Thank you for taking the time to make a submission to the discussion paper. Your comments on the following questions would be appreciated.

What are your impressions of Part 3 of the discussion paper “A proposed approach to future tobacco control in NSW”?

Our submission provides comments relating to each Priority Area where we believe they are necessary. Immediately below are additional comments.

Strategy needs to be more ambitious
Cancer Council is supportive of the direction and priority areas of the discussion paper “A proposed approach to future tobacco control in NSW”. However we believe that this blueprint for the future must be more ambitious within the 2016 timeframe and propose a more expansive vision. With some exceptions, the discussion paper does not reflect the rapidly progressing community expectations and standards in tobacco control, for example, the need for a strong licensing system for tobacco retailers and the urgent need for the elimination of second-hand smoke exposure in particular settings. (We expand upon the examples cited here under the relevant Priority Area headings in the main body of this submission.) Recent compelling research findings presented in the latest report of the US Surgeon General on the biology and behavioural basis for smoking-attributable disease further strengthen the case for ambitious action.(1)
Guiding Principles
Cancer Council supports the proposed Guiding Principles listed in Part 3 of the discussion paper.

Prioritising the Priority Areas
We presume that the Priority Areas of the discussion paper are not currently listed in order of perceived potential for public health gain. We believe there may be some value in a NSW tobacco control strategy assigning priority to strategies based on the criterion of public health impact. There is significant research literature showing that some tobacco control strategies are more effective in their population impact than others.(2-4) Mandated smoke-free environments and greater regulation of the tobacco retail sector are two important priorities for tobacco control that would have significant public health impact, and we urge NSW Health to consider these strategies.

Cancer Council strongly disagrees that retailers should be listed as partners.
Cancer Council NSW agrees that working in partnership with strong allies is best public health practice and has contributed greatly to the achievements of the Tobacco Action Plan 2005-2009. However we ask the question, in what sense are retailers “partners” (as stated on page 7 of the discussion paper)? Tobacco retailers are, in our opinion, an arm of the tobacco industry, given that they profit from the sale of tobacco. The Framework Convention on Tobacco Control (FCTC) states that in:

 …. setting and implementing public health policies with respect to tobacco control, any necessary interaction with the tobacco industry should be carried out by Parties in such a way as to avoid the creation of any perception of a real or potential partnership or cooperation resulting from or on account of such interaction. In the event the tobacco industry engages in any conduct that may create such a perception, Parties should act to prevent or correct this perception. (Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry http://www.who.int/fctc/guidelines/article_5_3.pdf - accessed 1 December 2010).

Cancer Council NSW strongly recommends that retailers not be listed as partners in any NSW tobacco control strategy. We believe all partners in any tobacco control strategy must be allies with common cause i.e. committed to improving the health and welfare of their stakeholders and the wider community.

Transparency of NSW Government interactions with tobacco industry interests
Also consistent with the obligations of Article 5.3 of the FCTC, Cancer Council NSW recommends that any NSW Government tobacco control strategy contain a commitment to make publicly transparent any communications with the tobacco industry.

