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JSC TOBACCO SMOKING

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Rachel Simpson
Director
Joint Select Committee on Tobacco Smoking in New South Wales
Parliament of New South Wales
Parliament House
Macquarie Street
Sydney
NSW 2000

10th April 2006

Dear Ms Simpson

Tobacco Smoking in New South Wales

I enclose a submission to the Joint Select Committee on Tobacco Smoking in New South Wales from the Cancer Institute NSW.

I also enclose corrected transcripts from the hearing on 21st March from Professor Jim Bishop, Chief Executive Officer of the Cancer Institute NSW and from myself.

Finally, I enclose our responses to the additional questions posed by Committee members during our meeting with them.

I have also sent the submission and responses to questions by email to tobaccosmokingcommittee@parliament.nsw.gov.au as many of the references we have provided are hyperlinked to the original documents.

Please do not hesitate to contact me if we can provide any further information for the Committee.

Yours sincerely,

Trish Cotter
Director, Prevention

Responses to additional questions

Dr Arthur Chesterfield-Evans MLC

What is the evidence of an economic burden for society associated with tobacco smoking?

Please refer to the Cancer Institute's submission, Section 2. This is also addressed extensively in the NSW Health submission.

Could you provide data on the efficacy of the Quitline?

Please refer to the Cancer Institute's submission, Section 6.3. This is also addressed extensively in the NSW Health submission.

Is there measurable data of the success of the quit smoking campaign based on Australian or NSW supermarket sales of cigarettes?

The short answer is 'No'. Below, we provide some brief details of the cost of using supermarket sales data. The question brings up a number of issues relating to the current use of survey data.

The most important measure of success of any quit campaign is the impact on real life behaviour. This can be analysed by prevalence (do more people quit? do fewer people relapse? do fewer people take up smoking) and/or by consumption (are fewer cigarettes purchased? are few cigarettes manufactured or imported into the market?). Quit campaigns should have ready access to up-to-date and reliable prevalence and consumption trend data together with the research expertise to analyse them together.

A variety of surveys of adults and young people are conducted across Australia and in NSW which provide prevalence data: the Commonwealth Health Department's National Tobacco Campaign Survey; AIHW National Drug Strategy Household Survey; ABS National Health Survey; Australian School Students Alcohol and Drug Survey; NSW Health Survey.

These surveys vary in methodology, in the questions they ask to determine prevalence and in the age range of the sample; and therefore yield quite different and sometimes misleading results. So, for example, according to the National Drug Strategy, daily smoking prevalence is 17.4% whereas according to the National Health Survey, daily smoking prevalence is 21%. The first is undertaken by telephone with 14+ year olds; the second is undertaken face-to-face with 18+ year olds. The NSW Health Survey is by undertaken by telephone with 16+ year olds and gives daily smoking prevalence as 15.7%.

Prevalence surveys rely on respondents being truthful and accurate – which can be a problem when the behaviour being discussed is negatively perceived – and it is usually not the case that surveys are validated with biochemical tests. There can also be a problem with the length of time it takes for survey data to be reported.

Consumption data are available from a number of sources. Supermarket sales of cigarettes account for about half of the cigarettes purchased in NSW¹ and can be bought commercially. Cigarettes brands are the 1st, 3rd and 10th highest value goods sold in supermarkets; and 1st, 2nd and 3rd of all non-food goods according to

¹ Cancer Institute Smoking and Health survey, 2005.

AC Nielsen Scan Track data. Purchasing these data can be expensive: weekly sales data could cost up to \$100,000 a year. However, a Market Profile Report with two years of cigarette sales data that is six months old would cost less than \$20,000 for the country and around \$7,500 for NSW.

