Submission

No 19

INQUIRY INTO TOBACCO SMOKING IN NEW SOUTH WALES

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Theme:

Summary

AMA (NSW) SUBMISSION TO JOINT SELECT COMMITTEE ON TOBACCO SMOKING IN NEW SOUTH WALES

SUMMARY

THE COST OF SMOKING

- Smoking exacts an unrivalled cost on our health and economy, contributing to 18,000 deaths per year in Australia.
- Smoking costs Australian business $2.5 billion each year.
- Tobacco affects almost every bodily organ and is linked to scores of diseases.
- The most disadvantaged people are the most likely to smoke.
- Passive smoking is linked to a wide range of illnesses.

AMA (NSW) FIVE POINT PLAN ON SMOKING

1 **PROTECT BAR WORKERS AND PUBGOERS** by adopting genuine bans on smoking in enclosed areas.

2 **PROTECT CHILDREN** by banning smoking in cars where children are passengers and in playgrounds.

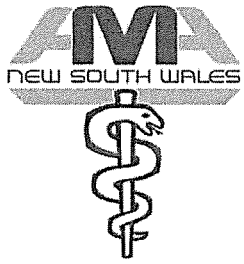
3 **PROTECT THE COMMUNITY** by banning smoking at patrolled beaches and sporting grounds, in al fresco dining areas, on railway station platforms & within 4 metres of non-residential building entrances.

4 **REWARD HEALTHY BEHAVIOUR** by working with health and life insurers to provide genuine premium discounts for non-smokers, and other incentives to healthy behaviour.

5 **STOP TOBACCO PROMOTION** by banning the display of cigarettes and cigarette packages at point of sale and elsewhere.

OTHER RECOMMENDATIONS

- Tobacco must not be promoted by other underhanded means.
- Ban political donations from tobacco companies.
- AMA (NSW) supports better tracking of smoking-related deaths.
- All governments should make real increases in tobacco taxation.



THE VOICE OF THE PROFESSION

SUBMISSION TO JOINT SELECT COMMITTEE ON TOBACCO SMOKING IN NEW SOUTH WALES

The Australian Medical Association (NSW) Limited is pleased to submit comment to the Joint Select Committee on Tobacco Smoking in New South Wales. AMA (NSW) is the peak medico-political body representing the NSW medical profession. The advancement of the health of the community is central to AMA (NSW)'s goals.

This submission will describe the risks and costs of smoking, drawing on the *AMA Position Statement on Tobacco Smoking 2005* and a range of scientific studies on smoking, and outline a series of recommendations to reduce the incidence and burden of smoking.

Most of the measures proposed can be implemented at little to no cost. However, they will generate considerable health benefits, cultural change and cost savings.

Smoking exacts an unrivalled cost on our health and economy.

Smoking is the single largest cause of death and disease in Australia. It contributes to more deaths and hospitalisations than alcohol and illicit drug use combined.

Despite great steps in reducing its prevalence, 1 in 5 people still smoke. Half of all smokers will die early because of their habit – with their average lifespan shortened by up to 12 years.[1]

An estimated 18,000 Australians die each year as a result of tobacco smoking.[2] Smoking leads to more than 6,800 deaths and 353,000 hospital bed days in NSW each year.[3]

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[1] Peto R, Lopez AD, Boreham J, Thun M, and Heath Jr C. *Mortality from smoking in developed countries 1950 - 2000*. Oxford University Press, New York, 1994

[2] Statistics on Drug Use in Australia 2002. *Drug Statistics Series no. 12*. Canberra: Australian Institute of Health and Welfare, 2003.

[3] Collins, DJ & Lapsley, HM, "Counting the costs of tobacco and the benefits of reducing smoking prevalence in New South Wales: Report prepared for the NSW Department of Health" State Health Publication No: (HP) 050050, 2005

David Collins and Helen Lapsley's 2005 study for NSW Health estimated that smoking cost NSW $6.6 billion in 1998-99. In 1999-00 it is estimated that smoking caused 35,277 hospitalisations among males and 18,531 hospitalisations among females. This represents 4.0% of all male and 1.8% of female hospitalisations, respectively. [4]

A often-forgotten casualty of smoking is Australian business. An estimated $2.5 billion is lost each year in lost productive labour from smoking related illness – not even taking into account the substantial lost productivity from "smoko" breaks.[5]

Tobacco smoke contains more than 4,000 chemical substances, of which more than 50 are known to be carcinogenic and more than 100 to be toxic.