Nomenclature: “environmental tobacco smoke” or “second-hand tobacco smoke”
Cancer Council prefers to use the term “second-hand smoke” in preference to the term “environmental tobacco smoke” and its abbreviation “ETS”. Based on our interactions with the general community, we believe that the former has greater public resonance. Also, due to the increasing public use of “ETS” as an abbreviation for the term “emissions trading scheme”, the use of “second-hand smoke” will avoid potential confusion. We therefore encourage the use of “second-hand smoke” in any 2011-2016 NSW Tobacco Control Strategy related documents.
<table>
<thead>
<tr>
<th>Priority Area 1 - Continue social marketing campaigns to motivate smokers to quit.</th>
<th>Yes, however we note with concern the reductions in funding for tobacco-related social marketing campaigns in NSW, as a result of the NSW mini-budget of 2008.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority Area 2 - Continue to provide evidence based cessation services to support smokers to quit.</td>
<td>Yes. However, measures to assess the effectiveness of the listed Actions need to be developed and then specified in a 2011-2016 Strategy.</td>
</tr>
<tr>
<td>Priority Area 3 - Work in partnership with Aboriginal communities and peak bodies to reduce smoking and exposure to environmental tobacco smoke among Aboriginal people.</td>
<td>Yes, and we strongly encourage the inclusion of a Strategy Action that specifically addresses the unacceptably high rates of smoking among Aboriginal health workers. To reduce smoking prevalence disparities between the Aboriginal and NSW population, prevalence targets for the Aboriginal community need to be greater than those specified in the discussion paper.</td>
</tr>
<tr>
<td>Priority Area 4 - Strengthen efforts to reduce smoking among people in low socioeconomic and other groups with high smoking prevalence such as some culturally and linguistically diverse groups.</td>
<td>Yes. We emphasise that partnerships with the community-sector service organisations are a particularly effective way to reach disadvantaged smokers. Consideration should be given to including this sector as a partner in the Strategy.</td>
</tr>
<tr>
<td>Priority Area 5 - Eliminate the advertising and promotion of tobacco products and restrict the availability and supply of tobacco, especially to children.</td>
<td>Yes. We assert that a strong positive tobacco retailer licensing scheme is an essential element to achieving the goal of this Priority Area. This should be incorporated as an Action in a 2011-2016 Strategy.</td>
</tr>
<tr>
<td>Priority Area 6 - Reduce exposure to environmental tobacco smoke in workplaces, public places and other settings.</td>
<td>Yes, however we believe that NSW should reverse the assumption that smoking outdoors is acceptable and aim for all public places (whether indoor or outdoor) to smoke-free, other than by exception. A 2001-2016 Strategy should make this explicit.</td>
</tr>
<tr>
<td>Priority Area 7 - Strengthen efforts to prevent uptake of smoking by young people.</td>
<td>Yes but (as stated above for Priority Area 1) Cancer Council notes with concern to the reduced funding for tobacco-related social marketing campaigns in NSW.</td>
</tr>
<tr>
<td>Priority Area 8 - Strengthen research, monitoring, evaluation and reporting of programs for tobacco control.</td>
<td>Yes, with a particular focus on the need for reliable and replicable data on smoking behaviour amongst the highly disadvantaged. One new area for research and monitoring is multi-unit housing and the extent and degree of second-hand smoke exposure in these settings.</td>
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</table>

*Include any other comments on Priority Areas here.*
Are the proposed actions and implementation plans supporting each Priority Area appropriate? If not, what would you propose we change?

Priority Area 1 - Continue social marketing campaigns to motivate smokers to quit.

| Actions | We strongly agree that social marketing campaigns to motivate smokers to quit should continue and note the statement in Part b) of the adjacent action that campaigns should have “sufficient frequency, reach and intensity to have an impact at the population level”. Cancer Council therefore notes with concern the impact of the NSW mini-budget of 2008 which led to reduced funding for tobacco-related social marketing campaigns in NSW. Reduced funding will result in reduced frequency, reach and intensity resulting in reduced rates of quitting. The use of Target Audience Rating Points (TARPS) as an evaluation tool in analyses of previous Australian mass media tobacco control campaigns supports our argument. Miller et al have demonstrated a strong linear relationship between tobacco control advertising TARPS and the number of calls to the Quitline.(5) The greater the TARPS recorded, the greater the number of calls that are made to the Quitline.(5) |
| Responsibility |  |
| Timeframe |  |
| Measurement | In the “Measurement” column in the Priority Area 1 table (page 11) of the discussion paper, it states “Knowledge, attitude and awareness of tobacco and campaign messages among target audience (including low SES smokers)”. We suggest that the phrase “… (including low SES smokers)” is not specific enough and should include reference to specific disadvantaged groups and other target groups. Thus we strongly recommend that the phrase be amended to: “… including specific target groups such as Aboriginal and Torres Strait Islanders, and targeted disadvantaged welfare dependent and marginalised groups such as:  
- Vulnerable young people  
- People with a mental illness” |
- Disadvantaged single parents with dependent children
- People using drug and alcohol services.”

**Priority Area 2 - Continue to provide evidence based cessation services to support smokers to quit.**

**Actions**

Cancer Council NSW supports the Action “Provide training in best practice smoking cessation …”.

We acknowledge that the NSW Health Department has provided significant resources to fund the Cancer Council’s Tackling Tobacco project training of workers from community service organisations who work with particular socially disadvantaged populations. While we presume that such workers would be included in the category “other relevant groups” in this Action, we would like to see community service organisation workers specifically listed in the Action along with the other specified groups in acknowledgement of the high smoking prevalence rates among clients of community service organisations.

