

P06/361

Ms Merrin Thompson  
Principal Council Officer  
Joint Select Committee on Tobacco Smoking in NSW  
Parliament House  
Macquarie Street  
SYDNEY NSW 2000

Dear Ms Thompson

### **Inquiry into Tobacco Smoking in NSW**

I refer to your letter dated 3 April 2006 concerning evidence provided by Department of Health staff at the 27 March 2006 Hearing of the Inquiry into Tobacco Smoking in NSW.

Please find attached responses to the four questions you indicated in your letter as having been taken on notice during the Hearing.

As requested by the Committee, also provided is a summary of the legislation of each Australian jurisdiction (including New Zealand) in respect of environmental tobacco smoke. With regard to the 'speaking notes' used by NSW Health staff during the Hearing, most of their content was provided in response to questions from the Committee and this information already appears in the transcript. The remainder forms part of the Department's submission to a whole-of-Government response being prepared for the Inquiry. However, to assist the Committee attached is additional information on a number of issues not directly discussed during the Hearing but foreshadowed by members with the Department as areas of interest prior to the hearing.

With respect to the accuracy of the Hansard Transcript, the officers who attended the Hearing have reviewed the transcript and a copy is enclosed with the relevant alterations made in the margin. Please see Table 1 attached for a list of alterations required to correct the Hansard record. In addition, errors of fact that were inadvertently provided at the Hearing have been identified and I wish to notify the Committee of these corrections. Table 2 provides a list of these corrections.

The person to contact at the NSW Department of Health for further information or assistance is Mr Matt Monahan, Parliament & Cabinet Unit on 9391 9328.

Yours sincerely



**Dr Denise Robinson**  
Chief Health Officer &  
Deputy Director-General, Population Health

21/4/06

## Inquiry into Tobacco Smoking in NSW

### Responses to Question Taken on Notice - 27 March 2006

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#### QUESTION 1:

**Dr Arthur Chesterfield-Evans MLC to Dr Denise Robertson**

*What are the current figures for a likely cost benefit (moneys spent on smoking getting a cost benefit of 49:1) and what are they based on if we had a large Quit campaign starting tomorrow? Could the cost benefit reach 35:1? (pp58-59)*

#### RESPONSE:

A recent national report undertaken by Access Economics and entitled *Returns on Investment in Public Health* (2003) has shown that expenditure on comprehensive tobacco control programs results in greater public health gains than expenditure on other prevention programs. The authors have estimated that the cost of anti-tobacco public health programs in year 2000 dollars discounted back to 1971 was \$176 million. By contrast estimated benefits of this investment (averted number of deaths and associated diseases) from 1971-2000 is \$8.602 billion. The net benefit of \$8.427 billion therefore represents a benefit cost ratio of nearly 49:1.

A comparison of returns on investment have found the benefit/cost ratio of tobacco (49:1) favourable to other areas of public health such as coronary heart disease (12:1), HIV/AIDS (5:1), Haemophilis influenzae type B (1:1) and road trauma (2:1).

Given the above is a retrospective study of the benefits of investment in tobacco control on a national basis, it would be difficult to ascertain the effect of a large Quit campaign starting immediately in NSW. However, the increased funding of the Cancer Institute (\$7 million in 2005/2006) on mass media campaigns should increase the benefit cost ratio to a greater result than 49:1 (unlike the 35:1 mentioned)

Given this increased funding in tobacco control and the banning of smoking in all enclosed areas of pubs and clubs from July 2007, it is not unreasonable to expect (as outlined in the Tobacco Action Plan 2005-2009 and the NSW Cancer Plan 2004-2006) an annual decrease in smoking prevalence by 1 percent.

The Collin and Lapsley study (2005) found that in NSW, under the most conservative method of estimation, the social benefits of reducing smoking prevalence by 5 percent over five years would be \$2.3 billion. This represents \$9,046 for each person prevented from smoking.

## QUESTION 2:

### **Dr Arthur Chesterfield-Evans MLC to Dr John Sanders**

*As [... in California ... the prices of tobacco products were very cheap...] did they ... have figures on the amount spent on quitting and the cost benefit of that? And did they extrapolate that to our situation? (p61)*

### **RESPONSE:**

In 1988 California passed legislation to levy a tax on cigarettes to fund the California Tobacco Control Program (CTCP) to reduce the harm of tobacco use in California. The majority of funding supports the Tobacco Education Media Campaign (TEMC) that utilises hard hitting paid advertising and public service announcements (television, radio, billboards, transit and print) with thought provoking messages to effectively communicate the dangers of tobacco use, Environmental Tobacco Smoke (ETS) and the tobacco industry's manipulative marketing ploys. The TEMC continues to target both adults and youth with a focus on countering pro tobacco influences, reducing exposure to ETS, reducing the appeal and availability of tobacco to youth and supporting a Smokers' Helpline.

The program also supports a legislative program (sales to minors) and education in schools and communities.

