Tobacco Act 1987 (Tobacco Act). This arrangement is specified under a Service Agreement between the Victorian Department of Health and Human Services and the Municipal Association of Victoria (the peak body representing local government authorities in Victoria). Victoria Police enforce the ban on smoking in cars with minors and Public Transport Victoria enforces smoking bans at public transport stops and on public transport. In New South Wales, compliance monitoring and investigation is carried out by authorised officers in Public Health Units of the fifteen Local Health Districts across the State. Enforcement activity is also undertaken by the New South Wales Ministry of Health. In South Australia, breaches of the legislation are monitored and enforced by Department of Health authorised officers and South Australian police, while some declared smoke-free areas are also enforced by authorised officers within local government. In Tasmania, the Department of Health and Human Services employs two Tobacco Control Officers to enforce the tobacco provisions of the Public Health Act 1997. Tasmania Police and Local Council Environmental Health Officers are also authorised under the Public Health Act 1997 to enforce these laws. In Western Australia, investigators are gazetted to enforce the legislation. Restricted powers are also given to police and local authorities. In the Australian Capital Territory, enforcement is regulated under the Smoke-Free Public Places Act 2003 including powers to direct people to stop smoking, enter premises, require identification and seize related items. Police also have the power to stop vehicles to enforce the ban on smoking in cars with minors. The smoking in cars legislation is enforced by law enforcement officials. Penalties apply, in the Australian Capital Territory, for smoking in an enclosed public place, in an outdoor eating and drinking area, at an underage function, at declared smoke-free public places (currently children's play spaces and public transport waiting areas) and at declared smoke-free events. Penalties also apply for smoking in a car when children are present. The Australian Capital Territory Government is responsible for enforcing the Australian Capital Territory's smoke-free public places legislation. In the Northern Territory, non-compliance with the legislation is subject to on-the-spot fines of AUD \$200-400 or prosecution. Authorised persons employed by the Northern Territory health department are also able to assist with enforcement. In Queensland, compliance monitoring and investigation is undertaken by Environmental Health Officers in the Public Health Units of the seventeen Hospital and Health

Services across the State. Police officers also have the power to stop vehicles to enforce the ban on smoking in cars with children aged less than sixteen years and for smoking in a vehicle being used for business purposes if there is anyone else in the vehicle. Park Rangers are authorised to enforce smoking bans in National Parks and Local Government officers can be authorised to enforce smoking bans at outdoor public places in their local council area.

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor workplaces:

government buildings	Complete
health-care facilities	Complete
educational facilities ⁶	Complete
universities	Complete
private workplaces	Complete
other (please specify below)	

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Public transport:

airplanes	Complete
trains	Complete
ferries	Complete
ground public transport (buses, trolleybuses, trams)	Complete
motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	Complete
private vehicles	Partial
other (please specify below)	

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor public places:

cultural facilities	Complete
shopping malls	Complete
pubs and bars	Complete
nightclubs	Complete
restaurants	Complete
other (please specify below)	

Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented:

Banning tobacco smoking in indoor workplaces

Complete

Banning tobacco smoking in public transport

Complete

Banning tobacco smoking in indoor public places

Complete

Please provide a brief description of the progress made in implementing Article 8 (*Protection from exposure to tobacco smoke*) in the past two years or since submission of your last report.

Implementation of laws preventing persons smoking in private vehicles with children in the car.

Have you utilized the "Guidelines for implementation of Article 8 of the WHO FCTC" when developing or implementing policies in this area?

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Regulation of the contents of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

testing and measuring the contents of tobacco products?

No ✕

testing and measuring the emissions of tobacco products?

No ✕

regulating the contents of tobacco products?

No ✕

regulating the emissions of tobacco products?

No ✕

Please provide a brief description of the progress made in implementing Article 9 (*Regulation of the contents of tobacco products*) in the past two years or since submission of your last report.

Being considered as part of the current thematic review of tobacco control legislation.

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g., whether your country 1) has incorporated product regulation in the national tobacco control legislation; 2) has access to either governmental or independent – not owned or controlled by the tobacco industry – laboratories for testing contents and/or emissions of tobacco products; 3) has regulated ingredients, such as flavours (e.g. menthol); 4) has regulated product characteristics, such as design features (e.g., cigarette ventilation); etc.).

Please attach the relevant documentation.

