

Submission

No 47

INQUIRY INTO TOBACCO SMOKING IN NEW SOUTH WALES

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Theme:

Summary

SUBMISSION BY
THE NSW COMMISSION FOR CHILDREN AND YOUNG PEOPLE
TO THE
INQUIRY INTO TOBACCO SMOKING IN NSW
APRIL 2006

1. The Commission for Children and Young People

- 1.1 The Commission for Children and Young People ('the Commission') was established by the *Commission for Children and Young People Act 1998*. The Act lays down three statutory principles which govern the work of the Commission:
- (a) the safety, welfare and wellbeing of children are the paramount consideration
 - (b) the views of children are to be given serious consideration and taken into account
 - (c) a co-operative relationship between children and their families and community is important for the safety, welfare and well-being of children: *s10*.
- 1.2. The principal functions of the Commission include the making of recommendations to government and non-government agencies on legislation, policies and practices and services affecting children: *s11(d)*.

2. General comments

- 2.1 The Commission considers that the impact of smoking on the health and wellbeing of children should be a primary consideration in developing further strategies to reduce tobacco smoking in the community.

3. The costs and other impacts of smoking

- 3.1 There have been nearly 50 studies into the association between smoking and sudden infant deaths. All of these studies found that maternal smoking during pregnancy increased the risk of infant death and that post natal exposure to tobacco smoke aggravated the risk further.
- 3.2 Despite this evidence, the NSW Child Health Survey shows that 31% of NSW babies less than one year old live in households which include a

smoker, and 13% of mothers report smoking in pregnancy.

3.3 The impacts of smoking on children's health and wellbeing include:

- increased risk of birth complications and of a baby being born with a lower than average birth weight from smoking during pregnancy¹;
- increased risk of sudden infant death syndrome for children of mothers who smoke during pregnancy and babies exposed to any tobacco smoke after birth¹; and
- long term effects on health, such as chronic respiratory illness and possibly cancer².

3.4 The Child Death Review Team report, *Sudden Unexpected Deaths in Infancy* (SUDI)³, provides further evidence that exposure to tobacco smoke creates a high risk for pregnant mothers, for babies before and after birth, and for children.

3.5 The SUDI report analysed 186 sudden and unexpected child deaths that occurred in NSW between January 2000 and December 2002. The report found that exposure to tobacco smoke during pregnancy and/or after birth occurred in 57% of the deaths.

3.6 The SUDI Report made nine recommendations (listed at appendix 1) aimed at reducing the number of sudden unexpected infant deaths. They have been accepted by the NSW Government and are being progressed by NSW Health and SIDS and Kids NSW. The Joint Select Committee may wish to review and consider endorsing these recommendations, insofar as they relate to tobacco smoking.

4. What children and young people have said about tobacco use

4.1 A 2002 survey⁴ of NSW high school students found that 13.3% were smokers.

4.2 In order to educate and inform children and young people effectively about smoking, we need to understand children and young people's perceptions of their own health, about how they learn about smoking and what influences their decisions whether to smoke. Messages which are based on an adult understanding of these issues are less likely to engage children and young people, and therefore are less likely to influence their knowledge and smoking behaviour.

¹ Department of Health (2006) *Fact Sheet: Smoking and pregnancy* Sydney: NSW Health, viewed 12 April 2006, <http://www.health.nsw.gov.au/public-health/health-promotion/tobacco/facts/factsheets/pregnancy.html>

² The Royal Australasian College of Physicians and the Royal Australian and New Zealand College of Psychiatrists (2005). *Tobacco Policy: Using evidence for better outcomes*. Sydney: RACP and RANZCP

³ NSW Child Death Review Team (2005). *Sudden Unexpected Deaths in Infancy: the New South Wales Experience*. Sydney: Commission for Children and Young People

⁴ Centre for Epidemiology and Research, NSW Department of Health (2004). The health of secondary school students in New South Wales 2002. *NSW Public Health Bulletin*, 15(S-2) 1-87.