Increases in price of tobacco products to assist in the reduction of per capita cigarette consumption have not been as effective in California as in Australia. From 1984 to 1999 in California there has been a US\$ 0.72 increase in pack price compared to a 25 percent increase in Australia from 1998-2000. Compared to California, Australia still has a relatively high price of cigarettes with a purchasing power parity index of 5.49 (adjusting exchange rate and cost of living) indicating that Australia has the fourth most expensive cigarettes internationally after Hong Kong (7.38), New Zealand (6.04) and Great Britain (5.50). Note they are far more expensive than in the USA (3.51), Japan (2.18) and China (.90).

The amount spent on the CTCP (amount spent on quitting) is estimated to be US\$1,000 million since its inception in 1989.

A small part of this funding assists smokers who want help in quitting providing local program cessation services, as well as the California Smokers Helpline, a toll free telephone service that has provided assistance to over 310,000 people from its inception in 1992 to 2004.

The majority of funding (estimated at two-thirds) for the Program has supported the TEMC to counter the advertising and promotions by the tobacco industry. It is estimated that the annual funding level of TEMC in recent years has been US\$25 million about 5 percent of the estimated US\$500 million spent annually in California for advertising and promotions.

This situation cannot be extrapolated for NSW. The majority of funding in California has been to counteract the limited restrictions on tobacco advertising combined with a much lower affordable price of tobacco products, neither of which occur in Australia.

Since the implementation of the CTCP in 1988 adult smoking prevalence (18 and over including occasional smokers) has decreased by about 32.5 percent to 15.4 percent in 2004, most of this decline occurring between 1988 and 1995.

The 2005 NSW Population Health Survey indicates that smoking prevalence (16 and over, including occasional smokers) was 21.1 percent in 2005

Although prevalence rates in California are lower, the strategies in place in NSW are proving far more cost effective than in the Californian model.

**QUESTION 3:**

**Mr Greg Donnelly MLC to Dr Denise Robertson**

*Do you have any concerns or have you investigated the potential concerns of the new work choices legislation potentially overriding this type of legislation that affects workers in New South Wales? (p64)*

**RESPONSE:**

I am advised that if a person enters into a contract of employment which includes a term requiring the employee to work in an unhealthy environment or releases the employer from obligations imposed under the *Occupational Health and Safety Act*, then that term of the contract will be void and unenforceable. The parties cannot contract out of their respective rights and obligations under the Act.

I am further advised that the Commonwealth's WorkChoices legislation preserves the operation of the major provisions of the *Occupational Health and Safety Act*. These include the employer's duty to provide a safe work place and the offence provisions that apply when the employer does not comply with that duty. An employer cannot use an Australian Workplace Agreement to avoid occupational health and safety obligations because there is no inconsistency between the Commonwealth law and the sections of the state legislation that impose the OH&S duty and obligations.

#### QUESTION 4:

**Dr Arthur Chesterfield-Evans MLC to Dr John Sanders**

*When the public service went smoke-free ... quite a lot quit. Is there no estimate of how many that would be in percentage terms if pubs went fully smoke-free? ... Do you have any figures? Dr Sanders: ... I am very happy to provide the Committee with evidence as we know it of the effects of smoking bans and people's quitting rates. (p65)*

#### RESPONSE:

In the 2005 NSW Population Health Survey, 15.7 percent of people aged 16 years and over reported that they smoked daily while 4.3 percent smoked occasionally. Complete smoking bans in enclosed areas of pubs and clubs would assist in de-normalising smoking behaviour and affect occasional smoker prevalence rates given they may only smoke in pubs and clubs. It would be difficult to ascertain the reduction in smoking prevalence in NSW as a direct result of the proposed bans given these complete bans are not in place at this stage and reductions in smoking prevalence are also a result of the existing comprehensive tobacco control program in place. However there is a plethora of evidence to support the effects of smoking bans on people's quitting rates.

A number of studies have looked at the impact that smoking bans in workplaces have on the smoking habits of employees, and have found not only an increase in the rate of cessation of smokers and lower rates of relapse, but also a decrease in the number of cigarettes consumed.<sup>i,ii,iii,iv</sup> This is borne out by a review of 19 studies into the effects of smoke-free workplaces on employee smoking habits, in which all 19 studies reported declines in either daily cigarette consumption by continuing smokers, or in smoking prevalence, after workplace smoking bans had been introduced. Further, it was estimated that the introduction of these bans contributed to a reduction in cigarette consumption in Australia of 22.3 percent between 1988 and 1995.<sup>v</sup>

In 2005 a working paper published by the Melbourne Institute examined the effects of smoking bans on individual smoking rates, over the duration of ban introductions across Australia. Consistent with other findings reported previously, they did find an overall trend for quit rates to increase and levels of uptake to decrease, but found that a number of personal factors affected these decisions, such as relationship break-ups, consumption of alcohol, lower educational levels, and unemployment.<sup>vi</sup>

