

Submission

No 34

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

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Theme:

Summary

Submission on inquiry into tobacco smoking in New South Wales

The Greater Western Area Health Service (GWAHS) has a significant interest in tobacco control and expends considerable time and resources in policing the legislation and developing strategies to minimise smoking. The population in GWAHS has the highest smoking prevalence in the state and as a result sees an increased burden of tobacco related morbidity and mortality.

The issue of tobacco smoking is a complex one, and we wish to draw the attention of the committee to only a limited number of points. Smoking is a physical addiction and it is better to try to prevent people, especially young people and children taking it up than concentrating solely on getting people to quit. To this end it is preferable to use strategies that target environmental factors and organisations rather than individuals.

GWAHS is supportive of any moves to further restrict the sale of tobacco and reduce exposure to environmental tobacco smoke. It is important to protect individuals (especially young people) from corporations and businesses that breach tobacco legislation by selling tobacco to minors or expose people to environmental tobacco smoke. Tobacco smokers are already the victims in this situation, and we would like to ensure that any changes in legislation do not directly target those that are already addicted to smoking. Tobacco smoking is also far more prevalent in communities with low socioeconomic status. If legislation is targeted at smokers themselves, there is an increased unintended risk of further marginalising these individuals.

In response to specific terms of reference:

(b) Sales of cigarettes to minors are not trivial offences. They represent adults and organisations assisting young people to develop a smoking addiction which will have an impact on their health for the rest of their life. Unfortunately it appears that the legal system does not support this. Penalties for sales to minors are small and do not act enough as a deterrent. The current fine for selling to minors can be \$5500 but this level of penalty has never been imposed. There seems to be a belief that being prosecuted for selling cigarettes to minors is just bad luck rather than an example of regular behaviour. Defendants too easily use Section 10 of the Act to avoid conviction. The courts need to support tobacco control initiatives and the process needs to be outside their control (for example issue of on the spot fines).

(c) The current phasing in of smoke free indoor venues has placed pressures on officers policing the legislation and proprietors implementing legislation. Many premises have no physical separation between smoking and non-smoking areas which means that non-smokers can still be affected by passive cigarette smoke. The 25% rule for determining whether venues are enclosed or open is ineffective for the same reason. Feedback from proprietors indicates they would have preferred a total ban on indoor smoking instead of phasing in over time.

(f) The New South Wales Health Tobacco Branch in the past funded public health units to conduct tobacco compliance monitoring. Recently public health units were reduced from 17 to 8 and a tobacco compliance officer was funded for each of the new areas. This works well in urban areas but not so well in rural areas as there is a considerable amount of travel and accommodation costs involved in policing the legislation in rural areas and the budget provided for the employment of tobacco compliance officers is not sufficient to cover these costs.

(g) While the Motor Vehicle Prohibition Bill 2005 aims to address issues of smoking in cars we do not believe this will be a very efficient way of addressing the issue. It is likely that it will be opposed by many groups in the community, widely ignored and difficult or impossible to police. Effort and resources might be better spent in other strategies.

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