

GENERAL PURPOSE STANDING COMMITTEE No. 4

Thursday 17 September 2009

Examination of proposed expenditure for the portfolio area

HEALTH (CANCER)

The Committee met at 3.00 p.m.

MEMBERS

The Hon. J. A. Gardiner (Chair)

The Hon. D. J. Gay
The Hon. K. F. Griffin
Dr J. Kaye

The Hon. R. A. Smith
The Hon. H. S. Tsang
The Hon. L. J. Voltz

PRESENT

The Hon. B. M. Perry, *Minister for Local Government, and Minister Assisting the Minister for Health (Mental Health and Cancer)*

Department of Health

Dr R. Matthews, *Deputy Director-General, Strategic Development*

Dr K. Chant, *Chief Health Officer, and Deputy Director-General, Population Health*

NSW Cancer Institute

Ms B. Macauley, *Chief Operating Officer*

CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS

Corrections should be marked on a photocopy of the proof and forwarded to:

**Budget Estimates secretariat
Room 812
Parliament House
Macquarie Street
SYDNEY NSW 2000**

CHAIR: I declare this hearing for the inquiry into budget estimates 2009-10 open to the public. I welcome Minister Perry and accompanying officers to this hearing. Today the Committee will examine the proposed expenditure for the portfolio area of Health (Cancer). Before we commence I will make some comments about procedural matters. In accordance with the Legislative Council's guidelines for the broadcast of proceedings, only Committee members and witnesses may be filmed or recorded. People in the public gallery should not be the primary focus of any filming or photographs. In reporting the proceedings of this Committee, media must take responsibility for what they publish or what interpretation they place on anything that is said before the Committee. The guidelines for the broadcast of proceedings are available on the table by the door. Any messages from attendees in the public gallery should be delivered through the Chamber and support staff or Committee clerks. Minister, I remind you and the officers accompanying you that you are free to pass notes and refer directly to your advisers while at the table. I remind everyone to turn off mobile phones.

The Committee has agreed to the following format for the hearing. As we have limited time, time for questions will be split into thirds. The Committee has agreed that answers to questions on notice must be provided within 21 days of the hearing. Transcripts of the hearing will be available on the parliamentary website tomorrow morning. All witnesses from departments, statutory bodies or corporations will be sworn prior to giving evidence. Minister, I remind you that you do not need to be sworn, as you have already sworn an oath to your office as a member of Parliament.

RICHARD MATTHEWS, Deputy Director-General, Strategic Development, Department of Health,

KERRY CHANT, Chief Health Officer and Deputy Director-General, Population Health, Department of Health, and

BETH MACAULEY, Chief Operating Officer, NSW Cancer Institute, affirmed and examined:

CHAIR: We will commence with questions from the Opposition.

The Hon. DUNCAN GAY: Minister, does it alarm you that despite the breast screening program's aim is to achieve a participation rate of 70 per cent amongst women aged 50 to 69, the New South Wales budget papers show that the participation rate of women in this age group has dropped from a high of 60 per cent in 2000-01 to 54.3 per cent in 2008-09? It goes from 70 per cent to 60 per cent to 54.3 per cent.

Mrs BARBARA PERRY: Breast cancer is the leading cause of cancer in women. One in 11 women develop the disease by the age of 75 and one in nine by the age of 85. In New South Wales we take a holistic approach to the treatment of breast cancer. I will ask Dr Matthews to expand on some of the initiatives that have occurred in this area.

The Hon. DUNCAN GAY: Minister, we love expansion, but we would like the questions addressed. My question relates directly to the aim to achieve 70 per cent, yet it has dropped from a high of 60 per cent to 54.3 per cent. If you could address the question, it would be appreciated.

Dr MATTHEWS: BreastScreen NSW is obviously open to all women 40 years and over. It is obviously a voluntary program. We do as much as is possible through education programs and the cancer registry to increase participation.

Mrs BARBARA PERRY: I will ask Beth to explain what we do.

Ms MACAULEY: Since the Cancer Institute has taken over the management of BreastScreen in July 2005 we have had a significant increase in participation rates in the target age group. When we took it over it was 50.4 per cent. We are now currently sitting at around 55.9 per cent. Each year within the target age group there are approximately an extra 20,000 women—that is the population increase in the target age group.

The Hon. DUNCAN GAY: We will get to the target, but my question relates to women from 50 to 69.

Mrs BARBARA PERRY: That is the target age group.