Cancer Council supports the Action “Under the Healthy Workers Initiative, promote the Get Healthy Information & Coaching Service® to workplaces and refer callers wishing to quit smoking to the Quitline” (page 14).

**Responsibility**

**Timeframe**

**Measurement** We recommend the inclusion of a measurement to assess the effectiveness of the action on Priority Area 2.

**Priority Area 3 - Work in partnership with Aboriginal communities and peak bodies to reduce smoking and exposure to environmental tobacco smoke among Aboriginal people.**

**Actions**

Cancer Council NSW fully supports the intent of this Priority Area. However we strongly encourage the inclusion of a Strategy Action that specifically addresses the unacceptably high rates of smoking among Aboriginal health workers.(6-10) Within Aboriginal communities, health workers are viewed as role models,(4) which, it is arguable, works against smoking cessation among people in their communities. Furthermore, it has been shown that Aboriginal health workers who smoke are reluctant to undertake brief smoking cessation interventions in their consultations.(7) This barrier to Aboriginal smoking cessation must be actively addressed in a 2011-2016 NSW tobacco control strategy.

A NSW tobacco control strategy must also state the need for “the development and dissemination of specifically targeted materials, suited to the individual cultural and linguistic needs of each community”.(4)

More specifically, the strategy should have more adequate tobacco control targets for the Aboriginal population of NSW. The current target
The suggested reduction is 0.5% per year for the NSW population and 1% per year for the Aboriginal population, with the aim of 14.7% and 38.2% smoking rates in 2016 respectively. This would equate to a NSW Aboriginal population rate that is still 2.6 times higher than the NSW population in 2016 – this is effectively an increase in the current disparity of 2.51 times higher (based on calculation below). Cancer Council NSW calls for the target to be raised to 2% for the NSW Aboriginal population.

(Calculation: NSW population smoking rate of 17.2% (11), compared to NSW Aboriginal population rate of 43.2% (12), equating to a 2.51 times higher rate among the Aboriginal population.)

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**Priority Area 4 - Strengthen efforts to reduce smoking among people in low socioeconomic and other groups with high smoking prevalence.**

**Actions**
- **Ensure tobacco tax increases are accompanied by:**
  - a) Measures to provide assistance for smokers from low socioeconomic and other disadvantaged groups;
  - b) Partnerships with social service and mental health organisations to build the capacity of these groups to contribute to tobacco control efforts.

Cancer Council NSW commends the NSW Health for its commitment to reducing smoking among people experiencing socio-economic disadvantage.

However we believe that the implementation of the measures and partnerships specified in parts a) and b) of the adjacent action should take place irrespective of tobacco tax increases. The high (sometimes extreme) smoking prevalence among the disadvantaged justifies this.

Article 12 of the Framework Convention on Tobacco Control obliges parties to:

> … adopt and implement effective legislative, executive, administrative or other measures to promote:

> (d) effective and appropriate training or sensitization and awareness programmes on tobacco control addressed to persons such as health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons. (13)

Partnerships with community service organisations, the clients of which include disadvantaged smokers, are appropriate mechanisms for discharging this obligation. Cancer Council’s Tackling Tobacco Program exemplifies this partnership approach.

Community service organisations provide appropriate settings for the delivery of smoking cessation interventions given their pre-existing, often long-term and trusted relationships with their clientele. Such relationships can support repeated quit attempts. Furthermore, community service staff are usually trained and skilled in behavioural...
Develop and implement policies and projects in collaboration with the Corrective Services NSW to reduce exposure to ETS and encourage smokers to quit in correctional facilities.

- Change and support behavioural change in other areas of their clients’ lives. Cancer Council urges NSW Health to maintain its funding commitment to these programs.

In the ‘Evidence and Achievements’ supplement paper to the discussion paper it is stated:

“… price can be a significant barrier for some low income groups to access these (cessation aid) medications”.

We suggest that the NSW Government investigate options for subsidising nicotine replacement therapy (NRT) for those smokers among this demographic who are unable to access existing PBS subsidies for NRT or who need NRT in a form not covered by the recently announced PBS listing. While tax increases offer a disincentive to smoke, subsidised NRT may offer an incentive to quit for socio-economically disadvantaged smokers and would therefore be an appropriate accompanying strategy. Prisoners are a specific and important group in this regard.

