

Submission

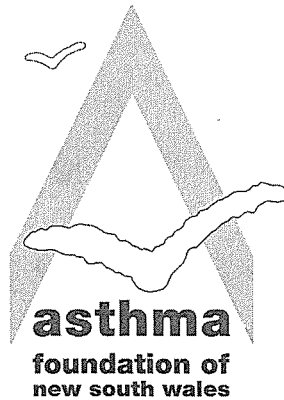
No 41

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

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Date Received: 20/04/2006

Theme:

Summary



Asthma and Tobacco

SUBMISSION BY

The Asthma Foundation of New South Wales

TO THE

NSW Parliamentary Select Committee on Tobacco

“Inquiry into Tobacco Smoking in New South Wales”

April 19 2006

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19 April 2006

The Director
Joint Select Committee on Tobacco Smoking in New South Wales
Legislative Council
Parliament House
Macquarie Street,
Sydney NSW 2000

Dear Sir/Madam

Re: Tobacco Smoking in New South Wales

Please find attached a submission on behalf of the Asthma Foundation of NSW, in relation to your Inquiry into Tobacco Smoking in New South Wales.

The Asthma Foundation of NSW has a profound interest in this Inquiry, as the links between asthma and smoking are well established. Environmental tobacco smoke, particularly in enclosed places, is one of the most common triggers for asthma, and as a charity organisation that advocates on behalf of people affected by asthma in NSW, we feel it our duty to do all we can to make NSW a better and safer place for people living with the disease.

The submission deals primarily with the effects of indoor smoke-free venues on the initiation and maintenance of the smoking habit, with particular reference to the proposed "25/75" smoke-free legislation for pubs and clubs due to take action in 2007. The submission also briefly discusses the effectiveness of anti-tobacco education and media initiatives and the adequacy of the current budget for smoking control initiatives.

We would appreciate any information about the outcome of the consideration of this submission and others by the NSW Parliament's Joint Select Committee on Tobacco Smoking.

Yours faithfully

Mimi St. John-Austen
Acting Chief Executive Officer
The Asthma Foundation of NSW



1. Introduction

1.1 Terms of Reference

The Asthma Foundation of NSW (AFNSW) is concerned with anything that compromises the health of asthmatics. Tobacco smoke is one of the most common asthma triggers, is known to exacerbate the symptoms of asthma and impair the lung function of both adults and children. As a result AFNSW has a keen interest in all legislation and initiatives relating to the use of tobacco. Our submission primarily focuses on the effects environmental tobacco smoke (ETS) has on asthmatics in public places and the need for all pubs and clubs to be completely smoke-free.

We have endeavoured to make clear the links between tobacco and asthma, and highlight the inadequacies of the proposed "25/75" smoke-free legislation for pubs and clubs. Using examples from overseas countries and states that have already adopted smoke-free policies, this submission also outlines the benefits of using legislation rather than self-regulation to ensure compliance. In addition, this report briefly explores the effectiveness of anti-smoking advertising and educational initiatives, as well as the economic impact of smoke-free legislation on the hospitality industry. In doing so, AFNSW will make the case that complete bans on indoor smoking in pubs and clubs is needed, and highlights why such a legislation is extremely important to the health of the citizens of NSW.

Although it would seem NSW is progressing towards becoming a tobacco-free society, with proposed laws banning smoking in all workplaces coming to effect in 2007, the proposed so-called "25/75" legislation undermines promises made by ex-NSW Premier Mr Bob Carr to make hotels, pubs and clubs smoke-free. Under this proposal the health of hospitality workers and the public will continue to be jeopardised, as the effects of ETS in enclosed areas have been documented in Australian and international studies since the 1980s.

A policy that fails to take account of scientific research which shows that leaving 25% of a room open will not disperse harmful smoke and toxins seems to ignore the growing international trend towards smoke-free public places. It is also contrary to the NSW Governments' own declared intention to make chronic diseases such as asthma their priority. International experience shows that, contrary to claims by the Australian Hotels Association (AHA), smoke-free hotels, pubs and clubs do not mean catastrophic job losses and drops in revenue. Smoke-free legislation in the Republic of Ireland resulted in a drop in cigarette sales – something the NSW Government has also been trying to achieve.



