

Submission

No 66

INQUIRY INTO TOBACCO SMOKING IN NEW SOUTH WALES

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Theme:

Summary

**Submission to the NSW Parliamentary
Inquiry into Tobacco**

April 2006

Submitted by

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Introduction

For over many years I have been concerned about the health effects of smoking on smokers and non-smokers.

I have made contributions towards reducing the impact of smoking on our community through voluntary organisations.

In 1998 I made submissions to the South African and Malaysian Governments on strategies to reduce the prevalence of smoking in their communities.

Background

The health effects of smoking on smokers and non-smokers can be reduced in a number of ways, all essentially aim to reduce the exposure of the smoker and non-smoker to tobacco smoke.

For smokers, this can mean persistently reducing the percentage number of smokers in the community, encouraging those who continue to smoke, to smoke less, or to smoke in a manner less hazardous to them, and those passive smokers around them.

For non-smokers, this can mean reducing to zero, their exposure to tobacco smoke, at home, at work, in modes of transport and places of leisure and recreation.

Australia and New South Wales has over time made some progress in reducing smoking rates among smokers, and in reducing non-smokers exposure to tobacco smoke.

This Submission does not intend to review those initiatives. This Submission seeks to enquire about the efficiency of the measures used to reduce smoking, in order to ensure that the most efficient methods of reducing exposure to tobacco smoke are deployed in the future.

The NSW “Quit. For Life” Campaign

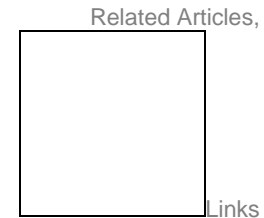
In the 1980s, after a successful trial in Lismore, Coffs Harbour and Tamworth, the value of the mass media as a tool for reducing smoking was well established.

In 1983, the “Quit. For Life” media campaign was run in Sydney, with among other things, the landmark “Sponge” commercial.

The effectiveness of the campaign was evaluated by comparing the change in smoking rates in Sydney where there was a campaign, and in Melbourne and

across the rest of Australia, where there was no significant campaign. The study was reported in the Medical Journal of Australia, and an abstract appears below.

[Med J Aust.](#) 1986 Mar 31;144(7):344-7.



Evaluation of the Sydney "Quit. For Life" anti-smoking campaign. Part 2. Changes in smoking prevalence.

[Dwyer T](#), [Pierce JP](#), [Hannam CD](#), [Burke N](#).

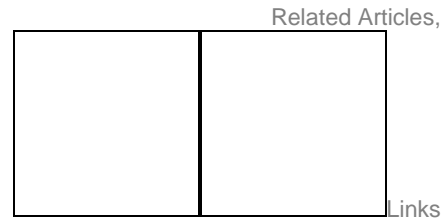
Between June and November 1983, the "Quit. For Life" media campaign was conducted in Sydney to reduce the prevalence of smoking. Surveys on a cross-sectional sample of the Sydney population were conducted before and after the campaign, and similar measures were undertaken in the rest of Australia for comparison. The sample sizes for both the Sydney and control areas comprised more than 4000 subjects. In addition, a cohort of 949 residents of Sydney and Melbourne were followed for changes in the prevalence of smoking during the year of the campaign. The cross-sectional survey results for 1984 and 1983 demonstrated decreases in the prevalence of smoking of approximately 1% for both men and women in Sydney compared with the rest of Australia. In the cohort study there was a 3.4% decrease in smoking prevalence in Sydney compared with a 0.8% increase in Melbourne. The pooled estimate of the difference in smoking prevalence attributable to the campaign was 2.8% (95% confidence interval, 0.5%-5.1%).

Whereas interstate comparisons between sporting teams are common in Australia, and one state or territory can be singled out as being the best. This was the last time, to my knowledge, an interstate comparison was published.

I believe it would help identify efficiencies and provide pointers to best practice if interstate comparisons were conducted and reported on a regular basis.

The value of mass media campaigns was demonstrated in a subsequent paper (see below), and these results have been confirmed by other studies around the world. So we know mass media works, the task now is to make sure it is working as efficiently as possible.

[Prev Med.](#) 1987 Mar;16(2):252-60.



Uptake and quitting smoking trends in Australia 1974-1984.

[Pierce JP](#), [Aldrich RN](#), [Hanratty S](#), [Dwyer T](#), [Hill D](#).