Smoking bans are not restricted to impacting upon adult prevalence rates, but have also been found to decrease the prevalence of youth smoking rates.<sup>vii,viii</sup> A study conducted in Victoria over three years assessed the attitudes of smokers in relation to their likelihood to quit smoking if total smoking bans were introduced, and asked where people smoked the most. Results indicated that, particularly for younger smokers, hospitality venues such as pubs, clubs and nightclubs were the places where people smoked the most, and that almost one third of smokers thought they would quit if a complete smoking ban was introduced to these venues. Further, nearly half of the smokers indicated they would reduce the amount of cigarettes they smoked if such a ban was implemented.<sup>ix</sup>

A longitudinal study conducted in Massachusetts looked at the progression to smoking of youths who lived in areas with either weak, medium or strong regulations banning smoking in public places, and found that youths living in areas with strong smoking regulations were about half as likely to progress to smoking as those living in areas with weak smoking regulations.<sup>x</sup> Therefore, smoking bans themselves not only have a direct influence on reducing the youth smoking rate, by decreasing the places where youth can smoke and the perceived social acceptability of smoking, but they also indirectly reduce youth smoking rates as a consequence of children being influenced not to start by their parents giving up smoking.<sup>xi</sup>

California was one of the earliest jurisdictions to introduce comprehensive smoking bans. The Smoke Free Workplace Act came into effect for most public places in 1995, and was effective in bars and casinos from 1998. While prevalence rates in California had already significantly decreased due to previous tobacco control initiatives (California Tobacco Health Protection Act 1988, which dramatically increased tobacco taxes and allocated the revenue towards smoking cessation-related healthcare services and research), from 1996 to 2003 there was a further decrease of 13 percent in prevalence. Studies conducted since the smoking ban was introduced have confirmed that workplace and household smoking restrictions have been associated with higher rates of quit attempts and lower relapse rates.<sup>xii</sup>

In Ireland, a full indoor smoking ban, including all workplaces, was introduced on 29 March 2004. Research undertaken in Ireland assessing the Irish national Quitline Service (established on 30 October 2003), found that 10 percent of respondents cited the workplace smoking bans as being their main reason for calling the Quitline, and the significance of the ban influencing people's decision to quit increased in the lead up period to the introduction of the ban. Of smokers who had successfully given up, 39 percent cited the workplace smoking ban as influencing their decision to quit, and 55 percent stated it was an important reason for them remaining former-smokers.<sup>xiii</sup>

Evidence indicates that the smoking rate in Ireland as at October 2005 (18 months after the ban was introduced) was down to 23.91 percent, from 25.37 percent in October 2003 (6 months prior to the ban). While the monthly prevalence rates indicate seasonal variance, there is still an overall downward trend post-ban.<sup>xiv</sup> A slight rise in prevalence in the later months of the reported data can be explained in terms of cigarette prices being cheaper in real terms compared to previous years, due to a lack of tax increases on cigarettes being included in the Irish budget.<sup>xv</sup>

New Zealand introduced full smoking bans in public places and workplaces in December 2004. A study of calls to the New Zealand national Quitline found statistically significant increases in calls to the Quitline as well as increased issue of NRT vouchers during the month of, and first month post-introduction, of the ban, compared to the same time period the preceding year.<sup>xvi</sup>

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<sup>i</sup> Bauer JE, Hyland A, Li Q, Steger C, Cummings KM (2005) A Longitudinal Assessment of the Impact of Smoke-Free Worksite Policies on Tobacco Use, *American Journal of Public Health*; 95, No 6; Health & Medical Complete, 1024-1029

<sup>ii</sup> Fichtenberg CM and Glantz SA (July 2002) Effect of smoke-free workplaces on smoking behaviour: systematic review, *BMJ Vol 325*, 188-194

<sup>iii</sup> Farkas AJ, Gilpin EA, Distefan JM, Pierce JP (1999) The effects of household and workplace smoking restrictions on quitting behaviours, *Tobacco Control*, 8, 261-265

<sup>iv</sup> Farrelly MC, Evans WN, Sfeakas AES (1999) The impact of workplace smoking bans: results from a national survey, *Tobacco Control*, 8, 272-277

<sup>v</sup> Chapman S, Borland R, Scollo M, Brownson CE, Dominello C, Woodward S (1999) The impact of smoke-free workplaces on declining cigarette consumption in Australia and the United States. *American Journal of Public Health*, Vol 89 No 7, 1018-1023.

<sup>vi</sup> Buddelmeyer H and Wilkins R (2005) *Melbourne Institute Working Paper Series Working Paper No 13/05 The Effects of Smoking Ban Regulations on Individual Smoking Rates*. Melbourne Institute of Applied Economic and Social Research, The University of Melbourne.