The US Surgeon General's Report suggests that tobacco affects almost every organ in the body.[6] Both smoking and exposure to environmental tobacco smoke have been linked to scores of diseases including:

- Bladder cancer
- Cervical cancer
- Esophageal cancer
- Kidney cancer
- Laryngeal cancer
- Leukemia
- Cataracts
- Oral cancer
- Pancreatic cancer
- Stomach cancer
- Nasal sinus cancer
- Breast cancer
- Hip fractures
- Atherosclerosis
- Cerebrovascular disease
- Pneumonia
- Coronary heart disease
- Respiratory diseases
- Lung cancer and emphysema
- Diminished health status/morbidity
- Abdominal aortic aneurysm
- Low bone density
- Peptic ulcer disease
- Middle ear infections in children
- Diabetes
- SIDS
- Fetal death and stillbirths
- Fertility problems
- Low birth weight
- Pregnancy complications, pre-term delivery
- Chronic obstructive pulmonary disease
- Respiratory effects in utero
- Chronic respiratory effects (asthma, bronchitis, pneumonia)
- Changes to testosterone levels in young males[7]

Being a smoker is known to impede post-surgery healing of wounds and increase the risk of infection. Smoking also interferes with the effectiveness of some medications for asthma and mental illness.

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[4] Report of the Chief Health Officer – "Health-related behaviours; Death and illness attributable to smoking", NSW Department of Health, http://www.health.nsw.gov.au/public-health/chorep/beh/beh_smkaf.htm

[5] "Tobacco Control: A Blue Chip Investment in Public Health", VicHealth Centre for Tobacco Control, The Cancer Council of Victoria, 2003.

[6] US Surgeon General, *The Health Consequences of Smoking*, 2004, http://www.cdc.gov/tobacco/sgr/sgr_2004/index.htm

[7] US Surgeon General, *The Health Consequences of Smoking*, 2004, http://www.cdc.gov/tobacco/sgr/sgr_2004/index.htm; University of Seoul study, published in *Human Reproduction* http://www.ashaust.org.au/pdfs/PassvTesto0504.pdf

The most disadvantaged people are the most likely to smoke.

Tobacco control is a major issue not just of health, but also of equity. A number of disadvantaged groups are at greater risk of taking up and continuing smoking.

- *People from lower socio-economic backgrounds*
  There is a well-documented link between socio-economic status and health status. In the 1994 NSW Health Promotion Survey, smoking rates in men and women increased with increasing levels of socioeconomic disadvantage. Expenditure on tobacco impoverishes low-income households and reduces funds available for many other purposes. Long-term expenditure on smoking reduces the capacity of families to purchase homes and save for retirement.

- *Aboriginal and Torres Strait Islander People*
  The 2001 National Drug Strategy Household Survey found that the prevalence of current smoking among Aboriginal and Torres Strait Islander people was 50%, more than double that of non-Indigenous Australians (23%). In some regions of Australia, 83% of Indigenous men and 73% of Indigenous women smoke cigarettes.[8]

- *People with a mental illness*
  People with a mental illness show significantly elevated rates of cigarette smoking compared with the general population (60% compared with 23%). There is some evidence that in locked psychiatric settings staff use cigarettes to clinically manage patients. In community residential facilities, private living areas have been exempt from legislated bans on smoke-free workplaces.

- *People living outside metropolitan areas*
  Rural residents are more likely to report being a current smoker than urban residents (20.8%).

Passive smoking kills.

A smoker inhales only 15% of smoke from a cigarette. The remainder contributes to "passive smoking",[9] whether in the workplace, at home, in the car, or in public spaces.

