

Submission

No 33

INQUIRY INTO TOBACCO SMOKING IN NEW SOUTH WALES

Organisation: Country Women's Association of NSW
Name: Mr Colin Coakley
Position: General Manager
Telephone:
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Theme:

Summary

COUNTRY WOMEN'S ASSOCIATION OF NEW SOUTH WALES



**SUBMISSION TO THE
JOINT SELECT COMMITTEE ON TOBACCO SMOKING
ON
THE INQUIRY INTO TOBACCO SMOKING IN NEW SOUTH WALES**

Email: tobaccosmokingcommittee@parliament.nsw.gov.au

**FROM: Social Issues Committee
Country Women's Association of NSW
Email: personalassistant@cwaofnsw.org.au**

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INQUIRY INTO TOBACCO SMOKING IN NEW SOUTH WALES

The Social Issues Committee of the Country Women's Association of NSW would like to provide this submission to the Inquiry into Tobacco Smoking in NSW. The Committee is, however, at a loss to understand the need for this Inquiry as we believe there have already been numerous inquiries on the same topic.

Not so many years ago, people were taking opium, either smoking it directly or pouring it into themselves and their children as laudanum. Governments managed to ban this from general use; and we now have to visit a medical practitioner to have a prescription written for a huge range of so called "dangerous drugs". Meanwhile, the harm from tobacco smoking is probably better documented than that from any prescription drug, yet we have governments most reluctant to ban tobacco. We can only see that this further inquiry will mean a greater delay in governments taking a serious stand, and we must not forget that governments are raking in a lot of money from tobacco sales (GST and other taxes), especially NSW.

First of all it must be recognised that nicotine addiction is a very real and genuine health issue, and also that it is not really the tobacco in cigarettes that causes so many problems – it is the toxic mix of chemical additives. This may explain why many can remember their grandfather living to be 90 and smoking every day. They smoked "roll-your-own" tobacco, not chemicals. Today, the tobacco is only a medium in which to deliver the additives.

(a) The costs and other impacts of smoking

Financial, social, health (direct and indirect for health). Great is the burden on the family and society of the person with heart disease or damaged lungs or diabetes or any of those other direct outcomes of smoking. When one sees the ulcerated legs of a life-long smoker, one wonders why anyone smokes. The burden is financial, emotional and psychological, and it costs carers time and money. (Although carers receive pathetically small recompense for changing their lives, giving up well paid jobs to be carers, it is still tax-payers' money.) The poor victim whose life is limited as the result of passive smoking is even worse off because the illness is the result of someone else's selfishness – but it is still a cost to all concerned at a number of levels.

When the question of the cost to the community of smokers in terms of health care is raised, governments usually feel this gives them the opportunity to increase the tax on cigarettes, claiming the extra revenue will assist the health budget. It doesn't. It goes into that bottomless pit of general revenue.

Apart from the immediate expenses (medical, hospital, social etc.), millions of dollars are poured into advertising.

(b) The effectiveness of strategies to reduce tobacco use

It appears that the number of young males who smoke has been reduced, but young females – possibly with the current thinking of young girls that "thin, stick-like" is beautiful – continue to take up the habit. A most distressing sight is to see pregnant women smoking, but they do – again their reasoning could be that smoking would ensure a smaller baby, easier birth – doesn't matter about the unborn baby. Gruesome pictures on packs, "hiding" cigarettes behind a curtain (in all places except supermarkets etc.) from public view, running commercials, including the dangers of smoking in school health courses, all will never be matched by the amounts of money tobacco companies are prepared to pay to counter such strategies – promoting horse races etc.

We all know smokers who have renewed their acquaintance with the "weed" after having abstained for years or months. Health professionals state that, like alcohol, no matter how long the period of abstinence has been, within two weeks of the resumption of the habit, the person is back at the same level as when the decision was made to quit. **SMOKERS KNOW THE RISKS, THEY CHOOSE TO DEFY THEM.** We have heard of doctors refusing to treat patients needing a heart by-pass until those patients have given up smoking for 3 months. We know that such actions could be called discriminatory but, with the ever-increasing queue of patients requiring surgery, we can understand the doctors' refusal to waste their time, surgical staff, nursing time and beds on such cases when they won't help themselves.

A recent news item said that the NSW Government is planning huge fines for subliminal tobacco advertising. This sounds good, until one realises that the majority of television shows are not made under the auspices of the NSW Government.

Smoking is banned in all hospitals, government departments, all methods of transport and most work places. In NSW forty-four Councils have banned smoking around playing fields where children are involved in sport. Fairfield Council's ban on smoking in parks will also be closely monitored to see what effect it has. If it means less cigarette butts on the ground, that will be a good thing. The figures for cigarette butts collected each year by the Clean Up Australia Campaign are truly staggering, and these figures do not include the huge number of butts which pollute our waterways, beaches and oceans.

The corner stores and tobacconists are losing a death struggle for the hearts and lungs of today's smokers against supermarkets and petrol stations. The corner stores and tobacconists are forced to conceal their cigarettes, but not the big players in the market. Pressure **MUST** be brought to bear on supermarkets and service stations which have gaudy, eye-catching displays adjacent to the check-outs and exits. Coles has taken down retail displays in Tasmania and hopefully this trend will continue. When everyone was concerned about young children demanding sweets on display at check-outs, some centres took the sweets away from children's view, but it is recognised that a lot more money is raised per packet of cigarettes than on a chocolate Freddo Frog.

