

**Submission**

**No 48**

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

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**Theme:**

**Summary**



THE CABINET OFFICE  
NEW SOUTH WALES

JSC TOBACCO SMOKING

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**RECEIVED / SENT**

The Hon R Torbay MP  
Chairperson  
Joint Select Committee on Tobacco Smoking in New South Wales  
Parliament House  
Macquarie Street  
SYDNEY NSW 2000

Dear Mr Torbay

Please find enclosed a submission from the NSW Government for the Joint Select Committee on Tobacco Smoking' Inquiry into Tobacco Smoking in New South Wales. The NSW Government considers that it is appropriate to lodge a whole of Government submission to the Inquiry, to provide a comprehensive picture of the issues and the collective work being undertaken in the area by agencies.

The submission was prepared with advice from a range of NSW Government agencies including NSW Health, Department of Education and Training and WorkCover NSW.

The submission makes no specific recommendations and does not necessarily reflect the conclusive views of the Government, but provides information that will assist the Committee in its deliberations.

Yours sincerely

Roger B Wilkins  
Director General

## 1. Introduction

### 1.1 Role of NSW Government

The NSW Government is committed to the prevention and reduction of tobacco-related harm in NSW. Working closely with key partners at the State and Commonwealth level, in local government and with non-government organisations, the Government has achieved a substantial decline in smoking rates within the NSW population. This achievement can be attributed to social marketing programs such as the *NSW Quit Campaign*, the introduction of strong policy and legislative reforms, the implementation of National Tobacco Campaign activities in NSW, the strengthening of cessation services in NSW and the instigation of comprehensive community and school-based programs.

The commitment to reducing tobacco-related harm is implemented through a whole of government approach. NSW Health is a key agency in the area, taking a lead role in tobacco policy development, provision of cessation services and enforcement of legislation. NSW Health also plays a pivotal role in treating and providing care for those with tobacco related illnesses, through both inpatient and outpatient services. Other related agencies including The Cancer Institute NSW, NSW Office of Gaming and Racing, WorkCover and NSW Department of Education and Training.

### 1.2 NSW Tobacco Action Plan 2005-2009

Through the development and implementation of the *NSW Tobacco and Health Strategy 1995-1999* and the *NSW Tobacco Action Plan 2001-2004*, the NSW Government formalised its commitment to the prevention and reduction of tobacco-related harm in NSW.

The *NSW Tobacco Action Plan 2005-2009: A vision for the future (attached)* continues this commitment and seeks to maintain the downward trends in smoking rates. It 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 Australian 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* (the Plan) 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 Plan have been identified following an examination of Australian and NSW data on current smoking rates, quitting intentions and behaviours, socioeconomic 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.

### 1.3 Funding

A recent publication the Expenditure on Public Health Activities in Australia indicates that State Government expenditure on tobacco control in NSW was \$4.9 million in 2003-2004.

This compares favorably with other State Governments such as Victoria (\$2.4m), Queensland (\$2.3m), South Australia (\$3.5m), Western Australia (\$6.4m), Tasmania (\$0.3m), Australian Capital Territory (\$1.0m) and the Northern Territory (\$0.6m).

It should be noted that this State Government funding does not include funding by non-government organisations in NSW and in other States (such as The Cancer Council NSW).

It is estimated that approximately \$12.1 million will be allocated to tobacco control in 2005/2006 through funding from the following sources:

NSW Health Department	\$ 2.4 million
NSW Area Health Services	\$ 2.7 million
The Cancer Institute NSW	\$ 7.0 million
<b>Total</b>	<b>\$ 12.1 million</b>

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*(Note: NSW Department of Health receives \$1.48 million for tobacco control from the Commonwealth allocation under the National Drug Strategy).*

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

Further, activities of agencies such as WorkCover, NSW, Police, the Department of Gaming and Racing and the Department of Education fall outside the allocated funds mentioned above.

In line with this increased investment and substantial increase in tobacco control activity since 2003/04 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 percent in 2003 to 20.1 percent in 2005.