1.2 Background

The Asthma Foundation of NSW is a registered charity with affiliates in all states of Australia. Founded in 1962, AFNSW was formed by two concerned mothers who had children with severe asthma, and who were unable to get assistance from the medical profession, who regarded asthma as a product of over-protective mothers. One of the main objectives of AFNSW was to establish a research program to look into the causes, diagnosis, prevention and treatment of asthma.

AFNSW receives Federal and State Government funding for specific initiatives and programs, but also raises significant additional monies through various fundraising activities and from donations, bequests, grants from community groups, trusts and foundations and corporate partners, all of whom recognize the importance of conquering and ultimately finding a cure for asthma.

Since 1964, the Asthma Foundation of NSW has invested more than \$6 million in asthma research, which has enabled people who suffer from asthma to gain control of their condition and enjoy a greater quality of life. Each year \$300,000 - \$400,000 is provided for research into the triggers, diagnosis, prevention and treatment of asthma, with the ultimate aim to find a cure for this chronic condition, which affects 10% of Australians – 800,000 people in NSW alone. AFNSW also runs educational and social programs designed to educate both people with asthma, as well as the wider community about the disease.

Currently, AFNSW is involved in a “Go Smoke Free For Real Campaign”, along with The Cancer Council NSW, The Heart Foundation, and the Australian Medical Association of NSW. The aim of this campaign is to highlight the health and economic benefits of smoke-free public places and to counter the AHA’s re-definition of the term “smoke-free”. AFNSW is also involved in a variety of other consumer advocacy issues that affect the 800,000 people in NSW who have asthma. AFNSW has also collaborated with these charity partners, SIDS and NSW Health to educate people in NSW about the dangers of smoking in the car and in the home.

1.3 Acknowledgements

Over the past three decades AFNSW has gained extensive knowledge on the topic of asthma and tobacco. The Foundation has run many public information and education campaigns, produced literature and campaigned extensively in the media to raise awareness of the issue. However, we have drawn information from a variety of other sources to provide relevant examples and statistical evidence for this submission. AFNSW researched legislative initiatives with regard to tobacco in other countries and states, statistical figures on the health and monetary cost of smoking in NSW and research into the economic viability of smoke-free legislation on pubs and clubs. We obtained most of this information from international and national surveys and reports, which will be acknowledged throughout the report.



We also share a similar viewpoint and interest to that of our affiliated organisations such as the Heart Foundation, The Cancer Council, and the Australian Medical Association. These organisations have also provided extra information to enable us to present this submission.

2 Asthma and Tobacco

2.1 Impact of tobacco on asthmatics

Environmental tobacco smoke (ETS) has a profoundly negative impact on asthma sufferers. The effects of tobacco smoke on individuals include an increased likelihood of asthma developing, worsening of existing asthma symptoms, as well as an increased number of asthmatic attacks.¹ It can also cause critical deterioration in already poor lung function for both adults and children with asthma, and it can worsen symptoms such as chest tightness, coughing, and wheezing. Of the known asthma triggers in adults, tobacco smoke is one of the most common.

While there is no scientific proof that tobacco causes asthma, the links between asthma and smoking are well established through a plethora of Australian and international research. As far back as 1986, the Australian National Health and Medical Research Council conducted an inquiry into asthma and adults. They concluded that:

“The epidemiological evidence shows that the inhalation of passive smoke by healthy individuals and those with a pre-existing respiratory disease commonly causes acute irritant effects in the upper and, to a lesser extent, the lower respiratory tracts. There is sufficient data to indicate that asthmatics may suffer acute effects following exposure to passive smoking.”²

In 1993, the National Health and Medical Research Council followed this inquiry up with a study entitled, *The Health Effects of Passive Smoking*. This study reiterates their previous research, claiming: “For people with a pre-existing disease – especially asthma... the effect of exposure to ETS may accentuate... already marginal lung function resulting in critical additional deterioration in lung function and symptoms.”³

Concentrated ETS in an enclosed area can exacerbate existing asthma symptoms, and ultimately provoke a potentially fatal attack. In 2003 314 people died from asthma in Australia.⁴

¹ CMPMedica Australia, April 2006, *Asthma and Smoking*. Viewed 26 March 2006, <http://www.mydr.com.au/default.asp?article=2389>

² National Health and Medical Research Council (NHMRC). *Effects of Passive Smoking on Health*. Canberra: NHMRC, 1986: 44.

