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**Response to call for Submissions to the Education and Health Standing Committee
regarding the Tobacco Products Control Amendment Bill 2008**

Academic staff from the School of Population Health within The University of Western Australia strongly supports the passage of the proposed *Tobacco Products Control Amendment Bill 2008*. Tobacco smoking remains the largest preventable cause of disease and death in Australia, with approximately half of all people who smoke regularly on track to eventually die from their habit[1]. Of particular concern is the strong social gradient evident in the prevalence of smoking, increasing as the level of socio-economic disadvantage increases, with the disparities in smoking prevalence and harm particularly evident among Indigenous Australians.

The Bill is congruent with the current and vast evidence base for effective tobacco control. International reviews consistently demonstrate that the most effective approaches to tobacco control are multifaceted and include a range of measures that complement and reinforce each other [2-4]. Legislation regulating tobacco promotion and protecting people from passive smoking is a vital component.

While WA has in the past led the way nationally in many areas of tobacco control, including strong prevention and cessation campaigns, and the breadth of the original Tobacco control Bill (1990) and subsequent regulations relating to health warnings on tobacco packaging, in recent years our state has lagged behind others in this regard. Further tightening of tobacco control measures as advocated by the proposed Bill are warranted given the evidence that continues to accumulate in relation to the addictiveness of tobacco, the magnitude of diseases caused by tobacco, and the 'new ways' that the tobacco industry finds to sustain the viability of smoking. In addition, smoking prevalence is recognized in the public health field as being more analogous to a

spring than a screw, needing to be 'held down' with continued effort. The stagnation of declines in teenage smoking in some US States when intense tobacco control activity diminished reiterates the importance of sustained effort.

We support all aspects of the Bill, and do not see the need for amendment. Importantly, the Bill has been well thought out in its construction and avoids some of the loopholes and pitfalls that sometimes arise in legislative efforts to curb tobacco promotion and smoking in public places.

The Bill is to be commended in particular for proposing further restrictions on the display and visibility of tobacco products in retail outlets. It is an anathema that tobacco products are as widely and visibly available for purchase in our community as bread and milk. This contributes to the 'normalisation' of smoking, and sends contrary messages to children and young people about the harmfulness of tobacco products. The visible presence of tobacco products in a diversity of retail outlets is also a detrimental temptation to addicted smokers, as product visibility and point of sale promotions can act as cues to smoke and stimulate purchases [5].

The proposed Bill is also to be commended for inclusion of proposed restrictions on smoking in al fresco areas and cars and for furthering the roll out of smoke-free public places. Restricting smoking in public places not only protects non-smokers from second-hand smoke, but can also contribute to changing social norms with regard to smoking[6, 7]. Smoke-free legislation serves to protect those population groups most vulnerable to its associated risks, which include children and infants, people with cardiac disease and those with respiratory conditions[3].

There is clearly strong public support, and support from public health professionals for further deterring smoking and exposure to environmental tobacco smoke in Western Australia. As a School of Population Health we look forward to the passage of this Bill, when WA can again be at the forefront of efforts to reduce the devastating consequences of tobacco on people's health and quality of life, and collectively on our community.

Yours sincerely

Professor Matthew Knuiman

Head of School

References

1. Doll, R., et al., *Mortality in relation to smoking: 50 years' observations on male British doctors*. BMJ, 2004. **328**: p. 1519–33.
2. Centers for Disease Control and Prevention, *Strategies for reducing exposure to environmental tobacco smoke, increasing tobacco-use cessation, and reducing initiation in communities and health-care systems. A report on recommendations of the Task Force on Community Preventive Services*. MMWR, 2000. **49**(No. RR-12).
3. Jamrozik, K., *Population strategies to prevent smoking*. British Medical Journal, 2004. **328**: p. 759-761.
4. US Department of Health and Human Services, *Reducing Tobacco Use. A report of the Surgeon General*. 2000, US Department of Health and Human Services, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health: Atlanta, Georgia.
5. Rogers, T., et al., *Community Mobilization to Reduce Point-of-Purchase Advertising of Tobacco Products*. Health Educ Behav. **22**(4): p. 427-442.
6. US Department of Health and Human Services, *Reducing Tobacco Use. A report of the Surgeon General. Executive Summary*. MMWR, 2000. **49**(No. RR-16): p. 1-27.
7. Glantz, S., *World's best practice in tobacco control: Smoke free public spaces: California*. Tobacco Control, 2000. **9**: p. 233.