## 2. Reducing the number of people in NSW who smoke

### 2.1 The extent and cost of tobacco-related harm, use and exposure in NSW

Tobacco smoking is the greatest single cause of premature death and is a leading preventable cause of morbidity in NSW. In NSW, cigarette smoking causes around 40 percent of all deaths in men before the age of 65 years and 20 percent of all deaths in women before the age of 65 years, which means that an estimated 330,000 males and 165,000 females in NSW will die prematurely of smoking related diseases. In 2002, smoking caused 6,608 deaths and over 55,350 hospitalisations in NSW. It costs the NSW health system over \$178 million each year to treat tobacco related illnesses in hospitals.

Tobacco smoking contributes to a range of diseases including coronary heart disease, cancers (including lung cancer, mouth cancers and cervical cancer), stroke and chronic lung diseases. In NSW in 2002, 3,431 deaths from chronic obstructive pulmonary disease (COPD) and lung cancer were attributable to smoking. Smoking alone causes 70 percent of all COPD deaths and 87 percent of all lung cancer deaths. Together, COPD and lung cancer deaths attributable to smoking made up 52 percent of all deaths attributable to smoking and 7 percent of all deaths in NSW in 2002.

Adult daily smoking prevalence in NSW is currently 15.7 percent.<sup>1</sup> A further 4.3 percent of people report that they smoke occasionally, thus the prevalence of current smoking in NSW is 20.1 percent. Smoking rates in NSW have been declining in recent years. In the 2005 NSW Population Health Survey, 20.1 percent of people reported that they are current smokers (including those who report smoking daily or occasionally), compared to 20.9 percent in 2004 and 22.3 percent in 2003.

Smoking rates in some groups in the population are higher than others; socially and economically disadvantaged people, the unemployed, people with a mental illness, people in correctional settings, Aboriginal and Torres Strait Islander people and certain ethnic groups have the highest current prevalence rates of smoking in NSW and experience a larger burden of tobacco related illness and mortality. The *NSW Tobacco Action Plan 2005-2009* specifically identifies high prevalence and high risk populations to ensure that smoking in these groups is addressed as a priority.

Tobacco causes the greatest burden of disease of all drugs. The social cost of tobacco is by far the greatest of all drug use in Australia; it is estimated that smoking cost \$21 billion in Australia in 1998/99, compared to \$7.5 billion for alcohol and \$6 billion for illicit drugs<sup>2</sup>. The social cost of drug abuse in Australia in 1998/99 was \$34.5 billion in total, an 86 percent increase since 1992.

There are potentially very high social benefits to be gained from effective anti-smoking programs and such programs would yield very high rates of return compared with many other public health programs. Effective tobacco control requires comprehensive and sustained programs and a body of evidence from Australia and overseas shows that they are an extremely cost effective investment. There are few other areas of public health expenditure that would yield such a high rate of return.

Such anti-smoking programs include two broad categories of activity. The first category is mass population policies and activities that aim to persuade smokers to quit, including smoke-free legislation and community, media and educational campaigns. The second category is policies and activities designed to help dependent smokers who are already motivated to stop. The two approaches are complementary, as broader population approaches like media campaigns work to drive an increase in smokers' motivation to quit and hopefully to seek assistance from support services. People are more likely to be successful in a quit attempt when they receive evidence-based support and advice from easily accessible services.

## **2.2 Community and media campaigns**

Mass media campaigns are effective in reducing cigarette use in adolescents when combined with other interventions and, either on their own or when combined with a school-based program, are effective in preventing the uptake of smoking in young people<sup>3</sup>. Comprehensive cessation programs work when there are strong contributions from media campaigns.

Media messages can help create the environment that supports smoking cessation, becoming the stimulus for new thought and perspective on tobacco policies and change. Marketing vehicles include television, radio, print (newspaper and magazine), billboards, direct mail, publicity and news coverage, and cessation events, supported by community health services and education programs such as telephone help lines.