³ National Health and Medical Research Council (NHMRC). *The Health Effects of Passive Smoking: A Scientific Information Paper*. Canberra: NHMRC, 1997: 93.

⁴ Australian Centre for Asthma Monitoring (2005 edition) *Asthma in Australia* pg. xviii



Environmental tobacco smoke is a major source of indoor air pollution. In fact, indoor air pollution from ETS can have a worse effect on passive smokers, than the act of smoking has on the actual smoker. According to the National Tobacco Strategy Fact Sheet, "the particles in the unfiltered smoke that drifts from burning cigarette tips can be finer and more concentrated, meaning that they can be inhaled deeper into the lungs and stay longer in the body of the passive smoker."⁵

Children exposed to ETS are proven to be 40% more likely to suffer from asthma than those children who are not exposed. Further, an estimated 8% of childhood asthma (46,500 children) in Australia is caused by passive smoking.⁶ Exposure to tobacco smoke can result in children developing asthma because their airways and lungs are smaller in size, and they have less developed immune systems than adults.

The 1993 National Health and Medical Research Council study revealed the links between asthma and children. The study stated, "Children exposed to environmental tobacco smoke are estimated to be about 1.4 times as likely to suffer from asthma symptoms than those who are not exposed. Passive smoking also aggravates pre-existing asthma in children."⁷

ETS also has a negative effect on the developing foetus in the womb. If an unborn baby is exposed to passive smoking, not only do they have an increased risk of stillbirth and premature birth, but they can suffer reduced lung growth and have a higher chance of developing asthma later in life.

Exposure to ETS, particularly in enclosed areas, can have extremely hazardous and potentially fatal effects on both adults and children. It is therefore absolutely essential that the NSW Government takes steps to minimise their citizens' exposure to ETS.

2.2 Smoke-free Legislation

In light of overwhelming scientific evidence that ETS is harmful, AFNSW is calling for a complete ban on smoking indoors in all pubs and clubs. Whilst we support a total ban on smoking in all public places, it is essential we focus on key areas where legislation can (and has been proven to) make a difference – in this case, hotels, pubs and clubs. The current legislation is of great concern to us as it will effectively define largely indoor areas as "outdoors" because 25% of the room will be essentially 'open'.

⁵ Australian Government Department of Health and Aging, 23 April 2004, *National Tobacco Strategy – the dangers of passive smoking*, Viewed 6 April 2006

[http://www.health.gov.au/internet/wcms/publishing.nsf/content/health-pubhlth-strateg-drugs-tobacco-resources.htm/\\$file/tobcfacts_passive.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/content/health-pubhlth-strateg-drugs-tobacco-resources.htm/$file/tobcfacts_passive.pdf)

⁶ State Government of Victoria, 16 February 2006, *Tobacco Reforms*. Viewed April 3 2006

<http://www.health.vic.gov.au/tobaccoreforms/new.htm>

⁷ National Health and Medical Research Council (NHMRC). *The Health Effects of Passive Smoking: A Scientific Information Paper*. Canberra: NHMRC, 1997: 93.



2.2.1 Definition of “Enclosed” Areas – The “25/75” Legislation

In October 2004, the then NSW Premier, Mr Bob Carr promised that indoor smoking in all workplaces would be phased out by 2007. He said, “For a person working in a bar for eight hours, that’s equivalent to smoking half a packet of cigarettes, and we can’t ask bar workers to put their health at risk.”⁸ Mr Carr’s sentiments were in line with The Environmental Act, which stipulates: “All enclosed areas of hotels, clubs, and nightclubs must be completely non-smoking.”⁹ This promise was a massive leap forward for NSW and put health issues at the top of the political agenda. It seemed to indicate the long-standing concerns about ETS would finally be addressed. However, the re-defined areas of what constitutes “an enclosed area,” as defined by the 2006 Smoke-free Environmental Amendment (Enclosed Places) Regulation, means the promise of a complete ban of smoking in pubs and clubs will not be realised. In fact, for a person with asthma this legislation is largely irrelevant.

