
NSW GOVERNMENT RESPONSE

to the

**LEGISLATIVE COUNCIL JOINT SELECT COMMITTEE ON
TOBACCO SMOKING IN NEW SOUTH WALES**

**INQUIRY INTO TOBACCO SMOKING IN
NEW SOUTH WALES**

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INTRODUCTION

The NSW Legislative Council Joint Select Committee on Tobacco Smoking in NSW announced its inquiry into tobacco smoking in NSW on 8 March 2006, and self referred the following Terms of Reference:¹

That a Joint Select Committee be appointed to inquire into and report on tobacco smoking in NSW, and in particular:

- (a) the costs and other impacts of smoking,*
- (b) the effectiveness of strategies to reduce tobacco use,*
- (c) the effects of smoke-free indoor venues on the initiation and maintenance of the smoking habit,*
- (d) the factors affecting initiatives for smoke-free indoor areas,*
- (e) the effectiveness of media, educative, community and medically-based Quit initiatives,*
- (f) the adequacy of the budget for smoking control initiatives, and*
- (g) the Smoke-free Environment Amendment (Motor Vehicle Prohibition) Bill 2005 introduced by Revd Mr Nile in the Legislative Council.*

On 30 June 2006 the Joint Select Committee on Tobacco Smoking in NSW released its report.

The Committee made 26 recommendations. The recommendations focused on funding allocation, mass-media campaigns, enhanced cessation programs, the packaging, sale and display of tobacco products, and smoke-free environments.

This paper outlines the Government's response to the Committee's recommendations.

¹ Joint Select Committee on Tobacco Smoking in NSW *Inquiry into Tobacco Smoking in NSW*, The Committee, 2006, page iv

RESPONSE TO RECOMMENDATIONS

Recommendation 1

That the NSW Government enter into discussions with the Commonwealth Government, via the Council of Australian Governments, to increase the funding allocation for tobacco control to states and territories, in light of the amount of tobacco excise the Commonwealth Government receives.

Response:

The Government accepts this recommendation and will raise the issue of Commonwealth Government funding for tobacco control through the Australian Health Ministers' Conference and the Australian Health Ministers' Advisory Council.

Recommendation 2

That the NSW Government increase funding for tobacco control in line with the recommendations of the National Tobacco Strategy 2004-2009 from \$1.90 per capita to between \$2.90-\$8.50 per capita per year.

Response:

The NSW Government notes the Committee's recommendation, however, direct funding is not considered sufficiently comprehensive as an indicator of tobacco control activity in the State.

The NSW Government has increased investment in tobacco control activity since 2003/04 and introduced a range of new and expanded smoking cessation initiatives. It is encouraging to note that results from the most recent NSW Health Survey have indicated a further drop in smoking prevalence from 22.3% in 2003 to 20.1% in 2005.

It is estimated that approximately \$15.3 million will be allocated to tobacco control in NSW in 2006/07 through the Health portfolio, including programs administered by NSW Health, Area Health Services and the Cancer Institute NSW.

This funding does not constitute the total amount spent on efforts to reduce smoking related harm in NSW. Other progress in areas such as Aboriginal health, environmental health and programs run at the local Area Health Service level, all make a contribution to preventing and reducing tobacco use.

In addition there are a number of agencies such as WorkCover, NSW Police, the NSW Office of Liquor, Gaming and Racing and the NSW Department of Education and Training as well as non-government organisations that all play a contributing role to tobacco control in NSW. Funding for the activities of these agencies falls outside the allocated funds mentioned above.

There are also a number of programs for targeting the common risk factors for chronic disease, including smoking. The Council of Australian Governments (COAG) recently announced a reform package including the \$500 million Australia Better Health Initiative as part of a broader investment of \$1.1 billion aimed at achieving better health for all Australians.

The target of the NSW State Plan is to continue to reduce smoking rates by 1% per annum to 2010 and then by 0.5% per annum to 2016.

Recommendation 3

That the Cancer Institute NSW continue to invest in and develop mass media campaigns aimed at reducing smoking rates.

Response:

The NSW Government concurs with this recommendation. The Cancer Institute NSW has committed \$10M to its Tobacco Program in 2006/07, the majority of which will fund mass media campaigns. The target for this program will be to contribute to an annual decline of 1 percentage point in smoking rates amongst adults in NSW or a smoking prevalence of 16% by 2010.

The use of social marketing to reinforce the health risks of smoking to adults supported by accessible cessation services is considered best practice in effective tobacco control interventions. It is important to focus on making messages personally relevant to smokers. The Cancer Institute's Tobacco Program aims to limit self-exempting behaviour by focusing on delivering a strong memory and message to quit. The primary focus of the Program will be to use mass media campaigns to increase the number of smokers in the NSW adult population making an attempt to quit smoking. Support for the Quitline will continue so that smokers making a quit attempt will have the best opportunity for success.

Recommendation 4

That the Cancer Institute NSW evaluate a "cold-calling" approach for the Quitline.

Response:

The NSW Government does not consider it necessary at this time for the Cancer Institute NSW to evaluate a "cold-calling" approach for the Quitline. The Hunter New England Area Health Service is already evaluating an existing "cold-calling" program.

A collaboration between the NSW Quitline and Hunter Population Health, Centre for Health Research & Psycho-oncology and Centre for Clinical Epidemiology & Biostatistics, University of Newcastle is currently completing data analysis of a pilot project. This project commenced in 2004 with assistance from NSW Health (prior to the Cancer Institute NSW taking over funding of the Quitline) to evaluate the "cold-

calling" model. This project was funded by a National Health and Medical Research Council (NH&MRC) grant and will provide evidence of the efficacy, acceptability and cost effectiveness of this approach of identifying smokers in the NSW community through unsolicited telephone contact and offering them an intensive proactive telephone counselling service.