There is clear evidence that exposure to environmental tobacco smoke substantially increases the risks of a range of diseases, which have earlier been outlined.[10] For example, people who live with smokers run a 25% greater risk of suffering from a coronary heart disease.[11]

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[8] NSW Public Health Bulletin 2004; 15(5–6) 87–91
[9] Action on Smoking and Health, "Passive smoking - EC campaign highlights the dangers", Media release, http://www.ashaust.org.au/SF'03/files/EUpaper0505.htm
[10] International Agency for Research on Cancer, *Tobacco Smoke and Involuntary Smoking: Summary of Data Reported and Evaluation: The International Agency for Research on Cancer* (IARC), 2002.
[11] Action on Smoking and Health, "Passive smoking - EC campaign highlights the dangers", Media release, http://www.ashaust.org.au/SF'03/files/EUpaper0505.htm

A study published in the Journal of Occupational and Respiratory Medicine found that exposure to environmental tobacco smoke led to a measurable increase in respiratory symptoms[12]

Second-hand smoking was responsible for almost 78,000 bed days and $47.6 million in hospital costs in Australia in 1998–99.[13]

The NSW Government's recent focus on cancer prevention and treatment has been commendable. However, AMA (NSW) has concerns that positive initiatives such as the Cancer Institute have not been supported with proven practical measures to prevent cancer, such as smoking bans.

AMA (NSW) RECOMMENDATION: Protect bar workers & pubgoers by adopting genuine bans on smoking in enclosed areas

People have a right to a clean, safe working environment – including a smoke-free environment.

While most Australian workplaces are now smoke-free, within the hospitality industry there is still a significant number of workplaces where workers are exposed to passive smoking. It is unacceptable to discriminate against certain groups of workers when determining workplace safety policy. Workers in bars and pubs have just as much right to a safe, smoke-free workplace as anyone else. AMA believes the only way to protect workers' health is to ban smoking in all workplaces.[14]

Exposure to environmental tobacco smoke in pubs and clubs is estimated to account for approximately 75 deaths per year among bar workers. In 2003, The National Occupational Health and Safety Commission advised all states and territories to ban indoor smoking from all workplaces immediately and published guidelines advising smoky workplaces are inconsistent with OH&S laws.[15]

However, the recently introduced *Smoke Free Environment Amendment Regulation 2006* takes NSW no closer to providing a safe environment for hospitality workers or patrons.

By permitting smoking in any area that has as little as 25% of its space open to the elements – even if it has a roof – the NSW Government has given formal, regulatory endorsement to smoking indoors.

This is not supported by either workers or the public. Support for bans in licensed premises increased by 20% in the past decade among hospitality

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[12] "Secondhand Smoke Exposure & Respiratory Symptoms Among Casino, Club and Officer Workers in Victoria, Australia", *Journal of Occupational and Respiratory Medicine* 47(7):698-703
[13] NSW Public Health Bulletin 2004; 15(5–6) 87–91
[14] Australian Medical Association Position Statement on Tobacco, 15 November 2005, http://www.ama.com.au/web.nsf/doc/WEEN-6M94NL
[15] SmokeFree Australia: "Smokefree Laws: Australia and the World", www.ashaust.org.au/SF'03/law.htm

workers,[16] and surveys show around three quarters of people in NSW consider the "75:25" rule to be "unacceptable".[17]

Further, the new laws will be retrograde in removing the existing bans on smoking in indoor areas where food is served. The new so-called "unenclosed" areas have no provisions to prevent smoking in dining areas not only in pubs and clubs, but also in restaurants and other venues.

Smoking will also continue around gaming machines. There have been strong links between heavy smoking and heavy gambling, with continued smoking adding to the "trance" state induced by gaming machines.[18] Smoking will also still be permitted in the indoor high-roller room at Star City. In contrast, Queensland's "golden standard" smoking laws prohibit smoking around all poker machines.

The new regulations are less stringent than had been intended and put NSW well behind other Australian states and overseas jurisdictions.[19]

For example, despite comparatively punishing climates, England, Scotland and Ireland have all banned smoking in areas that are more than 50% enclosed.

In Tasmania, smoking is only permitted in non-serviced outdoor areas that have no roof or are less than 50% enclosed. It is also prohibited within 3 metres of entrances and exits.

In Queensland from July 2006 smoking will be prohibited in

- all areas with a roof;
- all areas that are wholly or partly enclosed on 3 or more walls;
- all outdoor areas:
  - around gaming machines
  - where food or drink is served;
  - where food is consumed; or
  - where entertainers are working.[20]

The Queensland laws avoid complicated mathematical formulae and, most importantly, provides a safe environment for workers and patrons.