There are clear discrepancies between the NSW Governments stated policy to reduce people’s exposure to ETS, and legislation such as the Smoke-free Environmental Amendment (Enclosed Places) Regulation 2006, which changes the definition of what constitutes an “enclosed area”. We believe the new guidelines for indoor smoking bans in pubs and clubs do not align with the NSW Government’s stated priority of health and welfare. Under the new regulation, smoking will be allowed in areas that are “25%” open which effectively suggests that if a room is “25%” open, it is the same as being outside. We strongly argue this is not the case. Staff and patrons in clubs will still be substantially exposed to tobacco smoke, and an open window will do little to dispel the potentially fatal effects of tobacco smoke. Furthermore, this “25/75” legislation seemingly contradicts the Minister for Health’s recent statement that the NSW Government’s health priority is chronic illness - including asthma. Legislation and regulations should accord with the recommendations of the National Occupational Health and Safety Commission whose Guidance Note on ETS in the Workplace states that smoking should be permitted only in those areas with “full open-air natural ventilation”. This would appear to rule out partly-enclosed spaces.¹⁰

The first line in the 1999-2003/4 National Tobacco Strategy states: “Tobacco smoking is the single largest preventable cause of premature death and disease in Australia,”¹¹ yet the one thing that will ensure this prevention – a distinct smoke-free legislation – is not being implemented to its maximum affect. The best possible prevention of harm from

⁸ BB News/ Asia and Pacific, Wednesday, 13 October, 2004, 07:16 GMT 08:16 UK, *Australian Smokers Face Bar Ban*, Viewed April 3 2006,

<http://212.58.240.36/1/low/world/asia-pacific/3738534.stm>

⁹ NSW Legislative Council, 2004, *NSW smoke-free environmental amendment act 2004*, Viewed March 31 2006

<http://www.health.nsw.gov.au/public-health/health-promotion/tobacco/legislation/sfeaa2004.pdf>

¹⁰ National Occupational Health and Safety Commission, October 2003, *Guidance note on the elimination of environmental tobacco smoke in the workplace*, page 6. Viewed April 2 2006

[http://www.nohsc.gov.au/PDF/Standards/GuidanceNotes/GN-NOHSC3019\(2003\).pdf](http://www.nohsc.gov.au/PDF/Standards/GuidanceNotes/GN-NOHSC3019(2003).pdf)

¹¹ Commonwealth Department of Health and Aged Care. National Tobacco Strategy 1999-2002/3. A Framework for National Action. Commonwealth Dept of Health and Aged Care, Canberra.



tobacco smoke is for a complete ban on smoking in any indoor space, whether or not it contains 25% of windows or doors.

The "25/75" ruling is open to wide interpretation, and as such will be extremely difficult to police. Windows can be closed on wet or windy days with no assurance that smoking will cease if this is the case.

The hazardous effects of smoking linger long after the smoke has cleared. The harmful toxic substances in tobacco are retained in the carpet, curtains, and soft furnishings of a smoke-filled room. Breathing in toxins from second-hand smoke, which contains 133 known toxic substances (including carbon monoxide, arsenic, and cyanide), can be more hazardous than if these were smoked directly.¹² Such toxins can still trigger chronic asthma attacks.

Neither non-smoking areas nor ventilation can remove the threat of ETS. Having the presence of any form of tobacco smoke indoors, whether in a separated "smoke room" or not, has hazardous effects on the whole area. Having a designated "smoke-room" still has a profound impact on surrounding rooms that are, in all appearances, "smoke-free". A 2003 study by the South East Sydney Public Health Unit concluded that:

"Provision of designated "no smoking" areas in licensed (gaming) clubs in NSW provides, at best, partial protection from ETS – typically about a 50% reduction in exposure. The protection afforded is less than users might reasonably have understood and is not comparable with protection afforded by prohibiting smoking on the premises."¹³

The 1986 National Health and Medical Research Council report stated that, "typical indoor ventilation and air-conditioning is inadequate to remove these pollutants."¹⁴

2.2.2 Making pubs and clubs completely smoke-free is where we can make a difference

AFNSW would also support legislation that bans people from smoking in cars. However, we feel that such legislation would be very difficult to enforce, even if it was a total ban and punishable by law. Clearly any educational or symbolic value would also be lost if smoking in hotels, pubs and clubs was still permitted.