Regulation of tobacco product disclosures

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:

contents of tobacco products?	No
emissions of tobacco products?	No

requiring public disclosure of information about the:

contents of tobacco products?	No
emissions of tobacco products?	No

Please provide a brief description of the progress made in implementing Article 10 (*Regulation of tobacco product disclosures*) in the past two years or since submission of your last report.

Voluntary system in place for tobacco industry to disclose the contents and ingredients of tobacco products – published on the Department of Health’s website. Also being considered as part of the current thematic review of tobacco control legislation.

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether your country has incorporated tobacco product disclosures in the national tobacco control legislation; has regulated the public disclosure of toxic constituents and emissions of tobacco products, aiming to raise public awareness and advance tobacco control policy; etc.).

Please attach the relevant documentation.

Packaging and labelling of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?

Yes ✓

requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?

Yes ✓

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use?

Yes ✓

ensuring that the health warnings are approved by the competent national authority?

Yes ✓

ensuring that the health warnings are rotated?

Yes ✓

ensuring that the health warnings are clear, visible and legible?

Yes ✓

Does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?

Yes ✓

ensuring that the health warnings occupy no less than 30% of the principal display areas?

Yes ✓

ensuring that the health warnings occupy 50% or more of the principal display areas?

Yes ✓

ensuring that health warnings are in the form of, or include, pictures or pictograms?

Yes ✓

Does the Government own the copyright to these pictures and pictograms?

Yes ✓

Would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?

Yes ✓

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant:

constituents of tobacco products? No
emissions of tobacco products? No

requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?

Yes ✓

Please provide a brief description of the progress made in implementing Article 11 (*Packaging and labelling of tobacco products*) in the past two years or since submission of your last report.

Updates to the Tobacco Plain Packaging Act 2011 being considered as part of the current thematic review of tobacco control legislation.

Have you utilized the "Guidelines for implementation of Article 11 of the WHO FCTC" when developing or implementing policies in this area?

If you have any other relevant information pertaining to or not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Education, communication, training and public awareness

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

educational and public awareness programmes? (*Please refer to programmes implemented since submission of your two-year report.*)

Yes ✓

To whom are these programmes targeted?

- ☒ adults or the general public
- ☒ children and young people
- ☒ men
- ☒ women
- ☒ pregnant women
- ethnic groups
- other (please specify)
- Other

Do you reflect the following key differences among targeted population groups in educational and public awareness programmes?

- ☒ age
 - ☒ gender
 - ☒ educational background
 - ☒ cultural background
 - ☒ socioeconomic status
 - other (please specify)
 - Other
-

Do these educational and public awareness programmes cover:

- ☒ health risks of tobacco consumption?
 - ☒ health risks of exposure to tobacco smoke?
 - ☒ benefits of the cessation of tobacco use and tobacco-free lifestyles?
 - ☒ adverse economic consequences of tobacco production?
 - ☒ adverse economic consequences of tobacco consumption?
 - adverse environmental consequences of tobacco production?
 - adverse environmental consequences of tobacco consumption?
-

awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control:

- ☒ public agencies?
 - ☒ nongovernmental organizations not affiliated with the tobacco industry?
 - ☒ private organizations?
 - other (please specify)?
 - Other
-

Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?

Yes ✓

Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:

- ☒ health workers?
 - ☒ community workers?
 - ☒ social workers?
 - ☒ media professionals?
 - ☒ educators?
 - ☒ decision-makers?
 - ☒ administrators?
 - other (please specify)
 - Other
-

Please provide a brief description of the progress made in implementing Article 12 (*Education, communication, training and public awareness*) in the past two years or since submission of your last report.

The National Tobacco Campaign (NTC) is a vital part of the Australian Government's comprehensive range of tobacco control strategies and prevention measures, which are designed to work in concert to reduce smoking prevalence levels across Australia. State and territory governments, as well as Non-Government Organisations also run mass media campaigns in Australia. Campaigns are coordinated with each other to maximise the impact and reduce the time between bursts of activity. The following progress has been made in implementing Article 12:

- the NTC 'Don't Make Smokes Your Story' (the campaign) focused on Indigenous smokers, recent quitters and their families. The campaign aims to empower this audience to quit smoking and promote the use of available support services, such as the Quitline, the My QuitBuddy mobile phone application and the Campaign website;
- the latest phase of this campaign ran from 25 May 2018 until 24 June 2018. The media buy included television, print, radio, digital and out-of-home advertising (train interiors, shopping centre billboards) and Indigenous-specific media channels;
- the campaign evaluation conducted in July 2018 found it had a significant impact among the target audience with 86% of people surveyed reporting campaign awareness; 7% of Indigenous respondents stated they had quit as a result of seeing the Campaign (17% for non-Indigenous) and 26% had reduced the amount they smoked (29% for non-Indigenous);
- during the campaign period there was a 25% increase in campaign website visits; 13% Quitline calls; and a 43% increase in My QuitBuddy downloads. The Tackling Indigenous Smoking (TIS) program aims to prevent the uptake of smoking and supports smoking cessation among Aboriginal and Torres Strait Islander people. It is a multi-component program focused on evidence-based activities and tobacco reduction outcomes. Iterations of TIS program have been in operation since 2010.
- Regional Tobacco Control Grants (RTCG) – 39 organisations (almost all of which are Aboriginal Community Controlled Health Services) receive RTCG funding to undertake evidence-based tobacco control activities designed to meet local needs. These include social marketing, advocacy for smoke free community spaces and workplaces, and supporting referrals to service providers. These grants cover Aboriginal and Torres Strait Islander communities in regional and remote communities, including remote areas with some of the highest smoking rates in the country.
- The TIS National Best Practice Unit (NBPU) supports TIS RTCG recipients through evidence-based resource sharing, information dissemination, advice and mentoring, workforce development, and support for monitoring and evaluation.
- The National Coordinator provides leadership, advocacy, advice and support to grant recipients and other stakeholders working to reduce smoking among Aboriginal and Torres Strait Islander people and communities. The National Coordinator works closely with the NBPU TIS to complement its role in supporting grant recipients.
- Enhanced data collection at the regional level.
- Enhanced activities for priority groups – pregnant women, smokers in remote areas.
- Indigenous Quitline enhancement provides accessible and appropriate Quitline services to Indigenous people, support enhancements to existing Quitline services including employing Indigenous staff on Quitlines, as well as cultural safety training and resources for all Quitline staff in the Quitline services across the jurisdictions.
- Quitskills provides culturally appropriate brief intervention training for health workers in remote areas, including a course specifically for those working with pregnant mothers in remote and very remote areas.
- A national program evaluation to assess the impact of delivering locally-tailored population health approaches to reduce smoking rates among

Aboriginal and Torres Strait Islander people, and to identify opportunities for improvement.

Have you utilized the "Guidelines for implementation of Article 12 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✓

If you answered "Yes" to question C269 please provide details in the space below or refer to section E of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=iff4nxwath6dzjg&lang=en> (<https://extranet.who.int/dataform/655321?token=iff4nxwath6dzjg&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Tobacco advertising, promotion and sponsorship

Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:

instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?

Yes ✓

Does your ban cover:

- ☒ display and visibility of tobacco products at points of sales?
- ☒ the domestic Internet?
- ☒ the global Internet?
- ☒ brand stretching and/or brand sharing?
- ☒ product placement as a means of advertising or promotion?
- ☒ the depiction of tobacco or tobacco use in entertainment media products?
- ☒ tobacco sponsorship of international events or activities and/or participants therein?
- ☒ contributions from tobacco companies to any other entity for "socially responsible causes" and/or any other activities implemented under the umbrella of "corporate social responsibility" by the tobacco industry?
- ☒ cross-border advertising, promotion and sponsorship originating from your territory?
- ☒ the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply?

cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?

Yes ✓

imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?

Yes ✓

Please provide a brief description of the progress made in implementing Article 13 (*Tobacco advertising, promotion and sponsorship*) in the past two years or since submission of your last report.

Prohibitions on certain forms of tobacco advertising, promotion and sponsorship including, in particular, point-of-sale advertising and the display of tobacco products in retail locations, are in place at the state and territory level. As reported in our previous periodic Reports, all states and territories have bans on the following forms of tobacco product sales and promotion: • the sale of a tobacco product to a person under 18 years; and • the sale of cigarettes in a package of less than 20 cigarettes. Excluding Western Australia, all states and territories also have bans on the following forms of tobacco sales and promotion: • the sale of a tobacco product from a temporary outlet; • the inclusion of tobacco products purchases in rewards and shopper loyalty schemes; • the mobile selling of tobacco products.

Have you utilized the “Guidelines for implementation of Article 13 of the WHO FCTC” when developing and implementing policies in this area?