Community wide interventions based on social learning theory or the social influences approach are effective at preventing the uptake of smoking in young people. These community interventions may include school-based activities, a mass media component, parent involvement and community action/activities. It is generally recommended that programs build on the effective elements of existing campaigns and be flexible to address variability between communities.

### NSW Quitline

The Cancer Institute NSW's main focus of tobacco control activity has been the design, development and delivery of public education campaigns backed up by the offer of support for smokers through the Quitline. By adapting successful campaigns from other jurisdictions and from overseas for use in NSW, the Institute has managed to be on air fairly consistently from May 2004 while also investing time and resources in developing new material.

There is a very strong correlation between weight of television advertising specifically, and the number of calls to the Quitline. With the increase in media campaign spending in 2004 and 2005, there has been a 58% increase in total calls handled by the Quitline service and a 93% increase in callers participating in the call-back program.

Cancer Institute campaign tracking and market research conducted in December 2005, indicates a high awareness of the Quitline among smokers but low understanding of its services. In April 2006, the Cancer Institute will launch a media campaign to promote the services offered by the Quitline.

New data from the Quitline's follow-up of a 788 sample of callers indicates a very good (self-reported) quit rate of 48.5% at three months.<sup>4</sup> In future, the Cancer Institute will be supporting the Quitline to undertake follow-up at six and twelve months in order to establish long-term effectiveness; and will encourage the Quitline to publish their research in a peer-reviewed journal.

Between 2001-2005 the NSW Health Tobacco and Health Branch guided the Quitline in the development of an improved service based on evidence and the Branch continues to provide policy advice and training support to ensure Quitline counsellors are kept up-to-date with current evidence for best practice.

The NSW Quitline is linked to the NSW health system through a fax referral program. All inpatient and outpatient services in NSW can complete a form with consent from the patient/client who smokes and wants help to quit. The form is then faxed to the Quitline. The Quitline will then call the smoker back at an agreed day and time.

#### The Australian National Tobacco Campaign

The National Tobacco Campaign (NTC) was the most intense and longest running anti tobacco campaign ever seen in Australia. It was launched in 1997 and aimed primarily at assisting smokers aged 18-40 to quit smoking. Evaluation of the campaign indicated a reduction in prevalence of 1.4 percent in its first six months, representing approximately 190,000 fewer smokers in Australia<sup>5</sup>.

The NTC was excellent value for money as it is estimated that it would have averted costs to the health system of \$24 million, far in excess of the \$9 million expended by the Federal and State governments and partner organisations combined.

The campaign reached over 80 percent of the target group, had very high levels of recall and was appraised by smokers to be favourable, thought provoking, believable and relevant. Smokers responded to the call to action and rang the national Quitline in large numbers, particularly on days when the advertising was broadcast. A qualitative study conducted in Victoria suggested that the impact of the NTC among Aboriginal people was similar to the findings in the larger population survey.

An unanticipated outcome of the NTC was its appeal to teenagers. While they were not specifically targeted, the cessation focused NTC advertising had a strong impact on young teenagers.

### **2.3 Educational Campaigns**

The Department of Education and Training is committed to helping to ensure that young people are aware of the risks of smoking and encouraging them to make healthy lifestyle decisions. Education about smoking is a core component of drug education from Kindergarten to Year 12 within the key learning area of Personal Development, Health and Physical Education (PDHPE). Students learn about the effects of direct and passive smoking, attitudes to smoking, prevalence, advertising tricks used by tobacco companies and how young people can advocate against smoking.



The Department has a range of tobacco education initiatives. Classroom resources designed to assist teachers to implement tobacco education include:

- *K-6 drug education resource*, 3<sup>rd</sup> edition.
- *Smoke screen a smoking prevention resource* (2001) is aimed at students in Years 5-8.
- *Healing Time: Stages 2 and 3 drug education resource for Aboriginal students* (2002).
- *Drug education in culturally diverse classrooms: alcohol and tobacco* (2004), a professional learning package designed to assist teachers to deliver culturally appropriate tobacco and alcohol education.
- Posters, stickers and bookmarks were distributed to primary and secondary schools in 2002 and 2006. The materials reinforce messages on how smoking can affect fitness as well as the possible negative social consequences of smoking.