The government can have a much greater impact by making pubs and clubs smoke free – not only would a significant number of young people no longer be exposed to ETS, but it would help to remove the association between socialising and smoking. This

¹² The Cancer Council Australia, *Position Statement – Passive Smoking*, Viewed 3 April 2006
<http://www.cancer.org.au/documents/Position%20Statement%20Passive%20Smoking.PDF>

¹³ Cains T, Cannata S, Poulos R et al. Designated "no smoking" areas provide from partial to no protection from environmental tobacco smoke. *BMJ, Tobacco Control* 2004; 13:17-22.

¹⁴ National Health and Medical Research Council (NHMRC). *Effects of Passive Smoking on Health*. Canberra: NHMRC, 1986: 8



conclusion is supported by studies from countries where smoke-free legislation already exists and the sale of cigarettes has declined.

2.2.3 Public Compliance with a complete smoke-free ban

Recent surveys suggest the NSW Government would enjoy overwhelming public support if they were to implement smoke-free laws. In 2005 the Cancer Institute of NSW conducted a survey among both smokers and non-smokers and with regards to passive smoking they found that:

- 92% of people believed all indoor workplaces should be completely smoke-free
- 88% of non-smokers and 42% of smokers felt bothered by other people's smoke in public places
- 75% of people agreed that going smoke-free will make pubs and clubs safer places to be in.¹⁵

Such statistics are broadly in line with overseas surveys. In 2005 a comprehensive survey in England, Scotland, Wales and Northern Ireland found 71% of people on average agreed with a proposal that would make all workplaces, including pubs, clubs and restaurants, smoke free. Asked specifically about pubs and clubs 67% said they would support a smoke-free law.¹⁶

2.2.4 Comparison of NSW smoking legislation to other States and countries

In a media release announcing the "25/75" legislation, the Right Honourable Frank Sartor said the "the incremental approach taken in NSW allows the public to adjust to the new rules"¹⁷ and that "the recommendations are broadly in line" with other States in Australia, and other countries around the world. However, this is not the case. Tasmania has a distinct smoke-free legislation that forbids smoking indoors (with no loopholes as to what constitutes 'enclosed'). Queensland recently announced that all indoor areas of pubs and clubs will be smoke-free from July 2006, and according to the legislation, "Smoking will be banned in any contiguous area where food or drink is served, food is consumed, or entertainers are working."¹⁸

Now, over seven US States are smoke-free (including California and New York City), as well as Canada, Republic of Ireland, Norway, New Zealand, Italy, Malta, Cuba and Bhutan. The week after NSW announced the "25/75" legislation, English MPs voted to follow Scotland, Wales and Northern Ireland whose parliaments and assemblies had all voted to pass smoke-free legislation.

¹⁵ Cancer Institute NSW, 2005. Viewed 4 April 2006 http://www.health.nsw.gov.au/cancer_inst/index.html

¹⁶ ASH, 30 December 2005, *Major New Poll Shows Public Support Across UK For Comprehensive Smoke Free Law*, Media Release.

¹⁷ CancerInstitute NSW, 31 May 2005, *Changes in the air for NSW pubs and clubs*, Media Release

¹⁸The State of Queensland (Queensland Health), 2006, *Nobody Smokes Here Anymore*, Viewed April 9 2006 <http://www.health.qld.gov.au/atods/tobaccolaws/index.asp>



2.2.5 Making pubs and clubs completely smoke-free causes cigarette sales to decline

Enforcing complete smoke-free legislation in all workplace areas has been proven to result in a decline in the sale of cigarettes, and consequently, a decline in the presence of tobacco smoke.

