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Dr David Worth
Principal Research Officer
Education and Health Standing Committee
Legislative Assembly
Parliament House
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Dear Dr Worth

Inquiry into the Tobacco Products Control Amendment Bill 2008

The National Heart Foundation of Australia strongly endorses the comprehensive submission made by our colleagues at the Heart Foundation (WA). We are also pleased to provide this additional submission to assist with the committee's deliberations.

The Heart Foundation applauds and supports the proposals set out in the Tobacco Products Control Amendment Bill 2008. This Bill addresses issues of high priority for tobacco control across the country. In particular, they will help protect both children and adults from the harmful effects of secondhand smoke exposure, and from tobacco promotion.

In particular, the Heart Foundation strongly supports proposed amendments to the Tobacco Products Control Act 2006 to require the following areas to be smoke-free as defined in the Bill:

- Outdoor eating and drinking areas
- Outdoor playing areas
- Passenger cars
- Safe swimming areas

We know that there is strong community support for health measures that protect people – particularly children and workers – from exposure to tobacco smoke. No-one should be subjected to involuntary exposure to the harmful effects of secondhand tobacco smoke.

The World Health Organisation Framework Convention on Tobacco Control¹ – to which Australia is a party – makes it clear that preventing exposure to secondhand smoke must be a priority.

WHO Framework Convention on Tobacco Control

Article 8: Protection from exposure to tobacco smoke

1. Parties recognise that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability.
2. Each Party shall adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Cardiovascular disease and second hand smoke

Breathing other people's smoke (secondhand smoke) is harmful to both smokers and non-smokers. Exposure to secondhand smoke can increase the risk of:

- heart disease and lung cancer
- bronchitis, pneumonia and asthma in children
- Sudden infant death syndrome.

Exposure to secondhand smoke is associated with an increased risk of cardiovascular disease. The increase in risk is about 30% in non-smokers and in one recent study, was found to be as high as 60%².

Exposure to secondhand smoke is a cause of coronary heart disease in non-smokers³. Secondhand smoke affects the cardiovascular system in non-smokers in multiple ways, similar to those experienced by active smokers.

Tobacco in Australia: Facts and Issues⁴

Comparatively low exposures to secondhand smoke can cause a disproportionately high amount of damage. Even brief exposures to secondhand smoke – from minutes to hours – may have almost as great an effect (up to 90%) on the cardiovascular system of non-smokers as active smoking has on the cardiovascular system of smokers.

It is estimated that exposure to secondhand smoke increases the risk of an acute heart disease event in the non-smoker by about one quarter to one third, although a non-smoker's actual exposure to tobacco smoke is far less than that of the active smoker.

British research suggests that taking into account all sources of exposure, secondhand smoke may account for an excess risk of up to 60% for coronary heart disease in heavily exposed non-smokers, a rate similar to that of active smokers of up to 10 cigarettes per day.

Secondhand smoke caused the deaths of an estimated 141 Australians in 2004-05, according to the Commonwealth Department of Health and Ageing (DHA). Of this total, 113 occurred in adults and 28 deaths occurred in babies.

About 90% of the deaths caused by secondhand smoke in adulthood were due to coronary heart disease.

Calculations of deaths in Australia caused by secondhand smoke have also been published in a report commissioned by the Cancer Council NSW. Based on scaling from US data based on relative population size, report author, J Repace, estimated that in 1998, about 4,200 adult non-smokers may have died in Australia from secondhand smoke, including 3,252 deaths from heart disease.

Tobacco Products Control Amendment Bill 2008: Specific comments

Display of tobacco products

The proposed Section 22 (removing tobacco products from public view in retail outlets) is strongly supported by the Heart Foundation. This legislative measure is supported by strong evidence⁵ making it clear that retail display advertising 'normalises' cigarettes and other tobacco products to children. It has also been demonstrated that such advertising counteracts efforts to quit smoking. Many state and territory governments have either enacted legislation along these lines (Tasmania and NSW) or are planning to do so.