<sup>vii</sup> McMullen KM, Brownson RC, Luke D, Chiqui J (2005) Strength of clean indoor air laws and smoking related outcomes in the USA, *Tobacco Control*, 14, 43-48

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- <sup>viii</sup> Wakefield M, Forster J. (2005) Growing evidence for new benefit of clean indoor air laws: reduced adolescent smoking, *Tobacco Control*, 14, 292-293
- <sup>ix</sup> Letcher T, Black C, Lipscomb J, Wakefield M, Durkin S. *Would Victorian smokers find it easier to quit if bars and pubs were smokefree?* CBRC Research Paper Series No. 10. Melbourne, Australia: Centre for Behavioural Research in Cancer, The Cancer Council Victoria, October 2004.
- <sup>x</sup> Siegel M, Albers AB, Cheng DM, Biener L, Rigotti NA (2005) Effect of local restaurant smoking regulations on progression to established smoking among youths. *Tobacco Control*, 14, 300-306.
- <sup>xi</sup> Farkas AJ, Distefan JM, Choi WS, Gilpin EA, Pierce JP (1999) Does parental smoking cessation discourage adolescent smoking? *Preventive Medicine*, 28 No 3, 213-8
- <sup>xii</sup> <http://www.dhs.ca.gov/tobacco/documents/pubs/2004TCSupdate.pdf> accessed 21/3/2006
- <sup>xiii</sup> [http://www.healthpromotion.ie/uploaded\\_docs/PRESS\\_RELEASE - RESEARCH FINDINGS - SEPT 004.pdf](http://www.healthpromotion.ie/uploaded_docs/PRESS_RELEASE_-_RESEARCH_FINDINGS_-_SEPT_004.pdf) accessed 21/3/2006
- <sup>xiv</sup> [http://www.otc.ie/research\\_reports.asp#cigarette](http://www.otc.ie/research_reports.asp#cigarette) accessed 21/3/2006
- <sup>xv</sup> <http://www.otc.ie/article.asp?article=327>, [http://www.ash.ie/News/Latest\\_News/Figures.html](http://www.ash.ie/News/Latest_News/Figures.html) accessed 21/3/2006
- <sup>xvi</sup> Thomson G and Wilson N (2006) One year of smokefree bars and restaurants in New Zealand: Impacts and responses, *BMC Public Health*, 6:64

**Summary of Australian and New Zealand  
- smoking in public places -  
October 2005**

|  | W/A  | TAS   | QLD   | ACT   |
|--|--|---|---|---|
| Total ban in 'enclosed public places' of Licensed Premises | Yes (by 31 July 2006).   | Yes (at 1 Jan 2006).  | Yes (by 1 July 2006).   | Yes (by 1 Dec 2006).  |
| Continuing Exemptions for a Casino?                        | Yes (Exemption for "high-roller" facilities if adequate ventilation).  | No  | Yes (Exemption for premium rooms.)  | No  |
| Outside building entrances and air vents                   | <i>From 1 Jan 2005</i><br>Non-legislative ban:<br>- Within 5 metres of building entrances.<br>- Within 10 metres of any air intake for ventilation equipment and Applies to Government buildings only. | <i>Currently</i><br>Banned:<br>- Within 3 metres of an entrance or exit from any multiple use or non-domestic building.<br>- Within 10 metres of any air intake for ventilation equipment.<br><br><i>Currently:</i><br>Banned:<br>- 50% of outdoor dining areas (3 metre ban does not apply when food purchased from the occupier is consumed at a table within that area, but 50% overall must be smoke free).<br><br><i>From 1 Jan 2006:</i><br>Restrictions on outdoor smoking areas at licensed premises:<br>- Must not be serviced; and<br>- If covered by a roof the area must not be more than 50% enclosed by walls or windows. | <i>From 1 Jan 2005</i><br>Banned:<br>- Within 4 metres of entrances to non-residential buildings.   | Not restricted  |
| Outdoor dining or liquor venues                            | Not restricted   | <i>From 1 July 2005</i><br>Banned:<br>- Outdoor eating and drinking places (holders of general, club or casino licenses under the Liquor Act can designate an outdoor smoking and drinking area provided specific criteria are met, eg no food or drink service).   | <i>From 1 Jan 2005</i><br>Banned:<br>- Within 10 metres of children's playground equipment.   | Banned:<br>- If the area is covered and it is 75% or more enclosed. |
| Children's Playgrounds                                     | Not restricted   | Not restricted  | <i>From 1 Jan 2005</i><br>Banned:<br>- Within 10 metres of children's playground equipment.   | Not restricted  |
| Beaches  | Not restricted   | Not restricted  | <i>From 1 Jan 2005</i><br>Banned:<br>- Patrolled areas of patrolled beaches.<br>- Prescribed swimming areas (i.e. artificial beaches) between sunrise and sunset. | Not restricted  |
| Sporting Facilities  | Not restricted   | Banned at any area of an outdoor sporting or cultural venue containing reserved seating.  | Banned at major sports facilities, with the exception of roads, carparks, picnic areas, parkland.   | Not restricted  |