Since the Republic of Ireland became smoke-free in March 2004, the number of people smoking has declined. According to the National Quitline Survey, around 7,000 people have stopped smoking since the smoke-free legislation came into effect, with a further 10,000 stating that their consumption of cigarettes has been reduced.¹⁹

According to Euromonitor International, sales of cigarettes in Ireland fell 8.7% in 2004, after declining 3.4% in 2003, and 1.2% in 2002. Gallagher Tobacco, the market leader in Ireland, has reported that Irish sales of their product dropped 10.7% from January and October 2004²⁰. The *Tobacco Control* study also found that more than 8 out of 10 Irish smokers surveyed said that the smoke free law was "a good or very good thing." Of those whom had stopped smoking, over 80% said that the law had helped them do it.²¹

Smoking bans in Ireland have also drastically reduced air pollution in pubs and clubs. A study conducted by researchers from Harvard School of Public Health (HSPH) and Roswell Park Cancer Institute in conjunction with the Office of Tobacco Control, the Research Institute for a Tobacco Free Society and the Environmental Health Department in the Health Service Executive Western Area, found that air pollution in Irish pubs has dropped significantly. The study compared air pollution levels in pubs in Ireland, to traditional "Irish pubs" around the world. They used samples from 128 "Irish pubs" in 15 countries in North America, Europe, Australia and Asia. The study found that indoor air pollution from second hand smoke in authentic Irish pubs is 91 percent lower than in "Irish pubs" located in other countries and cities where smoke-free laws do not apply.²²

2.2.6 Smoke bans do not affect economic viability of hotels, pubs and clubs

The key argument of the Australian Hotels Association has been that they would suffer economically if a ban was implemented; that thousands of jobs would be lost and thousands of pubs would close. These are the same hotels who claimed that they would go broke when random breath testing was introduced in the 1980's – a claim that proved

¹⁹ ASH, 2005, *Impact of smoke-free legislation on Ireland*. Viewed April 5 2006, <http://www.ash.org.uk/html/publicplaces/html/irelandimpact.html>

²⁰ ASH, 29 March 2005, *One Year After Ireland's Smokefree Law: A Story of Success*, media release. Viewed April 9 2006 <http://www.ash.org.uk/html/press/050329.html>

²¹ Tobacco Control Study S Allwright, S Anderson, R Borland, et al. Reductions in tobacco smoke pollution and increases in support for smoke-free public places following the implementation of comprehensive smoke-free workplace legislation in the Republic of Ireland: findings from the ITC Ireland/UK survey

²² Harvard school of public health, March 2006, *How smoke-free laws improve air quality*, Viewed 10 April 2006 <http://www.hsph.harvard.edu/irishstudy/irishstudy.pdf>



totally unfounded. An examination of those countries and cities whose pubs and clubs have gone smoke free, as well as the experience of the restaurant trade in Australia, suggests that hotels would not suffer an economic decline. In fact, they could see a possible increase in sales.

According to a 2002 study, the introduction of smoke-free dining laws did not adversely affect South Australian restaurants. Before the introduction of smoke-free dining, average monthly turnover for South Australian restaurants and cafes was \$29.9 million. Monthly turnover rose slightly after the introduction of smoke-free dining to \$31.3 million²³

A report published by the New York City Economic Development Corporation in March 2004 using US Bureau of Labour Statistics showed that employment in hospitality rose by 10,600, and sales tax receipts went up by 9% in the 12 months after the ban.²⁴

Another American study of seven major cities was published in the Journal of the American Medical Association in 1999. They examined hotel revenues before and after smoke-free legislation was introduced in the 1990s and found that revenue rates were unaffected.²⁵ Similarly, a study by the New Zealand Ministry of Health one year after complete smoking bans took effect on December 10 2004, showed that revenue in bars and hotels was not down.²⁶

Often the impact can be economically beneficial. 80% of the Australian population are non-smokers and of them 80% dislike smoky venues. As stated above, 75% of Australians think that banning smoking in clubs will make them a safer and more enjoyable experience. It is quite possible, therefore, that more people would be inclined to frequent hotels and pubs more often including many of the 800,000 people with asthma in NSW for whom smoky hotels, pubs and clubs have for too long been no-go areas.