Ms MACAULEY: That is the target age group, 50 to 69.

The Hon. DUNCAN GAY: The budget papers indicate that it dropped from a high of 60 per cent in 2000-01 to 54.3 per cent in 2008-09.

Ms MACAULEY: The Australian Institute of Health and Welfare [AIHW] report that was recently released showed New South Wales sitting at 55.9 per cent, which, as I have said, has increased significantly from 50.4 per cent in 2004. As I earlier stated, we do have to contend with an increase of 20,000 women each year in that target age group 50 to 69, which is a difficult figure and a large amount of statewide growth for us to be able to keep up with.

The Hon. DUNCAN GAY: Are the budget papers wrong?

Dr MATTHEWS: No, I think what is being said is it is possible to actually increase the number of people you are screening each year but have a lesser percentage because the number of people in the target range is increasing by 20,000 each year, which is a very considerable increase.

The Hon. DUNCAN GAY: Statistics, damned statistics.

CHAIR: Minister, in relation to the targeted age group 50 to 69, are you aware that 23 per cent of breast cancer cases were diagnosed in females under the age of 50 and 25 per cent were aged over 70?

Mrs BARBARA PERRY: That is why BreastScreen NSW is open to all women 40 years and over, with women aged between 50 and 69 specifically targeted for screening. But it is open to ages 40 and over.

CHAIR: Do you think it is a good idea that those wider age groups are screened?

Mrs BARBARA PERRY: I will ask Dr Chant to reply to that question.

Dr CHANT: In relation to breast cancer, there is a range of initiatives whereby we encourage women to check their breasts and in younger age group women there are also more appropriate diagnostic tests because of the greater density of the breast tissue. The age groups that are targeted for a screening program are based on evidence. Recently there has been a review of the BreastScreen Australia evaluation report, and that was noted by health Ministers at their meeting on 4 September. That report is quite comprehensive and goes into the evidence base for considering expansion of the age range. That is currently being considered by all the States and it will go back to health Ministers in their November meeting. In the meantime program managers are also discussing some of the evidence presented in that report. It is important that the age groups that are selected reflect best knowledge of evidence as to balancing benefits and harms associated with screening programs. I am not sure if Beth wants to add anything more to that.

Ms MACAULEY: Currently, as Dr Chant said, the program is open to all women over the age of 40. However, we send reminder letters to women in the target age group, which is 50 to 69, because in that age group the test is more effective. The younger the woman the more dense the breast and the less effective is the mammogram, so they can get a number of false positives which can lead to potentially further tests that may not be necessary. That is the reason why that target age group has been selected. But we do offer screening to women over the age of 40.

CHAIR: In December 2004 the New South Wales Government decided not to reinstate women to BreastScreen unless they were in that 50 to 69 age group. In light of the latest information that you have said will be discussed by the Minister shortly, will you consider reviewing that policy?

Dr CHANT: The purpose of the evaluation of BreastScreen was to consider, as is appropriate for all screening programs, the new evidence and to consider how best to effectively target our screening and which groups will most benefit from that. In responding to that report it will be important that we take all those elements that are contained in the report and respond appropriately, and that will be presented to health Ministers in November.

CHAIR: So, given that 48 per cent of all breast cancer cases are outside the target group, it may be that you will reverse that policy?

Dr MATTHEWS: If the evidence shows that that is the correct approach then there will be a national approach to do that. But we need to point out, as Dr Chant said, that there are a number of ways in which breast cancer can be detected, and self-examination and examination by a doctor are obviously key important ways of doing that, as well as the mammography. So it is an approach to the entire problem based on what the evidence shows is the best method of detection in each age group. If the evidence shows that there is benefit then when the health Ministers consider that in November I have no doubt there will be a national approach as to what changes should occur.

CHAIR: Minister, are you aware that as recently as April of this year the acting Premier, Carmel Tebbutt, and Jodi McKay announced that there would be a new \$1.5 million awareness campaign promoting the importance of regular mammograms—not just women checking themselves but an actual mammogram awareness program—and that Carmel Tebbutt said, "The simple fact is early diagnosis significantly increases a woman's chance of surviving breast cancer. So regular testing is vital"? Does that not underscore the need for, perhaps, a review of the policy not to reinstate people who fall outside the targeted range at this point?

Mrs BARBARA PERRY: I do not think that is necessarily inconsistent, but I might ask Dr Chant, who may be a bit more aware of that issue.