Five cross-sectional surveys of random, cluster samples of the Australian population taken between 1974 and 1984 obtained information on the prevalence of smokers and ex-smokers. This information, however, does not provide the essential data for trend studies of smoking behavior: Estimates of the prevalence of smoking uptake and of smoking cessation are also required. The uptake rate for males ages 16-19 reached a peak in 1980. For females ages 16-19, the uptake rate reached a peak in 1983; in 1984 there was a significant drop in the percentage of female ever-smokers, which coincidentally corresponded to the introduction of large-scale, mass-media anti-smoking campaigns in Australia. A quit ratio has been defined in this study as the ratio of the proportion of ex-smokers to the proportion of those available to quit, that is, ever-smokers. This ratio enables community smoking cessation activity trends to be plotted. Quit ratios were similar for both sexes and increased at approximately 1% per year for almost all age groups studied. Overall, the percentage increase between 1974 and 1984 was greater for females than for males.

A study published in the Medical Journal of Australia in 1998 found "In the period between 1983 and 1989, when per capita expenditure on adult antismoking campaigns rose, smoking prevalence declined, but levelled off thereafter in a period when expenditure on campaigns fell".

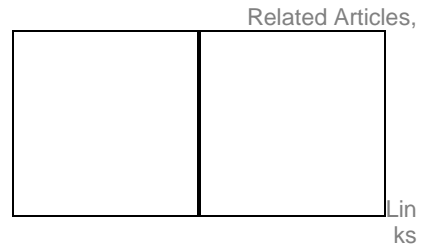
This study aggregated expenditure on anti-smoking campaigns for all states and territories, and compared this aggregated expenditure to changes in smoking rates.

It is possible that the aggregation of expenditures may mask other important trends. For example, one state or territory may have been very efficient in reducing smoking, with a comparatively smaller campaign expenditure but this

efficiency may be lumped in with an inefficient state result and the “averaging” of those results could be misleading.

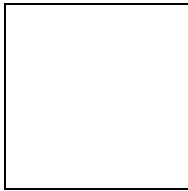
The Committee is encouraged to call for the disaggregation of the expenditures and changes in smoking prevalence reported in this study, if only for new South Wales, to see how our state compares with the national average.

[Med J Aust.](#) 1998 Mar 2;168(5):209-13.



Comment in:

- [Med J Aust. 1998 Mar 2;168\(5\):204-5.](#)



Smoking behaviours of Australian adults in 1995: trends and concerns.

[Hill DJ](#), [White VM](#), [Scollo MM](#).

Centre for Behavioural Research in Cancer, Anti-Cancer Council of Victoria, Melbourne. davidh@accv.org.au

OBJECTIVES: To estimate the prevalence of smoking among Australian men and women in 1995 and to examine trends in smoking prevalence in Australia over the past 10 years. **DESIGN:** A representative sample of adults participated in face-to-face interviews conducted by a large market research company. **PARTICIPANTS:** 2819 men and 2880 women over the age of 16. **MAIN OUTCOME MEASURE:** Self-reported smoking behaviours assessed by standard questions. **RESULTS:** Overall, 27.1% of men and 23.2% of women were smokers of tobacco (factory-made cigarettes, pipes, cigars or roll-your-own cigarettes). This difference in smoking prevalence of men and women was significant. More men (32.1%) than women (21.7%) were past smokers and more women (53.4%) than men (39.3%) had never been regular smokers. On average, male smokers smoked about 20 factory-made cigarettes a day, while

women smoked about 18. Occupation and education levels were inversely related to smoking prevalence. Comparisons with earlier data suggest that the decline in smoking prevalence seen in previous surveys has ceased. However, the number of cigarettes consumed daily decreased between 1992 and 1995. In the period between 1983 and 1989, when per capita expenditure on adult antismoking campaigns rose, smoking prevalence declined, but levelled off thereafter in a period when expenditure on campaigns fell. CONCLUSION: Failure to find a continuing decline in prevalence of smoking among the Australian population is of great concern and indicates the importance of continuing and extending antismoking programs.

Differences between States and Territories

The substantial differences which have occurred in the development of strategies to reduce exposures to tobacco smoke across Australian states and territories should provide clues to how more efficient campaigns could be developed.

For example, the “Quit. For Life” campaign in New South Wales in the early 1980s clearly led the nation.

The passage of the Victorian Tobacco Act in Victoria in 1987 might suggest that the mantle of “national leader” might well have been claimed by Victoria.

