

Submission

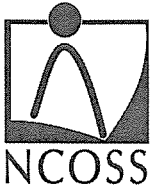
No 53

INQUIRY INTO TOBACCO SMOKING IN
NEW SOUTH WALES

Organisation: NCOSS
Name: Ms Catherine Mahony
Position: A/Director
Telephone:
Date Received: 26/04/2006

Theme:

Summary



Council of Social Service of New South Wales

66 Albion St, Surry Hills NSW
phone 02 9211 2599 fax 02 9281 1968
email info@ncoss.org.au web www.ncoss.org.au

abn 85001 797 137

24 April 2006

The Director
Joint Select Committee on Tobacco Smoking
Legislative Council
Parliament House
Macquarie Street
Sydney NSW 2000

JSC TOBACCO SMOKING

26 APR 2006

RECEIVED / SENT

Dear Sir or Madam,

The Council of Social Service of NSW (NCOSS) is an independent non-government organisation and is the peak body for the non-government human services sector in NSW. NCOSS works with its members on behalf of disadvantaged people and communities towards achieving social justice in New South Wales.

NCOSS membership is composed of community organisations and interested individuals. Affiliate members include local government councils, business organisations and Government agencies. Through current membership forums, NCOSS represents more than 7,000 community organisations and over 100,000 consumers and individuals.

Smoking is a major cause of cancer in both the mouth and throat. In the Victorian Quit Campaign Background Brief on Smoking and Oral disease it states, "*On average oral cancer occurs up to four times more frequently in smokers than non-smokers. In men approximately 57%, and in women approximately 51% of cancers of the oropharynx (throat) can be directly attributed to smoking... The combined effects of smoking and alcohol are linked to between 75% and 90% of all cases of oral cancer.*"

Use of tobacco products can also lead to:

- Leukoplakia – a white patch or plaque on the lining of the mouth, which can become cancerous. Smokers experience this at 6 times the rate of non-smokers, however up to 75% of the lesions diminish or disappear within 12 months of stopping the use of Tobacco.
- Periodontal Disease – Smokers are at risk between 2 ½ times and 6 times of having periodontal disease than non-smokers.

The nicotine in cigarettes also reduces blood flow to the gums and results in smokers being more vulnerable to oral infection and can take longer to heal after oral surgery.

The impact of tobacco use on oral health is of particular concern for people from low socio-economic backgrounds.

A report produced by Applied Economics (Returns on Investment in Public Health: An Epidemiological and Economic Analysis, 2003) shows that expenditure on a comprehensive tobacco control program results in far greater public health gains than other prevention programs. In the report it was estimated that anti-tobacco public health programs cost \$176 million (1971 – 2000). However the benefit in terms of avoided disease and death was \$8.6 billion.

In the NSW Tobacco Action Plan 2005 – 2009 a number of key groups are identified as having a disproportionate burden of health problems due to a high prevalence of smoking rates. This includes people from low socio - economic backgrounds, people who have been in contact with the criminal justice system, the unemployed and people from Culturally and Linguistically Diverse backgrounds. Aboriginal and Torres Strait Islander people have smoking rates that are twice that of non-Aboriginal people (50% compared to 23%) and the prevalence of smoking amongst people with a mental illness is estimated to be between 70 – 80%.

These groups are the least able to access smoking cessation strategies. They are also unable to afford nicotine replacement therapy.

It must also be noted that the Collins and Lapsley Report (Counting the cost: estimates of the social costs of drug abuse in Australia 1998-1999, 2002:15) it states that, *“It is often argued that, if an industry producing abused substances ceased to exist, there would be substantial loss of employment, output and income. Thus this employment, output and income are represented to be benefits of drug abuse. For example, ACIL (1994) calculate that the value added of the Australian tobacco industry in 1992-93 was \$3.4 billion and they treated this as a benefit to the Australian community (although, according to the Industry Commission (1994), they later “deleted” this estimate).”* However Collins and Lapsley note that a major reduction in the smoking population will have little, if any, effect on the economic performance and net job numbers in NSW.

Therefore it can be argued that tobacco use contributes to the cycle of poverty and disadvantage that impact on a person as a whole. The argument that there would be an economic or employment impact that could adversely affect people in NSW is not substantiated.

Tobacco control is not just a health issue but an equity issue.

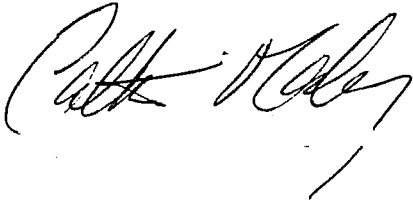
NCOSS recommends that the NSW Government:

1. Strengthens its commitment to tobacco control policies, in the knowledge that an overall reduction in prevalence will benefit the poorest households the most.
2. Increases funding and resources for “Quit Smoking” strategies that are targeted, relevant and effective for disadvantaged populations, including subsidised or free Nicotine Replacement Therapy.
3. Commits to real smoking bans in pubs and clubs. This will require further amendments to the NSW Smoke-free Environment Amendment Act 2004, to clearly define an outdoor area as being ‘outdoors’ and not being an indoor area with large windows or doors, as is the current definition.

4. Appropriately funds tobacco control policies and smoking intervention and reduction policies to address increasing oral cancer rates.

If you require any further information please do not hesitate to contact Samantha Edmonds, Senior Policy Officer, on (02) 9211 2599 ext 116 or samantha@ncoss.org.au.

Yours Sincerely



Catherine Mahony
A/Director