Cancer Council NSW fully supports this proposed Action. In addition we believe the NSW Government should make a clear commitment to the elimination of second-hand smoke from all indoor areas of prison facilities. The existing Corrections NSW policy that allows smoking in prisoners’ cells – which are workplaces - is inconsistent with the requirements of the NSW Occupational Health and Safety Act and what is now established practice in other NSW Government operated facilities such as hospital campuses. This existing policy places at risk the health of non-smoking prisoners who share cells with smoking prisoners as well as prison staff required to enter the cells. Furthermore, the prevention of smoke-drift to areas required by the policy to be smoke-free cannot be assured.

NSW lags behind most Australian jurisdictions in eliminating second-hand smoke from the indoor areas of prison facilities in that all Australian states and territories except NSW and South Australia have either prohibited smoking in the indoor areas of prisons or are moving towards such a policy. In 2010 the New Zealand Government announced that all of its prisons would be completely smoke-free by 1 July 2010.(14) In the US,(15;16) Canada(17) and the United Kingdom(18) mandated smoking bans in custodial facilities have survived legal challenges.

While the ‘Strategic Directions’ discussion paper and the associated ‘Evidence and Achievements’ supplement provide statistics on prisoner smoking prevalence and prisoner and prison staff attitudes to second-hand smoke, these statistics are somewhat out-dated (2000 and 1991 respectively). More recent statistics (2009) on prisoner smoking prevalence and prisoner attitudes to second-hand smoke can be found in the 2009 NSW Inmate Health Survey: Key Findings Report (http://www.justicehealth.nsw.gov.au/publications/2009_IHS_report.pdf) published by Justice Health.(19) The Inmate Health Survey found that smoking prevalence among prison populations in NSW was 75% for males and 79.5% for females. The Inmate Health Survey also found significant recognition among prisoners of the need to control second-hand smoke exposure with 93% believing that non-smokers should not be forced to share a cell with a smoker. Furthermore, 85% of prisoners who were smokers wanted to quit; a significant increase from a figure
of 75% in 2001 (Inmate Health Survey, 2003). Such statistics should encourage the NSW Government to make the commitment to the elimination of second-hand smoke from all indoor areas of prison facilities.

| Responsibility | 1) NSW Health Department  
|                | 2) Corrective Services NSW |

| Timeframe |

| Measurement |

| Priority Area 5 - Eliminate the advertising and promotion of tobacco products and restrict the availability and supply of tobacco, especially to children. |

| Actions |

- **Monitor and enforce the requirements of the Public Health (Tobacco) Act 2008, specifically:**
  a) The display ban restrictions;  
  b) Vending machine restrictions; and  
  c) The prohibition on the sale of cigarettes to children through the NSW Sales to Minors Program

  Cancer Council applauds the NSW Government’s initiatives now enshrined in the *Public Health (Tobacco) Act 2008*. The Act’s tobacco retail reforms will make a significant contribution towards reducing the tobacco industry’s impact on children. However the Strategy fails to provide an overarching policy response to control retail availability and supply. After all, retail sales fuel and sustain the smoking epidemic.

  Some key evidence has been collected and researched by Cancer Council and others over the last few years.(20) Firstly, it would appear that increasing retail density independently increases the purchase of cigarettes – probably by raising product presence, and reducing non-price barriers to purchase. Furthermore, research suggests that convenience and route retailers (much less tobacconists and supermarkets) are particularly inimical to tobacco control as their retail model is built around impulse purchase, and in smoking, this disproportionately means intending or attempting quitters. As government works so hard to encourage quit attempts, it should also do more to reduce the risk of relapse driven by the presence of retail outlets.

  Cancer Council NSW believes the implementation of a tobacco retailer licensing scheme (see our comments below) will counter the public health impact of the tobacco retailing industry and will greatly facilitate the impact of the *Public Health (Tobacco) Act 2008*.

  We believe the existing retailer notification scheme should be upgraded to a positive retailer licensing scheme, which has the potential to further reduce tobacco availability through attrition resulting from the requirement to hold a license and comply with licensing conditions.