Dr CHANT: I cannot comment on the specifics of the campaign or that statement. Maybe Beth is familiar with that. In terms of the evidence, I think that the BreastScreen evaluation report provides us with an important opportunity to collect the evidence so that we can make the most informed choices of which way we need to tailor the program going forward.

Ms MACAULEY: And we did launch two media campaigns around that time. Take You Away was one of them and the other one was the cherry and the pea advertisement. The campaigns are aimed at increasing awareness of the importance of having biennial screening mammograms. But our target age group, which is directed by the national program, is 50 to 69, which is what all of our energies and campaigns are addressing.

CHAIR: Has the \$1.5 million for the awareness campaign been spent?

Ms MACAULEY: Those campaigns were run earlier this year and they are being evaluated at this stage.

CHAIR: So the actual awareness campaign has been completed?

Ms MACAULEY: Yes.

CHAIR: And you are evaluating that?

Ms MACAULEY: Yes, we are.

CHAIR: Can we turn to radiotherapy services? As you are aware, the New South Wales audit report was released recently. Can you tell us the response of the Government to the Cancer Council's comment, "It is unacceptable that there is no current radiotherapy plan"? What is the situation with the radiotherapy plan?

Mrs BARBARA PERRY: Also the Auditor-General found, and can I quote from the report that you refer to, that "overall, radiotherapy services are provided in a reasonably efficient manner. Most patients have reasonable access to radiotherapy services. Centres are, for the most part, adequately staffed, well equipped and well utilised". You might know that there are now 13 public radiotherapy treatment services run across New South Wales, including Port Macquarie and Coffs Harbour. We have an additional linear accelerator at both Royal Prince Alfred hospital and Coffs Harbour and two additional machines at Calvary Mater Newcastle.

These are all examples, can I say to you with the greatest respect, of achievements in this very important area of health service delivery. In relation to ongoing plans, planning is progressing well. We have underway radiotherapy services at Lismore and Orange, and in this year's budget, you might note, we committed \$16.8 million for the \$27 million Lismore Integrated Cancer Care Centre.

CHAIR: When are you going to release the plan?

Dr MATTHEWS: As a result of discussions with the Auditor-General we undertook to release a 10-year radiotherapy plan. That is being worked on at the moment and will be released this year. It is important, as the Minister said, to note that during the last few years almost every machine in New South Wales has been replaced—24 out of 25—as part of normal replacement, and services have extended to Wollongong, to the North Coast at Port Macquarie and Coffs Harbour, and it is currently being extended to Orange and Lismore. So there is a considerable amount of work being done in this area. It is extremely capital intensive. It requires a very complex workforce, not just the radiation oncologists and the nurses but also the radiation scientists, who are in relatively short supply around the country. We have undertaken to release a 10-year plan—

CHAIR: When?

Dr MATTHEWS: This year. But the absence of a formal plan does not imply that there has not been considerable work and a great expansion in those services across New South Wales in the last five years. That work continues.

Dr JOHN KAYE: Minister, is your department aware of the recent research into the carcinogenic nature of nitrosamines and, in particular, evidence that is now beginning to emerge from a study from a north-eastern American university that excessive use of nitrogenous fertilisers has over the past 50 years increased the concentration of nitrites in food, particularly root vegetables, which is increasing exposure to nitrosamines and may be responsible for increases in certain kinds of gut cancers and, coincidentally also, it is suspected to be associated with increasing instances of Alzheimer's disease and Parkinson's disease, although they are outside of your portfolio?

Mrs BARBARA PERRY: They are outside my portfolio area. Which study was that?

Dr JOHN KAYE: I was hoping that you would not ask that. I will have to get back to you.

Mrs BARBARA PERRY: It is difficult to know without having details of the study.

Dr JOHN KAYE: Dr Matthews, are you aware of any such research?

Mrs BARBARA PERRY: A great deal of research is being done. Dr Chant may be able to help.

Dr CHANT: I am not aware of that research off the top of my head. However, if you could provide it our environmental health branch can review it.

Dr JOHN KAYE: *The Land* contained a report about it on Thursday last week. I will certainly provide that research.

Dr CHANT: Thank you very much.

Dr JOHN KAYE: There is growing community concern about emissions from coal-fired power stations and coal dust and other materials emitted from coalmines in the Hunter. Concerns have been raised about the growing incidence of what is suspected to be cancers related to power station emissions and coalmining. Are you aware of calls for an independent health study? If so, have any specific approaches been made to you by individuals, community groups or environmental groups?

