

Submission

No 27

INQUIRY INTO TOBACCO SMOKING IN NEW SOUTH WALES

Organisation: Hunter/New England Area Health Service
Name: Mr Terry Clout
Position: CEO
Telephone:
Date Received: 13/04/2006

Theme:

Summary

KB:TC:has

Chief Executive's Office

Telephone: 4921 4922

Facsimile: 4921 4939

email: heather.stephens@hnehealth.nsw.gov.au

Contact: Kim Browne
4921 4940

**HUNTER NEW ENGLAND
NSW HEALTH**

12 April 2006

The Director
Joint Select Committee on Tobacco Smoking
Legislative Council Parliament House
Macquarie Street,
SYDNEY NSW 2000

Dear Sir/Madam

Submission To The Inquiry On Tobacco Smoking In NSW

Please find attached a submission to the Inquiry into Tobacco Smoking in NSW from the Hunter New England Area Health Service. Thank you for the opportunity to provide input into this important inquiry.

Yours sincerely



Terry Clout
Chief Executive

Attach

Hunter New England Area Health Service
Population Health, Planning & Performance
ABN 24 500 842 605

Locked Bag 1
NEW LAMBTON NSW 2305
Telephone (02) 4921 4922 Facsimile (02) 4921 4959

Submission to the Inquiry into Tobacco Smoking in NSW.

Submitted by Hunter New England Area Health Service

Population Health Unit

Terms of Reference

1) The effectiveness of strategies to reduce tobacco use

1.1 Smoking Cessation Interventions in Health Care Facilities

1.1.1 Background

The impact of a variety of effective smoking control initiatives has contributed to a sustained decline in adult smoking prevalence in NSW. However, rates of tobacco use are still unacceptably high and the need remains for continued development and implementation of effective and sustainable strategies that can continue to reduce smoking rates and smoking related harm. One such opportunity is presented through the NSW Health System, in particular through hospitals. Hospitalization represents an attractive opportunity to implement cessation interventions for a variety of reasons. First, hospital interventions have the capacity to reach large numbers of smokers. Evidence suggests that approximately 20-35% of hospital patients use tobacco products^{1,2}. Thus, an effective smoking cessation intervention could have substantial public health benefits if applied routinely to all patients. Secondly, the period of hospitalization provides access to smokers during a 'teachable moment' where patients are more aware of their ill health and may be more likely to be receptive to health messages about their tobacco use^{3,4}. Thirdly, hospital smoke-free policy encourages patient smoking abstinence while admitted. The period of abstinence is an excellent opportunity to begin a quit attempt, in a situation where tobacco users are removed from familiar smoking cues. Finally, during hospitalization, patients have access to health professionals who can provide smoking cessation advice and medications. Such access provides an excellent support network for a quit attempt.

A variety of clinical practice guidelines describe efficacious smoking cessation treatments^{4,5,6}. For hospital patients, such guidelines recommend that smokers are provided with brief cessation advice, nicotine replacement therapy (NRT) to nicotine-dependent smokers, and follow up support^{4,5}.

Research conducted by the Hunter New England Population Health Unit indicates that the delivery of such care by NSW hospitals is currently inadequate and that opportunities are currently being missed. In a cross sectional survey of 169 senior hospital managers it was found that only 20% of respondents reported provision of minimally 'adequate' smoking care, defined as providing five or more smoking care items to 80% or more of patients. Larger hospitals were significantly less likely to provide adequate smoking care.

Whilst NSW Health has developed guidelines to manage nicotine dependence in patients admitted to NSW health facilities, as noted above current practice is far from optimal.

Similarly, contact with community health and outpatient services provides opportunities for patients to receive smoking cessation care. Additionally the Community Health Information Management (CHIME) data base provides an opportunity for systematically prompting and recording the provision of such care. In a cross sectional survey of community health clinical staff in the Greater Newcastle cluster of Hunter New England Area Health Service 92% agreed that community health staff have a role in education and promotion of quitting smoking, however around 60% never provided interested clients with information on quitting or referral to the Quitline or other support services

Recommendations

- Policies such as the Guide to the management of nicotine dependent inpatients need to be systematically implemented throughout NSW hospitals. This needs to be taken up by Area Health Services as part of their commitment to Chronic Disease prevention and the implementation of the smoke free workplace policy.