- **Continue to implement the retailer notification scheme and review its effectiveness.**

  While it could be argued that the introduction of the notification scheme in NSW represented a positive public health development compared with the prior absence of a licensing scheme, from a tobacco control perspective, a number of characteristic disadvantages have been identified with notification models. These, outlined in the 2002 Allen Consulting Group’s Report to the Commonwealth Department of Health and Ageing *(The Allen Report)*(21), include:

  - its orientation towards the activity being a “right” rather than a
conditional privilege;

- the lack of opportunity to place conditions on those carrying out the activity; and
- the usual requirement for compliance action only after a violation occurs.

The Allen Report described a positive licensing scheme as follows:

*A positive licence is a notification which … requires prior approval as a condition for conducting prescribed business activities, and compliance with specified minimum standards. Breaches of the required standard may result in the suspension or revocation of permission by a specified agency. A positive licensing system links compliance with tobacco control legislation to the right to sell tobacco products.*

Cancer Council NSW supports a positive tobacco retailer licensing scheme with these characteristics. We argue that license conditions should include compliance with all tobacco control laws applicable to retailers, such as restrictions on advertising and product displays, requirements to display particular health notices, and bans on sales to people less than 18 years of age.

As part of a positive licensing scheme we support categories of licence to reflect the effect of particular types of outlets in undermining quit attempts and perpetuating smoking. Our research demonstrates that outlet types differ in their propensity to drive impulse purchase – a significant factor in failed quit attempts. We have shown that while relapse related purchases are more likely to occur at convenience stores and petrol stations, they are less likely to occur at tobacconists, newsagents and liquor stores.

We also argue that fee levels for a tobacco retailer license should cover the cost of administering and enforcing the scheme, and reflect the social cost and harm of the product. Other characteristics of a licensing scheme that might reduce the availability of tobacco are:

- Capping the number of available licences. The cap could then be reduced in a gradual way through retailer attrition or through a specified plan of phased reduction (with or without limited government buy-outs to go out of business).
- The locations of tobacco retail businesses could be mandated as a condition of holding a licence. For example, it may be considered important to limit businesses in the vicinity of schools. Again, this could be a phased process including the use of attrition.
- The hours of tobacco product availability could also be mandated.

Finally, it would appear that the general community strongly supports tobacco retailer licensing with 87% of respondents to a 2006 Cancer Council survey expressing support. Additionally, 81% of the respondents believed cigarettes are too easy to buy and 77% believed the government should reduce the number and type of outlets where tobacco products are sold. Community support for tobacco retailer licensing appears to have strengthened with a Cancer Institute NSW
survey of over 1,500 NSW residents in 2009 finding that 91% of respondents supported mandatory tobacco retailer licensing.(24)

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**Priority Area 6 - Strengthen efforts to reduce exposure to environmental tobacco smoke in workplaces, public places and other settings.**

**Actions**

- **Continue to monitor and enforce the ban on smoking in cars when children under the age of 16 years are present.**
  
  Cancer Council NSW fully supports continued monitoring and enforcement of this ban. We suggest that this could be accompanied by strategies to increase awareness of the law among parents of children under the age of 16 (see comment below on the behavioural impacts of the ‘Car and home: Smoke-free zone’ campaign).

- **Increase awareness of parents, particularly those from disadvantaged groups of health risks of ETS especially for children.**
  
  Cancer Council fully supports this action. We encourage the Government to consider the ‘Car and home: Smoke-free zone’ campaign as a model for any awareness campaign associated with this action. The ‘Car and home: Smoke-free zone campaign’ was a component of the Government-NGO collaborative Environmental Tobacco Smoke and Children Project that was funded by NSW Health and coordinated by Cancer Council NSW between 2001 and 2005. A three-year public awareness campaign resulted in significant behavioural impacts. These included:
  
  - An increase from 42% to 61% in reported smoke-free cars carrying children
  - An increase from 47% to 73% in smoke-free homes.(25)

- **Conduct research of air quality in commercial outdoor eating and drinking areas.**
  
  Research on air quality in commercial outdoor eating and drinking areas would be useful for the purpose of tracking the impact of mandated smoke-free environments laws. However we believe there is no need for NSW legislation to be contingent on new research given the already growing body of research that clearly shows second-hand smoke can pose significant health risks in particular outdoor locations.(26-33)

- **Consider amendments to the Smoke-free Environment Act 2000 to prohibit smoking in the following areas:**
  
  a) Commercial outdoor eating areas;
  
  b) In public
  
  Cancer Council NSW strongly supports amendments to the Smoke-free Environment Act 2000 to prohibit smoking in all of the settings listed in the proposed action. The reasons for our support are that:
  