AMA (NSW) believes this model should be adopted in NSW.

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[16] Cancer Council Centre for Health Research & Psycho-oncology
[17] "Australians and Smoking", StollzNow Research for Pfizer Australia, June 2005, http://www.ashaust.org.au/pdfs/PfizerPoll0506.pdf
[18] Harper, T, "Smoking and gambling: a trance inducing ritual", *Tobacco Control 2003;12:231-233*
[19] SmokeFree Australia: "Smokefree Laws: Australia and the World", www.ashaust.org.au/SF'03/law.htm
[20] Queensland Health Tobacco Laws, http://www.health.qld.gov.au/atods/tobaccolaws/index.asp

AMA (NSW) RECOMMENDATION: Protect children by banning smoking in cars where children are passengers and in playgrounds

Children are a key group requiring protection in relation to smoking and tobacco control.

AMA believes a smoke-free environment for children – in the car, in playgrounds and elsewhere – not only improves their health outcomes but also decreases the likelihood that they will also take up smoking themselves.

Around 42% of smokers are parents and parental smoking is a strong indicator of the likelihood of teenage uptake of smoking. Eight out of 10 new smokers are children or adolescents. Smokers who take the habit up early in life are more likely to be heavy smokers, have more difficulty quitting and are more likely to contract a smoking related disease. A child who starts smoking at 14 years or younger is five times more likely to die of lung cancer than a person who starts aged 24. Seventy thousand young people start smoking in Australia every year – the equivalent of about 191 a day.[21] In 1996 about 276,000 school students aged between 12 and 17 were smokers. If all of these students continued to smoke, 138,000 would die prematurely from their smoking.[22]

Strategies that reduce the desire of children and adolescents to smoke or reduce the ease of access to tobacco products will have an effect on the likelihood of them becoming regular smokers.[23] As noted by Action on Smoking and Health: "Children are encouraged into active smoking by seeing adults smoking in "normal" situations."[24]

AMA (NSW) has endorsed the prohibition of smoking in cars with children. Research shows 90% of people support the banning of smoking in cars where children are passengers.[25] Given the difficulties that may occur in implementation and enforcement, however, regulation should be supported by government-resourced educational campaigns encouraging drivers to "do the right thing".

Smoking in cars and public spaces such as sporting fields and playgrounds also creates problems with discarded butts. Each year, Australians discard 32 billion cigarette butts, creating 40,000 cubic metres of toxic waste, much of which is flowing into rivers and bays. It takes 15 years for a cigarette butt to break down in the environment.[26]

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[21] Ibid.
[22] Hill, D, White, V and Letcher, T, Centre for Behavioural Research Into Cancer, "Tobacco use among Australian secondary students in 1996", *Australian and New Zealand Journal of Public Health* 1999; 23: 252–259.
[23] Australian Medical Association Position Statement on Tobacco
[24] "Tobacco Facts for Local Government", Action on Smoking and Health, http://www.ashaust.org.au/pdfs/TFacLG0411.pdf
[25] "Australians and Smoking", StollzNow Research for Pfizer Australia, June 2005, http://www.ashaust.org.au/pdfs/PfizerPoll0506.pdf
[26] "Facts and figures about cigarette butt litter in Australian cities", Butt Out Australia, http://www.buttoutaustralia.com.au/index.asp?pgid=4

A number of local councils have taken the step of banning smoking in playgrounds – including Liverpool, Hawkesbury, Mosman, Pittwater, Baulkham Hills, Canada Bay, Penrith, Warringah, Willoughby, Ballina, Dubbo, Lismore, and Wingecarribee.[27]

Likewise, from 1 January 2005 the Queensland Government has prohibited smoking within 10 metres of outdoor children's playground equipment. [28]

AMA (NSW) believes this model should be adopted across NSW.

AMA (NSW) also believes children should be protected by continued and increased monitoring of sales of cigarettes to minors, increased promotion and implementation of laws prohibiting secondary supply of cigarettes by members of the public (as is the case with alcohol), as well as targeted education campaigns.

AMA (NSW) RECOMMENDATION:

Protect the community by banning smoking at patrolled beaches and sporting grounds, in al fresco dining areas, on railway station platforms & within 4m of non-residential building entrances

Smoking has no place in healthy activities such as sports and swimming, or in areas where food is consumed.