Dr CHANT: If I recall correctly, this question was asked in the Health estimates committee hearing, perhaps by a colleague of yours.

Dr JOHN KAYE: That demonstrates the widespread concern within the Greens.

Dr CHANT: The response I provided then was that I have not been personally approached in relation to an independent study. I then responded by describing the input Health has with regard to the development of mines and other similar initiatives. The Department of Health is asked to provide health advice. We review the environmental impact statements to ensure that there is robust consideration of health issues. I am happy to take the question on notice and to provide some further information.

Dr JOHN KAYE: Thank you. I would appreciate that. Do you review the impact on a cumulative basis or on a case-by-case basis?

Dr CHANT: We are very concerned about acute and chronic exposures. That is an important element in our consideration of any health risk.

Dr JOHN KAYE: Minister, given that you now have responsibility for both local government and cancer, are you heading towards requiring smoke-free areas in crowded venues such as bus shelters, taxi ranks, playgrounds and alfresco eating areas?

Mrs BARBARA PERRY: That is a really good question. Local councils own a lot of those areas. Mosman Municipal Council has banned smoking in all those areas under its control. Councils have the power to impose bans under section 632 of the Local Government Act. They are also autonomous and can decide their own financial and social priorities. Councils across the State have acknowledged the importance of this issue. The *Sydney Morning Herald* reported the approach taken by Sydney City Council, which is looking at it in a more educative and non-punitive way in some parts of the city and imposing bans in other parts, such as children's playgrounds. Randwick City Council has banned smoking in all children's playgrounds. I strongly encourage anything that spreads the message about reducing and preventing smoking and protecting non-smokers from the impact of smoke. The evidence is in about the impact of smoking on health and the health system.

Dr JOHN KAYE: I refer specifically to alfresco eating areas. I was in a pub on Thursday night last week and was shocked by what was defined as an alfresco eating area and by the exposure to smoke.

Mrs BARBARA PERRY: Inside or outside the pub?

Dr JOHN KAYE: It was an alfresco area.

Mrs BARBARA PERRY: At the back of the pub or on the footpath?

Dr JOHN KAYE: Out the back. It was alfresco in name only under the current definition. At this stage that is not a local government issue.

Mrs BARBARA PERRY: It is part of the pub.

Dr JOHN KAYE: Where are you headed with alfresco eating areas? Queensland and Tasmania have legislated in this area and the Australian Capital Territory Government has promised to legislate. Is the New South Wales Government heading in that direction? Are we doing any studies to support such legislation? What is the current situation?

Mrs BARBARA PERRY: You know that we have a ban on indoor smoking. It is one of the most significant and far-reaching changes in smoking laws in decades.

Dr JOHN KAYE: Definitely.

Mrs BARBARA PERRY: I will consult widely about this issue. However, I became the Minister responsible for dealing with cancer on Monday afternoon, so I will not put any bold policy statement to you after only 48 hours in the job.

Dr JOHN KAYE: The Australian Hotels Association has already talked up the market on the issue of alfresco smoking bans. How will you balance that and the pressure they will bring to bear on the Government against the public health advice that it is sensible to ban smoking in alfresco dining areas?

Mrs BARBARA PERRY: There are always competing stakeholders. What might be pressure to you might not be pressure to me. The bottom line is that we must take a sensible approach to all these issues. The Government is clearly concerned about smoking. Everything the Government has done in relation to smoking—particularly the reforms implemented in the past six months such as the ban on smoking in cars and ensuring that cigarettes are not in sight in shops—reflects its views and its concern about what it can do for young people and adults. The New South Wales Government is clear in its stand on smoking.

Dr JOHN KAYE: Minister, you talked about balancing the approach. I was surprised that you did not say that public health comes first. Was that an oversight?

Mrs BARBARA PERRY: I said that the evidence and the research are clear about the impact of smoking on health. You are saying that I am going to be pressured by someone. I will not be pressured by anyone.

Dr JOHN KAYE: So public health will come first in your considerations?

Mrs BARBARA PERRY: The Government has been clear about public health considerations in respect of smoking. Everything the Government has done and all the legislation introduced in the past couple of months demonstrate its position on these issues from a health perspective.

Dr JOHN KAYE: I am glad you said that because I want to talk about the smoke-free exempt high-roller rooms and private gaming rooms in the Star City Casino and in some of the gaming areas in New South Wales pubs and clubs. Are you doing anything to monitor the health of staff working in these free smoke-free-exempt areas?