Yes ✓

If you answered “Yes” to question C2715 please provide details in the space below or refer to section F of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=iff4nxwath6dzjg&lang=en> (<https://extranet.who.int/dataform/655321?token=iff4nxwath6dzjg&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Demand reduction measures concerning tobacco dependence and cessation

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?

Yes ✓

programmes to promote cessation of tobacco use, including:

- ☒ media campaigns emphasizing the importance of quitting?
- ☒ programmes specially designed for underage girls and young women?
- ☒ programmes specially designed for women?
- ☒ programmes specially designed for pregnant women?
- ☒ telephone quitlines?
- ☒ local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?
- other (please specify)?
- Other

design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:

- ☒ educational institutions?
- ☒ health-care facilities?
- ☒ workplaces?
- ☒ sporting environments?
- other (please specify)?
- Other

inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for:

- ☒ tobacco control?
- health?
- education?

inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?

Yes ✓

Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?

- ☒ primary health care
- ☒ secondary and tertiary health care
- ☒ specialist health-care systems (please specify below)
- ☒ specialized centres for cessation counselling and treatment of tobacco dependence
- ☒ rehabilitation centres
- Other

Are the services provided in these settings covered by public funding or reimbursement schemes?

primary health care	Partially
secondary and tertiary health care	Partially
specialist health-care systems (please specify below)	Partially
specialized centres for cessation counselling and treatment of tobacco dependence	Partially
rehabilitation centres	Partially
other (please specify below)	

Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?

Health professionals including:

- ☒ physicians
- ☒ dentists
- ☒ family doctors
- ☒ practitioners of traditional medicine
- ☒ other medical professionals (please specify below)
- ☒ nurses
- ☒ midwives
- ☒ pharmacists
- ☒ Community workers
- ☒ Social workers
- ☐ other (please specify)
- ☐ Other

training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:

- ☒ medical?
- ☒ dental?
- ☒ nursing?
- ☒ pharmacy?
- ☐ Other

facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?

Yes ✓

Where and how can these products be legally purchased in your country?

The Australian Government

also provides financial support to help people quit smoking by the listing of nicotine replacement therapies on the Pharmaceutical Benefits Scheme (PBS), which provides access for all eligible Australians (including concession card holders). All these products are available at a reduced price for eligible patients through the PBS, with a prescription from a General Practitioner or health professional. The Government's subsidies include Bupropion (available in two brands) Varenicline (Champix®), nicotine replacement therapy (available in the form of patches, gums and lozenges) and Varenicline

Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?

- ☒ nicotine replacement therapy
- ☒ bupropion
- ☒ varenicline
- ☐ other (please specify)
- ☐ Other

Are the costs of these products covered by public funding or reimbursement?

nicotine replacement therapy	Partially
bupropion	Partially
varenicline	Partially
other (please specify below)	

Please provide a brief description of the progress made in implementing Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*) in the past two years or since submission of your last report.

In addition to the population level measures noted elsewhere in this report and previous Periodic Reports, the Australian Government promotes cessation of tobacco use and treatment for tobacco dependence through support for Quitline services and subsidies for nicotine replacement products, bupropion and varenicline. These initiatives are part of a balanced package of measures which in the long term will contribute to efforts to reduce smoking rates in Australia. The Australian Government has provided funding to support Quitline services, which provides information and advice or counselling for people who want to quit smoking. The Quitline is the responsibility of the sub-national governments. Quitlines offer a free call-back service, expert help in planning a quit attempt and advice on the use of nicotine replacement products. Quitline services are available in English, other languages and has a team of Aboriginal and Torres Strait Islander counsellors. A 'Quit book' can be mailed to callers with information and advice or callers can speak to someone with information on the best ways to quit, coping with withdrawal symptoms, guidance on quit courses and details of local organisations which provide individual support and counselling. Other services available to quit include: • My QuitBuddy mobile application; • Campaign website; and • Quit for you, Quit for Two mobile application which focuses on pregnant women and their partners and highlights the support tool to assist pregnant women quit smoking. The Australian Government also provides financial support to help people quit smoking by the listing of nicotine replacement therapies and other approved pharmacotherapies on the Pharmaceutical Benefits Scheme (PBS), which provides access for all eligible Australians (including concession card holders). All these products are available at a reduced price for eligible patients through the PBS with a prescription from a General Practitioner or health professional.