(c) The effects of smoke-free indoor venues on the initiation and maintenance of the smoking habit

What "smoke-free areas"? The NSW Government's so-called compromise on indoor venues is risible, as is the whole issue of "smoke-free areas" in clubs and pubs – or it would be if people's health was not at risk. No smoking within a couple of metres of the bar service area is supposed to bring safety from passive smoking for service staff!! We don't think so. Under the latest legislation, which has been so watered down as to be useless in protecting staff and other patrons alike, all the smokers have to do is move to a table a few metres away. Staff still have to approach the area to collect glasses, empty ash trays etc., and non-smoking patrons are still in the same room. More rigorous regulations are due to come in over the next 2 years, but no-one can envisage a smoke-free club unless smoking is totally banned in and around the club.

(d) Factors affecting initiatives for smoke-free indoor areas

When the smoke-free policy was announced, clubs complained, hence the indoor areas. The majority of clubs do not have adequate areas to house the smokers. When a workplace is declared smoke-free, the addicts have to congregate on the footpath or across the road etc., but this does not apply to Club patrons. Older style pubs, with their beer gardens and outside eating areas, are faring a little better than clubs.

Banning smoking in the workplace certainly has been a good move; however it has only reduced productivity with smokers having to take work breaks to go outside to smoke. In some large buildings with slow lifts this can be 20 minutes or so each time. No wonder other workers resent the fact that their smoking colleagues work less hours in the day. The move by the Federal Department of Industry, Tourism and Resources to ban smoking by staff while on duty, to take effect from October, will be closely monitored by other organisations and companies. The Daily Telegraph (April 1, 2006) reported worker dissatisfaction at that office when "under the new rules, public servants will only be allowed to smoke during their lunch hour" and that "smoking will also be banned within 15 metres of the government department's offices". "Discrimination" and "freedom restriction" are being voiced. It will be interesting to see how the complete ban in October will go.

(e) The effectiveness of media, educative, community and medically-based initiatives

Pubs, with their outdoor areas and perceived laid-back controls (no doorman, as in clubs) are seen to be the cradle of youth (boys and girls), the place where they experience smoking and alcohol to binge degrees. Unfortunately recent media reports reveal that often, while they start out on cigarettes and alcohol, they soon progress to the hard drugs, and police are warning the use of the highly-addictive crystal-based amphetamine "ice", which can make people extremely violent and delusional, is on the rise. The youth must be educated against these evils, making them able to resist before they reach that age.

Education, education and more education can be the only long term way of solving the problem. Young people need to be told it is "uncool" to smoke. Messages on cigarette packets have had very little effect.

Advertisers must involve young people in their campaigns and find out exactly how to appeal to that market. Young people are immortal and take no notice whatsoever of "warnings".

The Life Education Van for primary school children must be extended to high schools also. Advertising showing graphic scenes of lung tar and damage to general health must continue. Perhaps young women could be influenced by the evidence of drying of their skin caused by smoking. Adults must be encouraged to lead by example in the home.

Most advertising campaigns thought up by clever advertising creative directors do not seem to have worked, so a new approach is needed. The cost in dollars and cents is often not highlighted either. Perhaps a chart of what one could purchase instead of smoking:

1 packet a day, or 2 packets a day, etc.

could be helpful. Over a fortnight or month it could amount to "pretty big dollars". Onlookers are always amazed about "where do these young people – often not old enough to work or be on some scheme – get the money to buy cigarettes?" They are so expensive – talk about money going up in smoke!

If they watch warning ads, subjects such as cot deaths in babies/children because of adults smoking around them are not going to impact on them, they only see the "now", where it affects them – as young, free, with no ties - at this present time.

Again, education needs to be started young. Organisations such as The Rock Eisteddfod Challenge which travel to schools (and now the Croc Festival which is the indigenous arm of the organisation) promoting both drug- and alcohol-free lifestyles

need total support. This Croc Festival, however, has to fight for every cent of its funding and never knows what its future is, instead of being fostered.

(f) The adequacy of the budget for smoking control initiatives

It would be better if the taxes from smoking disappeared along with the legal right to sell the product, however, one cannot imagine the tobacco companies putting up with that approach.

To non-smokers, it seems very easy for those who smoke to simply give it up. This is not the case and many smokers will attest to the number of times they have "given up smoking". Therefore, it is always easier to fix a problem before it becomes one. This means that we must invest heavily in preventing people from starting to smoke rather than trying to get those who are already addicted to give it up. Certainly, they should be helped, but if more effort is made in prevention, natural attrition will mean that eventually we end up with a nation of non-smokers.

Most importantly, patches, tablets and any other means of assistance to quitting must be available at reasonable prices. They should be available on prescription at PBS prices. In some instances the cost of these aids is almost prohibitive. It is cheaper to keep smoking.

(g) The Smoke-free Environment Amendment (Motor Vehicle Prohibition) Bill 2005 introduced by Reverend Nile in the Legislative Council

In the good old days, there were 4 control knobs on the dashboard:

1. lighter
2. choke
3. wipers
4. lights.

There were ash trays back and front of the car, side air vent windows and no air conditioning. Things are very different now. Good though it would be, to ban airconditioning in cars is a very big step for a government to take – so the Health Minister John Hatzistergos pointed to the World Health Organisation research that found children were particularly at risk from second-hand smoke because they were still developing and breathed faster than adults. He said similar proposals to ban smoking in cars with children had been rejected in America and Germany for privacy reasons and because there was no evidence of reduced road accidents. The only thing it would prevent would be bush fires – often caused by butts flung out of cars.

Education – good health practices – from a very early age – in the home – reinforced at school - is the only solution.

Social Issues Committee
CWA of NSW
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