The initial "cold-calling" itself is not done by the Quitline, but by a call centre survey team. Those recruited are then called by the Quitline staff and become part of the free callback service already provided. The evaluation of this project will be considered as an initial means to assess the effectiveness of "cold calling".

No further development of this strategy will be undertaken until the current pilot and the final report are completed. The final report to the NH&MRC from the Hunter New England Area Health Service is due in early 2009.

Recommendation 5

That the Cancer Institute NSW specifically examine use of the Quitline by rural communities and other disadvantaged groups, and if necessary, develop specific strategies to improve their access to the Quitline.

Response:

The NSW Government endorses this recommendation. While current statistics already show that rural communities access the Quitline at proportionally higher levels than urban communities, further opportunities for Area Health Services to market the Quitline more effectively to disadvantaged communities will be explored.

Calls to the NSW Quitline for the six months March-August 2006 were analysed by NSW Health according to telephone exchange of origin and by the Accessibility Remoteness Index of Australia (ARIA) to determine the use of the NSW Quitline by those outside the Greater Metropolitan Region (GMR) of Sydney, Newcastle and Wollongong. The population of the GMR is estimated to be 5 million and the total population of NSW is 6.7 million. In the six months of calls to the NSW Quitline analysed, 10,763 were from outside the GMR and 25,750 calls were from within the GMR. This means that a significantly higher proportion of calls per capita originated from regional, rural or remote areas of NSW. For comparison, the rate of calls to the NSW Quitline per 100,000 of population for that 6-month period is as follows:

- Greater Metropolitan Region = 5.15
- Regional, rural or remote = 6.33.

The NSW Quitline provides an evidence-based expert advice and support telephone line, including a free callback service during the quitting process and is available free of charge for the cost of a local call from anywhere in NSW including rural and remote areas. This service has been available in NSW for more than 20 years.

The NSW Quitline has evidence-based protocols to address specific disadvantaged groups including those with mental illness and inmates of correctional facilities. At a recent national meeting of State and Territory Quit coordinators the implementation

of national standards was discussed and the decision made to include a standard question in all calls to determine Aboriginal or Torres Strait Islander status of callers.

Quitline advisors are trained in cultural awareness, including Aboriginal and Torres Strait Islander cultural issues relevant to tobacco. A recent meeting of Aboriginal medical and health services staff and experts in smoking cessation from across NSW agreed to significantly increase promotion of the NSW Quitline throughout these services.

The Quitline is promoted through a broad range of services in NSW. All hospital and community health services can refer patients and clients through the fax referral system. A special free call-in line to the Quitline was recently added to the standard approved calls available on the keypad that can be made by prison inmates throughout NSW.

Recommendation 6

That the NSW Government continue to implement tobacco education strategies in schools to help young people understand the risks of smoking.

Response:

Recently released results from the 2005 Australian Secondary School Alcohol and Drug (ASSAD) survey have shown that smoking rates among teenagers are at their lowest rate in more than 20 years.

The key findings of the survey in relation to smoking include:

- The rate of 'ever smoked' among 12-17 yr old students has decreased from 42.1% (41.8% for boys and 42.3% for girls) in 2002 to 32.8% (33.9% for boys and 31.7% for girls) in 2005;
- An estimated 41,028 or 8.4% NSW students, aged between 12 and 17 had 'recently' smoked (smoked in the week prior to the survey) in 2005, which is a reduction from 22.3% in 1984 and 13.3% in 2002 (demonstration of a significant decline over the three years); and
- 8.3% of 12-17 year old girls surveyed had 'recently' smoked, compared to 8.5% of teenage boys in the same age group. This finding reveals a reverse in past trends that saw teenage girls smoking more than teenage boys in NSW.

The results from the ASSAD survey provide an indicator of the effectiveness of existing population health strategies and assist in the development of policies and programs designed to improve adolescent health.

The *NSW Tobacco Action Plan 2005-2009* has identified those at risk of taking up smoking or becoming regular smokers as a key target group for a range of educational strategies and activities. Most people who go on to become long-term smokers start smoking during their secondary school years and early uptake is associated with heavier smoking patterns and greater difficulty in quitting. Preventing young people from commencing smoking will reduce smoking related deaths and illness in the long term.

The NSW Government has an existing cross agency relationship between NSW Health and the Department of Education and Training to implement tobacco education strategies in schools.

The Department of Education and Training regards smoking as a serious health issue and places a high priority on educating young people about the effects and consequences of smoking.

Education about smoking is an important part of drug education from Kindergarten to Year 12. In NSW government schools, tobacco education is part of the Personal Development, Health and Physical Education (PDHPE) key learning area. All students study PDHPE from Kindergarten to Year 10.

In Stage 2 (Years 3 and 4), tobacco education involves students learning about the effects of tobacco use on the body and the effects of passive smoking. In Stage 3 (Years 5 and 6), students learn about the effects of tobacco use on the individual and community.

In Stage 4 (Years 7 and 8), students learn about the short and long term effects of tobacco use on health and wellbeing, the legal and economic consequences of tobacco use and the possible effects of other people's tobacco use. Students learn to analyse the influences and reasons why people choose to use tobacco. In Stage 5 (Years 9 and 10), students investigate marketing strategies and media influences associated with tobacco use.

The Department works with NSW Health and a range of other agencies in providing anti-smoking activities for students.

- *The Critics' Choice* is an anti-smoking campaign that is run annually in all Australian States and Territories and provided to all NSW schools. More than 60,000 NSW students have participated in the campaign since 2003. Students watch and rate 12 anti-smoking advertisements and then select the advertisement they think is most effective in preventing young people from starting to smoke or encouraging them to quit smoking. Students can enter the competition via their school or submit entries online.
- *National Youth Tobacco Free Day* is celebrated during Term 1 each year as part of National Youth Week activities. Posters are provided to all NSW secondary schools encouraging young people to visit the OxyGen website to express their views about the benefits of not smoking and ways to advocate against smoking. Since 2003, the response rate for NSW is double that of other States and Territories.