The Department continues to support two national anti-smoking youth initiatives organised by the Australian Network on Young People and Tobacco (ANYPAT).

- *National Youth Tobacco Free Day* (NYTFD) has been run since 2001 in all Australian States and Territories. It encourages young people to consider the benefits of not smoking and to be advocates against smoking. NYTFD is celebrated as part of National Youth Week.
- *The Critics' Choice* has been conducted in Australia since 2001, with New South Wales taking part since 2003. *The Critics' Choice* competition invites primary and secondary students to watch and rate 12 anti-smoking advertisements from around the world, and nominate which one would prevent them from starting to smoke or encourage them to quit. In 2005 more than 20,000 NSW students participated in the competition. This year *The Critics' Choice* will run from 30 May – 30 September. Results may assist with directions for future youth anti-smoking initiatives.

The NSW Health '*Smoking. Don't be a sucker*' program is aimed at year seven students and designed to promote an active, healthy lifestyle. The program is a joint initiative of the AFL (NSW/ACT), NSW Health and the Sydney Swans with the support of the NSW Department of Education and Training and involves integrating non-smoking messages into a physical activity program. The program teaches students the various skills required to play AFL, and encourages them to choose a healthy lifestyle and future without smoking.

Every three years the NSW Health and The Cancer Council NSW conduct a survey on the health of secondary school students as part of the Australian School Students' Alcohol and Drug (ASSAD) survey. Findings from the 2002 survey indicated:

- the percentage of NSW students who reported having ever smoked fell from 67 per cent in 1984 to 42 per cent in 2002.
- in 2002, 13 per cent of NSW students were recent smokers (smoked within the previous week)
- 80 percent of NSW students identified themselves as non-smokers
- the rate of recent smoking was higher for older students compared to younger students
- almost half of all NSW students believed that smoking by celebrities encourages young people to take up smoking.

### TAFE NSW

The Community Services Health Tourism and Recreation Curriculum Centre developed the Course in Patron Care/Responsible Service of Alcohol and aligned it to the unit of competency in the Hospitality Training Package, *Provide responsible service of alcohol*.

While there is no requirement in the national unit for any reference to smoking legislation, the Curriculum Centre elected to include a section on smoking policy to ensure that employees were aware of their rights and responsibilities under the legislation and Occupational Health and Safety guidelines.

## **2.5 Cessation Support Services**

### Self help materials

The provision and dissemination of self-help cessation materials has been a cornerstone of Australian Quit campaigns and programs, particularly the 'Quit Kit'. There continues to be strong demand for such resources from health professional groups and from smokers themselves especially via Quitlines. NSW Health has recently developed culturally appropriate self-help materials based on stages of change, to support Aboriginal and Torres Strait Islanders who are quitting smoking. A fact sheet on smoking in pregnancy has also been developed.

Area Health Services in NSW conduct a range of community-based initiatives to assist smokers to quit. These include:

- *Smoking cessation for clients of community aged and rehabilitation extended (CARE) network – Hunter New England Area Health Service*  
A pilot 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*  
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.
- *Subsidised Nicotine Replacement Therapy (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 who work with young Aboriginal people, and offering a structured program of subsidised NRT and ongoing counselling and support for participants.
- *Tobacco Control Program – Sydney West Area Health Service*  
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 ETS and Children Campaign, and continuing to increase tobacco regulatory/legislative practices.

- *Smoking Cessation – Greater West 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.

Medically based intervention

Smoking cessation treatments ranging from brief clinician advice to specialist delivered intensive programs, including pharmacotherapy, are not only clinically effective, but also they are extremely cost-effective relative to other commonly used disease prevention interventions and medical treatments.