2.3 Effectiveness of Advertising and Educational Initiatives

2.3.1 Anti-tobacco advertising is not enough

The Asthma Foundation of NSW is also involved with initiatives that discourage smoking because according to the 2005 Australian Centre for Asthma Monitoring report: "The proportion of smokers among people with asthma is similar to the proportion of smokers among people without asthma."²⁷ During the past four decades AFNSW has discovered

²³ Victoria Smoking and Health, Sunday 11 August 2002, Landmark Australian Study Shows Smokefree is Good for Business, Media Release

²⁴ New York City Economic Development Corporation. The State of Smoke Free New York City: A One Year Review, March 2004, p1.

²⁵ Gottlieb, S. Smoking bans do not hurt tourism. BMJ 1999; 318: 1510 (5 June), New York.

²⁶ New Zealand Ministry of Health, December 2005, *The Smoke is Clearing: Anniversary Report 2005 Initial data on the impact of the Smoke-free Environments law change since 10 December 2004*. Viewed 8 April 2006, http://www.moh.govt.nz/moh.nsf/wpg_index/Publications-Smoke+is+Clearing:+Anniversary+Report+2005

²⁷ Australian Centre for Asthma Monitoring (2005 Report) pg. 134



there are many myths around asthma and asthma and smoking. Anecdotal evidence suggests myths such as “smoking doesn’t affect my asthma” and “smoking helps my asthma” are worryingly widespread.²⁸ AFNSW has undertaken campaigns to counter such myths and its efforts are strengthened by direct and effective anti-smoking campaigns.

AFNSW recognises that Government anti smoking advertising campaigns have been beneficial. Campaigns such as “Quit” and explicit images on TV and cigarette packages have had a noted effect in the decline in the number of cigarette smokers. However, much of this decline occurred between the 1960s and 1980s, and the prevalence of smoking has remained largely unchanged at 16-18% since the 1990s.²⁹ This indicates that “shock tactics” in advertising are now less effective. While visually explicit TV ads and posters once had the ability to shock people, shock tactics are now so widely used by so many organisations and charities that their effect has diminished. Ads, no matter how graphic or persuasive, still leave the decision to stop smoking to the individual. Legislation, however, compels people to stop smoking in public places by enforcing laws with financial sanctions, which ensure a high compliance rate. AFNSW feels much more needs to be done than just warning people that smoking is harmful – a fact widely accepted today. As illustrated elsewhere in this submission, legislation is the best education and ensures the best results.

2.3.2 Visibility of cigarette packets

The new colour graphic health warnings on cigarette packages, which cover 30% of the front and 90% of the back of cigarette packets, are definitely a positive step for NSW, and will undoubtedly induce some people into giving up the habit. However, AFNSW believes that NSW should follow Tasmania’s lead and compel retailers to remove cigarette packages from sight. This, we believe, would more effectively send the message that smoking is no longer considered to be part of the “norm” in society. Seeing cigarette packets on a daily basis in supermarkets or petrol stations, we believe encourages a perception that cigarettes are acceptable products, which leads smokers to believe that the act of smoking is also part of normal, acceptable behaviour.

2.4 Economic Costs of Smoking

According to statistics from the 2005 Australian Centre for Asthma Monitoring report, 14-16% of children and 10-12% of adults suffer from asthma. In NSW alone, there are 800,000 asthma sufferers.³⁰ This undoubtedly has an impact on the NSW economy. In 2003, it was estimated that asthma cost the Australian health system \$693m and almost one million lost school days³¹. In 2001-2002 there were more than 300,000

²⁸ Research conducted with NSW asthma educators by AFNSW for its 2005 “Mythbusters” campaign

²⁹ The Cancer Council website <http://www.cancercouncil.com.au/editorial.asp?pageid=371#men>

³⁰ ACAM, 2005, *Asthma in Australia 2005*, <http://www.asthamonitoring.org/publications.htm>

³¹ Asthma Foundation NSW



hospitalisations due to smoking related illnesses, and nearly 1.5 hospital patient bed days a year are occupied by people with diseases caused by smoking³².