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1.2 Reducing Uptake through creating supportive school environments

The formative years of adolescence present both opportunities and risks for the health and wellbeing of young Australians. Rapid physical, emotional and social development in these teenage years influences the formation of many lasting behaviours and beliefs. The majority of adults who smoke today, for example, became addicted when they were teenagers. Peer group pressure, inexperience and curiosity could be the determining factors of underage drinking, binge drinking, tobacco smoking and other drug use¹.

An emerging body of descriptive research suggests that a range of other factors may be important in young people achieving competence, confidence and good health in adulthood^{2,3}. These studies describe how youth negotiate environmental risks and challenges and suggest that protective and resilience factors may be critical to positive youth development and protection from engaging in health risk behaviours^{2,3}. Protective factors refer to positive influences within the young person's environment and surroundings that protect them from engaging in health risk behaviours (e.g. family connection, school connection, community connection, autonomy experience, positive social peers, and positive social activities). Resilience factors refer to the personal skills and traits of the young person (e.g. communication and cooperation, self-esteem, empathy, help-seeking, self-awareness and goals and aspirations)^{2,4}. Studies have demonstrated that protective and resilience factors can predict adolescents' health related behaviours, and as such should be the basis for prevention programs^{2,4}.

There is considerable evidence supporting the potential for school-based interventions to produce positive health outcomes for young people. Increasingly, the agenda of health and education are converging. Differences in academic and behavioural outcomes between schools have been found to be more closely linked to a school's organisational and social climate rather than the characteristics and social status of students⁵. Given this, models have been developed that recognise the interaction and connection between school social climate, curriculum and teaching, policies, practices and links with the wider community⁶.

The Gatehouse Project is an innovative, comprehensive approach to health promotion in secondary schools. It aims to promote student engagement and school connectedness as the way to improve emotional wellbeing and learning outcomes. The key elements of the whole school intervention are:

- The establishment and support of a school-based adolescent health team;

- Identification of risk and protective factors in each school's social and learning environment from student surveys;
- Enhancement of existing curriculum;
- Through the use of the data collected, the identification and implementation of effective strategies to address these issues⁷.

The findings from the evaluation of the Gatehouse project have demonstrated effectiveness in reducing adolescents' health risk behaviours, particularly in relation to reduced smoking rates⁸. A similar model is currently being trialled in the Hunter New England Area Health Service. Pilot results from the One Stop Shop Project indicate a reduction in reported tobacco use by students in years 7-10. Further follow up surveys will be conducted this year to determine if the trend has continued.

Recommendations

- That schools be supported to reduce youth smoking rates through;
 - the development of state wide policies that support the importance of health and well being of students as a key outcome indicator for schools
 - the development of state wide policies that support a proactive approach to health and well being in schools including needs based planning.
 - Adequate resourcing of welfare initiatives within schools

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3) Smoke Free Environment Amendment (Motor Vehicle Prohibition) Bill 2005

3.1 Background

Children exposed to environmental tobacco smoke (ETS) are at serious risk of ill health. It is now evident that childhood ETS exposure is a cause of lower respiratory illness, asthma, reduced lung function and otitis media¹. Young children are particularly vulnerable to the adverse consequences of ETS exposure because of their small body size, higher ventilation rates and underdeveloped immune and pulmonary systems^{2,3}.

Increased public awareness of the harmful effects of ETS exposure has prompted the introduction of initiatives to protect the public from the dangers of exposure. In Australia, the introduction of smoke free policies in workplaces, restaurants, on public transport, in child care centres and other public areas has decreased the opportunity for children to be exposed. Such policies however, offer little protection in private environments such as the home or car, the most common sources of child ETS exposure^{4,5}. Whilst community surveys suggest that increasing awareness regarding the dangers of ETS exposure has led to increasing protective behaviours by parents, there is evidence to suggest that many children continue to be exposed to ETS in the domestic environment^{4,6,7,8}.