Have you utilized the "Guidelines for implementation of Article 14 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section G of the additional questionnaire. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=iff4nxwath6dzjg&lang=en> (<https://extranet.who.int/dataform/655321?token=iff4nxwath6dzjg&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Updated Royal Australian College of GPs

smoking cessation guidelines:

<https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/supporting-smoking-cessation>

Please attach the relevant documentation.

C3. MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO

With reference to Articles 15–17

Illicit trade in tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?

Yes ✓

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market?

No ✗

requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: "Sales only allowed in ..." or carry any other effective marking indicating the final destination of the product?

No ✗

developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?

No ✗

requiring that marking is presented in legible form and/or appears in the principal language or languages of the country?

Yes ✓

requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?

Yes ✓

facilitating the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?

Yes ✓

enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?

Yes ✓

requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law?

Yes ✓

adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties?

Yes ✓

enabling the confiscation of proceeds derived from illicit trade in tobacco products?

Yes ✓

promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?

Yes ✓

licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?

Yes ✓

Please provide a brief description of the progress made in implementing Article 15 (*Illicit trade in tobacco products*) in the past two years or since submission of your last report.

The Government

announced a suite of tobacco related policy measures in the 2018 19 Budget to help stop illicit tobacco. The Government is building on the measures announced in the 2016 17 and 2017 18 Budgets to establish a strong policy and enforcement framework to tackle illicit tobacco. o This included the establishment on 1 July 2018 of the multi agency Illicit Tobacco Taskforce (ITTF). The 2018-19 Budget measures also introduced strengthened border controls from 1 July 2019, by prohibiting the importation of tobacco without a permit or in contravention of a permit condition. o This will deter the trade in illicit tobacco by providing the ABF with new enforcement options to seize illicit tobacco and issue infringements to tobacco smugglers more easily. In addition, from 1 July 2019, importers are required to pay all duty and tax liabilities when tobacco enters the country, rather than when it leaves a licensed warehouse and enters the domestic market. o This reduces the potential for leakage from warehouses to the black market, where tobacco is distributed without paying excise. The new measures provide enforcement officers, with strengthened enforcement powers to tackle the illicit tobacco trade, and remove barriers to potential prosecution of offenders.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Sales to and by minors

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

prohibiting the sales of tobacco products to minors?

Yes ✓

Please specify the legal age:

18

requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors?

Yes ✓

requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?

Yes ✓

banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?

Yes ✓

prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?

Yes ✓

prohibiting the sale of tobacco products from vending machines?

No ✗

Do you ensure that tobacco vending machines are not accessible to minors and/or do not promote the sale of tobacco products to minors?

Yes ✓

prohibiting and/or promoting the prohibition of the distribution of free tobacco products:

- ☒ to the public?
- ☒ to minors?

prohibiting the sale of cigarettes individually or in small packets?

Yes ✓

providing for penalties against sellers and distributors in order to ensure compliance?

Yes ✓

prohibiting the sales of tobacco products by minors?

No ✕

Please provide a brief description of the progress made in implementing Article 16 (*Sales to and by minors*) in the past two years or since submission of your last report.

Australian states and territories govern the sale of tobacco products to consumers. For further information on state and territory legislation regarding control of sales of tobacco products please refer to the following link:
<http://www.tobaccoinaustralia.org.au/chapter-15-smokefree-environment/15-7-legislation/table-15-7-1-implementation-dates-aus/>

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Provision of support for economically viable alternative activities

Have you adopted and implemented, where appropriate, measures or programmes on any of the following:

promoting economically viable and sustainable alternatives for:

tobacco growers?	Not applicable
tobacco workers?	Not applicable
tobacco individual sellers?	No

Please provide a brief description of the progress made in implementing Article 17 (*Provision of support for economically viable alternative activities*) in the past two years or since submission of your last report.

*survey test

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

No ✕

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

There is no lawful domestic manufacturing in Australia

Please attach the relevant documentation.

C4. OTHER MEASURES AND POLICIES

With reference to Articles 18–21

Protection of the environment and the health of persons

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

implementing measures in respect of tobacco cultivation within your territory, which take into consideration:

the protection of the environment?	Not applicable
the health of persons in relation to the environment?	Not applicable

implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:

the protection of the environment?	Yes
the health of persons in relation to the environment?	Yes

Please provide a brief description of the progress made in implementing Article 18 (*Protection of the environment and the health of persons*) in the past two years or since submission of your last report.