Mrs BARBARA PERRY: I am aware that the staff at Star City Casino have an option not to work in private gaming areas in which smoking is permitted. In light of this the former Minister responsible for this area, Ms McKay, wrote to the managing director of the casino asking him to demonstrate that all employees are informed of their rights and that a formal process is in place to allow staff to opt out of working in a smoking section.

Dr JOHN KAYE: There has been a lot of criticism of the opt-out clause. At a time of rising or relatively high unemployment employees feel pressured, overtly or covertly, and, given the evidence, as we agreed before, on sidestream smoke is in and given this Government's approach to occupational health and safety, how do you explain what effectively becomes a voluntary exposure to occupational health and safety risk?

Mrs BARBARA PERRY: An annual review of the exemption is undertaken to ensure consistency with the smoking restrictions in casinos in other jurisdictions in accordance with the Smoke-free Environment Act 2000. A report considering this will come out in June of next year.

Dr JOHN KAYE: Is that under the Casinos Act?

Mrs BARBARA PERRY: I think it is the Smoke-free Environment Act.

Dr JOHN KAYE: Broadly speaking, what are the terms of reference of that review? What does it look at? What does it take into account? How does it make recommendations?

Dr CHANT: I will have to provide you with the templates and consideration of the criteria for that review, but it is currently being undertaken so I am happy to provide that to you.

Dr JOHN KAYE: Is that review based on evidence of health checks associated with workers who are exposed to sidestream smoke?

Dr CHANT: I am not across the full details of the nature of the review. I am happy to take that on notice and provide it to you. I know one of the considerations is around parity with other States, but I am happy to provide further details to you.

Dr JOHN KAYE: Can I take you to the issue of smoking in playgrounds? I think you mentioned two jurisdictions—I was only aware of one—that have moved to banning smoking in playgrounds. What evidence do you have about copycat behaviour, about exposing children to smoking when they are kids and the consequent increase in smoking rates as they get older?

Mrs BARBARA PERRY: Copycat of their parents or copycat of anyone?

Dr JOHN KAYE: Copycat where they see adults in positions of responsibility?

Dr MATTHEWS: If I can answer that, because my background is addiction and this is a form of addiction. There are three things—price, availability and peer pressure, peer pressure being far more important

with that kind of thing when you are younger. I think it is a well-known phenomenon that many parents have experienced that their eight-year-old will lecture them about their smoking and that same child, when 13, will start smoking. It is very much about peer pressure.

Dr JOHN KAYE: What is the justification for the ban on smoking in playgrounds? Is it sidestream exposure?

Dr CHANT: I suppose there is a general fundamental issue around making smoking less a social norm. We need very much a multifaceted strategy to this. Some of the elements are removing the product and preventing young children from having access. We know in public health that we need to have a multifaceted strategy, and this is part of it. We also need to have nicotine replacement therapy, Quit Line, and a range of other strategies to support people. Hopefully, we will continue to decrease our smoking but, most importantly, we can address some of the imbalance, particularly in the indigenous population, where we still need to do an incredibly large amount of work.

The Hon. LYNDIA VOLTZ: Minister, can you tell us what the New South Wales Government is doing to support cancer research?

Mrs BARBARA PERRY: Latest data available showed there were over 35,000 new cases of cancer in New South Wales in 2006. In the same year there were more than 13,000 cancer-related deaths. We also know that one in two males and one in three females will be diagnosed with cancer before the age of 85. These statistics highlight the importance of investing in cancer research. It is critical to driving improvements in cancer control here in New South Wales. That is why this Government is investing in innovative and new approaches to cancer control. New South Wales must be at the cutting edge and well connected to international centres of excellence in order to reduce the impact of cancer in our community.

This financial year the Rees Government is investing \$31.5 million in cancer research. The programs are designed to support cancer research that can be quickly translated into benefits for cancer patients for the prevention of cancer or its early detection; recruit and support researchers in New South Wales to become more skilled and internationally competitive; and provide infrastructure to enable international competitiveness and relevance. Specific programs include fellowship awards, helping outstanding post-cancer researchers to further develop their careers and remain in cancer research in New South Wales. We have an \$11.84 million investment in this program is supporting cancer research in this State and we have seen—and I am really proud of this—95 fellowships awarded across a number of schemes covering all career stages. The Government is also supporting our up-and-coming researchers through the scholar awards for cancer research students, providing over \$1 million this financial year to draw bright young PhD students to a career in cancer research. A total of 82 scholar awards have been provided under this program since 2004.