The prohibition of smoking indoors has also led to large numbers of smokers congregating outside commercial buildings such as office blocks and shopping centres. Pedestrians entering and leaving the building are exposed to a thick layer of smoke that often does not disperse efficiently because of inadequate air flow in verandas and under eaves. In many cases, the smoke also flows indoors through air-conditioning units outlets, windows and doorways.

Although smoking is prohibited in covered areas of CityRail railway station platforms, rail travellers are exposed to passive smoke in un-covered areas where they are effectively trapped while waiting for their train to arrive. Likewise, passengers waiting at bus stops are "captive audiences" to environmental smoke. Smoking in these areas also leads to significant litter problems.

A number of local councils, including Manly, Waverley, Pittwater and Mosman, have prohibited smoking in some or all of these areas.[29]

The Queensland Government has also introduced laws to ban smoking:
From January 2005:

- within 4 metres of an entrance to a non-residential building
- in major sporting stadiums

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[27] "Tobacco Facts for Local Government", Action on Smoking and Health, http://www.ashaust.org.au/pdfs/TFacLG0411.pdf
[28] Queensland Health Tobacco Laws, http://www.health.qld.gov.au/atods/tobaccolaws/timeline.asp
[29] "Tobacco Facts for Local Government", Action on Smoking and Health, http://www.ashaust.org.au/pdfs/TFacLG0411.pdf

- between the flags at patrolled beaches and "artificial beaches"

From July 2006:

- outdoor dining and drinking areas.[30]

In the interests of the comfort and health of the community, AMA (NSW) believes NSW must take the step of prohibiting smoking in these areas, statewide.

AMA (NSW) RECOMMENDATION: **Reward healthy behaviour by working with insurers to provide genuine premium discounts for non-smokers, and other incentives to healthy behaviour**

Quitting smoking is a difficult and challenging process, with cigarette smokers having to change many entrenched behaviours if they want to quit.

In view of this and the impact of smoking on the individual and the health system, smokers deserve all possible assistance and support in giving up smoking and in staying a non-smoker.

Government should work with life, health and disability insurers to encourage genuine premium reductions to non-smokers and benefits for smoking cessation programs.

Direct financial incentives to quit may have more of an impact for some smokers than advertising and education campaigns.

A review published in the Cochrane Library found that health insurance that paid the full cost of smoking-cessation treatments could increase quit rates, compared to benefit plans that paid only partial benefits or none at all. The study found:

> *Costs are a significant barrier to the use of smoking-cessation treatment. Healthcare providers may be deterred from offering treatment if they do not receive reimbursement, and patients may be deterred if they must pay for treatment costs.*[31]

Nicotine's addictive properties are an obvious barrier to quitting. AMA (NSW) believes pharmaceuticals that assist in quitting smoking, such as nicotine replacement therapy, should be affordable and not more expensive than cigarettes.[32] Government should also work with insurers to explore better financial support for smokers who use nicotine replacement therapy and/or counselling services.

The Government should also explore direct cashback incentives to take part in smoking cessation activities.

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[30] Queensland Health Tobacco Laws, http://www.health.qld.gov.au/atods/tobaccolaws/timeline.asp
[31] http://www.medicalnewstoday.com/medicalnews.php?newsid=20304
[32] Australian Medical Association Position Statement on Tobacco

An American study published in *Cancer Epidemiology Biomarkers & Prevention* found that modest financial incentives led to significantly higher rates of smoking cessation program enrolment and completion and short-term quit rates, and moderately higher six-month quit rates. Smokers offered $20 for each smoking cessation class attended and $100 if they had quit smoking 30 days after completing the program were more than twice as likely to enrol in and complete the course, and four times as likely to quit smoking. [33]

Doctors play an important role in smoking cessation.

Doctors play a key role in delivering public health messages to patients. The benefits of quitting smoking may be the most important of these messages. Therefore, doctors have a responsibility to address, support and encourage patients in ceasing cigarette smoking. Each consultation provides an opportunity to do this, even through a simple question about their smoking practices.