Customs and Excise data provide another avenue to examine the overall impact of quit smoking campaigns and a 2004 analysis by AIHW² gives cause for concern. The report provides the number of cigarettes cleared through excise from 1999 to 2004:

25.6 billion sticks in 1999–00
22.6 billion sticks in 2001–02
23.5 billion sticks in 2002–03
23.5 billion sticks in 2003–04

The report comments that the “stability in the number of cigarettes attracting excise in recent years does not correspond to the decline in smoking rates described earlier ... nor does it correspond to the decline in the estimated number of Australians who smoke, coupled with a decline in the amount of cigarettes consumed per smoker between 2001 and 2004.”

Undoubtedly, if governments and quit campaigns collaborated over commissioning surveys on smoking, more reliable trend data would be available at a lower cost.

Mr Richard Torbay MP

Could you provide data on the efficacy of media campaigns?

Please refer to the Cancer Institute’s submission, Section 6.1. This is also addressed extensively in the NSW Health submission.

Mr Paul Macleay MP

Could you provide copies of images that appear on the cover of cigarette packets?

Attached to the Cancer Institute submission is material provided by the Commonwealth Department of Health on all of the new warnings. We have also included a pack with one of the new warnings.

PDFs of the Commonwealth’s factsheets are available at:

(<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-publth-strateg-drugs-tobacco-warning-packs-A.htm>)

and for cigars at:

(<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-publth-strateg-drugs-tobacco-warning-packs-cigars.htm>).

There are no factsheets available yet for Set B warnings but the visuals are at:

(<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-publth-strateg-drugs-tobacco-warning-packs-B.htm>).

² Australian Institute of Health and Welfare 2005. Statistics on drug use in Australia 2004. AIHW Cat. No. PHE 62. Canberra: AIHW (Drug Statistics Series No. 15).

Dr Arthur Chesterfield-Evans MLC

Do smokers incur a significantly higher cost during hospital stays than non-smokers? If so, how much more do they cost the Health Service?

Mr Paul Macleay MP

Could you provide any data indicating longer hospital stays among smokers?

Please refer to the NSW Health submission for costs relating to treating the estimated 54,000 admissions annually to NSW hospitals for smoking-caused diseases. More detailed costings are not currently available. However, there is extensive evidence that smokers are more likely to suffer complications in surgery and have poorer recovery rates than non-smokers. Furthermore, smokers, on average, present for treatment at a much earlier age than do non-smokers. Most expenditure on hospital services occurs in the last two to three years of life. The likelihood of extensive (and costly) interventions being offered to a 90-year-old is lower than if a 50-year-old presented with the same condition.

Mr Paul Macleay MP

Could you advise what proportion of the price per cigarette packs is tax?

This varies by brand and pack size, but here are the three leading brands in the market at September 2005 prices:

Brand	Pack size	RRP	Price per cig	Tax % of RRP inc GST	Tax per pack	Tax per cig
Winfield	25s	\$10.50	42 cents	66%	\$6.93	28c
Peter Jackson	30s	\$11.85	40 cents	67%	\$7.94	26c
Longbeach	40s	\$15.00	38 cents	70%	\$10.50	26c

Source: <http://www.vctc.org.au/tc-res/latest.htm>

What is the efficacy of campaigns against smoking in cars and homes?

Please refer to the NSW Health submission.

What is the efficacy of the NSW Tobacco Action Plan?

Please refer to the NSW Health submission.

Could you provide an overview of the consultation process and the strategies that your organisation was responsible for within the process?

The Cancer Institute assisted NSW Health in the development of this plan as a member of the consultation and management committee. Other members included representatives from non-government agencies and Area Health Services. The process involved:

- Examination of key state, national and international reports providing inputs on data, activities and achievements
- Identifying future NSW and Australian government plans
- Consultation workshop
- Consultation on drafts

The Cancer Institute NSW's primary responsibility within the NSW Tobacco Action Plan is the instigation of mass media tobacco control campaigns for NSW. These campaigns utilise social marketing principles to show that tobacco smoking causes cancer and other disease and offer a simply pathway to publicly available smoking cessation programs.