Research innovation grants will assist researchers to pilot innovative cancer research ideas that will hopefully attract future funding from a wider range of sources. A total of 37 innovation grants have been awarded since the commencement of the program. Through cancer trials nurses and data managers support grants this Government is investing \$3.12 million this financial year in 55 full-time equivalent positions in 46 clinical trial units across New South Wales, both in established units within major New South Wales hospitals and in newer and smaller units across the State. Cancer trials nurses and data managers have been funded to provide the resource required to undertake clinical research in New South Wales, and to support patients enrolled on clinical trials. Through the Clinical Research Support Program \$1.4 million in funding is helping area health services establish a support office for the funded units within the New South Wales cancer clinical trials network. These positions are supported by the directors of clinical cancer research appointed within each area health service to develop a strategic approach to improving the access to trials for participants as well as increasing the number of high-quality trials available at institutions within their area.

It is estimated that by 2011 there will be 40,116 new cases of cancer, an annual increase of 3.1 per cent. These statistics reinforce how vital our support of cancer research is. In addition to this, the New South Wales Government is investing almost \$3.6 million this financial year in translational program grants to support multidisciplinary approaches to cancer research to rapidly translate research discoveries into clinical programs or policy. Research is being undertaken in prostate cancer, melanoma, molecular targeted therapies, anti-mitochondrial cancer drugs, gene-targeted therapies for basal cell carcinoma and proteomic analysis to improve the management of colorectal cancer. Over \$4.5 million in research infrastructure grants to New South Wales research institutes this financial year is providing substantial funding for key cancer research platforms, support

personnel, core equipment and capacities. As many as 78 grants have been awarded under this category since 2004, so it is an extremely important initiative.

The Government recognises that cancer health services must be evaluated for direct effects, cost and acceptability to ensure appropriate and adequate information is available to base critical decisions about optimal cancer services in the future. The \$730,000 commitment this financial year toward health services research grants is helping to establish partnerships between researchers and clinicians, improving health service delivery. Where research leads to strong evidence that an innovation has been successful, we will seek to accelerate its use in clinical practice. Supporting our State's researchers is crucial in this Government's efforts to develop the most effective cancer treatments.

The Hon. LYNDIA VOLTZ: You were talking earlier about the Government's anti-smoking strategies. Are these having any impact?

Mrs BARBARA PERRY: This Government is determined to improve the health of the people of New South Wales by reducing their exposure to tobacco in all its forms. This is a public health issue; there is no doubt about that. The percentage of people aged 16 years and over who smoke daily or occasionally in New South Wales has dropped from 24 per cent in 1997, thankfully, to 18.4 per cent in 2008. It is a great result and it reflects the value of the successful anti-smoking programs of this Government and the commitment of smokers to quit.

The Government's State Plan sets out the Government's commitment to continue to reduce smoking rates by 1 per cent per annum. Of particular note, the percentage of Aboriginal persons aged 16 years and over in New South Wales who smoke daily or occasionally has significantly improved, from 43.2 per cent in 2002 to 29.4 per cent in 2006-07. I am really pleased to be able to report to this Committee that this reduction exceeds the target set out in the New South Wales Government State Plan, clearly ensuring that these issues are being well addressed. However, we still have more to do.

Preventing children from taking up smoking is vital if we are to decrease smoking rates in our community. Eighty per cent of smokers begin smoking before the age of 20. By about age 20, 80 per cent of smokers regret that they ever started, having underestimated the addictive nature of nicotine. In April 2008 we released a public discussion paper "Protecting Children from Tobacco: A New South Wales Government Discussion Paper on the Next Steps to Reduce Tobacco-Related Harm". The paper presented a range of legislative options for the community and other stakeholders to consider and provide feedback on.

The options focused on ways of further reducing the number of young people who take up smoking, as well as protecting children and young people from involuntary exposure to environmental tobacco smoke. There was an overwhelming response to this paper, with almost 12,000 individual submissions received. In late 2008 the Government introduced world-class legislation to ban the display of cigarettes in shops and other retail outlets with the aim of de-normalising tobacco products to children and young people. The legislation also provides for on-the-spot fines for people smoking in a car with a child inside.