A recent report produced by the National Drug Strategy, estimated that tobacco costs Australia \$21bn a year.³³ According to a recent article in the Sydney Morning Herald, a study by David Collins of Macquarie University and Helen Lapsley of the University of Queensland estimated that smoking cost NSW \$6.6bn in 1998-99.³⁴

Thus, despite hundreds of advertising campaigns, smoking is still costing the Government billions of dollars each year. In preventing smoking in public places, clear legislation will also help to reduce the NSW health costs of tobacco smoke.

2.4.1 Budget for anti-smoking campaigns

Total expenditure on anti-smoking education in Australia decreased from around \$13.2m in 1989/90 to only \$8.4m in 1995/96, and less than \$8m in 1996/7.³⁵

The Federal Government currently collects an estimated \$5bn in revenue from smokers each year, yet in 2005 it was announced that only \$24m was to be spent on anti-tobacco initiatives over four years – that's \$1m per State per year³⁶. Given asthma alone costs the Australian economy \$693m a year, and smoking costs the NSW Government almost \$7bn a year³⁷, current Government advertising and education strategies and budgets are clearly insufficient in reducing the financial pressure on the Government. Legislation needs to be introduced to reinforce the message.

³² ASH, 2006, *Tobacco in Australia*, Viewed 2 April 2006 <http://www.ashaust.org.au/lv4/MediaBgrounder.htm>

³³ Collins DJ & Lapsley HM, "Counting the cost: estimates of the social cost of drug abuse in Australia in 1998—9", Monograph NO. 49, National Drug Strategy 2002; at www.health.gov.au/pubhlth/publicat/document/mono49.pdf

³⁴ Fairfax Digital, March 17, 2006, Bad habit costs NSW \$6b a year, by Matt Wade – Economics Writer. Viewed April 2 2006 <http://www.smh.com.au/news/national/bad-habit-costs-nsw-6b-a-year/2006/03/16/1142098602826.html>

³⁵ Collins & Lapsley, 1992; Federal Budget papers May 1998.

³⁶ Asthma Foundation NSW

³⁷ Sydney Morning Herald (<http://www.smh.com.au/news/National/Deadly-tobacco-habit-costs-us-66-billion/2005/05/29/1117305503636.html>)



3 Conclusion

On the surface, it appears that the NSW government is pursuing a positive, pro-active campaign to stop people smoking and reduce the harmful impact of ETS on the general public. There are explicit graphics on the front of cigarette packets, a ban on pro-tobacco advertising, an influx of confronting TV and radio ads warning of the dangers of smoking, and new regulations on smoking in workplace areas.

However, despite the explicit warnings, educational programs and advertising, the decision to give up is still a matter of individual choice and if the 2006 "25/75" legislation is upheld, smoking in pubs and clubs will still be allowed, despite the scientific evidence that ETS can and does cause disease and can and does kill both smokers and non-smokers.

The impact of ETS on both people with asthma and the general population could be considerably reduced by unambiguous legislation that bans smoking indoors in all hotel pubs and clubs. Ultimately, it will require similar bans in all public places to make a significant difference, but it would be an important step forward with immediate health benefits as evidenced by the overseas studies quoted. It has been statistically proven through a number of studies that there is a correlation between smoke bans and reductions in the sale of cigarettes. It is also clear that smoke bans in pubs and clubs will make the air much cleaner and subsequently safer for both asthmatics and the general public. Education and advertising in their basic form are not enough of a deterrent, as this leaves the decision to stop smoking in the hands of the smokers in Australia. We believe that legislation is the best education, the most effective advertising, and legislation achieves the greatest results.



4 Recommendations

- That the NSW Government implements clear, unambiguous legislation that forbids smoking in pubs and clubs and ensures that enclosed means any area that is technically 'inside' and that no exceptions are made for areas that are partially open.
- That the NSW Government works towards making all public places smoke-free by law.
- That the NSW Government initiates educational and community programs to make the public more aware of the links between asthma and other diseases and smoking.
- That the NSW Government acknowledges that legislation is the most effective way of educating smokers to stop and of advertising the fact that smoking is a harmful social activity to both smokers and non-smokers.



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