The Department has also provided specialised resources for schools. As tobacco smoking is generally adopted during the early to mid-teens, the late primary and early secondary school years are a crucial time for education and prevention. Drug education in these years aims to provide young people with knowledge relating to the effects of smoking and the skills to advocate against smoking. These include:

- *Smoke screen a smoking prevention resource* (2001) was developed to help teachers to educate students in Years 5-8 about the harms of smoking. Lessons focus on the effects of smoking, refusal skills, peer pressure and advocating against smoking.
- Anti-smoking posters, stickers and bookmarks that use characters from *Smoke screen* are distributed to all government schools to help promote anti-smoking messages. The materials were distributed in 2002 and 2006.
- *Healing Time: Stages 2 and 3 drug education resource for Aboriginal students* (2002) has been developed for students in Years 3-6. Lessons, Dreaming stories and narratives (*Araluen's story* and *David's story*) are used to explore the effects of smoking, decision making, rules and consequences through the eyes of fictional Aboriginal children and their families.
- *Drug education in culturally diverse classrooms: alcohol and tobacco* (2004) is a CD-ROM package designed to provide professional learning opportunities to help teachers provide culturally appropriate tobacco education to students from all cultural and linguistic backgrounds.

NSW Health and the Cancer Institute NSW also implement a range of educational strategies to address smoking rates among young people. Such strategies include *Smoking. Don't Be A Sucker*, a Year 7 program designed to integrate non-smoking messages into a physical activity program. The program is a joint initiative with the AFL (NSW/ACT), Sydney Swans, and Department of Education and Training. The program teaches students the various skills required to play AFL, and encourages them to choose a healthy lifestyle and future without smoking. It is expected that 50 schools across NSW will participate in the program in 2007.

In addition, mass media campaigns designed primarily for an adult audience, such as those recently implemented by the Cancer Institute NSW, are effective in reducing cigarette use in adolescents and, either on their own or when combined with a school-based program, are effective in preventing the uptake of smoking in young people.ⁱⁱ Resetting community norms about smoking and helping adult role models to quit, through prominent campaigns aimed at the whole community, can greatly reduce smoking by children. With or without school-based programs, teenagers are much less likely to take up smoking in communities with strong norms against smoking.

Some Area Health Services have been working with a number of high schools in disadvantaged areas to increase protective resilience and help-seeking skills to reduce high risk behaviours such as smoking, through programs such as Mind Matters. The effectiveness of this program is currently being evaluated.

The Department of Education and Training, NSW Health and the Cancer Institute NSW will continue to work together to address the harms to young people resulting from tobacco use.

ⁱⁱ National Health Service Health Development Agency. *Smoking and public health: a review of reviews of interventions to increase smoking cessation, reduce smoking initiation and prevent further uptake of smoking. Evidence briefing*. 1st edition, April 2004. www.had.nhs.uk/evidence.

Recommendation 7

That the NSW Government:

- ***increase resources to develop and implement targeted tobacco smoking health promotion and prevention and cessation program (including nicotine replacement therapy) across Aboriginal communities in NSW***
- ***coordinate the formation of collaborative research and evaluation projects to measure the effectiveness of community strategies to allow more evidence to be collected***
- ***provide more funding and resources to provide training for all Aboriginal community controlled health service staff and briefings in interventions regarding tobacco smoking.***

Response:

The NSW Government strongly supports the Committee's recommendations, given the direction provided by the NSW Government State Plan for Aboriginal smoking prevalence rates. These rates are higher (43.2%) than within the general population (20.1%).

In the State Plan a targeted reduction of smoking prevalence in the general population of 1% per annum to 2010 and then by 0.5% per annum to 2016 has been set. The target for Aboriginal communities is to exceed the reduction set for the general population.

Action undertaken by the Government in relation to each of the Committee's recommendations includes:

- NSW Health and the Cancer Institute NSW will provide funding of almost \$1 million over the next two years to develop an Aboriginal and Torres Strait Islander tobacco prevention project, called *SmokeCheck* in collaboration with an advisory group including the Aboriginal Health and Medical Research Council. Extensive community consultation will be undertaken during the development and implementation of *SmokeCheck*, utilising existing community and health networks to facilitate community ownership of the project.
- The *SmokeCheck* project will provide training to Aboriginal Health Workers from both Area Health Services and the Aboriginal Community controlled health sector. Staff of NSW Area Health Services can already access free and subsidised nicotine replacement therapy (NRT) to quit smoking. The focus of the project will be to train Aboriginal health workers, and other health workers who work with Aboriginal communities in NSW, in the delivery of evidence-based best practice brief intervention for smoking cessation. The Australian Centre for Health Promotion at the University of Sydney was recently selected to administer and comprehensively evaluate the *SmokeCheck* project. The University will evaluate the program and, depending on the results, the project may be funded for an additional year.
- The Collaborative Centre for Aboriginal Health Promotion (CCAHP) works closely with the NSW Health's Tobacco and Health Branch in the development,

implementation and evaluation of community strategies in smoking cessation. The CCAHP is currently developing a NSW Aboriginal strategy to complement the *NSW Tobacco Action Plan 2005-2009*.

The Aboriginal Medical and Health Research Council (AH&MRC) is the peak body for Aboriginal community controlled medical services in NSW. The AHMRC was recently awarded a grant from the Australian Respiratory Council to implement and evaluate an intervention project to establish identified tobacco control positions at six Aboriginal Medical Services, compared to six control services with no additional positions. This project will work in partnership with NSW Health and the *SmokeCheck* project.

There are some pilot projects at the local level by Area Health Services, including in Port Macquarie, Broken Hill and Dubbo and by some Aboriginal Medical Services, including Daruk AMS which is funded to provide NRT as part of cessation services. The outcome of these projects will inform the effectiveness of community strategies in reducing Aboriginal smoking rates.