There needs to be appropriate remuneration to allow doctors to undertake this work. It is essential that strategic, targeted research be undertaken regarding the supportive environments required for people to cease smoking, particularly among Aboriginal peoples and Torres Strait Islanders and those from lower socio-economic backgrounds. [34]

AMA (NSW) RECOMMENDATION: **Stop tobacco promotion by banning the display of cigarettes and cigarette packages at point of sale and elsewhere**

All forms of public promotion and marketing of tobacco products should be banned.

Tobacco products must not be promoted at the point of sale.

AMA welcomed the Government's declaration in 2004 that it would permanently "remove tobacco products from view in shops and supermarkets". Announcing the plan in Parliament, the Minister Assisting the Minister for Health (Cancer) the Hon Frank Sartor MP said:

> *Point-of-sale cigarette displays are a form of tobacco advertising and promotion. One need only walk into a supermarket to see the rows of brightly coloured cigarette packets to know that tobacco products continue to occupy centre stage.* [35]

The display bans were promoted by the Government-established Cancer Institute NSW and supported by health stakeholder groups. A report prepared

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[33] Volpp, Kevin et al, University of Pennsylvania, *Cancer Epidemiology Biomarkers & Prevention, http://www.endsmoking.org/archives/200602/20060209reimb2.html*

[34] Australian Medical Association Position Statement on Tobacco

[35] Sartor MP, the Hon Frank, Parliament of NSW, Hansard, 19 February 2004, page 6339: "Tobacco Smoking"

by the NSW Health Public Health Unit found that displaying cigarettes "reduces smokers' motivation to quit and may encourage former smokers to resume smoking".[36]

It was recently reported that the Minister reversed the plan on the basis that "there was no need... because the Federal Government was putting graphic displays of cancers on cigarette packets."[37]

AMA does not accept the Minister's argument that the new graphic warnings achieve the same ends as banning displays. The new warning imagery covers only 30% of the front of the pack – significantly less than the 50% called for by AMA when the warnings were announced. The size and range of warnings available mean the packs can be displayed with little to no grotesque imagery visible to consumers. The cigarette brand is still far more prominent than the warnings.

Cigarette packaging is a critical marketing tool as the pack design is used to create expectations in the consumer about the product. People who smoke cigarettes demonstrate high brand loyalty so packaging that promotes the purchase and trial of a new brand is a critical tool to increase market share. By using the packet as a billboard, the manufacturers are using one of the last remaining legal avenues open to them to promote their product.[38]

The prominent placement of tobacco counters in stores demonstrated that it is a substantial source of revenue for supermarkets. ACNielsen's Top 100 brands report, released in January 2006, showed that 5 of the top 6 selling brands in supermarkets were cigarettes.

There is a strong perception that not only the tobacco lobby but also the powerful supermarket chains have exerted influence on the Government on this issue.

The proposed display bans must be reintroduced.

Tobacco must not be promoted by other underhanded means.

Direct cigarette advertising on radio and television was phased out in the mid 1970s and in the print media by the early 1990s. However, since that time, tobacco companies continue to spend millions of dollars on marketing campaigns in their attempts to attract new smokers and circumvent Australia's legislation prohibiting tobacco advertising. This is often through promotional activities where brand images (such as the 'Alpine' mountain) are displayed or free samples are given out.

In most Australian jurisdictions, legislation has been introduced that bans sporting and other healthy pursuits being sponsored (or being seen to promote smoking directly or indirectly) by tobacco companies. However, there are still

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[36] Cited in *The Sydney Morning Herald*, "Sartor ignored ad warning", Andrew Clennell, March 17, 2006
[37] Ibid.
[38] Australian Medical Association Position Statement on Tobacco

some exemptions given to international events such as the Formula 1 Grand Prix. These exemptions should not be renewed and governments which have not already done so should enact legislation restricting all forms of tobacco advertising and promotion.