The Victorian Tobacco Act banned certain forms of tobacco advertising and tobacco sponsorship of sporting and cultural events, replacing tobacco sponsorships with community grants advertising health and other messages. A substantial sum of money has been spent in Victoria since 1987 and it continues to this day.

South Australia passed similar legislation in 1988, and established a health promotion foundation, to replace tobacco company sponsorships of sports and the arts and other resources were spent on anti-smoking campaigns.

The South Australian Parliament repealed the enabling legislation after six or seven years because the establishment of the Foundation had not led to a discernable decline in smoking rates.

The ACT banned tobacco advertising and sponsorships in 1990, and was followed by Western Australia the same year. In both jurisdictions health promotion foundations were established.

The replacement of tobacco company sponsorships of various sports, arts and community organizations with grants from health promotion foundations was

seen as odious in some quarters, seemingly rewarding the “guilty”. Whereas some organizations had taken a policy position not to accept tobacco money for obvious reasons, other less high minded organizations did take tobacco money, and had it replaced and sometimes increased. And the organizations who never took tobacco money could not benefit from the “replacement” sponsorships because they had never taken tobacco money in the first place.

This was but one of many confusing and contradictory issues.

The successful passage of the Rev Fred Nile’s Private Members’ Bill in 1991 which banned tobacco advertising and sponsorships in New South Wales allowed the state to take the leadership mantle again.

This legislation de-bunked the one of the many lies propagated by tobacco companies that tobacco company advertising and sponsorship was essential to sports, arts and community organizations and these bodies would fail without it.

There is no evidence that organizations in New South Wales have suffered by lack of sponsorship and the Rev Fred Nile’s Bill provided leverage for complementary legislation to be passed the next year in the Federal Parliament, which banned most tobacco advertising and sponsorship across the Commonwealth of Australia, including those states and territories which had not passed state specific legislation.

This was another high point in tobacco control leadership for New South Wales.

So for a number of years we have had health promotion foundations in several states, and none in others, and we have had sometimes vastly different expenditures in various states and territories on anti-smoking campaigns.

Arguably the leadership states have been Victoria, South Australia and Western Australia, where per capita expenditures have been highest, and the states where expenditures have not been as high are New South Wales and Queensland.

Interesting the latest National Health Survey published by the Australia Bureau of Statistics (abstract below) indicates little difference in smoking rates between these states. Probing the reasons for the lack of differences might well demonstrate some efficient practices to be exploited, and some inefficient practices to be avoided.

PROHIBITION

I submit that adjusting the advertising laws and promotional activities of an addictive substance has had measurable but marginal effect. Every prohibition or restriction has been fiercely opposed by the tobacco companies, often winning delays, concessions, exemptions and backflips. The

debate on tobacco advertising and promotion has distracted us from the main debate of tobacco prohibition.

I submit that New South Wales conduct a prohibition trial, using Norfolk or Lord Howe Island (or both) as a geographicly isolated community for prohibition. The net benefit gained should be calculated (decrease in heart disease, accidental fires, litter collection and so on) and be offered to the community up front as an incentive package, the money being spent on such services as :
extra **health resources** that can also assist to monitor outcomes,
vocational training for any person claiming to be dependent on tobacco for income,
tourist resources to cater for the expected increase in tourism and
extra **Police** resources to enforce the prohibition.

During implementation New South Wales should challenge all other States to implement a parallel trial on large permanently inhabited islands.

This trial should commence before 2008.

I also submit New South Wales should set a "sunset" date for tobacco, a date beyond which tobacco sale and use will be prohibited as for other drugs of addiction. A date such as 1 January 2020 would be beyond the career of any current Parliamentarian, tobacco or retail executive and beyond the life expectancy of most current smokers.

Pending the prohibition trial's three and five year reports, the prohibition date could be moved forward.

I also submit there should be an immediate and total prohibition on the sale, promotion or use of a tobacco product throughout any property that retails petroleum. The practice of retailing cigarettes at petrol stations is an explosively unnecessary risk to the community, costing millions in lost taxation revenue (through fraudulent claiming of tobacco purchases as fuel) and putting small family owned businesses at risk whilst larger retailers move into the unprofitable area of fuel sales to maintain their market share in tobacco sales.

I pray the committee will indulge my submission and include my recommendations in their recommendations.

Owen B. Graham