Commercial tobacco farming and manufacturing no longer occurs in Australia. However, the Commonwealth and state and territory governments have environmental and occupational health and safety legislation, regulation and policies in place to protect the environment and the health of persons in relation to the environment. Tobacco manufacturers are subject to these requirements if they return their operations to Australia. All cigarettes manufactured or imported into Australia are subject to the mandatory standard for reduced fire cigarettes. A reduced fire risk cigarette is a cigarette that slows down the rate at which a cigarette burns. The mandatory standard excludes loose tobacco and cigars.

<https://www.productsafety.gov.au/standards/reduced-fire-risk-cigarettes>

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

Yes ✓

If you answered “Yes” to question C414 please provide details in the space below or refer to section I of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=iff4nxwath6dzjg&lang=en> (<https://extranet.who.int/dataform/655321?token=iff4nxwath6dzjg&lang=en>)

Commercial tobacco farming and manufacturing no longer occurs in Australia.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Liability

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?

Yes

Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?

Yes

Do you have any civil liability measures that are specific to tobacco control?

Yes

Do you have any general civil liability provisions that could apply to tobacco control?

Yes

Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs?

No

Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?

Yes

Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?

Yes

Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (*Liability*) in the past two years or since submission of your last report.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

<https://www.tobaccoinaustralia.org.au/chapter-16-litigation/16-1-personal-injury-claims-against-the-tobacco-in>

Please attach the relevant documentation.

Research, surveillance and exchange of information

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and/or promoting research that addresses:

- ☒ determinants of tobacco consumption?
- ☒ consequences of tobacco consumption?
- ☒ social and economic indicators related to tobacco consumption?
- ☒ tobacco use among women, with special regard to pregnant women?
- ☒ the determinants and consequences of exposure to tobacco smoke?
- ☒ identification of effective programmes for the treatment of tobacco dependence?
- identification of alternative livelihoods?
- Other

training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?

Yes ✓

a national system for epidemiological surveillance of:

- ☒ patterns of tobacco consumption?
- ☒ determinants of tobacco consumption?
- ☒ consequences of tobacco consumption?
- ☒ social, economic and health indicators related to tobacco consumption?
- ☒ exposure to tobacco smoke?
- Other

Please list all surveys, including the year of the survey, that you have undertaken in the past.

National Aboriginal and

Torres Strait Islander Social Survey, 2014-15 2016 National Drug Strategy

Household Survey 2017 Australian Secondary School Students Alcohol and Drug

Survey 2017-18 National Health Survey Sax Institute 45 and Up Study -

<https://www.saxinstitute.org.au/our-work/45-up-study/>

Does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.

All of the above

surveys (excluding the Sax Institute) are triennial reporting

regional and global exchange of publicly available national:

- ☒ scientific, technical, socioeconomic, commercial and legal information?
- information on the practices of the tobacco industry?
- information on the cultivation of tobacco?

an updated database of:

- laws and regulations on tobacco control?
- information about the enforcement of laws on tobacco control?
- pertinent jurisprudence?

Please provide a brief description of the progress made in implementing Article 20 (*Research, surveillance and exchange of information*) in the past two years or since submission of your last report.

Australia actively shares information regarding all of our tobacco control measures. For example, Australia regularly responds to requests for technical assistance and advice on various tobacco control issues. Australia is also a member of WHO FCTC and WHO expert working groups with the aim of facilitating the exchange of knowledge, for example the WHO Global Tobacco Regulators Forum. Australia also provides funding to the McCabe Centre for Law and Cancer, which is a WHO FCTC Knowledge Hub

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether you included information on WHO FCTC implementation in your Voluntary National Review (VNR) on the Sustainable Development Goals (SDGs), related to target 3.a).

Please attach the relevant documentation.

D. INTERNATIONAL COOPERATION AND ASSISTANCE

Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:

development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?

Assistance provided	Yes
Assistance received	No

provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?

Assistance provided	Yes
Assistance received	No

appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?

Assistance provided	Yes
Assistance received	No

provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?

Assistance provided	Yes
Assistance received	No

identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?

Assistance provided	No
Assistance received	No

promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?

Assistance provided	No
Assistance received	No

Please identify the Party or Parties from which assistance was received or to which assistance was provided.

Various Parties

to the WHO FCTC have received assistance from Australia in the intersessional period.

Please provide information about any assistance provided or received in the space below, including any support received from nongovernmental organizations (please, specify).