Evidence suggests that reducing prevalence of smoking among Aboriginal and Torres Strait Islanders requires sustained comprehensive implementation of strategies, including targeted media campaigns to achieve a similar degree of 'de-normalisation' of smoking to that achieved in the general population.

- NSW Health will deliver training for clinical staff in evidence based smoking cessation interventions via videoconference facilities across the state from 2007 under the Telehealth Initiative. This delivery method for competency-based training is an innovative approach, designed to ensure that staff in rural and remote areas have equitable access to training in best practice.

NSW Health considers this training to be the initial step in the development of a nucleus of relevant and appropriate staff trained in best practice smoking cessation in each Area Health Service. The initial targets for the training will be staff of antenatal services; mental health facilities; Aboriginal health services; Justice Health and Juvenile Justice.

Recommendation 8

That NSW Health consider adding people in rural and remote areas to the target groups for smoking cessation services identified in the NSW Tobacco Action Plan 2005-2009.

Response:

The inclusion of people in rural and remote areas as target groups is already implicit in the priority groups identified in the *NSW Tobacco Action Plan 2005-2009*.

The key target groups for the smoking cessation focus area in the Plan are identified as: *Young adults (16-29 years); Lower socio-economic groups; Heavily dependent smokers; Aboriginal and Torres Strait Islander peoples; Mental health clients;*

culturally and linguistically diverse (CALD) groups with high smoking rates; Smokers in contact with health care settings including inpatients / outpatients and community health settings; Pregnant women, their partners and families; Parents and carers of babies and children; Those planning a pregnancy; Youth; Inmates and detainees in correctional settings; and NSW Health Services staff.

Under the Plan, rural and remote Area Health Services will conduct a range of cessation initiatives and programs, including:

- *Subsidised NRT – Greater Southern Area Health Service*
The cost of NRT is a barrier to giving up smoking for disadvantaged young and Aboriginal people. This project involved training local health workers, partnering with agencies that work with young Aboriginal people, and offering a structured program of subsidised NRT and ongoing counselling and support for participants.

- *Smoking Cessation – Greater Western Area Health Service*
The project has two facets: 1) clients – identification of smokers by way of annual adult health checks and then delivery of a 12-week individually based smoking cessation intervention; and 2) organisational – workplace policy about smoke-free health care, and training of front line workers in effective brief interventions for smoking cessation.

NSW Health will deliver training for clinical staff in evidence-based smoking cessation interventions via videoconference facilities across the state from 2007 under the Telehealth Initiative. This delivery method for competency-based training is an innovative approach, designed to ensure that staff in rural and remote areas have equitable access to training in best practice.

NSW Health considers this training to be the initial step in the development of a nucleus of relevant and appropriate staff trained in best practice smoking cessation in each Area Health Service. The initial targets for the training will be staff of antenatal services; mental health facilities; Aboriginal health services; Justice Health and Juvenile Justice. The number of sites targeted to receive the training will be higher in regional and rural areas of NSW than in the greater metropolitan region, to ensure equity of access, as staff in the metropolitan areas already have access to training in evidence based smoking cessation.

As indicated in Recommendation 5, current statistics already show that rural communities access the Quitline at proportionally higher levels than urban communities.

NSW Health's Tobacco and Health Branch will continue to monitor prevalence of smoking in rural and remote areas of NSW through the NSW Health Survey.

Recommendation 9

That NSW Health give consideration to ways of ensuring that Area Health Services deliver anti-smoking programs, with specific reference to ensuring access by the full range of disadvantaged groups.

Response:

The NSW Government notes the Committee's recommendation to ensure access by the full range of disadvantaged groups to anti-smoking programs.

Comprehensive tobacco control programs, including legislation and mass media anti-smoking campaign activity to enhance the de-normalisation of smoking, are in place throughout NSW. The Cancer Institute NSW is working in partnership with NSW Health to ensure that anti-smoking campaign activity is supported at the local level in Area Health Services by initiatives specifically targeting 'hard-to-reach' populations of smokers.

A total of \$9.8 million in health promotion special funds are provided to Area Health Services to address tobacco control, injury prevention and obesity.

Area Health Services in NSW conduct a wide range of community-based initiatives to assist smokers to quit, particularly for disadvantaged people and groups with high prevalence of smoking. Among these are:

- *Smoking cessation for clients of community aged and rehabilitation extended (CARE) network – Hunter New England Area Health Service*
A pilot project undertaken at Newcastle East Community Health for rollout across the Area with the aim of ensuring that all relevant CARE network clients are routinely screened for smoking and offered smoking cessation care.
- *Arabic Tobacco Control Project – Sydney South West Area Health Service (SSWAHS)*
The project is focused mainly in the western zone of SSWAHS, in particular the areas of Bankstown, Fairfield, Liverpool, Macarthur and some extension to the Canterbury area. The target group is males aged 30-50 years of age, and included strategies such as: i) culturally appropriate social marketing campaign-billboards, newspaper advertisements, radio ads; ii) funding grants to Arabic organisations; and iii) trialling of subsidised nicotine patches with Arabic-speakers.
- *Tobacco Control Program – Sydney West Area Health Service (SWAHS)*
The Tobacco Control Program in SWAHS includes supporting the smoke-free workplace policy across the Area Health Service, workforce development, facilitating advocacy that supports 'Smoke Free Pubs and Clubs Campaign', the Environmental Tobacco Smoke (ETS) and Children Campaign, and continuing to increase tobacco regulatory/legislative practices.