The following interventions have been proven to be effective:

- Interventions composed of one format type or more are effective at increasing abstinence rates in smokers. Interventions using three or four format types were the most effective at increasing abstinence rates. Formats include self-help, proactive telephone counselling, group or individual counselling.
- The same smoking cessation interventions are effective for both men and women, and smoking cessation treatments can be effective across different minority ethnic groups.
- Counselling and behavioural therapies are effective at increasing abstinence rates in smokers. The effective therapies are:
  - Providing support during a smoker's direct contact with a clinician (intra-treatment social support)
  - Intervening to increase social support in the smokers environment (extra-treatment social support)
  - Providing practical counselling such as problem solving, skills training, relapse prevention or stress management.

It has been demonstrated that even brief intervention by a health professional increases the probability that a patient will successfully quit smoking. Embedding quality, evidence based approaches to smoking cessation throughout the health workforce is an essential strategy for reducing the burden of tobacco use in Australia.

NSW Health has published a guide to brief intervention for smoking cessation for all health professionals in the NSW health system: *'Let's take a moment', Quit smoking brief intervention – a guide for all health professionals'*.

This document outlines clear and practical advice in the provision of smoking cessation interventions for health professionals and includes:

- a simple five-step process (the '5As') for smoking cessation brief intervention;
- an evidence-based approach;
- practical ways to assess nicotine dependence and stage of change quickly and effectively as part of routine client consultation;
- information on the health effects of smoking and the benefits of quitting;
- information on pharmacotherapy;
- tips for motivational interviewing; and
- sample questions to use when conducting brief interventions.

Training of health care professionals in brief intervention methods increases their performance of smoking cessation intervention steps with their patients. A major benefit of brief opportunistic cessation advice is to motivate a quit attempt and to provide support or referral to aid quit attempts.

NSW Health's Tobacco and Health Branch has written two units of competency in tobacco use and treatment of nicotine dependence for the Vocational Education and Training (VET) Population Health Training Package, with the assistance of experts from the field of smoking cessation. The National Training Quality Council endorsed the package in late October 2005.

NSW Health is currently writing training materials for this package and will deliver training in smoking cessation via videoconferencing and online learning modes from late 2006. A culturally appropriate smoking cessation training program for Aboriginal Health Workers has been developed by NSW Health and will be funded over two years from July 2006.

#### Pharmacotherapy

In most cases it is better to encourage clients to use pharmacotherapy to assist in their attempt to quit smoking in the first instance rather than to wait to see if they can succeed unaided. Because pharmacotherapy enhances the quit rate of most other cessation methods, every smoker should be offered appropriate pharmacotherapy to support cessation attempts, unless contra-indicated.

Three forms of Nicotine Replacement therapy (NRT) were de-scheduled by the Commonwealth Therapeutic Goods Administration Drugs and Poisons Scheduling Committee in late 2004, the patch, the gum and the lozenge. Non-pharmacists (including health workers running cessation programs and retail outlets other than pharmacies) can now legally provide these products. Two other formulations are available over the counter in pharmacies, the inhaler and the sublingual tablet. There is abundant evidence demonstrating that NRT, if correctly used doubles the chances of a quit attempt being successful. Using NRT to quit smoking is not only safe and effective, but is highly cost-effective when compared to other common interventions

NSW Health has produced resources for use by health professionals and their clients: a pamphlet '*Products to help you quit smoking*' and a video '*Health Smart- NRT*', both of which provide evidence-based generic information on the correct use of NRT, including appropriate dosage and duration of use. Several thousand copies of the video have been widely distributed throughout NSW to all hospitals, community health centres, tertiary institutions, public libraries, alcohol and other drug services and Divisions of General Practice. The video is currently being reformatted as a DVD with multiple language subtitles and will be available at no cost from mid 2006 through the NSW Quitline and NSW Area Health Services.

In addition, national population health competency standards for training in the vocational education and training (VET) sector now include units in smoking cessation intervention, including the evidence regarding use of pharmacotherapies. Provision of evidence-based training through the VET sector will result in a wider

range of health workers with the capacity to provide support and advice on use of NRT. Over the next three years NSW Health's Tobacco and Health Branch plans to provide training and accreditation based on these competency standards for interested health professionals throughout the NSW health system.