4.3 The Commission has recently undertaken consultations and interviews⁵ with children and young people on a range of health issues, including smoking and quitting smoking. These views are summarised below.

4.4 *Children and young people's views of their health*

Children and young people see themselves (correctly) as generally healthy. They rarely think about the possibility that they could get sick.

While younger children believe that their parents are responsible for their health, older children and adolescents assume increasing personal responsibility and begin to make their own lifestyle choices that impact on their health.

Children and young people do not often think of their lives as adults – messages about things that may happen some years in the future are unlikely to engage them and are, at best, partially effective as a deterrent.

In particular, they do not see themselves as being “addicted” to anything. They believe that their use of tobacco, or any other drug, is a matter of choice, and that they will stop using it “soon”. Strategies framed in terms of beating addictions or breaking habits may therefore not be effective in engaging young people.

4.5 *The influence of role models*

The behaviour modelled by family members is a powerful influence on children and young people. Young people reported being more inclined to try smoking if their parents and siblings smoked.

Some young people mentioned seeing their teachers smoking on or near school premises, making them cynical about the messages they hear in school drug education classes.

Young people acknowledge that their decisions to smoke are influenced by positive, or even neutral, depictions of smoking in the media. They mentioned movies, music clips, television and magazine pictures of celebrities smoking.

Children and young people are aware of, and confused by conflicting messages about smoking. Young people in particular are suspicious of messages about the dangers of smoking when they see role models smoke.

4.6 *Messages about tobacco use*

⁵ Sources for children and young people's views are consultations with children and young people on *Health Futures* for NSW Health's 20 year planning framework (undertaken in late 2005 and early 2006) and interviews for the Commission's *Children's Understanding of Well Being* research project (undertaken in 2004 and 2005).

Children and young people expect to be educated about life and health at school, but as they get older, they want an explanation of why smoking is bad, not just to be told that it is bad. They do not respond well to simplistic 'don't do it' messages and are undecided about the effectiveness of stories or images designed to shock them. However, young people generally supported the use of graphic images on cigarette packaging.

Some young people still believe myths about smoking, such as if you give up before you turn 18, smoking won't do you any harm.

Effective messages to young people need to be designed from a young person's point of view and in terms they understand. They may well need to be different to messages for adults. For example, young people assumed that the current *Quit* campaign was aimed at adults who were long term smokers. They did not realise they were part of the target audience of the current campaign. Some said that they thought a *Quit* campaign aimed at young people could work, but it would need to recognise that young people don't see themselves as addicts and that they already intend to quit.

Several young people said that they would listen to and learn from the experiences of other young people who have smoked.

4.7 *Access to tobacco*

Few young people thought that their peers had any difficulty in obtaining cigarettes if they wanted them. They supported decreasing the visibility of cigarettes at supermarkets, convenience stores and newsagencies in particular.

A powerful deterrent for young people appears to be the cost of smoking. Some suggested that making smaller packets available, at the same price as current packets, could discourage the tendency to "get your money's worth" by smoking all cigarettes in a packet.

5. Conclusion

- 5.1 The Commission considers that priorities for decreasing tobacco smoking include:
- reducing smoking by pregnant women and people living in households with infants
 - promoting smoke free environments more generally for pregnant women and infants
 - preventing young people from taking up smoking
 - making it easier for young people to cease smoking
- 5.2 These priorities may probably best be achieved through strategies which target these areas specifically, within a broader context of reducing tobacco smoking in the community generally. The continued introduction of

restrictions on smoking in enclosed public spaces is supported.

- 5.3 The recommendations in the SUDI report provide a good direction for actions relating to pregnant women and infants, in particular improved community education on the importance of smoke free environments, such as smoke-free cars and homes.
- 5.4 Drug education and health promotion initiatives for older children and young people should be reviewed in light of children and young people's understanding of the issues, as summarised in section 4 above.