Inpatient and outpatient services throughout the NSW public health system refer smokers who are ready to quit to the NSW Quitline's free callback service. In addition, all NSW Area Health Services will have access to the competency based training being rolled out via videoconferencing facilities in 2007. The training is based on two units of competency in smoking cessation developed by NSW Health as part of the national Population Health qualifications package. The initial targets for the training will be staff of antenatal services; mental health facilities; Aboriginal health

services; Multicultural health services; Justice Health and Juvenile Justice. The learning and assessment materials are currently being developed by the NSW Health Centre for Chronic Disease Prevention and Health Advancement and will specifically address the issues faced by disadvantaged groups. Staff members who participate in the training will be encouraged and expected to deliver best practice interventions for smoking cessation as part of their routine care of all smokers, based on their readiness to quit and level of nicotine dependence.

Recommendation 10

That NSW Health increase resources for smoking clinics and/ or professional smoking cessation therapists in every area health service.

Response:

The NSW Government notes this recommendation by the Committee and will give consideration to the provision of a smoking cessation therapist in every Area Health Service.

The continuing decline in smoking prevalence in Australia and the relatively small population of NSW spread over a large geographic area means that a 'population' approach to the delivery of interventions is more applicable in NSW.

The World Health Organisation recommends a population approach where all health workers, regardless of discipline, based on their level of skill and training should be trained to intervene with smokers according to their readiness to quit and level of nicotine dependence, based on the evidence for best practice.

Recommendation 11

That the NSW Government and the Cancer Institute NSW initiate discussions with the Commonwealth Government focusing on the need to make nicotine replacement therapy accessible and affordable for all smokers.

Response:

The NSW Government concurs with the Committee's recommendation and will continue discussion with the Commonwealth focusing on the need to make NRT accessible and affordable to all smokers, as it has done through a number of forums over recent years.

NSW Health is a member of the Health Policy Advisory Committee for Technology (HPACT), which advises Australian Health Ministerial Advisory Council and Medical Services Advisory Council on the implications of the introduction of new technology into the Australian and New Zealand health care system. NSW Health recently provided advice to HPACT on a proposed program for the distribution of free nicotine patches that was forwarded to HPACT members for review.

Based on the available evidence, NSW Health recommended to HPACT that if an Australian program were introduced, it should be based on the New Zealand model, with Quitline staff assessing nicotine dependence of callers and their suitability for using NRT to quit and issuing redeemable vouchers for exchange for NRT through pharmacies. HPACT agreed to sponsor a report on the implementation of the New Zealand model, which will be forwarded to the Commonwealth Minister for Health for consideration.

In 2003, NSW Health provided a submission to the National Drugs and Poisons Scheduling Committee of the Therapeutic Goods Administration in support of the removal of scheduling of NRT products under the Trans-Tasman harmonisation project. This resulted in broader availability of NRT through retail outlets and the potential for competitive pricing.

NSW Health will continue to advocate to the Commonwealth Government for increased accessibility and affordability of NRT for quitting smokers.

Recommendation 12

That the NSW Fire Brigades continue its work to pursue an Australian standard for reduced fire risk cigarettes.

Response:

The NSW Government supports this recommendation to finalise an Australian standard for reduced fire risk cigarettes.

Reduced fire risk (RFR) cigarettes, also referred to as Reduced Ignition Propensity (RIP) cigarettes, are those which self-extinguish when they are not being smoked, as opposed to regular cigarettes which are designed to continue to burn. The introduction of the RFR cigarette has been on the national agenda since late 2004 with NSW being the lead State under the auspices of NSW Fire Brigades.

An expert committee convened by Standards Australia with representatives from the Australian Fire Authorities Council, CSIRO, NSW Health and other stakeholders has developed a draft laboratory standard for the extinction propensity of cigarettes. It is based on the American test method (ASTM E2187-04) that has been introduced into the USA and Canada.

The draft Standard *DR 06483 – Determination of the extinction propensity of cigarettes* was on the Standards Australia website for public comment until 6 October 2006. The expert committee has reconvened to consider these comments and it is expected that the Standards will be in place by April 2007.

Recommendation 13

That the Commonwealth be requested to introduce legislation to allow only reduced fire risk cigarettes in Australia.

Response:

The NSW Government concurs with this recommendation and supports the introduction of Commonwealth legislation to mandate that all cigarettes imported into or manufactured in Australia have a reduced fire risk.

The Federal Government's Australian Emergency Committee has advocated for a national standard for reduced fire risk cigarettes since late 2004 with NSW being the lead State under the auspices of NSW Fire Brigades.

A recent reportⁱⁱⁱ commissioned by the Australian Department of Health and Ageing indicates that:

- a significant number of fires are caused by cigarettes nationally (approx 4500 per year);
- there are extraordinary costs of damage caused by these fires both in monetary terms and from an environmental perspective. The national social cost of fires was estimated to be \$81 million in 1998/99; and
- smoking is the leading cause of residential fire deaths in Australia.

NSW Fire Brigades has been the lead agency in this State in the development of a test method by Standards Australia and, as such, is the lead agency in making representation to the Commonwealth in introducing the standard nationally.

A committee within Standards Australia (CS-102 Reduced Fire Cigarettes) was set up to examine a proposal submitted by the NSW Fire Brigades for an Australian Standard, by way of a test method, that would measure the ignition strength of cigarettes (see recommendation 12).

At the meeting of the Ministerial Council for Police and Emergency Management in November 2006 the preparation of draft Standard (DR 0643P) was noted. It was also agreed to request the Commonwealth Treasurer to introduce a compulsory consumer product (Safety) standard under the *Trade Practices Act 1974* requiring that all cigarettes imported into or manufactured in Australia meet an identified performance standard.

Recommendation 14

That the NSW Government continue to take a comprehensive, multifaceted approach to further reduce the prevalence of tobacco smoking in NSW.

Response:

The NSW Government concurs with this recommendation and considers the future strategy to reduce smoking prevalence in NSW rests with the implementation of the *NSW Tobacco Action Plan 2005-2009*.

ⁱⁱⁱ Chapman S, Balmain A, (2004) Reduced Ignition Propensity Cigarettes – A review of policy relevant information (Commonwealth Department of Health and Ageing).