**Summary of Australian and New Zealand  
- smoking in public places -  
October 2005**

|  | VIC  | NSW   | SA                                     | NT   | NZ  |
|--|--|---|--|--|---|
| Total ban in 'enclosed public places' of Licensed Premises | Yes (by 1 Jul 2007)  | Yes (by 2 Jul 2007)   | Yes (by 31 Oct 2007)                   | No - smoke-free areas must be provided in equal amenity to smoking areas.  | Yes   |
| Continuing Exemptions for a Casino?                        | Yes (In some bar areas, TAB areas and high roller rooms.)<br><i>From 1 July 2007</i> exemptions only for high roller rooms.                                    | Yes (Private gaming areas of Star City Casino.)<br>To be reviewed annually. | No                                     | Yes  | No - smoking bans apply to casinos.                             |
| Outside building entrances and air vents                   | Not restricted   | Not restricted  | Not restricted                         | <b>Currently:</b><br>Banned:<br>- Within 2 metres of entrances (including windows and doors) & within 3 metres of air conditioning inlets. | Not restricted  |
| Outdoor dining or liquor venues                            | <i>From 1 July 2007:</i><br>Banned:<br>- If an area has a roof and the total area of wall surfaces surrounding the area exceeds 75% of the notional wall area. | Not restricted  | Not restricted                         | <b>Currently:</b><br>Banned:<br>- Within half of fixed seating in outdoor venues.  | Not restricted  |
| Children's Playgrounds                                     | Not restricted   | Not under State legislation.<br>Banned in some local councils only          | Some local council restrictions apply. | Not restricted   | Not restricted.<br>Total smoking bans apply to school premises. |
| Beaches  | Not restricted   | Not under State legislation. Banned in some local councils only.            | Not restricted                         | Not restricted   | Not restricted  |
| Sporting Facilities  | Not restricted   | Not under State legislation. Banned in some local councils only.            | Not restricted.                        | Outdoor public venues may permit smoking such that non-smokers have an area of equal amenity.  |   |

**Summary of Australian and New Zealand  
- smoking in public places -  
October 2005**

|  | <b>WA</b>  | <b>TAS</b>   | <b>QLD</b>  | <b>ACT</b>  |
|--|--|--|---|---|
| <b>Detailed<br/>Phase-in<br/>Information</b> | <p><b>From 1 November 2005</b></p> <ul style="list-style-type: none"> <li>- Smoking permitted in 1 room only in pubs and licensed clubs.</li> <li>- Smoking permitted in a dedicated smoking room in restaurant licensed premises provided certain conditions are met.</li> <li>- Smoking permitted in up to 20% of floorspace of nightclub and Cabaret licensed premises.</li> <li>- Smoking permitted in International Room of Burswood Casino.</li> </ul> | <p><b>From 1 Jan 2006</b></p> <p>Banned:</p> <ul style="list-style-type: none"> <li>- All indoor public places and workplaces, including all areas of licensed premises and the casino.</li> </ul> | <p><b>From 1 Jan 2005</b></p> <p>Banned:</p> <ul style="list-style-type: none"> <li>- 1/3 all indoor licensed premises smoke free including 1/3 of gaming machines.</li> <li>- Within 4 metres of building entrances.</li> <li>- All outdoor sports stadiums managed by the Major Sports Facilities Authority.</li> <li>- Within 10 metres of children's playground equipment.</li> <li>- Patrolled beaches.</li> </ul> | <p><b>From 1 Dec 2006</b></p> <p>Banned:</p> <ul style="list-style-type: none"> <li>- In all 'enclosed' public places (includes enclosed areas of restaurants, licensed premises, casino etc).</li> </ul> |
|  | <p><b>From 31 July 2006</b></p> <p>Banned:</p> <p>In all enclosed public places including enclosed areas of:</p> <ul style="list-style-type: none"> <li>- Restaurants</li> <li>- Pubs</li> <li>- Clubs</li> </ul> <p>(except International Room at Burswood Casino if adequately ventilated)</p>   |  | <p><b>From 30 Sep 2005</b></p> <ul style="list-style-type: none"> <li>- 2/3 all indoor licensed premises smoke free, including 2/3 of gaming machines.</li> </ul>   |   |
|  |  |  | <p><b>From 1 Jul 2006</b></p> <p>Banned:</p> <ul style="list-style-type: none"> <li>- All enclosed public places.</li> <li>- Outdoor eating and drinking places (holders of general, club or casino licenses under the Liquor Act can designate an outdoor smoking and drinking area provided specific criteria are met.)</li> </ul>  |   |
|  |  |  |   |   |