The Australian Government Department of Health and the Australian Government Department of Foreign Affairs and Trade provide funding for the McCabe Centre for Law and Cancer Intensive Legal Training Program (the Program). As an example of information sharing, the Australian Government Department of Health regularly responds to requests for licensing of our graphic health warnings.

If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.

Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention?

Yes ✓

Please provide details in the space below.

Australia has provided financial assistance to the FCTC2030 project.

E. PRIORITIES AND COMMENTS

What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?

Priorities under the current National Tobacco Strategy are listed below:

1. Protect public health policy, including tobacco control policies, from tobacco industry interference 2. Strengthen mass media campaigns to: motivate smokers to quit and recent quitters to remain quit; discourage uptake of smoking; and reshape social norms about smoking 3. Continue to reduce the affordability of tobacco products 4. Bolster and build on existing programs and partnerships to reduce smoking rates among Aboriginal and Torres Strait Islander people 5. Strengthen efforts to reduce smoking among populations with a high prevalence of smoking 6. Eliminate remaining advertising, promotion and sponsorship of tobacco products 7. Consider further regulation of the contents, product disclosure and supply of tobacco products and alternative nicotine delivery systems 8. Reduce exceptions to smoke-free workplaces, public places and other settings 9. Provide greater access to a range of evidence-based cessation services to support smokers to quit

https://www.health.gov.au/sites/default/files/national-tobacco-strategy-2012-2018_1.pdf

Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control?

No ✕

What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?

The tobacco and e-cigarette industries, together with individuals and organisations whose interests may be aligned to these industries, continue to be the main constraint to further implementation of the WHO FCTC in Australia.

Do you have any of the following products available on your national tobacco market?

- ☐ smokeless tobacco products
- ☒ water pipe tobacco
- ☒ Electronic Nicotine Delivery Systems (ENDS)
- ☒ Electronic Non-Nicotine Delivery Systems (ENNDS)
- ☐ heated tobacco products (HTPs)
- ☐ Other

Have you adopted and implemented any policy or regulation that is specific to the following tobacco products?

- ☒ smokeless tobacco products
- ☐ water pipe tobacco
- ☒ Electronic Nicotine Delivery Systems (ENDS)
- ☒ Electronic Non-Nicotine Delivery Systems (ENNDS)
- ☒ heated tobacco products (HTPs)
- ☐ Other

If you have any relevant information related to questions E5 and E6, please provide details in the space below.

Waterpipe tobacco:

All of Australia's tobacco control measures apply to waterpipe tobacco, including plain packaging and graphic health warnings and minimum age restrictions to purchase waterpipe tobacco. ENDS/ENNDS: Policy and regulation of ENDS/ENNDS is shared between national and sub-national governments. The commercial sale of ENDS products containing nicotine is prohibited in all states and territories under state and territory legislation. The sale and use of ENNDS products that do not contain nicotine may be permitted in some states and territories, subject to state and territory legislation.

Please provide any other relevant information not covered elsewhere that you consider important.

In Australia, nicotine is classified as a Schedule 7 'dangerous poison' under the national Standard for the Uniform Scheduling of Medicines and Poisons, except when in tobacco prepared and packed for smoking (and in preparations for some therapeutic and veterinary uses). This means that the sale of tobacco products not prepared for smoking is prohibited under sub-national legislation. This includes nicotine for use in e-cigarettes, heated tobacco products and smokeless tobacco products. ENDS/ENNDS: Australia is currently exploring options to minimise the risks associated with the marketing and use of ENDS/ENNDS in Australia.

Your suggestions for further development and revision of the reporting instrument:

While we appreciate the ease of an online questionnaire from an implementation perspective Australia believes that the process could be improved for the user. This instrument does not allow for ease of collaboration across and within Government, as there is no way to save externally and allow the WHO FCTC focal points to seek additional information that falls outside the health scope. The WHO FCTC provided a pdf version of the 2016 questionnaire but that was not interactive. The pdf questionnaire also did not completely align with the online version, as new questions added to the online version were not reflected in the pdf version. We then had to transpose this pdf into a word document so jurisdictions and agencies could enter their data. That also came with issues due to conversion errors. If the WHO FCTC could next time provide an interactive pdf version of the report that aligns 100% with the online questionnaire, it would greatly assist for future reporting. In addition yes/no answers are not always meaningful particularly where parties are reporting on progress among national and sub national government whereby progress may be highly variable across jurisdictions

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