The *National Tobacco Strategy 2004-2009* sets a blueprint for Commonwealth, State and Territory Governments to work together and in collaboration with non-government agencies on a long-term comprehensive, evidence-based and coordinated national plan to reduce tobacco related disease.

The *NSW Tobacco Action Plan 2005-2009* continues this commitment and seeks to maintain the downward trends in smoking rates. The *Action Plan* builds on the achievements of previous tobacco control efforts, identifies and addresses new challenges ahead, and provides the strategic direction for the development and implementation of a range of new tobacco control initiatives for NSW. NSW Health works in close collaboration with the Cancer Institute NSW and Area Health Services on tobacco control activity.

Future activities will support and, where possible, complement the efforts of the Commonwealth Government and the programs outlined in the *National Tobacco Strategy 2004 –2009*, and the activities of non-government organisations such as:

- The Cancer Council NSW
- National Heart Foundation of Australia
- Action on Smoking and Health (Australia)
- professional health associations including the Australian Medical Association
- The Asthma Foundation of NSW
- SIDS and Kids NSW
- local community-based agencies
- university academics
- consumer and media organisations.

The goal of the *NSW Tobacco Action Plan 2005-2009* is to improve the health of the people of NSW and to eliminate or reduce their exposure to tobacco in all its forms.

The goal of the *Plan* will be addressed through six focus areas of program activity:

1. Smoking cessation
2. Exposure to environmental tobacco smoke (ETS)
3. Marketing and the promotion of tobacco products
4. Availability and supply of tobacco products
5. Capacity building
6. Research, monitoring and evaluation.

Target groups for the *NSW Tobacco Action Plan 2005-2009* have been identified following an examination of Australian and NSW data on current smoking rates, quitting intentions and behaviours, socio-economic and geographical tobacco use issues, rates of exposure to ETS and contextual issues in NSW. Target groups include those within the NSW population who:

- have high smoking rates;
- are at risk of taking up smoking or becoming regular smokers;
- can provide opportunities for intervening with smokers, current non-smokers or those exposed to tobacco smoke;
- are responsible for enforcing tobacco control legislative measures within the community;
- can assist in the enforcement of tobacco control legislative measures; and

- have expertise in addressing a range of tobacco control issues and can assist in program development.

Recommendation 15

That the NSW Government undertake more evaluation of individual tobacco control strategies to establish how effectively and efficiently they are reducing tobacco use in the NSW community.

Response:

The NSW Government endorses this recommendation and continues to be committed to the comprehensive evaluation of tobacco control interventions.

The *National Tobacco Strategy 2004-2009 - Guide to Planning and Investing in Tobacco Control*^{iv} has provided advice on the recommended annual expenditure and the proportion of this expenditure on individual programs within a tobacco control strategy. This advice is based on best practice international tobacco programs in place as recognised by the US Centre for Disease Control.

Focus Area 6 of the *NSW Tobacco Action Plan 2005-2009* involves research, monitoring and evaluation to inform the direction of tobacco control activities in NSW and provides an assessment of their impact on the NSW community.

This focus area will provide activities for:

- undertaking research programs that will inform tobacco control efforts in NSW and nationally;
- ensure programs are on track and provide information for adjusting programs as required; and
- assist in the design, development and implementation of new program initiatives.

Activities will include evaluation and monitoring programs in the areas of smoking cessation, exposure to environmental tobacco smoke, compliance with legislation, and monitoring policy implementation and uptake in NSW.

New research activities will be implemented in the area of social marketing to inform product development, program monitoring and review. Qualitative and quantitative research will be undertaken to ensure quality social marketing programs are developed. This will include assessment of attitudes to and resulting behavioural change of specific campaign messages.

Information about tobacco use by the NSW community will continue to be collected through regular surveys such as the NSW Health Surveys, Australian School Students' Alcohol and Drugs Survey (ASSAD) and the National Drug Strategy Household Survey.

^{iv} Guide to planning and investing in Tobacco Control: National Tobacco Strategy 2004-2009 Australian Government Department of Health and Ageing. March 2005

Recommendation 16

That the NSW Government, through the Council of Australian Governments, request the Commonwealth Government to analyse and publish comprehensive national data on tobacco use over time, including sales and consumption data.

Response:

The NSW Government notes this recommendation and understands that this issue is already under consideration at a national level.

In 2003, the Ministerial Council on Drug Strategy (MCDS) agreed to fund a proposal by the Department of Health and Human Services (DHS) Victoria to conduct research into and prepare a report on the options for regulating tobacco and nicotine products in Australia. This report will include options for the collection of comprehensive national data on tobacco use including sales and consumption data.

The options paper is due to be considered at the May 2007 MCDS meeting.

Recommendation 17

That the Commonwealth Government invest in a research strategy that investigates and compares the impact of each jurisdiction's policies upon prevalence rates.

Response:

There are existing methods of reporting against jurisdictional actions in the area of smoking prevalence rates.

The *National Tobacco Strategy 2004-2009* provides guidelines to jurisdictions on planning and investing in tobacco control, and includes formal reporting requirements against individual jurisdiction's policies and activities.

Jurisdictions develop and implement their individual Action Plans in accordance with this national blueprint and endeavour to allocate funding in line with international best practice as recommended in *National Tobacco Strategy 2004-2009 - Guide to Planning and Investing in Tobacco Control*.^v

A report commissioned by the Australian Department of Health and Ageing^{vi} provides an evidence base which underpins and informs the tobacco control agenda in Australia, as part of Australia's National Drug Strategy. Taking into account Australian and international approaches, it identifies gaps in knowledge and effort in the prevention of drug supply, use and treatment.