Consideration should also be given to introducing generic tobacco packaging, which could be an effective way to break the link in consumers' minds between concepts of glamour, colours, images and specific brands – thus helping to decrease the burden of disease caused by smoking in our community. [39]

AMA has also called on the Federal Government to counter the impact that celebrity smoking is having on young people, both on and off the screen, by amending the *Tobacco Advertising Prohibition Act* to ensure that inducements to promote tobacco products and smoking in films and other media are clearly illegal, with substantial penalties for breaches. This needs to include warnings on films for video, DVD and TV audiences.[40]

AMA believes that product placement in television programs and movies should be acknowledged at the beginning of the program and should receive a rating that does not allow the program to be shown when people under 18 years of age are able to view the program.[41]

There is concern about increasing levels of tobacco product placement in films and depiction of tobacco use on screen, because of the potential effect it could have on young people starting and carrying on smoking. Through tobacco use on screen, receptive individuals associate stylised, branded smoking behaviour with other aspirational elements of our culture.[42] Studies show an association between on-screen smoking in an adolescent's favourite movie actor and his or her own smoking behaviour.[43]

A recent study in the American Journal of Public Health shows the incidence of smoking scenes in randomly-selected movies, after falling in the early 1980s, had risen again since the 1990s to levels observed in 1950 – when smoking rates were twice as high. This imbalance is alarming as it is at odds with current social trends in Australian society.[44] The availability of popular movies and television programs in video and DVD formats ensures that the favourable depiction of smoking can have an influence far beyond an initial broadcast.

There is an international movement to limit the depiction of smoking in the media. The Indian Government has ordered that from mid 2005 no-one on film or television should be depicted smoking, and when old films are shown they will have to carry warnings or they'll have smoking scenes blurred.

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[39] Ibid.
[40] Ibid.
[41] Ibid.
[42] Sargent JD TJBM, Dalton MA, Ahrens MB, Heatherton TF, "Brand appearances in contemporary cinema films and contribution to global marketing of cigarettes", *The Lancet* 2001;357(9249).
[43] Tickle JJ. "Favourite movie stars, their tobacco use in contemporary movies, and its association with adolescent smoking". *Tobacco Control* 2001;10:16-22.
[44] Glantz SA. "Back to the Future: Smoking in Movies in 2002 compared with 1950 Levels", *American Journal of Public Health* 2004;94(2):261-263.

In Australia, a similar restriction on tobacco appearances in films seems a logical and consistent extension of other advertising restrictions imposed on the tobacco industry.

Stop Big Tobacco's political sway.

AMA (NSW) is concerned that the power of the tobacco and liquor/gaming lobbies has repeatedly come before the public interest. As Australian Hotels Association (NSW) President John Thorpe recently, and tellingly, said in relation to the Government's back-down on smoking in pubs, "Who said democracy was cheap?"[45]

The Australian Medical Association believes it is inappropriate for political parties to accept sponsorship from tobacco companies and calls upon all parties to refuse to enter into such arrangements, which clearly compromise government health policy.[46]

AMA (NSW) supports better tracking of smoking-related deaths.

AMA (NSW) has supported the Cancer Council's application to the Registrar of Births, Deaths and Marriages in NSW (and other states and territories) to add to death notification forms questions on the smoking status of the deceased, and possibly the next of kin. Currently, statistics on links between smoking and disease are reliant on smoking being specifically identified as a cause of death. Including a specific question on death certificates would allow for the first time a detailed, direct measurement of tobacco-related mortality and a more reliable indication of changes and trends, as well as supporting research into areas where links to smoking are only recently emerging, such as diabetes.

AMA (NSW) believes the Government should support the application.

All governments should make real increases in tobacco taxation.

Tax increases are the single most effective intervention to reduce demand for tobacco (tax increases that raise the real price of cigarettes by 10% would reduce smoking by about 4% in high income countries and by about 8% in low income or middle income countries).[47]

Therefore, governments (Federal, State and Territory) should be encouraged to make repeated real increases in the rate of tobacco taxation, setting aside the resulting revenue for health promotion activities. State and Territory

[45] "Smoke Screen", 17 March 2006, Stateline, ABC TV, http://www.abc.net.au/stateline/nsw/content/2006/s1595024.htm
[46] Australian Medical Association Position Statement on Tobacco
[47] Jha, Prabhat, "The economics of global tobacco control", *British Medical Journal* 2000;321:358-361.

Government excise on cigarettes should be rationalised to conform to the same amount in each State and Territory.[48]

AMA's position is also that current duty free exemption for tobacco products is an unacceptable tax break for a traveller that also reinforces a positive attitude towards cigarette smoking.

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[48] Australian Medical Association Position Statement on Tobacco