Summary of Australian and New Zealand

- smoking in public places -

October 2005

| VIC  | NSW  | SA  | NT | NZ |
|--|--|---|----|----|
| <p><b>From 1 March 2006</b><br/>Banned:</p> <ul style="list-style-type: none"> <li>- Smoking in enclosed workplaces (includes shopping centres and restaurants).</li> <li>- Smoking and the promotion or sale of tobacco products at underage 'music/dance' events.</li> <li>- Smoking in covered areas of train station platforms, tram stops and bus stops.</li> </ul> <p><b>From 1 Jul 2007</b><br/>Banned:</p> <ul style="list-style-type: none"> <li>- Enclosed licensed premises.</li> <li>- Outdoor dining or drinking areas if a roof is in place and the total area of the wall surface exceeds 75% of the notional wall area.</li> </ul> | <p><b>From 4 Jul 2005</b><br/>Smoking permitted in:</p> <ul style="list-style-type: none"> <li>- 1 room only in venue with multiple rooms.</li> <li>- 1 area only in single room venues</li> </ul> <p>such that the area where smoking is permitted is <b>not more than 50%</b> of the total combined bar/ gaming/ recreation areas.</p> <p><b>From 3 Jul 2006</b><br/>Smoking is permitted in</p> <ul style="list-style-type: none"> <li>- 1 room only in venues with multiple rooms.</li> <li>- 1 area only in single room venues</li> </ul> <p>such that the area where smoking is permitted is <b>not more than 25%</b> of the total combined bar/ gaming/ recreation areas.</p> <p><b>From 2 Jul 2007</b><br/>Banned:</p> <ul style="list-style-type: none"> <li>- Indoors in licensed premises.</li> </ul> | <p><b>From 6 Dec 2004</b><br/>Banned:</p> <ul style="list-style-type: none"> <li>- In all enclosed workplaces and public areas (exceptions for licensed hospitality venues)</li> <li>- Within 1 metre of all service areas (including front bars and casino gaming tables).</li> <li>- 1 bar in all multi-bar venues or, for single bar venues, at least 50% of the floor area to be non-smoking.</li> <li>- 25% of gaming machines.</li> </ul> <p><b>From 31 Oct 2005</b><br/>Banned:</p> <ul style="list-style-type: none"> <li>- 50% of gaming machines.</li> </ul> <p><b>From 31 Oct 2007</b><br/>Banned:</p> <ul style="list-style-type: none"> <li>- Pubs</li> <li>- Clubs</li> <li>- Gaming rooms</li> <li>- Casino</li> </ul> |    |    |
| <p><b>Detailed Phase-in Information</b></p>  |  |   |    |    |

## JOINT SELECT COMMITTEE ON TOBACCO SMOKING INQUIRY INTO TOBACCO SMOKING IN NEW SOUTH WALES

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### KEY DOT POINTS:

- The World Health Organization has identified tobacco as the second major cause of death in the world and the fourth most common risk factor for disease worldwide.
- It is clear that remarkable results have been achieved in reducing smoking rates in the general population over the past 25 years in NSW.
- Since 1989, smoking rates have declined by around a third in both men and women from over 30% to the current levels of 20%.
- This decline has been greater in recent years with 20.1% of people reporting that they were current smokers in 2005, compared to 22.3% in 2003. (The daily rate of smoking in NSW in 2005 is 15.7%).
- We have seen an improvement over time in the number of people reporting their home as smoke-free from 81% in 2002 to over 86% in 2005. (NSW Health Survey released over the weekend)
- However, there is still a long way to go. Tobacco smoking remains the leading single cause of mortality and morbidity in NSW and there is significant geographic and socioeconomic variation in smoking prevalence. For example, we know that:
  - residents in rural areas are more likely to be current smokers than those in urban areas (NOTE: rates are 24.8 % rural compared to 21.8 % in urban areas. This reflects the socioeconomic gradient between rural and urban areas)
  - that those in the most disadvantaged socioeconomic group are more likely to be current smokers than those in the least disadvantaged group (NOTE: rates are 25.6% in the most disadvantaged group compared to only 16.7% in least disadvantaged group) and that
  - smoking rates among Aboriginal and Torres Strait Islander people are double those of the general population with 39% reporting that they were current smokers in 2004. It is also known that they smoke, on average, a greater number of cigarettes per week. (NOTE: National figure)
- Of all behavioural risk factors, tobacco use (including passive smoking) is responsible for the greatest burden of premature death and disability in NSW.
- In 2002, smoking was responsible for an estimated 18% of all male and 10% of all female deaths.
- It is also the main or significant cause of many diseases including many cancers and cardiovascular disease with over 55,000 hospital separations in NSW in 2002 attributable to smoking.
- NSW Health's commitment to reducing tobacco-related harm is now in its 25<sup>th</sup> year.
- A sustained and multi faceted tobacco control effort implemented by government and non government agencies over this period has delivered a substantial decline in smoking rates and significant improvements in health outcomes.

- These results can be attributed to social marketing campaigns, comprehensive tobacco control policies, extensive legislative reforms, the strengthening of cessation services including the Quitline and comprehensive community and school-based programs.
- NSW Health continues to work in partnership with a range of non-government agencies such as the Cancer Council NSW, National Heart Foundation and others.
- With the *NSW Tobacco Action Plan 2005-2009*, NSW Health seeks to maintain the downward trend in smoking rates and build on achievements of previous tobacco control efforts.