^v Guide to planning and investing in Tobacco Control: National Tobacco Strategy 2004-2009 Australian Government Department of Health and Ageing. March 2005

^{vi} W Loxley et al The Prevention of Substance Abuse, Risk and Harm in Australia (MCDS Publication)

This report also indicates there is already strong evidence for investing in comprehensive tobacco control interventions including legislation, regulation and policing, targeted social marketing campaigns, brief interventions for smoking cessation and maintenance of price disincentives.

It is the responsibility of each individual jurisdiction to tailor their investment in line with existing national and international guidelines and provide proportional funding of tobacco control activities, and report back against these activities under the Strategy.

Recommendation 18

That the Commonwealth Government give further consideration to the effectiveness of generic packaging of tobacco products.

Response:

The NSW Government notes this recommendation and recognises it is a matter for the Commonwealth Government to consider the effectiveness of generic packaging of tobacco products. Further, the NSW Government would need to consider the evaluation of the recently introduced graphic warnings by the Commonwealth Government before consideration of any position with regard to the introduction of generic packaging.

Recommendation 19

That NSW Health undertake a formal review of current provisions to address the sales of tobacco products to minors, with a view to significantly reducing smoking rates among young people. This review should encompass both legislative and operational provisions and should include consideration of:

- ***the efficacy of current levels of monitoring of retailers***
- ***the number of prosecution being initiated and of successful prosecutions, and mechanisms to improve both***
- ***the potential for higher fines and use of on-the-spot fines***
- ***the adequacy of current resources for area health services to properly fulfil their monitoring and compliance role***
- ***the potential value of further retailer education initiatives***
- ***further strategies to reduce the prevalence of smoking***
- ***the potential for requiring employers to provide ongoing training to employees in retail outlets.***

Response:

The NSW Government concurs with this recommendation. A formal review of current provisions to address the sale of tobacco products to children will be undertaken with a view to further reducing smoking rates among young people. The review will take into consideration the recommendations of this Inquiry, the existing policy, sales to

minors policies in other jurisdictions and input from Environmental Health Officers across Area Health Services. The review is expected to be completed by June 2007.

Given the addictive nature of tobacco products and the susceptibility of establishing long-term patterns of use through early initiation, addressing the supply of tobacco products to minors is a key area for legislative action.

The 2000 United States Surgeon General's Report concludes that restricting minor's access to tobacco products, "contribute(s) to a changing social norm with regard to smoking and may influence prevalence directly". Understanding the precise impact of access restrictions on smoking prevalence, however requires further evaluation.

NSW has led the way in restricting tobacco products to young people in Australia. Sales to minors legislation was enacted under the *Public Health Act 1991* and a comprehensive sales to minors program was developed in 1996 following evidence of an increase in under age smoking and the ease of access to tobacco for young people.

The current sales to minors policy in NSW was developed in 1996 and an increase in retailer compliance since 1996 has been observed in all Area Health Services across NSW. The policy includes retailer education, regular compliance monitoring activities through retailer inspections and the issuing of warning notices and the publicising of successful prosecutions. There have been approximately 180 prosecutions for offences under this legislation since 1991.

There is growing community support for activities which address sales of tobacco products to minors. In 2005, the Australian Institute of Health and Welfare (AIHW) reported that in 2004, 89.9% of people aged 14 years and over in NSW support stricter enforcement laws against supplying minors. The AIHW also reported that 87.9% supported stricter penalties for selling or supplying tobacco products to minors in NSW.^{vii}

Recommendation 20

That the Minister for Health raise the issue of banning overtly fruit flavoured cigarettes with the Commonwealth Government through the Council of Australian Governments.

Response:

The NSW Government concurs with the thrust of this recommendation.

Recommendation 21

That the NSW Government upgrade its intended nomination scheme for retailers to a licensing system for tobacco wholesalers and retailers which facilitate better compliance with and enforcement of the legislation. In doing

vii Australian Institute of Health and Welfare, Canberra 2005. The 2004 National Drug Strategy Household Survey (State and Territory supplement).

so, it should consider the best practice model of licensing set out in the report to the Commonwealth, Licensing of Tobacco Retailers and Wholesalers – Desirability and Best Practice Arrangements.

Response:

The NSW Government does not consider it necessary at this time to introduce a licensing system. A notification system requiring tobacco retailers to notify NSW Health meets the same objectives as a licensing scheme and has been approved by the Government and announced by the Minister for Health as part of planned amendments to the *Public Health Act 1991*.

The notification system requires vendors of tobacco products to notify NSW Health of the location of any premises where tobacco products are sold and the creation of an offence for selling tobacco from any other premises. In addition it is proposed to allow the NSW Health Director-General to cancel the notification of retail premises that has been convicted of multiple offences under the Act or Regulations, thus removing the right to sell tobacco.

The NSW Government's decision to introduce a notification scheme at little impost to retailers follows the best practice principles of the national recommendations. It would seem impractical to introduce a licensing scheme at this stage. However, this would not preclude consideration of this policy in the future.

Recommendation 22

That the NSW Government amend the Public Health Act 1991 to restrict point of sale display to one point of sale per venue and one square metre (excluding tobacconists).

Response:

The NSW Government will consider the evaluation and effectiveness of the recently introduced graphic health warnings on point of sale purchasing practices before exploring further options in relation to point of sale displays.

Recommendation 23

That the NSW Government introduce legislation to prohibit the inclusion of tobacco products in retailer, and specifically supermarket, shopper loyalty programs.

Response:

The NSW Government will consider possible changes to legislation to prohibit the inclusion of tobacco products in retailer shopper loyalty programs.

Recommendation 24

That the NSW Government examine legislation in other jurisdictions intended to protect the health of workers servicing smoking areas.

Response:

The NSW Government regularly examines legislation from other jurisdictions on a range of tobacco related issues, including the protection of workers servicing smoking areas.

Recommendation 25

That the NSW Government amend the Smoke-free Environment Act 2000 to include children's playgrounds as smoke-free areas.