### 3. Reducing exposure to environmental tobacco smoke

Since the early 1970s medical and environmental health journals have published evidence on the harmful effects of environmental tobacco smoke (ETS) or passive smoking (inhaling other people's tobacco smoke). ETS is the combination of exhaled mainstream smoke and sidestream smoke (which is the smoke that emits from the end of a lit cigarette smoke). Tobacco smoke contains over 4,000 chemical compounds and over 60 known carcinogens. Exposure to ETS causes many diseases in non-smokers and can increase the risk of lung cancer, cardiovascular disease and other respiratory diseases. Asthma and cardiovascular disease can also be triggered or worsened even by relatively short periods and relatively low levels of exposure.

#### 3.1 Smoke-free cars and homes

Babies and children are vulnerable to ETS, with risks of exposure including higher risk of Sudden Infant Death Syndrome (SIDS); increased rates of lower respiratory illnesses such as croup, bronchitis, bronchiolitis and pneumonia; higher rates of 'glue ear' or otitis media; and increased risk of contracting meningococcal disease.

The Australian Institute of Health and Welfare (AIHW) reported in 2005 that 41 percent of children aged 0 to 14 years with asthma had one or more regular smokers in their household<sup>6</sup>. The AIHW stated that exposure to ETS in childhood is a recognised risk factor for the development of asthma symptoms and also for the worsening of pre-existing asthma. The AIHW has also reported that there is evidence that health service use is increased as a result of children's exposure to ETS. These children are more likely to attend emergency departments with asthma, and prevention of indoor smoking leads to a reduction in hospital admissions in children with asthma.

Commencing in 2001, NSW Health provided \$2.4 million over 4 years to a social marketing campaign to reduce the exposure of children and infants from 0-6 years to ETS in homes and cars across NSW. Known as *Car and Home Smoke-free Zone*, a consortium of non-government organisations made up of the Cancer Council NSW, National Heart Foundation of Australia (NSW Division), SIDS & KIDS NSW and the NSW Asthma Foundation managed and oversaw the strategic direction of this program. The program's main aims were to:

- Increase awareness among parents and carers, of the health effects of ETS for children and infants;
- Increase knowledge of strategies to reduce exposure of children and infants to ETS in homes and cars;
- Increase the number of households and cars where bans or restrictions prohibit smoking in the presence of children; and
- Increase the number of health professionals who routinely identify children at risk of exposure and provide their parents and carers with information and advice.

Key strategies included a mass media campaign designed to clearly communicate the risks of exposure and the strategies to reduce exposure in the home and car. There were also community-based projects to reach at risk groups and support and involvement of key health professionals and advocates.

The final results of this program show that between September 2002 and March 2005, nearly three-quarters of those surveyed (73%) reported that smoking had not occurred in the home in the last month, compared to 46.9 percent in the baseline survey in 2002. This represents a **55.7 percent increase in the number of smoke free homes** within the primary target audience since the implementation of the campaign.

Around three-fifths of those surveyed (60.7%) reported that all cars that children had travelled in during the last month were smoke free, compared with a baseline measure of 42.8 percent. This represents a **41.8 percent increase in the number surveyed reporting that all cars** in which children had travelled during the last month were smoke free.

### 3.2 ETS policies in the workplace

Premises that are places of work are bound by the requirements of the *Occupational Health and Safety Act 2000* and *Occupational Health and Safety Regulation 2001*. There are no exemptions from this legislation and employers have a responsibility to assess and control health risks arising from the exposure of staff and other people present in the workplace to environmental tobacco smoke.

WorkCover NSW is the government authority responsible for safety in the workplace. If an employee or visitor is exposed to health risks from the inhalation of environmental tobacco in the workplace, WorkCover may issue an Improvement Notice. The terms of a Notice usually require the employer to ensure the health, safety and welfare of employees by preventing the risk of exposure to environmental tobacco smoke. This is usually achieved by the development and implementation of appropriate workplace policy and procedures.