## NSW TOBACCO ACTION PLAN

The NSW Tobacco Action Plan 2005-2009 sets out the government's commitment to the prevention and reduction of tobacco-related harm in NSW. It builds on the achievements of previous Tobacco Action Plans and addresses current and future challenges in tobacco control.

The Plan was developed within a partnership framework by a Consultation and Management Committee. This committee had representation from NSW Health, the Cancer Council NSW, the National Heart Foundation of Australia (NSW Division), Action on Smoking and Health Australia, the Cancer Institute NSW and representatives of the Hunter New England and North Coast Area Health Services.

This group continues to oversee the implementation and the development of the evaluation framework which will be used during the life of the plan. This will include a mid-term report due in 2007 and a final report in 2009.

The *Action Plan* identifies **six focus areas** for action and they are:

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

The *Plan* provides a practical reference tool for all personnel working in tobacco control in NSW and sets out a blueprint for action across the State.

The goal is to maintain the momentum of the past 25 years in reducing smoking rates and ETS exposure.

During the development of the plan a number of key issues and challenges were identified including:

- the need for better services and support for those trying to quit smoking
- the need for additional strategies/new approaches to impact on smoking rates in high risk groups
- the importance of re-establishing social marketing as a key component in the NSW tobacco control strategy
- an examination of further policy or regulatory responses in relation to young people's access to tobacco, tobacco advertising and display, and exposure to ETS

In response to these issues the *Plan* includes a range of initiatives including:

- enhancement of smoking cessation interventions to assist and support smokers to quit smoking
- social marketing campaigns to educate and motivate people to quit smoking, not to smoke around other people and to educate the community about legislation and government regulations
- continued enforcement and monitoring of current policy and legislative programs to address ETS exposure, reduce young people's access to tobacco and limit tobacco advertising and display at point of sale in retail outlets
- specific programs targeting population groups with high smoking rates such as Aboriginal and Torres Strait Islanders, mental health clients, pregnant woman and Culturally and Linguistically Diverse communities.

Supporting these initiatives will be evidence based training in smoking cessation for health professionals.

Some of the new initiatives within this plan include:

- enhancement of Area Health Services to provide an increased capacity to enforce tobacco legislation
- the development of the *Smokecheck* program that will build the capacity for Aboriginal health workers and non-Indigenous health workers who work predominantly with Aboriginal communities in NSW, in the delivery of evidence-based best practice smoking cessation interventions
- addressing smoking and mental health issues. The NSW Health Tobacco and Health Branch together with Hunter New England Population Health, have just completed a survey of the tobacco control policies and practices in all residential mental health facilities in NSW. This will provide baseline information for the Department to create new policies and procedures to support mental health services in managing nicotine dependence of patients and introducing smokefree environments.
- Extension of the very successful Car & Home Smoke Free Zone campaign.

## **SALES AND DISPLAY OF CIGARETTES IN NSW**

### Sales to Minors Program

The NSW Public Health Act prohibits the sale of tobacco to a person under the age of 18 years. A comprehensive sales to minors program has been in place since 1996.

The key elements of this program include requirements for signage at retailer outlets, ongoing retailer education, regular compliance monitoring activities, issuing of warning notices for a first breach, prosecution of retailers for a subsequent breach and the publicising of successful prosecutions to increase awareness among the community and retailers.

Since 1991, there have been 180 prosecutions of offences under the sales to minors legislation. An increase in retailer compliance has been observed in most Area Health Services of NSW.

In 2004-2005 there was 84% compliance of retailers with sales to minors legislation.

## Point of sale displays

In NSW tobacco advertising provisions under the Public Health Act 1991 and the Public Health (Tobacco) Regulation 1999 prohibit overt advertising of tobacco products as well as regulate how tobacco products can be displayed at point of sale. In addition it is mandatory to display health warnings at point of sale.

In 2004-2005 there was 83% compliance of retailers with point of sale legislation.

There is an extensive body of research showing that point of sale displays serve many of the traditional functions of advertising, such as:

- increasing smokers' daily consumption by cueing smokers to light up or buy cigarettes,
- reducing current smokers' resolve to quit or consider quitting, and
- encouraging former smokers to resume their habit by reminding them of their preferred brand every time they visit a store.

A solid case can be made that point of sale promotional activities serve to influence the factors that predispose youth to experiment with and continue tobacco use with a recent study by Wakefield et al concluding that, "the point-of-purchase environment may have important influences on youths in terms of making tobacco use seem normative and, ultimately, increasing the likelihood of smoking initiation".

The main arguments for a ban on the display of tobacco products at point of sale include the following:

- a significant avenue for advertising tobacco products to smokers and young people will be effectively closed off;
- inducements to ex-smokers to resume smoking will be substantially reduced;
- there will be no need to develop further regulations on point of sale promotion practices to address identified loopholes; and
- monitoring retailer compliance with point of sale restrictions will be significantly simplified.