Response:

Banning smoking in these areas falls under the jurisdiction of local councils and should be enforced at a local council level. Councils in NSW that have adopted this initiative include Hawkesbury, Liverpool, Baulkham Hills, Pittwater, Manly, Mosman, Warringah, Fairfield, Penrith, Canada Bay, Ballina and Dubbo.

NSW Health will continue to support local councils in their tobacco control activities and will work with organisations such as the Local Government and Shires Associations (LGSA) of NSW to provide guidance on the implementation of smoke-free areas.

Recommendation 26

That NSW Health fund and implement a sustained education campaign aimed at reducing smoking in cars, based on the 'car and home: smoke free zone' project and drawing on its evaluation findings. The initiative should:

- ***target the broad community and diverse groups within it***
- ***be supported by strategies delivered through the broad range of health and community services utilised by families and children***
- ***be developed and implemented in partnership with the Roads and Traffic Authority, the NSW Police Service and motoring organisations.***

Response:

The NSW Government will continue to fund and implement a sustained education campaign in association with non-government organisations.

NSW Health provided \$2.4 million to the Car and Home Smoke Free Zone campaign between 2002 and 2005/06. A consortium of non-government organisations including the Cancer Council NSW, National Heart Foundation of Australia (NSW Division),

SIDS & Kids NSW and the NSW Asthma Foundation have successfully overseen the strategic direction of this program.

The Environmental Tobacco Smoke (ETS) and Children Project, which began in 2001, brought about a significant and measurable change in the behaviour and attitude of smokers and achieved its goal of reducing the exposure of young children in NSW to ETS. The final campaign evaluation showed a 55.7% increase in the number of smoke free homes in NSW where there are smokers and children aged 0-6 years. Over the campaign period there was a 41.8% increase in smoke free cars owned by smokers with children aged 0-6 years.

These results indicate that the 'Car and home smoke free zone' message is both acceptable and achievable by parents and carers who smoke.

While these are good results it is important to maintain the message, especially with new parents who weren't exposed to the original campaign. There are two ways to ensure that the message is maintained for both existing and new parents:

- ensure the professionals whose opinions are valued by parents deliver the message; and
- ensure that smoke free cars and homes are accepted as the community norm.

To achieve this there will be ongoing activity promoting the message and using the resources developed for the ETS and Children Project. These activities will include:

- *Identify culturally and linguistically diverse (CALD) groups where the campaign message may not have had sufficient reach and run targeted activity. Evaluate new activity to assess need for future targeted campaigns.*
The Chinese community-based in Hurstville has been identified as a discrete population group where delivering the message in a more culturally targeted way could improve message uptake. Pre-campaign evaluation indicated that while acceptance of the need for smoke free homes in the Chinese speaking community was comparable to the English speaking community, Chinese speaking smokers had concerns about asking guests not to smoke. The Cancer Council NSW will work with the Chinese Australian Tobacco and Health Network (CATHN) and South Eastern Sydney and Illawarra Area Health Service (SESIAHS) to run a campaign around Chinese New Year 2007 to promote smoke free homes and cars as a responsible and acceptable part of hospitality. SESIAHS will also conduct in service training of health and child care professionals in the area to promote ongoing delivery of the message to all new parents as part of professional client activity. This campaign will be evaluated to assess the impact of culturally specific campaigns compared to broad reaching campaigns.
- *Training of CALD community workers to deliver the message.*
Presentation materials have been developed for community workers who work with a range of CALD communities to enable them to present the message as part of their community activities. Material is currently available in Italian, Greek, Chinese and Arabic languages and is being prepared for Korean and South Pacific language presentations.

- *Training of English speaking community speakers.*
- *Delivery of information to health and child care professionals.*
A presentation kit has been developed suitable for health promotion staff to deliver ETS presentations to health and child care professional in service trainings. These will be made available to Area Health Service health promotion staff and other organisations as required.
- *Training of welfare agency staff to support and deliver message.*
Resources and training will be made available to social welfare organisations who are working with the Cancer Council on its Tobacco Control and Social Equity Strategy. As these are developed and refined, these resources will be made available to other agencies to use for staff training and client information.
- *Maintain website and resources.*
- *Continue dissemination through conferences and publications.*
As the opportunity arises, information about the ETS and Children Project will be disseminated to interested groups through conference and seminar presentations. For example, the Project will be presented at the Government Marketing Conference in Canberra in February 2007.
- *Establish Expert Advisory Group to advise on campaign activity and evaluation.*
An expert advisory group has been established to oversee campaign activity and ensure activities are "on message" and appropriately evaluated.

NSW Health has agreed to fund the Cancer Council NSW \$150,000 over 2005/06 and 2006/07 to continue the Car and Home Smoke Free Zone campaign. In consultation with stakeholders, NSW Health will also explore potential partnerships with organisations such as the Roads and Traffic Authority, the NSW Police Service and motoring organisations to ensure a range of approaches are considered.

CONCLUSION

The NSW Government is committed to the prevention and reduction of tobacco-related harm in NSW and the Joint Select Committee Inquiry into Tobacco Smoking in NSW has provided a valuable opportunity to examine a range of issues associated with tobacco control in NSW.

The NSW Government will continue its commitment to reducing tobacco-related harm through a comprehensive, whole-of-government approach, as outlined in the *NSW Tobacco Action Plan 2005-2009*.

NSW Health has a lead role in tobacco policy development, provision of cessation services and enforcement of legislation in NSW. NSW Health also plays a pivotal role in treating and providing care for those with tobacco related illnesses, through both inpatient and outpatient services. This work is supported substantially by the Cancer

Institute NSW with its mass media campaigns and funding of the NSW Quitline service.

In addition, NSW Health works with other key agencies including the NSW Office of Liquor, Gaming and Racing, WorkCover, NSW Department of Education and Training and non-government organisations to deliver a comprehensive, multi-faceted approach to tobacco control in NSW.