WorkCover records indicate that between July 2001 and June 2004, WorkCover responded to 40 complaints regarding passive smoking issues in workplaces. Over the same period, 117 Improvement Notices were issued to employers in relation to environmental tobacco smoke in the workplace.

WorkCover will continue to fulfil its obligations in raising awareness of and ensuring compliance with the requirements of the *Occupational Health and Safety Act 2000*. Where requested, WorkCover is available to work in partnership with industry and assist employers in the adoption of smoke-free policies. Where appropriate WorkCover will liaise with NSW Health, which administers the *Smoke-free Environment Amendment Act 2004*.

### 3.3 Smoke-free Environment Act 2000

The *Smoke-free Environment Act 2000*, effective from Wednesday 6 September 2000, introduced an immediate ban on smoking in most enclosed public places in NSW, with the aim of promote public health by reducing exposure to tobacco and other smoke in enclosed public places. Venues affected include community halls, motels and backpackers hostels, restaurants and cafes, shopping centres and sporting facilities.

The Act was amended in 2004 to phase in the introduction of total smoking bans in all licensed premises by providing temporary exemptions for pubs and clubs. Under the Act, the exemption for pubs and clubs will be phased out on 2 July 2007. At this time, all enclosed public places, with the exception of the casino private gaming area, will be smoke free.

A phased-in approach to implementing a total ban on smoking in clubs and pubs was introduced to balance the demands of the industry with public health concerns. It has also enabled broad public acceptance to be established and allowed proprietors adequate time to adapt to the changes.

4. Reducing availability of tobacco products, especially to young people, and reducing exposure to tobacco advertising.



#### 4.1 Availability and supply of tobacco products to minors

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. In NSW the *Public Health Act 1991* prohibits the sale of tobacco and non-tobacco smoking products to anyone under the age of 18 years. The *Public Health Amendment (Juvenile Smoking) Act 2002* further bans adults from purchasing tobacco and non-tobacco smoking products on behalf of minors. The Act also bans the sale of single cigarettes and the sale of loose tobacco and tobacco products in packets that do not display health warnings.

A comprehensive sales to minors prevention program has been in place in NSW since 1996. Features of the NSW sales to minors program included:

- a policies and procedures manual was developed to support the activities of Area Health Services in NSW;
- legislative amendments in 1996 which strengthened the *Public Health Act 1991* requiring
  - tobacco retailers to ask for proof of age to ensure that customers purchasing tobacco products are over the age of 18 years;
  - regular training programs for health workers and other enforcement officers were conducted; and
  - a comprehensive education strategy to increase awareness amongst the general community, tobacco retailers and young people about the *Public Health Act 1991* and the proof of age requirements.

An increase in retailer compliance since 1996 has been observed in most Area Health Services of NSW following retailer education, regular compliance monitoring activities and the publicising of successful prosecutions. Environmental Health Officers have responsibility for monitoring compliance with the *Public Health Act 1991* and initiating prosecution proceedings when breaches are repeatedly detected. Area Health Services are required to conduct compliance monitoring activities involving at least 10 percent of retail outlets in their communities and provide information as part of their annual reporting to the NSW Health Department. Since 1991, there have been over 180 prosecutions in NSW, and between 2000 and 2004 there were 61 successful prosecutions of offences under sales to minors legislation. In 2004-2005, there was 84 percent compliance of retailers with sales to minors legislation.

#### 4.2 Notification of tobacco retailers

In April 2006 the NSW Minister for Health announced amendments to the *Public Health Act 1991*, including a new system requiring tobacco vendors to notify authorities about where their products are sold and banning sales of tobacco products from mobile stands, including cars, caravans, stalls, tents or market stands. These amendments will enable more effective monitoring and enforcement of retailer compliance with NSW legislation by Environmental Health Officers in Area Health Services. Tobacco retailing covers a vast range of retail outlets including supermarkets, grocers, tobacconists, petrol stations, mixed businesses and convenience stores.