Smoking in cars carrying young people

The Heart Foundation strongly supports action – as proposed in Section 106A – to ensure children should not be exposed to tobacco smoke while traveling in motor vehicles. The measure is also supported by research that has found smoking in cars exposes children to unsafe levels of tobacco smoke and increases the risk of accidents and fires.

There is strong support for this measure among other jurisdictions, with legislative action already taken in three states and planned in a further two states. There is also strong public support for this measure with a recent Cancer Council WA survey indicating that 87% of those interviewed supported a prohibition on smoking in cars when children are present.

Cost of enforcement has been raised by some as a reason for avoiding legislative action. This argument holds no water as opportunistic enforcement – as occurs with police monitoring of mandatory seatbelt requirements and mobile phone use – has been satisfactorily employed in South Australia.

The Heart Foundation believes strongly that the proposed additional restrictions on smoking will reduce the community's exposure to secondhand smoke and encourage smokers to give up smoking.

Use of tobacco in outdoor eating or drinking areas

The Heart Foundation strongly supports the provision (Section 106B) that ensures eating and drinking areas of whatever enclosure are smokefree. As others have said, it is disturbing that those most exposed to secondhand smoke are often the least protected. Again, this measure is not only much needed but also strongly supported by evidence⁶. For example, the respiratory health of barworkers has been demonstrated to improve when their workplaces become smokefree⁷.

Ventilation and partition-based options do not protect effectively against the dangers of secondhand smoke and have been dismissed as such by experts and health authorities internationally. The World Health Organisation says: *Smoking bans remain the only viable control measure to ensure that workers and patrons of the hospitality industry are protected from exposure to the toxic wastes from tobacco consumption.*

It is significant that the economic impact of measures of this nature on businesses, such as bars and pubs, has been either negligible or even positive⁸.

Use of tobacco in outdoor playing areas and safe swimming areas

The Heart Foundation strongly supports the Bill's provisions (Sections 106C and 106D) concerning the use of tobacco products in outdoor playing areas and safe swimming areas. The community rightly expects children to be protected from exposure to secondhand smoke, whether it's in a car, a crowded outdoor area or a shopping centre. The proposed measures would also help to protect people working in these areas, such as local government employees and other staff. It is important that people are protected from secondhand smoke in outdoor areas where the public congregates in close proximity, particularly where children are present. While we are working hard to get children more active, we should also ensure they are not subjected to secondhand smoke in places designed for safe and active play.

Summary

Thank you for the opportunity of making a submission on a Bill which, should it be enacted, will be of significant benefit to the health of the children and adults of Western Australia and which will help Australia fulfill its commitment to the WHO Framework Convention on Tobacco Control.

Yours sincerely

 

Dr Lyn Roberts AM
Chief Executive Officer – National

¹ World Health Organisation, Framework Convention on Tobacco Control , 2003,
<http://www.who.int/fctc/en/>

² Whincup P, Gilg J, Emberson J, Jarvis M, Feyerabend C, Bryant A, Walker M et al. Passive smoking and risk of coronary heart disease and stroke: Prospective study with cotinine measurement. *BMJ* 2004;329:200-5

³ US Department of Health and Human Services. The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General. US Department of Health and Human Services, 2006

⁴ Scollo M, and Winstanley M [editors]. *Tobacco in Australia: Facts and Issues*. Third Edition. Melbourne: Cancer Council Victoria; 2008. Available from: <http://www.tobaccoinaustralia.org.au>

⁵ ASH fact sheet at www.ashaust.org.au/lv4/POSdisplay.doc

⁶ ASH evidence at www.ashaust.org.au/SF%2703/partly.htm

⁷ Eisner M, Smith A, Blanc P, Bartenders' respiratory health after establishment of smokefree bars and taverns. *JAMA* 1998; 280:1909-14

⁸ Scollo M, Lal A, Hyland A, et al. Review of the quality of studies on the economic effects of smokefree policies on the hospitality industry, *Tobacco Control* 2003;12:333-8