  - There is a growing body of research that clearly shows second-hand smoke can pose significant health risks in particular outdoor locations; especially to those who are susceptible to the acute effects of second-hand smoke exposure (such as those with respiratory conditions and children) and those who are required to work in outdoor environments where people gather in close proximity (such as an alfresco dining setting). (26-33)
playgrounds and within 10m of children’s play equipment;
c) In and around public swimming pools and public recreation centres;
d) In sporting stadia;
e) At public sports grounds;
f) At enclosed or covered bus stops and taxi ranks; and
g) Within 4m of the entrance to a public building.

- Community preferences are overwhelmingly in favour of mandated smoke-free outdoor public places.(34-39)
- Smoke-free environments contribute to lower rates of smoking(40-42) and reduced tobacco consumption.(43;44)
- The reduced second-hand smoke exposure resulting from smoke-free environments leads to lower rates of cancer, heart disease and other tobacco-related illness.(45-49)

The proposed amendments would help to reverse the assumption that smoking outdoors is acceptable. Such legislation would help achieve the aim for most public places (whether indoor or outdoor) to be smoke-free. Under such a regimen smoking could be banned except where specifically permitted i.e. in specified zones. The evidence for this is simply that exposure to smoke drift means exposure to carcinogens at levels not even permitted in workplaces.

An increasing number of local councils have responded to the advocacy of Cancer Council NSW, the Heart Foundation and other NGOs by mandating smoke-free outdoor areas at locations under the control of local councils. As at 31 July 2010 50% of all NSW councils had adopted some form of smoke-free outdoor areas policy.(50) In 2007 less than 20% had such a policy.(50) Community acceptance of these policies when they are introduced has been positive.(38;51)

While Cancer Council welcomes this Local Government action and continues to encourage councils to act, we believe that amendments to the Smoke-free Environment Act 2000 would be of greater benefit to the community than Local Government action. Our reasons are as follows:

- The proposed State legislative amendments would have greater reach i.e. beyond those parts of the State that are constituted as areas for the purposes of the Local Government Act 1993. For example, the commercial outdoor eating areas of hotels and registered clubs could be mandated as smoke-free if the amendments are enacted.
- Reliance on Local Government action is a piecemeal approach across the state. The results of a recent survey conducted by Cancer Council and the Heart Foundation shows that this lack of uniformity is unpopular with hospitality industry stakeholders. As the survey report stated:

  The research indicates that restaurant and café owners and managers are in favour of statewide laws restricting smoking in outdoor dining areas. Most are of the belief that such legislation is inevitable, that it will happen soon, that it will deliver a more pleasant environment for patrons and staff, and that it will create a fairer playing field within the industry. Of the minority that have concerns about the impact of outdoor smoking restrictions on business performance, most believe that their business would be less likely to suffer if all venues adopted the same restrictions. Restaurants and cafés that currently allow smoking in their alfresco dining areas say they are unlikely to adopt more extensive smoking restrictions voluntarily, although those that have done so report it has been easy to enforce.(52)

This piecemeal approach could potentially intensify inequity if councils with lower socio-economic status populations fail to adopt smoke-free outdoor area policies at the same rate as councils with higher socio-economic status populations. This would mean that
the social environment in lower SES council areas will become more conducive to tobacco use. Such an outcome would undermine the intent of Priority 4 (Strengthen efforts to reduce smoking among people in low socioeconomic and other groups with high smoking prevalence).

Finally, it is reasonable to conclude from recent proceedings at Parramatta Council that Local Government decisions on smoke-free outdoor areas may be more uncertain, fragile and subject to undue influence than those at the State level. In November 2010 Parramatta Council rescinded a decision made in July to mandate smoke-free alfresco dining on land under its control after it was presented with a petition opposing the move. This turn-around occurred when one councillor reversed his previous support for the smoke-free policy. Subsequent council staff scrutiny of the petition showed that over 80% of the “signatures” did not meet council guidelines having included false names and inadequate addresses. (53) It is worth noting that prior to the original council decision to mandate smoke-free alfresco dining, the council had been presented with a petition of over 1,000 signatures gathered by the Western Sydney Cancer Action Network as well the results of the Residents Panel (a council-initiated group) Health and Wellbeing Survey 2009. In the Wellbeing Survey 87% (n=637) of respondents expressed support for smoke-free alfresco dining. (54)