However, it may be argued that the recent graphic health warnings on cigarette packets may dissuade smokers at point of sale from purchasing the product.

## **ADVANTAGES AND DISADVANTAGES OF A LICENSING SYSTEM**

Currently neither tobacco retailers nor tobacco wholesalers are required to be licensed/registered in NSW.

The advantages of a license/registration system could be summarised as follows:

- it would facilitate the enforcement of tobacco control measures such as the prohibition on tobacco sales to minors and mandated point of sale regulations by providing information on the location of retailers;
- in particular it would improve the monitoring of retailer compliance with tobacco control laws by providing information on the locality of retailers;

- improves communication between NSW Health and tobacco retailers. This would enable a better understanding of retailers' community responsibilities in relation to youth tobacco use and it would improve the flow of information between NSW Health and retailers such as for alerting retailers to changes to the law; and
- assists in curbing the trade in illicit tobacco (eg chop,chop).
- some licensing models have gone further and proposed that limits could be placed on the number of tobacco licences in a geographical area thereby restricting supply (although others argue that as tobacco is a harmful product it should not be made available in the same way as milk or bread).
- other proposals have suggested that a licence to sell tobacco could be revoked following a successful prosecution for breaches of legislation in the same way as alcohol thereby creating incentives to comply with existing legislation.

Concerns with this approach have generally focused on the potential cost of establishing and maintaining a licensing system and the impost on retailers.

Alternative approaches which may be worthy of further investigation include a retailer notification system which could build on an existing notification system such as that used by the Food Authority. This model would have a number of advantages as retailers who sell tobacco almost invariably sell food and are required to be registered with the Food Authority.

This approach would reduce duplication in the system, deliver a robust system for little additional cost and reduce any perceived impost on the retailer.

## QUIT KITS

- The NSW Department of Health Tobacco and Health Branch funds, produces and disseminates the 'Quit Kit' which includes the national 'Quit book', a pocket guide, a calendar, a fact sheet about nicotine replacement therapy, a sticker and a congratulations letter.
- In 2005, 60,000 Quit kits were distributed to quitting smokers free of charge throughout NSW, through the Quitline, GPs and health services.
- The Tobacco and Health Branch is planning to update the Quit Kit in 2006, providing culturally appropriate kits for Aboriginal and Torres Strait islanders and tailored kits for pregnancy and people with existing tobacco related diseases.

## Management of nicotine dependent inpatients

- NSW Health policy is that all patients admitted to NSW hospitals should be provided with NRT during their admission, and provided with a referral to the Quitline on discharge.
- Hunter New England Population Health has been funded to evaluate this policy and will produce a report in the near future.

## Other initiatives

- **Health Smart NRT video.** In June 2004, NSW Health produced a video about the correct usage of nicotine replacement therapy. Juanita Phillips, the newsreader from the ABC narrates the video. The video is available from public libraries and health services throughout NSW and has been described as '*Brilliant, factually accurate and extremely well presented*' by Professor Robert West, University College London and Editor-in-chief of 'Addiction' journal. This video is being made into a DVD with CALD subtitles and will be freely available as part of the NSW Quit Kit.



- **Fact Sheets.** NSW Health has a range of free fact sheets available online and through the Quitline on a range of important aspects of tobacco use and quitting.

## **BILL RECENTLY INTRODUCED BY REVD THE HON FRED NILE MLC RE BAN ON SMOKING**

Children are particularly vulnerable to ETS, especially those in the 0-6 age group, as they cannot voluntarily choose to move away from ETS exposure. As a consequence most of their exposure occurs in the family home and car where they spend a large proportion of their time.

However, exposure to ETS in a motor vehicle is only one aspect of the broader problem of children being exposed to ETS. Evidence suggests that initiatives other than a prohibition on smoking in motor vehicles are very effective in achieving a positive result for children.

To date NSW Health has focused its efforts on reducing the exposure of children to ETS in all environments and has favoured an educative approach for the following reasons:

- Firstly, there is strong evidence that educational strategies alone can bring about significant behaviour change in this area.
- NSW Health in partnership with other agencies in a four-year social marketing campaign entitled "Car and Home Smoke-free Zone", achieved significant behavioural change amongst parents and carers of children 0-6 years who smoke.
- A comprehensive evaluation monitoring the effects of the campaign found that, amongst the target group in the time period of 2002 until 2005 there was a 56% increase in the number of smoke free homes.
- In 2005 61% reported that all cars that children travelled in the past month were smoke-free compared to the baseline measure of 43%. This represents a 42% increase in the number of those reporting that all cars in which children travelled during the last month was smoke-free.
- As yet, no Australian jurisdiction has introduced bans on smoking in cars. However, a private members bill seeking to ban smoking in cars with children under the age of 12 is before South Australian parliament and a discussion paper is due to be released in Tasmania canvassing public opinion about banning smoking in cars with children; and
- If legislation were to be introduced there would need to be careful consideration of monitoring and enforcement strategies to ban smoking in private cars.