Such a notification system would build on an existing 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 would involve little administrative costs for NSW Health as the system is already in place.

Information on the notification register would include:

- The addresses of the premises from which tobacco products were sold;
- The name of the owner of the business;
- Where the business owner is a corporation, the names of directors, managers and significant stakeholders in the corporation;
- Where the business is held in trust, the names of all trustees and beneficiaries of the trust;
- Information relating to any previous convictions of owners or other listed people convicted of offences under tobacco control legislation; and
- Information available to officers of the Department and Public Health Units to assist in compliance monitoring of existing tobacco legislation and to allow the ready distribution of information to retailers about changes in the law and their obligations as tobacco retailers.

Legislative amendments will be introduced into Parliament in 2006 to give effect to these proposals.

#### **4.3 Restricting advertising and promotion of tobacco products**

There is a strong correlation between the advertising and promotion of tobacco products and tobacco use. In NSW tobacco advertising provisions are as follows:

- The *Public Health Act 1991* details restrictions in relation to tobacco advertising that can be seen from a public place, restricts tobacco sponsorship. There are also provisions under the *Act* that prohibit tobacco-related promotions, sponsorships, competitions and offers of free samples of tobacco. Legislative amendments to the *Act*, due to be introduced into Parliament in 2006, will see maximum penalties for corporations which breach tobacco advertising laws increase, to up to \$1 million for some offences.
- *The Public Health (Tobacco) Regulation 1999* details restrictions in relation to tobacco advertising as they apply to point of sale advertising and promotion at retail outlets and imposes restrictions on the way in which tobacco must be packaged and sold.
- Environmental Health Officers in Public Health Units across NSW are authorised to enforce and monitor compliance with tobacco legislation banning tobacco advertising. These officers monitor compliance, investigate complaints and conduct inspections.

NSW Department of Health has reported that compliance with legislation relating to tobacco advertising and display for 2003-04 in NSW was 82 percent. This represented an increase of 2 percent from the previous year.

## **5. Conclusion**

NSW Government has a comprehensive range of programs and initiatives in place to prevent and reduce tobacco-related harm, and has committed significant levels of funding to the issue. These efforts have resulted in a declining rate of smoking among the community over recent years, with 20.1 per cent of people in NSW reporting that they are current smokers in 2005 compared to 20.9 per cent in 2004 and 22.3 per cent in 2003.

The future directions of the whole-of-government approach to tobacco control efforts are outlined in *NSW Tobacco Action Plan 2005-2009: A vision for the future*. Increased enforcement measures for the sale and advertisement of tobacco products will be introduced in 2006 through legislative amendments, and a total ban of smoking in enclosed public spaces (with the exception of private gaming rooms in casinos) will be phased-in over the next 18 months, with a final completion date of 2 July 2007. Community, media and education campaigns and cessation support programs will continue to build on best practice models, and will target specific groups at high risk from tobacco-related harm.

## Attachments

*NSW Tobacco Action Plan 2005-2009*

## References

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- 1 Source: NSW Population Health Survey 1997, 1998 and 2002-2005 (HOIST), Centre for Epidemiology and Research, NSW Department of Health. Summary reports available at: [www.health.nsw.gov.au/public-health/survey/hsurvey.html](http://www.health.nsw.gov.au/public-health/survey/hsurvey.html) Accessed March 2006
- 2 English DR, Holman CD, Milne E, Winter MG, Hulse GK, et al. (1995) The quantification of drug caused morbidity and mortality in Australia 1995: part 1. Canberra: Commonwealth Department of Human Services
- 3 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](http://www.had.nhs.uk/evidence).
- 4 Unpublished data. NSW Quitline 2006.
- 5 Australia's National Tobacco Campaign, Evaluation Report Volume I, 2000.
- 6 AIHW Australian Centre for Asthma Monitoring 2005. Asthma in Australia 2005. AIHW Asthma Series 2. AIHW cat no. ACM 6. Canberra: AIHW