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<tr>
<td><strong>Priority Area 7 - Strengthen efforts to prevent uptake of smoking by young people.</strong></td>
<td>General comments on content in the supplement to the Strategic Directions discussion paper</td>
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<tr>
<td><strong>Actions</strong></td>
<td><strong>Youth specific v adult oriented mass-media public awareness campaigns</strong></td>
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<tr>
<td>Cancer Council agrees completely with statements in the supplement paper that the current unprecedented low smoking prevalence among young people is a result of the ongoing denormalisation of smoking in Australia. Furthermore, we concur with Chapman and Freeman’s observation that this the decline in youth smoking has occurred in the absence of youth-specific mass-media public awareness campaigns. (55) We therefore urge the NSW Government to continue to focus tobacco control social marketing resources on hard-hitting adult-oriented campaign activity and to avoid investment in youth-specific mass media campaign activity which is favoured by the tobacco industry.</td>
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<tr>
<td><strong>Accessibility to and availability of tobacco products</strong></td>
<td>We note the inclusion of ‘Licensing’ as a core component to address accessibility and availability of tobacco products (in Figure 6 of the supplement paper). As indicated in our comments relating to Priority 5, Cancer Council believes the existing retailer notification scheme should be upgraded to a positive retailer licensing scheme. We believe our proposals for such a licensing scheme (see above) would eventually</td>
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result in significantly reduced accessibility and availability of tobacco products for young people.

A positive tobacco retailer licensing scheme would further reduce accessibility and availability for young people in that a condition for holding a licence could include a prohibition on the sale of tobacco within a certain distance of a school and other particular settings where young people gather.

Similarly, comprehensive smoke-free policies at tertiary educational campuses could be encouraged or mandated by the NSW Government. Such policies would ideally prohibit the sale of tobacco on campuses as well as a prohibition of sponsorship and corporate social responsibility arrangements between tertiary institutions and tobacco companies.

**The portrayal of smoking in the popular media**

As the supplement paper suggests, the favourable portrayal of smoking in movies needs to be addressed. In June 2006, in response the NSW Health Department’s review of the *NSW Public Health Act 1991*, Cancer Council advocated to the Department a low-cost, low-administration policy solution to counter the impact of smoking in movies. Our submission advocated the following:

> A simple and practical process for film distributors to attach an approved anti-smoking ad to master film prints and DVDs in the same way that they currently attach the film classification rating to such products.

> As the NSW government has a collection of effective and appropriate anti-smoking ads which could be made available to film distributors, counter advertising could be achieved at no additional cost to the government (or to the film industry) through an amendment to the *NSW Public Health Act 1991*. (The submission contains more detailed information about this proposed policy solution.)

Such a strategy would be effective in countering the impact of favourable depictions of smoking in movies.

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<th>Priority Area 8 - Strengthen research, monitoring, evaluation and reporting of programs for tobacco control.</th>
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<tr>
<td><strong>Work in partnership with relevant groups to strengthen the evidence base around effective interventions to reduce smoking by low socioeconomic groups</strong></td>
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</table>

Cancer Council NSW should be added to the ‘Responsibility’ column adjacent to this Action, given that Cancer Council is currently being funded until December 2011 by NSW Health to implement the Smoking Care Project. The project is part of Cancer Council’s Tackling Tobacco program. Tackling Tobacco aims to reduce smoking related harm among the most disadvantaged groups in NSW.
and other disadvantaged populations.

**Continue to build the evidence base for anti-tobacco social marketing campaigns, cessation services and regulatory strategies and refine strategies in the light of this evidence.**

One setting for which the evidence base needs to be built is on second-hand smoke exposure in multi-unit residential blocks. The majority of tobacco-related enquiries from the general public received by Cancer Council relate to this issue. We believe, therefore, it would be appropriate for the NSW Smoking and Health Survey to include questions to ascertain the extent of this problem and public attitudes to possible remedies to reduce exposure in these residential settings. Additional arguments in support of this suggestion are:

- Recent research involving air quality testing indicates that second-hand smoke can spread throughout multi-unit residential apartments blocks, infiltrating apartments where smoking does not occur.\(^{(56;57)}\)
- The Commonwealth Government recognises that this problem needs to be addressed. Recommendation 4.5 of the Commonwealth Government’s National Preventative Health Taskforce stated:
  
