

Submission

No 51

INQUIRY INTO TOBACCO SMOKING IN NEW SOUTH WALES

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Theme:

Summary

Ref: DT:PD:SC:bal
CP-0166(7) 25 001714

19th April 2006

The Director
Joint Select Committee on Tobacco Smoking
Legislative Council
Parliament House
Macquarie street
Sydney NSW 2000

JSC TOBACCO SMOKING

27 APR 2006

RECEIVED / SENT

Dear Sir

Re: Inquiry into Tobacco Smoking in New South Wales

Enclosed is a Submission as invited in the letter dated 14th March 2006.

Thank you for this opportunity.

Enquiries may be directed to Douglas Tutt, Area Director of Health Promotion, ph (02) 4349 4810,
dtutt@nscchahs.health.nsw.gov.au

Yours sincerely



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10 April 2006

**Submission to Joint Select Committee on Tobacco Smoking in New South Wales,
Parliament House, Sydney**

Introduction

Tobacco smoking remains Australia's greatest single cause of preventable death. Whilst lung cancer is often associated in the public mind with tobacco and smoking, many more deaths are the result of tobacco related cardiovascular disease. Chronic Respiratory Disease occupies many hospital beds, especially in winter, 90% of this is tobacco linked. Fire brigades report smoking as a major cause of building fire deaths, and discarded cigarette butts start numerous bushfires during summer. Clean Up Australia volunteers find "smoking paraphernalia" occupies much of their effort.

Effectiveness in reducing tobacco use

Australia has had some success in reducing tobacco consumption over the last 30 years.

A mix of Supply and Demand strategies have brought this about. There remains debate about whether supply or demand side strategies are the most effective in combating drug problems.

For approximately 15 years, NSCCHS Health Promotion have been to the forefront in tobacco control measures. The Area Director of Health Promotion Douglas Tutt has published on the effects of environmental tobacco smoke on workers in licensed premises and on outstanding success in preventing uptake of smoking by teenagers by enforcing law on sales to minors. His Unit, and notably Christine Edwards, has also recently published research on effectiveness with teenagers of combating portrayal of smoking in movies.

There is also debate about whether best value can be gained from concentrating on getting existing smokers to quit, or on preventing the next generation of smokers from starting. The Sales to Minors work done here over more than a decade has shown that creating a prevented non-smoker this way costs only 1/10, approximately the cost of creating an ex-smoker with Nicotine Replacement Therapy. One is a public expenditure (law enforcement and publicity), the other an individual private expenditure. The first sees most of its health gains in some years time, the second has immediate large health gains.

That work has demonstrated too that very modest school based education results in reducing consumption are far outweighed by an intervention that intervenes directly in the marketplace.

Increasing price of tobacco by taxation is an acknowledged effective means of reducing consumption. This reduction in the supply curve (it decreases the amount prepared to be sold at any given price) is likely to be most effective on teenage smokers with less disposable income, or other groups with little disposable income. In a presentation to the 3rd Australian

Conference on Tobacco Control in 2005, Tutt showed that the direct intervention in the supply side with the U/18 subset of the tobacco market by rigorous enforcement of law prohibiting sales to minors had the equivalent effect in reducing smoking as making a pack of cigarettes cost \$15, and that the price elasticity for these juveniles was approximately -0.6. Taxation and direct supply restriction both have marked effect on tobacco smoking.

The work by Edwards shows that it is possible to 'immunise' teens against the promotion of smoking in movies by effective pre-movie advertising. However the type of advertisement used is critical in this Demand side strategy. Concern is now being expressed about increasing smoking portrayal in television drama produced outside Australia.

Restricting availability of environments and time for smoking (eg smoking restrictions at work, in public places) also reduces tobacco consumption among existing smokers, as well as protecting non-smokers against passive smoking dangers. An example in NSCCHS, led again by Health Promotion, used a combination of restriction and assistance. Tough new anti-smoking policy in the workplace, accompanied by free Nicotine Replacement Therapy for one month saw approximately half of all smoking staff in the Central Coast sector make Quit attempts with one in four of those being successful. Importantly, such environmental restrictions also create a climate that make it less likely new smokers will start.

Much of the work highlighting tobacco portrayal in entertainment and restricting workplace or public smoking attempts to remove smoking cues and prompts from everyday life. It denormalises what logically is a strange behaviour – setting fire to wads of chopped leaf, placing it in one's mouth, and inhaling.

We need always to remember that tobacco is a highly addictive product. Pharmacological assistance in overcoming that addiction adds to success in quitting.

Investment in Tobacco Control

Investment in reducing the death and disease stemming from tobacco has never historically been commensurate with the size of the problem. It kills more Australians each year than motor vehicle accidents, homicide, suicide, AIDS, breast cancer, prostate cancer and all natural disasters combined.

The future in tobacco control

The long term aim has similarities with the asbestos industry. In that instance, products were initially voluntarily withdrawn, eventually became illegal to sell, and the industry contributes funds to assist victims. Tobacco kills more people than asbestos. Undoubtedly, at some time in the future, sale of tobacco should be banned, removing industry motivation to recruit new smokers. Nicotine dependent people could have their needs met by other sources as part of a subsidised pharmacy replacement program.

In the lead up to that, expanded measures to reduce tobacco use are required.

These are:

- Removal of any promotional avenues for tobacco (such as retail displays)
- Placement of anti tobacco advertising before movies and television drama portraying smoking together with inclusion of smoking in rating guides.
- Extension of smoke free workplaces to include all workers (not excluding those in the liquor industry)
- Rigid enforcement of laws on sales to minors and on advertising/promotion. Licencing of tobacco retailers with a fee sufficient to pay for regulation of their industry, together with training requirements similar to those for people wishing to sell alcohol.

- Enforcement of environmental law regarding littering and provisions under law concerning fire risks.
- Subsidised Nicotine Replacement Therapy for those making Quit attempts. Expansion of mass media campaigns

Enquiries regarding these matters can be directed to Mr Douglas Tutt, Area Director of Health Promotion, ph (02) 4349 4810, dtutt@nsccha.health.nsw.gov.au.

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