These new laws also include a negative licensing scheme for tobacco retailers, banning tobacco products from store shopper loyalty programs and increasing penalties by up to tenfold for offences such as selling cigarettes to children. These new laws commenced on 1 July 2009, with some phase-in periods applying for some provisions to enable businesses to plan for compliance. These laws are reflective of the Government's priorities in this area, the Government's concern about public health and the Government's efforts to work with the community to spread the message that smoking is not good for you.

This Government is leading the way in protecting children from the harmful effects of tobacco. One of the most critical components of any tobacco control program is to ensure tobacco regulation and legislation are being effectively implemented and complied with. New South Wales Health administers two pieces of tobacco related legislation: the Public Health (Tobacco) Act 2008 and the Smoke-free Environment Act 2000. Since 2005-06 the capacity of public health units to enforce and monitor compliance with tobacco legislation has been substantially strengthened. This will continue.

The evidence—and this is what I was talking about before in answer to Dr Kaye's questions—that passive smoking is harmful to the health of both children and adults is conclusive. Clearly government policy is directed to ensuring that not only do we protect the community and children but we do everything possible to ensure that education and research are addressed. We can do so much, but it comes down to the individual.

Education is very important. As Dr Kaye said earlier, the health risks associated with environmental tobacco smoke exposure are even more serious for those working in smoky environments.

The most significant public health initiative undertaken by this Government to reduce community exposure to environmental tobacco smoke was the introduction of the Smoke-free Environment Act in 2000, banning smoking in all enclosed public places in New South Wales. There has been a phased approach over recent years to implement this complete indoor ban to allow licensed premises and the community time to make the transition. As we expected, smoking bans in enclosed areas have proven extremely popular, as well as improving the health of patrons and hospitality workers in New South Wales. Banning smoking in all enclosed public places protects workers and patrons from the damage caused by prolonged exposure to environmental tobacco smoke.

There has been very strong community support for pubs and clubs going smoke free, with 88 per cent of respondents to the Cancer Institute New South Wales 2007 Smoking and Health Survey agreeing that this would make pubs and clubs more pleasant to attend. There are now opportunities for pubs and clubs to attract a new clientele into venues now that smoking is banned in enclosed public places. The 2007 Smoking and Health Survey revealed that 70 per cent of respondents would make the same number of visits to pubs and clubs once smoking was no longer permitted in the indoor areas and that 25 per cent would frequent these venues more often.

This smoke-free legislation is a significant public health initiative, and the transition to smoke-free pubs and clubs has been even smoother than expected. The NSW Tobacco Action Plan 2005-2009 set out this Government's plan for greater prevention and reduction of tobacco-related harm in New South Wales. The plan sets out the Government's role in contributing to a healthier New South Wales. The Government has focused on six primary areas of program activity: smoking cessation activities; reducing exposure to environmental tobacco smoke; reducing the marketing and promotion of tobacco products; reducing the availability and supply of tobacco products; supporting and improving the capacity of New South Wales Health to implement and enhance tobacco control activities in New South Wales; and undertaking research programs to inform tobacco control efforts.

Importantly, work has already commenced in preparing the next Tobacco Action Plan for New South Wales. In 2009-10 the Rees Government will be investing \$16.1 million towards tobacco control in New South Wales. I am quite proud of the comprehensive range of programs and initiatives that we have in place not only to prevent but also to reduce tobacco-related harm. Funding in 2009-10 provides for the implementation of a range of initiatives from the NSW Tobacco Action Plan, including our ongoing mass media campaigns to educate and motivate people to quit smoking; operation of the New South Wales Quit Line, which is a best-practice telephone counselling service with extensive call-back and referral facilities; \$510,000 for the implementation of SmokeCheck, which is a project supporting Aboriginal and Torres Strait Islander people to quit smoking; \$150,000 for the delivery of the school-based smoking prevention program at schools; and our program targeting population groups with high smoking rates, such as inmates, disadvantaged populations and low socioeconomic groups. We have also put forward a submission to the National Preventative Health Taskforce.

CHAIR: You can quit any time you like, Minister.

Mrs BARBARA PERRY: Sorry. I will just finish by saying that we have come a long way and we are going to continue our hard work with the community to reduce their exposure to tobacco. Prevention and reduction are really important.

CHAIR: Thank you, Minister, and thank you to your officers. We appreciate your assistance at this inquiry this afternoon.

(The witnesses withdrew)

The Committee proceeded to deliberate.