  *Protect residents from exposure to smoke-drift in multi-unit developments.*\(^{(58)}\)

**Develop dissemination strategies and ensure effective translation of research into policy and practice, particularly around Aboriginal smoking, low socioeconomic groups and other disadvantaged populations.**

Cancer Council NSW should be added to the ‘Responsibility’ column adjacent to this Action. Cancer Council’s Tackling Tobacco program has a strong track record of targeting disadvantaged populations in NSW over the past five years. Activities have included practice initiatives and also research conducted with the Centre for Health Research and Psycho-Oncology at the University of Newcastle. Cancer Council also has a network of contacts in the non-government sector that would enhance dissemination of programs and increase opportunities for partnerships.

**Monitor and analyse population health indicators to determine our success in meeting targets.**

There is a strong need to capture better quality data, including smoking prevalence and other related trend data for particular disadvantaged groups. This will help to resolve some of the questions and issues around the impact of population level strategies and the effectiveness or otherwise of strategies that might be adopted to reduce smoking among high prevalence groups. It is critical to adopt clear and consistent categories of disadvantaged groups to enable comparisons of the groups over time. Various surveys are undertaken from time to time among highly disadvantaged groups such as people institutionalised for mental illness and people in correctional facilities. These are not however regular, and changes over time detected in such surveys may result from changes in treatment policies and sentencing practices as well as from changes in smoking attitudes and behaviour. It is recommended that Priority 8 should include the following Action:

*Explore methods to improve data collection to monitor smoking prevalence and related behaviours among marginalised and disadvantaged groups including analysis of disparities between groups of the population.*

**Responsibility**
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_Do you anticipate there might be a role for your organisation that is not currently identified?_  
_Please describe the nature and extent of this potential role._
Are there any other comments you would like to make regarding the discussion paper?

We provide here additional comments relevant to Priority Area 6.

As NSW Health staff will be aware, hospitality industry interests in NSW have publicly opposed proposals for legislated smoke-free outdoor eating and drinking venues in this State. They have argued that such legislation will have a negative financial impact on the industry and has no public health basis.

Cancer Council NSW rejects these arguments. The compelling public health rationale for legislated smoke-free outdoor eating and drinking venues is outlined in this submission under Priority 6 above. Regarding the financial impacts, independent economic evidence from Australia and overseas suggests that smoking bans have not had an adverse impact on revenues in the hospitality sector.\(^{59}\) In fact, in some cases they appear to have had a positive effect. Furthermore, the “negative financial impact” argument is inconsistent with public attitude and smoking prevalence statistics. With only 17.2% reporting that they are current smokers\(^ {60} \) clearly the vast majority of people in NSW do not smoke. Consistent with this, NSW surveys have shown that overwhelming majorities support smoke-free alfresco dining.\(^{35};^{36};^{38};^{39}\) See Appendices 1 and 2 to this submission for more information and references on the emerging evidence suggesting potential serious health impacts of SHS exposure in particular outdoor locations and on the substantial body of evidence showing no negative financial impacts on the hospitality sector from mandated smoke-free environments.

Please ensure your submission is lodged electronically on the NSW Department of Health website by 5 pm Friday 28 January 2011.

Thank you for your participation in this public consultation process.

Reference List


(17) Federal Court (Canada). CORRECTIONAL SERVICE OF CANADA and ATTORNEY GENERAL OF CANADA (Appellants) AND PATRICK MERCIER (Respondent). Citation: 2010 FCA 167. 2010.


(24) Cancer Institute NSW. New South Wales Smoking and Health Survey 2009. 2009. Sydney, Cancer Institute NSW.


(33) Repace J. Banning outdoor smoking is scientifically justifiable. Tobacco Control 9[1], 98. 2000.

(34) Bartok D. 87 per cent of people surveyed wanted no smoking in al fresco dining areas. Parramatta Advertiser 2010.


(37) Illawarra mercury (Newspaper). "Should smoking be banned at all junior sport events?" (On-line poll.). 53. 2-12-2007. Illawarra Mercury (Newspaper).


(53) Bartok D. Council report says petition is a 'sham'. Parramatta Advertiser 2010 Dec 1.