3.2 Extent of Child Exposure in the Domestic Environment

A research project conducted by the Hunter New England Population Health Unit examined exposure of infants less than 12 months of age to ETS. Of the 400 infants involved in the study 27% were found to have detectable levels of cotinine in their urine, a metabolite of nicotine⁹. Forty one percent of infants lived in a home with at least one smoker with 19.3% having a mother who smoked, 29.76% with a father who smoked and 6.9% with someone else in the household who smoked (other than a parent). In households where the mother was a smoker, 62% of fathers were also smokers.

A study conducted by the NSW Cancer Council in 2005 reported that 40% of parents in NSW continue to smoke in their cars whilst their children are present¹⁰.

3.3 Strategies to reduce ETS Exposure Amongst Children in the Domestic Environment

There are two key strategies that will address the serious public health issue of child exposure to ETS, these are;

- the introduction of smoking bans in domestic environments such as homes and cars, and
- supporting parents to quit smoking.

Whilst smoking bans will reduce the level of exposure experienced by children it is important to note that bans will not completely eliminate exposure^{9, 11-15} so the ultimate goal should be increasing the number of parents who quit smoking.

3.4 What works?

Years of public health research has clearly shown that to effectively address health risk behaviours at a population level a comprehensive approach is required. Given this if we are to effectively protect the children of NSW from ETS exposure the following elements are necessary;

- Social marketing campaigns – investments in mass media and community mobilisation
- Investments in evidenced based interventions – such as comprehensive screening, brief advice and provision of NRT through all NSW health facilities that have contact with pregnant women and parents.
- Legislation – including smoke free public places to de-normalise smoking and encourage smoking cessation and legislation that prohibits smoking around children and places that children frequent.

3.4.1 Social marketing campaigns

Social marketing campaigns such as the "Car and home smoke free zone" campaign run in NSW have been successful in increasing the proportion of parents reporting introducing smoking bans in homes and cars. This program has also had a community mobilization component which has been successful in encouraging the community to take ownership of the issue. Social marketing and mass media campaigns form an integral part in communicating the smoke free message to the general public and should be continued.

3.4.2 Evidence Based Interventions

Evidence suggests that interventions delivered by health care professionals can result in reduced ETS exposure amongst children and increased smoking cessation amongst parents. In the Hunter New England Area Health Service strategies are currently being implemented to support parents to become smoke free. This intervention commences during initial contact with the health service during the antenatal period and continues through to child health and paediatric services. To support this important work state wide policies focussing on compulsory screening of smoking status of parents and assessment of ETS exposure risk of children need to be implemented. In addition to this there is a need for a range of free printed resources to be made available including;

- Pamphlets specifically targeting pregnant smokers
- Pamphlets that target fathers who smoke and
- Pamphlets that encourage mothers who have quit for pregnancy to remain non smokers

Research has shown that the use of Nicotine Replacement Therapy can double a smoker's chances of quitting. Given this, free or subsidised NRT to assist parents to quit smoking should be made available through the Area health services.

3.4.3 Legislation

No prior evidence of banning smoking in vehicles is available to enable comment on its proposed effectiveness. There are certainly numerous examples of where the

implementation of legislation has resulted in significant public health benefits including Drink Driving, seat belt wearing and mobile phone use laws. However, should the Smoke Free Environment Amendment (Motor Vehicle Prohibition) Bill 2005 be passed by NSW Parliament it should be implemented in the context of a comprehensive intervention program focussing on parents, health services and incorporating social marketing campaigns.

3.5 Recommendations

- That a NSW Health policy that mandates the screening of all parents and pregnant women for their smoking status and the provision of smoking cessation care be developed and disseminated.
- That this policy be supported by the provision of free or subsidised NRT to eligible parents
- That printed materials specifically targeting pregnant smokers, fathers who smoke and pamphlets that encourage mothers who have quit for pregnancy to remain non smokers be produce by NSW Health and disseminated to area health services.
- That adequate funding be provided for social marketing and mass media campaigns to support the work being done at a local level in area health services.

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